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Medical Practice in the Connecticut River Valley, 1650-1750

Paul Berman

European university-trained medical practitioners were a rarity in the Connecticut River Valley during the first one hundred years of settlement. At that time, medicine was a practical science, the science of the common man. "Central to the logic of traditional medical practice was a particular way of looking at the body. It was seen metaphorically as a system of ever-changing interactions with the environment."¹ Illnesses "were interpreted by most Americans as a visitation of divine wrath."² "Colonial doctors hypothesized that some diseases were inherited, [and] that others were associated with trauma or meteorological phenomena."³ The concept of specific diseases with specific treatments was almost nonexistent. The physician's most effective weapon was his ability to "regulate the secretions . . . to extract blood, to promote the perspiration, the urination, or defecation that attested to his having helped the body regain its customary equilibrium."⁴ It was a type of practice suited to "cook-book" methodology. Patients' families could easily care for each other by following certain prescriptions. Medical practice also depended on having a keen set of senses. There were few of the instruments so prominent in the trade today. Much of the clinical acumen was passed from father to son, especially among the surgeons and bonecutters.

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1. Charles E. Rosenberg, The Care of Strangers (New York, 1987), p. 71.
 2. I. H. Bartlett, The American Mind in the Mid-Nineteenth Century (New York, 1967), p. 31.
 3. J. Worth Estes, "Patterns of Drug Usage in Colonial America," New York State Journal of Medicine, LXXXVII (1987): 37-45.
 4. Rosenberg, Care of Strangers, p. 72.

University-trained physicians from England were not attracted to the colonies, unless they came as part of a military force during the Indian wars. They may also have come for personal reasons, or possibly because they had a pioneering spirit. For those physicians who were religious dissenters, the new world offered a haven from the threat of religious persecution, as well as an opportunity to practice their religions without fear of their children being adversely influenced by other beliefs. Scottish physicians and Huguenots, however, were subject to persecution and a number of them came to the colonies during the first one hundred years.

The Connecticut River Valley, originally populated by native Americans who have traditionally been called "Indians," was settled by the English who journeyed overland from their earliest settlements along the coast. The Dutch explored eastward from Fort Orange (Albany) and north from New Amsterdam and Fort Hartford. These various cultures lived in relative peace with one another. In fact, the Pequot Indians welcomed the settlers, because they ensured protection against the aggressive Mohawks to the west. The Indians traded with the settlers and there is good evidence that much of their botanical pharmacopoeia was shared with both the Dutch and the English. The colonists commonly used sassafras as a tonic and maidenhair fern as a hemostatic agent.⁵ The Indians were sort of naturopaths, a philosophy of care that was more in line with the Puritans' literal interpretation of the Bible. The "doctrine of signatures," common to the Europeans, was also utilized by the Indians. Snake-root, which was shaped like a rattlesnake's rattle, was used to treat snake-bite, and saffron's yellow flower was used to treat jaundice.

The New England environment was similar to that of southern England, and this allowed for the cultivation of herbs and other medicinal plants commonly used there. A survey of seventeenth-century English medicine revealed that many townspeople cared for their neighbors with local herbs.⁶ The English lady of the manor was, at times, the unofficial doctor of the village. Many of these women developed special skills in surgery and midwifery, and some became known as "doctresses."

5. V. J. Vogel, "American Indians Influence on the American Pharmacopoea," Indian Culture and Research Journal, II, number 1 (1977): 3-8.

6. I. Loudin, "The Nature of Provincial Medical Practice in Eighteenth Century England," Medical History, XXIX (1985): 1-32.

The importance of domestic medicine cannot be underestimated. There was a demand for practicality in medical practice, and many skills were learned by trial and error. If the treatment worked, it acted as a positive reinforcement and would be used again in similar circumstances. There was no such thing as research and the "scientific method." There were many "Bills of Care" noted in records of the colonies. In 1748, for instance, Sarah Well was paid for nursing Jonathan Stone "whilst Sick."⁷ If the housewife or the "lady of the manor" could not resolve the problem, the minister or physician was called. The minister cared for body as well as soul; his knowledge of Latin gave him access to the medical textbooks of the day, which enabled him to learn more about "modern" medical treatment than others in the community. Since disease was commonly considered to be a punishment for sin, care by the minister seemed logical. Many early colonial ministers had formal training in European universities, and they have been referred to as minister-physicians.

There was a form of specialization or division of labor in colonial medical practice. Most of the practitioners would be similar to the general practitioner of today. Surgeons were either military men with European training, or local residents who were trained through apprenticeship. Surgery was brutal, with knowledge of anesthesia some one hundred years in the future. It was a practice that consisted of amputations, setting dislocations, removing foreign bodies, and repairing skin ulcers. The journal of William Plusford of Wells, England, was written in 1757 and demonstrates the practice of a rural English surgeon. It was probably similar to the colonial (non-military) surgeon's experience. In an eleven-month period, Plusford treated 334 individuals; most of the cases were secondary to accidents, but 34 patients suffered from leg ulcers and 25 had boils.⁸

Bonesetters may have been the forerunner of the modern orthopedic surgeon, although there is some conjecture as to whether being a bonesetter was a true profession. They flourished for two centuries, and opinion is divided on their effectiveness. Many of their skills were passed from father to son, and there were a number of families well-known for their expertise. Sir James Paget, the famous English surgeon, stated in 1867 "that their repute is, for the

7. G. Sheldon, History of Deerfield (Deerfield, 1895), pp. 568-569.

8. Loudin, "The Nature of Provincial Medicine."

most part, founded on the occasionally curing [of] a case which some good surgeon has failed to cure."⁹

Who then were the early practitioners in the Connecticut River Valley? A typical colonial physician was Thomas Green (1699-1773) of Leicester.

Young Green began practice in western Massachusetts with a gun, an axe, a sack, a cow, and a medical book; and with the aid of that book and a knowledge of simples gained from the Indians, was soon able to treat the common maladies of his neighbors. However successful men like Green might prove to be, they seem to have had little professional esprit; indeed living on the edge of the profession, sensitive to the limitations of their knowledge they were a little inclined to scoff at the regular profession . . . though they usually saw to it that their sons who followed them into medicine got sounder training. . . . They were not quacks; their common practice was hardly distinguished from that of the regularly trained; and in the end a few achieved more than a local reputation.¹⁰

It is difficult to ascertain who was the first practitioner in the valley, but John Winthrop, Jr., was one of the most prominent. Although he was governor of Connecticut, he cared for many families in the Springfield area, which had been subject to a longstanding border dispute between Massachusetts and Connecticut. Winthrop was governor prior to 1660, but he also had a reputation as a scientist, having studied with Johann Glauber, an alchemist, prior to coming to the colonies. Winthrop was the first colonial member of the Royal Society of London, and he had a large medical library which

9. R. T. Joy, "The Natural Bonesetters with Special Reference to the Sweet Family of Rhode Island," Bulletin of the History of Medicine, XXVIII (1954): 424. The quotation (p. 420) was from Paget's clinical lecture on cases cured by bonesetters, from the British Journal of Medicine, I (1867), 1-4.

10. Whitfield J. Bell, "A Portrait of the Colonial Physician," The Colonial Physician and Other Essays (New York, 1977), pp. 11-12.

contained books by the leading European physicians of the day.¹¹ Winthrop kept records of his medical prescriptions, indicating that he treated over 700 people. For medications, he commonly used antimony, tartar, cooper, and rhubarb.

In Westfield, Edward Taylor, the minister and poet, had a large library that contained medical books. He also had a dispensatory that listed 400 plants, their properties, and various medicinal applications. He practiced during the latter part of the seventeenth century as a "physician ministering alike to the bodily and spiritual wants of the population."¹²

As the first and largest settlement of the Connecticut River Valley of Massachusetts, a number of physicians practiced in Springfield during its first one hundred years. One of the earliest practitioners was Joseph Pynchon (1642-1682), a Harvard graduate who served "as a physician" in the area.¹³ He was followed by John Pynchon, the great-grandson of the founder of Springfield. Although an assessor and representative to the General Court, "he may likewise have practiced medicine, for the town thrice paid him considerable sums for drugs for sick inhabitants."¹⁴ Daniel Denton, a schoolteacher from Long Island, was contracted by the Massachusetts Bay Company to provide care for the sick and wounded during King Philip's War, and he cared for individuals in the Brookfield area.¹⁵ Another Springfield practitioner was Thomas Cooper, a "bonesetter" in the 1650s who was killed by the Indians in the 1676 attack on the settlement.¹⁶ Pelatiah Glover, the minister of Springfield in 1655, provided medical advice, as indicated by a record which stated: "that diverse charges are to be satisfied by ye Rober Mark Gregory, viz 30

11. R. S. Wilkinson, "The Alchemical Library of John Winthrop Jr. 1605-1676 and his Descendants in Colonial America," *Ambix*, XI (1963): 33-61.

12. J. C. Sibley, *Harvard Graduates, 1690-1700*, IV (1933): 407.

13. Sibley, *Harvard Graduates, 1659-1677*, II:383.

14. Sibley, IV: 142.

15. *Pynchon Papers*, part 2, vol. V (1672-1693): 481. Other accounts of Denton with reference to his being a schoolteacher can be found in V: 472-473 and VI: 56-57.

16. *Pynchon Papers Notational I* (1651-1655): 220.

shillings to Mr. Pelatiah for the curing of his wounded heade."¹⁷ Glover's father was a physician, a graduate of the University of Aberdeen (1650), and he may have influenced his son's choice of a profession.

Practitioners who resided outside the Springfield area also provided medical care to residents of the town. The Pynchon Papers mention a Dutchman from Albany, who in 1661 practiced in Northampton and then travelled to Springfield where he provided for the medical needs of the citizenry. Another was George Filer, a bonesetter and surgeon who resided in the area from 1663 until 1666.¹⁸ As a surgeon with Major Willard's company, Dr. Reed of Simsbury cared for the wounded in Brookfield, as did Nicholas Ayrault, a Huguenot.¹⁹

Settlements throughout the valley shared physicians, because many did not have the financial means to employ a resident physician. John Westcarr, a surgeon, spent three years in Hadley from 1672 until 1675.²⁰ He also provided care to residents of Deerfield and Brookfield. He was followed by William Locke in 1676.²¹ Thomas Hastings and his son Thomas, Jr., were the first family of physicians in the area, settling in Hadley, with the elder Hastings practicing from 1679 to 1712, being followed by his son, Thomas Junior, and in turn by Junior's son, Waitsell. They provided Hadley with medical care until 1748. Little is known about their practices, as no records remain. There is evidence that Drs. Oliver and Ware were in Northampton during the late 1600s. They may have contributed to the medical care of the residents of Hadley, as there was an active ferry crossing the river at that time.²²

The early eighteenth century saw a greater influx of trained practitioners. John Sherman was a schoolteacher and physician in

17. Gary De N. Hough, "Early Physicians and Surgeons," p. 424 in H. A. Wright, The Story of Western Massachusetts (1949).

18. J. R. Trumbull, History of Northampton (Northampton, 1898) I: 167.

19. L. Roy, Quaboag Plantation Alias Brookfield (Brookfield, 1965), p. 123.

20. S. Judd, The History of Hadley (Springfield, 1905), appendix to original edition, p. 443.

21. Roy, Quaboag Plantation, p. 123.

22. M. B. Gordon, Aesculapius Come to the Colonies (1949), pp. 202-203.

Springfield in 1715,²³ and John Bernard and his son came to Hadley. Ministers continued to provide medical as well as spiritual advice, as indicated by the fact that Stephen Williams, minister of Deerfield, noted in his diary in 1715: "Lord help me to advise people both in sickness and in health."²⁴ Neither Sibley's Harvard graduate profile nor medical biographer Stephen Williams, his great grandson, mention him as a physician, however.²⁵ Deerfield's first resident physician was Thomas Wells, a cordwainer (shoemaker) by trade who did not become a physician until 1737. As previously mentioned, physicians from other towns had treated the early settlers of Deerfield. There is even a note in the Judd manuscript of a man who had been "carried to Deerfield for treatment and died under the hands of the surgeon" in 1723.²⁶ There is no indication as to the identity of the surgeon, and perhaps we can assume that he was a member of the military who was stationed in the area.

Northfield, the northern-most colonial settlement, boasted a prominent minister-physician, Benjamin Doolittle, who had graduated from Yale in 1716. Upon his death, the inventory of his possessions included "a surgeon's pocket case of instruments, three sets of instruments to extract teeth; two lancets, and an incision knife."²⁷ Doolittle's daughter, Rhoda Wright, later practiced medicine in Deerfield. Prior to Doolittle's arrival at Northfield, the townsfolk were cared for by a woman, Patience Miller, who initially made her reputation in Northampton as a "doctress" who was able to cure "those bitten by mad dogs."²⁸ She moved to Northfield in 1673 and remained there until her death in the early 1700s.

The last decades of the period, from 1730 to 1750, were relatively peaceful ones. This stability led to increased settlement in

23. W. Chapin, Wanted Tall Men: History of Medicine in Springfield (Springfield, 1955).

24. Mark C. Kestigian, "Early Medical Care in Deerfield," Historical Journal of Western Massachusetts, VII, number 2 (1979): 5-13.

25. S. Williams, American Medical Biography, or Memoirs of Eminent Physicians (New York, 1845), p. lxxvii.

26. Judd Manuscript, Genealogy Section, p. 442, available on microfilm at the Forbes Library, Northampton.

27. F. B. Dexter, Yale Biographies and Annals, 1701-1745 (New York, 1855), pp. 151-154.

28. Judd Manuscript, Genealogy Section, p. 432.

the valley, including the arrival of several physicians from England and Scotland. The most prominent of these was Richard Crouch, who arrived in Hadley in 1731 and remained there until his death in 1761. He never married and therefore he had no children as his medical heirs. Crouch kept meticulous records of his practice, noting cases, treatments, and charges. He sold drugs to many practitioners who are not mentioned in any other source but the journals maintained by Dr. Crouch.²⁹ Among those to whom Crouch sold medication were Thomas Wells and Thomas Williams, both of Deerfield. Thomas Williams was the most prominent physician of his town, having studied with Dr. Wheat in Boston; in 1741 Williams received an honorary degree in medicine from Yale College. He had an excellent reputation as a surgeon, providing care not only to the residents of Deerfield, but to military personnel as well; in 1743, he was the army surgeon at Fort Drummer. He also was well-read, and at the time of his death had thirty volumes of the *London Magazine*, a much-respected periodical of the time.³⁰ Williams' letters and papers contain information on the personal side of his life, and his account books list only the charges collected, without reference to the disorders treated or the treatment provided. Crouch also sold drugs to Dr. Rand of Sunderland, Drs. Lord and Warner of Hadley, Dr. John Williams (a medical student), and Dr. Porter, the first resident physician of Northampton.³¹

Crouch attended to a number of patients from as far south as Springfield and north to Colrain. He did not perform surgery, but he did practice obstetrics, attending at deliveries.³² He practiced bloodletting for all fevers, the recommended practice of the time. "Bleeding," he wrote, "should begin the cure in all ardent fevers . . . [and] for intermittent fever, [cinchona] bark (quinine) is the great specific in this disorder."³³ On occasion he called upon Sylvester

29. Judd Manuscript: Writings of Dr. Richard Crouch, Account Book, p. 79.

30. Papers of Dr. Thomas Williams, in Deerfield Library microfilm file (1773-1786).

31. Judd Manuscript, p. 432.

32. *Ibid.*, p. 243.

33. *Ibid.*, p. 433.

Gardiner, a well-known surgeon, to "cut for the stone."³⁴ Crouch wrote about pleurisy, colic, dysentary, and rheumatism; he had a specific treatment for epilepsy, and he advocated smallpox inoculation. Most of his fees were for blistering, cupping, dressing of wounds, and bleeding his patients. Crouch's writings indicate that he emphasized the practical application of therapeutics, with little invocation of astrological signs or religious ornamentation. He was criticized, however, for the overuse of medication; he left little to the healing power of nature.

There probably were other medical practitioners in the valley, but research is limited by a number of factors. Only the Pynchon Papers, military records, selectmen's minutes, tax records, and the Harvard and Yale graduation records are readily available to historical researchers of the various towns in the region. There are no primary sources from the physicians themselves, and the few account books that remain denote only fees for services; only the writings of Crouch provide insight into the medical practice of that time. Also, tax lists did not include women, but there probably were a number of "doctresses," midwives, and others, including the minister's wives, who also provided nursing care to members of the congregation.

Medical care can be defined in a number of ways. Ministers cared for body and soul. Many disorders were self-limiting, and simple prayer was credited with producing a "cure" in many instances. The heroic measures used by many physicians may have led to the patient's death, thus enhancing the role of the minister as a more effective physician. Almost all practitioners were engaged in other occupations, as a medical practice alone did not provide sufficient income. The variety of occupations results in confusion in the records. In one record a person can be listed as a schoolteacher, and in another he is a physician. The records are very inconsistent; in some, reference is made to payments for medical services, such as that in the case of Reverend Glover. In others, a person is listed as "Dr." or the more formal English appellation for a surgeon, "Mr." In the records of the day, Doolittle was listed as either "Reverend" or "Mr." There were others for whom no appellation was listed, but the source infers that the individual had provided medical or nursing care.

The presence of various cultures also influenced medical care in the valley. The Dutch conservatism tempered the predominantly

34. *Ibid.*, p. 432.

heroic English medical practices, consisting of bloodletting, cupping, and blistering. The Indians may have provided a much-needed balance, with their reliance on the healing power of nature. The first one hundred years saw a gradual movement away from the mystical and to the practical. A medical science was beginning to take shape.