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Rural Medical Practice in Early 19th Century New England

Joseph Carvalho III

I. Medical Education

Of the over 3000 physicians practicing in America from 1607 to 1776, less than 400 received MD degrees.¹ Most of these degrees were obtained in Europe. The approximately 2600 physicians who were not medical graduates had been trained by apprenticeship. They would study under the direction of a physician, called a preceptor. Apprenticeship enabled the American to enter medical practice without having to spend time at a European medical school.

A number of rules governed the relationship between the apprentice and his preceptor, and the regulations often were adopted by the early state medical societies. A standard apprenticeship was three years of study under the guidance of a preceptor who received a fee of approximately \$100 per year, the fee, however, varied according to the professional reputation of the master.²

The preceptor supplied all the reading material and medical equipment required and provided his apprentice with a certificate when the term of instruction was completed. The course of apprenticeship consisted of two principal parts. First was "reading medicine with a doctor," ordinarily including readings in anatomy, botany, chemistry, materia medica, pharmacy, physiology, and clinical medicine. "Riding with the doctor" was the second area of instruction, constituting the clinical part of a medical education. The apprentice would accompany the physician on professional visits and at times he would assist in surgery. This was the *ideal* education for apprentices. Unfortunately, in many cases it did not result in adequate training. Dr. Samuel D. Gross, for instance whose apprenticeship began in 1824 at the age of 19 and ended three years later, complained: "I had seen no practice; my preceptor (Dr. Joseph K. Swift) was not popular, and few of his patients could be visited by an unfledged doctor."³ Although Gross later became a leading surgeon, the credit obviously belongs with Gross himself rather than with his preceptor.

Any physician could serve as a preceptor, providing he was able to find apprentices desiring to study with him. Because many preceptors were themselves inadequately trained, the education of apprentices was often deficient. Apprentices had the advantage of close personal contact with their preceptors which could have provided excellent opportunities for practical training. However, as a method of training physicians, apprenticeship was generally unsuccessful.⁴ In 1832, Daniel Drake, a leading medical educator, stated that "the physicians of the United States are culpably inattentive to the studies of their pupils, and ... this is one of the causes which retard the improvement and arrest the elevation of the profession."⁵ Preceptors often used their apprentices as cheap labor and as a result the student, "often spent many hours at ... menial tasks and in routine household chores."⁶

Nevertheless, students such as Richard Ely of Saybrook, Connecticut, received a certificate of competency from their preceptor after the prescribed three years of study. Ely's preceptor, Dr. John Noyes of Lynn, Connecticut, attested that Ely "hath been liberally educated and been a student with me in the theory and practice of medicine and surgery, and, whereas, said Ely hath made great improvement in the art of physic and surgery, he is well qualified for a practitioner in said arts. I do therefore recommend him as a safe, judicious and able physician, and well qualified to practice."⁷ Such a testimonial meant little to anyone not knowing the preceptor.

During the second quarter of the nineteenth century, medical schools supplanted apprenticeship in preparing future physicians. The early medical schools, however, were commercial enterprises, rather than humanitarian ones. Groups of physicians opened new medical institutions whenever and wherever they found it profitable to do so. In the process, they substantially multiplied the number of schools. This proliferation of medical schools ushered in an era of excessive competition for students, forcing the schools to lower their entrance and graduation requirements. This competition in turn reduced the quality of medical education.⁸ An example of the situation is the history of the Castleton Medical College of Vermont. That institution scheduled its sessions to enable students to take one term at another institution, then transfer to Castleton to receive their MD degrees after only eight months of study.⁹ In 1833, Benjamin Lincoln of the University of Vermont College of Medicine accused Theodore Woodward, the dean of Castleton Medical College, of authorizing "secret, confidential agents" to underbid competing schools, reduce requirements, and consent to examine students before the completion of their course of study.¹⁰

By the 1830's, the major characteristic of American medical colleges was a "total neglect of all examinations into the previous education and capacity of the student."¹¹ In 1826 in his Inaugural Address before the New York Medical Society, Dr. James R. Manley pronounced his opposition to the "wholesale manufacture of physicians" taking place in the United States.¹²

In addition to the problems which developed out of the proliferation of medical colleges, the States prevented physicians from receiving adequate scientific training. The study of Anatomy has always been essential to the practice of medicine, yet, the lack of community and governmental cooperation prevented medical students from legally investigating the mysteries of the human body. Physicians who did not receive anatomical instruction were destined to learn by trial and error in their practice.

During the early 1800's, physicians continually petitioned State legislators for the legalization of dissection for the purpose of medical education and scientific investigation. However due to public prejudice against dissection, elected representatives hesitated to support bills providing the bodies of deceased convicts and paupers. In addition, for centuries the Church has opposed defiling the human body. It was not until 1830 that the State of Massachusetts passed the first law in the United States making available for dissection deceased persons, who otherwise would have been interred at "publick expense."¹³

Despite legal encumbrances, medical colleges continued to offer the study of anatomy by dissection, and "they depended upon graverobbing to meet the ever-increasing need for cadavers."¹⁴ The constant fear of townspeople in the immediate area of medical colleges was that the cemetery plots of loved ones would be desecrated by the "resurrectionists."

Western Massachusetts was faced with just such a dilemma. In its annual catalog of 1824, the Berkshire Medical Institution, located in Pittsfield found it necessary to reassure the residents of that town. The College's Board of Trustees stated that they considered themselves "bound by the interests of the Institution, and their own inclinations...with a most sacred regard to private feeling, as well as public sensibility," and that they had therefore taken "the most effectual" measures "in their power to secure burying grounds from violation."¹⁵ Writing for the Trustees the dean of the medical college, Dr. J. P. Batchelder, asked for the cooperation of "an enlightened and generous public" and requested them to "extend to the Institution that humane maxim of the law, which holds everyone innocent until he is found guilty."¹⁶ He did not deny that "the repose of the dead" had been disturbed, explaining that "the cause of such outrages had arisen from the *want* of a public seminary."¹⁷ The state law was said to oblige students to acquire a competent knowledge of anatomy. Batchelder's contention was that the "natural tendency" of the Institution, "by taking from students every temptation and excuse for disturbing the dead at the expense of the living" would be "to diminish, or wholly do away an evil, concerning which so much apprehension has been entertained."¹⁸

The pastor of the Congregational Church of Pittsfield, Rufus William Bailey, speaking at the 1824 annual commencement of the Berkshire Medical

Institution, issued a stern warning when he declared that "the sanctuary of our dead must not be invaded," and that the man who "disregards public law and sentiment" on this subject "is guilty of a kind of sacrilege." Such a man "must go as a thief under cover of the night; he must feel like a thief; he does the deed of a thief; and if detected, he suffers like a thief."¹⁹ The penalty for body-snatching was ten days solitary confinement and one year at hard labor, or a \$2,000 fine. Obviously the community was concerned over instances of body-snatching and the profession in that area undoubtedly suffered. At the same time, Bailey noted that the public demanded of the physician "that knowledge, which renders dissections of the dead absolutely necessary." He urged legislators to provide medical students with the legal means of obtaining the bodies. He also suggested that criminals "be attended with the additional penalty of dissection after death."²⁰

II. Medical Practice

Commonly referred to as the "age of heroic medicine," the first half of the 19th century was characterized by the extensive use of various purgatives, blistering by extreme heat or caustics, and diverse methods of bloodletting. There were many ways in which purging was effected. Emetics like tartar emetic and sulphate of zinc induced vomiting; cathartics such as jalap, croton oil and calomel served as strong laxatives; while diaphoretics like ipecac and antimony caused the patient to sweat profusely.

Country physicians commonly prescribed large doses of calomel. Chemically known as mercurous chloride, calomel affected the salivary glands, drastically increasing secretion. Excessive use resulted in the weakening of the gums, the loss of hair and other symptoms of mercury poisoning. Numerous other decoctions were frequently used in conjunction with calomel, depending upon how long the illness persisted. An example of the over-use of calomel is described in the correspondence of Edwin Fobes. After being confined to his bed for three months, Fobes wrote: "the Doctor, who paid me a visit daily for about 4 weeks and then 3 times and 2 and once a week I really believe, had exhausted his store of Drugs and Medicine; but the effect has been as little as the doses were numerous. But nothing daunted he has kept up a continued stream from Calomel to the most simple stomach bitter, and at last has been compelled to give it up as a bad job and wait for warm weather to effect a cure."²¹

Blistering was one of the mainstays of heroic practice. Public confidence in this method of cure was reflected by the many times blistering was performed without professional supervision. Anne Tufts, for example, received a letter in 1815 in which her mother declared: "I have suffered very much this summer with a pain in my side and weakness at my stomach and shortness of breath. I have put a blister on today and hope to be quite well again in two or three

days.”²² Another letter related an unsuccessful application of a blister to a Mr. Stoughton of Oakham, Massachusetts. Stoughton had complained of a pain in his heel which was thought to be “the rheumatic,” Simple remedies were ineffective. His father went to New Braintree and “got a blister (Caustic material) from the Doctor’s, which on Tuesday was applied” to Stoughton. Fobes, who described the episode, noted that “at night he grew worse, and was delirious. A doctor was sent for, and every means was used, but in vain. The messenger of *Death* was gone forth, and there was no delay.”²³

Until mid-century, medical students were taught that for practically all ailments massive blood-letting was the standard cure. One student in the early years of the New York University College of Medicine discovered that to pass his exam the answer to each question was “the treatment is bloodletting, sir.”²⁴ Benjamin Rush was the chief proponent of bloodletting as “the Key” to curing almost every disease. He even went so far as to say: “I would sooner die with my lancet in my hand than give it up while I had breath to maintain it or a hand to use it.”²⁵ The lancet was the principal tool employed by the physician for bloodletting, generally by venesection (opening a vein and releasing from several ounces to several pounds of blood). Venesection was in common practice throughout New England by the 1800’s. Zeloda Barrett of New Hartford, Connecticut recorded in her diary that “this evening Father had a fit. We were very much alarmed. Doctor bled which gave relief. I took care of him all night.”²⁶ (Minor bloodletting does result in muscular relaxation). While visiting a neighbor to discuss a property transaction, Moses Porter casually mentioned that he “found Dr. Kittredge there bleeding Alfred in his sore leg.”²⁷

These are examples of venesection in moderation, reflecting the-empirical rather than the theoretical mood of New England country practitioners. Rural physicians practicing in New England “never swallowed whole Rush’s radical ideas.”²⁸ In contrast Isaac Rand Jr., a physician in the city of Boston, prescribed an almost barbaric cure for Hydrocephalus Internus. He wrote that “In the first stage the most active remedies are to be used, such as venesection at the arm or jugular vein. Apply leeches to the temples, and behind the ears; scarify and cup the temples; excite an hemorrhage a the nose; scarify and cup the nape of the neck, give gentle cathartics, as they operate by revulsion ... assist their action with stimulating blydters(sic); ... shave the head, bathe it with ether,...blister the whole head, and keep up the discharge with the vesicating ointment; blister the nape of the neck, the temples, and behind the ears....”²⁹ He mentioned a case in which this treatment “afforded great relief from pain,” later in his account he conceded that “however, the child died.”³⁰

In cases of external inflammation leeches were used to draw blood from the irritated area of the body. The limited availability of leeches, however inhibited

this practice. One particular instance of leeching in Spencer, Massachusetts probably discouraged both citizens and physicians in the surrounding area from using this method of bloodletting. Miss Abigail Sumner recounted the plight of Mrs. Lucy Jones of Spencer who had taken ill with a fever. She wrote that, "The Doctor had ordered leeches to be put on her leg, but that "those her friends got (were) the wrong kind." When these leeches were placed upon Mrs. Jones' leg, it "began to pain her." A doctor, called in from Leicester, "told them she could not live," and that "the leeches were as poison as the bite of a rattlesnake." Being in "great distress," her leg was "badly swollen and...had mortified." She died that evening.³¹

In serious cases, most country doctors attended to their patient every day until the patient showed signs of recovery. In 1803, Dr. Samuel Willard presented a bill to Zadock Taft for \$55.75, representing fees for 38 visits from October 10 to November 19, 1801, 35 visits from October 4 to December 26, 1802, and 14 visits dating from February 3 to March 9, 1803, plus interest.³²

The following chart contains a sampling of the patients of Dr. Thomas Davies of Reading, Connecticut in 1806.³³ His visits were usually on successive days with two or three visits each week after his initial treatment. Although these visits were marked with continued overdoses of calomel and constant use of other cathartics, emetics and venesection, the physician seemed to be motivated to his task by dedication and faith in his prescribed "cures."

Name of Patient	Number of visits by Dr. Davies	Total cost
Silas Merchant	30	£ 7:12:6
Eli Sanford	20	£ 9:18:0
Stephen Gray	20	£ 3: 1:0
Seth Canfield	17	£ 4: 0:9
Aaron Sanford	17	£ 2: 8:0
Peter Andrews	14	£ 2:19:11
John Byington	14	£ 1:10:9

Another example of the extensive medical attendance on the sick is in the Account Book of Dr. Anson Boies of Chester, Massachusetts. He attended to Sylvester Emmons for four years, visiting him 12 times in 1816, 18 times in 1817, 19 times in 1818, and 55 times in 1819. In his struggle to save Emmons' life, Dr. Boies made 43 visits in the space of 42 days, from March 23 to May 3, 1819, sometimes visiting him twice a day.³⁴

The information contained in the following chart was compiled from the specific years and months designated in the account books of each of the physicians listed.³⁵ Obviously, the number of visits a medical practitioner would make was not dictated by the time of year. Dr. Joseph Goodhue found himself busiest in December while Drs. Hyde and Morrisson were most active in

Physician, Location of Practice, Sample Year.	visits in Feb.	visits in May	visits in July	visits in Sept.	visits in Dec.
Dr. Joseph Goodhue New Castle, New Hampshire(1804).....	8	38	18	77	76
Dr. John Hyde Freeport, (Me.) Massachusetts(1810).....	136	197	143	182	107
Dr. Robert Morrisson Plymouth, Massachusetts(1817).....	83	167	106	56	50
Dr. Daniel Peterson Weare, New Hampshire(1825).....	75	28	75	41	29

Because payment for medical services was not received immediately, a physician's real income in any given month was not reflected by the number of visits made in that month. Dr. Hyde made 136 visits in February and received \$135; he made 197 visits in May, for \$173; then he made 143 visits in July and 182 visits in September, collecting \$182 and \$164 respectively; in December he collected \$130 for 107 visits.³⁶ Noticeable is the fact that in May, the month in which he made his greatest number of visits, he received less than he did in July, a month in which he made 54 fewer visits. This would perhaps indicate that visits made in May were paid for in July.

The fee charged for professional visits by night was usually higher than the same service performed in the daytime. Dr. Thomas Davies' fee for night visits, for instance, were double those during daylight hours.³⁷ Dr. Matthew Bridge Baker of Springfield increased his rates for visits ten or more miles away. Because long rides out of town took them away from the majority of their patients, other physicians followed suit.³⁸ It was reported that Dr. Abraham T.

Lowe of Ashburnham, Massachusetts "knew the direction and condition of every road, bridle path and passable cross-cut way." Recalling his days of practice, Lowe wrote that he "rode on horseback, in a light-wheel carriage or sleigh." He took to his "racquets" (snowshoes) at times when "travelling in either of these modes was impracticable."³⁹

Beset with many problems, one of the country physician's major concerns was his pecuniary success. The fees charged for services were entirely different from what they were able to collect. Most country physicians, as late as the 1830's, seldom received more than \$500 a year in money and kind.⁴⁰ However, some fared better, as seen in the account book of Dr. John Hyde of Freeport, Maine.⁴¹ Dr. Hyde's income, received from his medical services amounted to \$1,820.30, and \$1,880.00 in 1811.⁴²

Seldom did the country physician receive his fee immediately after treating his patient. He was often compensated for his services within six months, but many times he would have to wait one or two years. For example, four visits by Dr. Anson Boies, dating back to May 8, 1816, were settled on September 17, 1819 with payment of one barrel of cider.⁴³ Most physicians were consistent in the fees they charged. From 1804 to 1807, Dr. Davies of Reading, Connecticut charged 1 shilling for extracting teeth.⁴⁴ Dr. John Hyde charged twenty-five cents for venesection, a price which stayed constant from 1809 to 1812.⁴⁵ Again it must be said that what was charged and what was received were entirely different things. In 1816, one patient of Dr. Boies, owing \$6.67 for medical goods and services, repaid the doctor by giving him 12 bushels of oats valued a \$6.00, by carting the oats, worth 50 cents, and by drawing stone, for the final 17 cents.⁴⁶ Another patient paid the doctor 33 pounds of cheese, 3 pounds of butter, and "fresh pork and sundries" to settle a debt of \$11.26 in medical fees.⁴⁷

The season of the year, more often than not, determined the type of goods a physician would receive for his services. In April of 1819, around the time of the tapping of the maple trees, one doctor received from a patient thirteen pounds, one ounce of maple sugar valued at \$1.63.⁴⁸ Other physicians recorded having received apples during the autumn, and corn in late summer. At times reciprocal agreements were arranged between the patient and his physician—services for services. One patient of Dr. Matthew Baker repaired the physician's coffee pot, looking glass, watch key and watch in return for \$4.50 in medical services.⁴⁹ Generally, country physicians found it difficult to collect cash from their patients and many through either choice or necessity received goods in return for services.

III. Quacks and Irregulars

In addition to the difficulties involved in fee collecting, the regular physician was faced with the problem of competition from other sects as well as

from fellow heroic practitioners. Soon to become the author of *Medical Education in the United States*—published in 1846, Alfred Stille wrote to George S. Shattuck and complained that “the country is overrun with self educated physicians, besides whole brigades of quacks.” Because of these men, Stille claimed that “the chances of earning one’s meat and drink are just about in proportion to one’s disregard of truth, honor, and modesty.”⁵⁰

The case of Dr. Chester Smedley is a startling example of the underhanded methods used by physicians to draw patients away from other practitioners. Dr. Smedley reported to all public newspapers throughout Broome, Cayuga, Chenango, Cortland, Madison, Oneida, Onondaga, Oswego, and Tompkins counties in New York that “wicked and designing miscreants” were attempting to destroy his “character and usefulness...to his fellow beings.” And that “notwithstanding, he has been found dead in ten different places, and died six different deaths, he would inform his friends and the public at large...that he is so far resuscitated as to be able to attend the calls of his patients as usual.” He referred to the college-educated physicians who had spread the rumors as “Quacks,” and he expressed his hope that his “friends will not head the clamor of the Sheepskin with a blue ribbon until they hear from some more authentic source of his death in the future.” Dr. Smedley was quoted as saying to “his good friends of the faculty, that he needs none of their assistance, and hopes they will for the future save themselves much trouble and expense of running to and fro, telling his patients they must not take his medicine for it will kill them, when they are ignorant of what he has given.”⁵¹ Smedley’s adoption of a number of herbal remedies had evidently met with strong opposition by those who had graduated from medical colleges and who espoused more heroic methods.

Physicians espousing medical treatments other than those accepted by the regular profession were looked upon with suspicion by the regulars. These unorthodox physicians provided an alternative to those patients who either at one time had a bad experience with physicians using heroic methods or who refused to submit to such brutal treatments. One instance of the lack of confidence in the prescriptions of regular physicians was illustrated in a letter received by Mrs. Edward Appleton. The account described a small child who had been “pretty sick” but recovered. Apparently “her mother sent for the doctor, and he had prescribed for her, but her mother would not let her take anything he ordered.... So she has cured her with cold water.”⁵² Regular physicians felt intimidated by competition from other sects. A reputation for healing quickly spread. Eli Sumner of Waltham, Massachusetts, having apprehensions about submitting to regular medical treatment, informed his sister that he was “taking medicine of an Indian doctor, think it helps me in some respects though he says I shall have to take it some time before it will have much effect.”⁵³ In still another letter, Jonas Hartwell of Providence, Rhode

Island, advised a friend, "...physicians I consider useful men, but in common case of sickness I would chose (that) their visits might be ... few and far between."⁵⁴

Edwin Fobes recorded that "so many in this region, like the stragglers of Buonaparte's army, fall victims to some long-protracted disease, or are speedily cut down and by what they know not...."⁵⁵ It was at times such as these that he physician's medical skill was tested. His success or failure would be known to the entire community.

Success is too powerful an argument to dispute. Samuel Thomson, a botanical physician, presented just such an argument before the people of New England. Unlike the heroic therapeutics of the regular physician, Thomson's preparations did not injure seriously ill patients. Being successful, he incurred the jealousy of the local orthodox practitioners whose heroic doses and massive bleedings failed to cure disease.⁵⁶ In 1813, Thomson travelled to Washington, D.C., enlisted the help of Dr. Samuel Latham Mitchell, a member of the House of Representatives from New York, and secured patents on his medicines and his system of practice. Anyone who purchased these rights, for \$20, was given the right to prescribe Thomsonian drugs for himself and his family. Members of the regular profession constantly ridiculed and harassed those who administered this treatments. A satire on a man and woman of Podunk, Massachusetts, who practiced herbal medicine, entitled "The Price of a Character" was penned by an anonymous New England poet:

"And than I am told when the cash they have got,
They'll examine the patient from his head to his foot,
And in every case if I am told right,
It's remedy is from morning till night.
Lobelia and elder popple and squills,
Snakeroot and seneca with some Indian pills,
And then with a plaster as big as a sack,
They'll cover all over the poor victim's back,
And tell him to wear it three weeks, months or more.

And stick to the medicine they ordered before."⁵⁷

Nevertheless, in New England there was a tradition of domestic medicine. Most rural families expected to treat their own members and Thomson's method enabled them to improve on the medical care they were most familiar with. Years later William Lloyd Garrison declared that "Dr. Thomson was one of the remarkable men of this century, and is entitled to a position with the benefactors and martyrs of all past time; for he was for a long time persecuted in the most shameful manner, especially by physicians of the old school, who were

as ignorant of the wonderful medicinal properties of certain roots and herbs as they were of the spirit with which to pursued his investigations.”⁵⁸

IV. A Case Study

The preceding accounts and statistics are meant to provide a general overview of the dilemma that engulfed the medical profession and the society, the physician and his patients. The following case study of a Deering, New Hampshire farmer, George Smart, reveals the curious series of medical treatments which he found necessary to undergo for an ailment of his hip, including subsequent treatments of his wife's hand and his son's leg.

At the outset of his illness, Smart attempted to effect a cure with home remedies. On August 16, 1850, indicating that he had previously injured his leg, he recorded in his diary: "I put a teacup full of horse radish into a pot of Brandy and began to take it for my Lameness."⁵⁹ Four days passed without result; on the fifth day he decided to ride across the border to Lowell to purchase medicine. Apparently pleased with this medicine, Smart went to High Bridge, New Hampshire and mailed a letter to "Dr. Astel of Lowell for four bottles of medicine." He received the medicine six days later.⁶⁰ Smart used Astel's patent medicine until late 1850.

In January with his hip continuing to bother him, Smart traveled north to Hillsboro to ask help from a Dr. Hatch, of that town. Hatch was out on a professional visit at the time and Smart was compelled to leave a message. The next day Hatch arrived at Smart's farm, bringing his "Electro Magnetick Machine" and applying it to the leg and hip of the farmer after which "Dr. Hatch" was paid fifty cents. This "Electro Magnetick" device generated static electricity which gave the patient shocks of varied strength depending upon the number of times the machine was cranked before application. Dr. Hatch made two more visits, allowing his patient to keep the "Firing apparatus" at his farm.

George Smart's suffering continued well into February. On the 22nd, he sent his son, Alfred, to summon Dr. Burnham, a regular physician from High Bridge. Burnham rode to Smart's farm "and commenced making a sore on (his) hip with Caustick Potash."⁶¹ Burnham visited his patient four times in the next ten days. At one visit Burnham "put 5 peas into the sore."⁶² This last treatment seemed quite unusual and certainly deviated from the accepted orthodox treatment. Subsequently, Smart wrote that he was "verry lame" and felt a "good-deal of pain" for which the doctor gave him a "pill" to help him rest. After taking the pill he "rested verry well that night but was verry lame and (felt) grate pain all day, and could not sit up any."⁶³ Upon hearing that George was bedridden, a neighboring farmer, Luther Aiken, brought a homemade "lineament" over to the Smart farm and offered to help with the farm work.⁶⁴

In his following three visits, Dr. Burnham's treatment failed to satisfy the ailing farmer, who in mid May returned to Dr. Hatch and borrowed his "Electro Magnetick Machine" for fifty cents.⁶⁵ Although discontinuing his professional visits to the Deering, New Hampshire farm for almost three months, Dr. Burnham continued to supply Smart with the pills which reduced the pain and enabled Smart to finish his spring planting.

In early July, George's hip began to trouble him once again. Unfortunately at the same time, his mare had fallen upon his son's leg, breaking it. Dr. Burnham was called in to set the broken leg. The physician visited the Smart homestead four times in the next six days, treating the farmer's wife and son, and wife whose hand had become swollen. Burnham bled Mrs. Smart's hand but instead of relieving her, "the hand swelled verry large and pained her the worst of any day." Upset with his wife's condition, George "went down and got Mrs. Otis" who "made some poultices" which started Mrs. Smart's hand "discharging well."⁶⁶ Mrs. Otis apparently practiced herbal medicine in the vicinity. However, she too was unsuccessful and Dr. Burnham was summoned six times in the ensuing month. With practically his entire household incapacitated Smart required the help of "Luke (Aiken) and his two boys" for more than two months to assist with maintaining his farm.

Beset with a multitude of problems, George became sick with "Bowel-Complaint." He sent for Burnham, who administered "lots of Morphine # Opium to stop Disentery."⁶⁷ A week later his health failed again, at which time Dr. Burnham visited him twice more. Smart continued to have this "Bowel-Complaint" for two more years.

On Dr. Burnham's last visit to the Smart Farm until the summer of 1852, he concluded his treatment of Alfred Smart's broken leg and "told Alfred to throw away his crutches and put his foot down and go on it." Although he said that his leg "didn't hurt him any to beare his whole weight on it," Alfred refused to walk without his crutches. Burnham had no desire to argue and he left soon after. That evening George Smart wrote of his son's behavior, "I do not know why he won't try to go except it is because he has done nothing so long and has lived so easy and had no pain since his leg broke that he thinks he had rather limp round than go to work."⁶⁸

V. *The Status of the Physician*

In 1831, it was noted that physicians were "more than most classes of men, made the butt of ridicule, and not infrequently the subjects of sweeping and unsparing censure, while as individuals, no class of men are more honored and trusted."⁶⁹ The author of the article published in the *North American Review* suggested that every person felt his own physician to be above suspicion, possibly due to the low standard expected of such a maligned group of men. In

his address delivered at the Berkshire Medical Institution, Reverend R. W. Bailey declared that every family makes their physician "a friend and confident." To become an acceptable family practitioner, the physician must be "a *discreet* man, for many things are committed to his knowledge, which may not be disclosed."⁷⁰ The physician must not be "insensible of the misery which others feel." Bailey noted that when his physician "feels for him, "it seems to divide the pain; it inspires confidence."⁷¹ Referring to an earlier experience in his life, the minister spoke of a physician who had "more than any other, laid his strongest hold" on his "confidence and affection" when Bailey saw the doctor weep at the death of a patient.⁷²

By the nature of their work, successful physicians endeared themselves to their patients through deeds. Dr. Spencer Field of Oakham, Massachusetts was eulogized by a resident of that town who wrote a lengthy verse upon the death of the doctor. The following are the first and last stanzas:

"When we were sick and sore distress,
Our feeble bodies rack with pain,
His useful means were often blessed,
And we restored life again,
But our physician is no more,
His days of usefulness are over."⁷³

"That cheerful visage mild and meek
Must now forever disappear.
That tongue which did so mildly speak,
Must never more acost the ear.
And yet it does most loudly speak,
Bids living men watch, pray and seek."⁷⁴

Many patients found their physicians beyond reproach. Yet others found it desirable to turn their backs on orthodox practitioners and accept other methods of medical treatment. The situation in the medical community lent itself to bitter competition and led to the rise of Thomson's botanical medicine, and later to the growth of Homeopathy. Early in the 19th century, the Thomsonians not only found patients willing to change medical treatment but also found many regular physicians adopting various herbal remedies. Years after Thomson's death, William Lloyd Garrison wrote that Thomson "changed the medical treatment of tens of thousands before his death; and though there are now few infirmaries called by his name, the sale of botanical medicines continues to be very widely extended."⁷⁵

Referring to heroic treatments, one physician had exclaimed: "What mischief have we done under the belief of false facts and theories! We have

assisted in multiplying diseases; we have done more, we have increased their mortality.”⁷⁶ In addition, Benjamin Rush admitted that “it was from the inventions and temerity of quacks, that physicians have derived some of their most active and most useful medicine.”⁷⁷ In reaching this realization, New England country practitioners responded to the competition by withdrawing from the harsher methods of classic heroic medicine and moving toward more moderate forms of medical treatment.

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