"A mere adventurer\textsuperscript{1} whom chance has thrown in our midst."

The story begins in the year 1818 in Castleton, Vermont, a quiet farming and trading hamlet located in the southwestern corner of the state. Although the principals have long since died, many of the events of 1818 still shape our lives. Illinois became the twenty-first state. Congress reduced the number of stripes on the flag from fifteen to thirteen to represent the thirteen original states and designated a new star to be added each Fourth of July for each new state. Vermont thus lost its fourteenth stripe but gained a star. In Russia a baby was born who would eventually rule one-sixth of the world’s land but who carried the seed of the hapless NICHOLAS II.\textsuperscript{2} In the ancient Roman city of Trier, the political philosopher KARL MARX (1818–1883) was born. In Austria, Franz Gruber composed a little song for guitar and voice, “Stille Nacht, Heilige Nacht”.

\textsuperscript{1} Adversary: 1. One who plays games of chance, or adventures his money in such games; a gambler. 2. One who seeks adventures, or engages in hazardous enterprises. 3. One who engages in warlike adventures, attaching himself to no party; a soldier of fortune; also a volunteer, one who makes war at his own risk. 4. One who undertakes or shares in commercial adventures or enterprise; a speculator. 5. One who is on the lookout for chances of private advancement; one who lives by his wits. \textit{(Oxford English Dictionary)}

\textsuperscript{2} Nicholas I of Russia (1796–1855), Emperor of Russia, 1825–1855, father of Alexander II (1818–1881), Emperor of Russia 1855–1881, father of Alexander III (1845–1894), Emperor of Russia 1881–1894, father of Nicholas II (1868–1918), Emperor of Russia 1894–1917.
The year 1818 found both Castleton and Vermont struggling with a declining economy. The dispute between New York and New Hampshire over the land delayed colonization and Vermont remained a sovereign nation contending with both Great Britain and New York until admitted to the Union in 1793. Castleton was passed over in favor of Rutland as the county seat and the award of the county grammar school brought little consolation or financial reward. The promise of rich farmlands in the west lured settlers away from the harsh winters and the unrewarding soil of Vermont to homesteads in the newly opened states of Ohio, Indiana, and Illinois. By 1818 Vermont was reverting to nearly a feudal condition with vast areas of abandoned farms devoted to sheep raising and owned mainly by absentee landlords. Castleton itself was on the verge of disappearing (population in 1820, 1887; in 1970, 2000).

In this setting two doctors of Castleton opened the first independent, privately owned, incorporated for profit medical school in the United States. The first annual class met in February 1818 with an enrollment of fifteen in a remodelled law office. The Castleton Medical Academy was chartered by the Vermont General Assembly October 29, 1818, and Dr. SELAH GRIDLEY was named president and Dr. THEODORE WOODWARD vice-president. They designated themselves proprietors, and so successful was the concept that during the next seventy years some 400 proprietary medical schools were opened and operated for the profit of their owners and teachers (Fig. 1).

Before Castleton Medical Academy, there were but nine medical schools in the United States. In 1817 they graduated only 185 practitioners. Most physicians were trained through an apprenticeship with an established practitioner rather than in a medical school. Thus, although neither Dr. GRIDLEY nor Dr. WOODWARD had a medical or college degree, they presumably had more applicants for apprenticeship than they could accept. The apprenticeship was combined with two terms of fourteen weeks each of formal education in the Castleton Medical Academy. An M.D. degree was awarded after two years of such training. Although the teachers changed, the topics studied remained the same from year to year.

Physicians and lawmakers of the early nineteenth century vigorously debated the separation of teaching and licensure. Licensure was more than a formality, for only after recognition as a professional by the states were one’s fees for medical

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4 Harvard, Pennsylvania, Dartmouth, Transylvania, College of Physicians and Surgeons of New York City, Maryland, Brown, Yale, and the College of Physicians and Surgeons of the Western District of New York.

5 Castleton additionally had a group of students designated as “readers” who stayed in residence for two additional terms of fourteen weeks each.
Fig. 1: The original medical college at Castleton
THE
AMERICAN JOURNAL
OF
OPHTHALMOLOGY,
DEVOTED TO
OPHTHALMIC MEDICINE AND SURGERY, AND THE
INTERESTS OF SPECIALISM.
EDITED BY
JULIUS HOMBERGER, M.D.
Oculist to the N. Y. Eastern Dispensary; Member of the U. S. Committee of the International Congress of Ophthalmology; Late Assistant to Dr. Sticht's Clinical Eye Infirmary, Paris; Member of the New York Medical-Chirurgical College, the American Medical Association, and other Learned Societies; Director of a Clinical Eye Infirmary, and Professor of Ophthalmic Surgery, &c., &c.

VOLUME I.

NEW YORK:
BAILLIÈRE BROTHERS, 440 BROADWAY.

1863.

Fig. 2: Frontispiece of the first volume of the American Journal of Ophthalmology.
services legally collectible. In the early nineteenth century (1800–1810), a pattern developed by which the medical school granted the M.D. degree and the state medical society granted the license.  

Medical societies, however, were more interested in protecting their members than in protecting the public. Elaborate regulations emerged that governed the duties of patients to their physicians and the rights of physicians to consult with other practitioners. Many medical societies were overwhelmingly concerned with fee schedules and other methods of controlling competition. Fighting quackery was of graver concern than raising their own standards.  

The legislatures of the various states rebelled. In 1826, eight years after admission to the Union, Illinois abolished all medical licensure and removed all penalties for practicing medicine without a license. Other states followed quickly, and free and open competition governed the medical market place in the spirit of Jacksonian democracy (see STEVENS, R.M.).

By the 1840s, nearly ten percent of all healers had no medical training of any sort. The western expansion emphasized an earlier colonial belief in the healing power of Indians and healing herbs, an attitude that unquestionably arose from the inability of physicians to alter effectively the outcome of most diseases. Thus there emerged a large group of healers that designated themselves as analytical, botanic, magnetic, electrochemical, metaphysical, eclectic, hydrophathic, Indian, pantalogical, clairvoyant, physiopathic, astrophrenologic, voltaic, and others.

The irregular healers stimulated the formation in 1847 of the American Medical Association to bring together representatives of medical colleges and medical societies in an association of regular, ethical physicians. This was certainly not the most significant event of 1847. The sewing machine and steel plow had just been invented, "Jane Eyre", "Wuthering Heights", and Thackeray's "Vanity Fair" were published. The United States forces captured Mexico City; the Mormons founded Salt Lake City. Gold was discovered in California, and the beginning of the gold rush was underway. In medicine, ether was first used as a general anesthetic in surgery; SEMMELWEIS discovered the connection between childbed fever and puerperal infection.

The American Medical Association provided a mechanism to differentiate trained physicians from those who were not. It established a system of ethical principles that have continued, though not unchallenged, to this day. Thus, an

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6 However, two medical societies opened their own medical schools.

7 Dr. Usher Parsons, professor of anatomy at Brown University, was censured by the Rhode Island Medical Society in 1832 because he had consulted with a physician denied licensure by the northern district of the Rhode Island Medical Society because he was a member of the competing central medical society.
1864 medical register of the City of New York states, “This list not extended to contain the name of an . . . person openly violating the code of ethics of the American Medical Association by advertising or in any other way. In this number we include lecturers for quack museums, graduates of either nonchartered or irregular medical colleges, patent medicine and hash-heesh candy manufacturers, former adventurers, teachers of midwifery to lay women, patentees of surgical instruments, patent medicine endorsers, female medical examiners, healers by an apostatic method, card advertising specialists,” and so forth.

An exceptional medical system prevailed in the United States. The graduates of conventional medical schools attached to universities were concentrated mainly in the cities, whereas the population was mainly rural and they were cared for by the physicians who trained as apprentices and graduated from proprietary schools. The physicians of Boston and New York were well trained in the clinics of Edinburgh, Glasgow, London, Paris, and Montpelier.

American hospitals developed in a chaotic manner. The return of troops from Napoleon’s disastrous Egyptian campaign in 1798 introduced trachoma, a blinding contagious infection of the eyes, to Europe. The British troops sent to Egypt to prevent incursion of India introduced the disease to Great Britain. Eye hospitals, staffed by eye specialists, quickly developed in major centers in Great Britain and on the Continent. Immigrants brought the disease to the United States, and the first eye hospital in the United States opened in New London, Connecticut, in 1817. Thereafter the New York Eye Infirmary opened in 1820, the Dispensary for the Eye and Ear in Philadelphia in 1822, and the Massachusetts Eye and Ear Infirmary in Boston in 1824. The physicians serving these institutions were either general practitioners or their eye service was incidental to other surgical work. This was equally true in obstetrics and gynecology, otology, and surgery, the areas in which specialists emerged early.

It must not be inferred that medicine in the United States was markedly inferior to that in the rest of the world. The remarkable WILLIAM BEAUMONT, an army surgeon, was the first modern physiologist. He was trained entirely through apprenticeship. DANIEL DRAKE, of Kentucky, began his medical career under WILLIAM GOFORTH of Cincinnati. He eventually received an M.D. degree from the University of Pennsylvania and in 1817 he took the Chair of Materia Medica in Transylvania University Medical School, now Miami (Ohio) University, the first medical school west of the Alleghenies, and also the first university-based, nonproprietary school in the west. The medical school is now located at the University of Cincinnati. EPHRAIM McDOWELL first removed an ovarian tumor in 1817 and thus pioneered present-day abdominal surgery.

The introduction of ether to produce sleep for surgery rather than a coma for college hijinks produced a black period for general surgery. The bacterial causes
of infection were unknown, and for the next thirty years abdominal surgery particularly was accompanied by horrible and often fatal complications. The eye and the womb were not involved in intestinal infections. Thus eye surgery and gynecologic surgery thrived. On the Continent and in Great Britain physicians specialized in these fields and staffed special hospitals devoted to disorders of these organs.

A tolerance of special practice did not develop in the United States. The many unlicensed and unsupervised irregular practitioners caused the leaders of American medicine to associate specialists with quacks. There was a well-grounded fear that the scanty training and limited knowledge of the graduates of proprietary schools would lead them to proclaim themselves specialists. Moreover, Jacksonian economic principles were thriving. Thus to hold oneself out as more competent to treat human disease than one’s fellow practitioner was to suggest an unpatriotic elitism rather than an acceptable egalitarianism. Additionally, irregular healers advertised themselves as specialists; they offered to provide the names of patients successfully treated: they often practiced in two or more states simultaneously. (Even worse, the massive migration from Europe not only threatened to engulf the Eastern seaboard but brought in many foreign medical specialists; this attitude seems more prevalent in the earlier twentieth century than in the 1860s.)

To this climate, distrustful specialists and detesting medical advertisers, JULIUS HOMBERGER, M.D., emigrated from Germany, arriving in New York City January 4, 1861, with the full expectation of becoming a recognized eye specialist in one of the established eye institutions in New York.

The United States was in a turmoil that year. The Washington Peace Convention had failed to preserve the Union. The Congress of Montgomery formed the Confederate States of America (South Carolina, Georgia, Alabama, Mississippi, Florida, and Louisiana). Abraham Lincoln was inaugurated the sixteenth president of the United States. The Confederates took Fort Sumter, Charleston, and on April 12 the Civil War broke out.

HOMBERGER was then 22 years old. He had graduated the previous year from Wurzburg University with the degree of doctor of medicine. He had studied with ALBRECHT VON GRAEFE in Berlin at what was the most famous eye clinic in the world. He had worked with JULIUS SICHEL in Paris – the SICHEL who had opened the first eye hospital in Paris in 1832 and was the most famous Jewish physician in Europe and organizer of the first International Congress of Ophthalmology in Brussels in 1857. In company with VON GRAEFE, HOMBERGER visited SIR WILLIAM BOWMAN in London. He was New York representative to the University Society of Ophthalmology (precursor to the International Council of Ophthalmology) that included the leading practitioners in Europe and Britain. Certainly he must have anticipated that the New York City practitioners would welcome a young, well-connected eye specialist, who had entrée to the most famous practitioners in the world.
Ophthalmology was in a promising state. HELMHOLTZ discovered the ophthalmoscope in 1851 and for the first time one could look inside the eye and directly observe blood vessels. In 1858 a young Dutch physiologist, DONDELS, published "Anomalies of Refraction and Accommodation of the Eye", which still remains a standard reference. A year earlier (1857 at the International Congress of Ophthalmology in Brussels) VON GRAEF described an effective surgical treatment for glaucoma, a disorder that blinds because of increased pressure within the eye.

HOMBERGER was disappointed. The senior appointments to the eye hospitals and to the eye services of major hospitals were held by general surgeons and general practitioners. Waiting in the wings too were young graduates of university medical schools, all of whom trained in Britain or Europe in ophthalmology after 1857. No appointments came forth and he had to be content with the Eastern Dispensary on the Lower East Side of Manhattan, Brooklyn Eye and Ear Hospital, and the Northern Dispensary. None were major institutions and none have survived.

Eighteen months after his arrival in America HOMBERGER published the first issue of the American Journal of Ophthalmology. It was the first periodical devoted exclusively to a single specialty in the Western Hemisphere. The first issue was an octavo of 48 pages. An advertisement on the cover stated, "Clinical eye infirmary. The undersigned is prepared to receive at his private surgical home a limited number of patients requiring the performance of operations upon the eye. J. Homberger, M.D." In another advertisement he offered artificial eyes both wholesale and retail.

The journal appeared bimonthly for a year. Nearly all separately distributed copies of the first six issues have disappeared. HOMBERGER bound the first six numbers together and distributed it as a book. Some dozen copies survive at various libraries (the copy at Countway Library, Boston consists of original copies). Additional issues appeared in November 1863 and April 1865, but publication then stopped (Fig. 2).

In the preface to the bound book, HOMBERGER asked that ophthalmology be cultivated because "...as a practice it is almost given over to a class of mercenary, irresponsible, and unconscionable adventurers". He states that he "will defend the rights of the specialists in opposition to those who, while they pretend to embrace the whole field of general practice, also claim to be listed as authorities on the individual branches and at the same time throw distrust upon those who hold contrary views."

8 Many were members of the New York Academy of Medicine founded in 1847 with similar aims as the American Medical Association.
The succeeding pages are filled with attacks on the medical establishment of New York City, Philadelphia, and Boston. In a book review he chastises the respected SAMUEL D. GROSS,\footnote{Gross, as president of the American Medical Association, presided at the 1868 meeting in Washington, D.C. that expelled Hombreger.} professor of surgery at the University of Pennsylvania. "To corrupt the nomenclature by forcibly anglicizing well understood technical terms by adding to castrated Latin or Greek body an English tail is truly barbarous. To give a critique of the chapter itself in question we do not consider worthwhile."

Subsequently, HOMBERGER reprinted critical reviews from the American Medical Times and the American Journal of Medical Sciences of the 1863 textbook written by HENRY W. WILLIAMS, who became professor of ophthalmology at Harvard in 1870. The criticism would, according to HOMBERGER, "go far toward saving the honor and credit of American journalism in danger of falling from the excessive indiscriminate and undeserved praise showered on it by all previous reviews. We are glad that the duty no longer presses on us to notice this work. Both reviewers seem still too lenient in their criticism." The literary style and invective of these reviews suggest strongly that HOMBERGER was the author.

In March of 1863 the editor took on the chief of Bellevue Hospital. "The surgeons\footnote{Probably Bumstead.} of Bellevue may consider themselves able to do anything, but we have not yet had the courage to send a patient to their hospital. An old Irishman with a troublesome but dangerless disease, whom we reluctantly advised to go there, candidly refused, pretending he never saw a man with sore eyes come out of the hospital without being blinded."

In 1863 HOMBERGER journeyed to Chicago for the meeting of the American Medical Association. He read one paper for an absent member and a paper of his own, which was not published. He was elected a delegate to the American Medical Association as a representative of the New York Medico-Chirurgical College.

The 1863 frontispiece of his bound copies must have grievously offended the medical establishment. He listed himself as an oculist, director of a clinical eye infirmary, and professor of ophthalmic surgery. On January 9, 1864\footnote{In March 1864 the New York Ophthalmological Society was formed.}, eight physicians from the New York Eye and Ear Infirmary, Bellevue Hospital, and St. Luke’s Hospital gathered for a meeting called to publish a competing medical journal. Instead they established the American Ophthalmological Society together with an annual Transactions. On June 7, 1864, nineteen physicians of New York, Philadelphia, Poughkeepsie, and Boston elected EDWARD DELAFIELD president. DELAFIELD was then 70 years old, former professor of obstetrics and diseases of women
and children at the College of Physicians and Surgeons, the 1820 founder of the New York Eye and Ear Infirmary, first president of the New York Academy of Medicine, and later president of Roosevelt Hospital (1869). He was definitely not a man in HOMBERGER’s mold as a specialist, but he was one of New York’s most respected, famous, and competent physicians.

HOMBERGER spoke at the meeting of the American Medical Association in New York City in 1864 and was elected secretary of the Section on Surgery. At this meeting he erred seriously. He moved to establish a committee to determine the relationships between the specialties and general medicine. As often happens with the originator of a motion, he was named chairman of the committee and ordered to report at the next meeting. Also named to the committee was one of the nineteen members (BUMSTEAD) of the American Ophthalmological Society that had met the previous day and that adopted in 1868 an amendment to their constitution, “No member shall attach to his name in any public manner the title of ‘oculist’ or any similar title or shall announce in print that he gives special or exclusive attention to special practice.”

During these minor dramas, Archduke MAXIMILIAN OF AUSTRIA accepted the Mexican Crown and he and his wife Carlotta were made Emperor and Empress of Mexico. General GRANT succeeded General HALICK as commander in chief of the Union armies. ABRAHAM LINCOLN was reelected president of the United States. General SHERMAN marched with his army from Chattanooga through Georgia, defeated the Confederate Army at Atlanta, and occupied Savannah. In an abortive attempt to capture New York City, Confederate agents burned the Barnum Museum and Astor House. TOLSTOY’s “War and Peace” was published as was Cardinal NEWMAN’s “Apologia Pro Vita Sua”.

In 1865 HOMBERGER submitted his committee report to the American Medical Association meeting in Boston. It did not concern the relations between specialists and other practitioners. Rather, HOMBERGER attacked and ridiculed the entire code of ethics of the American Medical Association. His fellow committee members refused to have anything to do with it and the report was tabled. The topic of specialization was passed to the committee on ethics. The report was published that year in the New York Social Science Review and again in 1869 in a privately published pamphlet by HOMBERGER. He then began to advertise in both New York and Philadelphia papers, whereas previously his advertisements had appeared solely in medical journals. He used the term oculist after his name and invited prospective patients to consult with him concerning the names of patients he had successfully managed.

12 Derrick Vail, M.D., gave me a copy of the first volume of the American Journal of Ophthalmology obtained in Vienna, that is, a presentation copy to Emperor Maximilian of Mexico.
The *Social Science Review* indicates, however, that during this time he attended weekly meetings of the Society for the Advancement of Social Sciences where he led and actively contributed to discussions concerning sanity regulation in the United States, whether the United States was a republic, and the effect of free trade on production. The editors credit him with providing much of the material for its first volume.

In 1866 HOMBERGER submitted his resignation from the American Medical Association to the secretary, but it was received too late for action. In 1867 he attended the meeting of the International Ophthalmological Congress in Heidelberg, and instead of returning to New York City sailed to New Orleans where he began practice. New Orleans in 1867 was uninviting. Malaria and yellow fever were epidemic, and the city was rife with carpetbaggers. It had, however, a large German colony, and HOMBERGER was appointed oculist to the Touro Infirmary.

He advertised regularly in the *Times-Picayune*, which ranked New Orleans physicians. At the 1868 meeting of the American Medical Association, mainly on the basis of the indignant accusations of a New Orleans physician, who edited the New Orleans Medical Journal (*MITCHELL*), his resignation was refused. Rather, the AMA expelled him from membership.

In 1872 HOMBERGER was admitted to the New Orleans Retreat with a diagnosis of acute jealousy. He was discharged against medical advice on the 27th of April and died the 29th of April in New York City. The cause of death was general paralysis and brain congestion. He was 33 years old.

Now, more than a hundred years later, we can put his work somewhat into context and perspective. The American Medical Association recognized ophthalmology and otolaryngology as specialty groups in 1879, and a separate Section on Ophthalmology was formed in 1890. More recently, a specialty called "family practice" was established, and most physicians and surgeons list themselves as specialists. (The 1979 yellow book of the Chicago telephone company lists 3,400 specialists and 100 general practitioners).

The village of Castleton temporarily prospered with its medical college. A talented architect-builder (DUKE) sprinkled it with Greek revival homes in the 1810s and 1820s, and a minor American artist (HOPE) documented its life in mid-century. The medical school closed after the 1837 financial panic but reopened in 1840 only to close permanently in 1862. It graduated 1,567 physicians. The two founding physician-proprietors both died insane. The medical school building erected in 1821 still stands on the campus of its successor, Castleton State College.

Most of the 400 proprietary medical schools founded during the nineteenth century closed before 1890. Many, by the 1880s, had abandoned classes entirely and become diploma mills. Those still surviving in the twentieth century closed
after publication of the "Flexner Report on Medical Education". With few exceptions, all medical schools in the United States are now attached to universities. The State of Illinois adopted a medical practice act in 1876 to license physicians and all states regulate the practice of medicine.

The American Ophthalmological Society, the oldest medical specialty society in the world, continues but limits itself to 225 members in a country with 11,000 eye specialists. The prohibition concerning special practice was last invoked to drop a member in 1928, and new members do not sign the 1868 pledge.

The name *American Journal of Ophthalmology* was used by ADOLPH ALT in 1884 for a new journal that continues to this day. Its circulation now is 19,000, the largest of any eye publication in the world (I have edited it since 1965).

The various quacks, charlatans, cultists, and irregulars denounced in the 1850s have been succeeded by new quacks, charlatans, cultists, and irregulars. Now, though, an association which denounces them or denies them membership may be accused of a conspiracy to commit a restraint of trade. Additionally, rather than accepting reluctantly granted membership in established societies, many of these groups find it easier to establish their own professional societies with themselves as officers.

Virtually no primary biographical material concerning HOMBERGER exists.\(^{13}\) His professional contemporaries ignored him and later writers denounced him. Possibly he accelerated the recognition of specialties in the United States, but the movement was already strong in Europe when he arrived. He must be credited with founding the first medical specialty journal in the United States and indirectly stimulating the establishment of the first medical specialty society.

He has provided me with the excuse to visit interesting places and to interview nineteenth century experts. Castleton is an antiquarian's delight with its beautiful architecture, but it is located off the main highway and lacks motels and hotels. Skiing and resorts have rescued western Vermont economy.

HOMBERGER's thesis at Würzburg lacks the autobiographical material customarily included at that period in M.D. dissertations. Professors there regard it as possibly the worst thesis ever submitted for an M.D. degree to the University, but HOMBERGER submitted it from Paris (October 1, 1860) after he had toured eye centers. JULIUS SICHEL's 1837 textbook is a collector's item. VON GRAEFE died early of tuberculosis and is commemorated by a noble statue in East Berlin near his original hospital.

\(^{13}\) Charles Snyder, medical historian of Harvard, wrote me of his disappointment in not finding more primary material. Thorough search of the New York Public Library, New York Academy of Medicine, Matis Historical Section of Tulane University Library, Würzburg University, National Library of Medicine, and the Library of Congress has been fruitless.
The National Archives in Washington, D.C. lists no ship arrivals for January 4, 1861. The directories of the City of New York list HOMBERGER from 1861 through 1867 but not before or after. In 1867 his name is in capitals and he lists himself as an oculist. The Stadt-Archiv of Frankfurt am Main has no record of his birth, although his New York death certificate lists that as his birthplace. His office in New Orleans (140 Canal Street, old numbering; now 640 Canal Street) no longer stands.

My interest in medical advertising, stimulated by HOMBERGER, resulted in my testifying before the Federal Trade Commission to advocate the advertising of the price of eye glasses, and before Senator GAYLORD NELSON's (Wisconsin) Committee on Small Business concerning the effects of licensure upon competition. After the American Medical Association was sued by the Federal Trade Commission for not permitting its members to advertise, I was called as an expert concerning the difference between advertising for goods and advertising professional medical skills. Alas, despite the short life and unhappy experiences of JULIUS HOMBERGER, the hearing examiner disagreed. Now I find my patients earnestly asking if I can recommend some physician whose advertisement they believe. Thus, the Jacksonian spirit and HOMBERGER survive with free and open competition determined by the marketplace and let the buyer beware.

Summary

In a rapid survey of the ophthalmological history in the United States, the author recalls that, in 1818, Dr. Selah Gridley and Dr. Theodore Woodward founded the Castleton Medical Academy (Vermont), the first proprietary school, from which 1,567 physicians graduated until it was closed in 1862. An M.D. degree was awarded after 2 years' training, while the State Medical Society granted the license.

In 1840 nearly 10% of all healers still had no medical training of any sort. Therefore, in 1847 the American Medical Association tried to differentiate trained physicians from those who were not. Moreover, it established ethical principles. At that time the American hospitals developed in a chaotic manner and there were no specialists.

In 1861 JULIUS HOMBERGER, then aged 22, emigrated from Germany to New York as an eye specialist. He was very ambitious, yet he did not succeed to become appointed to any of the major hospitals. He was a kind of adventurer, who was unethical and advertised in the papers.

14 Note that the American Ophthalmological Society adopted its rule concerning such a listing the following year.
Eighteen months after his arrival, Homberger published the first issue of the American Journal of Ophthalmology and indirectly stimulated the establishment of the first medical specialty society, namely the American Ophthalmological Society. Homberger died in New York in 1872 at the age of 33 years.

NE WELL, F. W. – Julius Homberger, un aventurier

Resumé

Dans ce survol rapide de l'histoire ophtalmologique aux États-Unis, l'auteur rappelle qu'en 1818 les Docteurs Selah Gridley et Theodore Woodward ont fondé l'Académie Médicale de Castleton (Vermont), la première école privée, qui a délivré 1567 diplômes après 2 années de stage. C'est la Société Médicale de l'État, qui accordait le permis de pratiquer.

En 1840 encore près de 10% des guérisseurs n'avaient aucun entrainement médical.

En 1847 l'Association Médicale Américaine a tâché de différencier les médecins instruits de ceux qui ne l'étaient pas. Elle a, en outre, établi des principes éthiques. À cette époque les hôpitaux américains se développayaient d'une façon chaotique et il n'y avait pas de spécialistes.


NE WELL, F. W. – Julius Homberger, un aventurero

Resumen

En este rápido sobrevuelo de la historia oftalmológica de los Estados Unidos, el autor nos recuerda que en 1818 los Doctores Selah Gridley y Theodore Woodward fundaron la Academia Médica de Castleton (Vermont), primera escuela privada, que otorgó 1567 diplomas de médico hasta 1862, año de su cierre. Este diplo-
ma era dado luego de 2 años de estadiá, y era la Sociedad Médica del Estado, que acordaba el permiso de practicar.

Aún en 1840 casi el 10% de los curanderos no tenían ninguna base médica.

El 1847 la Asociación Medica Americana trato de diferenciar los médicos instruidos de aquellos que no lo eran. Además estableció los principios éticos. En esta época los hospitales americanos se desenvolvían de manera caótica y no había especialistas.

En 1861, JULIUS HOMBERGER, de 22 años de edad, emigra de Alemania a Nueva York como oculista. A pesar de ser muy ambicioso, no llega a hacerse aceptar por ningún hospital importante. Era una especie de aventurero, que no respetaba la deontología y hacía publicidad en los periódicos. Sin embargo, diez y ocho meses después de su llegada publica el primer número del “American Journal of Ophthalmology” y estimula indirectamente la creación de la primera sociedad de especialidad médica, a saber la “American Ophthalmological Society”. Homberger falleció en Nueva York en 1872 a la edad de 33 años.

NEWELL, F.W. – Julius Homberger, ein Abenteurer

Zusammenfassung


Im Jahre 1840 hatten immerhin noch ca. 10% aller „Heilkundigen“ in den Vereinigten Staaten keinerlei medizinische Ausbildung. Daher versuchte die American Medical Association im Jahre 1847 eine Unterscheidung zwischen ausgebildeten Ärzten und Laienheilern zu treffen. Auch wurden ethische Prinzipien formuliert. Die amerikanischen Krankenhäuser entwickelten sich zu dieser Zeit geradezu chaotisch, und Fachspezialisten gab es überhaupt nicht.

JULIUS HOMBERGER traf als deutscher Emigrant im Jahre 1861 in New York ein. Er war ein überaus ehrgeiziger Augenarzt. Es gelang ihm jedoch nicht, in einem der renommiertesten Krankenhäuser Fuß zu fassen. Er war der Typ des Abenteu-
pers, ethische Grundsätze waren ihm fremd, und er machte in der Presse für sich Reklame.