

OBITUARY: Charles D. Rich, M. D.

On Sunday, Jan. 18, 1897, at Washington Heights, Ill., Dr. Charles D. Rich, in the thirty-first year of his age.

Ten years ago Dr. Rich graduated in medicine at the Chicago Homoeopathic Medical College. He served a year and a half as interne in Cook County Hospital, and then attended the Post-Graduate School in New York. Soon after his return to Chicago he was married, the bride being **Miss Mabel Kellogg**, daughter of the late **Dr. E. H. Kellogg**. He made his residence on Calumet avenue and Thirtieth street, and in a remarkably short time was engaged in a busy practice. He accepted a chair in the college from which he graduated, where he lectured during his active life in Chicago. Four years ago failing health compelled him to leave this climate. After spending the time in Arizona, California and the islands in the Pacific, he returned to Chicago last summer. The winter marked the end of his brief but busy career.

Among those who entered the ranks of the medical profession in Chicago in recent years there is none who, by virtue of his talents and his personal qualities, took a higher position than did Dr. Chas. D. Rich. A man of noble character, of perfect moral rectitude, and yet one of a deeply sympathetic nature, he attracted to him a multitude of friends. All admired and respected him; all who knew him well, loved him.

He early took a prominent place in the profession. His colleagues had the utmost confidence in his knowledge and in his judgment. As a teacher he was peculiarly successful, and was a great favorite with every student.

By all who were so fortunate as to know him his loss will be deeply mourned, while he will ever be remembered for the charm of his frank and cordial manner, his honesty of purpose, his great strength of character, combined with a tender-heartedness and an unselfish devotion to others that seemed to give him greatest satisfaction.

His monument he erected in the undying affection of his many friends.

Google Books: Medical era, Volume 15, edited by Robert Newton Tooker, James Eldridge Gross Charles Gatchell Page 46. January-December 1897. Chicago, ERA Publishing Company 1897. Library of the University of Michigan

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THE TREATMENT OF PILES BY THE INJECTION OF CARBOLIC ACID.

This method is called the carbolic-acid treatment of hemorrhoids. It consists, briefly, in the injection into a pile tumor, by means of a hypodermic needle, of from three to ten drops of a carbolic acid solution, the object being to produce a coagulum, obliteration of the distended vein, and subsequent detachment, with a radical cure.

The aqueous solution of carbolic acid is the one generally used, although some use olive oil, glycerine or alcohol, to dilute the acid with, in place of water.

The method was the invention of an obscure Illinois doctor. For five years it was kept secret, being divulged only to such as would pay a good round sum of money and take an iron-clad oath of secrecy.

It is now thirteen years since this method came into general use, time enough, it would seem, for the accumulation of sufficient data upon which to base a judgment as to its legitimate place in surgical procedure.

After a careful perusal of the literature, the following seem to be the main objections: 1. Uncertainty of results. 2. Length of time required. 3. Ischio-rectal abscess, with consequent fistula. 4. Ectal ulcer. 5. Pain. 6. Hepatic embolism. 7. Carbolic acid poisoning. 8. Hemorrhage.

Uncertainty of results seems to be the most formidable of these objections. Kelsey says it is the uncertainty as to the course of cases after treatment, and the fact that a radical cure may not result, which keeps him from using this method, rather than any possible complication or danger. Yet he treated 200 consecutive cases with perfect results in all.

As the pile tumors are injected one or two at a time, and the injections are made a week apart, considerable time may elapse, in an extensive case, before all are reached. This objection is a trivial one, as the patient is not disabled from work while undergoing treatment, and the time required for each injection is insignificant.

As to the formation of an ischio-rectal abscess, with a subsequent fistula, which is quite a serious matter, Andrews reports but ten accidents of this kind in 3304 cases, so it is comparatively infrequent. An aseptic field of operation and an aseptic needle would help to avoid this.

Small granulating areas may be exposed on detachment of the slough, but they usually heal readily, and are no worse than those occasioned by the ligature.

Pain occurs only when a strong solution is used, or when external piles are injected. With a mild solution, 3 to 10 per cent, there is usually no pain beyond the prick of the hypodermic needle and a tense, smarting feeling, which may last ten or fifteen minutes. If a strong solution, 10-95 per cent, is used, cocaine should be mixed with it to avoid excessive pain.

Hepatic embolism is a bugbear held up in some text-books. Practically, few cases have occurred; theoretically, it is difficult to see why it is more likely to occur with carbolic acid injections than from the detachment of clots from the proximal side of a ligature. Carbolic acid poisoning is avoided by mild injections, and hemorrhage is a surgical accident, liable to follow any operation, and no more difficult of control in this than in other methods.

The advantages of this over other operations, briefly stated, are: 1. No narcosis. 2. No confinement to bed. 3. No "operation." 4. Small amount of pain. To be sure, the risk of giving an anaesthetic is slight, but it requires intelligent assistance, such as every practitioner does not have at command. Time, in America, is money. Any of the other operations, ligature, clamp and cautery, or incision, require from two to four weeks before the patient is able to go to work again, even if the most favorable result is attained. With the carbolic acid injection, although it is best to have the patient remain in the recumbent position for twelve hours after each injection, even that is not absolutely necessary. The patient may leave the office half an hour after the injection is made.

To the laity the idea of an "operation," with the anesthetic and the shiny instruments, suggestive of blood and butchery, is so terrible that many people will suffer for years rather than submit to it. Kelsey says that he was driven to use the carbolic acid injection by the fact that a large number of his patients refused absolutely an "operation," went to a neighboring doctor and submitted without a murmur to the carbolic acid treatment.

Google Books, Medical era, Volume 8 edited by Robert Newton Tooker, James Eldridge Gross, Charles Gatchell page 46, Vol VIII no 2

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