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Early Medical Care in Deerfield

Mark C. Kestigan

Nestled quietly on a slight plateau in the Connecticut River Valley, the frontier town of Deerfield was first settled in 1669 by families from the neighboring hamlets of Hadley and Hatfield. Although fully aware that the site selected was set apart from other settlements and therefore would be a prime target for Indian attacks, the settlers could not resist the area's fertile soil which soon yielded rich harvests of grain and corn.

The tiny settlement, which by 1675 had 125 residents, suffered heavy losses at the hands of Nipmuck, Wampanoag and Pocumtuck warriors in September of that year. In what was known as the Bloody Brook Massacre, 64 men died forcing the remainder of the colony to temporarily give up the most northern outpost in the Commonwealth.¹

By 1682, however, settlers had returned and numbered nearly 300 by the turn of the eighteenth century.2 But when Queen Anne's War broke out in 1702, Deerfield was still a fragile frontier town along the Connecticut River and fearfully open to attack. Deerfield's second and bloodiest tragedy occurred in February, 1704, when an angry mass of French and Indians stormed over the town's barricades, burning homes and killing anyone who resisted them. Of the town's 291 inhabitants, 48 were killed and 111 were forced to march to Canada.3 The remaining inhabitants refused to give up the town this time, however, and by 1750 the former frontier post was the center of a thriving wheat industry and a major cattle market.4 The town's prosperity continued to grow, even during the American Revolution, which split the townsmen into rival camps. It became one of the colony's leading food producers, with perhaps its most famous buyer being Colonel Benedict Arnold who purchased 15,000 pounds of beef for the patriots in 1775 before heading to Ticonderoga. 5 Deerfield's population, estimated at 1330 in 1790 by one of its residents, had tripled since the beginning of the century, and would have grown much larger, but nearby settlements developed at Wapping, Bloody Brook and at Greenfield, which quickly would surpass Deerfield in size and population.7

Life on the New England frontier was difficult. Early settlers had to beware of Indian attacks, suffer through many hard, cold winters and unpredictable growing seasons, but perhaps the greatest hardship was the constant threat of disease and sickness.

Prior to 1735, there were no medical men in town. From what little evidence that remains, and judging from other research on early medical care in New England, the townsmen were forced to rely on the minister. It seemed only natural for most people to depend on their minister for medical as well as spiritual care — especially since few ministers charged for their services.8

Reverend Stephen Williams of Longmeadow, one of the captives of the 1704 massacre, confided to his diary on October 2, 1715 that

This morning I was at my neighbors N. Bliss whose child is very ill and they are under great fears . . . I endeavored to direct them and bid them cast their burden upon you Lord and surrender yet child of all your children to God . . . Lord, help me to advise people both in sickness and health. 9

Other evidence of minister-physicians was hard to find, but there was at least one other divine who visited patients in Deerfield — Benjamin Doolittle of Northfield. Ironically, Doolittle was in attendance at the deathbed of the town's first doctor, Thomas Wells, in March 1744. Born in 1695 to one of the first settlers of Wallingford, Connecticut, Doolittle studied theology and began preaching in Northfield in November 1717. A physician as well as a surgeon, Doolittle outraged many citizens with his interest in healing the sick. Despite attempts by irate townsmen to get the minister to publicly renounce his medical practice, he continued in his two tasks until his sudden death in 1748. Items listed in his estate after his death included a "surgeon's pocket case of instruments," valued at 22 pounds; "three sets of instruments to extract teeth," valued at one pound and five shillings; "two lancets," priced at 24 shillings; and an "incision-knife," valued at eight shillings.

By 1735, Deerfield had its first doctor, Thomas Wells. Little is known about the nature of his practice, but he was the link between the minister-physician and more learned medical men in town. A cordwainer by trade, Wells taught himself the finer points of ministering the sick. He purchased various drugs from a neighboring apothecary. He received 176 preparations from the apothecary between 1733-40, though the numbers decreased a great deal by 1740, perhaps indicating that he stepped aside for the more learned practitioners in the area. ¹⁴ At the time of his death in 1744, the wealthy 51 year-old had an entry in his inventory called "physick books," which totaled 76 shillings. ¹⁵

Those persons who chose to depend upon "science" during the first half of

the eighteenth century would have most likely seen Dr. Thomas Williams of Deerfield, or the English-born Dr. Richard Crouch of Hadley. After settling in Hadley about 1731, Crouch established a far-reaching practice, with Deerfield being one of the most frequently visited towns. A native of the Isle of Wight, Crouch began his practice in Hadley with a Dr. Squire, also of Great Britain, as evidenced by Crouch's references in his records to "both of us." His popularity undoubtedly rested on the fact that he was British and had studied medicine in England as well as in Edinburgh, Scotland.

A few years after Crouch, Dr. Williams began practicing in Deerfield. He was born in Newton and studied under Dr. Wheat of Boston. He received an honorary degree from Yale University in 1741, having developed a reputation not only as a great physician, but as an accomplished surgeon as well. The good doctor also donated nine pounds to the college's treasury which certainly kept him in good stead with the college's administrators. ¹⁸ Williams had learned a great deal about surgery while serving in the military from 1736 to 1756. He was appointed surgeon for the "chain of forts" which extended from Fort Dummer in Vernon, Vermont to Fort Massachusetts at Hoosac. ¹⁹ He was also a surgeon in an abortive mission against the French in Canada in 1746 and he served during the French and Indian War. By 1755, he was a surgeon in his brother Ephraim's regiment, where he remained until 1756, earning the title of Lieutenant-Colonel. ²⁰

Williams also held seven different political offices between 1746 and 1775. These positions include town selectman (1746, 1748), town clerk (1748-51, 1762-74), moderator of town meeting (nine times between 1754-71), justice of the peace (1754-64, 1775), representative to the General Court (1759), and special justice of the court of common pleas (1764-75).²¹

With the arrival of doctors Crouch and Williams, the practice of Thomas Wells diminished, as evidenced by his steadily declining orders for remedies.²² Even the medical practices of minister-physicians seemed affected by the coming of the two doctors. Sarah Williams, the second wife of Reverend Stephen Williams, saw Dr. Crouch several times in 1735. The doctor left her with 40 "hysteric pills" (for a uterine problem), a purging mixture and several blister salves.²³

Crouch was a clinical physician who did not practice surgery. This fact, more than any other, suggests his European training, for in England there were very definite divisions between different kinds of practitioners. First came physicians, then apothecaries, followed by surgeons.²⁴ Crouch did dress wounds and treat animals (he has several entries referring to treating a person's horse with antimony); in addition, he was an apothecary and he even pulled teeth on occasion.²⁵

Colonial practitioners had no institutionalized framework to support

them. They were trained primarily through apprenticeship and usually had little formal education. Williams, however, was very well read. A listing of 31 "physick books" appears in an appraisal of his estate in March 1800. Included in his collection were Sharp's Surgery, Medical Consultations, Brooks Practice and Quincy's Lexicon. 26 He had ordered a number of European medical books to keep up with new developments in the field. 27

Though his educational background may have differed substantially from that of his colleague in Hadley, Williams performed many of the same tasks. He also was a dentist, treated animals and prepared and dispensed drugs and remedies which he prescribed.²⁸ In a collection of Williams' assorted letters are several bills from a Boston doctor, Silvester Gardiner, for pharmaceutical supplies. He was also a psychiatrist. In 1753, widow Bridget Burt saw him more times than anyone else for that year — 65 visits. There was apparently no sustained illness as Williams' prescriptions were extremely varied and rarely did he give her the same treatment twice in a row. Twelve years later the doctor visited her only 12 times. Was she very ill in 1753, or was there some other explanation? Her husband, Jonathan Burt, one of the original grantees of Road Town in 1735 and the first person to build a house there, had died in 1752.²⁹ It is possible that she went into a period of severe depression and called on Dr. Williams time and again to treat her for various "illnesses."

Despite the differences in educational background between Crouch and Williams, they both served many people in several towns. Crouch's practice covered many communities including Deerfield, Hadley, Hatfield, Sunderland, Springfield, Coldspring, East Hadley, South Hadley, Northampton, Pelham, Palmer, Greenwich, and New Salem. He also was known to travel to Worcester and possibly to other towns in central Massachusetts. Because he was one of the few medical men in the area, he frequently was called upon to visit the surrounding towns and in many cases he left medications for several members of a family in a single visit. 1

Dr. Williams also traveled to many communities in western Massachusetts and even into Vermont and New Hampshire when necessary. In 1753 for example, Williams made 1424 visits while treating 242 different patients. Twelve years later he treated 286 people totaling 1384 visits. This was not uncommon for a country doctor at that time. Many doctors would see as many as 300 or 400 patients in a year. The second results in a year.

Perhaps the most interesting aspect concerning the medical practices of doctors Williams and Crouch, however, was the similarity in the backgrounds of their patients. It often has been thought that these early practitioners would treat any sick townsman, regardless of the person's social and economic status. Though Dr. Williams did treat people of all economic classes, the the lower one was on the tax list of 1760, the less likely he was to be seen by Williams. In 1753, the 20 wealthiest residents of Deerfield visited the doctor

320 times while the remaining 35 townsmen saw him only 100 times. 35 The lone exception was Moses Smith who appears very low on the tax listing, but who saw the doctor more than anyone else in 1765 — 59 times. Smith, however, had a very valuable occupation, at least from Williams' standpoint — he was a ferryboat operator. Over 30 ferry rides were credited as payment for services rendered to Smith. 36

Further, of the 20 patients who visited Dr. Williams the most times for the years 1753 and 1765, only four were farmers. Of these four, however, only two could be considered solely farmers, as Thomas Dickinson was also a prominent man in town affairs and Daniel Arms was a merchant as well as farmer. All the other patients who could be traced were either wealthy landowners who paid the doctor in cash or merchants and craftsmen who could exchange goods and services. Williams seemed to have a penchant for treating tavern-keepers as six of the 20 patients he visited the most in those years ran liquor establishments. Other occupations included storekeepers, house wrights, rope makers, a minister, and a schoolteacher.³⁷

Crouch, who had established both his practice and reputation at an early date, likewise tended to treat members of the upper class. Unfortunately, his record books did not list day-to-day visits, so it was not possible to determine who saw Crouch the most for a given year. Of the 45 people he treated in Deerfield between 1731 and 1760, however, 20 patients were either people of wealth or were craftsmen. This group included Ebenezer Sheldon, who was a tavernkeeper and grantee of 300 acres of land by the General Court.³⁸ This list also included such town notables as Mehuman Hinsdale, one of the town's largest landowners, Reverend Jonathan Ashley, a cousin of Jonathan Edwards and one of the town's most influential leaders, and Elijah Williams, who was a major, a judge, a civil engineer, and a town clerk and selectman for 25 years. Of the remaining 25 patients, only one was a farmer while many of the other patients were women. This made it difficult to assess their positions in Deerfield as tax records list only the heads of the families and not spouses or other familial relations. No matter how one wished to view the correlation between doctors and the wealthier, craftsmen-merchants in the community, the fact remains that one of the most important, if not the most important, reasons was that these people could pay the doctors' fee.

Crouch received most of his payments in cash. His charges for visits to surrounding towns were very reasonable and in fact were low considering the effort and time it would have taken him to reach some of the towns. He charged Hadley residents one shilling for a visit; Deerfield residents 15 shillings; Worcester residents 50 shillings; Hatfield patients two shillings and six pence; and a visit to Northampton came to three shillings and six pence. Touch charged one shilling for bloodletting in 1703. If he bled someone on a visit it was four shillings. Thirty years later, the same service cost five shillings.

His prices for patients seemed in line with his visiting and service fees. One man's account over a four month period came to 11 pounds, 19 shillings and 10 pence. The patient, Samuel Taylor, apparently had a serious leg wound. Crouch visited the patient daily from December 1733 to February 14, 1734 when he wrote that the patient "was taken away per via arms." Included in the charge was the cost of several ointments and other medicines, though the record book fails to provide specific information. Another patient, widow Hannah Allen, who had been married to a weaver, had a bill of 19 pounds, 16 shillings and nine pence. This seemingly large figure was amassed over seven years and included treatment for her daughter and "others" as well. Another woman, Abigail Atherton, had the unique distinction of being charged 14 shillings for a "visit and advice," while later for a "visit and medicine" she paid only seven shillings. At that time, one wonders what kind of advice the good doctor could have given her that would have been more expensive than a visit and medicine.

On the other hand, while Dr. Williams also received many cash payments, he was also paid in an astonishing variety of goods and services. Along with the ferriages provided by Moses Smith, Williams accepted beeswax, clover seeds, flax wigs, maple sugar, scored timbers, cartage and farm work of all sorts. 44 Further, Williams often accepted goods or services that he and his family needed at particular times of the year. On January 23, 1765, 10 patients were credited for services rendered by delivering "one load of wood" to the doctor. 45 There seems little doubt that in the dead of winter when his wood supply was dwindling, he would ask his debtors for such a payment. And in fact 10 loads of wood may have seen the Williams family through the remainder of the winter.

When the historian turns from the physicians to their remedies, he may be shocked at the number and amount commonly administered to the patients. Many remedies consisting of lethal components were concocted by early medical men. Cotton Mather, an early minister-physician, authored a medical treatise on the virtues of "urine and dung" as remedies. He considered the excretia of man as a "Remedy for Human Bodies that is hardly to be paralleled," while urine he claimed to be "far beyond all the waters of medicinal springs." 46

Apparently Dr. Crouch agreed with Mather's findings, as Crouch included among his arsenal of remedies the dung of peacocks and foxes. ⁴⁷ He did not specify for what purposes he used these exotic ingredients. The cure often was worse than the illness. But for many practitioners the rarer the ingredients, or the worse tasting they were, the better chance there was of cleansing the body of sickness. ⁴⁸ Further, while analysis of doctors Williams and Crouch's records indicated they each had over 200 remedies at their disposal, most of them were intended to perform one of four tasks — purging, sweating, vomiting, or bloodletting.

Dr. Crouch often used mercury as a simple (single ingredient remedy), or in equal measure with sulphur. He probably used this as a cathartic, producing a purging effect far more radical than modern laxatives. An early medical dictionary listed other uses for mercury.

It is impossible in this place to enumerate its particular virtues, as there is no disease whatever in which it is not exhibited and everyone is acquainted with its efficacy in subduing the veneral virus, and the benefit derived from administering its preparation in diseases of the skin, lymphatic glands, etc.⁴⁹

Perhaps Crouch's most popular service, however, was blistering his patients. Again, though it was not possible to determine how many times he performed this service, the 12-year records of his Deerfield patients showed a goodly number of blistering treatments. Crouch often used cantharides like Spanish flies to induce blistering. These cantharides would be placed on the skin in a plaster form and left there for five or six hours. After the blister was raised, it was lanced and drained. If the purulent matter did not come out quickly enough, the discharge was promoted by milder applications of cantharides ⁵⁰

While Crouch seemed partial to purging diseases from the sickly, Dr. Williams was more likely to induce vomiting or bloodlet his patients. In 1753, the term "emetics" was prescribed 115 times — nearly twice as often as any other remedy. Included among Williams' more frequently used ingredients to induce vomiting were amara pulcis or nightshade (also used externally on the temple to combat headaches), borax, creme of tartar or sulphate of zinc. ⁵¹ As mentioned above, Williams also bloodlet a great deal — 61 times in 1753. This medical technique, referred to as "phlebotomies" by Williams, frequently was used by colonial doctors to combat fevers. Williams also prescribed other less drastic remedies to reduce fevers. This list included camphor which was also used against rheumatism and arthritis; elixir peruvian, a powder obtained from tree bark and also used for fighting gangrene; and sweet nitric.

Twelve years later Williams prescribed emetics only 14 times while his use of cathartics increased from 27 times in 1753 to 51 times in 1765. ⁵² Other remedies that he used a great deal in 1765 were camphor (62 times), and lavender (62 times). The latter was used as a cure for stomach ailments and for "head maladies." ⁵³ He also pulled 62 teeth and performed 41 phlebotomies. Further, Williams occasionally used an exotic remedy while seemingly paying little attention to the illness at hand. In 1753, Williams prescribed "spermaceti" (whale oil) 26 times and usually on consecutive cases. Twelve years later, he never used it. Likewise for two other remedies he called "Pil Lockyer" and "Pil Rhei." Both were prescribed often in 1753, but neither appeared in his daybook 12 years later. In 1765 he used something called "adeps coli" twice in a row on two different patients and never used it again. It ap-

pears that as Williams received unusual items he would use them until he ran out, possibly because something rare was thought to have greater healing powers, or because he wished to experiment with exotic concoctions to determine their effects

These early country doctors, exemplified by men like Crouch and Williams, could not afford the luxury of treating illnesses in moderation. They bloodlet a good deal, and often prescribed potentially lethal remedies like mercury. To the citizen of the twentieth century, these methods may seem extremely crude and dangerous. But life was much harder for the early settlers. They lived in a world that was full of extremes — natural disasters, diseases and skirmishes with unfriendly neighbors. There was no time for deliberation — only for action.

Many myths concerning the country doctor and his practice either were not found to be true or were left unanswered due to inconclusive evidence. For example, there is the belief that the small town doctor would treat everyone in the village. By 1760 in Deerfield, however, there were four practitioners, doctors Wells, Crouch and Williams having been discussed in this article. Further, the doctors tended to treat those townsmen who were professionals or artisans rather than small farmers. It also appears that many medical men performed several tasks including bonesetting, surgery, dentistry, veterinary medicine, and counseling. Some physicians, however, would specialize in one or two areas; Dr. Williams had a strong surgical background, and he would be called if surgery were required. These practices suggested a certain degree of sophistication as exemplified by Wells' and Williams' medical libraries and by their willingness to experiment in hopes of finding better cures. Granted, there were the inevitable bloodlettings and the occasional use of dangerous concoctions as remedies, but the people of Deerfield were served well by these early doctors who were guided by the precepts of experimentation, practicality, and faith.

NOTES

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- 14. Judd, pp. 10-13.
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- 41. Ibid., p. 62.
- 42. Ibid., p. 99.
- 43. Ibid., p. 99.
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