

DISORDERS OF A FATAL TENDENCY: THE RISE AND FALL OF THE MEDICAL  
REPUBLICAN ELITE IN AMERICAN LITERATURE, 1790-1865

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## ABSTRACT

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At the close of the eighteenth century in America, medicine and medical authority rested within the Jeffersonian ideal of the natural aristocracy – what Jefferson himself called the “aristoi.” The notion was simple: among Americans, there were a select few, produced through good breeding and education, who were fit to lead the nation. Within a profession like medicine, medical authority hinged on the practitioner being first and foremost a gentleman. Though there were professional doctors, a large number of men claimed the title of physician as an aside to their primary profession of politician, minister, or scholar. For these individuals, medicine was more a diversion than a proper science. However, like the republican ideals that created the aristoi, medical authority was increasingly under siege during the first quarter of the nineteenth century. The resulting backlash resulted in a chaotic pastiche of personal healthcare disguised as freedom. It wasn’t until after the Civil War, when rules governing health professionals were codified, that the physician regained authority. After the war, authority was gradually established not through class, but via training, guidelines, and licensing.

Throughout the century, as leisure reading increased, debates occurred within the popular and professional literature of the time that echoed the sentiments of the people. This project rests on the idea that published literature is an echo of the social discourse and that the readers of that literature knew full-well to what the authors were alluding. Through primary and secondary texts, I uncover the full narrative of the contest for medical authority in the nineteenth century. While medical texts generally support the need for qualified, trained physicians, popular works

frequently worry over the consequences of rapid and unchecked expansion, mental health, and gender differences in the way that women are medically treated.

The early chapters focus on the republican elite and the concerns of expansion at the end of the eighteenth century. By looking at the work of Benjamin Rush, Thomas Jefferson, and the fiction of Charles Brockden Brown (*Edgar Huntly*) and Robert Montgomery Bird (*Nick of the Woods*), I show how there was increased awareness that too rapid national expansion might lead to a breakdown of republican values. Later chapters illuminate the struggle between established and homeopathic medicine as Jacksonian policies emerge and the doctor-as-professional is born. The result is a sharp decline in medical authority and standards for training, revealing the relative chaos brought about by myriad choices for self-treatment. Texts include: *Recollections of the Last Ten Years* (Flint), *Life and Adventures of an Arkansaw Doctor* (Rattlehead), *Swamp Doctor* (Lewis), and *A New Home, Who'll Follow?* (Kirkland). These are contrasted with works published in the few medical journals in publication and the rise and fall of Thomsonianism and its founder Samuel Thomson. The third chapter examines mental health on the frontier and how individuals react to psychological trauma. Texts include: *Hobomok* (Child), *Hope Leslie* (Sedgwick). Medical texts include writings and speeches by Daniel Drake. Finally, I examine the growing cries for medical reform at the dawn of the Civil War. Oliver Wendell Holmes in *Elsie Venner* exemplifies the evolution of medical science in diagnosis and treatment. As a result of the public's growing clamor and the undeniable evidence gleaned from the war experience, medical organizations that granted merit-based licenses were finally widely accepted, reestablishing medical authority

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## **Introduction: Disorders of a Fatal Tendency: Cracks in the Façade of the Gentleman-Physician**

### **ARTHUR MERVYN'S ANXIETY**

In *Arthur Mervyn*, Charles Brockden Brown's novel depicting the 1793 yellow fever outbreak in Philadelphia, the title character experiences firsthand the state of medicine in America in the 1790s and what the culture of the gentleman-physician has wrought. Through his tale of deceit and deception, Brown employs the medical language and beliefs of the day with a growing movement toward profiting from the sale of medical care—which encourages characters like Mervyn to see medicine as a means of achieving status and wealth, rather than a method of helping the sick. Beneath Brown's narrative of fear, duplicity, and disease lies a larger discussion regarding the anxieties of national expansion and the role that class and position should play in that project.

Implicit in Brown's novel is the issue of its problematic creation. Written in two volumes a few years apart, it responds both to the changing political climate and, potentially, to the poor popular reception received by volume one. Edward Watts has observed that "Brown's subject is the profound tension between the remnants of colonial dominion and the emergent national character" (98). This tension is evident in the structure of the novel and Mervyn's shifting role as both subject and author. Additionally, though, the very fabric of the post-Revolutionary social structure is already showing fractures by the second volume's publication. The gentry that ought to lead the fledgling nation—the very group that Jefferson will dub the *aristoi*—are vulnerable to the stress of expansion and the democratization of their professions. It is this democratization that Mervyn seeks to take advantage of.

Although there is some dispute among scholars over exactly how to approach Brown's novel and the honesty of its title character, there is significant evidence of deceit and duplicity in Mervyn's actions that suggest he is far from the victim he repeatedly claims to be.<sup>1</sup> Mervyn frequently finds himself in situations where he exercises obscurity and dishonesty, such as when he steals the book for translation, hoping to claim it as his own. When confronted by Stevens with accusations against his character, Mervyn asserts that his detractors of misinterpreting the facts at hand rather than disassembling the claims themselves. His duplicity in what he perceives to be business dealings speaks of Mervyn's wish to become a member of elite without investing the effort to become socially mobile. Instead of openly seeking opportunity, Mervyn, then, is searching for a backdoor into influence and status. To accomplish this, he seeks out two very different kinds of mentors in the characters of the duplicitous Welbeck and the more outwardly respectable Doctor Stevens.

When Mervyn first arrives in Philadelphia from the country, he looks for fortune through the implementation of the gentlemanly republic. His plan to make a contact through acquaintance relies on the ability of his connections to raise him from country farmer to respectable businessman. While his scheme appears to be the most naive of fantasies, disease in Philadelphia has weakened the social structures to which he seeks entrance. The yellow fever outbreak has sown paranoia while simultaneously exposing the façade of the social hierarchy's ability to control a populace. Mervyn discovers many of the businesses are closed; their owners—the comparably well-off—have fled the city, leaving the lower class and a skeleton of the aristocracy to fend for itself. Far from holding the order in place, those that man the superstructure only do

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<sup>1</sup> Some notable examples of critics who see Mervyn as a reliable narrator: Norman S. Grabo, *The Coincidental Art of Charles Brockden Brown*, and Steven Watts, *The Romance of Real Life: Charles Brockden Brown and the Origins of American Culture*. For examples of critics who view Mervyn as unreliable, see Donald A. Ringe, *Charles Brockden Brown*, and Edward Watts, *Writing and Postcolonialism in the Early Republic*.

so until their interests become threatened. Mervyn's end goal shifts into taking advantage of the vacuum created by yellow fever to insert himself into a position of power.

Descriptions of the yellow fever and its impact on the professional class and society at large are exposed throughout the first volume of *Arthur Mervyn*. When Mervyn seeks answers regarding the fate of Thetford, he hears instead about the family's servant, who, when taken with disease, is shuttled to the hospital at Thetford's command. Rather than go quietly, the girl resists, believing "herself led to certain death, and to the sufferance of every evil which the known inhumanity of its attendance could inflict" (373). Meanwhile, the air of disease is everywhere, and Wallace, though he believes that he is immune, contracts a disease. Thetford, in his paranoia and fear, summons men to take him to the hospital, which Wallace—like the girl before him—resists. Once admitted, the bleary-eyed Wallace reports on the savage conditions. Between Mervyn's own experience and the opinions of those who become ill, the attitude of the general populace toward the established medical community is quite clear: the hospital was a death sentence. Mervyn categorizes the available medical help as "licentious and unprincipled" (389). Ironically, this is nearly the same accusations made against Mervyn by Althorpe, who characterizes Mervyn as idle, with a propensity toward dishonesty and a conduct so "perverse and singular" that she struggled to escape his company (440). If Mervyn is the man that Althorpe makes him out to be, he is ideally suited to the profession of physician in the coming post-republican nation.

When Dr. Stevens tries to convince Mervyn that he ought to take up the medical profession, the sham is exposed. The speech Stevens presents to Mervyn highlights "the power" that the position confers, the "popular opinion" attached to the title, and the "the freedom from servile cares" that it affords—in short, everything that Mervyn has sought (431). By way of



response, Mervyn's "eyes sparkled with joy" at the thought of taking up the title of physician (431). But this "sparkling" is merely the enticement of having his schemes fulfilled, not an earnest embarking on the road to professionalism and legitimacy. In Stevens's offer, Mervyn finds the avenue he sought through his previous attempts to gain a position within the upper-level of American society.

The end of the novel finds Mervyn, in his new profession and with his new (well-off) bride, Acsha Fielding, seeking to travel to Europe. The novel's conclusion completes Mervyn's escapist fantasy in that he has fortified his position within the aristocracy through deception and marriage. Additionally, the retreat to Europe is both a colonial "return to the metropolis and its centrality," as Watts suggests (117), as well as a further underscoring of the weakness of the American republican elite—which ought to possess the ability to regulate the actions of a character such as Mervyn. In the republican social class's failure to stop Mervyn's upward progress, Brown is exposing the faults already present in the societal class that Jefferson would come to lionize. These faults would continue to grow in the new century and produce a fully developed crisis of professionalism in general, and of the medical profession specifically.

That the plague of yellow fever and the events of the novel take place in Philadelphia—the capital of America and one of the centers of power in 1793—is significant. Though Brown draws on historical events for the disease outbreak, the doubts he expresses over the ability of a select few to enforce social order that would benefit the community is telling. The ease with which Mervyn is able to slip in and out of social circles highlights the fluidity and the lack of regulation governing society during the epidemic. That time and again he encounters duplicity and self-serving plotting during this journey that runs counter to the ideals of the Enlightenment and the republic reveals the degree of rot already present in the former colonies. Replicating this

apparatus a thousand times across the American frontier would produce, in Brown's estimation, chaos and ruin.

Making use of *Arthur Mervyn* as a test case reveals the ways in which authors were engaging in the social and political debates of the day through their writing. Furthermore, a number of authors with either direct or indirect experience with medicine and the medical profession took issue with the ways that health and self-care were being subverted to become banners of professionalism, social governance, and economic policy. This project argues for tracing the history of medicine from the Revolution through the Civil War revealing a complex web of communications that encompasses professional literature, leisure reading, and political utterances emblematic of the concerns of the larger rhetoric surrounding national expansion and how to most effectively control the frontier. The result of examining these various texts provides a more complete understanding of the role leisure reading played in engaging its audience on social issues and illustrates the ferocity of the debate surrounding social expansion of an ever-shifting American ideal.

Brown's concerns over medicine and the state of the medical professional are issues he would repeatedly address in his fiction and are tied to anxieties of national expansion. Expansion—at least as Jefferson and his supporters imagined it—hinged on a clean and reliable replication of the republican models. In practice, this meant that all of the professions that assisted in the governance of society would necessarily be present in each new site of settlement in the nation. Brown's hesitance to endorse the physician as a capable member of already established east coast models speaks to concerns over how that faulty system could suddenly produce stable systems on the American frontier. For Brown and his colleagues, then, the physician was the ultimate example of social aristocracy, but also one of the most prominent

professions to first exhibit signs of the cracks in the model of republican expansion. Brown's writing may have exposed the fracture, but his prose was also anticipating the coming violence within a population increasingly concerned with reliance on a model in which they saw little value. These cracks would become full-blown fissures by the 1820s, and result in a near disintegration of the profession despite the efforts in the 1840s of the newly formed American Medical Association. A relative restructuring of the profession would only come through the violence of the Civil War and eventual recognition that experience and proper licensing were necessary in the establishment of a respectable profession. However, the scars inflicted by the nineteenth century remain apparent in cultural attitudes towards doctors and the medicines they endorse.

The notion that post-Revolutionary literature was one site for the evolution of social structures is central to my project. I propose that there was a complex interplay between professional texts and leisure reading that echoed the sentiments of citizens. More specifically, I assert that the transformation of the medical profession from a cadre of sometimes-trained men who often saw medicine as a diversion to an established and regulated professional position was argued in real time in the writings of a number of popular authors. These authors embedded the anxieties surrounding medicine and disease into their tales both as a marker of the time in which they wrote and as a surrogate voice in the debate over the need (or not) for regulations surrounding the role of the doctor, and by extension, the role of certified and trained professionals in the expanding nation.

Jane Tompkins, in *Sensational Designs: The Cultural Work of American Fiction, 1790-1860*, argues for a reading of texts such as *Arthur Mervyn* in a way that "recreate[s], as sympathetically as possible, the context from which they sprang and the specific problems to

which they were addressed” (xiii). Through this lens, then, the reader can cast a brighter light upon the influence a novel such as *Arthur Mervyn* had on its reader and the relationship between reader, text, and the social structure the novel presents. Of Charles Brockden Brown in particular, Tompkins asserts that, for all of his use of fantastic and unbelievable events and characters, Brown assumed that the meaning of his novels would be apparent to his readers, “since the usefulness of his book would naturally depend upon its being understood” (41). Within this context, Brown’s parallel world of disguise, murder, and intrigue was simply a backdrop for addressing more serious concerns. Moreover, his readers knew it.

Of course, unpacking medicine and the role of the physician in early America is no simple matter. The study of disease and the body in the nineteenth century was changing more rapidly than it had in several hundred years, American doctors were grappling with holding onto tradition while embracing (or not) new standards of care that required a greater degree of training—training that often originated overseas from cultures that many Americans viewed with suspicion. Furthermore, the social position of the doctor as elite gentleman was ingrained in the fabric of the social order. Relinquishing that title was not a possibility that many were willing to explore. Given these entanglements, it is perhaps helpful to begin by examining the medical traditions of America through a few of its luminaries: Cotton Mather and Benjamin Rush.

### **COTTON MATHER AND BENJAMIN RUSH: INOCULATING THE REPUBLIC**

Three-quarters of a century before Brown defined Stevens as the deeply flawed symbol of social and medical authority in the new nation, in 1721, New England minister Cotton Mather published an account of smallpox inoculation as had been outlined by Dr. Emanuel Timonius a

decade earlier.<sup>2</sup> Boston was suffering from a renewed outbreak of the disease and Mather desperately wanted physicians to adopt the method that he had used a few years earlier among friends and neighbors with great success. Despite its apparent ability to curtail the outbreak, physicians still often ignored the practice for a variety of reasons. In order to bolster his position with the Bostonian physicians, Mather did not use his own name. Instead, the pamphlet was published through local doctor, Zabdiel Boylston, as an account provided by “Learned Gentleman of Boston” addressed to the “Worthy Physicians of the Town” (np). In this case, Mather leveraged his own social position in order to influence medical practice in the city. Dissent was fierce, with detractors arguing that the procedure spread the very disease it claimed to cure.

For a man in Mather’s position, it was not unusual to be called upon to treat both the spiritual and physical needs of a community. Of course, Mather was no physician—at least not a professional. Bridging the Reformation and the Enlightenment, Mather—like many of his contemporaries—dabbled in areas outside of the explicitly spiritual. Apart from religious concerns, Mather wrote and spoke across a wide range of topics, including local history, Native American medicine, and astronomy. In a time when formally trained physicians in America were exceedingly uncommon, Mather and his counterparts constituted a class of men who could readily stand in for a doctor.

Mather, in his writings and actions, provides a template for what the medical professional resembled for the next century, functioning within the emergent republican social and economic

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<sup>2</sup> See “An Account of the Procuring of Small Pox by Incision, or Inoculation” (1713). Although inoculation was practiced in China and other Asian countries as early as the 1500s, the practice was not imported to the west until 1714, when the Philosophical Transactions of the Royal Society published Timonius’s letter to John Woodward, which outlined the effectiveness of the practice in Istanbul. Lady Mary Wortley Montagu further advanced the practice in 1721, when she directed a family physician in England to perform the procedure she had witnessed, also in Istanbul around the same time as Woodward received the letter from Timonius.

order. It would not be until well after the nation's independence that the physician would come to be a defined profession, a transition reflecting the new, market-driven world of the nineteenth-century. In the eighteenth century, however, the men who took up the mantle of physic looked to figures such as Mather for guidance on how they ought to interact with the community and one another: as a natural aristocrat.

If Cotton Mather represented the pre-Revolutionary gentleman-physician, there is perhaps no better symbol of medicine in the early Republic than Benjamin Rush, Charles Brockden Brown's real-life model for Stevens, who played a significant role in the shaping of the medical community and the nation as a whole. Simultaneously revered and despised by his contemporaries, Rush established for many what it meant to be a professional physician and gentleman in post-Revolutionary America. Uncommon for his time, Rush was formally trained, with schooling in both London and Edinburgh.<sup>3</sup> Rush represented a small group of highly qualified individuals who worked (sometimes) together to establish what would become the American system of training future doctors. That end did not come easily. Lacking formal medical schools and qualified instructors, Rush and his companions would argue amongst themselves over the most effective methods of instruction and what qualified an individual to become a doctor. However, like the republic itself, these republican elites—medical and otherwise—faced stiff competition from other institutions and practices and eventually acceded to a reduction of standards that, in part, helped shape the decline of medical professionalism over the course of the nineteenth century. In this way, Rush both founded and destroyed American medical education by constructing it within the republican class structure and its paradoxical entanglements of public interest and cultural hierarchy.

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<sup>3</sup> For a full account of Benjamin Rush's early career, see David Freeman Hawke's biography, *Benjamin Rush; Revolutionary Gadfly* (1971).

## **RISE OF THE REPUBLICAN ELITE**

Though many American Revolutionaries fought against a formalized social system as defined by the English monarchy, some form of social hierarchy was infused into nearly every founding document of the republic. Whether it was the Declaration's insistence that "all [white, free, land-owning] men are created equal," or the 1776 Pennsylvania Constitution's definition that only "persons most noted for wisdom and virtue" could hold office, it is clear that the organizers of the nation felt that equality did not necessarily mean that the ability to govern was present in all free citizens. As historian Robert Wiebe observes, though America had an absence of estates and titles, "every member of the gentry presupposed both the existence and the necessity of a scheme that layered Americans according to their talents and society's needs" (11). In place of a carefully curated diagram of ascendancy, Thomas Jefferson would suggest the existence of the "natural aristocracy": a group of men who through talent and education would be positioned to lead their communities, states, regions, and, finally, the nation. Governing and leadership would be held for a special class of citizen, obtained through education and respect from one's peers, not through title or birthright.

That one could alter his position in this classification system was the major difference from aristocracy and its feudal trappings. The most famous example one form of this advancement might take is Thomas Jefferson's notion of public schooling outlined in the 1778 "Bill for the More General Diffusion of Knowledge." While part of the goal of Jefferson's bill was to establish a system of public schools, it would also seek out the most intelligent poor students for additional education. According to the bill, people of "genius and virtue" are required to uphold the ideals of the nation, and that they should be able to do so "without regard to wealth, birth or other accidental condition or circumstance" (*Writings* 365). The schools

would serve as a sort of republican funnel, winnowing the students down, providing education for the most promising, until after several years at various levels, a committee would “chuse one among the said seniors, of the best learning and most hopeful genius and disposition, who shall be authorised by them to proceed to William and Mary College” (*Writings* 373). Thus, through qualifications, education, and hard work, a small number of common citizens each year could rise from modest roots to join the natural aristocracy.

The secondary difference between republican aristocracy and the colonial aristocracy was one of purpose. Rather than acquiring a title for privilege and wealth alone, Americans subscribing to a Jeffersonian formula envisioned a community that would refresh and continually reconstitute the republican social structure. In the process, the nation could expand at a controlled pace, confident that the men required to lead that expansion would be in healthy supply. Benjamin Rush—himself a prominent member of the republican elite—saw this system creating “republican machines” that would fan out across the nation. In doing so, they would replicate the social structures of the older, established communities of the eastern cities as the nation spread westward (*Selected Writings*, 92). This constant reproduction and refreshment would ensure that the structure of the east would be maintained throughout carefully considered, deliberate expansion. Replicating eastern models meant forming communities that filled each position of leadership with the most educated and morally respected white man available.

Importantly, under Jeffersonian models, governing was not reserved for elected officials; rather, it stretched throughout the social fabric of a community. There were a number of positions within society that held the authority to judge and direct those with whom they came into contact. Of these professions, only the clergyman and physician interacted with people in such a way that exposed the personal and moral habits. Therefore, through this unique position,



the doctor and the minister could influence the actions and thoughts of those they treated. In the conquest and colonial eras, these two professions often existed within the same person. As the community diversified, though, there was an increase in dedicated gentleman-physicians. With the rise of Enlightenment ideals and the decreasing notion that personal health was a spiritual problem, the physician took the lead in guidance of his patients. It was not uncommon for the physician to dispense moral advice along with medical prescriptions, as some conditions—alcoholism, for example—were viewed as a gateway to both health and moral decay.<sup>4</sup>

Along the same lines, under the old mechanism of expansion, the visions of the likes of Jefferson and Rush might have been possible. Historically, organized and slow expansion—at least comparatively—had been the rule. From 1700-1770, the nation had increased in size from 250,000 to 2.1 million. While that gain is impressive, it pales in comparison to the growth after the Revolution. From 1790 to 1810, the nation grew from just under 4 million citizens in 1790 to 7.2 million in 1810. In just twenty short years, the population had nearly doubled.<sup>5</sup> Too, the territory by 1790 was largely compacted on the east coast, with some minor settlement in the Ohio Valley. By 1815, it would extend to the Mississippi River, with eager settlers eyeing the Great Plains and beyond. Unlike the relatively geographically stable pre-Revolutionary America, the post-Revolutionary United States grew almost unchecked by outside forces. This rapid increase of both land and people meant that there was no apparatus with which to control and train frontier societies to match their eastern counterparts. Furthermore, expansion into new

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<sup>4</sup> One notable example of the perceived link between physical and moral health is illustrated in Benjamin Rush's chart included in his "Inquiry into the Effects of Spiritous Liquors on the Human Body," which depicts deteriorating morality and health as the strength of the liquor consumed increases. Originally published in 1790, Rush's chart was liberally reprinted through the first quarter of the nineteenth century.

<sup>5</sup> According to US Census information. [www.census.gov/population/www/censusdata/files/table-2.pdf](http://www.census.gov/population/www/censusdata/files/table-2.pdf)

territories exposed settlers to a range of disease and disorders that has not been previously cataloged.

Unchecked growth frightened Jefferson and his like-minded contemporaries. Jefferson, who fancied himself a student of history and government, wrote in 1788 that without organization, there can only be anarchy. He worried that “the rapid increase of population in every state is an additional reason to check dissipation and licentiousness” and asked, “does it not call for the friends of republican government to endeavor to establish a republican organization?” (qtd. in Madison 47). Republican organization, for Jefferson, meant a careful ordering of society that mirrored the structures of the east. But as much as Jefferson would have liked, he had no way to create enough cogs in the republican machine in such an environment, or with enough speed. The republican elite—even if it could be effectively mobilized—was in no condition to mount a resistance to the more democratically minded settlers hungry for land and a better economic future—the economic power but not the republican discipline.

Technological advancements, especially in communication, paralleled the growth in other areas. With increased potential readership and more leisure time came opportunity for American print culture to establish itself. Naturally, early print culture centered on factual communications rather than entertainment. Newspapers became more widespread, as did magazines and a smaller number of books. English imported novels were cheap (since a royalty system for the author was mostly unenforced) and popular, but there was also a growing market for American books. Cathy N. Davidson argues that during the post-Revolutionary population boom, young, unmarried women became the target of sentimental novels, but rising literacy among the population as a whole, provided new readership for nearly all classes of reader (192-203). The earliest novels followed the European model of didactic sentimentalism and largely adapted that formula in the

most basic way. However, the growing cadre of cultural thinkers, like their counterparts in medicine and politics, felt that a uniquely American form was needed: a form that could speak to American concerns in American idioms.

## **ORIGINS AND FAULTLINES**

The political landscape of the 1790s was focused on maintaining the nationalism that emerged following the Revolution and establishing an identity that was distinct and not as reliant on European models. One of the first moves, according to Robert Wiebe, was the establishment of a “personal government.”<sup>6</sup> Through this, the founders thought, they could radiate republican ideals across the nation and secure it through will of the governors. By invoking the character of the leaders, the states—and the nation—would insure a steady supply of gentlemen, “natural aristocrats”—of the highest honor to lead (and regulate) its citizens. Wiebe’s example, that

The perennial governors—John Hancock in Massachusetts, George Clinton in New York, Thomas Mifflin in Pennsylvania, and Patrick Henry in Virginia—merely presented themselves to the people as first characters of their states’ revolutions, and the voters made them first characters of their states’ political hierarchies (43-4)

exemplifies this practice and is illustrative of the state of the nation in the 1790s: one that sought to use the legacy of the Revolution to produce a lasting national character.

The establishment of national character was especially important in talks of expanding the nation. In a country that was newly independent and fighting to balance the power of the

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<sup>6</sup> Wiebe describes the idea of “personal government” as governing through the character of those elected (41). Through an individual like George Washington, then, leadership derived not from political acumen, but honor and ability to inspire the nation. At its core, personal government is similar to the notion of gentleman-physician, as both derive power from character and social position over external qualifications.

recently established government, unchecked and unregulated expansion was viewed as a threat to the nascent country. However, proper replication of the republican hierarchy would mean an expanding nation that could move in an orderly fashion as it reestablished the social infrastructure of the east on its push westward. Of course, this proposition was accelerated by Jefferson's belief that any expansion—even as far as the Mississippi River—would take a century. Had Jefferson and his fellow leaders known of the population boom to come, they may have seen that their ideal personal government and social hierarchy was insufficient for the task. Even as a small, mostly eastern confederation of former colonies, by 1793, America was already showing cracks in its republican façade.

A prime example of the inability of the republican apparatus to control even organizations firmly within its sphere is apparent in the state of medical education. Professional medicine in America was slowly establishing a foothold through the establishment of a few medical schools on the east coast. Though it was the first medical college in America, affiliated with the College of Philadelphia (later, the University of Pennsylvania) by William Shippen and John Morgan, only a half-dozen formal medical schools were in existence by the 1790s and operated with varied degrees of success. Originally founded to increase the competence of American doctors, they were publically unpopular for the perceived practice of grave robbing for cadavers.<sup>7</sup> In addition, stiff competition from more traditional forms of instruction, such as the apprenticeship and folk medicine practice, and the reluctance among some students to invest the time and money necessary to attend one of the newly established schools quickly led to an identity crisis for the profession, resulting in a push for relaxed academic standards. Far from the

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<sup>7</sup> While there are many examples of riots and hostility against medical colleges, one of the most famous occurred in April of 1788, when a group of residents stormed and partially destroyed the New York hospital where medical students were involved in dissection. For a full account, see Martin Kaufman, *American Medical Education: The Formative Years, 1765-1910* (30-2).

establishment of a professional class of physicians, these actions contributed to a further decline of the doctor's public reputation that continued well into the nineteenth century. As both an exercise in replicating the republican apparatus and improving the physician, early medical education was a failure.

## **BREAKDOWN OF THE REPUBLICAN MACHINE: JACKSONIAN POLITICS, AND THE DECLINE OF MEDICINE**

The shift in the way the frontier was viewed was also partly due to new and more robust technologies than those that existed in the years immediately surrounding the Revolution. Furthermore, as Robert Wiebe writes, the lack of any “international crisis freed pent-up drives for development across the country” (203). These development projects took many forms, but all relied on establishing a positive economic impact for the states that sponsored them. Once completed, projects such as the state-funded Erie Canal (pursued only after the republican/Federalist national funding model broke down) only served to increase these feelings of freedom to move and had a corresponding impact on rates of settlement. Often, newly settled spaces actively sought greater degrees of self-determinism than previous ventures. As Wiebe has observed, the new democratic thrust spread across the whole of American life, “the nature of economic opportunity, the structure of political authority, the future of the soul, and the state of the body.” Particularly useful is his notion that this sentiment of new-found freedom “infected individuals everywhere” (143). Though Wiebe's bodily metaphor might be simply colorful flourish and was limited to white males, it provides a convenient metaphor for doctors' role in the project.

William Rothstein notes that in 1790, there were only three medical schools in America: Columbia University, University of Pennsylvania, and Harvard. That number would grow to 13 by 1820—mostly located in the northeast. However, that growth did not come without a decline in quality and rigor. Throughout the eighteenth and into the nineteenth centuries, obtaining medical training typically occurred in one of three ways: formal training abroad, apprenticeship, or attending an American medical school. While the prestige of having completed formal training was well-recognized by the public at large, apprenticeship and more informal means of education remained popular. This led to a problem of distinction for graduates, and, as Kaufman observes, because medical school was “time-consuming and expensive” many students who wanted to become physicians “either would not bother to attend college or they would attend only long enough to receive the bachelor’s degree” (39). The immediacy with which the graduates begin the practice of medicine presented serious financial and academic problems for the colleges who relied on a steady stream of students. Moreover, their inability to perform at the level expected by their communities eroded the public’s respect for the medical profession but for the republican hierarchy more generally as epitomized by “doctors” of dubious repute.

Medicine had traditionally enjoyed a complementary relationship with less formal schools of health care. Early physicians maintained a working familiarity with the methods of herbalists, various folk remedies, and even spiritual healing. However, as medical colleges began to establish themselves, tensions rose between the formally trained and the more homeopathic sects of healers. This conflict was compounded by the necessity for medical schools to finance their operations through tuition, which was typically higher than what homeopathic healers charged for individual apprenticeships (if they charged at all). Allopathic medical schools

quickly found themselves lacking sufficient students to justify the school's existence. Rather than bolster lecture with more hands-on training in an attempt to increase the value of the education, these early schools opted for a relaxing of the professional requirements to become a doctor.

The solution, proposed and supported by even eminent physician Benjamin Rush as early as the late 1790s, was to eliminate the bachelor of medicine degree altogether and relax the standards for acquiring a doctorate. Thus, rather than requiring two years of lecture and a lengthy apprenticeship for a doctorate, schools reduced the lecture term from around nine months to under five. The result was a greater number of physicians—though not as well trained as before the reduction—and a larger post-graduate income for professors who relied on tuition for their wages. The reduction in the time it took to become a degreed physician might have been good news for both students and faculty, but it was deadly for future patients. Furthermore, the lure of a steady financial stream for providing medical education was too great a temptation for those who sought to take advantage of the situation. Along with the credentialed medical colleges, a growing number of for-profit medical diploma mills sprang up. These disreputable schools granted degrees in as little as a few weeks. Unfortunately, the side effect of this policy was an increase in both for profit colleges and “doctors” who were so poorly trained that they would amplify the public's desire for alternate forms of medicine.

With an untrained cadre of individuals calling themselves doctors spreading out over the expanding nation, the medical profession found itself in the midst of a crisis by the mid eighteens. Attempts to rein in local physicians with the forming of medical societies did little, since the ill-trained simply did not join. In many frontier spaces, there was no apparatus that could even insist on credentials. Under these conditions, there was no effective way to check the spread

(and damage) of the untrained physician. Publically, citizens were growing weary with what many viewed as an overreaching government apparatus. Andrew Jackson specifically ran against that perceived over extension in his unsuccessful 1824 campaign for the presidency, and again in 1828, which he won by a significant margin.<sup>8</sup> Jackson's earlier campaign and subsequent election heralded the free market opening of the professions—including that of the physician, which saw an increase in eclectic and homeopathic practitioners (as well as an increase in outright quackery) as a result. In frontier communities, this process was accelerated by the emergence and persistence of diseases and disorders unaccounted for in medical orthodoxy, which plagued the settlers. The abbreviated requirements for training physicians that had been put into place in the 1790s to draw more men into the profession was (predictably) not producing well-trained doctors in most cases. Added to this problem was the growing feeling among physicians west of the Appalachians that the medical practices of the Atlantic coast did not apply to “western” doctors.

Medical schools, seeing the need to grow the profession in the emerging nation, began to establish training centers on the frontier. Western medical schools and publications were founded and western doctors argued for better education. Foremost in this group was Daniel Drake. Drake, who had sparred with Samuel Thompson in 1830, expanded his influence westward with the establishment of one of the first medical schools on the frontier. In addition, he produced a comprehensive survey of the land between the Appalachian Mountains and the Mississippi River.<sup>9</sup> Unlike the speculative tracts that preceded his *Systematic Treatise*, Drake was not interested in promoting the land solely for profit. Instead, his survey sought to establish a

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<sup>8</sup> Although Jackson won the majority of electoral and popular votes in 1824, he was defeated in the House of Representatives by John Q. Adams.

<sup>9</sup> *A Systematic Treatise on the Principal Diseases of the Interior Valley of North America* (1850).



medical and scientific order to the frontier that could aid immigrants and scholars in the expansion of the nation.

Like his predecessor Benjamin Rush, Drake believed that the physician was part of a special class of men. Also like his predecessor, he believed that America was a special case among nations and could not make use of the education of Europe to solve its medical problems. In some ways, Drake sought to retain the image of gentleman-physician that Rush had cultivated thirty years earlier. Drake spoke and wrote about a wide variety of topics that extended well outside of his medical training. In 1840, for instance, he wrote against the practice of slavery.<sup>10</sup> Drake's engagement with all levels of social structure was not the only way in which he resembled Rush. Like Rush (and Jefferson) Drake believed in the power of the aristocracy to shape society. However, Drake saw vulnerability in this social class—especially when it came to intemperance. In an 1831 oration, Drake declared, “These are the men among whom the reformation should commence!” (*Oration* 28). Here, he was treading into the realm of the clergy and relying upon his position to be able to straddle the spiritual, social, and medical.

Since physicians had traditionally derived at least part of their medical authority from these other occupations, there was little conflict. By the mid-1830s, doctors had returned to holding multiple vocations, but for different reasons. The influx of doctors created a glut of available medical care. When this occurred, the rules of the free market Jacksonian system engaged and those physicians who wished to maintain a base of patients were forced to lower their costs. The side effect of this trend was a class of trained doctors who could not afford the basic instruments and texts of the trade, furthering the problem of untrained (and ill-equipped)

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<sup>10</sup> Drake wrote a letter in 1851 to Dr. John C. Warren in which Drake in which he reiterated his opposition to the practice of slavery. Drake, however, misses an opportunity, as he admits that, in his experience, slaves in the 1850s are treated well. The letter was reprinted in *The National Intelligencer* in April of 1851.

professionals. This problem caused Drake and a committee of physicians in 1838 to argue for better basic training for men who wished to become doctors. Only by reforming the profession, Drake argued, could lasting change take place. To achieve his varied and diverse ends, Drake made use of new publishing houses and medical schools in the west to disseminate his message.<sup>11</sup>

Daniel Drake's view of the frontier—that it required at least a modicum of order if it was to retain any cohesion with, was echoed in the fiction produced in the 1830s. Following the excessive freedoms of the 20s, the medical profession began to reap the harvest of the seeds sowed a decade earlier. The resulting flood of ill-equipped doctors, while financially beneficial for the medical schools, was not entirely satisfying to the mission of treating the sick. While there was more space for alternate medicines and practitioners, the financial gain to be had in some frontier areas produced a group of men who were doctors in name only. Further, without any social structure to vet these new professionals, there was little recourse for those who were swindled or (worse) permanently harmed by these conditions. Drake's solutions would reflect a cultural shift that re-established the discipline of republican/Enlightenment scientific rigor, but wedded it to the realities of the forward-looking market economy, not to the backward-looking hierarchies of the putative noblesse oblige of a chimeric natural aristocracy.

## **PROFESSIONALIZATION AND THE AMERICAN MEDICAL ASSOCIATION**

While the freedoms encouraged by the Jacksonian era gave rise to an increased awareness of alternate forms of medical care, as framed by Drake, the 1830s began a backlash against those

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<sup>11</sup> The topic of professionalization in medicine was an important one for Drake, and he frequently wrote and spoke of its importance. Among the most notable examples are "Practical Essays on Medical Education, and the Medical Profession in the United States," (1832) and "An Introductory Lecture, on the Necessity and Value of Professional Industry" (1823).

without any formal training in allopathic medicine with discussions among allopathic practitioners about how best to reestablish medical training requirements. However, lasting change was still decades away. Ironically, though, not even Thomson was immune from the push to professionalize medicine; even if it was in an attempt to weed out the man who used Thomson's name without permission. This litigation that resulted from the Thomsonian pretender's infringement is in stark relief with the Samuel Thomson of the frontier who believed that every man could be his own physician, regardless of status, the result of which was the undisciplined, market-driven disaster of Jacksonian medicine.

Even within professional circles, although there were changes occurring, albeit slowly, a large number of schools held fast to tradition. More medical schools were integrating hospital training and adopting medical advances from Europe, but many institutions still preferred the old, and cheaper, method of lecture only. In addition, newly trained physicians could not simply replace the cadre of quacks, patent medicine peddlers, and pretenders. There were far too many and trust in the medical profession among the general public was still too low for an immediate sea change to take place. However, the damage being done through ill-advised treatment was becoming a theme in popular literature. As the nation continued to expand, so did the need for doctors. But without the social structure to properly interview potential candidates, there was little that a settlement could do to ensure that the man claiming to be a physician was indeed qualified for the job and that he was qualified for the job in that specific biological, environmental, and social community.

Sensing the fever-pitch with which the trained physician was being eliminated, the gathering of the National Medical Convention of 1847 (soon to be the American Medical Association) sought to reform the profession once and for all. Following the collection of a

survey to assess medical education at its member colleges, the Convention argued over the proper body for certifying new physicians; with one camp suggesting licenses be handled by a formal body, and others holding that the colleges themselves licensed a doctor with the awarding of the degree. In the end, though nearly everyone in attendance agreed that there was a problem, neither solution gained enough traction for adoption and the proposal was quietly dropped. Though they were attempting to form a licensing apparatus for physicians, as Martin Kaufman observes, it was not really in their hands. The individual states controlled licensing, not the National Medical Convention. Far from strengthening the process, “the lawmakers were in the process of repealing the medical license laws, making it possible for anyone who claimed to be a physician to open an office and practice medicine” (96). A wide swath of the 1850s was to be merely an extension of the struggle of the previous half-century, but the call for regulation continued to grow within the ranks of professional physicians.

Slow change began as allopathic medicine sought to better equip its physicians to deal with the influx of homeopathic doctors through more stringent training. Throughout the latter half of the 1850s, the debate over the reformation of formal medicine intensified. By 1859, representatives of the major medical institutions met to again discuss the exact nature of the changes to be made to the long-relaxed standards of education that had spawned the rise of alternative medicine and the subsequent decline of professionalism. The result was a broad reform that increased the educational requirements while adding mandatory clinical training. The recommendation was a mirror of the Parisian model, for which some professional physicians had been arguing over for several years. These changes were formally submitted to both the American Medical Association and its member colleges and universities; however, before they could be formally ratified, they—like much of American life—were put on hold when the Civil

War broke out in April of 1861. It seemed that reform would have to wait until the fate of the nation at large could be determined. By that time, though, it was clear that changes would need to come to the medical profession and the rise of a new group of authors and activists were pushing for just such reforms.

### **THE TRANSFORMATION OF THE NATION AND THE EVE OF THE CIVIL WAR**

The nation was rapidly changing in the years before the Civil War and the decade that followed it. Where the early United States had been a patchwork of metropolitan areas and wide swaths of rural communities that allowed for the development of specialized regionalism, the economic booms the 1850s and late 1860s heralded a dramatic increase in urbanization and the speed of communication, resulting in a nation that suddenly felt like a much smaller place. According to Rosemary Stevens, in 1840, “only 11 percent of the population lived in urban areas; in 1860 the proportion was 20 percent; and by 1900 it was up to 40 percent” (34). This staggering growth was fueled partly by the emerging ability to feed large populations via rail delivery. Railroads sped the process of moving goods to market and enabled rapid growth. James Belich details the scope of growth by illustrating the cattle consumption in New York City. Belich writes that in 1855, “New York ate 26,000 animals a week” but that that number grew to well over two million by 1864; a quantity that would not have been possible without rail for importing from other parts of the nation (485). But New York did not only consume, it (like many metropolitan areas) exported goods to the rest of the nation in the form of culture, sending its books, magazines, and newspapers to other states across the nation. These communications infiltrated social circles and began to homogenize the ways in which individuals thought about their role in the nation. Where

the Jacksonian era defied professionalism, the Antebellum and post-Bellum periods defined and solidified it.

The homogenization of notions of a professional class was helped along by social changes in the very idea of professionalization. Where the 1820s and 1830s redefined what it meant to be a democratic citizen, the 1840s and 1850s saw a sharp rise in the establishment of professional associations and institutions. These institutions sought to codify behavior as a means of reliable replication across the nation. In addition, as Robert Wiebe explains, “by the 1840s there was scarcely an area of activity that lacked its convenient package of elementary truths to regularize American behavior” (292). This trend extended through the professional sphere and into everyday society through lectures (which were becoming increasingly popular) and via publications such as etiquette manuals, magazines, and newspapers. Magazines, especially, were growing in popularity—if more slowly than other forms of print.

Susan Belasco notes that, “throughout the nineteenth century, American magazines served many purposes and met many needs” in the way they appealed to varied audiences and regions (259). Their strength and weakness was tied to their format. They could not be as timely as a daily newspaper, nor, in the words of Belasco, “did they have the cultural authority of books” (260). Instead, many worked to appeal to as wide an audience as possible, while touting their own uniqueness. Assisting with distribution was the sharp drop in postage rates in the mid-1840s and led to an increase in the number of magazines available to the reader.<sup>12</sup> Attracting and holding a large subscriber base was critical to remaining in business and heralded the creation of a new breed of American literature in magazine content; one that would attempt to appeal to a wider readership, while maintaining at least a topical focus. Professional medical periodicals

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<sup>12</sup> For a detailed overview of the magazine industry in the nineteenth century, see Haveman, Heather. *Magazines and the Making of America*. 2015.

sought to include a wide range of opinions and topics, often leading to disagreement within its pages. The arguments presented within the pages of these periodicals echoed those within society at large.

## **THE COALESCENCE OF LITERATURE AND MEDICINE, 1790-1860**

What this project proposes is that beginning in the late eighteenth century and throughout the nineteenth century, medicine waged a war over itself and its practices. This conflict involved every facet of the profession, from standards and licensing, to patent medicine, to inclusion (or exclusion) of homeopathy, eclectic medicine, and spiritual healing. It was fought in coffeehouses, the press—both popular and professional—and manifested itself in the pages of leisure reading. The tenor of these discussions permeates every level of the emerging American landscape. To accomplish the aim of the project, I practice reading a variety of texts for the insight that they offer on the profession and evolution of medicine during the nineteenth century. While some of these texts are fairly accessible from that standpoint (professional medical literature, for example), in the case of the selected fiction, I focus my attention on the medical and scientific and contrast that reading with the political and social movements that helped to shape the commodification and evolution of medicine and what came to constitute the medical professional by the end of the nineteenth century.

The chapters that follow detail, in a more or less chronological manner, the fall and rise of medical professionalism in the eighteenth century while considering the ways in which these transitions were reflected and entangled in both professional and leisure literature. The project considers how these forms of communication interacted with one another and the impact they had on their readers. Additionally, I pay special attention to authors who had an interest in

medicine due to either training or experience and the manner in which that medical expertise—and anxieties about the profession—appear within the selected texts. Early authors, such as Charles Brockden Brown, saw the need to provide a direct service to the public under the republican model. That view of the role of authorship gradually changes, and, by the 1850s, authors were more able to work from outside the establishment to encourage change. While my primary goal is to illustrate that the emergence of the professional physician did not occur within the vacuum of organizations such as the American Medical Association, the project also provides insight into the current status of the physician and disease in America as it extends from these rather messy roots.

Chapter one examines the world in which Benjamin Rush was still very much a part, but whose fissures and fragility were beginning to show. Following Independence, the call for a national literature was answered, in part, by Charles Brockden Brown. Brown, a member of New York's Friendly Club, sought to reimagine the American wilderness using the lens of the gothic. While he successfully imported the genre, Brown exposes the fears of unchecked expansion through his characters' encounters with disease and mental stress. *Edgar Huntly* serves as an example of Brown's concerns as it revolves around a young, failed frontier gentleman-physician who seeks to cure a curious stranger while simultaneously solving the mystery surrounding his friend's murder. In Brown's efforts to create an American literature lies the influence of medicine and his companion Elihu Hubbard Smith, a physician and close friend of Brown, who is killed by an outbreak of Yellow Fever (another common trope of Brown's fiction). The legacy of Brown and Smith is evident in Robert Montgomery Bird's *Nick of the Woods*. Though Bird does not take up doctors directly, through his examination of the physical and psychological



transformation of Nathan Slaughter in *Nick of the Woods*, he questions the wisdom of moving too quickly without a proper treatment apparatus for the potential horrors citizens might encounter as they spread away from established Anglo population centers.

The second chapter reveals the legacy of changing attitudes toward the frontier and the disintegration of medicine as a profession during the years that immediately precede the presidency of Andrew Jackson. It begins with the introduction of Samuel Thomson, a self-made herbalist who held the belief that any man could be his own doctor. Thomson's immensely popular method empowered regular citizens to take healthcare into their own hands, while making Thomson wealthy in the process. In the meantime, authors and works like Catharine Maria Sedgwick's *Hope Leslie*, Lydia Maria Child's *Hobomok*, and *Recollections of the Last Ten Years* by Timothy Flint each took up the cause of trauma and medicine on the frontier while examining the failings of adhering too tightly to one form or another of medical care.

Chapter three details the fully-realized legacy of Jacksonian policy on the medical profession along with the anxiety that accompanies it. While Samuel Thomson becomes locked in a struggle for what constitutes a "professional" Thomsonian, Caroline Kirkland, David Rattlehead, and Herman Melville examine quackery on the frontier and the ways in which unqualified men and women might damage the expanding nation. While Kirkland and Rattlehead provide starkly different narratives of incompetence, the result is the same when it comes to the practice of medicine. Meanwhile, Herman Melville, in his final novel, *The Confidence Man*, takes modern medical practices—both allopathic and homeopathic—to task over their overreaching promises and the ways in which they take advantage of the patient.

The project's final chapter examines the years leading up to the outbreak of the Civil War. As medicine struggles with how to professionalize an increasingly disparate cadre of

physicians, various practices of homeopathic medicine also begin to organize and demand recognition for their particular brand of care. One professional in particular, Oliver Wendell Holmes, rises to represent the forefront of medical advancement and professionalism. Holmes contributes both to medical science and public entertainment through lectures and his series of “medicated novels.” I examine Holmes’s novel *Elsie Venner* and the ways in which he critiques the common types of physician in the city and on the frontier, concluding that only a professional and uninterested doctor is capable of cutting through local lore and bias in establishing a scientific medicine.

In the end, I argue that the interplay of professional and literary texts informs readers of the degree to which the discussion over medicine and health was prevalent in the public sphere. Furthermore, this challenge for the future of medicine was depicted in the characterizations that popular authors used in their fictions, which has been largely overlooked when reading the texts selected for this project. Finally, in combination, the dialogue between the professional and the popular uncovers the lasting legacy of medicine in the American imagination that continues to manifest itself in the way that the public views physicians and medical science, especially within popular culture.

## **Chapter 1: Elihu Hubbard Smith, Charles Brockden Brown, and Robert Montgomery**

### **Bird: The Fracturing of the Physician on the American Frontier**

#### **ELIHU HUBBARD SMITH'S MEDICAL REPOSITORY**

Elihu Hubbard Smith, a young New York physician who had trained under the system established by Benjamin Rush and his counterparts, was much like his predecessors in his engagement with the wider world. In addition to his medical practice, Smith wrote and published a few of his own poems before taking on an anthology of American poetry. The volume, *American Poems*, was published in 1793 and was the first example of a collection of works by American authors. Smith's preoccupation with distinctly American voices was one he would carry back into his medical work. Smith believed that American conditions and diseases were regional and demanded a uniquely American medical approach. What worked in Europe could not be applied wholesale to the diseases on North America. While there were a small number of books and articles dedicated to the state of sickness and treatment in the United States, there was no recognized clearinghouse for medical information. What America needed, in Smith's mind, was a national medical journal for dissemination of advancements in medicine within the nation. Bryan Waterman argues that the founding of the medical journal, "Along with [Charles Brockden] Brown's fever writing . . . emerged within this moment of simultaneous anxiety and self-confidence" (196). The result, *The Medical Repository*, would remain in print long after Smith's death. Its establishment marked both the first American medical journal and an organized attempt to solidify the trained physicians' position within society at a time when people were beginning to question their value.

In his diary, Smith declares that *The Medical Repository* would “obtain an accurate & annual account of those diseases which reign each season, or every part of the United States” (206) and treatments of those diseases. The *Repository* saw regular publication throughout the early 1800s, until it folded in 1824. Patricia and Richard Kahn, in an examination of the journal, discovered that a large number of the initial subscribers—twenty-seven percent—were not professional physicians; rather they were composed primarily of ministers, judges, and merchants (1928). Most of the subscribers were, not surprisingly, located in the major metropolitan centers. If *The Medical Repository* saw distribution beyond the major cities, it would have been either by second-hand or the very small number of booksellers who stocked the journal.

Still, under Smith’s brief tenure, the *Repository* attempted to convey medical information in an authoritative way by stressing the observation of its authors—Smith included. In the first issue, Smith contributed a piece that drew parallels between the yellow fever outbreaks in America and the disease that struck Athens during the Peloponnesian War. Smith, writes of the fear that precedes the outbreak was “a terrible influence which this calamity exercised over the minds [of the people]” (3), which is similar to the way in which Brown discusses the transmission of disease in his own works. Together, the pair echo the voices of readers and seek to explore fear in different ways: Brown through his fiction and Smith through dissemination of medical knowledge.

But Smith was frustrated by the initial low subscription numbers of his journal. In a letter to Reuben Smith, he complains that “I am somewhat disappointed in finding so few subscribers in Lichfield County. Professional curiosity seems to be at a low ebb, there.” (343). The “low ebb” to which Smith refers is an indication that medicine as a profession was not yet prepared for

a national journal. The scant number of medical colleges in America and the general recognition that formal training was not wholly necessary likely contributed to the poor number of subscribers. Though Smith would not live to see the majority of its run, the *Repository* continued long after his death and engaged in a number of medical debates through the first quarter of the nineteenth century. The journal's ultimate demise was due to factors that will be discussed in future chapters, but Smith's original aim—to establish an American medical voice—was at least partially successful.

While Smith's contributions to the burgeoning medical press were important, his early literary success placed him into contact with like-minded individuals in the intellectual circles of Litchfield—where he began his career—and New York—where he took up residence in 1794. While both social groups provided him with much-needed support for his projects, his membership in New York's Friendly Club was the more important of the two. Within the Friendly Club Smith found a group of individuals who saw social engagement as a necessity in supporting the intellectual growth of the nation. Moreover, Smith met Charles Brockden Brown, a rising literary talent in his own right, who was fascinated by the medical oddities that would come to characterize his gothic fiction. Smith and Brown quickly became close friends and collaborators, while the Friendly Club served as an outlet and sounding board for cultural and political debate. Together, Smith and Brown form an analogue for early professional and literary medical discourse in the United States. Their contributions would be the first in a long line of writings interrogating the roles of medicine and physicians in the project of national expansion that would span the better portion of the nineteenth century.

## **THE FRIENDLY CLUB**

The Friendly Club, like its counterparts throughout the nation, was a social gathering of people with similar views for the purpose of support and discussion. In some sense, the social club was one successful model of republican replication since they were prevalent throughout the states and served a relatively homogenized mission of discussion and self-improvement. Topics were debated and news was disseminated. Members included politicians, artists, businessmen, lawyers, and doctors. What differentiated groups like the Friendly Club from the more public coffee house gatherings of the previous generation was their self-perceived role. Earlier groups centered on debate and discussion—which also took place within the Friendly Club. However, club participation was a first step toward becoming a public voice in an expanding nation. Bryan Waterman, in his study of the Friendly Club, notes that, “for young men of this educated, ambitious, and upwardly mobile demographic, the public performance of being informed and informing others—of being a man of information—was as important as the specific knowledge one had to convey” (6). It was this opportunity to learn, debate, and perform publicly that motivated many members of the group. Most notably, Charles Brockden Brown and his friend, Elihu Hubbard Smith, who would become one of Brown’s closest friends until Smith’s death from yellow fever, were urged forward by the possibility of influencing public sentiment through various forms of publication.

Smith and the other members of the Friendly Club formed the core of Brown’s social circle. Among them, William Dunlap, who was an ambitious theatre actor and director, but would also write and publish the first biography of Brown in the years following his death. An exhaustive list of regular members does not survive, and Dunlap provided several different rosters in various publications throughout his life. Core membership seems to have been Dunlap,

Smith, Brown, William Johnson, James Kent, William and George Woolsey, Samuel Mitchell, Edward and Samuel Miller, Anthony Bleecker, and John Wells. In addition, Noah Webster sometimes appears as a member and it was rumored that George Washington was also an occasional participant, though there is no concrete evidence of this.<sup>13</sup> Still, that this one small social club produced or interacted with such a relatively large number of important cultural and political figures is remarkable. The Friendly Club served as a cultural catalyst for its members that converted doctors, philosophers, politicians, and authors into men of letters. Through their association with each other, they began a dialogue that produced utterances in a variety of forms. Although pinpointing the myriad ways in which participation in the Club influenced later fame for its members is impossible, it is likely that the connections made within the group were critical to later success. This is especially true for Brown and Smith.

In many ways, the Friendly Club (and other social organizations of the eighteenth century) served as a prototype for the interaction between various professions that would be replicated across the country via the fledgling publishing industry. In the Friendly Club, discussion and debate was the norm. Brown may have taken some of this notion of engagement with him when he donned the mantle of “story-telling moralist” for his novels (*Rhapsodist* 135). Through his work, he encourages the sort of discussions that might have taken place within his social circle - and, indeed, were occurring in many social circles in the country. By bringing these ideas to print, Brown and his compatriots were moving beyond mere political tracts with a definitive agenda. Rather, authors began fostering debate (even if they personally had a stake in the outcome) that echoed those of the culture at large and helped to spread that debate across

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<sup>13</sup> The list is taken from Bryan Waterman’s appendix on Friendly Club membership in *Republic of Intellect*. In the section, Waterman outlines the difficulty of creating an exhaustive list of members, since a number of sources differ on exactly who was a regular member and who was simply part of the larger social circle.

communities. However, each of these sprang not solely from their respective professions, but from their association with each other.

The Friendly Club was operating under a tradition of camaraderie made popular nearly a century earlier by Benjamin Franklin. In 1727, a young Franklin gathered with a group of like-minded individuals for the first meeting of the Junto, a society of mutual improvement that met regularly to debate issues of the day and work together as a charitable organization. Originally composed of twelve members, Franklin's Junto—or Leather Apron Club, as it was also known—was a collection of Franklin's friends and colleagues. Franklin himself outlined in his autobiography that the goal of the club was “that every member, in his turn, should produce one or more queries on any point of Morals, Politics, or Natural Philosophy” for discussion, and that all discussions will be civil and productive (49). Through the Junto and its mission, Franklin refined his own ideas and influenced those around him, while gradually establishing himself as one of the nation's finest minds. The legacy of Franklin's Junto—though certainly not alone in organization—would stretch across the century and influence another group of young thinkers in the wake of the American Revolution. The result: New York's Friendly Club, which shared many of the Junto's characteristics and goals; attracted a diverse set of politicians, playwrights, and authors into its circle.

Brown joined the Friendly Club sometime in the early 1790s, shortly after the group was formed. It was within the group that Brown first encountered Smith. The pair held that America required leadership in the form of men who could light the way to the establishment of a distinctly American culture. The two men became the closest of companions and supported each other in their respective occupations until Smith's death from yellow fever in 1798. The yellow fever outbreaks of the 1790s were the defining moments for Smith and Brown. They witnessed



firsthand the fear and panic that the disease caused and the impact that it had on those who suffered from it. That they would seek to use medicine as a means of dispensing knowledge is not surprising when considering the lasting ramifications the disease inflicted on both people and popular culture.<sup>14</sup>

Men like Brown and Smith saw themselves as inheritors of the legacy of the American Revolution. Even their hero Benjamin Rush must have felt this was the case when he wrote in 1801 that although the military fighting had ended, “this is far from being the case with the American Revolution. On the contrary, nothing but the first act of the great drama is closed” (qtd in Hawke 341). Rush continued with the charge for those in positions of learning to deliver to citizens “the principles, morals, and manners” that would ensure the survival of the republic. Thus, when Brown writes that he is a storytelling moralist, something akin to Rush’s directive is very much on his mind. The genre that Brown employs in the attempt to accomplish his task becomes the genre of American gothic. Brown famously describes his technique of substituting the markers of European Gothic for American concerns. But, as scholarship has revealed, he also makes copious use of history, politics, and medicine as a didactic tool. However, Brown’s interest in the politics of medicine and its practice is less well-defined and is a prime source of inquiry for this project.

During their collaboration, Smith served as one of Brown’s first readers as well as his literary agent. In return, Brown supported his friend’s endeavors to launch the *Medical*

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<sup>14</sup> According to official counts, about 4000 people died during the initial 1793 yellow fever outbreak in Philadelphia. While medical response improved, when the fever hit New York and the surrounding area in 1798, more than 5000 people lost their lives. The yellow fever spawned a number of medical and popular texts in addition to Brown’s contributions. One notable example is Benjamin Rush’s *Observations Upon the Origin of the Malignant, Bilious, or, Yellow Fever in Philadelphia, and Upon the Means of Preventing It* (1799). More contemporary examples can be found in Silas Weir Mitchell’s *The Red City* (1909) and *Fever 1793*, by Laurie Halse Anderson (2002).

*Repository*.<sup>15</sup> The pair exchanged ideas and were uncredited collaborators on nearly every project. Brown offered his editorial services, while Smith provided Brown with some of the medical knowledge he needed to expose the fragile states of his characters in his gothic output. Both authors injected themselves into national conversations; Brown with his novels and Smith with the *Repository*. Smith's medical influence is prominently on display in Brown's gothic output, and while Brown's *Arthur Mervyn* features the most medically-oriented plot, *Edgar Huntly* delves more deeply into pathology and psychology than any of his other works.

### **EDGAR HUNTLY: PROSPECTIVE GENTLEMAN-PHYSICIAN ON THE FRONTIER**

Though Brown read widely, including the works of both Benjamin Rush and Erasmus Darwin, in Smith Brown had a ready catalogue of medical knowledge from which he could draw for his fiction. Smith, for his part, also kept a watchful eye out for any medical incidents that might fit Brown's emerging style of American gothic. Under the influence of the Smith and the Friendly Club, Brown produced four novels between the spring of 1798 and summer of 1799: *Sky-walk* (which has been lost), *Wieland*, *Ormond*, and *Arthur Mervyn* (part 1).<sup>16</sup> While Brown was writing what would become his fifth novel, *Edgar Huntly* (1799), he turned to Smith for guidance. Though Smith's death interrupted the completion of the novel, it appears that he collected tales of medical oddities for Brown. In 1798, while Smith was travelling to solicit subscriptions for his journal and peddling Brown's earlier novels, Smith relates in his diary an

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<sup>15</sup> Smith's *Medical Repository* was published quarterly from 1797-1824, though Smith was only alive for the first few issues. While the *Medical Repository* is discussed in more depth later in the chapter, the journal is explored in depth in Catherine Kaplan's *Men of Letters in the Early Republic* (2012) and Bryan Waterman's *Republic of Intellect* (2007).

<sup>16</sup> Part one of *Arthur Mervyn* was written in 1799, while the second volume was completed in 1800. In between, Brown wrote *Edgar Huntly* and *The Memoirs of Stephen Calvert*. *Mervyn*'s completion marks the close of Brown's gothic period. In the years that followed its completion, Brown wrote only two more novels—*Clara Howard* (1801) and *Jane Talbot* (1801)—both more traditional sentimental novels than his gothic offerings.

incident of sleepwalker, concluding the story with “this will do for C.B. Brown” (454), who he apparently intended to pass the story onto. Though Smith’s notation lacks any of the lurid detail of murder and intrigue that Brown’s *Edgar Huntly* would come to embody, the basic premise of a man transporting himself several miles while still fast asleep provides the rough framework that Brown employed. While Brown deploys a number of unique physical and mental disorders in his earlier works, *Edgar Huntly* is one of the first to make use of a character who has received at least some medical training on which to base a rudimentary diagnosis.

That Brown would eventually turn to the medical is not surprising considering that many of his characters tend to rely on the Enlightenment methodology of observation to form their own views of the world around them. Observation was one of the primary methods of Enlightenment philosophers and one that spills over into the medical profession and the practice of observation as a clinical method for diagnosis. Smith himself made careful use of observation in his own treatise on the yellow fever.<sup>17</sup> Physicians did not conduct medical trials or instantly subscribe to the methods of other doctors. Instead, they relied almost exclusively on personal observation to form courses of treatment. Brown, then, chooses the ultimate model of observation in *Edgar Huntly*, since the character is an enlightened individual who has also received some basic medical training. Placing this figure on the expanding frontier, then, further exposes the gaps in the structure of republican expansionist ideals and the effectiveness of such mechanisms in the rapidly expanding nation.

Brown’s gothic fiction, like the medical, political, and historical reports that he based it off of, was heavily reliant on observation. For Brown, it was his personal observation that

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<sup>17</sup> Smith wrote several letters to William Buel on the effects of the fever. These letters were collected and published by Noah Webster as *A Collection of Papers on the Subject of Bilious Fevers: Prevalent in the United States for a Few Years Past* (1796).

constructed the narrative. He explores this method in “The Henrietta Letters,” where he writes of composing scenes based on what he knows, rather than his imagination. Brown observes, “I cannot deny [sic] that had I listened with equal attention, or examined with equal [sic] vigilance though without any design of recording what I saw or heard, I should have experienced a new and astonishing increase of Knowledge, and therefore am convinced that exact and useful observation is practicable without the intervention or assistance of the pen, but the resolution to describe, indicated a kind of necessity for procuring the Materials of description, and was a cogent and irresistible incitement to attention, and the permanence of written records furnishes opportunity for reviewing the Scene, and attending to the diallogue [sic] at liesure [sic]” (Letters, 726). So Brown found his inspiration for novels in real-life incidents, which has been the focus of much of the contemporary scholarship on his work. A number of critics have exposed the ways in which Brown employed history, politics, and medicine to populate his fictionalized locations.

Although Brown was not a physician, his friendship with Smith and his residence in Philadelphia and New York exposed him both socially and personally to the seasonal disease outbreaks common in the metropolitan areas of America in the late eighteenth century. Brown contracted yellow fever at least once—in 1798—and suffered from the usual range of disease common in his time. What Brown took from his encounters with disease, especially yellow fever, was a theory of contagion that he would implement in his fiction. In 1796, he wrote to his brother James of a minor outbreak of fever. Commenting on the transmission of the disease, which was poorly understood by physicians, Brown attributes the spread to rumor and fear. He writes: “I cannot but admire the exagerations of rumour, and the multiplying and enlarging efficacy of distance. Physical objects are diminished by distance, and even vanish altogether as

we go farther from them. Not so the yellow fever, and the like imaginary spectacles, which cling closer, and grow into gigantic dimensions, in proportion to their actual distance to us”

(*Collected Writings* 371). Brown’s belief that fear of disease was as large a threat as the disease itself would permeate his gothic output through the end of the 1800s.

Scholarly responses to *Edgar Huntly* and Brown’s work in general have generally followed larger academic trends in literature. Early criticism tended to focus on a psychological reading of his works, while more contemporary critiques have shifted to aspects such as gender, race, politics, and archival work. Justine Murison suggests the extent to which Brown was aware of medical trends in his work with “Tyranny of Sleep: Somnambulism, Moral Citizenship, and Charles Brockden Brown’s *Edgar Huntly*” (2009). In the essay, Murison tracks the influence of popular late eighteenth century medical theories on Brown’s writings. Specifically, she examines Erasmus Darwin and Benjamin Rush. Though thorough in making connections between Brown and medicine, Murison’s treatment tends to oversimplify the medical world with which Brown would have been familiar. When Murison writes that “In eighteenth-century psychology, the moral faculties were considered as fundamental a basis for the sound mind as reason,” she overlooks the exceedingly complicated nature of early psychology—which was not even considered a serious separate branch of medical enquiry until the nineteenth century. Rush, who broke the mind down into categories borrowed from Dugald Stewart, is uncertain from where moral and psychological degradation originates. Still, the essay serves to illustrate the connections between the character of Huntly, disease, and moral decline. In addition, Murison’s work provides a template for methods of incorporating medical literature and fiction as a means of study.

The choice by Murison to focus primarily on *Edgar Huntly* speaks to the critical position the novel occupies in Brown's oeuvre. Through nearly all of his gothic works feature physical disease, mental disease, or both, *Edgar Huntly* and *Arthur Mervyn* are the most finely woven of the works that examine contagion. In the novels, Brown is a more consistent writer than in other attempts and he makes use of a rich array of medical, social, and political sources to flesh out his work. The result are examples of literature that are perhaps the most successful in conveying a message in the way Brown has envisioned when he declared himself a storytelling moralist and set out to create an American literature.

In the preface to *Edgar Huntly*, Brown penned a defense for his new brand of fiction. Part apology, part critical framework, Brown introduced his writing as a sort of American Gothic, explaining that "incidents of Indian hostility, and the perils of the western wilderness" were more suitable to his purposes than the "castles and chimeras" employed by his European counterparts (642). Brown's preamble in *Edgar Huntly* was a public continuation of a thread that he had likely begun a few years earlier in his now lost novel *Sky-walk* (1797). In the opening to that work, Brown called himself a "story-telling moralist" and claimed the mantle and responsibility of that title required him to both entertain and inform through his fiction.<sup>18</sup> He would repeatedly use historical events as the inspiration for his novels in an effort to instruct readers while helping to establish a decidedly American fiction.

While Brown's assertions regarding the connections between history and fiction suggest a framework for reading his fiction, it was his perception of the role and social status of the author that enabled him to claim to be a moralist in the first place. Through his social

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<sup>18</sup> Brown's first novel, *Sky-walk; or, The Man Unknown to Himself* was likely completed in early 1798. It was apparently typeset, but never printed. The only surviving material is the preface, reprinted in *The Rhapsodist: and Other Uncollected Writings* (1943), edited by Harry R. Warfel.

connections, Brown viewed himself as a member of America's "natural aristocracy"—a group of mostly men who, through ability and education, were uniquely positioned to lead the nascent republic as it expanded across the continent.<sup>19</sup> But Brown was no blind supporter of expansionist ideals. Where some saw unbounded opportunity and replication of the Republican machine, Brown saw the potential for fracture that could inflict both social, physical, and psychological harm. To that end, he introduces the eponymous Edgar Huntly; a one-time promising gentleman who's time on the frontier damages him beyond recovery. Huntly's experience is Brown's echo of the anxieties surrounding the model of expansion being proposed in some quarters.

Through the course of the novel, Brown pushes Huntly through a number of phases. Initially, Huntly aspires to be gentleman of leisure; living with his family on the frontier with hopes of returning to the city. This early Huntly finds the wilderness a romantic and energizing place. By the middle of the narrative, Huntly makes use of his medical training to diagnose both himself and those around him in the hopes of bringing reason and recovery to his situation. In this phase, he is attempting to make use of republican machinery to tame the now wild frontier. Finally, by the end of the novel, Huntly discovers that his training and position are not enough to convert the frontier and that the psychological diseases of that space are not subject to the cures that he attempts. Essentially, Huntly fails as a frontiersman and a gentleman-physician; Clithero's wounds are healed not by a trained professional, but by a local folk healer; which leaves the reader to ponder the role of gentleman physicians on the frontier, as well as the changes necessary in the way that frontier maladies are treated.

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<sup>19</sup> While Jefferson first uses the notion of the Aristoi in an October 18, 1813 letter to his former political rival John Adams, the idea of a ruling class of men was alive and well even as the founders struggled to separate themselves from the English monarchy and its caste system of society.

Huntly begins with a romanticized view of the wilderness—at least the wilderness of near-settlement. In the opening chapter, Huntly states “A nocturnal journey in districts so romantic and wild as these, through which lay my road, was more congenial to my temper than a noon-day ramble” (644). Of course, this passage provides a bit of foreshadowing of the sinister turn Huntly’s “nocturnal journey” will take, but it still establishes his attitude toward the woods as romantic and generally harmless. It is on this walk that he is able to reconstruct Waldegrave’s murder and reveals to the reader his own “insanity of vengeance” (645) which places his mind in a rather fragile state when he happens across the shadowy figure of Clithero digging beneath the elm that had recently witnessed the violence of Waldegrave’s murder. Of course, like many of Brown’s characters, observation becomes vitally important, since it is only through the eye witness that any conclusions can be drawn. While this method figures heavily into the empirical Enlightenment dogma that Brown and his friends subscribe to, it is also the primary method of the physician of the late eighteenth century. Rather than clinical trial or in-depth examination, physicians relied on what they could observe to diagnose and treat patients. Clithero, then, like Huntly, acts as a minimally-trained doctor making his senses performing a double duty.

Huntly’s “nocturnal journey” not only serves as gothic foreshadowing, and a means of putting observation to work, but also as a glimpse into Huntly’s own opinion (or disregard) of medical theories of the 1790s. Though ultimately proven incorrect, many physicians believed well into the nineteenth century that air—any kind of air—might harbor disease. Benjamin Rush, in a letter to his son, wrote that he should “Avoid the night air in sickly situations. Let your dress be rather warmer than the weather would seem to require. Carefully avoid fatigue from all causes both of body and mind” (Letters 776). Although Huntly is unaware, he has already placed himself in a “sickly situation” with thoughts of his mentor’s murder. Huntly, in ignoring medical



wisdom of the time, sets himself up for infection. His disregard for the potential dangers of moving abroad at night, coupled with his later inability to successfully treat Clithero's sleepwalking, illustrates the discrepancy between his intention and his skill. Thus, as the novel begins, Brown has placed a gentleman physician on the edge of the frontier and challenges him with a medical problem he is incapable of treating.

From the point of view of a late eighteenth century reader, Huntly's ultimate descent into somnambulism and subsequent savagery would have been completely predictable given the way in which he disregards the prevailing theories of the connections between the physical and the moral (psychological). By *Edgar Huntly's* publication, Rush and his predecessors had published and taught widely on the proper manner of self-care to prevent just the sort of situation that Huntly finds himself in by the novel's end. Through Huntly, Brown is illustrating the dangers of too quick an expansion into the frontier by those who are grossly unprepared. In *Edgar Huntly*, Brown primarily makes use of the medical theories surrounding air and stimulation to infect his protagonist with the somnambulism that guides his actions.

### **BAD AIR: HUNTLY AND POPULAR MEDICINE**

Throughout much of the eighteenth and nineteenth centuries, the reasons for spread of disease were not well understood, but most people believed that the air was a factor in the way disease evolved and moved among the population. Among physicians, there were a number of competing theories regarding which type of air was the healthiest and which types should be avoided. But nearly all of the theories of the healthfulness or not of a particular place revolved around the notion of miasma. Miasma, at its most basic level, held that all air had properties which made it either good or bad. The healthiest of air was (generally) temperate and flowing,

while air that was stagnant or reached extremes of temperature caused the most problems for those exposed to it. In addition, air that was particularly odiferous (such as that surrounding swamps or garbage) was to be avoided as a source of infection. Finally, air from certain times of day was held as having different properties. Night air—the type that occurs most frequently within the narrative of *Edgar Huntly* was viewed suspiciously.

Common in Brown's time was the idea that night air encouraged imbalance in an individual. Since balance of the body was viewed as central to good health, exposure to such a force was potentially dangerous. As Peter Baldwin recounts in his study of the evolution of night air in America, the air after dark "represent[ed] the antithesis of civilized life; it was feared as a time when wild nature reasserted its power, and when people escaped from social restrictions" (418). Apart from cultural fears, night air tended to be cooler with increased moisture—both elements that physicians general encouraged their patients to avoid. As noted above, the first indication the reader has of Huntly's opinion of air appears with the novel's opening.

Throughout the narrative, Huntly repeatedly exposes himself to the night air as he frequently travels by darkness and peruses Clithero's path through the wilderness. By willfully submerging himself in the potentially harmful elements of the night air, Huntly opens his mental and physical health to the consequences of that exposure. That Brown is aware of the dangers of the night is evident in the way that Huntly describes his own symptoms to its exposure.

Prior to his first bout of sleepwalking, Huntly recounts that he is "sitting alone by the parlour fire" digesting recent events when Weymouth arrives to reveal the story of his lost fortune. Burning flames and closed windows, along with engaging in business too late in the evening, were also considered to be unhealthy habits of the night, since they tended to promote air that was contaminated with the respiration of its inhabitants that rendered the air dangerous.

The discussion of business unquieted the mind, leaving it susceptible to bad dreams, and worse, somnambulism. Huntly, already significantly disturbed, enters the final stages of contamination. Given the general living conditions in the late eighteenth century, there was practically no way to avoid exposure to one variety of bad air or another. While perceived as dangerous, it conveniently explained the recurrence and frequency of disease.

Within the novel, Brown constantly exposes Huntly to a variety of unhealthy airs. When Huntly awakens in the cave, he is exposed to the cold, close air of the pit and describes the stiffness of his limbs. Though he concludes that he is suffering some sort of blindness, his observations of how his muscles react to the chill are in line with what doctors felt were some of the preliminary dangers of night air and reflect Brown's awareness of the potential hazards of wandering about at night. Huntly can find no safe haven from the dangers of the night either inside or out-of-doors.

Later, while setting out for home, Huntly finds no easy passage through the hills he climbs until he's fatigued. Seeking shelter, he first comes across a small cave "resembling a coffin in shape, and not much larger in dimensions" (829). As with the pit in the cave, Huntly again finds himself in a closed space at night. He attempts to rest here, but the space is too cold for him. The temperature drops and his limbs "shivered and ached as if I had been seized by an ague" (830). The coffin space offers no comfort, so he must continue onward. As he walks he sees a shadow that must be an Indian. Fearing capture or death, Huntly fires at the Indian, and then leaps from the hillside and into the river, which sweeps him downstream.

Wherever Huntly travels, he encounters dangerous air. Due to his lack of sound sleep and the excitement surrounding the death of his friend and the discovery of Clithero's secret, his mind is already unbalanced and susceptible to the influences of the air surrounding him. As a

result, he is overcome by somnambulism. In its grips, he attempts to make use of his learning—particularly his skill of diagnosis—in order to free both he and Clithero from their respective disorders. In the process, he reveals the failings of the physician on the frontier.

### **FAILED DIAGNOSIS: HUNTLY AS INEPT PHYSICIAN**

After observing Clithero's actions, Huntly draws upon a reserve of medical knowledge—which is not surprising, since it is later revealed that Sarsefield is a surgeon—to diagnose Clithero's condition. Huntly pronounces “it could not fail to terminate in one conjecture, that this person was asleep. Such instances were not unknown to me, through the medium of conversation and books” (649). Though rare, Huntly (via Brown) is referencing a canon of sleepwalking anecdotes; from Smith's diary notation to Benjamin Rush's tale of the doctor who “rose from his bed . . . conversed with [his family], and afterwards entertained them with a pleasant song,” all while asleep (*Medical Inquiries* 303). Huntly, familiar with the causes of such unquiet sleep, immediately turns to the root cause of the malady, namely, that “the incapacity of sound sleep denotes a mind sorely wounded” (650) and concludes the possibility of Clithero being involved in Wakefield's murder. Though wrong about the ultimate cause, Huntly demonstrates that he subscribes to Rush's assertion that sleepwalking is preceded by mental stress and “when neglected, become the cause of more serious diseases in the brain” (*Medical Inquiries* 300). Armed with this knowledge, Huntly investigates Clithero's condition further. However, rather than interview the patient—which would be the Rushian norm—he opts to interview both Clithero's employer and roommate.

When Huntly approaches Inglefield, he discovers that the sleepwalker is “a sober and diligent workman” during the day, but Clithero's roommate Ambrose reveals that he is

“disturbed by restlessness” at night and is given to bouts of talking in his sleep (661). Ambrose and Inglefield note that after Waldegrave’s murder, Clithero became more dejected than before, further, Huntly notes this dejection is a “symptom” of sleepwalking(662), which further supports his basic understanding of the condition. Huntly, who is not only trying to solve the mystery of his friend’s murder but also diagnose Clithero’s disorder, displays frustration at the limited information Ambrose provides, and takes issue with his “stupid inattention” (662), but is unwilling yet to simply approach the patient and conduct a proper interview.

When Huntly finally resolves to confront Clithero, the latter is disturbed by what Huntly has seen. For his part, Huntly notes that, while he observed Clithero’s growing discomfort, he “took no verbal notice of these symptoms” (665). After relaying the tale, Clithero is paralyzed and silent. Huntly, not wishing to disturb him, waits for the “paroxysm to subside of itself” (666). Clithero says that he will reveal all, but needs time. Upon reflection, Huntly decides that while Clithero has committed murder, he sees it as his duty to “emulate a father’s clemency, and restore this unhappy man to purity, and to peace” (668) in short, Huntly seeks to cure Clithero of his sleepwalking illness. In fact, Huntly links mental and physical states just a few lines later when he meets Clithero on the road. Clithero is sick—apparently from Huntly’s revelations—and appears “pale and wan, his and his form emaciated and shrunk” (668). Clithero makes his confession regarding his self-defense killing of Mrs. Lorimer’s brother, which exiled him to America and relates that sleep is no escape for his own deeds, that he is “infested by memory in wakefulness and slumber” (716). The interrogation becomes more of a patient/physician interview with Huntly wondering “Could I not restore a mind thus vigorous, to tranquil and wholesome existence?” But Huntly, who has interviewed the patient and diagnosed him, still has no concrete plan for treating Clithero and restoring his sanity. Huntly recognizes his own

position as aspirant gentleman-physician who can restore health and balance by setting things right, although he has no idea of how to go about the process.

### **A PHRENZY OF ACTIONS: MISGUIDED (SELF)TREATMENT**

Huntly fumbles about the countryside in search of an answer (and Clithero), until he begins sleepwalking himself. Huntly becomes increasingly distracted by medical observation, which blinds him to the facts at hand. The first instance of this occurs when he awakens in the dark pit of the cave. Huntly is aware that he suffers from a sort of short-term paralysis, “unaccompanied with lassitude or pain” that renders movement impossible (779). He discovers that his “limbs were cold, and my joints had almost lost their flexibility” (779), but concludes that he has somehow gone blind and he finds that he is unable to remember how he came to be where he is. Panicked, the situation reduces him to a “species of delirium” (781) and he discovers that he is possessed of an immense hunger that urges him to “phrenzy” (783). Huntly in his self-diagnosis is bounding from one set of senses to the next: paralysis, chill, mental delirium, and hunger. Each sensation overrides the previous and distracts him from the reality—as difficult as it is for him to grasp—of simply being in a dark pit.

Once seemingly trapped in the pit, Huntly abandons all of his training and descends into near total savagery. He recounts eating a piece of his clothing and considers biting into his own arm, or drinking his own blood. Failing that, Huntly fantasizes about “rending some living animal to pieces, and drinking its blood and grinding its quivering fibres between my teeth” (783). Finally, though, he attempts to escape the pit, which he finds difficult, but entirely possible. The darkness that surrounds him remains impenetrable, but he does see the eyes of a panther (785). His hunger returns and he kills the panther. He explains that he “did not turn from

the yet warm blood and reeking fibres of the brute,” eating until his hunger subsides (786).

Huntly’s obsession with his condition drives him to a “cure” that is at odds with those that would be prescribed. Rush himself declares that in order to cure sleepwalking, one should eat a “low diet,” which would include mostly vegetables and avoid “exciting causes” in the evening (300). As the savagery of the wilderness takes over, Huntly abandons the structures of learned medicine in favor of simple instinct. However, he finds that it is only minimally effective.

Also embedded in Huntly’s meal of raw panther meat is a call back to the Crèvecoeur’s *Letters from an American Farmer* (1782). In the narrative, Crèvecoeur’s farmer, James, questions the qualities of an American. In discussing the various types of citizens, he devotes a number of pages in Letter 3 to those living on the frontier. James criticizes the man who lives alone, finding sustenance from only the land. He declares that (among the negative effects of simply living apart from society) the frontiersman suffers a degradation of his mental state through his diet. In James’s estimation, “eating of wild meat, whatever you may think, tends to alter the quality of [the frontier dweller’s] temper” (77). This condition, then, produces men who are unfit to live in civilized society, and they become “new-made Indians” (78). Huntly’s meal signals a change in his temperament, which lasts much of the rest of the novel.

Immediately after ingesting the panther flesh, Huntly becomes physically ill. He laments that his “stomach was seized with pangs whose acuteness exceeded all that I ever before experienced” (786) and that he must be dying. As before, however, he does not die. Instead, he falls asleep. When he awakes, he finds that his hunger has been replaced by thirst. He recalls a story of English prisoners in Bengal “whom their merciless enemy imprisoned in a small room, and some of whom preserved themselves alive merely by swallowing the moisture that flowed from their bodies” (788). Huntly takes inspiration from this tale, and does likewise. In his action,

Eric A. Goldman sees an “uncanny fusion of Edgar’s supposedly unique American identity and actions with that of imperial British doppelgangers [that] frustrates Brown’s patriotic, imaginative desire for a form of American exceptionalism” (559). This failure, then, results in further complications to the expansionist republican model, since there are still shades of imperial influence in his Huntly’s actions.

Discovering a small band of sleeping Indians, Huntly calculates his chances of creeping past them and making back home. Though he discovers that the Indians have taken a female captive, he sneaks past the campfire and into the woods, only to encounter an Indian sentry. His thirst for water briefly becomes one for revenge. Looking at the Indian, he “was not certain but that these very men were the assassins of my family” (796). Huntly’s encounter with this group of Native Americans sets off within him a psychological response. Rather than take the band for what they are—Native Americans raiding the nearby Anglo settlement—Huntly conflates these men in his imagination with those who murdered his family. The generally passive Huntly is transformed by this act of emotion that resembles a form of PTSD, and decides to kill them, rather than sneak past. He makes use of his own tomahawk to dispatch the guard, and rolls him down the hill to conceal the body. After the deed is complete, Huntly goes to the river, where he “not only drank copiously, but laved my head, neck, and arms, in this delicious element” (797). It is important to note that the source Huntly drinks from is not a spring or river, but a wild “torrent” that is untamed, like the panther he killed and ate upon emerging from the pit.

Water intake is especially problematic for Huntly on his adventure. After freeing the female captive and murdering her captors, Huntly awakes, lying on the chest of one of his slain foes. Again, Huntly is ravaged by thirst. He once again drinks from a wild source, finding water that is “scanty and brackish” (813). This drink, like the panther flesh of earlier in the evening,



will fuel his final encounter with (what he assumes to be) the Indians until he is able to return to society. While his earlier water source was wild and untamed, this second source is still and foul. Conevery Bolton explains that for settlers in search of drink, “Any fluid that did not flow freely was a potential source of harm analogous to the ‘stoppage of . . . courses’ that mimicked the body’s own fluidic balance (139). Huntly, by willfully drinking of the stagnant water is further exposing himself to disease in a condition that is already significantly weakened by his experiences. He follows up these two instances of bad water with a full plunge into a river. The act of leaping into the moving water illustrates Huntly’s limits of self-diagnosis under the Rushian model, as he can no longer distinguish his own symptoms. Rather than careful contemplation, Huntly chooses swift action.

After returning and meeting Sarsefield Huntly finally comes upon a house of a man he knows. As he approaches the door, he notes the physical change that has come about: “My legs, neck and bosom were bare, and their native hue were exchanged for the livid marks of bruises and scarrifications. An horrid scar upon my cheek, and my uncombed locks; hollow eyes, made ghastly by abstinence and cold, and the ruthless passions of which my mind had been the theatre, added to the musquet which I carried in my hand, would prepossess them with the notion of a maniac or ruffian” (847). Huntly’s transformation in the wilderness goes well beyond his physical pains and injuries, since he is careful to note that the “ruthless passions” of violence have made a change in him as well. Though at this point, he has recovered some from his former state, he is still marked by his experiences.

When Huntly finally finds shelter in the pages before meeting Sarsefield, he takes another moment to reflect on his journey. He states “reversal of the laws of inanimate and intelligent existence had been mine to perform and to witness” (849). All of the changes that he refers to

took place away from the neat boundaries of farms and houses. In the house, he finds his lost letters and his old friend Sarsefield appears. At first, neither can believe the other is alive. Huntly states that his deportment “was that of a maniac” at seeing his old friend (851). For his part, Sarsefield accuses Huntly of being able to “move about invisibly” and by the “force, not of muscles, but of thought” (851). It is here that Huntly learns the truth and that all is revealed about the last thirty hours. Sarsefield tells of how he had passed Huntly, but did not recognize him, and concludes that “None but a man, insane or asleep, would wander forth so slightly dressed, and none but a sleeper would have disregarded by calls” (858). For Huntly, though he was indeed asleep, he was also suffering from a mental disorder—not quite insanity, but certainly disturbed, since it is this disturbance that was the original cause of the restless sleepwalking. Sarsefield, who had thought Huntly dead after his swoon at Deb’s cabin earlier in the novel, tells Huntly that he thought he had “risen from the dead, had assailed one of the surviving enemies, had employed bullet and dagger in his destruction, with both of which you could only be supplied by supernatural means, and had disappeared” (864). Sarsefield here, though a doctor, briefly transforms Huntly into something akin to what Robert Bird would later do with Nathan Slaughter in *Nick of the Woods*. In both Sarsefield’s and Huntly’s imagination, Huntly, enabled by his madness, becomes the avenging spirit, bent on destruction of the Indians.

Still, in the three letters that make up the postscript of the story, Huntly reveals that Clithero has fled society to the abandoned hut of Old Deb. Further, since there are no crops near the hut, he is forced to beg and barter from his neighbors, and spends most of his time living as a hermit. Huntly laments that for someone to “mope away his life in this unsocial and savage state, was deeply to be deplored” (890). Further, Huntly remains firm in his original intent to “cure [Clithero’s] diseased intellects, and restore him to those vocations for which his talents, and that

rank in society for which his education had qualified him” (890). In short, it is a waste for such a man to be living as a savage, when he might be a valuable contributor to society. Huntly attempts to renew his efforts to establish Clithero as a contributing member of society while curing him of his disorder. In this vein, Huntly visits Clithero and reveals that Mrs. Lorimer is still alive and is married to Sarsefield. This news does not have the effect that Huntly expects and sends Clithero into a “phrenzy” (894). Huntly concludes that “Clithero is a maniac” and warns Sarsefield of his approach (894). These actions become Huntly’s final failures as a gentleman-physician and doom him to life outside of that position.

Though angry at Huntly for revealing Lorimer’s fate, Sarsefield is able to easily intercept Clithero and apprehends him for transport to a Pennsylvania insane asylum. Clithero is placed on a boat for transport, but leaps overboard and “forced himself beneath the surface”—presumably drowning (898). In doing so, Sarsefield writes “he has saved himself from evils, for which no time would have provided a remedy, from lingering for years in the noisome dungeon of an hospital” (898). Thus, Sarsefield refuses to reverse his original opinion of Clithero’s state as an incurable madman. For his part, Huntly does not get the final word in the story that had been his to tell. It’s unclear what happens to him, but he is not rescued by Sarsefield.

## **LESSONS OF EXPANSION AND THE TRIUMPH OF FOLK REMEDY**

Once the story of Clithero’s relationship to Sarsefield is revealed, and Sarsefield—though a surgeon—refuses to attend to the fugitive. Huntly sees reconciliation between Sarsefield and Clithero as the only course that will cure the fractured mental state of the latter, but without agreement, it seems unlikely. When Huntly finally regains the strength to visit Clithero, he discovers that Clithero “was mangled by the tom-hawk in a shocking manner, and there was little

hope that human skill could save his life” (876). Sarsefield offers that death is the best outcome for Clithero, and that “common ills are not without a cure less than death, but here all remedies are vain. Consciousness itself is the malady; the pest; of which he is only cured who ceases to think” (883). Sarsefield admits that time might change his mind, but “at present he could not but regard [Clithero] as a maniac, whose disease was irredeemable, and whose existence could not be protracted” (884). Clithero recovers thanks to “the skill of a score of aged women in this district, furnished with simples culled from the forest, and pointed out, of old time, by Indian Leeches was no less adequate than that of Sarsefield” (884). Though the remedies might have been aided by Indian knowledge, it is the old women (presumably white) who administer the cure that is as successful as the trained physician might have been. The episode provides a pointed commentary on the inadequacy of the foreign-trained surgeon when faced with the pains caused by the American wilderness and expansion.

By the end of the novel, Huntly’s old mentor decides that he is not ready to become a productive republican gentleman and leaves Huntly in the care of his family in Norwalk. Through *Edgar Huntly*, Brown wove concerns about rapid expansion and the ability to reproduce republics on the frontier. Had Huntly been able to treat Clithero successfully, he might have become the value to society that his mentor thought he would become. As a narrative of a failed conversion from gentleman to republican machine, *Edgar Huntly* is both an exploration of the fledgling professional on the frontier and a warning that without the ability to recreate social order, there can only be chaos.

That Huntly occupies the doubled position of aspirant frontier gentleman-physician is evident in the way that he speaks of the land, which he is only able to see as useful when it is cultivated. Time and again, he views unimproved tracts as “sterile” (647, 635). Of course, once

he begins to suffer from his own bouts of sleepwalking, he discovers that the land is anything but sterile. In fact, it's inhabited by Indians he assumed were gone and animals he assumed driven from the area. Still, this idea of the sterile ground is a necessary fantasy for Huntly, since allowing for Indians and animals degrades the cultivated and civilized ideal. The frontier, that is, is far from the tabula rasa assumed by Jefferson and the republicans, ripe for the transposition of the East's hierarchies.

If Brown had lived long enough to write a sequel to Edgar Huntly, it might have resembled Robert Montgomery Bird's 1837 novel *Nick of the Woods*. Though Bird's work appears almost a half-century after Brown's, there is something of a natural extension in ideals. Where Brown saw the dangers of expansion for the society and individual, Bird's *Nick of the Woods* takes those dangers one step further. For Bird, the unchecked frontier settlement is in full swing, and the individual—in Bird's case, Nathan Slaughter—has suffered greatly from it. Bird echoes Brown's fears and shows how the uneasiness that is depicted in Huntly remained a concern for readers even as the economy and population boomed.

## **ROBERT MONTGOMERY BIRD: NICK OF THE WOODS AND EDGAR HUNTLY'S LEGACY**

In 1837, Robert Montgomery Bird produced a wide-ranging frontier narrative in the tradition established by James Fenimore Cooper. Bird's tale, *Nick of the Woods*, ostensibly an adventure story, follows the adventures of Roland and Edith Forrester, a pair of cousins from Virginia thrust onto the frontier when their evil uncle usurps their inheritance. While passing through Kentucky, they encounter the inhabitants of Bruce's Station and the myth of the Jibbenainosay; a fierce Indian killer who stalks the woods near the Station. Through a series of

adventures, the Forresters are reunited with their inheritance and move back east, leaving all of their new-found friends on the frontier to continue their lives. Through the story, Bird makes use of the frontier figures to expose the dangers of unchecked expansion to both social and physical health.

Describing the physical and mental stresses a body was exposed to on the frontier was an area in which Bird had some expertise. In the 1820s, he had trained as a physician at the University of Pennsylvania under the tutelage of the generation of doctors following Benjamin Rush. Rush was long deceased by the time young Bird entered medical school in 1824, but his influence was still felt in the way that medicine was taught. Though Bird would almost immediately trade his scalpel for a pen, his medical education would figure heavily into his characterizations in *Nick of the Woods*. Furthermore, without his medical education, there might not be a story to critique. It seems that Bird's professional acquaintances would provide fodder for his fiction. Clement Foust in his early twentieth century biography of Bird, writes that Bird's roommate, Dr. Black, one day "related a Kentucky story the power of which greatly struck Bird. He noted it . . . and later used it as the basis of his romance, *Nick of the Woods*" (26-7). Though the details of the original tale are undisclosed, Bird used Black's story in conjunction with historical events and medical conditions to craft the legend of the Jibbenainosay.

There is a moment within *Nick of the Woods* where the narrator breaks the tale in order to address the reader directly. "The poet and moralizing philosopher," he begins, "may find food for contemplation in such a scene and such a catastrophe" (147). The narrator then proceeds to debunk the practice of romanticizing the frontier, concluding that "men in the situation of the travelers have neither the time nor inclination for moralizing" (11). On the surface, Bird is underscoring the authenticity of his tale. However, that phrase: "moralizing philosopher" is

strikingly similar to Charles Brockden Brown's self-appellation of story-telling moralist. Bird's choice to criticize the methods of the authors who preceded him and take issue with their methods directly critiques the way an author such as Brown employed fantastical methods and social conditions in his work. By contrast, Bird seeks to set himself apart from the gothic. Reinforcing his own authentic voice, yes, but calling on his readers to recognize his authority to do so.

Where Bird's contemporaries such as Cooper were painting a romance of the frontier where the noble savage and the white frontiersman work together, Bird's depicts a frontier life that evangelizes no one. James Bryant, one of the earliest critics of *Nick of the Woods*, notes that within the novel, "all members of the human race appear to be fallible sons of Adam in a fallen world" (352); this includes the Anglo settlers, as well as the Native Americans. The "fallen world" of Kentucky that Bird portrays is one that differs vastly from the more established and cosmopolitan east. Unlike the social structures from which the men and women of Bruce's Station originate, the frontier is a place of loose hierarchy, where a man can hold the self-appellation of gentleman without any of the messy trappings and responsibilities that the role implies there is no republican elite to provide moral or social correction. Take, for example, the bombastic Roaring Ralph Stackpole. His actions are repeatedly described as animal-like and erratic, while his propensity to steal horses puts his neck in the noose, and he even attacks Nathan early in the text with no provocation. Still, both he and the local population maintain that he holds the rank of captain, though his actions would likely not be tolerated in any organized military setting. In almost all cases, a character's title bears little resemblance to the man, which, of course, is one of the themes of the text. However, it is worth pointing out since the state of the society in Bruce's Station is partly to blame for the condition of its residents.

Critics of Bird have been quick to point out the important role that his main character, Nathan Slaughter plays in the fantasy of frontier violence. Of course, seminal to any discussion of violence on the frontier is Richard Slotkin. His trilogy of criticism on the frontier was the first to collectively categorize the need for depictions of bloody wilderness scenes in order to transform the west into a space of Anglo prosperity. Slotkin's overarching observation that "the myth of regeneration through violence became the structuring metaphor of the American experience" is still relevant when discussing the literature of the frontier (5). However, the nature of the violence—especially as it pertains to the lasting physical and mental violence inhabiting Bird's characters—can only be explained through the medical knowledge that defined the injury and allowed for the events that follow. Furthermore, while these critical voices are important in understanding the role of violence on the frontier, they overlook the real-life examples on which Bird was basing his backwoods characters and the ways in which he was subtly critiquing the health of the individual, social structure on the disconnected settlement, and the very land itself.

The terrain of Bird's novel is significant in the way its characters interact with the geography and each other. It is the very reason that the characters inhabit Bruce's Station in the first place. Bird's description of the land surrounding the settlement as a "dark and solemn wilderness" (26) is, at first glance, a simple turning of the frontier Eden myth to a more gothic tone. However, Bird does not stop there. The narrator adds later when Roland is chasing after the settlers that the forest is a place where "breezes and sunbeams" rarely penetrate (137). Bird, as a physician and writer is putting these description to double use. The closed nature of the forest is forbidding, but sunshine and breeze also serve a medicinal purpose by cleaning the air and making it healthy. Any space that is prevented from receiving such weather would be a potential haven for sickness. In Bird's story, that sickness manifests itself most plainly in Nathan



Slaughter's character. Although understanding of "airs" had progressed since the 1790s when Charles Brockden Brown wrote about Edgar Huntly's exploits wandering the wilderness in the dark, medical science had still not settled on what constituted healthy air.

The popular general self-care manuals of the 1830s recommended avoiding night air altogether. *The Catechism of Health* prescribes that breathing "confined, impure or otherwise unwholesome air" is ruinous to one's health (13). Later, *The Catechism* advises against going out at night, since night air is dangerous "under all circumstances" and "is generally productive of disease" (173-4). *Porter's Health Almanac for 1832* suggests that night air is dangerous especially after one engages in meeting in crowded spaces, dancing, or exercising (37). Of course, the dangers of air were not well understood and beliefs regarding exactly how air afflicts a person were far from universal. Consider that while some air is dangerous, other air, specifically in the form of breeze or wind can be healthy. *Gunn's Domestic Medicine* prescribes a cure for asthma that involves waking early, and "take active exercise, particularly by ascending the highest and steepest hills and mountains, where they can breast the pure mountain breeze (270). Still, there was a belief that some air was healthy, while other air was not. That Bird frequently makes use of dark, enclosed landscapes in his novel is telling, since he would have had an intimate understanding of the debate over healthy and unhealthy air. Bird's frontier air is decidedly dangerous.

The inhabitants themselves reflect the rude conditions of the land surrounding the settlement. Approaching the Station, Roland comments that the residents are "outcasts of our borders, the poor, the rude, the savage" (16). This expansion is not of the carefully controlled variety. Rather, the inhabitants of Bird's frontier are more like an uncontrolled rabble than a well-ordered social expansion. The inhabitants are, in fact, rejects from the project of settlement.

In the wave of “respectable” immigration to the west that occurred beginning in the late eighteen-teens, the society that Roland and his companions encounter is not a part of that movement. In describing the Station’s inhabitants in such stark terms, Bird is drawing his readers’ minds toward the wild backwoodsmen of Crevecoeur’s new made Indians, not the Jeffersonian yeoman farmer, which results in a warning to the reader that there is little Cooperian romanticism in *Nick of the Woods*.

Although on its surface, *Nick of the Woods* and Bird’s portrayal of the savagery of Native American and the subsequent need for their removal appears to be an apology for violent expansion, Bird was no blind supporter of Jacksonian policies. As Rowland Hughes has observed, Bird, a Whig sympathizer, questioned “the values of Jacksonian America” in his fiction and personal letters (198). To take *Nick of the Woods*, then, at face value, would be an undermining of Bird’s ideological position. Instead, Hughes argues, that Bird’s novel suggests “that unregulated extension of the nation’s boundaries to the west will expose American society to the chaotic and degenerative forces latent in the wilderness” (200). While Hughes goes on to explore the ways in which Bird’s Whiggishness appears in the novel, he overlooks Bird’s own expertise—medicine—and the influence that training has upon the characters in *Nick of the Woods*. It is through the lens of Bird’s own profession that his view of expansionism is revealed.

Bird’s dime-novel flourish in the tale shows both in his bombastic characters and the depiction of the apparently unfortunately named pacifist, Nathan Slaughter. Slaughter’s character is the sum total of the conditions (physical, social, and medical) that Bird depicts in the story. Slaughter’s outward appearance is one of monastic simplicity. When he first appears, the Station’s residents make fun of him, with Bruce explaining that he’s the only white resident in the area who won’t fight and asserting that “some say his wits are unsettled” (87). Of course, at

this point, none of the characters present know the truth: Nathan is the Jibbenainosay. However, as Thomas Fick touches on in his brief exploration of the double hero in American culture, a hero that transforms in the way that Slaughter does, is an attempt to “reconstruct the moral equivalent of a primordial wilderness by concentrating social constraints in one identity, while leaving the other free to act out the dreams of force in a world purified of human commitments” (71). Though Fick largely glosses over Bird’s character (as well as the Incredible Hulk, Natty Bumppo, among others) as an example of how the double hero appears, his choices are illustrative of a larger trend. In many of Fick’s examples, the hero is transformed by a mental or physical trauma. Indeed, this trend stretches back before Bird—traces can be seen in the characters of Charles Brockden Brown and his gothic predecessors. Yet this detail—that physical and emotional trauma is transformative—was not especially well understood by medical science in the nineteenth century. While there were hints and clues in the medical literature, diagnosis was based more on symptoms than causes. It would not be until the turn of the twentieth century that physical and mental stress as a means of transformation—under the new science of psychology—would be explored more fully.

For Bird and his medical contemporaries, ideas about the functioning of the mind had not advanced much in the previous quarter-century. As with medical education, the specter of Benjamin Rush still loomed large in the study of the brain. Rush’s explanations of mental disorders—that they were caused by physical events, based in disease, were still largely accepted in the 1830s. There were hints in some literature suggesting that mental and physical stresses could cause mental disorder, but this was mostly limited to the larger umbrella heading of “insanity.” One health almanac, *Gunn’s Domestic Medicine* (1834), advises that while “seriousness, depression of spirits, melancholy, grief, despair, [and] insanity” in general are but

“different modifications of the same passion,” doctors “know nothing . . . in proportion to the strength and weaknesses of operating causes” (39). While there is some advancement in acknowledging that grief, for instance, can cause insanity, the admission that there is little useful knowledge for treatment is telling.

Although Bird explores grief as a trigger for the novel’s eponymous character, he demonstrates varied levels of stress-induced imbalance in both Ralph Stackpole and Telie Doe. In Ralph’s case, Bird concocts a rough border figure who “sometimes mistakes A Christian’s horse for an Injun’s” when stealing. When Forrester questions the wisdom of making an unrepentant horse thief a captain, Bruce explains that Ralph’s rank derives from his skill for reclaiming settlers’ horses. Added to this, is the assertion that Ralph is an “alligator half-breed” and fully embodies that trait in his wild behavior (75). Some of Ralph’s physical traits are attributable to the humor of the old Southwest from which Bird is drawing. There are similarities between Ralph, for example, and Thomas Thorpe’s *Big Bear of Arkansas*. However, Ralph’s behavior goes well beyond the humor of the likes of Thorpe. Instead of contributing in a positive way to the fortitude of the character, Ralph is positively unhinged when he dances about, yells like an Indian, and crows like a bird (76). However, Ralph’s mix of characteristics does allow him to traverse easily between the borders of acceptable behavior, horse theft, and overt violence. Whether due to prolonged exposure to the frontier or some other, preexisting disorder, Ralph’s traits allow him to easily cross (like Nathan) from a more or less peaceful settler to the realm of savage and back. It is precisely Ralph’s disorder that provides a means for this transformation. Read in this way, Ralph is an illustration of the type of man who can thrive on the frontier.

The Medical aspects of the frontier are always on Bird's mind. In the novel, he touches repeatedly on manifestations of living on the border as they relate to a number of the characters. Through his examination, Bird reveals the frontier to be a space deadly to the health of the settlers, thereby challenging the rapid pace of expansion in the 1830s. Furthermore, he draws attention to the conditions of that expansion, which fails to consider the consequences of ill equipped men and women leaving the safety of the east for the opportunities of the west. Where an author such as Marcus Bryn's depiction of his Arkansas doctor mines this danger for comedic effect, Bird illustrates the dangers.

When it comes to the characters themselves, each experiences a degree of traumatic stress that manifests in various ways. However, three characters in *Nick of the Woods* are more significantly affected by their frontier encounters: Telie Doe, Ralph Stackpole, and Nathan Slaughter all represent for Bird the possibilities for men and women on the frontier. None of which are particularly positive. Through these three characters, Bird presents the possibilities for those living on the frontier. In Bird's view, the hazards of the wilderness sometimes cause permanent damage.

Though she makes her first appearance after Stackpole and Slaughter, Telie Doe's condition sets her apart from these two men in the avenues available for her to act on her trauma. Furthermore, her condition is in stark contrast to the Anglo heroine Edith. Where Edith is merely shocked by the frontier, the reader has little doubt she will survive the text, occupying, as Edith does, the position of untainted white woman. There exists no such expectation for Telie Doe. Telie is marked by her experience of having been abandoned by her father Abel Doe. Worse, the elder Doe did not merely disappear, but turned Indian. In the absence of her father, this perceived insult to the settlers is placed upon Telie, who is shunned by the residents of Bruce's Station.

Bird's depiction of Telie as a quiet, disgraced, and damaged frontier woman serves as a contrast to the bombastic Ralph Stackpole and the ruthlessness of Nathan Slaughter.

Telie's condition, both socially and psychologically, extends directly from her father's turn to native culture and the perceived betrayal of his own race. When Telie explains to Edith why she wants to leave the Station, she cries that the residents "hate him and curse him" and that the only escape is to somewhere where there is "nobody to call me a white Indian's daughter" (37). Thus, Bird makes use of shame as a trigger for Telie's reserved and shy nature. Implicit in this characterization is that Telie would be a vastly different individual without a white Indian father. Where Indian influence in the lives of the male characters permits bouts of violence, Telie's response is limited to the social and the personal. She is Nathan Slaughter's peace-loving side sans alter ego. Her only outlet is hope of escape with Roland and Edith. Without them, it seems, she must remain trapped on the Kentucky frontier, forever an outcast in Bruce's Station.

Telie Doe's disturbance is spelled out early in the text by the elder Bruce. The explanation given is that Telie's "constitutional nervousness" extends from her father Abel Doe. As Bruce explains, "what makes her so wild and skeary [is that] Abel Doe, turned Injun himself" (59). Not only does this affliction—having a father who "turned Injun"—create the outward symptoms of Telie's unsettled mind, but it also makes her an unfit occupant of the settlement. While the Bruce family cares for her, she has little practical skill and her social status as the daughter of a white Indian excludes her from marrying into the Bruce (or any other white) family. Her only escape is to leave the settlement with Roland. Telie's physical and psychological reactions to her father's transformation persist until the end of the novel, recurring as she travels with Roland and Edith.

When Roland initially encounters Telie, her appearance is “wild and terrified as the animal whose name she bore” (13). Physically, she has “wild dark eyes” that lend her and “Indian-like” characteristics highlighted by her “coal-black hair” (13). The wild description is meant to call into question Telie’s lineage and further separate her from the fair-skinned Edith. Readers then wonder, is Telie simply dark haired, or is there Native American blood in her veins? The ramifications extending from the one drop rule, further marking her an outcast if she were genetically part Native American. Colonel Bruce, in explaining Telie to Roland, speculates that although people think her “half witted . . . [she] is just as smart, if she war not so humble and skittish, as any one of my daughters” (20). Bruce offers a means of redeeming her, at least intellectually, in the eyes of the Station. However, healing Telie is not within either Colonel Bruce’s or Roland’s power, since the prejudice against her father is too much for either to change. Telie, listening to the exchange, forms a plan for her own redemption.

Her plan, to leave the frontier and travel west with Roland and Edith requires permission from one of the pair. To that end, she seeks out Edith to discuss her proposal. Telie’s appearance in Edith’s bedroom further establishes the contrast between the two women. Edith has unpacked her personal items onto a table and assumes Telie is curious about them. Rather than exhibit fascination, after confessing her father’s fate, Telie explains the difference between the two women. She tells Edith that without help, the frontier “would kill you, it would indeed; for it is a hard, hard time in the woods, for a woman who has been brought up tenderly” (36). In fully marking the difference between the two female characters, Bird shows the reader that the damaged Telie Doe has some hope for redemption, but it appears that it can only be accomplished through escape from the Kentucky wilderness.

Among her fellow frontier dwellers, the obvious difference between Telie, Nathan and Ralph lies within the transformative abilities of her unsettled mind. While the emotional disorders of the men allow them to cross into the realm of savagery as it suits the ends of the plot, Telie's imbalanced emotional state instead traps her on the frontier. Illustrative of this are the very words that Bird uses to describe her reactions to the wilderness. Telie is described as being skittish, wild, and half-witted (and many others) in her negotiations with the social world of Bruce's Station. The damaged men described are far less passive. Ralph is a half-alligator, horse thief, while Nathan is vocally confident in his passivity (and later, in his violence). Telie's major act of independence is when she flees the Station to join Roland and Edith—but running away is an attempt to escape her life, not assert herself anew.

After joining Roland and Edith outside of the confines of Bruce's Station, Telie appears more confident, though she is repeatedly questioned by Roland regarding her skill. So much so that she doubts her own ability. Offering to lead the group back to the train of settlers, Telie backs her assertions with local knowledge: "I have lived here almost seven years, and have been across the river more than as many times. This is the shortest and safest way" (51). However, as they gain Pardon Dodge and Ralph Stackpole, Telie begins to question her ability to guide the party. She "began at last to hesitate, and betray symptoms of doubt and embarrassment" as she conducts the party into "swampy hollows . . . through which it was difficult to find a path" (65). Telie's directions have led the party not only astray, but into a dangerous situation. While threat of ambush was certainly possible, swampy land also presents dangers to physical health through miasma and stinging insects. Lost, they wander and come across an abandoned homestead and the body of an Indian bearing the marks of Nick of the Woods. Frightened, Telie loses her confidence and returns to a submissive role for much of the next third of the text.



Telie once again gains her voice when she becomes a captive and is able to confront her white Indian father. Just as her escape from the Station would allow her to start anew, so too is there the possibility for healing in either renouncing her father or her ability to persuade him to return to Anglo society. Once Abel Doe is redeemed through his both his death and recovery of the will that grants Roland his lands back, so is Telie's health. With her father's death comes a change in the Bruce patriarch. Where at the start of the novel, he saw her as a poor and hopeless case, in the closing pages of the text, Colonel Bruce and Roland "took such steps as speedily converted the poor dependent orphan into a person of almost wealth and consequence" (239). Her "cure" at the novel's conclusion is the epitome of nineteenth century medicine: remove the stress that causes the symptoms and all shall be healed. While treatment for psychological damage seldom worked as quickly as that, Bird takes advantage of the quick turnaround in Telie's case. Fully healing her within a matter of pages and marrying her into the Bruce clan as a sign that her affliction is cured and she has been restored to her place in the social order of the Station.

Nathan Slaughter begins the text, much as Telie does, as a reserved and shy figure. However, unlike Telie, Slaughter displays signs that he is more than he seems from his first appearance. Though he enters the station ill equipped with gear amounting to not much more than rags and broken weapons, he easily deflects Ralph Stackpole's attacks. Nathan's malady is psychological in that he transforms from a peace loving wanderer into the Jibbenainosay. The origin of this transformation is explained by Nathan's history and through both Colonel Bruce and Roland who witness the seizure that causes Nathan's shift to Indian killer. Still, there are signs that though Bird relies on Nathan's seizures to facilitate the transformation, it is not a consistent illness. The inconsistency in the way that Nathan shifts between his peaceful self and

the Jibbenainosay might be indicative of a healing process. Granted, not one that makes him permanently pacifist. Instead, there are indications toward the end of the text that he is reintegrating that part of himself that is the Jibbenainosay into the part that is Nathan Slaughter. There is no doubt that when freeing Edith from captivity that Nathan is fully in control of his violent urges. In some sense, this becomes his healing moment. Though, like other frontier figures of literature, he is unable to relocate from the wilderness, opting to remain in the woods. The characterization of Ralph Stackpole is one of the man who spends too long on the frontier and is irredeemable. From the moment he appears in the novel, wildly crowing and dancing about, similarities between Ralph and his Old Southwestern humor counterparts are apparent. But unlike Thorpe's "Big Bear of Arkansas," Ralph's humor gradually gives way to tragedy brought on by his frontier experience. Although Roland attempts to help him establish himself as a respectable figure, Ralph is unable to break from his old ways and reverts to an animalistic state at the end of the story.

It is difficult to affix a specific illness to Ralph relying only on Bird's description. Though armchair diagnosis might present avenues for exploration, there simply is not enough evidence to support any particular malady. Furthermore, Ralph's value as an example is illustrative of his purpose in the story, so specificity is not necessary. His eccentricity charts the highest of highs (as when he screams "cock-a-doodle-doo" when excited), while also reaching the lowest lows (when he repeatedly proclaims his protection of Edith, the "splendifferous madam"). Yet Ralph's precise defect is one that allows him to easily transgress both the laws of the frontier and those that govern what qualifies as peaceful. He is granted the title of captain, but that title, as explained by Colonel Bruce, is due to his horse stealing and Native American killing skills, not to any tangible military discipline or service. When he is captured by the

regulators of Brice's Station and set to be hung, he begs for, and receives, quarter from Roland; although Roland is well aware of his crimes and the punishment for them.

Ralph's particularly eccentric nature allows him to commit crimes that would be unacceptable in others, and would certainly be taboo in the world of carefully controlled expansion. While he faces judgment twice (and execution once) in the novel, Ralph's charisma and behavior grant him the ability to escape these situations. Ralph's passion for rustling, specifically, taking Roland's horse, is what leads to his first encounter with "Judge Lynch." Though Roland takes pity on Ralph and allows him to join the excursion, Ralph's addiction to theft nearly dooms the entire group late in the text.

Though a character like Telie is able, through the actions of the novel, to heal herself and her reputation, joining the society of Bruce's Station as a productive member, Ralph is beyond redemption. In the closing pages of the text, Bird's narrator explains that although Ralph had the opportunities to become a successful and integrated citizen, he squandered them and became "a landless good-for-nothing" who was once again convicted of horse stealing (240). However, rather than hang, Ralph talked his way out of the charge, only to launch "his broad-horn on the narrow bosom of the Salt, and was soon transformed into a Mississippi alligator; in which amphibious condition, we presume, he roared on to the day of his death" (240)<sup>20</sup>. On the surface, it appears that Ralph becomes a riverman, plying the Mississippi in a Kentucky boat. However, the notion that he transformed into an alligator harkens back to his Southwestern Humor roots and the potential that he literally became the animal that he had always embodied.

Ralph's disappearance in some ways mirrors that of Nathan Slaughter. However, with Slaughter, there is a glimmer that he has been able to at least partially rid himself of the illness

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<sup>20</sup> The Salt River joins the Ohio River which is one of the largest tributaries of the Mississippi River. Broad-horn refers to a flat bottom boat, sometimes called a Kentucky boat, common among river traffic.

that caused his transformation. Whether this means he is “cured” of being the Jibbenainosay or has simply learned to integrate the Indian killer part of his psyche into his identity is unclear. What is unquestioned by the end of the novel, though, are the circumstances that precipitated his transformation. Nathan Slaughter’s alter ego does some of the same work as Ralph Stackpole’s eccentric behavior in excusing actions that might seem unnecessarily violent or undesirable to outsiders. Slaughter also illustrates fully the psychological dangers of living on the frontier more readily than either Edith or Ralph. Bird makes use of Nathan’s split personality to warn those who over-romanticize the frontier experience.

Bird’s medical basis for Slaughter’s dual personality lies in the idea of grief causing insanity. The narrator clearly lays out this case in the gradual revelation of the events that precipitated Nathan’s becoming a wandering frontiersman. What begins as a man who is too peaceful to even use a rifle to hunt, becomes the story of a deeply scarred individual who witnessed his family murdered by the very tribe that inhabits the area surrounding Bruce’s Station. Bird also integrates the physical into Slaughter’s transformation, hinting that the savagery he inflicts as the Jibbenainosay is caused, at least in part, by the physical disfigurement Nathan suffered at the hands of the Indians who attacked his family and hastily, and ineptly, scalped Nathan. These events result in a character who is so affected emotionally, that not even avenging the death of his family and the offer of sanctuary are enough to persuade him from plunging deeper into the forest.

Initially, Nathan’s appearance as a peace-loving Quaker and pacifist is reinforced by his odd nature and his apparent illness. Early in the novel, Colonel Bruce asserts that he’s witnessed Nathan “have a fit—a right up-and-down touch of the falling-sickness, with his mouth all of a foam” (87). This description of what would seem to be a seizure, does not correspond with

Nathan's transformation into the Jibbenainosay when told by Bruce. Rather, it is more of an explanatory note to underscore the oddity of Nathan's character. Also revealed in the opening chapter is that Nathan is not incapable of physical combat, only that he holds it in contempt. When Ralph attacks Nathan, the horse thief was "suddenly seen flying through the air, his head aiming at the earth, upon which it as suddenly descended with the violence of a bomb-shell" (31). Nathan, then, does not hide his strength. Rather, he uses it sparingly when around the Anglo settlers. Of course, later, Roland and his compatriots learn the secret of Nathan's psychological disorder and transformative nature that it holds over his person.

Nathan's transformation does not appear to be as simple as seizure equals personality shift. Rather, the change is gradual with varied results for Nathan. At times, he appears to be fully in control of his faculties. For instance, when he offers to assist with Roland's aim during the siege at the cabin, Nathan is aware of his role. Other times, however, the shift from Quaker to Indian killer is accompanied by partial amnesia. Recounting how he escaped to seek help, Nathan tells Roland that he scarcely knew what was happening, and that his "gun went off in my hands . . . and, truly, it blew the two evil creatures' brains out!" (145). In instances like these, Nathan claims not to be fully in control of himself. However, these episodes gradually intersect as Nathan uses the violence perpetrated by his alter ego to justify the violence he commits.

Returning to his escape from the cabin, Nathan mentions that the first two Indian murders were unconscious. While recounting how he escaped the third Indian, Nathan justifies his violent behavior as essential and (possibly) excusable, since "the killing of three men being but a little worse than the killing of two" (145). This justification ushers in a new Nathan Slaughter. One who has little regard for his former self, except as it provides a framework for his own violence.

Still, the occasional seizures that irregularly mark a shift in his personality, occur throughout the story.

It is the seizures that are the most medically significant part of Nathan's transformation, since they both excuse his actions in Anglo society and grant him the access he requires to carry out his vengeance on Wenonga, the Indian who killed Nathan's family. Bruce's explanation of Nathan's falling down sickness is how the leader explains the peculiarity of his peacefulness. Since Nathan is ill, he does not need to act as the other settlers expect. Though they have no respect for his peace-loving ways, they also (mostly) allow him to remain as he is. Bird makes use of Nathan's seizures to imply that they act as a transformative experience between his peaceful side and the part of him that is the Jibbenainosay. In telling his story to Roland though, Nathan leaves out any seizure that may have taken place. However, Roland witnesses Nathan's condition and comments on the way in which it changes him. All of these episodes serve to obscure the facts surrounding Nathan and the possible transformation that the seizures cause. Finally, while executing his plan to free Edith and Telie, Nathan's rage at discovering Wenonga triggers another episode preceding Nathan's capture. While Wenonga threatens to kill "all white-man," Nathan "fell down in horrible convulsions, the foam flying from his lips, and his fingers clenching like spikes of iron into the flesh of the two Indians that had hold of him" (201). Nathan, upon recovering, looks "around him in the greatest wildness" confused by what has taken place (201). Implied in this description is his transformation into the Jibbenainosay. But rather than strike out at his captors, Nathan exercises restraint. Instead of immediate violence, Nathan remains silent when Wenonga declares that Nathan's seizure is spiritual in nature and that he is a "great-medicine white-man" who can tell the chief all of the Jibbenainosay's secrets (201). Wenonga's insistence that Nathan is a powerful medicine man, which allows the Indian

killer the proximity he requires to avenge his family, is a slight against a Native American culture that is not as advanced in its understanding of mental disorder. Acknowledged or not, Bird's assessment is that the way in which Native Americans conceptualize psychological disorder is not indicative of its true nature. For Wenonga and his tribe, this misreading is fatal. Nathan, of course, secures the upper hand and kills Wenonga, while Colonel Bruce and the Regulators arrive to mop up the remaining Indigenous forces.

After he recovers from his rage, Nathan's final wishes at the end of the novel are to remain in the woods. Though Roland invites him back to the society of the east coast, Nathan declines, saying that "my lot is cast in the woods" and implores Roland to remove Edith from the forest, declaring that "it is not well, neither for thee nor her—and especially for her, that is feeble and fearful, - to dwell nigh to where murdering Injuns abound" (237). That the entirety of the wilderness remains unsettled, Nathan is warning against any further incursion into frontier territory for those unprepared for the necessary violence that occurs in that space. Bird, then, sees Nathan as a permanently damaged example of the psychological danger of the frontier and hints that those scars can never be healed, no matter how many Native American lives are taken.

Inherent in Bird's characterizations are the caricatures of other frontier figures easily identifiable to his readers. There are shades of Daniel Boone and Natty Bumppo in Roland Forester and Colonel Bruce. Edith and Telie are reminiscent of any number of female characters from literature such as Alice and Cora Munro respectively from *Last of the Mohicans*. However, parody aside, the implanted disorders attributable to the frontier and the lack of a meaningful social structure that is capable of addressing or containing the effects of border life imply that Bird's real aim is satire second. Bird's skewering of the frontier condition, especially given his

own medical training, exposes the realities of decades of deterioration of the institution of medical education and the negligence that is concomitant with unchecked expansion.

## **CONCLUSION**

Bryan Waterman argues that the works of Brown and Smith (along with the Friendly Club in general), “had broader implications as they epitomized debates on the politics of information, the professionalization of print, and the distribution of useful knowledge” (196). Though the friends approached the problem from different angles, both sought to establish a professional voice, while participating in the debates of the late eighteenth century. While it may seem that Brown, in critiquing the role of medicine on the frontier, was taking a swipe at his companion, he was merely asserting Smith’s calls for American medicine in different terms.

During their brief collaboration, Smith and Brown shared one ideal that held lasting sway over their respective characters; that certain individuals had a duty to help guide their nation. Though it was sometimes at odds with the declining authority of the previous generation in general and occupations such as clergy and physicians specifically, it was not far removed from Benjamin Rush’s gentleman-physician. The two were questioning the very authority that they attempted to draw their own from; a position that was tenuous, at best. Future generations of authors would face similar challenges, as the fractures that began to appear in the late eighteenth century would only widen in the early 1900s. The debate would give way to all-out war in some professional circles, as physicians and authors began to see the real, physical dangers of expansion without trained medicine or other forms of established social order, cultural order, or discipline. As the death toll rose, characters in fiction (both male and female) became more fractured and savage; making Edgar Huntly look well-adjusted by comparison. Physicians faced



a spate of new pretenders and fortune seekers who constantly threatened to undermine the work of the likes of Elihu Hubbard Smith. The anxieties about the frontier and the strain unchecked expansion creates on the individual that Brown exposes in *Edgar Huntly* reappear periodically over the course of the next century, even manifesting in similar characterizations; as with *Nick of the Woods*. What Brown was unable to presage was the growing impact that irregular medicine would have on the narrative of health and the professional. At the same time Brown was questioning the doctor's position, a young man named Samuel Thomson was beginning to refine his own, decidedly anti-professional, view of care and what would come to constitute a major part of the emerging eclectic and homeopathic schools of medicine.

## Chapter 2: Every Man a Doctor:

### Expanding the Self-Care Discussions

#### SAMUEL THOMSON AND THE RISE OF THOMSONIANISM

Late in the spring of 1790, a doctor was called to the home of John and Hannah Thomson in the fledgling community of Alstead, New Hampshire. Alstead, though firmly on the east coast, was still a frontier community, and the doctor, though respected, was not as well-trained as some that could be found in larger population centers. The Thomson family (like many others) had suffered from an outbreak of measles earlier that spring that had largely abated, but Hannah fared extremely poorly, and the disease retained a tenacious hold on her. John was away tending another parcel of land and had left their twenty-one-year old son, Samuel, in charge of the household. Samuel watched with horror as the doctors “attended her without doing any good” (*New Guide* 24). He later recalled that “she continued to grow worse daily; the doctors gave her over, and gave her disease the name of galloping consumption, which I thought was a very appropriate name—for they are the riders, and their whip is mercury, opium, and vitriol, and they galloped her out of the world in about nine weeks” (*New Guide* 24).

When Samuel contracted the same disease, he ignored the doctor’s advice and healed himself with a mixture of homemade syrups and warm weather. In the years that followed, Thomson grew to despise the profession that he believed killed his mother, or at least the version of the self-appointed republican medical expert as it existed on the peripheral frontier. His experience fueled a curiosity for herbs and home remedy, which he tested on family and neighbors. His success in these local cases strengthened his resolve to seize the practice of medicine from the informed amateur and return it to the patient, reflecting the shift from republic to democracy, from top-down public service to free market consumption.

By the middle of the first quarter of the nineteenth century, Samuel Thomson set out to democratize the way people viewed medicine and physicians redefining medical practice in the context of the emergent, post-republican competitive market. His patented version of medical practice, dubbed Thomsonianism, would endure through much of the century and his book, *A New Guide to Health*, would sell through thirteen editions (including a German translation) by the middle of the century. His eventual downfall would come at the hands of critics (mostly within the profession) and those who practiced in his name—sometimes killing their patients in the process. For all of its eventual problems, Thomsonianism—and Thomson himself—serves a marker of the coming Jacksonian populist backlash against the corrective structures of Jefferson’s republic and highlights the way in which the frontier was becoming a space for other, non-traditional voices to emerge. As such, literary representations of Thomsonian concepts and practices, as well as the works of other popular authors of the time, echo this backlash while proposing alternatives to formalized medicine.

About the time that Thomsonianism was at its height, Catharine Maria Sedgwick published her first novel, *Hope Leslie*. Sedgwick’s tale of the settling of America in the 1600s is unusual in its portrayal of the title character—Hope—as a strong and equal female counterpart to the character of Everill, who in many ways embodies the idealized man of the frontier in early America. As much as Everill is strong, wise, and brave, Hope is every bit his equal. Likewise, another author, Lydia Maria Child, published a different story of the founding of America; one that featured a woman who shares a biracial marriage and child with a Native American. Child’s novel, *Hobomok*, explores the outcome for women when they experience extreme trauma on the frontier. Together, these two writers project a gendered critique of republican hegemony, the female novelists further reveal the male-centered—and hence corrupted--nature of medical care

and call for a careful integration of allopathic and homeopathic approaches that mimics the social environment of the time in which they were writing.

On the frontier, many settlers felt marginalized both as citizens and in their regional perspective. Timothy Flint, a minister and frontiersman, addresses some of these concerns in the way he approaches medicine and society from the position of a medical geographer. His *Recollections of the Last Ten Years* captures the relationship between the land and the health of the people who live there in a way that exceeds mere boostership. While Flint was not out to sell land, he carefully observed and documented the conditions of the frontier for those who might consider following him west. As such, his work occupies a space between Thomsonian-like practices of nature as health and later physicians' attempts to categorize the regional diseases of the United States. Within his cohort of Sedgwick and Child, Flint asserts the need for inclusion of regionalized medical practices. Practices that might not neatly adhere to those of the eastern seaboard. The events that fostered the space in which Thomson, Sedgwick, Child, and Flint were able to participate in the debate of social changes grew out of the public's evolving attitudes toward the role of government as it worked in the everyday lives of the citizens and control over the rapidly expanding domestic and frontier spaces. In general, these now marginal groups gained access to American print culture and commerce via the demise of Federal republicanism and the rise of liberal market-driven democratic ideals. Their contemplation of these apertures and their responses—both positive and negative—reflect broader national transformations as epitomized through the literary representations of medical men and methods between the conclusion of the War of 1812 and the end of Andrew Jackson's ascendancy.

It was into this environment that Samuel Thomson launched his particular brand of medicine. Samuel, the son John and Hannah Thomson of Northbridge, Massachusetts, was born

on February 9, 1769. Though ostensibly a guide for the practice of his medicine, Thomson begins his *New Guide to Health* with a lengthy outline of his life and non-traditional medical schooling. He assures the reader that his father was a pioneer in the true sense of the word. Thomson recounts how the “country was wilderness when I was born,” and that his father “bought a piece of wild land on credit, and had to pay for it by his labor” (14). Where authors in earlier times would take great care to connect themselves to the Revolution for the cache that that would offer, Thomson deliberately separates himself from the whole of that tradition through his frontier framing. Furthermore, stresses the separation between the traditions of the east and his own upbringing; especially as they relate to medicine.

When Thomson was “between three and four,” he was put to work on the family farm. Though the work kept him busy, he notes that he expressed curiosity over the names and uses of the flora he encountered. He supplemented his curiosity by accompanying a local herbalist into the forest while she collected plants and roots that would be made into medicines. Shortly after, he makes what he claims was his greatest discovery. While tending to the cattle, Thomson discovers “a plant which had a singular branch and pods” (16). Accustomed to sampling the plants he discovers, Thomson discovers that this particular plant makes him vomit. He immediately begins challenging the local children to eat the plant “merely by way of sport, to see them vomit” (16). Still, Thomson insists that the plant—Emetic Herb—is the most important in his arsenal, since it treats the widest variety of malady with little side effect.

Thomson believed so fully in the power of the Emetic Herb, that he claimed a patent on its use in medicine, which his narrative asserts had not been challenged by anyone. However, he is careful to note that many physicians have classified it as poison, while at the “same time they knew to the contrary, for they have made use of it themselves for several years” (17). The

purpose here for Thomson is to illustrate how he has been defrauded in his discovery, not, as one might expect, the ways in which the regular medical practice is wrong-headed in its approach. As with Thomson's attempt to connect himself to pre-Revolutionary, pre-Republican America, his claims here are meant to stir the feelings of leveled self-determinism in his reader, not argue about the effectiveness of medicine.

Later, while he and his father were clearing land for a new house, Thomson injured his ankle. The elder Thomson sent for the local doctor who prescribed a mixture of bark that made Thomson's ankle worse than before. Despairing for his life, Samuel asked his father to fetch him some comfrey root from which to make a plaster. In an effort to appease his likely dying son, the father obtained some from "an old place that was settled before the war" (20). The injured Thomson prepares a treatment and with the help of a local herb doctor heals himself in relatively short order. Here, too, Thomson is establishing for himself a new sort of authority—one with roots stretching back before the established physician. His insistence on self-care through natural healing and joining these compounds with a place that existed before the war simply serve to highlight the moves toward his assertions.

Thomson's text on self-healing illustrates within its parts the struggle between regular and eclectic physicians. While the heart of the book is its recipes for medicine and advice on treatment, Thomson uses the forum to stress the segments of his autobiography that resonate most strongly with his readership. He pushes his own connections with tradition, individuality, anti-institutionalism, and what would become Jacksonian values. At the same time, he creates a patent medicine product out of a book, commodifying his self-care for everyman method through patenting his methods and licensing them to families and individuals through the purchase of his text, which he sold for twenty-five dollars. Where earlier patent medicines relied on the shapes

of their bottles, Thomson uses the power of the patent itself to establish his brand, which further marks his method as a move from Rush's gentleman-physician to a market-based profession.

Thompson was not subtle in his attacks against physicians, which he saw as an outmoded form of society, one that was tied in, incidentally, to the framers' notion of the elevated and Enlightened elite. Reflecting the nation's rising democratic sensibility. Thomson acknowledges this social construction while seeking to realign it to a more meritocratic structure. In his pamphlet, "An Address to the People of the United States" (1817), Thomson, still early in his career, proposes to expose the dangers of the "thugs . . . [who] belong to three classes of men; priests, lawyers, and physicians" (1). Of these, he asserts that only the physician remains to be debunked, since "scriptures have been translated into our own language" and that the people have "now become acquainted with the great secret of government; and know that 'all men are born free and equal'" (1). However, he adds that no longer does government belong "to a few, who thought themselves, 'born to rule'" (1). This brief aside demonstrates the shift in thinking that occurred in the opening years of the nineteenth century. Prior to the mid-eighteen teens, there had been a general truce between branches of medicine. However, as expansion began to accelerate, so, too, the rift between physicians and alternate health advocates increased.

Thomson himself was not exempt from the doubts of putting faith in medicine. In 1809, he was jailed briefly by the family of a patient who died in his care. Though eventually acquitted, Thomson produced a jail cell poem, "Learned Quackery Exposed," which he published later. The verse, formally published in 1824, begins with an introduction explaining the circumstances of the poem's creation. Thomson, though acquitted, notes that this was done "by a special session of the Supreme Court, without having an opportunity to make any defence" (1). The addition of the notation regarding his defense adds a tone of conspiracy to his acquittal, which is in line with

Thomson's overall suspicious attitude toward the republican establishments and their necessity in the nation as outlined in his "Address to the People of the United States." However, exposing the corrupt machinery is not his purpose here. Revealing the dangers of the medical profession is.

Thomson launches his verse with the story of a sick woman whose husband has sent for a physician. When the doctor arrives,

The doctor comes with great perfume,  
Like summer's rose in height of bloom;  
His skill is spread on the outside,  
And thus he gains on woman's pride. (1)

It is clear what Thomson thinks of the trained physician: he is a dandy who relies on his looks for authority. His dress and manor is one of the wealthy aristocracy, and has little to do with any skill he may (or may not) possess. The poem's subtitle, "Medical Circular," serves double-duty as the physician comes and goes, each time prescribing a new treatment when the previous fails to heal his patient. When the patient dies, the doctor addresses the husband:

"My bill is render'd in this way –  
"Your wife's attendance night and day;  
"To physic, bleeding, drops and stuff –  
"It's FIFTY DOLLARS—cheap enough!" (2-3).

The moral, should it not be apparent enough for Thomson's readers, is spelled out in the next lines. "They charge the same to kill as heal / . . . Seize the prize and leave the blanks" (3).

Throughout, Thomson's fictionalized physician has been more concerned with monetary gain than any actual healing. The patient interviews are brief, and the treatments shift through the gamut of his arsenal. Not content to simply contest his fictional physician's skill and position, Thomson turns his sights to the profession as a whole, concluding that they hide behind legacy and tradition: "Two thousand years they boast of light, / Yet deadly scales obstruct their sight"



(3). In the publication of his poem, Address, and guide, Thomson is one of the first to make wide use of mediums accessible to common readers to further his agenda. While his methods may have ultimately been little better than the trained physicians he sought to supplant, he was a master of marketing in a way that previous producers of patent medicines had not been. His campaign against traditional medicine was indicative of larger trends within the nation.

Politically, the country was turning away from some the post-Revolutionary republican ideals of the late 1700s in favor of more personal freedoms and opportunities for expansion. As the number of road and canal improvements grew, so too did settlement and land speculation. Robert Wiebe describes how “the greater the disenchantment with Europe, the wider the Atlantic grew and the larger the American interior loomed” (139). He illustrates this growth using Pennsylvania as an example. According to Wiebe, Pennsylvania’s population doubled between 1800 and 1820, increasing the number of counties in the state from 35 to 51 (140). Meanwhile, the upgraded infrastructure made new settlements, farther west, possible. Along with this expansion in transportation and individuals, came new opportunities for profit. To facilitate a system that necessarily relied on sometime far flung connections, these new trade nodes “generated credit as the proceeded, using it to lubricate each transaction” (Wiebe 151), which further opened the west to development. By response, Congress could only survey after the fact, unable to keep up with expansion. Squatters were often allowed to stay on the land they developed, which increased the feelings of self-determination and individual choice among both those who moved west and those who conducted business with the new settlements. The feelings of self-determinism would eventually overtake the politics of the nation, but in its earliest forms, it began to manifest itself in smaller choices—such as personal health.

While medical publishing continued to fight the war of information dissemination and value of the trained physician, the popular literature of the period generally follows the rise of the settler as quintessentially American. Yet, within this literature, there remains concern about the physical and mental health of those who move to the frontier. The literary representation of early nineteenth century medicine then divides between the critiques the deeply flawed and deceptive practices of medicine on the frontier and the inability of the old profession to address and cure the ailments of a new and growing nation.

### **TIMOTHY FLINT'S RECOLLECTIONS: SEASONING AND MEDICAL GEOGRAPHY**

Just as fortune spread across the continent (at least, in idea), so too, American literature began its boom. Though Charles Brockden Brown was long deceased, a new generation of professional authors filled the ranks of America's literati. Writers such as James Fenimore Cooper and were occupied in popularizing the expansion of America via sweeping narratives (the Leatherstocking series), while others also occupied in re-visioning the history of the nation exposed more problematic views of expansion. Embedded in the works of Lydia Maria Child and Catharine Maria Sedgwick were arguments over science and medicine that would have been as familiar to their readers as tales of the wars against early Native American tribes. Meanwhile, travel narratives that helped to promote newly-opened lands offered geographical description alongside medical advice. Of these, Timothy Flint's *Recollections* is a virtual catalog of disease on the frontier. For their part, readers were invested in the issues and dangers of expansion. The War of 1812 and the violent conflicts with Native Americans that occurred throughout the eighteens were a constant reminder of just how deadly the frontier could be. Combine the threat of

violence with the possibility of disease and not apparatus to treat the outbreak, and expansion became a perilous prospect – even when the reward could be substantial.

Throughout his *Recollections*, Flint was engaged in the practice of medical geography—the notion that the land held sway over the health and wellbeing of its inhabitants. Although the procedure of linking geographical health with personal health is a close extension of the tenants of Thomsonianism, Flint never makes any connection between medical geography and Thomson. Chronicling the effects of various land types on settlers was not a new phenomenon, but it was becoming increasingly important as populations moved west. What Flint had done merely as a step in daily observation, physicians who came after him would perform as an essential function of the profession. Where Flint and Thomson tread some of the same ground is in their chronicling of folk treatments. Flint is critical of the ways in which the land alter the manners of its inhabitants, but when he encounters actual disease, there is a deference to local cures—often folk or herbal—that substitute for established medicine. In part, this is a response to a lack of hospitals and trained doctors. However, that he notes treatments—even when they fail to work—speaks to Flint’s awareness of the conditions of medicine on the American frontier.

Flint’s *Recollections of the Last Ten Years*, though published in 1826, is, as the title suggests, a detailed account of his travels through the Ohio River Valley and the southwest in the mid eighteen-teens in the wake of the War of 1812. He pays particular attention to its largely unchecked diseases, suffering himself along the way. In one episode, Flint undergoes what he calls a bout of “seasoning” (131). Seasoning was a common notion that new emigrants need to acclimate to the west by contracting a seasonal disease (malaria or similar) that would either kill them or leave them fit and less susceptible to future outbreaks. For Flint, it meant a long-term illness that relapsed a number of times as he moves around the Southwest. Though Flint is

credited with describing the land he explored in often Edenic terms, he also takes great care in his observations—especially when it comes to the geographic and the natural. Early analysis of Flint’s writing often highlights this degree of observation. For instance, writing in the mid-twentieth century, Philip and Kathryn Whitford propose the value in making use of Flint’s narrative as a roadmap to the study of American trees.<sup>21</sup> But it is precisely this attention to detail that is important. Flint’s careful observation of the land extends to the health of those who live there and the treatments of the diseases he encounters.

The very idea of seasoning is indicative of the shift in the way that immigrants were coming to view the frontier. While seasoning encompassed a wide variety of disease, the assertion that those moving to the frontier must necessarily undergo a physical change removed some of the stigma of westward movement. Earlier notions, such as those proposed by Crèvecoeur, when he suggested that the frontier might create new savages from Anglo settlers were being discarded or being sent further west as each new frontier rapidly became a settled, post-frontier community. Rather than subscribe to earlier versions of the change that one undergoes on the frontier, seasoning suggested a meritocracy at work in the American west.

In general, Flint subscribes to the eastern notions of the replication of republics on the frontier and the use of regular physicians, but he is wary of the profiteering that comes from such endeavors. This is illustrated in the way he speaks about the settlements he visits, particularly in the difference between New Orleans, which, even with its rampant vice, he views as a model of frontier expansion, and the new settlements of the west, which lack all of the social infrastructure of the east. He is particularly critical of a proposed town that he calls “ne Plus ultra” and its

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<sup>21</sup> Whitford and Whitford observe that Flint was versant in the naturalists working during his lifetime. While their essay on Flint and ecology has no direct link to this project, Whitfords’ article illustrates the wide-ranging interests of the authors highlighted within this project.

promises of fertile land and a climate that will improve with the degree of settlement, which turn out to be simply a ruse to draw investors with empty promises.

Flint begins his narrative with a preface that asks for lenience in judgment of the epistolary text. Though the reader knows not how *Recollections* will end, there is some hint in Flint's claims that the book was assembled hastily. He relates that the book "was written under the pressure of disease, with a trembling hand and a sinking heart" (2). There is no triumph in Flint's assessment; no glory of having discovered wealth or fortune. Only the recognition that something aside from age—namely, illness—has altered his physical body and weighs heavily upon his abilities as an author. This foreboding opening comes to color the way that Flint recalls his journey and serves as a warning to those who would consider following in his footsteps.

When the narrative proper commences, Flint admits that poor health drove him from his ministry. Finding no medicinal cure, he hoped that the milder climate would relieve his symptoms. This desire is consistent with both homeopathic and allopathic ideas that a mild climate (or dry, or cold, or sultry) could positively impact a person's health. Furthermore, Flint seeks to escape the "political rancor" of the east (6). In these two statements, Flint becomes a model emigrant. Only the additional desire for wealth would have made him more fit to represent the archetype of westward traveler. Under these circumstances, Flint and company set forth in October of 1815 traversing the path from Philadelphia to Pittsburgh.

In *Recollections*' initial chapters, Flint comments mostly on the vast progress and improvement he sees on the journey. Towns are springing up along the shores of the Ohio River and there are signs that the west will become as full as the Atlantic coast. However, upon arriving in Wheeling, West Virginia, the entirety of the Flint family is struck by a bout of influenza. Apart from the disease, Flint briefly comments on the psychological toll of moving

west: “imagine a sickness of heart, more disheartening still than the influenza . . . imagine a state of mind, in which the very mention of our late home would fill the eyes of my children with tears” (26). Homesickness, combined with a long influenza infection, produces a deep gloom in his entire family that causes doubts about the entire enterprise of emigration. This experience is a firsthand account of the danger to health (albeit less fantastic) as depicted in *Brown and Bird*. However, it is also during this layover that Flint begins his lengthy observations of the geography and its impact on health.

As Flint looks out of the landscape, he comments on the variety of vegetation, “the young orchards, literally bending under their fruit, the surprising size and rankness of the weeds” and the weather that “gives place to a tranquility highly propitious to meditation” (27). These sorts of extended observations on the healthfulness of a region replace the comparisons between eastern and western social structures. Flint comes to focus more on micro-regionalism as it applies to health and geography than larger issues of western versus eastern social habits. It is in the natural, micro-regionalism that he recognizes difference, since for Flint, the local geography impacts the social more than influence from the east or more general “westernness.”

Further, Flint is keenly interested in the symptoms of the diseases he encounters—especially his own. When he experiences the aforementioned “seasoning,” he justifies the need for recording the symptoms of his illness by writing “that others in similar predicaments, may know that some before them have had sufferings like theirs and have survived them” (132). Flint briefly explores the need for such illness on the frontier as a “process of acclimation,” after which the sufferer will be fully integrated into the climate in which he has chosen to live (132). However, if seasoning was specific to location, as the notion of acclimation suggests, doctors approached treatment in a very general way, treating all fevers according to long established

practices of purging to restore the body's balance. That Flint makes no challenge to his treatment suggests that he is comfortable with traditional medical practice.

Where Flint's narrative is instructive is in the way he observes the conditions of the locations he visits. While there is a typical pattern of population, government, and religion in all of his geographical depictions, he often makes an effort to add climate and the effect it has on the people. He reserves his harshest judgments for land he calls "sultry;" which generally encompasses any settlement in the southwest.<sup>22</sup> While residing in Arkansas, Flint writes that "all the neighbors were sick and many were dying about me" (272). The only physician available, also sick, was of no use in curing the disease. He notes that the humid air is suffocating and that the mosquitoes—almost certainly one transmitter of the disease, though Flint cannot possibly have known that—are thick and attack him at all times of day and night. The only remedy, which Flint scoffs at, is a local prescription to drink alcohol, since drinking a sufficient quantity apparently keeps the pests from biting.

Upon his return to the east in 1825, Flint is a man physically altered by his experience. As he approaches his old hometown, he sees this change manifested "in my feebleness, in the traces of disease, and suffering, and travel, and sultry and sickly climate, worn so visibly into my countenance" (388). The change is not a positive one. He has been to the frontier, undergone a bout of seasoning, and found wanting by the land that inflicted it upon him. His experience was not an overall positive one and serves as a warning to those who contemplate the journey. Medicine and society are not ready for what lies on the frontier. Timothy Flint in his observations is not arguing for a necessarily new approach to medicine or settlement—since the connections between land and disease, while not well understood, had been a long standing

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<sup>22</sup> Flint associates sultry weather with disease in general. Flint's description of sultry weather or land is followed by observations of mosquitos (272), swampland (286), "seeds of disease" (354), and of a "sickly climate" (388).

belief. Instead, Flint is proposing caution when it comes to expansion and advocating for a better understanding of the diseases and physical challenges that the frontier presents. Challenges that traditional, more European medical practices, are not well-equipped to address.

### **HOPE LESLIE AND EMBRACING THE WIDER SCOPE OF SELF CARE**

While Flint's narrative relies heavily on the observational form that mimics the work of physicians engaged in medical geography, Catharine Maria Sedgwick's *Hope Leslie* (1827) and Lydia Maria Child's *Hobomok* (1824) work within the genre of sentimental novel to expose the dangers of frontier life. Both work more specifically with the mental state of women on the frontier and expose the double-standard for how men and women are portrayed when faced with trauma away from the protective republican population centers. Through their respective narratives, both Sedgwick and Child suggest a skepticism toward allopathic forms of medicine and advocate for an inclusive model that incorporates homeopathic and folk remedy, which was more inclusive than Thomson's idea that allopathic medicine was bad medicine.

Where Charles Brockden Brown imagined for himself the title of storytelling moralist in order to fashion a position from which to instruct, which was in part a reaction to his family's exile during the Revolution, Catharine Maria Sedgwick held a bona fide pedigree to the Revolution and the republican elite, Sedgwick's father, was an ardent Federalist who dined with President Washington on occasion. Sedgwick writes in her letters that the elder Sedgwick instilled in his children a hatred for the rising Democrats. She recalls, "looking upon a Democrat as the enemy to his country, and at the party as sure, if it prevailed, to work its destruction" (*Life and Letters* 34). Sedgwick's editor is keen to remind readers of this position of privilege. In the introduction to *Life and Letters of Catharine M. Sedgwick* (1872), Mary Dewey notes that her



birth occurred at a time when “the atmosphere was still electric with the storm in which we took our place among the nations” and that through Sedgwick’s upbringing “deep foundations were laid in her character of patriotism, religious feeling, love of nature, and strong attachment to home, and to those who made it what is was” (10). While her upbringing would suggest a continuation of her family’s politics when it came to established medical practice, disease intruded and may have played a role in Sedgwick’s eventual turn toward a sympathetic blend of less traditional forms of medicine.

Sedgwick’s family was no stranger to illness. Her mother, described by Sedgwick “had two or three turns of insanity” which lasted for months and prompted her being sent to live with a Doctor Waldo for treatment. Though the doctor was supposed to cure her, Sedgwick laments over the “aggravated misery my dear, gentle, patient mother must have suffered from the ignorance of the right mode of treating mental diseases which then existed” (28-9). She explains in an accompanying footnote that a family friend (Mumbet) was the only one who could calm her mother. That Mumbet “treated her with the same respect she did when she was sane” and that this was the treatment that “science has since adopted” (29). It was perhaps in this instance that the young Sedgwick learned the methods of treatment that her characters would receive in *Hope Leslie*. It also begins to expose the suspicion that Sedgwick held about doctors and their means of treatment.

Scattered throughout her letters are mentions of doctors. While the topic certainly does not occupy every page, when the subject arises, Sedgwick, perhaps colored by the experience with her mother, attacks the methods of the physician. When Harry’s eye surgery is repeatedly postponed by his surgeon, Sedgwick writes that “I don’t believe a butcher, jailer, or common hangman gets his heart so hardened as a doctor” (184). Through her own observation of the

profession, Sedgwick comes to view allopathic practitioners as far too harsh to address the needs of the individual. For her, doctors would do well to introduce a dram of compassion with their interventions. Given these instances, it's no wonder she treated her characters mental illnesses gently—even within an historical context that would have demanded more aggressive treatments. Nowhere is this more on display than her depictions of medicine and science in *Hope Leslie*.

Sedgwick, in her fiction about early settlement in Massachusetts, presents two options for young women in her characterization of the sisters Hope and Faith Leslie. While Hope is defiant, strong, and outspoken, Faith is introverted and nearly mute in Sedgwick's text. Although Hope is the focus of the novel, Faith is the more curious of the two and is instrumental in demonstrating Sedgwick's attitude toward treatment of damaged individuals. Her proposed joining to the sickly son of Chief Mononotto suggests a deliberate weakening of Native American culture through miscegenation. The alternative to the Faith/Onesco marriage is the union between the considerably stronger Hope Leslie and Everill Fletcher who characterize the proliferation of strong Anglo frontier figures. The significance of these two relationships is that while they have the blessing of the aristocracy, they are formed outside of that structure. The bull-headed Hope is too independent to concern herself with what any of the male authority figures think and Faith is too emotionally damaged by her Indian captivity in the opening chapters of the text to be subject to her adopted father's preferences.

Judith Fetterley, in her analysis of *Hope Leslie*, observes that Sedgwick establishes a "pre-text" within the novel when she begins the story in England. This pre-text allows Sedgwick to "propose her own theory for the origins of America" in a way that challenges the typical gender roles of English society (493). Further, Fetterley argues, setting the tale upon the American frontier allows Hope Leslie the position of "republican heroine two hundred years

before her time who still occupies a space of future possibility” (496). Within this context, then, Sedgwick is challenging the position of sister within the republic. To extend Fetterley’s assertions further, in addition to *Hope Leslie*’s counter narrative of gender, Sedgwick is also making assertions about the role of science (and medicine) on the American frontier. If, as Fetterley suggests, readers ought to consider the initial pages of the novel as a counterpoint to the main narrative, consider that the narrator does not wholly abandon interspersing observations that are meant to be illustrative counterpoints. While relating Fletcher’s arrival in America, the narrator states that the border of the forest occupied the position of “the beautiful hill that is now the residence of our gentry (for there yet lives such a class in the heart of our democratic community)” (16). This parenthetical insertion bears little relevance upon the narrative except to expose the opinion of the narrator on the position of gentry.

In addition, *Hope Leslie* is not passive when it comes to the topic of medicine. Shelly Block and Etta Madden expose some of Sedgwick’s concerns regarding science in their study of the novel. Block and Madden argue “The novel exposed the complexities of ‘science’ and the discovery and dissemination of ‘truths’” (22). Sedgwick does this primarily via a few instances of medical treatment, but also through her portrayal of the non-titled Leslie, Faith. Faith exhibits a sort of mental disorder that at first glance appears to be a reaction to her captivity. However, the symptoms of her condition appear much earlier than her abduction, which leads to the conclusion that there was a pre-existing malady that Sedgwick had written into the character. Both Faith’s symptoms and her treatment speak to Sedgwick’s own experience with the medical profession. Together, the medical and social in *Hope Leslie* combine to create a sub-narrative that argues against the necessity of trained healer while exposing the mental conditions—especially for women—of frontier expansion.

The first instance in the novel where medicine plays a role follows Cradock's rattlesnake bite. Upon examining the wound, Hope proposes sucking out the poison. Cradock and Digby both oppose this method, with the latter asserting that Hope would be committing "self-murder" in the act of attempting to save her tutor (106). Hope counters this argument by claiming that the danger the men allude to is imagined and that she had read "many cases of poison being extracted in that way, without the slightest injury to the person extracting it" (106). However well-read Hope is, when pressed, she states that she was "obliged" to cite *The Wonders of the Crusades* (a pre-Enlightenment mode of knowledge) as source material for her method, rather than any established medical text.

It is curious that of the "many cases," Hope chooses this one as her authority. It fits with the overall tenor of the snakebite incident as a God-induced injury, with Cradock exclaiming that he is a "dead sinner" and labeling Hope "little lower than the angels" in her prescribed treatment (106), but it does nothing in establishing Hope as any sort of authority for healing. Though she is no physician, self-treatment in the early colonies was a common enough practice, with snakebites being anything but rare. In fact, Hope's suggested treatment was not some esoteric method, as her companions suggest. Removing the poison by sucking or cupping the wound was suggested as early as the first century BC, The Roman physician Celsus recommends that the person who sucks the wound "will both be safe himself, and save the patient" (295). Although the treatment may have been a success, Hope's linking to a text on the Crusades rather than medical tradition defeats her purpose, with Digby ultimately dismissing both Hope and the added proof from an Italian proverb supplied by Cradock, as "one of those flourishes they put into verses" (107). Rather than resort to attempting Hope's treatment, the group hurries to the nearby

fort for medical attention. As they prepare to depart, Digby warns Cradock that there will be no further “scholar-rubbish” in attempt at persuasion.

When they finally reach the fort, they find no regular doctor. Instead, they must resort to visiting Nelema, a Native American healer who is considered a witch by some. Nelema treats the wound with a mix of herbal and spiritual remedy, which she begins with what Hope assumes is “a kind of wand . . . wreathed with a kind of snake’s skin” (108). Noting her discomfort, Nelema disabuses Hope of the idea that the wand is somehow evil, declaring “it is a sign of honor” (108). Following an incantation, Nelema delivers to Cradock a “strong decoction,” with which she washes the wound and makes him drink. Nelema’s potion and practice is similar to other tribes’ in the method of delivery. In the mid-1790s, French exile Francois Liancourt traveled through the United States observing Native Americans. He writes in his travel narrative that all tribes are aware of the remedy for snakebites. Liancourt describes how snake root leaves are “are applied to the wound, and the juice, extracted from the root, is taken with a little butter or fat” (181). He also notes that “never is any remedy applied without some concomitant mysterious ceremony; such as blowing upon the patient, dancing, howling, or beating the drum” (181). This description closely mirrors Sedgwick’s account of Nelema’s method. Though the remedy is a success, and in spite of Hope’s assurances that there was no witchcraft involved in healing Cradock, Nelema is tried and convicted of being a witch.

Immediately following the incident with Nelema, a letter arrives for Everell from Bertha Grafton. The letter begins with a diagnosis and inserted remedy for “the great cold” from which Everill suffers (119). Though the remedy is not detailed within the correspondence, Grafton assures him that it is effective, having reached her via “Lady Penyvere, great aunt, by the mother’s side, to la belle Rosette, maid of honour to the queen” (119). This lineage for the cure

reinforces the notion that medicine is a class affair. That the remedy is traceable to a person with a relationship to the queen is all it requires in the way of authenticity. Still, should the prescription Grafton included not relieve Everill's symptoms, she directs him to Lady Lincoln, who owns a family remedy for his condition that follows "a rare recipe for every-day plum pudding" (119). The intertwining of the royal and the mundane highlights the struggle that many physicians faced when treating patients in North America; namely, that a number of the remedies that Europeans relied on either did not work, or were not available to American healers. Instead, new treatments needed to be devised for distinctly American diseases. Grafton's acknowledgement that this might be the case with Everill's cold signals the difficulty in treating even apparently common ailments.

Admittedly, the options available to women within the practice of medicine were quite limited in Sedgwick's time. Medical schools did not begin to admit women in any significant numbers until the late 1840s, and even then, graduates found professional acceptance elusive. Prior to that, with rare exception, midwives could assist with childbirth and less formal medicine, such as herbal and folk remedy. However, diseases of a more serious nature were the domain of the man, not the woman. Still, Sedgwick, via her novel, proposes a counter narrative to the norms of both the novel's time period of the seventeenth century and her own in the nineteenth. That Hope has tried to step into the role of educated caregiver, and that her treatment was appropriate suggests not only that professional physicians should consider folk remedy, but also challenges the notion that women have no place in the profession of medicine.

Finally, Sedgwick writes into her novel thoughts on often gendered social treatment for mental disorder within the character of Faith. Consider that within the novel, nearly every character has a speaking role in the novel. Even for exceedingly minor characters like Antonio,

silence is not a normal trait. However, Faith, who appears in much of the novel, rarely speaks. It is her lack of verbal communication, not what she says, that draws attention to her. While the other characters attribute her silence to having been taken captive by Oneco, her silence and demeanor suggest something else. Faith exhibits many of the symptoms of autism, which would more readily define her actions than having been a Native American captive.

Though autism as a detailed diagnosis was not defined until 1908. It may have been known by other names prior to that, but the symptoms laid out within the spectrum of autism provide a framework that fits Faith's condition. Autism is characterized by "severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities" (*DSM-IV-TR* 69). The most common symptoms are lack of verbal skill, difficulty with social interaction, and a fascination with part of an object. Looking at Faith's actions in the novel, many of these symptoms appear frequently when her character is discussed.

Early in the novel, when Everill's father takes possession of Hope and Faith when they first arrive in America, the narrator notes that Faith was "wayward and bashful. She repelled Mr. Fletcher's caresses, and ran away to shelter herself in her aunt's arms" (29). These actions could be those of a shy child, but Faith does not simply avoid Fletcher, she "repels" him. This act is more like the autistic child's oversensitivity to outside stimulus, like physical contact. Also, she does not seem to display any language skill at the time of her arrival. These initial indicators that something is not wholly right with Faith's psychological condition continue through the entirety of the novel. Further evidence of Faith's unusual condition is supplied by the other characters. After first being captured, the group is taken to a village where Faith and the chief's daughter Magawisca are placed in an old woman's tent. When Faith enters, the old woman "uttered a faint

exclamation, deeming the fair creature a messenger from the spirit land” (92). Being a spiritual messenger would mean that the subject has had some contact with the Great Spirit. This contact manifests itself in many forms; one of the forms is madness. While Faith is not mad, she possesses a peculiarity about her that would have been physically evident. Her eye-contact, or lack thereof, would have been particularly pronounced, even for a shy person. The idea that Faith houses a spirit is later corroborated by Magawisca, who tells Hope that Faith is treated “as if all good spirits dwelt in her” (197).

Regardless of diagnosis, Faith requires gentle attention—much like Sedgwick’s own mother needed during her bouts of madness. That Faith is a stand in for how Sedgwick views proper treatment of those with mental disorder is supported in the way that the characters interact with her and her reaction to that exceedingly soft treatment. Some read the joining of Faith with tribal leader Onesco as sinister since many psychological traits are hereditary and any children resulting from such a union might be similarly afflicted. However, rather than bleeding or prescribing any sort of concoction for Faith, the intercultural characters around her merely accept her condition, a far more humane approach than what was common in Sedgwick’s time.

### **HOBOMOK’S NON-TRADITIONAL TREATMENTS**

Lydia Maria Child’s *Hobomok* (1824), a sentimental novel surrounding the settlement of America and the romantic relationship between the title character (a Native American) and the distressed Anglo settler Mary Conant, addresses the problems of illness on the frontier in much the same manner as Sedgwick in supporting the inclusion of other forms of healing. *Hobomok*, like *Hope Leslie*, is an historical novel that takes place on the Atlantic coast soon after the founding of the British colonies. Characters in both novels are subject to harsh frontier



conditions and trauma that cause them to lose their grasp on what would have been considered acceptable behavior. This trauma, in turn, allows the women in the novels (specifically Faith Leslie and Mary Conant) to move outside of their own communities and form relationships with Native Americans. Although Child embraces science over faith in her characterization of Mary, she also hints at forms of treatment that reside outside of traditional medical practices.

Child herself was something of a skeptic when it came to hard science of her day. Though her extant correspondence is somewhat limited in speaking about physicians, she does spend some time espousing her thoughts on what would have been eclectic approaches to health—especially as they relate to spiritualism and health. In an 1842 letter, she writes:

Allowing very largely for falsehood, trickery, superstitions, and simulated imagination, I still believe most fully that many things now rejected as foolish superstitions, will hereafter take their appropriate place in a new science of spiritual philosophy. (*Letters from New York*, 122)

It seems Child, while not blindly adhering to new spiritual beliefs of health as it related to approaches like magnetism and mesmerism, which were fringe approaches even for most eclectic physicians, held that there was at least the possibility for usefulness in these approaches. Furthermore, Child was also keenly aware of the role that communal care had played in earlier America; and that the loss of community responsibility for the sick was something to be mourned.

Upon visiting Blackwell's Island in the 1850s, Child laments that the dying orphan children residing in the island's hospital would formerly have been cared for more humanely by the republican community. For Child, the loss of this critical infrastructure was a blow to the moral condition, and sanity, of the culture at large. Although these missives were penned years

apart, and well after the publication of *Hobomok*, they give an important look into Child's attitudes regarding health and community and provide a lens from which to read her earlier text. Taken together, Child's positions on these topics reveal deeper understanding of actions of characters within the novel and point toward judgments of the role of medicine (both traditional and eclectic) in a society.

Disease and medicine are central to *Hobomok*'s setting. Child constructs her narrative around the setting of a deeply troubled Naumkeak. Like many early attempts, the village—consisting of only a handful of modest huts—suffers the usual challenges of self-sufficiency. The inhabitants are “sickly and half starved;” a contrast to the “vigorous and wondering savages who stood among them” (10). Upon meeting Mr. Conant, the narrator recounts how Conant has lost two of his three children: “had fallen victims to sickness and famine,” while his wife was in “declining health” (11). If the elder Conant's daughter Mary suffers any of these diseases, they are not on display. Certainly, there is some coarseness of character in the description of her being a “proud magnolia of the south, scathed and bared of its leaves” (11), but that she is still recognizable (at least in metaphor) as a flower, indicates that her health is not far compromised.

*Hobomok* characterizes Mary as an individual who engages in a pagan ritual in order to secure a husband. Toward the close of chapter 1, Mary ventures into the woods. Upon reaching the stream, “she had stooped beside it, and taking a knife from her pocket, she opened a vein in her little arm” (16). While it would be a stretch to read this ritualistic act as a practice similar to bloodletting and its believed benefits, the remainder of the event, and Mary's incantation in order to produce a husband, does resemble an act of medical spiritualism in the desire to balance the single female body with a husband. When Hobomok enters the circle, he disrupts and fulfills the wish at the same time.

It seems that Child took care in depicting the settlement as faithfully as the research would allow. A critical part of this depiction is portraying the fledgling settlement as an early medical industrial source for the English. In a letter to the governor of the settlement regarding the impending arrival of trading vessels, the inhabitants are directed to prepare as store “sassifrass, sassaparilla . . . shoemacke [sumac], silk grasse, and aught else that may bee useful for dyinge or physicke” (20). When the ships arrive, a good many of the sailors are sick and need tending. That sumac and other herbs useful for medicine were requested is an assessment of the state of the trade and the physician in America in the 1600s. As Martin Kaufman notes, early settlement was a form of exile or failure in Europe, and even in the case of those employed by the trading companies: “had they been successful [doctors] in Europe they never would have agreed to provide medical care for the colonists” (4). If the majority of physicians in the 1600s were exiles, the state of American medicine would have been poor, indeed. The order for medicine shows the desire to mine the new world for its resources, even if that mining would cause the settlers hardship in the process; exposing them to danger and limiting the time they could devote to simple survival. These two facts are not lost on Child. In relating this detail, she is commenting in some small way on the state of medicine in her own time—namely, poorly trained doctors and those who see medicine as a means for financial gain.

Although Child would have had extremely limited source material for her medical history, her assessment of American medicine being reliant on herbs was likely not far off. In the absence of trained physicians, techniques like bleeding would have been used rarely. Rather, inhabitants would rely on Indian and folk medicine for cures. The list of herbs requested all have value as medicine—with sarsaparilla being notable as it was used to treat syphilis and other ailments. Furthermore, though herbs tended to have a range of uses, David Dary outlines the use

of a mixture of sarsaparilla, cherry, and whiskey as a means of curing nightmares (33)-- nightmares, of course, being caused by too vivid of thoughts. That being the case, a good deal of the mixture would have been required by those living a tenuous existence on the frontier.

Later, when Mary and Sally are recounting the incident of the bleeding at the river, Sally notes that they are sure to be quite busy with the “many sick folks from the vessels” (27). In essence, between the orders to gather medicines for export and the efforts to care for the ill who made the Atlantic crossing, the little town of Salem is as much frontier hospital as it is English settlement. Even Mr. Oldham, who is the most-curmudgeonly of the inhabitants cares for the sick. In fact, his excuse for needing to abandon the company of Mr. Collier—to “stop and see a few of the poor sick souls about us” (32)—places him firmly in the camp of the gentleman-physician, since he does not appear from the text to have any formal medical training. Rather, he occupies a liminal position between settlement authority and physician. His medical influence would be drawn from his social role, not a professional position. Since, while women frequently tended the sick, men were the ones ultimately directing the care.

There is an intriguing struggle in the novel between religion and religious freedoms and academic forms of education. Many of the townsfolk are depicted as recalcitrant in their belief to the point of closed-mindedness. The narrator even goes so far as to paint a warning for those who subscribe to less scientific forms of progress. The opening to chapter 5 illustrates the stark contrast between Mary and Sally. Mary is described as possessing an “elegance of mind” and an “intellectual” bend when it comes to the world around her (45). Sally, for her part, thinks “nothing of the stars but of their lucky or unlucky influences” (45). While Sally relies on superstition for her guide, Mary is given to reason and curiosity. And yet, this does little to clarify the ritual at the novel’s outset. The only way in which the episode can fit within the rest

of the novel is if the symbolic bloodletting is viewed within the purview of a rudimentary form of spiritual medicine. It may also speak to a fracturing mental state that lays the groundwork to excuse her later actions. This reading exposes the difference between the mental states of men and women on the frontier. Clearly, the patriarchs of the town see the women as being more fragile and prone to mental breakdown—even infectious mental disorder.

Before Sally's wedding, Oldham remarks on the mental health of man, saying that he'd "never heard of a man's being crazy, or in any wise straying from the common path . . . but that some pretty piece of Eve's flesh, with a head as empty as a New England purse (and it cannot well be emptier), hath straightway supposed herself the cause thereof" (76). Though he implicates women's vanity for the anecdotal disorders that he refers to, Oldham offers no alternative to this theory. The implication, of course, that mental disorder in men is derived from the biblical temptation supplied by the daughters of Eve (all women). This statement, though seemingly a throwaway insult directed at Sally, also then asserts that the relationship that Mary comes to engage in with Hobomok is not so much a problem with the Native American, but with the mental disorder that interaction with Mary causes within him.

Women treat each other within the settlement. When the ill Mrs. Conant receives a letter from her father that presents him as remorseful for the family, which proves "too much for the weak nerves of his disobedient child," the Lady Arebella produces a selection cordials (128). The alcohol and herb laden drinks have their desired effect, and soon Conant drifts "exhausted into slumber" (129). While the use of cordials was more a complimentary self-care than learned medicine, they were just as effective as a prescription prepared for the purpose. Though the use of cordials extends farther back than the 1600s, even in Sedgwick's time, they were common in many households. In fact, recipes for cordials appear in a number of the self-care texts of the

early nineteenth century—especially in those manuals directed toward women. Cordials, then, were a gendered form of medicine that extended into the domain of women rather than that of trained (male) physicians.

When Mary receives the news that the ship carrying Charles has been wrecked, the news has a detrimental effect on her health. Initially, the news “threatened to suspend her faculties,” and leaves her pale and shuddering to the point that Mrs. Endicott prescribes cordial for her state (147). While Mary awaits the governor to confirm the story, her gaze becomes “wild and anxious,” denoting the degradation of her psychological state (148). Mary’s mental state is further diminished by the revelation that the news about her husband’s loss is accurate. The narrator relates the blow to Mary through the dual analogy of the gradual loss of a child and spouse to disease while loved ones look on. This passage both signals Mary’s decline and sets up the events that follow. To further enforce her fragile state, she walks home “scarcely knowing what she did” (148).

Absent her controlling faculties, Mary is ripe for a mental break. For a man—Charles Brockden Brown’s Edgar Huntly, for instance—this kind of emotional trauma would lead to sleepwalking, violence, or both. However, the options for a woman on the frontier are more restricted, and Mary, like Faith Leslie, can only find outlet through crossing the racial borders between Native American and Anglo settler. It is within this context that the novel has been carefully crafting since the opening chapter’s magical ritual that she comes to cohabit with Hobomok. As Mary prepares to leave the settlement, the reader is once again reminded of her mental state and that there was a partial derangement of Mary’s faculties: “A bewilderment of despair that almost amounted to insanity” (150). Since the community’s efforts to care for her through religion and societal support have failed—largely due to the number of deaths

experienced in such a brief period—Mary feels she has no choice but to abandon the settlement. These circumstances will conveniently absolve anyone in the narrative from responsibility for what follows. It's a necessary absence in the story in order to not endorse miscegenation, but it also reveals the options available to women who suffer mental disorder and critiques the state of care available. Namely, there are few. Women who experience a psychological break can either be cared for by the community, or are in danger of developing an attraction to indigenous men. It becomes a gendered version of Crèvecoeur's new-made Indian. Only, in the case of women, the shift is not due to hunting wild meat, but a reaction to frontier trauma.

Consider that in other parts of *Hobomok*, the narrator sometimes interrupts the story to speak to the reader about the differences between the experiences of the settlers in the 1600s and the state of the world in the 1820s. Mostly, this surrounds personal and political freedoms, however, this sort of break never occurs when speaking about medicine or healthcare. Instead, Child refrains from passing any sort of judgment on the way Mary and others who contract disease are treated. Medical care—poor care, at that—is a fact of life. She leaves her readers to consider the failings of that care, communal and professional, and the role that it plays in Mary's eventual relationship with Hobomok.

Hobomok fears she is unwell, even as she agrees to be his wife. Suspecting her insanity, he presents Mary to his mother, who takes one look at the young woman and returns, "She is mad" (155). Rather than treating her with any sort of tribal medicine for someone who has a mental disorder, Hobomok instead attempts Anglo medicine by offering Mary wine that Governor Bradford had given to him when Hobomok's mother had been sick. This action is telling in that it delineates the differences between types of people and their respective medical needs. That Hobomok does not attempt Indian remedy means that he (and by extension, Child)

believes that what is capable of healing one person, may not work for another. This belief was rampant in Child's time as those moving to the frontier found themselves unprepared for what they encountered. The traditional training often did not supply clear or easy answers to the ailments they encountered.

In contrast, Mr. Conant also suffers a great deal at the hands of death. After his wife and son-in-law perish, he fears he has lost his daughter. Conant's response to this tragedy is to take a new family in the form of inviting Dame Willett and her son to move into his now empty house. When Conant is visited by Mr. Skelton who has come to inform him that Mary is still alive, Skelton commends Conant for having "borne this heavy affliction as becomes a follower of Jesus Christ" (164). The implication being that as lesser soul—a woman; Mary, in this case—would resort to extreme actions when placed under the same pressure. Conant is either unmoved or does not pick up on Skelton's comment, as it goes unnoticed by the grieving father. Rather, he demonstrates again how a "follower of Jesus Christ" ought to handle mental stress when he learns that Mary is still alive by retreating briefly to his room to compose himself, before exclaiming, "For her soul's salvation, God grant she may not be in her right mind" (167). For Mr. Conant and the rest of the Anglo community, only the mental disarray, which many observed but failed to treat, could account for Mary's actions in a way that would allow her to return to the settlement.

As Hobomok's wife, Mary spends several weeks in a "stupified state," but gradually begins to return to her senses through her relationship with Hobomok and his mother (168-9). Apart from a fever that takes her Indian mother-in-law's life, there appears to be little of note in her role as mother to Hobomok's child. After discovering that Brown is still alive, Hobomok retreats to the west and Sally comes to Mary to explain the circumstances of her former



husband's return. If earlier attempts to treat Mary within the community were hasty and incomplete, Sally employs special care in this instance. Sitting with Mary, she slowly "prepared her mind for the reception of the tidings, and cautiously and gradually did she impart them" (185). The result of Sally's careful treatment is Mary's receiving the news with "no violent tumult" (185). Instead, Mary mourns the fate of Hobomok and fears being discarded by her first husband until the Anglo community comes together to reaffirm the nuptials of Charles and Mary. The education of Hobomok's son, first at Cambridge, then in England, combined with the admission that "his Indian appellation was silently omitted" (188) effectively "cures" Mary of her transgression and reintegrates her into the community.

The ways in which Mary's medical care could speak to Child's readers are apparent in the lack of commentary by the narrator (outlined above) and the means with which professional medicine is treated in the novel. Professional medicine is seen only through the lens of commerce and empire—as when the governor is ordered to gather roots and herbs for treatment of incoming settlers and for trade—while spiritual and communal medicine—the women treating each other with cordials and making use of conversation as therapy—is never endorsed by anyone in a position of power.

## CONCLUSION

While individual freedom of self-care continued to gain momentum, one of Thomson's most vocal critics, Daniel Drake, would figure heavily into the struggle to professionalize medicine. Drake, writing under the pseudonym "The People's Friend," was just beginning his career when he published a scathing review of Thomsonian methods in *The People's Doctors; a Review* (1830). In the half-dozen pages dedicated solely to Thomson, Drake provides a professional

debunking of what he views are the major failings of Thomson's medical practice. In Drake's ten-point dismissal of Thomson, he begins by accusing Thomson of simply copying age-old methods of treatment in most cases, and fabricating (sometimes dangerous) methods in others that had no basis in medicine. Drake concludes that "it is marvellous that intelligent men should not open their eyes to the real character of this quackery" and that the simple fact that Thomson seeks financial gain from his remedies is proof enough that they do not work (23-4). The debate between Drake and Thomson was, in essence, the same sort that those concerned with the state of the republic had been engaged in for decades. However, the two physicians—along with their more literary counterparts—were reshaping the public discourse to bend more toward professional, rather than national, concerns.

But if the education of the eclectic and irregular physicians was inadequate, that of the professional was scarcely better. Martin Kaufman's history of American medical education is rife with examples of students who were treated to sub-standard training, reflecting Drake's fears for the profession's reputation, viability, and financial sustainability. Kaufman recounts multiple examples of violent, carousing students, scant surgical demonstration, and impotent treatments that either kill the patients or were practiced on already deceased animals. Hardly the sort of training that would produce a competent professional. Kaufman observes, "a great deal of the education of the nineteenth century physician came while he was an apprentice or after his formal training had been completed" (48). Effectively, the early push to professionalize the physician was a disaster; producing men no better equipped to practice medicine than the older apprenticeship system had done.

Meanwhile, the growing number of American fiction writers did not lessen their attack against those who posed as medical professionals. With the sustained expansion of the 1840s, a

new class of medical pretenders emerged. Some continued in the Thomsonian vein, while others sought fortune on the frontier by donning the mantle of physician with little to no formal training. With this shift, the threat on the frontier moved from a question of the effectiveness of the medicine to the efficacy of the practitioner. In professional publications, this meant renewed calls for strict training. In fiction, a crop of medical satire appeared that skewered the fake doctors.

While Flint, Sedgwick, and Child all propose varied degrees of homeopathic inclusion in professionalized medical practices, the push for a market and society that would be discerning enough to filter the quacks from the effective practitioners was never as clear cut as the philosophy suggested. Even Thomson, whose method began as an earnest attempt to realign the way that people approached medical care, eventually succumbed to the influences of quackery. By the 1840s, he was forced to distance himself from his practice and disavow those practicing his methods when the accounts of ill-treated patients began to circulate widely. However, before any realignment could take place, there came a period of medical chaos where the elimination of the professional social structures and requirements spawned dangerous pretenders that would necessitate the establishment of an association to oversee the medical profession.

## CHAPTER 3: Fortune over Federalism:

### Quackery in Caroline Kirkland, David Rattlehead, and Herman Melville

#### FRACTURED PROFESSIONS

In the winter of 1839, Samuel Thomson discovered a disturbing notice printed in the *Boston Traveller*. The advertisement, for the services of Doctor P.D. Badger, announced Badger's return to the city and resumption of "professional duties" and "brilliant success" in treating diseases. The notice boasted of the returning doctor's proficiency with "a general assortment of botanic medicine and Shaker herbs" (3). Though neither Thomson nor his methods were mentioned by name, Thomson recognized both Doctor Badger and the subtext of the advertisement. Clearly, Badger intended to treat patients using Thomsonian methods. While there were hundreds of people authorized to sell remedy under the Thomsonian method, Badger was not one of them.

Thomson's response to this pretender was to send a letter to the *Traveller's* editor warning the public against the fraudulent Doctor Badger. This correspondence set off a brief war of words between the would-be doctor and the founder of Thomsonianism. Badger, feeling his name had been sullied too publicly, filed a libel case against Thomson. For a few days in early April of 1839, a court convened to discover the truth of the matter. After a series of witness testimony and cross-examinations on both sides, the court found in favor of Badger for the libel charge and fined Thomson fifty dollars. However, the court also agreed that Badger had been practicing falsely under Thomson's name and continuing to do so might result in harm for Thomson. Thomson took this verdict as a small victory and published the proceedings of the case with an addendum defending his methods.<sup>23</sup> If Thomsonianism was suffering from growing

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<sup>23</sup> Thomson's volume, *The Law of Libel. Report of the Trial of Dr. S. Thomson, the Founder of the Thomsonian Practice, for an Alleged Libel in Warning the Public against the Impositions of P.D. Badger, as a Thomsonian*

pains, it was comparably insignificant compared to the troubles being experienced by allopathic medicine. Though, like Thomson, formal medicine sought to root out the undesirable element in the profession, in the 1830s it was in no shape to mount a campaign due to internal struggles.

Politically, Andrew Jackson's first presidential win—he won a plurality of popular and electoral votes in 1824, but was ultimately defeated in the House of Representatives by John Quincy Adams—left him bitter against what he saw as a deal by gentlemanly aristocracy (Adams and his supporters). Determined to not allow history to repeat itself, Jackson secured the necessary alliances to win the presidency four years later. The political and personal differences between Jackson and his predecessors cannot be overstated. Robert Wiebe quotes a number of political figures describing Jackson as “monarchical,” “dangerous,” and “leading the ‘furious passions’ of the age” (236). For his part, Jackson recognized the disdain that his political counterparts felt for him. However, this did not stop him from implementing a series of sometimes uneven policies that generally strengthened the states and weakened the hold of the federal government.<sup>24</sup> The overarching aim of Jackson's plan, it seems, was to eliminate the gentry in favor of the citizen. While on the surface, that policy sounded appealing, it also eliminated some of the structure that supported expansion (road funding in individual states, for example) and allowed states to further erode medical standards.

At the same time that medicine was experiencing the results of decades of relaxed standards and the nation as a whole was deep into the policies of the Jackson presidency, literature was taking up the problem in a different way. The fear over the potential medical career of Edgar Huntly and the inclusionary attitudes of the early nineteenth century produced a

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*Physician Sailing under False Colors, Etc.* was printed at his own expense as a sort of advertisement for proper Thomsonian practice and as a warning to those who falsely claimed Thomson's support.

<sup>24</sup> Robert Wiebe uses the example of Jackson's fight with Biddle's Bank as emblematic of his erratic policies. For a complete account, see Wiebe 238-44.

rich cast of characters from which authors could draw. The outcome was a mix of scenarios—some comedic, others less so—where medicine and the social structures that encouraged self-determination collided with the realities of the expanding frontier. Caroline Kirkland’s 1839 *A New Home, Who’ll Follow?* recounts more seriously the health issues facing settlers in its portrayal of disease and its treatment well outside of the established settlements, especially as they pertain to women. David Rattlehead’s *Life and Adventures of an Arkansaw Doctor* (1851) follows the brief medical career of an ill-equipped physician who enters the profession for monetary gain and spends vastly more time avoiding patients than treating them. Herman Melville rounds out this collection of bad doctors with his 1857 novel, *The Confidence Man* and its depiction of a quack herb doctor. Each of these novels exposes a version of the realities of frontier life while questioning the consequences when there is no properly trained physician available to heal the physical and emotional dangers of that life.

### **A NEW HOME AND THE STATE OF MEDICINE ON THE FRONTIER**

Caroline Kirkland explored in print the brutal realities of blindly travelling into a wilderness in the hopes of lucrative settlement partly based on her own experiences traveling west. For Kirkland, the lack of social infrastructure is deadly to those who venture forth. Kirkland’s *A New Home; Who’ll Follow?* (1839) details her own attempts to emigrate to Michigan in the 1830s and life at a settlement near present-day Pinckney, approximately fifty miles west of Detroit. Kirkland’s move east was a direct result of the opening of the Erie Canal and her experience is just one of thousands who left the confines of the east for the promise of open space in the west. Through her narrator, Mary Clavers, Kirkland reveals the hardships of the frontier and the compromises one must make when moving there. While Clavers focuses

mainly on the social aspects of settlement, she spends a great deal of time detailing the prevalent diseases of the area and the varied treatments. Especially interesting is her veiled account of an abortion gone wrong and the consequences for the family. Throughout her narrative, when Clavers addresses disease, she frames the issue in such a way that draws attention to the shortcomings of frontier medicine and the benefits of having a trained physician nearby.

Kirkland has been variously regarded by critics as representative of the Anglo culture from which she emerges, a humorist ahead of her time, and a staunch feminist. Though ultimately asserting that Kirkland's prose is preoccupied with forms of technological vision, Elizabeth Barnes observes Kirkland's preoccupation with science and progress in the opening pages of *A New Home*. Specifically, Barnes points to the description of the text as a "daguerreotype" image of frontier life as evidence for Kirkland's "fascination with visual experimentation and optical discourse" (62). While this provides evidence for Barnes, it also speaks to Kirkland's overarching familiarity with nineteenth century technological progress. The notion that Kirkland kept abreast of emerging technology and issues related to that progress would have certainly included medicine. While she deploys technology—or lack thereof—in varied ways within *A New Home*, her depiction of health in general and abortion in particular is emblematic of Kirkland's interest in nineteenth century advances and points to her thoughts on the dangers of moving into an undeveloped frontier.

Kirkland's narrator begins her journey with the promise of a future town sketched on a barroom table. Beginning her journey, she occupies her time picking wildflowers and noting their particular beauty. Ostensibly an Eden, there are signs even in these early passages of the dangers to health in the "perilous mud-holes, or still more perilous half-bridged marshes" (10). These swampy backdrops do not bode well for her future on the frontier, since they indicate

miasma that threatens to infect the traveler at every turn. When the mud hole becomes a serious obstacle, rather than strand the party, they are rescued by a “man in an immense bear-skin cap and a suit of a deer’s hide” who leaps out of the forest like some benevolent sprite. This French accented hero of the road, though, leaps back into the woods following the incident. Like other frontiersmen, joining a town-building mission is beyond his capability. Kirkland’s pioneer is blinded to the conditions when she sees only the flowers. However, her readers, well-versed in the dangers of westward travel, would have viewed these passages as a foreshadowing of the trials to come.

Although Mary Clavers chooses to direct her attention to the beauty of the trip, ill health is not absent from their journey. An inn owner on the road is a drunkard who beats his wife and children. The owner, Clavers assures the reader, met his fate that same year when he died of delirium tremens after stabbing a man in Detroit. Though frightened and horrified by his actions, Kirkland is careful to link the inn owner’s disease (both the alcoholism and the delirium that ensues) with a major industry in Michigan, distilling. Kirkland narrator pronounces that distilling “fields of golden grain into ‘fire water’” is one industry in which Michigan “is fast improving” (14). Within the first dozen pages, Kirkland has already encountered the laughable infrastructure and one of the social dangers of frontier life. Both of which are capable of leaving one either destitute or dead and both are indications of the vanishing of the social elite who might keep such incidents in check.

When Mrs. Clavers views the town for the first time, it is wholly spectral, with plans, but no real improvements. After naming the town, proper settlement commences. But like the trip that was plagued with mud holes and marshes, the town location is waterlogged and accessible only by the means of a “bridge” of logs. Crossing the mire, Clavers comments that it appeared



“blacker than ever.” If there was ever a source of stinging, disease spreading insects, this would be its model. Clavers is depressed by the sight through which Kirkland is prodding her readers to imagine the still and stinking canals of the eastern cities from which they are contemplating escaping for the “slippery eel” and “big bubble” opportunities of the west.<sup>25</sup>

The first real medical condition that Mary encounters is a case of snakebite where the patient, a young boy, is not expected to live. When she arrives to visit the young man, she discovers a doctor has arrived from “about fourteen miles off” bringing “a quantity of sprits of Hartshorn” with which to treat his patient. While the use of Hartshorn (a form of smelling salts) would probably not have done much to relieve the snakebite, its use indicates that the physician was formally trained, or, at least, claimed to be so. In the midst of this very common medicine, the boy’s mother comments that the bite area “‘looked exactly like the snake’ . . . with an air of mysterious meaning” (30), illustrating the mix of folk medicine among the more professional treatment prescribed by the physician. This combination of approaches would have been common and, at least in this case, seems to work in harmony in producing an improvement in the boy’s condition. The doctor’s need to travel nearly a day to reach his patient, though, speaks to the lack of social infrastructure present in the new settlement.

Being a settlement, though, means dealing with outbreaks of disease. Throughout Kirkland’s narrative, the most common ailment seems to be ague, with most of the community suffering from bouts of varied severity. While Conant expects a country doctor, she is surprised by the arrival of “a man of first-rate education, who had walked European hospitals, and who had mother-wit in abundance, to enable him to profit by his advantages” (103). By his expertise, she is rapidly healed. However, not everyone is a fortunate and many cling to what Kirkland’s

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<sup>25</sup> Both Slippery Eel and Big Bubble (23) were rejected names for the settlement which Clavers moved to, which are likely commentary on the true nature of the economic opportunities of emigration.

protagonist views to be outmoded means of self-care. Conant rails against the inhabitants “attached to some superstitious notions respecting agues” who cling to folk medicine (105). She also notes the “prejudice against ‘Doctor's physic’” which leads to homeopathy by the use of “Lobelia, and other poisonous plants” (105). Kirkland’s description of these herbal remedies mirror those of Thomsonianism as well as a number of other sources that advocate for natural remedy over anything prescribed by a physician. Kirkland even takes a stab at the likes of Drake and his notions of regionalism, pronouncing that while regional cures may be “theoretically correct . . . [the approach] is a most dangerous one for the ignorant to practice upon” (105-6). Kirkland’s position is clear: well-trained physicians are the only sort to be trusted, but the frontier is severely lacking in their profession.

Though there are stories of previous disease and death within the community, Conant and her family continue the settlement process. Fighting the land in order to eke out a meager existence that pales in comparison to the promise of that barroom sketch of a bustling and important town. Life continues much in the same manner day to day, until one of the women in the community suffers from a botched abortion. Where most of the popular authors thus far have tended to focus on the purely fictional, and sometimes fantastic, when depicting frontier life, Kirkland’s concerns are wholly authentic. Her descriptions of the frontier as a sometimes barren and hard space closely echo journals and letters from the period. There is little romanticism in the way in which Kirkland approaches the move west. Instead, she notes the danger and uncertainty of attempting resettlement. While the land presents dangers to one’s health, Kirkland also navigates the hazard presented to women when they seek medical advice far from established physicians. Though she does not take specific aim at either homeopathic or allopathic practitioners, Kirkland warns that the ill-equipped frontier doctor—no matter where he was

trained—is an especially dangerous entity. Nowhere in the novel is this more strongly expressed than in her depiction of the botched abortion. It is perhaps important to note that the act of performing abortions was not popular among physicians in the nineteenth century. Most doctors did not even consider the procedure a viable option. Those that did, were often ridiculed and threatened. One notable case involved the New York City abortionist Ann Lohman, better known as Madame Restell. Restell was wildly unpopular among most regular physicians and was tried in 1841 for her role in an abortion. Though she was not convicted, her practice gave rise to the term “Restellism,” which became synonymous with abortion.<sup>26</sup> Those who did not wish to seek out a professional, could always turn to patent medicine, some of which existed for terminating unwanted pregnancy, but these, like many other patent medicines, were unreliable and occasionally dangerous. The result was one of the few movements that professional medicine could mobilize successfully when a law was passed outlawing the procedure in 1845.

Late one evening, Clavers is awakened by a summons to the Newland residence and informed that Amelia Newland is dying. When Mary arrives, she discovers the already dead girl laying on the bed “swollen and discolored, and already so changed in appearance that I should not have recognized it elsewhere” (159). Where in other parts of the novel, Clavers is clear with her diagnoses and symptoms, all that is said is of the body is that it is “swollen and discolored.” In attempting to discover the cause, Mary is stonewalled with an air of “horror and mystery,” while Mrs. Newland accuses her of having “heard their lies” about her daughter (160). The context, coupled with the Newland’s disappearance from the community soon after, paints a clear picture of a failed abortion. The late hour of the call that Clavers received indicates that its

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<sup>26</sup> For a more complete account of Madame Restell, see *The Trial of Madame Restell, Alias Ann Lohman (1841)*, Clifford Browder’s *The Wickedest Woman in New York: Madame Restell, the Abortionist (1988)*, and Allan Keller’s *Scandalous Lady: The Life and Times of Madame Restell*.

practitioner was summoned after dark in order to keep the secret of the procedure. Given the opposition among many professional physicians, and Clavers's record of railing against the quack and ill-trained doctor, the person performing the operation was not likely to have been a regular physician. If Kirkland's Mary Clavers opposed poorly trained frontier doctors before this point, the results of this particular house call cement her views and voice her opposition to the lack of social infrastructure on the frontier.

### **DAVID RATTLEHEAD, FRONTIER QUACK**

In stark contrast to Caroline Kirkland's sketch of frontier life and Robert Bird's adventure story is David Rattlehead's *The Life and Adventures of an Arkansaw Doctor*, which is told from the perspective of one of those frontier physicians. The title doctor is not quite a quack, but neither is he professionally trained. Instead, he possesses a small amount of knowledge and a scant library of reference texts. Setting himself up in a wilderness town, the physician gets more than he bargains for as his patients present a milieu of symptoms and injuries not covered in his training or texts. The result is a doctor who spends most of the texts avoiding actually practicing medicine. Played for laughs, *Arkansaw Doctor* is also a cautionary tale for those young men seeking to set up shop on the frontier.

*The Life and Adventures of an Arkansaw Doctor* examines the issue from the point of view of the ill-trained physician himself. Penned by David Rattlehead, the nom de plume of Marcus Lafayette Bryn, *Arkansaw Doctor* is a semi-autobiographical novel based on Bryn's own time serving as a frontier physician. While not as straightforward as Kirkland's account, nor as stylized as Bird's, Bryn weaves into his tale the truth of the wilderness experience for the medical professional—at least, for the poorly trained doctor. Though wrapped in humor, Bryn's

account is emblematic of the type of physician that many medical schools were fielding in the early 1850s.

Bryn himself began life as a store clerk. Dissatisfied with his lot, he served as an apprentice to a local physician and enrolled in medicine at the University of Louisville from 1848 to 1849. Before moving to the medical school at New York University, he treated patients in the Mississippi Valley, which, is likely the source of much of the material for *Arkansaw Doctor*. By 1853, Bryn had an office in New York, where he practiced until 1903. A prolific writer, Bryn published a variety of texts, both medical and non-medical. Among his publications are treatises on the purity of food, the dangers of tobacco use, and a manual for distilling liquor. By Bryn's own account, though, *Arkansaw Doctor* was his most successful. Bryn asserts that it was "the best selling, most extensively read, and [one of the] most laughable books in our country, and at a price within the reach of all" (xiv). While his claims are difficult to verify, there is little doubt that he poured his emerging medical knowledge into the pages of *Arkansaw Doctor*. While his later life and profession indicates that he was solidly in the camp of the medical professional, his characterization of the incompetent David Rattlehead goes some distance in confirming his position.

*The Life and Adventures of an Arkansaw Doctor* depicts the life of David Rattlehead, who, like Bryn, came to medicine after failing at other professions. While the real-life author augmented his apprenticeship with a university education, Rattlehead is content to fumble while he relies on his scant experience and the assistance of his peers. The main focus of Rattlehead's life—apart from earning a living—is avoiding "scrapes," which mostly concern the application of his medical knowledge. By depicting Rattlehead as an unwitting quack whose only ambition

is to avoid practicing his profession, Bryn paints a stark picture of the frontier doctor as wholly inept and unprepared for his chosen profession.

Young David Rattlehead, upon deciding to become a physician to replace “the profession of drunkenness” is speedily accepted as an apprentice to a local doctor (13). Upon entering his master’s office, Rattlehead immediately begins to fantasize about his impending career, the accolades he will accrue, and the fortune and happiness it will bring him. In short, he dreams of becoming one of Jefferson’s republican elite. Absent from these fantasies, of course, is any practical consideration of medicine as a profession. Rattlehead has romanticized the work to the point that he cannot see the labor involved. This fantasy, combined with his hasty decision to join the profession is the sum total of what Rattlehead knows of being a doctor. While the reader is already in on the joke—there is clearly more to being a physician than ambition—Bryn is subtly warning those who ignore the manual labor in lieu of position, profit, and fame.

In the service of his education, Rattlehead’s master commands him to rob a grave for the purpose of working with the corpse. Since obtaining cadavers for medicine was frowned upon, the two hatched a plan to acquire one. In a troubling turn of events, Rattlehead’s master notes that he had a patient, “a negro, that had been sick for some time with a chronic disease, and who was destined to fall a prey to its influence very soon” (25). True to his assessment, the man, a slave, dies. While this might seem to be a beneficial turn of events for the doctor and his student, the description that the doctor reported to the slave’s master “the numerous explanations . . . why the disease had terminated fatally in spite of all remedial agents” (25) calls into question the motives of the teacher. The need of a cadaver and the convenience of having at hand a relatively expendable subject opens the possibility that Rattlehead’s preceptor sped the slave on his way in

order to have a suitable body on which to experiment. If this is indeed what Bryn is implying, it fits with his overall view of ill equipped frontier physicians and their methods.

Furthermore, at a time when bleeding was becoming less common, Rattlehead is all too eager to employ it as a viable treatment. After assuring a townswoman that he was perfectly capable of performing a bleeding, he skillfully opens a vein on the woman's daughter, but does not know how to stop the flow. As both his patient and her mother faints, he diagnoses the daughter as having "too great an 'afflux of blood to the arm'" (63). Rattlehead reasons that he needs to stop the blood to revive the girl, which, in turn will revive her mother. He applies a bandage (which he ought to have done in the first place) and revives the mother. To protect his burgeoning reputation, he bribes the mother to not speak of the incident and he will not charge them for the botched procedure. Rattlehead is not becoming more proficient in medicine, but he is improving his skill at escaping scrapes and protecting his image.

While protecting his image is critical for Rattlehead, so is launching his career. Though he has not the skill, he has the ambition and practices deception daily. In relating his first case, a man bursts into the office looking for a doctor to treat his son who has been thrown from a horse and asks Rattlehead if he is a physician. Rather than explain his apprentice status, Rattlehead answers "what do you think I would be doing in the office, if I wasn't a doctor?" and proceeds to pack random medicines in order "make a good impression" (68). When they arrive at the man's home, Rattlehead mixes a medicine of molasses and croton oil, forcing it down the young man's throat. He immediately worries that he has administered a fatal dose of the medication, but resolves that "it always killed or cured" in reference to the heroic medicines of Benjamin Rush, out of fashion by the 1840s. The medicine causes the son to bolt from the bed and into the woods, presumably to vomit. Rattlehead considers this case successful as the son was only drunk

and joins him in the deception of keeping the fact from the boy's father, since "the old man still thinks I worked wonders" and it enhances the only thing important to Rattlehead: his appearance as an important member of the social order (72).

Rattlehead continues through the narrative, narrowly escaping anything that approaches acquiring medical knowledge while protecting his public image. Through sheer luck, he manages to not kill his patients and avoid being labelled a charlatan. In the end, though, the dangers of the frontier prove too much for the young doctor and he closes his narrative with the tale of a panther attack that kills a friend and the man's daughter. As the man lays dying on the ground, Rattlehead issues perhaps his first accurate diagnosis in the text: "I tried to staunch the blood, it was in vain; the caroted artery was wounded" (142). Rattlehead's frontier education comes to an end with the death of his friend and the inability to prevent that death through the training he pretended to possess throughout the narrative. Rattlehead, it turns out, is not only a poor physician, but also a poor frontiersman; stressing the dangers to one's body on the frontier for those who choose to emigrate there.

In Rattlehead's farewell address is an oddity in the narrative. While the entirety of the book is told in the first-person, the farewell address is inserted as letter—written by Rattlehead in the first-person—into a chapter constructed in his voice. The interruption of Rattlehead into his own narrative functions as an attempt to realign the story and provide explanation for the death of his friend. Rattlehead becomes his own character witness in his assertion that he must abruptly conclude the narrative due to "attend to other duties devolving on me" (140). Where Rattlehead had previously been all too willing to forgo his responsibilities, the insistence that he has responsibilities that override his own story attempts to argue for a newly responsible member of society. Unfortunately, this shift in character came at the cost of his friend's life. With the



indication that Rattlehead goes on to obtain a proper medical education, the reader is left to wonder if his is a changed man, or a quack who will continue to find himself embroiled in one “scrape” after another.

## **HERMAN MELVILLE AND HIS HERB DOCTOR**

In 1857, Herman Melville published what was to be his final novel. *The Confidence Man* appeared, appropriately, on April 1 of that year, also takes place on that day aboard a steamship, Fidele, on the Mississippi River. Though largely ignored or misunderstood by critics and readers of Melville’s time, contemporary critics have come to appreciate the intricacies that Melville wove into the text.<sup>27</sup> While Melville skewers much of society, including politics, religion, and class, the middle chapters of *The Confidence Man* turn his focus to the medical profession and, specifically, the arc of eclectic and non-traditional medical practice over the course of the first half of the nineteenth century. While examining Melville’s critique of science is not unique among the more famous *Moby Dick* (1851), it has been largely overlooked in *The Confidence Man* in favor of other aspects on the novel.

Though he was well-acquainted with current scientific trends, Melville was no blind supporter of medicine and science. Tyrus Hilway observes in “Melville as Critic of Science” (1950), that “Melville’s medical men constitute as disagreeable a set of rascals as one may care to meet” (412) and ultimately argues that Melville’s distrust of science had as much to do with the ways in which the scientific method—and medical practice, in particular—tended to ignore the humanity of a patient in favor of disconnected observation and procedure. The attack on

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<sup>27</sup> Reconsideration of *The Confidence Man* began around 1950s with the publication of several influential critical assessments of the novel. Among them, John Cawleti’s “Some Notes on the Structure of the Confidence Man” (1957), Tyrus Hilway’s “Melville as Critic of Science” (1950), and Roy Harvey Pearce’s “Melville’s Indian Hater: a Note on the Meaning of the Confidence Man” (1952).

medicine that Hilway sees in Melville is accurate, given the emerging nature of the doctor/patient relationship and its continued reliance on the authority of the physician over the patient in the mid-nineteenth century. However, Melville's distrust of medicine extended beyond the borders of allopathy. His skepticism toward eclectic and patent medicine is on full display in *The Confidence Man*, since, had he wanted to target established medical science directly, invoking a character based on any number of renowned physicians (Benjamin Rush or Daniel Drake, for example), was well within Melville's capability. Rather, his use of an herb doctor enables him to satirize medical practice in the nineteenth century as a whole.

Melville's own relationship to physicians and medicine seems to be typical of most people of his day. Though he may have battled occasional depression, there is no indication that he encountered medical practice in anything but a casual way. Where Melville's engagement with science and medicine was perhaps atypical was in his reading and research. Ishmael's claim in *Moby Dick* that "I have swam through libraries" held true for Melville as well (118).<sup>28</sup> While it is impossible to catalog every book he may have read or come into contact with that addressed science and medicine, there is evidence that he borrowed George Combe's *Essays on Phrenology* from Richard Lathers in 1854. As a young man, he may also have read his father's copy of *Lectures on Diet and Regimen* by A.F.M. Willich. Additionally, his general interest in science is evident through his readings of astronomy and other branches of enquiry,<sup>29</sup> which would indicate a broad familiarity and engagement with scientific discourse that would naturally extend to medicine. Combine his likely reading with the established criticism of Melville's intent to attack

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<sup>28</sup>*Melville's Marginalia Online*, edited by Steven Olsen-Smith, Peter Norberg, and Dennis C. Marnon contains a complete and searchable archive of texts with known connection to Herman Melville. Additionally, *Melville's Reading: A Check-list of Books Owned and Borrowed* by Merton Sealts (1966) lists many of the same texts.

<sup>29</sup> Melville's Marginalia Online catalogs a number of volumes on astronomy, natural history, mathematics, and physiophilosophy.

the various social structures of his day, and the argument for Melville's intentional interrogation of doctors and medicine appears likely, especially if we accept John Schroeder's arguments that Melville is "never simply a writer of the surface" (364) and that in *The Confidence Man*, he is employing his technique of "boat-as-world" (365).

Beginning with Chapter XVI and continuing through Chapter XVIII, Melville's relates the story of the herb doctor and his attempts to sell his various patent medicines onboard the steamship. Melville begins this narrative by literally clearing the air of the novel's previous stories and signals a shift to a tale about health. As the ship breaks into a clear section of river, the geography opens on "bluffs into bloom" with water that "runs sparkiling and gurgling" in bright sunlight (116). By all indications, this is a healthy and vibrant space that should not present any sort of physical danger. As a counterpoint, the narrator describes the man who is hunched in the corner, beset by another figure "waving in a persuasive gesture, his eye beaming with hope" (116). This pair, the sick man and the physician, take over the narrative for the next few chapters. Melville deploys their interaction to critique the role of medicine and especially that of the eclectic healer in society who preys on the sick man in an attempt to sell his own brand of treatment. Each of the chapters that prominently feature the herb doctor represent the progress of medicine in the nineteenth century by mirroring the conditions and outcomes of that period.

In keeping with the novel's theme, the herb doctor proclaims to the sick man that the confident man "has truth on his side" and that it is precisely this confidence and subsequent truth that enables him to approach the sick man with a cure for his chronic complaints. Although the sick man appears to not be interested in the herb doctor's methods, the herbalist persists, cataloging his patient's many failed treatments. He recounts how "tincture of iron," nor breathing

“vapors generated by the burning of drugs” had cured the man of his illness. Furthermore, and most importantly, that these prescriptions were ordered by eminent doctors of Louisville and Baltimore, two of the leading medical centers of the day. Most notably, that of Louisville, the home of Daniel Drake, one of the mid-nineteenth century’s most famous and influential physicians.

By way of arguing the natural over the scientific, the herbalist attacks the use of iron as a supplement and posits that if taking the mineral could increase its concentration in the body, then “Calvin Edson would fatten”—referring to the infamous medical case of Edson, who toured in the 1820s and 30s as a medical curiosity (118). According to publicity material for a visit to Malhoit’s Hotel in England, Edson “attributes his wasting to his having slept on the damp ground after the battle of Pittsburgh” (“Exhibiting”). Edson apparently died sometime in 1828, and was reported in a number of news sources. The British newspaper *The Spectator* reprints a notice of his death as conveyed by a Doctor Scudder via an unnamed New York Newspaper. *The Spectator* reveals that Edson died from a tapeworm which it reports to have been “twelve or fourteen feet in length.” That Melville’s herbalist makes use of this medical curiosity as an example appeals both to the character’s populist view of medical practice and allopathic medicine’s apparent inability to properly diagnose disease (since Edson’s malady was discovered only after his death). Furthermore, it seems the legacy of Edson had become something of an industry for the traveling curiosity show. Following his death, Edson was embalmed and put on display at the Albany Medical College after it was purchased from his widow for “a round sum.” (*Visit to the States* 102). *The Detroit Daily Free Press* reported in 1856 that a “second Calvin Edson” had emerged in New York (2). Though the snippet provides no further detail, the mention by the newspaper of Edson as an archetype of the “living skeleton” twenty years after

his death speaks to the lasting cultural memory of the case. For Melville's doctor, though, the implication is threefold. First, in making use of such a well-known case, he's underscoring the inability of science to cure the body. Second, he implies that subjecting oneself to professional medicine is to end up a curiosity embalmed and put on display. Finally, embedded in his argument is the inability of science to "play farmer to the flesh" while seeking to corrupt God's own natural creation (118). Though the sick man gives no consent to the herbalist, the latter is not deterred from his sales pitch.

Following the herbalist's attack on medical science and its "atheistical" leanings, Melville's doctor espouses the benefits of the ways of the herb doctor and their altruistic practice of "claim[ing] nothing, invent[ing] nothing; but staff in hand, in glades, and upon hillsides, go about in nature, humbly seeking her cures" (119) in a way that reminds the reader of Samuel Thomson's exploits collecting plants near his home for use in healing.<sup>30</sup> The herbalist then invokes ancient mythology and proposes an analogy between himself and Medea, who made Aeson young again through the use of magical herbs. The doctor suggests to the sick man, "you should be the new Aeson and I your Medea" (120). Of course, what the herbalist omits from his comparison is that Medea slit Aeson's throat, killing him to make him young again. Further, that she was somewhat vengeful, using her skills as much to kill as heal as it suited her purposes.<sup>31</sup> If Melville's herbalist is attacking the uncertain methods of the allopathic physician, the character's use of Medea is a slight on his own profession and the stereotypical patent medicine salesman who flees the town after fleecing the citizens with empty promises.

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<sup>30</sup> Richard Dean Smith supports the connection to Thomson and Thomsonianism in *Melville's Science* (1993). Smith writes that "the herb doctor is probably based on the Thomsonian movement of botanical medicine" (228).

<sup>31</sup> Ovid's *Metamorphoses* relates how Medea, after making Aeson young again, proposed the same for king Pelias. However, once the king's throat was slit while he slept, Medea fled the city in her snake-drawn chariot and married Aegeus.

When the sick man finally does respond verbally to the herbalist, it is to condemn the entire profession (both trained and untrained. The sick man exclaims, “Begone! You are all alike. The name of doctor, the dream of helper, condemns you” (120); and continues that he has no faith in alternate medicines, since the most recent attempt—a water cure—has only delivered “six months and sixty pangs nigher to my grave” (120). This offensive ought to provide the final blow to the herbalist’s sales pitch. However, he only scoffs at the mention of the water cure and laments the “fatal delusion of the well-meaning Preisnitz” as both a commiseration and a critique of the popular German and his alternative therapy. That its inventor had died a few years earlier, possibly as the result of his stubbornness to accept medical care, would have been the only argument that the herbalist needed to employ. Since what sort of physician is unable to heal himself using a method that was purported to cure any number of ailments? <sup>32</sup>

But confidence being the theme, Melville’s herb doctor invokes it as being essential to healing. If the sick man has no confidence, he asserts, then there will be no healing. Finally, the sick man relents and pays the three dollars for six vials of the herbalist’s miracle cure. The cure nearly complete, the doctor announces “my business calls me away, and it may so be that I shall never see you again” (125). After assuring the sick man that it is the nature of the doctor’s travels, and not the impending death of the man that should keep them apart, and a reminder to always be wary of counterfeit herb medicine, the doctor takes his leave, which leads into Melville’s next chapter featuring the herb doctor his attempts to peddle his medicines to a group of passengers.

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<sup>32</sup> Melville’s herbalist is likely referring to Vincent Priessnitz (1799-1851), the German alternative medicine physician widely credited with popularizing a form of the water cure. Priessnitz died from an illness—possibly edema—and his own stubbornness to turn to traditional medicine. For a complete account of Priessnitz’s life, see Richard Lee Metcalfe’s *Life of Vincent Priessnitz: Founder of Hydropathy* (1898).

The second encounter the herb doctor has is among a group of “respectable looking people, male and female, recently come onboard” (128). This collection is representative of the attitudes toward the second wave of eclectic and non-traditional healers. Inundated with choice, they are a difficult mass to persuade. The herbalist begins hawking his cure for pain to the group who, like the sick man, are initially unmoved by his appeal, as they are accustomed to “meet, and quietly put up with, many antic fools, and more antic quacks” (129). This attitude of group skepticism marks a larger challenge for the doctor. Previously, he needed only overcome a single objection in the sick man to make a profit. In the ante-cabin, he is faced with a mass of wary people, disinclined to listen to his pitch. Success comes only sparsely and the people are and largely content to ignore the herbalist, until another passenger joins the group. The newcomer is a rough, long-injured frontier dweller, “with a step so burdensome shot seemed in his pockets” (130). The man has with him a young mixed-race girl, “walking in moccasins, not improbably his child, but evidently of alien maternity” (130). Where the sick man in the previous chapter had been let down mostly by allopathic approaches, the rough-looking newcomer seems to have some experience with eclectic medicine which has fostered contempt for the approach.

The doctor approaches the frontiersman and attempts to diagnose his apparent limp as the result of war: ““a buried bullet may be—some dragoons in the Mexican War discharged with such, you know—Hard fate!”” (131). This assertion by the doctor moves something within the man and he avoids the look of the herbalist, sitting and drawing the child near to him. Sensing an opening the quack pushes his attack, observing that “surely you have pain, strong pain, somewhere; in strong frames, pain is strongest” (132), and offers his medical concoction. While the man declines to buy the medicine at first, he follows up by asking whether the treatment will “produce insensibility,” which the doctor denies (since that is the hallmark of allopathic

medicine, not herbalism) (133). This claim on the part of the herbalist sends the man into an apparent rage and he verbally assaults the herbalist; “You lie! Some pains cannot be eased but by producing insensibility, and cannot be cured but by producing death” (134). When the quack doctor adjusts his tactics and reads an endorsement of his patent medicine’s ability to cure even psychological trauma, the doctor receives “a sudden side-blow [that] all but felled him,” and the woodsman exclaims in “a countenance lividly epileptic with hypochondriac mania,” that the herbalist is a “Profane fiddler on heart-strings! Snake!” (134) and exits the room. While the frontiersman’s disorder is never fully diagnosed, it is clear from his demeanor and attitude that he suffers deep mental and physical trauma. This malady requires more than an herbal remedy, more than insensibility produced by professional medicine, in fact. The rough woodsman has moved beyond the scope of either the allopathic or homeopathic practice and requires psychology—which would not be available for several more years. Melville’s use of the psychological as the final (literal) blow to the herbalist also contains a jab at established medical practice and its inability to treat psychology with anything more than insensibility.

Finally, after the herbalist leaves the room to hawk his goods elsewhere, two men—described as an “auburn-haired gentleman” and “his neighbor with a hook-nose” - convene to pass judgement on the events in the cabin (137). Their discussion centers on the veracity of the herbalist’s claims and his motives for making them. In the process, the two men underscore the notion that people must discover the truth for themselves through experience, echoing the rising sentiments of the nation that medicine and science ought to be regulated.

The pair begins by discussing the appropriateness of exposing the herbalist as a quack. When the auburn-haired man asserts that “it is right” to reveal the sham doctor, the other asks is it would be right for Asmodeus (the devil) to expose the motives of the Paris stock exchange



(137)? The implication being that to inflate value to make money is a common occurrence in a market society. This reference points to the prevailing practice of the herbalist (and other eclectic physicians) as providers in a marketplace where the citizen must decide what is best—not for some power to reveal. In effect, the two are replaying the conditions that gave rise to the patent medicine doctor. The fact that the herbalist and his ilk make “knaves” of their customers is of little consequence, since, as the hook-nosed man observes, “many held in honor” make “dupes” of their customers as well (137). This sentiment echoes Samuel Thomson’s own belief, cited in chapter 2, that some professions were held in too high a regard, and needed to be returned to the people.

The most damning evidence that the hook-nosed man presents is that the herbalist is perhaps the worst kind of quack, since “among his dupes is himself,” referring to the doctor’s application of his own medicine when he is accosted by the large woodsman in the previous chapter (138). This, in the hook-nosed man’s estimation, makes the herbalist a “fanatic quack,” though a well-spoken and “tonguey” fool (138). The two-men are interrupted by the temporary return of the herbalist, who attempts to donate a portion of the sales of his medicine to charity via anyone in the room that is “an agent or member of any charitable institution” (138). After finally giving the money to a poor, bandaged man, the coins are discovered to be genuine—much to the chagrin of the auburn haired and hook-nosed man. This brief scene is in keeping with the evolution of eclectic medicine over time. Initially, an easy means to financial gain, the practice had made contributions to other branches of medicine through competition; which forced more traditional schools to reinforce their educational standards in order to present an alternative to

rampant quackery. The herbalist's monetary donation to the "huzzar," is representative of the place where medicine saw the greatest advancement—on the field of battle.<sup>33</sup>

The final conversation is joined by a third man—the "newcomer"—who offers a different assessment of the herbalist. The newcomer asserts that the doctor is in fact one of the "Jesuit emissaries" sent to "accomplish their secret designs" through disguise and subterfuge (142).<sup>34</sup> While there were a number of Jesuit-themed conspiracy theories circulating in the nineteenth century, the Order's commitment to education could be one of the "secret designs" to which the newcomer is referring. Under this theory, the herbalist/Jesuit is purposely playing the outlandish quack in order to educate the public for the need for learned medicine. Though the newcomer's company causes only a "droll smile" from the hook-nosed man and the conversation ends with a "triangular result" (142), the invocation of the Jesuit as teacher and advocate for allopathic medical practice is in keeping with the tone of Melville's story. Furthermore, the "Jesuit plot" might just as easily translate to the organized movement within professional medicine to push out homeopathic and eclectic practitioners. Melville, then, through his complex web of con men and confidence seekers, makes use of the boat on the Mississippi River as an analog for the anxieties of the nation. Specific to this project, his utilization of the herbalist as a marker of choice in personal care, the sometimes overreliance on science that professional medicine invokes, and the future of that profession in a growing United States.

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<sup>33</sup> The word "huzzar" is a likely stand-in for "hussar." Though hussar generally refers to European cavalry, Melville is using it here as a general term to refer to a military soldier.

<sup>34</sup> There were ten colleges in operation in the United States that were founded by Jesuits at the time of the story's publication, which highlights the Order's dedication to education.

## **CONCLUSION**

The three novels represent an exposure of the frontier conditions and, in Bryn's case, a strengthening of the position that trained medical professionals were best suited to help lead the nation's continued expansion. These emerging voices would be joined by the physician Oliver Wendell Holmes who used his position as a respected doctor and public figure to advocate for better treatments through better training. Along with more public outcry, the American Medical Association began to gain traction in reestablishing some of the medical standards that had been steadily eroded over the first half the nineteenth century. The late 1840s marked the beginning of the end for the irregular physician. Though some schools of eclectic medicine continued to thrive, most began to crumble under the weight of increased pressure to regulate the profession. These cries would culminate in 1865 with the first military actions of the Civil War, which would forever alter the way that America viewed the medical professional, but not until hundreds of thousands of men on both sides died of largely preventable disease.

## **Chapter 4: The Medicated Novel:**

### **Oliver Wendell Holmes and the Legacy of Disease**

#### **THE FIGHT TO REESTABLISH THE MEDICAL PROFESSIONAL**

Through the 1830s and 40s, the nation was moving ever closer to Civil War. Following the Jackson presidency, there was a sharp rise in regionalism, which fractured the states' bonds further. On the national level, the fight between the Whig and Democratic parties in the wake of Jackson's tenure led to a nation where "Americans dismantled the old structure down to its eighteenth century foundations" (Wiebe 251). This included any sort of apparatus that could step in and regulate medicine. The political climate, combined with an expansion that had outpaced the social infrastructure's ability to keep abreast of new settlement, "allowed countless citizens to live with no more than a passing attention to the rest of the United States" (Wiebe 353). Where there was contact between states, regions, and the federal government, citizens—especially southern slave-holders—found themselves increasingly at odds with abolitionist sentiments. Supporters of the Free Soil movement and those who wished for the Missouri Compromise to remain in place struggled for control of the nation's expansion and against those who wished to extend slavery to the west coast. The South required geographic growth for slavery to remain viable, and the northern abolitionists envisioned the crushing of slavery by surrounding the South with free states, cutting off the requisite opportunities for expansion. Class and economics, then, became the battleground for the future of the country.

These battlegrounds extended into the medical community and began to fracture even the bonds of the likes of Thomsonianism and professional medicine. Samuel Thomson spent the latter part of the 1830s fighting against imposters and resisting the call to create schools from

which to teach his methods. One of Thomson's pupils, Alva Curtis, found himself increasingly disillusioned with the founder of the Thomsonian Method. Curtis believed that Thomsonianism should broaden to also include elements of Mesmerism and phrenology, where Thomson favored excluding other methods that were not strictly natural. Furthermore, Curtis and many other Thomsonians saw Thomson's anti-intellectualism and anti-professionalism, which had been a selling point of the method for over a decade, as a weakness. As the alternative medicine movement grew, many practitioners viewed a standardized course of education to be an essential component to remaining relevant. This movement led to a break between Thomson and Curtis with the latter eventually speaking out against his former mentor and the Thomsonian method. Curtis established his own brand of homeopathy, chartering the Literary and Botanico-Medical Institute of Ohio in 1839. A few years later, in 1841, Curtis would move his Institute to Cincinnati, where it became known as the American Medical Institute.

Thomson would not live long enough to witness the complete schism of his ranks. He died in the fall of 1843. In his absence, Thomsonianism gradually faded, but its influence lingered into the twilight of the nineteenth century. In its stead rose the likes of Thomas Vaughn Morrow and the establishment of the Eclectic Medical Institute in an attempt to codify and train future homeopathic physicians. The movement that began as a rebellion against established medical practice was fast becoming a mirror of the organization that it purported to improve upon. The Eclectic Medical Institute proposed itself as the training center for homeopaths that would grant them footing equal to professional allopaths. What had been pitched as an alternate method of self-care morphed into a profession that sought respectability beyond the informal training that many in its field had undergone. Additionally, the Eclectic Medical Institute could, its founders thought, weed out the undesirable element in alternative medicine and rid itself of

the patent medicines and quack practitioners that were damaging its reputation as a viable alternative to allopathic physicians.

Created to be direct competitor to Alva Curtis, The Eclectic Medical Institute was founded in Cincinnati in the spring of 1845 by Morrow, Benjamin Hill, Hiram Cox, and a few others. John Haller's *Medical Protestants* (1994) contains a comprehensive history of the American alternative medical movement in the nineteenth century, including a detailed account of the functioning of the EMI. Haller notes that in competing with both other homeopathic centers and traditional medical colleges, the EMI "offered good physical facilities for medical instruction, an open policy on the admission of female students, and a course of instruction similar to those of the better allopathic schools" (82). Its refined organization and social progressiveness did not go unnoticed by prospective students. According to Haller's research, the EMI "matriculated 2,145 students and graduated 593" between 1848 and 1855 (83). These numbers exceed those of other area medical schools and qualified the Institute as highly successful by most metrics of the time. Further, its claims that mortality for patients treated homeopathically was just 2% (compared to 5% for allopathic medicine) bolstered its reputation among citizens (83). By the mid-1850s, it seemed that homoeopathy was destined to become a respected branch of American medicine, much to the dismay of many of the profession's "regular" practitioners and the schools where they trained.

Meanwhile, Thomson's old opponent, Daniel Drake, was pushing for a more regionalized, professional approach to medicine. Drake was straddling two worlds: the world of the eastern American centers of influence and the world of the rapidly expanding frontier. He attempted through his observations and writings to make sense of the conditions of the frontier and how it fit with the plans for the nation. This produced a number of publications on the

conditions of the newly settled spaces that began with surveys of Cincinnati and culminated in his *Systematic Treatise*. Furthermore, Drake was a proponent of the theory of medical regionalism; that is, that the diseases and treatments of the west were unique to that space. In some ways, he was engaged in the same sort of argument Benjamin Rush had proposed in the 1790s. Just as Rush believed that America's medical condition was unique from that of Europe, Drake was a proponent of the argument that the area west of the Appalachians was unique from the states that bordered the Atlantic.

Drake was a longtime supporter of medicine as a profession. In an 1844 address to students at the Medical College of Louisville, he lamented the relaxed standards of some medical schools and the lack of medical knowledge that trend has produced. Drake rails against the “quackery,” “charlatanrie of newspaper remedy,” and the simple “nosology without diagnosis, and prescriptions without indications” (*Physician to the West* 300). Further, he acknowledges that medicine is a profession where “the majority of whose members are inadequately educated, both in literature and science” (304). The only solution, according to Drake, is to study well and engage the world that surrounds the physician. He supported the efforts of the burgeoning American Medical Association and that group's push toward more rigorous training. Drake viewed the shorter academic terms and lowered standards as an attractor of a lower class of man. These less competent physicians pulled down the profession as a whole.<sup>35</sup>

Finally, Drake is careful to warn against the dangers of simply moving west and pokes fun at those who never settle. Drake contends that in the rush to migrate, “all things are sacrificed to speed . . . and when we awake in the morning, [we] congratulate ourselves that we are a hundred miles nearer the point of attraction” (313). He pleads with the students to observe

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<sup>35</sup> Drake published his editorial on the state of medical training in the *Western Journal of Medicine and Surgery* on May 31, 1840: 384-86.

the land and the “true character of all among which we roam” (313). Only by doing this, will the physician see the connections between “hemp or cotton planting, commerce, land speculation, or the practice of law and medicine” (313). That Drake makes plain the strengths in understanding the interactions between social forces and medicine shows that his brand of the profession is a regional one. A western doctor, in other words, is made in the west; not in some Boston or Philadelphia or New York medical school.

### **OLIVER WENDELL HOLMES: ENGAGED PHYSICIAN**

Oliver Wendell Homes, a physician, lecturer, and intellectual, engaged the public through his popular advice columns and fiction. His subject matter ran the gamut of topics, but he had particular interest in medicine, being a physician himself. Holmes took the model of dialogue, formerly local discussions, which in earlier times would have taken place in the coffeehouse, junto, or society gathering, and integrated it wholly into his work. This move mirrored the conversations people had been having on a smaller scale and was an offshoot of Melville’s construction in *The Confidence Man*. While there were still small societies and organizations, fostering a discussion on topics that concerned more than the regional required a different format. One solution to this problem had partially been achieved through publications that focused on regional concerns. Another critical piece, though, was the in-person speech, the lyceum, that could engage hundreds of people at a time. Although some of these were for entertainment—as with the case of the hugely popular Charles Dickens—others took the form of an informed conversation. Holmes took full advantage of this format to preach his own particular brand of reform.



Where earlier medical figures who crossed into literature tended to do so as either a hobby or full-time career shift, Oliver Wendell Holmes enjoyed a dual career as both physician and author of considerable literary popularity. Medically, Holmes was part of a new breed of doctor, having studied in Paris under the new clinical model of medical education, which he strongly advocating importing to American medicine. He was a prolific author from the 1840s through the early years of the twentieth century, and was in high-demand as a public speaker.

While a lasting medical revolution in America was still more than a quarter-century away when Holmes began his education in Paris, the lectures that he attended in 1833 planted some of the seeds that would become his contribution to American medicine—namely the clinical method. Where earlier physicians favored methods that attempted to “balance” the body’s climate, Holmes’s Parisian instructors taught careful observation and measured response that made use of new tools like the stethoscope and microscope to enhance the physician’s senses. They pushed back against heroic medicine and unified theories of disease seeking instead to establish a more scientific study of health. Benjamin Rush’s purging was the way of the barbaric past. Only widely proven methods of treatment were to be considered. In Holmes, this manifested itself as a kind of “therapeutic nihilism”<sup>36</sup> that governed the way he approached the practice of medicine but eventually became the basis for all of his work, even that which was decidedly outside of the realm of the physician (Gibian 3).

Holmes put his critique of the medical profession to work in his serialized novel, *Elsie Venner*. Although *Elsie Venner*, as Holmes has admitted, critiques the tenants of Calvinism, he embedded in his narrative a lively discussion of medicine and professionalism while arguing that

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<sup>36</sup> Peter Gibian describes “therapeutic nihilism” as a preoccupation with observation and laboratory testing that seeks to discredit approaches such as the heroic medicine of Rush’s era. However, while new techniques of diagnosis were being developed, they often overlooked actual treatments or cures that would help patients. For more, see Gibian’s *Oliver Wendell Holmes and the Culture of Conversation*.

only organized medicine could solve the problem of Elsie Venner—even as the character ultimately dies of her disease. Although this might seem counterintuitive, since medicine is unable to save her life, it is through the clinical, formalized language of the trained physician that Holmes’s narrator is able to examine the case. Through the methods of clinical observation, Holmes implies that any other profession would be unable to unravel the mystery of Elsie’s disease. In fact, Holmes’s characterizations of the three men with medical training in the novel represent the formally trained, traditional, and untrained physicians prominent in the late 1850s. Holmes’s ultimate solution is that traditional and untrained physicians are unfit to practice in the expanding nation.

In 1862, just a year after the publication of *Elsie Venner*, Holmes delivered the lecture “Border Lines of Knowledge in Some Provinces of Medical Science” to his class at Harvard. In the lecture, Holmes welcomes his new students as “timid neophytes just entering the portals of the hall of science” and aims to share the “pillars and cornices” of science to illuminate their path in medicine (6-7). The bulk of the essay is concerned with new advances in science and how they might translate to the practice of medicine. Holmes’s tone is one of reverence for the general field of science and the discoveries that are quickly changing the face of medical practice in the United States. When introducing the microscope, Holmes describes it as “an instrument freed from all confusions and illusions, which magnifies a thousand diameters, - a million times in surface, - without serious distortion or discoloration of its object” (23). However, for all Holmes’s optimism for the new branches of science in medicine, just a few years later, he would be on the opposite side of the debate over progressive methodology.

Where in 1861 Holmes trumpeted the many advances of science in medicine, by 1867, he had become somewhat recalcitrant in his outlook and sided with Harvard and the institution’s

view that the course of lectures for medical students should not be lengthened as they had at other top medical schools. In a lecture that Holmes composed, labeled by biographer Eleanor Tilton, “in something of a hurry” while he simultaneously prepared one of his book manuscripts for publication, he asserts that lengthening the course of studies would be at the expense of practical experience (293). Holmes deems in his lecture that actual experience is the “most essential part of a student’s instruction” and exceeds anything a student might learn in the classroom (3). Reliance on science, he insists, is to detract from the practice of medicine, since “a medical school is not a scientific school, except just so far as medicine itself is a science,” and that “on the curative side, [medicine is] chiefly an art” (5). While this is a far cry from the Holmes of five years earlier, it illustrates the tensions—even among progressive physicians—of significantly altering the course of medical studies. That *Elsie Venner* was published in the same year that Holmes professed his passion for science is instructive as it illustrates through the three characters with medical training (the Professor, Langdon, and Kittredge, the country doctor) the arc of medical practice in the mid-nineteenth century.

It is important to recognize that for all of Holmes’ education and talent, his major contributions to medicine and society emerge not, in the words of Peter Gibian, “in the realm of technology or of empirical study but in the realm of words” (174). For instance, while he was present at the first clinical use of ether in 1846, it was his coining of the “anesthesia” and his vocal advocacy for the procedure that helped its use spread, not any clinical trials actually conducted by Holmes. In fact, Gibian’s claims that Holmes’s great strength was in his “conversation” rather than his profession, is compelling when considering the ways in which the popular press was blurring the lines between professional writing and entertainment (174). While there had long been embellishment of fact in relaying information, a new breed of writer was

emerging to challenge the news clippings and opinion articles. The new writers—journalists—sought expanded roles in reporting about American society. In a nation that was pressing beyond its ability to effectively disseminate information in a timely fashion, the journalist was a surrogate for the coffeehouse or society meeting.

Holmes wrote prolifically during his career. *Elsie Venner*, his second published novel, is the first of Holmes's "medicated novels." *Elsie Venner*, through its tale of a character infected by a snakebite before birth, explores the notion of moral theology and inherited sin. While not meant to be taken seriously as medical science, there exists in Holmes's exploration much that was common medical practice for his time, superstition related to medicine, and misunderstanding about the nature of the physical and psychological body. At the heart of the story, though, is a critique of the way in which improperly educated physicians and untrained citizens approach medicine. Halfway through the text, the narrator warns that "in all cases where men meddle with medical science for a special purpose . . . his imagination found what it wanted in the books he read, and adjusted it to the facts before him" (278). Though those around Elsie—the town physician, Langdon, and the townspeople—all believe that they have properly judged her condition, her ultimate death is made to fit the narrative of her condition without any attempt to take the facts of the case objectively. Thus, the long-standing superstition surrounding her birth and inherited traits become the only narrative of her bodily health, which ignores any scientific approach that the narrator (a properly trained physician in Holmes's estimation) could ascribe to the situation. Though the characters all believe that they are being objective in their treatment of Elsie, they are mired in the story, not the science. The point of the exercise is to examine spirituality while simultaneously interrogating the social and professional role of the physician.

Charles Boewe observes that Holmes's own assertion that the novel attacks ideas, rather than scientific practice "has tended too often to throw the emphasis in discussion of [Holmes's medicated novels] wholly toward theological concerns, slighting the science that provides the foundation for their arguments" (303). *Elsie Venner*, being a novel about a moral poisoning, draws on Holmes's understanding of the functioning of the mind and body for its central conceit. Though there may not seem to be much of a jump between the prenatal snakebite and Elsie's inherited psychological struggle, the malady turns upon the poison affecting her mind. In a speech in 1870, Holmes elucidates on his understanding of the brain. In the course of exposing the workings of the mind, he discusses the paths of fluid and the ways in which the brain can be "blinded" through chemistry—either introduced or natural.<sup>37</sup> Through this speech, Holmes demonstrates the foundation of Elsie's affliction and the beliefs of the medical fraternity from which he writes. His approach is scientific in nature, not dependent upon eclectic medicine or homeopathy.

### **ELSIE VENNER'S ENDORSEMENT OF THE MEDICAL ESTABLISHMENT**

Though *Elsie Venner* originally appeared in the pages of *The Atlantic* from December 1859 through April 1861, the bound version is instructive through its addition of a pair of prefaces written by Holmes. In the first, dated January 1861, Holmes makes a number of assertions regarding the novel that follows. The first, that inquisitive reader, who "is curious in coincidences" would be well served to examine the original publications. This direction is perplexing when considered in light of other nineteenth century prefaces. Following this statement, there are the usual claims about romance and the reader; however, Holmes is unclear

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<sup>37</sup> Mechanism in Thought and Morals: An Address Delivered Before the Phi Beta Kappa Society of Harvard University, June 20, 1870.

in his meaning regarding coincidence. Is he implying that there is more to the story than the bound version? If so, is his direction meant to signal to *The Atlantic* directly, or to the specific time period more generally? A review of *The Atlantic* during the publication of “The Professor’s Story” uncovers several pieces that might be argued link to Holmes’s work. Of course, perhaps more important are the events that led to the fast approaching Civil War, whose first shots are fired in the same month in which the last chapter of “The Professor’s Story” appears. The answer seems academic on the surface. But for a text that has primarily been viewed as a critique of Calvinism, overlooking the other implications of the novel are detrimental. There is benefit in looking to *Elsie Venner* as a metaphor of the American body politic—a body that has been infected since the snakebite of its Revolution to be unfeeling in its approach to others—in this case, its citizenry. While Holmes admits that the novel is based largely on “grave scientific doctrine,” the work is romance and should be taken as such (vii). He advises readers that only they can decide “how much of what has been told he can accept as having actually happened, or as possible and more or less probable” (vii). Still, Holmes undermines his own disavowal with the closing admittance that he has “received the most startling confirmation of the possibility of the existence of a character” such as Elsie Venner (viii).

Of course, this preface is not the only one that Holmes would append to the novel. Twenty years after its publication, he penned a second preface. While it does not displace the original, it addresses the work in significantly revised terms. After acknowledging that *Elsie Venner* was written for more “than mere amusement,” Holmes distances himself from his earlier claims of its medical veracity. He writes that “it is not based on any well-ascertained physiological fact” (ix). Still, he does not dismiss the concept entirely, stating that “there is a limbo of curious evidence bearing on the subject of pre-natal influences sufficient to form the

starting-point of an imaginative composition” (ix). While the two prefaces are at odds, it is worth noting that the years between them produced myriad social and scientific changes: the Civil War divided the nation, Louis Pasteur published his work germs and disease, microscopes became more common, Darwin’s *Origin of Species* gained popularity, and medicine began to reform itself. Scarce is the scholar that would not re-address a work twenty years after publication. In spite of Holmes’s eventual backpedaling regarding the science of *Elsie Venner*, some of the medical ideas contained therein adhere to accepted medicine of the late 1850s, even if that same knowledge was disputed a quarter century later. Holmes concludes the second preface with the assertion that *Elsie Venner* is a story that ought to appeal “to the mind, and not to the senses” (xi). Though he is speaking of the failed attempts to dramatize the story for the stage, he is also arguing that the novel is an experiment in thought. While traditionally read, as Holmes’s second preface reveals, as a meditation on Original Sin, there are also elements of *Elsie Venner* that advocate for the well-trained physician over the (trained or not) eclectic.

Once beginning the narrative proper, Holmes’s narrator, the Professor, occupies his opening pages with the “physiognomy” of the two classes of men in America. This introduction distills the narrator’s assertion that there are men chosen to be intellectual leaders. He refutes the notion of an aristocracy in America as it exists in Europe, but admits that there are some men born to be intellectuals, and that trait is passed from generation-to-generation. That rare working-class man who happens to rise from the field and “startles the hereditary class-leaders by striding past them all” are written off as examples of “Nature’s republicanism,” and nothing more (5). Holmes’s narrator, then, since allopathic medicine requires a mental capacity not present in all individuals, would find the idea of an eclectic healer and his homespun remedy quaint, at best. This assessment of those not born into the intellectual class is the first jab that the novel takes at

those who would practice without proper training, since no physician could claim that title without first working through the intellectual exercises necessary to become a doctor in the traditional sense.

After this brief intellectual report, the Professor asserts his authority through his diagnostic introduction to the young man to whom he owes the Venner narrative, Bernard C. Langdon. Langdon is a young student of the Professor's medical lectures. The Professor does not so much describe Langdon as dissect him. There are no adjectives regarding height, hair, or eyes. Instead, the narrator carefully recounts the physiognomy of the young man, placing him in "Section B of Class 1 of my Anglo American Anthropology (unpublished)" (8). That the designation is unpublished shows that it is still in the experimental stages, but that does not stop the Professor from continuing his assessment. It is in the contrast between the new and the classical that the Professor unpacks the adjectives, describing Langdon's opposite as the "old-fashioned, full-whiskered, red-faced, roaring, big Commodores of the last generation . . . in ruffled shirts, looking as hearty as butchers and as plucky as bull-terriers" (8). The Professor mixes the physiognomy with animalistic traits (roaring, bull-terrier) to emphasize that Langdon is not one of the older class, but the chosen intellectual caste of whom the Professor speaks in the opening chapter. The narrator makes plain in the description that both he and Langdon are men qualified to speak on the case of Elsie Venner due to their "more delicate perceptions and a more reflective nature" than other men (8).

Langdon explains that he must abandon his studies to tend to family matters and requests a letter from the Professor certifying him to teach school. The Professor pens the request and endorses Langdon's competence to teach either sex, though the Professor sees this as a diminishing of Langdon's possibility. The Professor imagines Langdon (if he remains in the city)



a successful physician by age 30. Langdon, he imagines, would gradually work “his way up to a better kind of practice” that would ensure financial success (19). This success is characterized by the Professor as having “streets with only one side to them” and being chauffeured as a “first-class London doctor” (19). Everything in the Professor’s romantic vision for Langdon is metropolitan, professional, and educated. There is no room for the frontiers or homeopathy of the 1850s in his imagined future for Langdon. In fact, there is nothing even remotely like competition for his services. In Langdon’s fantastic future, there is only material wealth and fame.

The Professor critique of the town in which Langdon first secures employment as a schoolmaster is emblematic of his disdain for the value of the frontier. If there was nothing save opportunity for Langdon in the city, the country poses only lowbrow culture and danger to health. The small settlement of Pequawkett, also, as the Professor observes, spelled Pigwacket, is in an unidentified area of the backcountry. To make his point regarding the unsuitability of this backwater for man like Langdon, the Professor draws from the town’s local history and claims of the locale’s “salubrity,” which Holmes’s Professor deconstructs as giving “people their choice of dysentery or fever every autumn, with a season ticket for consumption, good all the year round” (23). The Professor, in taking issue with the generosity with which he believes the historian (who is soon revealed to be the minister of Pigwacket) describes the climate, emphasizes both the distaste for frontier communities and the dubiousness of medical geography when performed by an unqualified individual.

Langdon’s first job, master of the chaotic Pigwacket schoolhouse demonstrates his superiority over the locals, which reinforces the Professor’s view of him. The young physician handily proves he is the better of his students in every way—defeating each of their plans to oust

him in turn—and solidifying his position as above them socially. He does this through demonstrations of superior will, management, and sheer physicality. He easily puts down a physical challenge from the school bully, and when confronted with a potential rebellion in his schoolroom, Langdon solves the problem not by force, but by a “coup d’état” that arranged troublemakers “between two non-conductors” (30). This move on Langdon’s part avoids confrontation through simple personnel management, illustrates his wisdom in arranging his schoolhouse society to produce the best possible structure. Holmes could set up no better example of the gentleman-physician of the 1790s turned to the professional physician of the 1840s. The lineage of the tradition is evident in each of Langdon’s actions and supported by his mid-nineteenth century professional intellect. Having conquered the challenges of Pigwacket Center, Langdon resigns his position and moves to the town of Rockland where the body of the novel takes place.

Langdon transfers to the Apollinean Female Institute in Rockland to become the school’s master. This frontier town, huddled in the shadow of a mountain, is the home of countless rattlesnakes that make the surrounding area particularly dangerous. Save this one danger, the town of Rockland is relatively serene and healthy. The teachers at the Institute are another matter entirely. As with the residents of Pigwacket, the Professor takes great care is diagnosing the shortcomings of the Institute’s teachers, mainly based on their respective health. There is Silas Peckham, principal, who was a sickly-looking Yankee of the east coast, “produced by this climate and diet [of the Atlantic coast]: thin, as if he had been split and dried; with an ashen kind of complexion, like the tint of the food he is made of; and about as sharp, tough, and juiceless, and biting to deal with as the other to the taste” (48). As contrast to the principal, the reader is presented with Mrs. Peckham: “raised on Indian corn and pork,” which gave her a “more humid

temperament” (48). The pair is far less concerned with quality of education than with making a profit from the Institute, attempting to hire the best instructors available “without paying too much” for their services (49). Their low standards draw a parallel with the medical diploma mills: the description of incompetence serves as a handy illustration of the shortcomings of allowing for-profit education in that it produces a substandard school more concerned with profit than teaching.

The Professor’s observations about the town are not strictly limited to its climate and culture. In his description of the geography, he also adds the challenging psychological conditions of living in such an isolated place, conditions that exceed the normal challenges of frontier living. In the Professor’s narrative, the same mountain that provides a favorable climate also produces a kind of mania in some residents. There is a percentage of citizenry who left due to the “awful green wall piled into the air over their heads” (54). The looming mountain would keep some awake at night with strange sounds. Those who were able to adjust would be comforted by the mountain’s presence, while others fled from the threat it seemed to pose to their mental health. In this way, the mountain provides a sort of seasoning for the residence. Where other frontier narratives, such as Timothy Flint’s *Recollections*, depict the seasoning illness as a physical challenge; in Holmes’s Rockland, the seasoning is of a psychological nature. The mountain, combined with the constant threat of snakebite, produced a hearty individual who could endure life in Rockland. The Professor even theorizes that “a slight sense of danger is often an agreeable stimulus” for the body (55).

The first introduction to Elsie Venner is through her writing: specifically, a verse submitted to Miss Darley, the woman who had been overseeing the Institute’s English program between Langdon and his predecessor. As Darley, whom the Professor already describes as frail

and a bit sickly, picks up Elsie's poem, she is overcome by its very composition. Examining the paper, Darley notes the "sharp-pointed, long, slender hand" on the "wavy, ribbed paper" which gave a "strangely suggestive" look to the work (72). Prior to reading any of the words contained within, Darley is already placed in a fragile psychological position, both from her heavy workload and the construction of the object. Though she is unsettled by it, Darley proceeds to read the work, which demonstrates a "startling familiarity with some of the savage scenery of the region," which causes Darley to become "frightfully nervous" (73). Though she attempts to brush off the feeling by taking up a volume of Coleridge, Venner's poem causes her to experience "uneasy dreams" and suffer a "nervous paroxysm" (73). Although the Professor is quick to write off Darley's response as common for her condition and notes that any unusual excitement might have caused the same response, but there is little doubt that Elsie seems to possess the power to unsettle the wits of those around her. The Professor, in diagnosing this unsettling marks Elsie's ability as a medical condition, not a mystical power.

Despite his later claims to the contrary, Holmes is working with long-established medical principles in his depictions of the characters, land, and effect that Elsie's poem has on her instructor. The notions that people were affected by the land and the food to which they were exposed was a constant theory in use and being expanded in the 1850s by Daniel Drake himself. The diseases of the mind—especially those caused by stress and bad dreams, had been proposed formally by Benjamin Rush a half-century earlier. Students of Rush's psychological assertions had been slowly advancing the study of what would shortly become the field of psychology, while just beginning to probe the workings of the mind. The only bit of a stretch is the poem itself. The claim that it held some power beyond the ability to unsettle, which Holmes's narrator

embraces in its snake-like description, might be far-fetched, but resides solidly in the realm of mesmerism and other similar beliefs.

As Elsie enters Langdon's classroom, the Professor describes her undulating movement, her "flash of white teeth," a checkered dress of a "curious pattern," with "black, piercing eyes" and a "low forehead," which all combine to form a peculiarly serpentine image of the young woman (77). To emphasize her connection to the local ophidian inhabitant, she exercises what appears to be a hypnotic influence over Miss Darley, calling her to her for no other reason than, "I thought I could make you come" (78). Unsettling as the description and concomitant actions are, Langdon is fascinated by Elsie and soon approaches her himself. At this point in the novel, Holmes has already established the medical theories under which the narrative performs: observation, modern medical practice, and ignoring any local medical practice. All that remains is for Langdon to form a relationship with Elsie and her fate to be relayed to the audience via the Professor.

The first person to whom Elsie speaks actually speaks in the novel is the town's doctor, Doctor Kittredge. Kittredge embodies for Holmes the traditional country doctor with a little knowledge of medicine and an outdated sense of the advancements in the profession. Kittredge engages her in conversation, only to discover that she ran into the mountains to escape the monotony of life in town. If Kittredge is the lowly country physician that the Professor does not wish Langdon to become, he shows little sign of it in the initial treatment of Kittredge's character. Kittredge is well-respected, has a stable of horses, and is able to afford a manservant. However, once Doctor Kittredge leaves his home, the Professor compares him unfavorably to Charon and recounts how the locals see his coming as a harbinger of death.<sup>38</sup> Critically, though,

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<sup>38</sup> A footnote attached to the page describes the role of Charon and his status as keeper of the underworld—just in case Holmes's readers were unfamiliar with the figure.

Kittredge provides a professional firsthand account of Elsie's condition, which adds authority to the Professor's account, even if that authority may not be of the highest order in the Professor's estimation.

When Doctor Kittredge approaches the Venner abode, the Professor interjects the history of the location and the Venner family, and begins to outline the character and malady of Elsie herself. In describing her childhood, she was a "restless, wandering child" whose father could only "influence, but not govern her actions" (145-6). Elsie drives away most of those her father employs to watch over her. In one case, a governess "had a strange fit of sickness" following an encounter with Elsie (146). Others simply suffered bouts of nervousness in her presence. Elsie tends to wander away from home, only to return with "questionable" objects ranging from flowers to nests. Speculation raged that she was insane, but Doctor Kittredge favored simply letting her have her way. This hands-off approach—even though evidence of her malady was circumstantial—provides insight into Kittredge's philosophy of medicine. Specifically, he prefers monitoring the patient (as he does with Elsie) to prescriptions or more professionalized forms of practice. In spite of discovering her dancing in her underclothes, Kittredge decides that "his visit would be in vain to-day" and immediately leaves (148). Even in the late 1850s, Kittredge's approach is unusual. Though medical practice had still not been able to outline psychiatry as a distinct field, there was no shortage of manuals on treatment of those with mental disorders. It is especially odd considering his reputation as a bringer of death in the community. It seems he has no qualms about prescribing medications to his other patients, but with Elsie, Kittredge is at a loss for any sort of treatment at all. His interactions with her never rise to the level of early psychotherapy—they never exchange more than a few words—and he is unable to offer any sort of practical assistance to either her or her father.

Doctor Kittredge's apparent failure to treat Elsie in any meaningful way sets up her eventual encounter with Langdon, who watches her carefully whenever she attends his classes. Langdon, overcome with the local lore about Elsie's oddity, discovers that he can only study her when she is otherwise engaged in work. Watching Elsie, he determines that "she looked as if she might hate, but could not love" (183). His first diagnosis of Elsie will turn out to be completely accurate, though he is scarcely aware of that fact. Langdon is demonstrating the skill that the Professor sees in him at the novel's outset. However, the Professor's other concerns regarding the young man's vulnerability to women is also true, putting Langdon in a potentially perilous social situation—at least, as far as the Professor is concerned. For Langdon, though, having saved his assistant from certain death from overworking, he is confident that he will be able to work with Elsie in the same way—saving her from her apparent inability to love.

As Langdon becomes increasingly obsessed with Elsie, he attempts to solve the riddle of her illness by seeking out the places she frequents. On a trek into the mountains, Langdon is threatened by snakes, only to have Elsie appear and save him. After this incident, Langdon finds it increasingly difficult to separate the girl from his work. Once Langdon falls under Elsie's power, the Professor shifts the narrative to Doctor Kittredge as a source for authority. The Professor describes how Dudley Venner had taken the local physician as his counselor in matters related to Elsie. When Dudley expresses concern over Elsie's health and future, the doctor simply states that people often outgrow the mania of youth. He advises Dudley that "It is dark now, but we hope it will clear up by and by" and that "We must let this girl of ours have her way . . . she is in less danger than you think" (195). The truth, of course, is that only those who Elsie finds annoying are in peril, not the young girl herself. Through his counsel, Kittredge is very much fulfilling the traditional role of gentleman-physician. Since he can diagnose no medical

problem with Elsie, he advises Dudley in matters social, moral, and educational when it comes to his daughter's care. In a town lacking any proper—at least by Holmes's standards—medical authority, Elsie's father turns to tradition to solve his paternal problems.

Once free of Elsie's physical presence, Langdon is capable of dismantling the event on the mountain and attempts to apply a reasonable solution to Elsie's perceived powers over people and serpents. Being a learned man, Langdon naturally turns to thoughts of animal magnetism and hypnotism, with which “the curious work of Mr. Braid of Manchester had made him familiar” (205). Langdon discovers in comparing his notes on the topic with his own physical and psychological response to Elsie on the mountain that this idea “went far to explain the strange impressions, of which, waking or dreaming, he had certainly been the subject” (206). Langdon, in the tradition of his training, even acquires some rattlesnakes from “a gypsy-looking woman” who lived on the mountain with which to test his hypothesis of animal magnetism (206). Of course, in captivity—and outside of Elsie's influence—the serpents exert no influence upon the young schoolmaster. Failing this experiment, he seeks out the only other authority he knows of—the town doctor, Doctor Kittredge.

In meeting with Kittredge, Langdon exposes the holes in the country doctor's gentleman-physician façade and recalls another historical doctor of a sort: Cotton Mather. Langdon begins by testing the old doctor's knowledge of medicine, to which Kittredge replies that it is impossible “when you go off alone into the country, to keep up with all that's going on in the Societies and the Colleges” (210). The region has no means of communicating professional development. Even if it did, Kittredge is too busy to even desire such contact. Langdon asserts that “Elsie would have been burned for a witch in the old times” (212), bringing to the fore the idea that there is something science and medicine is unable to explain about the girl and that it



requires a man of learning—a doctor, perhaps—to properly diagnose and cure her. Instead, the old doctor’s solution is to lead Langdon through his hall of medical curiosities to an armory, from which he arms the schoolteacher with an old Italian mineral, presumably for snakebites, and a revolver with which to protect himself. As Langdon leaves the doctor’s abode, the old man pronounces him, “one of the right sort,” though it is unclear if he is the “right sort” to heal Elsie, or dispatch her (218). Kittredge’s gift to Langdon constitutes a dose of heroic medicine, since there are only two possible outcomes. Where he was unable to prescribe any medication for Elsie, he gives to Langdon the only possible “cure” he can see. Like the rest of the town, awash in the story of Elsie, he is unable to separate the fiction from the clinical.

Finding no satisfying answer from Rockland’s resident physician, Langdon writes a letter to the Professor seeking guidance. In the missive, Langdon asks about the possibility of an individual being “infected or wrought upon by poisons, or otherwise, so that they shall manifest any of the peculiarities belonging to beings of a lower nature,” and whether this trait could be “transmitted by inheritance” (220). The Professor’s response begins with a dismissal of Langdon’s country doctor and a reassertion of the role of the learned physician. The Professor declares that Langdon’s inquires “belong to the middle region between science and poetry, which sensible men, as they are called, are very shy of meddling with” (221). Not being bound by the restrictions of the “sensible” country doctor, the Professor provides a veritable history of influences of the kind that Langdon observes, ranging from the biblical, to the mythological, to the historical. What is absent in the Professor’s response, though, is any sort of contemporary and geographically relevant account—save for a brief mention and dismissal of phrenology and a suspicion that “some of those curious old stories I cited may have more recent parallels” (228). In a country where the professional cries for regional medicine and freedom from European

influence had been raging for a half-century or more, Holmes's Professor appears to be mired in the past. While he is in some ways a model of the professionalized doctor, he lacks any of the advancement that men like Holmes and Daniel Drake saw for their profession.

For his part, Dudley Venner suffers severely from his daughter's tendencies. The challenges of raising such a headstrong and potentially dangerous child lead him to actions that are familiar in this study. Dudley's knowledge of Elsie's origin—particularly her snake-like features that coincide with her mother's encounter with a rattlesnake, drive him to revenge in much the same way that Robert Bird depicts Nathan's reaction to his own family's death at the hands of Native Americans. Where Nathan eschews his Quaker upbringing to become Nick of the Woods, Dudley Venner wanders the mountain "with no particular care for his life" (275). However, rather than contemplate suicide, he enters the known habitats of the local serpents to "kill all he could come near with a kind of blind fury which was strange in a person of his gentle nature" (275-6). Dudley, through his experiences in the wilderness, becomes a snake killer as a means to cope with his own psychological trauma. While not as symbolic as *Nick of the Woods* and the extermination of Native Americans, Dudley's actions seek to rid the neighborhood of all incarnations of the creature that killed his wife and scarred his child. Holmes's narrator even allows that "danger is often the best counter-irritant in cases of mental suffering" (276), which provides Dudley with the authoritative permission to kill without consequence. Though Dudley becomes less violent as Elsie grows, his lack of qualified counsel causes him to search medical literature for answers. Of this practice, the Professor disapproves, stating that "in all cases where men meddle with medical science for a special purpose, having no previous acquaintance with it, his imagination found what it wanted in the books he read, and adjusted it to the facts before him" (278). The Professor's position is clear: one should seek qualified medical guidance and

not venture into the literature untrained. Dudley, who cannot rely on Doctor Kittredge, has fallen into the trap of self-diagnosis.

Following a particularly troubling Sunday worship service, Elsie wanders the mountain until late at night. Returning, she confesses to the family servant that she “cannot love anybody” and that she does not know what love is (418). While the servant offers a comforting answer, Elsie’s claim that she is unable to love seems to be more about the absence of the ability to check her passions than feel physical love. Still, she is troubled by her perceived love-blindness. Following a three-day absence from the Institute, Elsie returns, carefully dressed, and requests that Langdon walk her home. On the way, she asks him to look into her eyes, which he does. When Langdon asks how he can help her, she says simply “love me.” Langdon, knowing his heart and his duty, claims only to love her like a sister. After this proclamation, the Professor adds, “it was all over with poor Elsie.”(423). Elsie retires to her room and says that they may call the old doctor to remove “the pain from my head” (424). When Kittredge arrives, he prescribes Elsie medication and believes that it will heal her. Upon finding her worse the next day, he diagnoses her with a “nervous fever” (426). Elsie sends for Helen Darley, Langdon’s assistant from the Institute. When Helen arrives, Dudley tells her that he expects Darley “to make her well in a few days” (431). Elsie is soothed by Helen’s presence, and Helen requests of the Venner family servant Sophy the story of what happened to Elsie’s mother. Sophy tells in hushed tones of how Elsie’s mother was bitten by a snake while pregnant, and Elsie had “her blood changed in her” before birth (434). The story leads to the conclusion that Elsie is a sort of human-snake half breed: “one [half] made her a woman, with all woman’s powers and longings. The other [half] chilled all currents of outlet for her emotions” (435). The implied diagnosis, too, returns to the

Professors assertion that the untrained will seek to bend the diagnosis to the apparent facts at hand.

As Elsie's condition worsens, the Doctor notices that the girl "seemed literally to be living on air" and that "his practiced eye detected" other signs that worried him. Elsie's two halves appear to be at war. Her human side attempting to burn the serpent out with a fever and the serpent side fighting back. When a multicolored basket arrives from the Institute as a get well gift, Elsie becomes agitated upon coming across white ash leaves—a traditional repellent for snakes, but placed in the basket innocently for their color. While the doctor attempts to explain away this phenomenon as a sort of extreme antipathy toward the objects in the basket, the implication is clear. The doctor himself partially retracts his assessment of antipathy after examining and identifying the leaves as white ash and explains their use. Following this, the doctor quickly falls in line with local lore and pronounces that Elsie a "double being" who "suffered a blight which fell upon her in the dim period before consciousness" (445). His diagnosis is that the ophidian is dying out, but taking the human with it. When Langdon arrives at Elsie's request, he sees nothing of the "stormy-browed, almost savage girl he remembered" (447). Saying their farewells, Langdon leaves the room and Elsie grows weaker by the day. The doctor remains helpless and Elsie dies. Langdon earns a degree in medicine and leaves the country for a city practice, where, in the Professor's words, "the highest social class furnishes incomparably the best patients" (483). Soon after, Langdon receives an invitation to take over as a professor for "an ancient and distinguished institution" (485), which he accepts, thus fulfilling the Professor's fantasy for Langdon and confirming the Professor's bias against the frontier and its backward and uncivilized ways.

Where a character like Charles Brockden Brown's Edgar Huntly becomes a failed frontier physician, Holmes's Bernard Langdon redeems his wilderness shortcomings to become a learned city doctor. Although there is a moral failure in both Langdon and the Professor's approach to Elsie—they favor observation over any sort of cure—the methods of observation and the application of the tenets of trained medicine are meant to rise above folk remedy and country medical practice. Holmes's Professor's near constant jabs at the ways in which people are too quick to make medical observation fit a certain story—especially among the uneducated—reinforces his belief that the only way forward for medicine and medical education is through organized training and strict licensing. Langdon's success, after additional schooling, underscores the need to produce fully trained and prepared doctors, not the half-educated variety that Langdon had been throughout much of *Elsie Venner* and that was most fully embodied by Doctor Kittredge.

## CODA

To be certain, medicine and medical education did not change overnight with the end of the Civil War. However, the antebellum moves toward better integration of practice and education, along with the emerging recognition that strict scientific methods and experimentation yielded better professional doctors began to take hold. Across the nation, states began to reinstate licensing boards to ensure that its physicians met at least a minimum criteria to practice medicine. The work of Oliver Wendell Holmes and other author-physicians paved the way for the likes of Silas Wier Mitchell and his short story describing the horrors of medical trauma during the Civil War.<sup>39</sup> Journalism joined the movement for better treatment of the patient when Nelly Bly visited the asylum at Blackwell's Island at the turn of the twentieth century disguised as an inmate. Bly's findings and experience as a patient exposed the persistent flaws of a profession that was still growing into its new modes of treatment.

Permanent and lasting change was slow to arrive. Even physicians who thought they were advancing the profession were making use of methods that would quickly be deemed barbaric. One of Silas Weir Mitchell's patients, Charlotte Perkins Gilman, was so mistreated by the doctor that he became the inspiration for her physician character in "The Yellow Wallpaper" (1892). Though the American Medical Association codified its standards and many states re-established their licensing boards—permanently, this time—it took the rest of the nineteenth century for most physicians and institutions to fall into line. The march of medical reform roughly followed the same path as national expansion. It began in the east and spread across the continent, consuming states and territories as it moved west. Homeopathy and alternative medicine were not completely crushed in the expansion, though; herbalists and spiritual healers continued to ply

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<sup>39</sup> A physician and author, Mitchell published *The Autobiography of a Quack* in 1903, which contained the story "The Case of George Dedlow," about a Civil War soldier and quadruple amputee.

their trade, but where there had been (in some cases) a cohabitation of allopathic and alternative medicines, there became a distancing of the “professionals” and the amateurs.

Martin Kaufman cites the establishment of the licensing board in New York state as a prime example of both a model for other states and the ways in which licensing was problematic. Formally established in 1891, New York formed three separate licensing boards—allopathic, eclectic, and homeopathic, with a defined exam for each branch. According to Kaufman, the first year saw one thousand students fail the exam (145). However stringent the standards, allopathic physicians felt that licensing of homeopathic and eclectic physicians was effectively legalizing quack medicine. Furthermore, the turn of the century saw an increased demand for a separate board to license spiritual and Christian Science physicians. This further threatened allopathic practitioners, with many homeopathic and eclectic physicians joining forces with their former rivals to form a single medical examining board in 1907 that had representatives from each of the disciplines, minus spiritual and Christian Science, which was labelled by the new coalition as being outside of medical practice.

For all of the refinement of standards, medicine and medical professionals have continued to come under fire for their actions in the name of progress and science. The Tuskegee experiments on African American men, intentional exposure of US troops to mustard gas during World War I, reluctance to admit the dangers of thalidomide, ethics surrounding the apparent profiteering from terminally ill patients, and the controversy among some groups regarding the efficacy of vaccination are just a few instances of a legacy that began with the professionalization of the physician. As happened in the 1820s, alternative medicine is once again challenging allopathy for a segment of the medical population. Celebrity “doctors,” some no more qualified to practice medicine than their nineteenth century diploma mill counterparts,

regularly dispense medical advice across a variety of media platforms. Contemporary entertainment is rich with narratives that explore the politics of the body and medicine—*The Walking Dead*, *The Knick*, the medical fiction of Michael Crichton, Michael Palmer, and others vie for consumer attention. But there is nothing new here. The drama of a zombie outbreak is similar to the rampant somnambulism in *Edgar Huntly*. The cases of PTSD and how best to treat servicemen and women affected by it are the same questions Robert Bird asks (though in a much more fantastic mode) in *Nick of the Woods*. Distrust of doctors and suspicions regarding their motives run throughout this project. Recognizing that there is a definite influence and cyclical history in the way physicians, medicine, and disease have been perceived over the last two centuries in America is critical in the way that scholars approach studies of medicine and the body in the 21<sup>st</sup> century.



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