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ABSTRACT

A COMMUNITY OF PHYSICIANS: THE RURAL NEW YORK MEDICAL PRACTICES OF DAVID HANFORD (1816-1844), JONATHAN JOHNSON (1823-1829), AND GEORGE M. TEEPLE (1847-1872)

by
Lois Fischer Black

Manuscript records open a window to past events and cultures, often serving as a source of information the like of which is not available in printed form. An examination and analysis of three rural New York State physician's case record books, maintained during the nineteenth century, provides insight not only into the evolution practice of medicine, but also serves to highlight the differences between rural and urban routines.

Case records produced during the first half of the nineteenth century, such as those of David Hanford, who practiced between 1816 and 1844, and Jonathan Johnson, who left records of his medical practice dating from 1827-1829, demonstrate aggressive plans of treatment. These two physicians were representative of the time in which they practiced, as they frequently applied techniques of bleeding, and prescribed copious quantities of pharmaceuticals. George M. Teeple, whose case records cover the period from 1847-1872, was much less aggressive in his application for medical therapeutics. He preferred to rely on the power of nature.

These medical records, when compared not only to each other, but also to published accounts or urban practices, define rural medical practice.

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Lois Fischer Black

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To Bill

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CHAPTER 1

INTRODUCTION

1.1 Survival of Physicians' Case Records

As historian John Harley Warner has noted, "the most revealing sources of information about the therapeutic behavior of private practitioners are practice records made for personal use. A small minority of physicians kept case history books in which they logged their patients' signs and symptoms, their own therapeutic efforts, and the consequences of treatment."[1] Despite Warner's insightful observation, nonetheless, these sources have been largely neglected. That is why the study undertaken here, which examines three medical case books, is so important.

On the surface, such records typically serve as a record of treatments performed, medications administered, and payments received. A wealth of additional information may also be unveiled upon closer analysis.[2] While so often neglected, case records are an indication of what the medical practitioner considered important enough to retain for posterity, or at the very least, through the duration of his patients' illnesses. An analysis of three different physicians' medical records spanning the nineteenth century, as is planned in this investigation, is valuable in the information it reveals about the practice of medicine during this time and place. The medical case records to be addressed in this

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[1] John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge, Mass.: Harvard University Press, 1986), p. 83.

[2] Studies such as Laurel Thatcher Ulrich's *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Alfred A. Knopf, 1990), and Jacalyn Duffin's *Langstaff: A Nineteenth-Century Medical Life* (Toronto: University of Toronto Press, 1993), are representative of the value of this genre, which typically provides an in-depth analysis of diaries and casebooks. Included is detailed information about author of the text, local history, and a close look at the medical practices documented within the text. Conclusions are then drawn about the data contained in the narrative or case report.

thesis are those of David Hanford, Jonathan Johnson, and George M. Teeple. All three physicians practiced in central and southeastern New York State.

Although these three ledgers[3] were likely purchased, rather than fabricated at home, they are of a wide variety of formats which are characteristic of the nineteenth century. The Hanford account ledger is the most imposing, containing 420 pages, 315 of which are filled. The Johnson account book is filled with 150 pages of text, dating form 1827-1829. The Teeple receipt book was constructed to fit in a pocket, and measures 12" by 4" closed; the text occupies 145 pages and documents cases from 1847-1872. While David Hanford's register appears to be complete, covering a practice of nearly thirty years, from 1816-1844, there are two references to other accounts, presumably brought from another book. Jonathan Johnson's account book, however, includes a note by a former owner of the manuscript which indicates that this is "Book VIII," leading one to conclude that the author had a long and prosperous practice. George M. Teeple's case records regarding his upstate New York medical practice appear to be complete in this volume.

[3] The three medical casebooks examined in this thesis are contained in Historical Collections at the New York Academy of Medicine Library, New York, New York, where they form part of the manuscript collections.

CHAPTER 2

RECORD KEEPING AND RURAL MEDICAL PRACTICE

2.1 Evolution of Documentation of Medical Cases

The nineteenth century saw a tremendous rise in the quantity of records being kept for a full spectrum of purposes, as literacy rates rose and materials for records keeping were obtained more easily. A greater number of records required organization, and it was recognized that standardization of the data maintained was becoming increasingly necessary. Standardizing medical data, by definition, required that the same information was obtained and recorded according to an increasingly well-defined routine – each time a patient was examined. This trend toward recording data in a standardized format was not only seen in medicine; business directories began to make an appearance. During the first half of the nineteenth century, census records, tax records, and business records were modest and rather limited, and did not provide a great deal of information about particular communities. Gazetteers which attested to the advanced state of the economy were not published until the middle of the nineteenth century. It was not until the New York State Census of 1850 that occupations and the names and ages of all the residents of each household were documented. Prior to 1850, only the name of the head of the household was recorded, along with the number of occupants.

Primary source records intended for informal purposes also reflected a similar pattern of preparation. A survey of a dozen manuscripts housed in the collections of the New York Academy of Medicine Library indicate that the majority of extant medical records from the eighteenth and nineteenth centuries are account books which contain

records that serve primarily as financial accounts, but are secondarily an account of treatments. The manuscript records left by Jonathan Johnson and David Hanford are representative of this collection, as they function primarily as account books with limited descriptive information documented by physician. On the other hand, George M. Teeple began his record book as a pharmaceutical receipt book in which he documented the therapeutic preparations of which he learned while enrolled at Albany Medical College. He maintained this same book as he began his medical practice in Schoharie County, New York, ultimately recording cases in chronological order, after a truncated attempt to arrange cases by type (amputations, abortions, etc.). His case records, maintained during the second half of the nineteenth century, are more detailed than those kept by either Hanford or Johnson, but do not contain financial records.

A review of these medical casebooks, which document medical treatments from 1816 to 1872, serves not only as a record of the changes in medical practice, but also in the practice of record keeping itself. The three books of medical records left by David Hanford, Jonathan Johnson, and George M. Teeple were created by physicians practicing in agricultural communities. An analysis of the three casebooks indicates that they were intended by their creators to serve two different purposes, although the style and amount of documentation in each varies.

Hanford's was perhaps the most business-oriented. His organization was based on his patients and the amount of money they owed him for the medical services he provided. This account book was maintained more as a record of a business than a record of medical cases. Outstanding account balances were brought from one page to the next appearance of the same patient's records. His was, however, a more patient-oriented record than

Johnson's. Hanford began each section, normally at the top of a page, with the name of the head of the household of the family requiring treatment.

Similarly, Johnson maintained his chronological records as a business ledger. This account book was designed to serve as a daily log of patients seen, medicines prescribed, and moneys owed. As with Hanford's account book, Johnson's does not normally describe the nature of the patient's condition requiring his services.

In contrast, Teeple kept detailed records not only of the treatments prescribed, but also of the patients themselves. As historian Stephen M. Stowe has observed, "Case stories might be read as brief ethnographies of sickness, for example, in which are recorded the wishes and fears of patients. Or they might be read as part of the changing notions of professionalism."[4] Teeple's records come closer to fulfilling the role of a narrative than either of his two colleagues.

Rather than recording cases chronologically, Teeple entered his cases based on the procedure performed. The beginning of Teeple's daybook is arranged in such a way that leads the reader to believe that he expected to have a varied practice with cases distributed evenly throughout the various medical specialties. He began sections entitled, "abortions," "amputations," "midwifery," and "surgery;" however, it was the midwifery cases which occupied nearly all of his professional time.

There is evidence that both Johnson and Teeple filled in the information after they had seen the patient, as cases appear out of chronological order, or were occasionally entered more than once, and multiple visits are sometimes listed in a single entry. There

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[4] Steven M. Stowe. "Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-19th-Centruy American South," in *Women, Health, and Medicine in America*, ed. Rima D. Apple (New York: Garland Publishing, Inc., 1990), p. 161.

are various signs that lead the present-day reader of Teeple's daybook to believe that it was originally intended as a personal record of the medical cases seen by George M. Teeple. Moreover, it is fortunate that records of his patients survive, because this daybook does not include a record of the physician's financial accounts; we therefore cannot conclude what form of payment (if any) his patients offered in exchange for his services. One can assume that Teeple maintained a separate account book for business records. It appears that records were written down and compiled after each case had been completed, most likely from memory at home. Several of the cases contain corrections to dates and times of medical visits and deliveries, as if drawn from memory. Perhaps most revealing is the fact that he recorded the same case twice: Mrs. Lucinda Hamstreet's confinement with a female child on the second of June 1855, was documented as both cases 61 and 66. All of the cases but the last three appear to have been written by the same individual, whose identity may be assumed to be Dr. Teeple.

On one hand, these records might be less accurate in a documentary sense than those that were written in a journal at the scene of each medical visit, but on the other hand, these records show what the physician committed to memory and thought significant enough to write down at a later date.

Using the records of Teeple, Hanford and Johnson as a starting point, it is possible to determine a great deal more about these men and their surroundings. This includes their life history and other interests they may have had, the history and geography of the communities they served, the demographics of their patients, and the extent of specialization (or lack thereof) of their individual practices. All of these subjects will be explored greater detail in the following chapter.

CHAPTER 3

THREE PHYSICIANS IN RURAL NEW YORK

3.1 Record Books

Many published accounts and analyses seem to be of urban physicians' records, and therefore allow comparison between the rural medical practices described here and those in urban areas during the same period. More urban casebooks survive as records of metropolitan practices, as larger medical communities often had practitioners associated with hospitals.[5] These physicians had to document their actions and prescriptions as a rule, and more likely were subject to greater accountability than the rural physician.

These three manuscripts serve as an important record of rural practice. They document the private practices of physicians with no hospital affiliation, and serve as a window not only to a medical practice, but to life in small, rural villages in early America. Information about credit, trade, and barter systems as payment for medical and other services is among the wealth of information contained in these ledgers.

A study of the three present texts confirms that it is possible to draw conclusions not only about the practice of medicine in rural New York State during the 19th century, but also about the trends and evolution of the practice. Indications are that these three physicians participated in the three known branches of their profession: medicine, surgery, and pharmacy. Although specialization had begun earlier in Europe, during the eighteenth

[5] For a detailed study of urban medical practice, see Joel Howell's *Technology in the Hospital* (Baltimore: Johns Hopkins University Press, 1995). Howell's book is based on a detailed analysis of case records of the New York Hospital, in New York City, and the Pennsylvania Hospital, in Philadelphia. See also John Harley Warner's *The Therapeutic Perspective* (Cambridge, Mass.: Harvard University Press, 1986). Warner uses the Massachusetts General Hospital in Boston, and the Commercial Hospital of Cincinnati as a basis for his study of the evolution of medical therapeutics during the nineteenth century.

and early nineteenth century, general practitioners were still most common in America. In addition to fulfilling their responsibilities as community pharmacists and surgeons, these physicians practiced midwifery.

David Hanford's accounts span nearly thirty years; Jonathan Johnson documents only a small portion of his practice in the present extant ledger. George M. Teeple's career may be followed from medical school through his retirement as Esperance physician, as recorded in this receipt book. The Hanford and Teeple manuscripts are therefore the better records of the comprehensive careers of regional physicians which document the establishment and growth of medical practices during their respective times.

3.2 The Physicians

The extent of information available about a particular physician's life and practice has a great deal to do with the quality and quantity of records kept during his lifetime. Hanford and Johnson lived and practiced medicine in the first half of the nineteenth century – prior to the publication of gazetteers and the keeping of detailed census and tax records. For this reason, the information on available their lives and their patients is rather limited. We do know, however, that Jonathan Johnson was born in Canterbury, Connecticut on January 13, 1770. He died in Norwich, New York, on September 27, 1837, at the age of sixty-seven, and was buried there in Mt. Hope Cemetery.[6]

David Hanford was active in the community in which he lived and worked, participating in community affairs, such as the local school board. He was clerk of the

[6] This information accompanied the manuscript in type script.

school district number 3 from 1820 to 1821, and secretary of the education society of Middletown in 1825.[7]

George Montanyea Teeple left a more permanent record of his existence than either of his colleagues in surviving records, although little is known about Teeple's childhood and adolescence. The son of Jacob and Edey (Crocker), he was born in the township of Esperance, in Schoharie County, New York, on February 25, 1825.[8] Teeple attended school in Preston Hollow, New York, a small village in Albany County, located approximately twenty-five miles south-west of Albany. In 1840, Preston Hollow contained "about 250 inhabitants, 40 dwelling houses, 1 church, 2 taverns, 4 stores, 1 grist mill, 1 saw mill, 1 tannery and 1 fulling mill."[9] The town apparently did not have its own post office, but rather relied upon the town of Rensselaerville, some ten miles distant for that service. By 1860, the number of residences in this village remained unchanged at forty, according to the 1860 census, likely accounting for Teeple's relocation to a region with a rapidly growing population.

Upon graduating from Albany Medical College in 1849, Teeple married Biansa Mathilda Barringer, and established his family and medical practice in Central Bridge in Schoharie County. He moved to Warnerville in the fall of 1850, and re-established his medical practice there in December of that year. In 1853, Teeple finally settled in Sloansville, where he remained for approximately twenty years. The village of Sloansville,

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[7] This information accompanied the manuscript in type script.

[8] Edmund James Cleveland and Horace Gillette Cleveland, *The Genealogy of the Cleveland and Cleaveland Families*, Vol. II (Hartford: The Subscribers of the Case, Lockwood & Brainard Company, 1899), p. 1545.

[9] J. Disturnell, *A Gazetteer of the State of New-York: Comprising Its Topography, Geology, Mineral Resources, Civil Divisions, Canals, Railroads, and Public Institutions.* (Albany: J. Disturnell, 1842), p. 334.

situated on Vly Creek, contained about 300 inhabitants, 50 dwelling houses; 1 Baptist church; 3 taverns; 4 stores, 1 grist mill and several saw mills" in 1840.[10] Central Bridge, Warnerville, and Sloansville are no more than ten miles apart from each other.

3.3 Local History and Geography

These three New York State communities shared some common features during the nineteenth century. The three casebooks of Hanford, Johnson, and Teeple were created by physicians practicing in farming communities.

Jonathan Johnson had a thriving medical practice in Norwich[11], New York, the county seat of Chenango County, which had a population of 1,500 inhabitants. By 1840, the town had approximately 200 houses, a courthouse and jail, a bank, the county clerk's office, several churches, hotels, and taverns. It was by far the most commercial of the three villages explored in this paper, as it also had twenty stores and groceries, mills, and factories.[12] In addition to those he saw in Norwich, Johnson also visited patients in the neighboring town of Plymouth, seven miles northwest of Norwich. In 1840 the population of Plymouth was 1,625.[13]

David Hanford knew his patients in the village of Middletown quite well, realizing that once they became his patients, they would return to see him again and again. Middletown, located in Orange County, New York, remained a farming community despite its proximity to the flourishing New York metropolitan region, in this pre-

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[10] Ibid., p. 376.

[11] It is unclear whether he lived in the town, or village of the same name, but aside from the differences in population of the two, for the purposes of this study, it is of little consequence.

[12] Disturnell, p. 296.

[13] Ibid., p. 327.

industrial period. Middletown, in the town of Walkill (population 4,268 in 1840), was described as a "new and flourishing place" close to the end of Hanford's practice. In 1840, its population was 800, divided among 125 residences. The town contained 1 Presbyterian, 1 Congregational, and 1 Methodist church, 1 bank, 3 public houses, 15 stores and groceries, 1 grist mill, 1 saw mill, 1 iron foundry, and 1 tannery. The town was not quite as isolated as the others; the New York and Erie Railroad passed through it, stopping at the South Middletown post office.[14]

In contrast to Hanford, who remained in Middletown for the duration of his practice, Teeple relocated several times during the course of his adult life. At the time Teeple was beginning his practice, Schoharie County was growing substantially. In 1810, the United States census listed 18,945 persons in residence; in 1820, 27,910 were accounted for, and by 1840, 32,358 were counted. It was primarily an agricultural community; however, a number of inhabitants were manufacturers, and a few were members of learned professions.[15] Among the agricultural livestock of the region in 1840 were horses, mules, cattle, sheep, swine, and poultry. Crops grown in the county included wheat, barley, oats, rye, buckwheat, and to a lesser extent, corn. The region produced wool, some hops, some wax, potatoes, hay, hemp and flax. Schoharie County had a flourishing lumber industry, supplying great quantities of wood to the largest cities in the state.

The hours maintained by rural practitioners of medicine seem limitless. It is not just the physician's participation in emergency calls that one must consider, but also the responsibilities of those close to the ailing individual in summoning the doctor. Family

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[14] Disturnell, p. 248.

members or servants had to ride to retrieve the doctor for most serious cases and deliveries, as neither telephones nor other transportation was available. On many occasions these physicians visited patients in response to summonses from servants and family members[16] of those requiring assistance at all hours of the day and night. Late night calls, particularly for obstetrical cases, were routine. Both Hanford and Johnson noted whether the visit to a patient was made "in the night," and were compensated for the notably higher fees they charged for this extra effort. Teeple, on the other hand, notes the time at which he visits his patients, never giving more ceremony to those seen in the early hours of the morning. Since these three physicians lived in a world without automobiles in pre-industrial America, travel at night was much more difficult and dangerous. Transportation to patients by foot, horseback, carriage, or possibly even boat, as detailed by Ulrich in her analysis of midwife Martha Ballard's diary, was essential.

3.4 Patients

The socioeconomic profiles of the patients seen by all three physicians were very similar to each other – typical of the regions in which they practiced medicine. Fairly isolated rural farming communities each counted merchants, landowners, and laborers among their residents, as well as the usual cobblers, tanners, and blacksmiths. The two earlier account books (Johnson and Hanford) offer insight into the barter economy of their time and region. Despite the fact that many of the physicians' patients' bills were recorded in sums of dollars and pounds, both physicians frequently record that their accounts were settled

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[15] Ibid., p. 467.

[16] As Ulrich has reported, midwife Martha Ballard was summoned by a variety of individuals, ranging from the patient's husband or father, to their servant.

by a variety of other means, apparently deemed acceptable by the physicians. The "use of a cow for a month," or perhaps an entire calf might be designated as payment, with the account being settled. Some of the methods of payment provide information amount the occupations of the physician's patients. One of Hanford's patients, Andrew A. Pelham (seen from 1818-1821), paid his debt to the physicians with a pair of shoes, leading one to conclude that he was a cobbler.

Doctoring was viewed like many other essential professions in a small town, and reimbursement for a physician's services was flexible. Nineteenth century rural communities were characterized by their reliance on a quasi-capitalistic system that was based as much on the exchange of goods and services as it was on cash. From the frequency that non-cash forms of payment are recorded in Hanford's and Johnson's ledgers, it is clear that the economy of central New York in the 1820s and 1830s operated in this manner. On the other hand, it should be noted that such alternate methods of payment were much more common in rural farming communities than they were in urban America.

The credit David Hanford allowed his patients was usually reimbursed either by the supply of agricultural products, such as buckwheat, rye, turnips, or veal, or by services rendered, such as hanging window skirts or drawing wood. Johnson also saw patients who paid on credit. He, too, was usually compensated with bartered goods such as pork, mutton, or shoes, or with services rendered, such as plowing fields or cutting wood. Terms of credit offered by Johnson appeared to be quite generous, although this physician did keep meticulous records regarding his expenses. Patients were treated multiple times

over the course of a year or more, without Johnson having received payment for his services.

Although no information is available about the compensation Teeple received for his medical services, we know that he saw patients from every economic and social class. According to 1860 census records, gazetteers, and local directories, his patients ranged from landowners with extensive financial resources, to laborers who rented their property. Perhaps the most unfortunate case was that of Mr. Bromely, an amputee, who was treated by Teeple before being sent to the County Home in Middleburgh. Teeple noted that "Mr. B. was of intemperate habits and did not live with his family. He is respectable connected and himself a good mechanick."[17] Teeple was not deterred by the apparent poverty of his patients, and treated one and all, regardless of their wealth. "His daughter [commented] that he never refused to answer a call because the person was poor; hence his loss will be greatly felt by that class."[18] As proof, Teeple acknowledged that Bromely had a history of alcohol abuse, but treated him multiple times.

The ethnic background of the patients is another area worthy of examination. As one would expect in a medical environment where emphasis was placed on age, gender, and race and ethnicity, information is provided in some of these areas by the physicians in their medical casebooks. It appears that the race or ethnic origin of patients was identified by these physicians only in those cases that they considered to be unusual or exceptional.

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[17] George M. Teeple, Receipt Book, 1847-1872. The New York Academy of Medicine Library, New York, N. Y., p. 91.

[18] J. W. Wright, "George M. Teeple, M.D.," *Proceedings of the Connecticut Medical Society, 1889. Ninety-Eighth Annual Convention, Held at Hartford, May 22nd and 23rd.* New Series, vol. IV., no. 2. Published by the Society. N.E. Wordin, A.M., M.D., Secretary, Bridgeport, Conn. Bridgeport, Conn.: Gould and Stiles, Book and Job Printers, 1889.

This makes sense if one considers that many rural areas had rather homogenous populations during much of the nineteenth century.

While the umbrella terms "constitution" and "temperament" were commonly used during the nineteenth century to signify a patient's attributes, ranging from class to mood, race was often noted, as it was an important factor in determining the appropriate therapeutic action. As Warner has observed, "...the view that different races required different medical treatments because of racially defined constitutional peculiarities, grew necessarily out of the principle of specificity...Physicians saw many of the conditions of life that molded therapeutic discriminations as linked to class and occupation."[19] While these three physicians did not supply enough data to enable conclusions to be drawn about a possible correlation between race and treatment, one may assume that their motivation for including mention of this physical characteristic is based in part upon this therapeutic perspective.

Hanford identified the race and ethnic origin[20] of several of his patients. There are many examples of this in his manuscript. For example, Hanford noted that on February 17, 1823, he paid a visit and prescribed physic and laudanum for "an Irishman at Mr. Gaines." Four days later, on the 21st, he again visited and opened an abscess for "an Irishman at Mr. Gaines." Finally, he checked on his patient at Mr. Gaines' residence on March 1st, when he prescribed "physic, sach sat, pitch burgundy for Irishman." In only one case does Hanford indicate that he was called directly by a "colored man", James Silus (1822), rather than by an intermediary on behalf of the minority patient. He visited Daniel Corwin and his relations and charges for a period of several years, and then on November

1, 1835, he paid a visit to a "colored woman," on whom he performed ven[esection] and administered an undisclosed medicine. Hanford also treated a "black woman" at Henry B. Wisner's (seen from 1818-1822).[21] His practice also extended to visiting a "black woman" for whom he prescribed "bleed physic and sudorific...visit cal and epispastic" at the residence of Henry Gale on February 9, 1820.[22] On April 14, 1822 he extracted a tooth for a black boy.[23] In 1834, Hanford paid a visit to William W. Corwin in 1834, where he attended a black girl.[24]

Jonathan Johnson notes only one patient as being of a different race or ethnic origin. On September 12th, after he visited four patients, Johnson then visited Edward Johnson. This visit to Edward Johnson was for a "Black Woman and Child", to whom he gave "calomel & cr. tart."[25]

Teeple only occasionally recorded the race or ethnicity of his patients, perhaps only limiting this identification to those seemingly rare occurrences in each of the Schoharie County villages in which he practiced. Teeple notes, for example that his patients in both his 1st and 10th midwifery cases were "Black Women." Midwifery case 111 is referred to as the "Black wife of Francis Bush", leading one to query the husband's race or ethnicity. It should be pointed out that although the patients recorded in Teeple's primarily obstetrical practice were naturally female (as was the case of the unfortunate Mrs. Hannas, who died of an ovarian tumor), he did have four male patients: Levi Lottern

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[19] Warner, p. 65.

[20] Warner notes that "race" could refer to very broad ethnic divisions. p. 65.

[21] David Hanford, Medical Casebook, 1816-1844. Historical Collections, The New York Academy of Medicine, New York, N. Y., p. 106.

[22] Ibid., p. 141.

[23] Ibid.

[24] Ibid., p. 174.

(for disease of the kidney); the aforementioned Mr. Bromely (for amputations); the Reverend D. B. Collins (for "hydrocephle"); and Nicholas Eckerson (for a reduction of shoulder).

The evolution of the patient record and the doctor-patient relationship go hand in hand. As Warner has observed, "The shift from behavior to knowledge as the conspicuous support of professional identity also transformed the doctor-patient relationship. In claiming to be an expert in natural science, the physician became less dependent on the authority that derived from his relationship with sick individuals."[26] The narrative descriptions of symptoms and treatments of Teeple's initial encounters with his patients bears out Warner's observations. They are clearly indicative of a closer relationship between the physician and his patients during the latter part of the century.

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[25] Jonathan Johnson, Medical Casebook, 1827-1829. Historical Collections, The New York Academy of Medicine Library, New York, N. Y., p. 34.

[26] Warner, p. 264.

CHAPTER 4

NINETEENTH CENTURY RURAL MEDICAL PRACTICE

4.1 Extent of Practice

These physicians were general practitioners who had the responsibility of treating any ailment with which they were presented. Their practices covered a full range of procedures, from treating tumors to extracting teeth to lancing abscesses, in addition to routine obstetrical cases common for the family practitioner. It is clear that the patients of each of the physicians had faith in their abilities, as patients returned to each their respective physicians time after time for continued and repeated treatments, whether it was for the delivery of a child, for bleeding, or for pharmaceutical preparations. It is true that inhabitants of the communities discussed had limited alternatives to turn to for their medical care, but the patients demonstrated their trust in the physicians, and reliability upon their services.

The casebooks of Hanford and Johnson indicated that they provided a full range of medical services throughout their recorded practices. Compared to Teeple's record of midwifery cases, Hanford and Johnson maintained extremely prosperous and varied medical practices, assuming that the quantity of cases handled by each of the physicians in a year was directly proportionate to their successfulness. Johnson extracted teeth, removed placentas, lanced abscesses, removed an embryo, and was present for at least one spontaneous abortion. The records of Hanford's medical practice span nearly thirty years, during which time he, too, extracted teeth, lanced abscesses and conducted bleedings. Hanford also documented his use of preventative medicine which he

administered in the form of a vaccination. Hanford recorded several instances in which he vaccinated children, but did not specify its purpose, however, during this period, the most common purpose of vaccination was to prevent smallpox.

Although neither Hanford nor Johnson routinely mentioned the nature of the non-surgical illnesses for which they were called (other than obstetrical cases, tooth extractions, or minor surgical procedures, such as lancing abscesses), it is possible to speculate about their patients' illnesses, based on the frequency and diversity of therapeutic treatments they prescribed. The use of therapeutics will be discussed in greater detail in the following section.

A survey of the cases administered by Teeple shows that while nearly 98%[27] of his cases were obstetrical, he did perform amputations and other surgical operations. Although his casebook does contain a list of therapeutic formulas, which were likely transcribed during his days at the Albany Medical College, it is apparent that he prescribed them rarely, if it all during the course of his practice. This would suggest that Teeple normally did not see patients whose conditions were not obstetrical or surgical in nature. It is not clear why his general practice evolved into an obstetrical one, or what happened to the other cases in the region, although the rise of medical specialization began during the latter half of the nineteenth century. One may suppose that Teeple's non-obstetrical cases were absorbed by another physician, as there is evidence both in his receipt book and in county gazetteers that a number of other physicians were practicing in the region.

[27] In this casebook, there were a total of 266 medical cases. Of these, 260 were of an obstetrical nature, including both deliveries and abortions.

During the twenty-three years George M. Teeple maintained this daybook, he recorded two-hundred sixty obstetrical cases, including both midwifery and abortions.[28]

The variety of medical cases seen in urban medical practices would have mirrored those documented in these rural practice casebooks, as all physicians were considered to be general practitioners until the rise of medical specialization during the latter half of the nineteenth century. The use of various therapeutics applied by both rural and urban physicians to treat a range of conditions was also common to both environments.

4.2 Therapeutics

From the time of Hippocrates until the middle of the nineteenth century, physicians characterized disease as an imbalance in the body's systems. The medical community accepted as their responsibility the need to "restore the *natural balance*...[which] was to be accomplished by depleting or lowering the overexcited patient, and by stimulating or elevating the patient enfeebled and exhausted by disease."[29] However, there was no standardized method of treatment of disease during the nineteenth century, as physicians' choice of medicines was determined by when and where they had completed their training.

Most physicians during the early part of the nineteenth century subscribed to the theories and practices of heroic depletion, in which a patient's condition was intentionally weakened by bleeding, cathartics, or purgatives. Examination of even a few pages of either Hanford's or Johnson's text is more than sufficient to confirm that they both subscribed to this philosophy. They prescribed pharmaceuticals from all the major

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[28] See note 27.

categories of reagents, including cathartics, purgatives, and stimulants, and bled patients often.

David Hanford and Jonathan Johnson were very much examples of the region and age in which they were educated, and the profession of which they were a part. In the first half of the nineteenth century, a doctor was a man of action and intervention. Physicians believed it was their profession that gave a practitioner his distinctive identity and his ". . . worthiness of confidence in performing the task of healing. 'It is a profession made by its members, that is, a declaration, an assertion, that the candidate possesses knowledge, skill, and integrity, sufficient to entitle him to confidence.'"[30] According to one physician (from New England in 1834), an essential element of the medical profession ". . . was the 'moral obligation' to intervene. The physician professed, in effect, that he had the ability to act, and that this in turn merited the confidence of the public."[31] In accordance with this image and confidence, the frequent (and aggressive) use of therapeutics to intervene on a patient's behalf was the professional responsibility of the physician.

A close examination of Jonathan Johnson's casebook provides valuable insight into the aggressive nature of his medical practice. The first half of his casebook contains approximately 1,000 entries, only a few of which are illegible. Of these, 804 entries (a little over 80%) deal with his medical practice. He recorded seeing at least 924 patients in the course of 892 visits. Multiple visits and/or multiple patients seen in one visit are sometimes recorded in a single entry – supporting the theory that the book was filled in

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[29] Warner, "From Specificity to Universalism in Medical Therapeutics: Transformation in the 19th Century United States", in *Women, Health, and Medicine in America*, ed. Rima D. Apple (New York: Garland Publishing, Inc., 1990), p. 88.

[30] Warner, *The Therapeutic Revolution*, p. 13.

[31] Ibid.

well after he saw a particular patient. The remaining 20% of the entries deal with financial matters – payments of debts, interest on accounts, credit for bartered goods (pork, mutton, shoes, etc.) and credit for services rendered (plowing fields, cutting wood, etc.).

For his 877 non-obstetrical patients, Johnson often prescribed (and sold) a variety of medications - averaging approximately 2.2 drugs per (non-"obstetring and medicine") patient. Many of his patients were given at least five different medications. Among the most frequently prescribed therapeutics were jalap, calomel, elixir paregoric, Lee's Billious Pills, Dover's Powder, camphor, seneka, Epsom salts, cort aurant, columbo and pacific powder. In addition to these specific medicines, he also prescribed emetics and cathartics.

The remaining forty-seven of Johnson's patient entries dealt with obstetrical matters. Nearly all of these (forty-four entries) were described as "obstetring and medicine" - the medicine, however, was usually not identified. Fortunately, in one of the obstetrical entries "medicine" was replaced with a list of five therapeutics which included "sal epsom, senna, sem anise, 6 anodyne powders and 18 Lee's Billious Pills"[32]. There is a second case when "medicine" was replaced with a list of seven therapeutics which included "camph, pacific elix, sal epsom, senna, sem anise, spt lavend, 12 Lee's Billious Pills."[33] In this case, however, it is less certain that the therapeutics were actually prescribed to the obstetrical patient. Although it cannot be proven, it is likely that when Johnson used the term "medicine" in his obstetrical cases, he actually supplied a number of these therapeutics. Johnson's frequent use of several therapeutic medications in

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[32] Johnson, p. 55.
[33] Ibid., p. 42.

obstetrical cases contrasts sharply with Teeple's practice of minimal intervention and allowing deliveries to follow their natural course when possible.

A closer examination of David Hanford's casebook provides equally valuable insight into the nature of his medical practice. Hanford's casebook is arranged chronologically, but entries are grouped under the name of the head of the household in which the patient resided. For this reason, it is logical to examine the statistics of several typical households. Examination of twenty of the more detailed family listings shows there are 742 entries. He recorded seeing at least 691 patients in the course of his visits. In some entries, multiple visits are also recorded – again supporting the theory that the book was often filled in well after he saw a particular patient. Of these, 660 of the entries (over 89%) deal with Hanford's medical practice. The remaining 82 entries (almost 11%) deal with financial matters – payments of debts, credit for bartered goods (buckwheat, rye, turnips, veal, etc.) and credit for services rendered (hanging window skirts, drawing wood, etc.). Unlike in Johnson's casebook, however, there is no mention of interest on the patients' accounts.

For his non-obstetrical patients (all but 16 of the 693 patient entries), Dr. Hanford also prescribed (and sold) a variety of medications - averaging approximately 1.20 drugs per (non-obstetrical) patient. Very few of his patients were given more than two different medications during a single visit. Among the most frequently prescribed therapeutics were pink and rhei (rhubarb), castor oil, gum guaiacum, calomel, opium, morphine, elixir paregoric, Dover's Powder, camphor, saccharum saturni, bitters, anodyne powder, Peruvian bark (cinchona), tartrate of antimony, lax pills, laudanum, sudorifics, and

digitalis. In addition to these specific medicines, he also prescribed physics, emetics, and cathartics.

In opposition to this belief and confidence in therapeutic intervention was a rising tide of criticism from within and outside the medical community. This criticism was based in part on new findings from the scientific community.[34] This opposition manifested itself in many forms, including a movement which renounced the use of therapeutics in favor of the healing powers of nature. It is likely that despite the stridency of their calls for attention to the healing power of nature, moderation was no doubt the goal of many of these voices. This movement against accepted practice and philosophy was, of course, one of the reasons that a "defensive animosity toward the healing power of nature escalated during the second quarter of the century as critics became convinced that American skepticism had taken a decidedly new and invidious turn."[35]

A second movement of greater significance was also gaining acceptance in Hanford's and Johnson's time – 'empiricism.' Although the ". . . trend of therapeutic thought during the second quarter of the nineteenth century clearly was away from rationalistic systems and toward empiricism, the revolt against system was by no means monolithic."[36] As opposed to those physicians in urban practices, physicians in rural areas were less likely have access to the latest pharmacological advances - including patent medicines - until they were well established. For this reason, the use of patent medicines by rural practitioners could be expected to be less common, although Johnson did rely

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[34] Charles E. Rosenberg, "The Therapeutic Revolution Medicine, Meaning, and Social Change in Nineteenth-Century America," in *The Therapeutic Revolution: Essays in the Social History of American Medicine*, ed. by Morris J. Vogel and Charles E. Rosenberg (Philadelphia: University of Pennsylvania Press, 1979), p. 14-15.

[35] Warner, p. 18.

heavily upon "Lee's Billious Pills"[37] in many of his cases, prescribing them either in pill or powdered form.

Indicative of the chronological development of medical practice was the fact that Hanford and Johnson were much more aggressive in their treatment of their patients than Teeple. The former two saw patients with great frequency, and prescribed a variety of medicines for a wide variety of purposes. For example, they routinely prescribed opiates, cathartics, and emetics at the same time. Indeed, the texts of Hanford and Johnson offer little evidence that either of these men put much faith in the healing powers of nature or subscribed to the principles of empiricism to any great extent.

The only evidence present in the casebooks of a movement toward moderation in the early to mid-nineteenth century ledgers was in the area of obstetrics. All sixteen entries dealing with obstetrical matters in Hanford's casebook were listed as "visit and delivery wife." No specific medications were identified in any of these obstetrical entries. Hanford's avoidance of therapeutic medications in his obstetrical cases reflects Teeple's practice (in the 1850s and 1860s) of minimal intervention and of allowing deliveries to follow their natural course when possible. Hanford's and Teeple's approach to obstetrics contrasts sharply with Johnson's practice of prescribing numerous medications during his obstetrical visits.

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[36] Ibid., p. 46.

[37] Lee's Antibilious Pills. Aloes 12oz. scammony 6oz, gamboge 4 oz, jalap 3oz, calomel 5 oz, soap 1oz, syrup of buckthorn 1 oz, mucilage 7oz; mix and divide into 5-grain pills.-- Henry Beasley, *The Druggist's General Receipt Book*, 6th ed. (London, 1866), p.183. (American Journal of Pharmacy cited as source) In a footnote to the mongograph on aloes, G.B.Wood and F Bach, Dispensatory of the United States, 5th ed. (Phila. 1843) p. 74, mention : "Lee's New London Pills of aloes, scammony, gamboge, calomel, jalap, soap and spirit of buckthorn."

In contrast to Hanford and Johnson, Teeple documented the use of only a handful of remedies over the course of three decades of medical practice including opium, Dover's Powder, emetics, ergot, and castor oil. Although Teeple does include a number of pharmaceutical receipts in the beginning of this daybook, he documents the use of only a few of them when describing his cases. For example, he states that he gave "castor oil as physic and that the only medicine given" to his wife Biansa in 1852, apparently wanting to assure all that his intervention was minimal. However, in his entry describing the treatment of Levi Lottern's diseased kidney, Teeple and the other consulting physicians used a number of therapeutic medications, including calomel, cathartics of sulphate and carbonate of magnesium, digitalis and squills of antimony. He also administered this medicine in the case of Mrs. Gordon. "Mrs. Harriet Gordon (wife of Josiah Gordon) confined with her first child October 8 1857. Male still born. The following eve taken with Puerperal Mania very severe. Bled her fiercely. And gave cal ??? of Dov. Pow. To blister...castor oil, etc."[38] Teeple's only mention of opium was in the unfortunate delivery of the Larkin's "monster," a case that called for extreme measures in all respects.

It is interesting to note, however, that did Teeple record administering ergot at times, despite the fact that he was quite conservative in his use of drug therapies and other methods of medical intervention. In his description of the 257 midwifery and three abortion cases he attended between 1849 and 1872, Teeple reported using ergot on two occasions, when the force of nature that he referred to repeatedly seemed powerless. As historian Judith Walzer Leavitt has noted, "Physicians trying to effect a timely delivery often resorted to ergot, a drug that caused or intensified uterine contractions....However,

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[38] Teeple, p. 120.

in a prolonged labor when the uterus seemed to need help in expelling the fetus, ergot appeared to be an attractive alternative to letting the woman suffer."[39] Ergot, a fungus found growing on rye grass, was found to have therapeutic properties, including initiating or accelerating labor. Leavitt explains further that, "although most nineteenth-century medical texts taught that ergot should be given only after the second stage of labor...many physicians relied on their own instincts and experience and administered ergot early in labor to bring on delivery."[40] However, Teeple was of the latter philosophy. As he noted in his 6th case midwifery case on March 24th 1850, Mrs. Campbell's "Labour commenced in the evening and continued until 8 oclock the following morning. At 3 oclock I was called. Found the patient quite easy - pains ineffectual and progress slow. At 7 I gave a ??? of Ergot which was effectual and at 8 oclock she was delivered of a fine boy. The third stage soon followed and ended the first contraction."[41]

In his eighth case on July 31st 1850, Teeple noted that:

> "Mrs. Sally Ann --- was taken with pains of third child the afternoon of the 30th. [He] was called at 1 oclock in the morning. Found labour progressing slowly; and we waited until half-past two when I concluded to give ??? of ??? which brought on the pains frequent and effectual without intermission almost until the child was expelled which occurred after a long and tedious labor at 4 oclock. The third stage was delayed on account of the contraction of uterus into a long roll? And had to ??? which I ??? 2 hours after the birth of child. But not until other means was ??? Female child. Patient doing well. Delivered in the chair---rocking. All her previous cases more tedious than this. I gave ergot not until the Os Uteri was fully dilated."[42]

Teeple clearly administered ergot as a last resort, waiting until it was deemed safe.

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[39] Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (New York: Oxford University Press, 1986), p. 144.

[40] Ibid.

[41] Teeple, p. 104.

[42] Ibid.

The differences in practice between the early and latter parts of the nineteenth century are quite evident in a comparative study such as this. The data present in the casebooks of Johnson, Hanford, and Teeple underscore the chronological revolution in medical therapeutics, confirming the theory that heroic measures were taken during the early part of the nineteenth century, and that a more conservative doctrine was followed during the second half of the century.

Attitudes towards bloodletting paralleled those towards drug therapies during the nineteenth century. Similar conclusions may be drawn based on a chronological examination of the frequency of its application as documented by the physicians in the three texts.

4.3 Bloodletting

Bleeding was an ancient medical treatment thought to restore a balance of humors in the body, as until the nineteenth century, physicians understood the body to be composed of four humors, including blood, bile, black bile, and phlegm. A balance of the humors, or body fluids, had to be maintained to either keep or restore good health; this was often accomplished by bleeding, as blood was thought to be the most important of the humors. As Warner has remarked, "No therapy occupied a more prominent position in the ideology of early-nineteenth century medicine than did venesection."[43] Jonathan Johnson referred to this depletive practice as "bleeding" on all but one occasion, when he noted that he had performed "venesection." An example of Johnson's use of bleeding is his January 10, 1828 entry describing his visit to Polly Cary, when he administered, ". . . tinct ??? spt nitr

dul and potions, sal. epsom, venesection. no. 2 one very large epispastic gum Arabic spt nitr for cr tarter .. ceruleum? fortes. calomel comb jalapi and sundry visits."[44]

In all, Johnson recorded 198 instances of bleeding (accounting for about 21.4% of his patients) over an 18-month period, from January 1827-July 1828. Of his forty-seven obstetrical cases, five (about 11% of these) were bled. This is a significantly larger fraction of obstetrical patients than Teeple. The fact that Johnson utilized bloodletting more frequently than Teeple is logical when one takes into account the different philosophies of the periods in which they practiced medicine. "Between the 1820s and the 1850s American physicians held steadfast to their belief in the necessity of therapeutic activism and in the value in principle of traditional remedies."[45] The data contained in Johnson's casebook supports this theory of therapeutic activism and aggressive treatments. He applied heroic depletive therapy, including the use of cathartics (such as calomel and jalap), bleeding, and emetics, to combat strong diseases perceived to need reduction.

Hanford also employed the technique of bleeding frequently, specifically identifying his method as venesection, a more aggressive form of bleeding, after 1831. For example, he visited William Finn's household on May 26, 1834, where he performed venesection on his wife. There are 126 references to bleeding mentioned in the examined text (accounting for about 18.2% of the patients). Of the sixteen obstetrical cases examined in this study, none involved bleeding the patient. Once again, this reflects Teeple's philosophy of obstetrical practice more than it does Johnson's. The fact that

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[43] Warner, p. 208.
[44] Johnson, p. 47.
[45] Warner, p. 37.

Hanford applied bloodletting somewhat less frequently than Johnson (but more than Teeple) makes sense when one takes into account the fact that many of Hanford's patient's were treated somewhat later than Johnson's. This reflects the gradual movement away from this perceived remedy during the course of the nineteenth century.

George M. Teeple's application of bloodletting was typical for a physician of the latter half of the nineteenth century. There was less emphasis placed on this technique as it continued to decline in popularity as a cure. Teeple employed the technique of bleeding in a relatively small number of cases compared to his colleagues who practiced in the earlier part of the century. However, the 185th midwifery case seen by Teeple called for extreme measures in many areas, including bleeding the patient. In addition to drug therapies and closely monitoring the patient's vital signs, Teeple and the other physicians treating Mrs. Emma Larkin elected to bleed her. She had been confined with her first child, who was still-born, in June 1865. Not finding a change in her condition after a few days, Teeple recorded that he "found the external parts dilated but the Os Uteri not open larger than a ten cent piece - rigid - very thin - and the head pressing against the Os strongly... In the evening no change of Os...Gave emetics. Emetics did not dilate the Os - warm bath. Steaming and hot drinks failed also. Wednesday morning 4 oclock took about 6 or 8 oz of blood. Pulse 100."[46]

Teeple also used this supposed remedy on Mrs. Harriet Gordon, the wife of Josiah Gordon. According to the 91st obstetrical case entry, she was ". . . confined with her first child October 8 1857. Male still born. The following eve taken with Puerperal Mania

[46] Teeple, p. 132.

very severe. Bled her fiercely."[47] A final example of Teeple appliying this treatment was the bleeding of Levi Lottern for disease of the kidney. Mr. Lottern was bled twice during the course of his treatment. In Teeple's words, the patient was

> "troubled with urinary difficulty for some years: and on Tuesday the 2nd of October was taken with symptoms of retention of urine for which he took about a teaspoonful of turpentine which brought on such pains and distress that I was called at eleven oclock in the evening. I found the patient laboring under symptoms of strang? Soon after Dr. Van Dyck was called: Patient was bled some 18 oz. blood was drawn and a full dose of calomel given and ??? application. This gave some relief, but pain returned and patient bled again in six hours. 16?? Followed by cathartics of sulphate and carbonate of magnesium each ??? at intervals with...water. But nothing passed his bowels until 26 hours after the calomel was given. Injection was given but of no avail on account of piles. Total suppression of urine followed for which Digitalis ?? squills with antimony was given alternating every three hours with diuretic drinks...No water was ??? or passed from Thursday morning until Monday morning when the bladder was found distended and the catheter used and some three pints of...urine was passed – after which urine was secreted...and diuretic discontinued. But retention followed and the catheter had to be used from 2 to 4 times in 24 hours. Then gave...water 3x dose one ounce every 4 hours. Cathartics of salt and antiphleg...regimen."[48]

It is quite apparent that, unlike Hanford and Johnson, Teeple did not use (or regard) bloodletting as a routine medical technique. He makes a great effort to document its use in the context of (three) very complicated cases. Although two of these cases were obstetrical, it is evident that Dr. Teeple knew he was dealing with non-viable pregnancies. In one of these, bleeding was done to remedy a complication that occurred after the still-born child was delivered. Teeple's use of bleeding in less than two percent of his recorded cases contrasts sharply with the 16% and 21% usage reported by Hanford and Johnson. Teeple's sparing use of bleeding as a treatment method also reflects the conventional

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[47] Ibid., p. 120.
[48] Ibid., p. 78.

wisdom of his time and the decline in popularity bloodletting had undergone in the twenty to thirty years after Hanford and Johnson had practiced medicine.

4.4 Anesthetics and Pain

Another trend that evolved during those same intervening years of the mid-nineteenth century was the discovery of anesthesia. The foundations of modern anesthesia were laid by William T. G. Morton during his famous surgical lecture at Massachusetts General in 1846, after Jonathan Johnson and David Hanford ceased practicing medicine. In Boston and elsewhere during the mid-nineteenth century, a number of demonstrations took place proving the ability of various agents to minimize a patient's perception of pain during surgery[49]. Following these demonstrations, a number of reputable institutions in New York, London and Paris quickly began to employ ether anesthesia. The application of anesthesia, however, was not universal. As historian Martin S. Pernick has observed, "Most practitioners saw anesthesia as neither all good nor all bad but as a mixed blessing to be used selectively. This discretionary nineteenth-century use of anesthesia drew upon a new utilitarian approach to professional decision making, dubbed by its proponents "conservative medicine." The "conservative" doctrine cautioned that every drug had both good and bad effects; that the damage done by drugs and damage done by disease were equally undesirable; and that professional duty required measuring the benefit-harm balance before employing any therapy."[50]

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[49] Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia University Press, 1985), p. 3.

[50] Pernick, p. 6.

It is interesting to note that although anesthetics were first used in Boston in 1846, they made a relatively early appearance in Teeple's rural community in Schoharie County. As judged from his records of applying anesthesia and administering pharmaceuticals, it is apparent that Teeple was influenced by the "conservative" doctrine to some extent, partially because he valued pain as a diagnostic tool. Very few of his medical cases mention the use of anesthesia. When discussing why many physicians of Teeple's day limited their use anesthesia, Pernick noted that some them not only thought that anesthesia be dangerous, but pain could be valuable.[51] Pain played a very important role in the cases documented by Teeple. He frequently used it as a diagnostic tool and because of this he would have been understandingly reluctant to alter its manifestations with therapeutics. As part of his clinical description of his obstetrical patient's condition, Teeple comments on the quality of pain experienced by his patients in child birth. In his casebook, pain is almost personified and is given qualities such as efficiency and ineffectuality. Teeple's dependence upon and attention to the patients' pain reflects his feelings regarding its significance. He routinely identifies pain as being either "efficient" or "severe," and equates pain with progress, noting in an early obstetrical case, "pains increasing and case progressing finally."[52]

Early on in the years of his practice in March 1850, Teeple attended Mrs. Maria Petsel, who "was taken with labor pains in the morning." He noted that, " [The] second stage commenced about 9 oclock a.m. and ended in about two hours when she was delivered of a male child. The third stage was ??? from retention of placenta. After leaving it for nature to do the work and also trying other means some 12 hours I then

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[51] Ibid.

removed it, with good success..."[53] Although he does not detail what "other means" he employed to speed the evacuation of the placenta, one may speculate that it was by the administration of drugs, as his last (and finally successful) attempt at removal was physical. When considering this case, it is important to note that Teeple's intervention was intentionally limited; he preferred to rely upon "nature to do the work." He recognized that childbirth was a natural process, and while a physician might be called to lend assistance, the delivery was primarily in the hands of the female patient.

Teeple did not indicate the use of anesthetics in any of his midwifery cases, but mentioned both ether and chloroform in some of his amputation cases. He reported that "a man by name of Bromely aged 56 frose [sic] his feet and legs on the 28 of January 1856 in the saw mill of Widow Moore in Sloansville so severely that amputation was the only remedy to save his life and the right leg was taken off below the knee on the 9th of February and the left one on the 22nd of Feb.[54] Gave ether and chloroform...He endured the operation remarkably well and recovered rapidly and in six weeks was able to ride 13 miles without resting."[55] This was a relatively early use of anesthesia, but Teeple seemed satisfied with the results.

In addition to the use of anesthetics in the amputations he performed, Teeple also used chloroform before repairing a dislocated shoulder. His description of "Reduction of Shoulder 5 month standing" was quite detailed. Teeple chronicled,

> "Mr. Nicholas Eckerson aged 55, Schoharie County had his shoulder dislocated about the first of January 1853. An attempt at reduction was made by Linus Wells

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[52] Teeple, p. 104.

[53] Teeple, p. 103.

[54] This is another indication that Teeple compiled his records, and prepared this receipt book at a later date. These two operations, which took place thirteen days apart, are listed in the same sentence.

[55] Teeple, p. 91.

> of Middleburgh[56] but was unsuccessful and it remained in that condition until June 11th five months standing when it was reduced by Drs. Flint, Mayham, and Teeple under the influence of chloroform with the most happy result. The patient being unconscious during the whole operation which lasted about an hour of severe to powerful extension. He immediately recovered from all effects of chloroform and appeared very much gratified at the result of our efforts and was cheerful and indulged in jokes (with) a hearty laugh."[57]

In addition to the use of chloroform, this case called for other extreme measures, such as the participation of other medical practitioners, and therefore it may not be judged as a typical application of this painkiller. Teeple's use of medical instruments was just as seldom as his use of anesthetics.

4.5 Medical Instruments

It appears that the physicians used lancets, and possibly scarificators or cupping sets, for bleeding and venesection, but none of them specifies precisely which instruments. Amputations would have required the use of surgical knives, saws, scalpels, and other items, although they were not mentioned specifically either. On other occasions, the use of forceps and catheters was acknowledged.

Teeple recorded his use of a catheter on more than one occasion, including that of the aforementioned Levi Lottern, when "No water was secreted or passed from Thursday morning until Monday morning when the bladder was found distended and the catheter used and some three pints of ... urine was passed – after which urine was secreted freely and diuretic discontinued. But retention followed and the catheter had to be used from 2 to 4 times in 24 hours." It should be noted that as with his use of forceps in obstetrical

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[56] Linus Wells was a physician, surgeon, and farmer. *Schoharie Directory*, 1872-73.
[57] Teeple, p. 98.

cases, it appears Dr. Teeple was used the catheter only after attempting other less invasive procedures.

Teeple also used a catheter to treat "Hydrocephle [in the] Reverend D.B. Collins, [when on] March 4, 1861, [he] operated by opening with a Lancet and introduced a final catheter. Drew off at this time 10 oz. Clear amber colored water." Teeple repeated this twice more: "Rev. D.B. Collins again. By the same operation on the first day of June 1861 and took 9 oz same appearance. August 30th 1861 Operated for Hydrocephle for Rev. D. B. Collins."

Teeple recorded his sparing use of forceps to assist with particularly difficult deliveries. Like many nineteenth-century physicians, he appears to have struggled with the decision of whether or not to use forceps. Forceps, "an instrument with two blades and handles for pulling; utilized to extract the fetus by the head from the maternal passages during delivery,"[58] often caused more harm than good to the fetus during a delivery. Returning again to his 185th midwifery case, we note that Teeple saw Mrs. Emma Larkin, who was,

> "confined with her first child June 27th 1865. Still born - Male. Used the forceps - Monster On the 25 or 26 she had pains and the membranes gave away & liquid ??? escaped slowly for several days...Found the external parts dilated but the Os Uteri not open larger than a ten cent piece - rigid - very thin - and the head pressing against the Os strongly - no sack...Called in Drs. Swart of Schoharie & Wells of Middleburgh about 9 oclock..."[59]

The physicians administered various pharmaceuticals "to dilate the Os - pains ??? the Os dilated slowly and only to a moderate degree...then...decided to use the forceps & remove the child which was done. Had to puncture its brain and then use great force to remove

it."[60] Case 226 is another documented use of forceps. Teeple noted that the delivery of Amanda Colgrove's second child involved a "tedious labour," and that he "used forcepts [sic]," underlining his admission of their use.

This rather sparing use of forceps was indicative of Teeple's conservative philosophy and dependence upon the healing powers of nature, evident throughout his practice of obstetrics.

4.6 Obstetrics and Midwifery

"Recent studies have concluded that the transition from traditional midwifery to medical obstetrics began in the northern United States between 1760 and 1820 and that it was a consequence both of new medical technology and of changes in the attitudes of women."[61] According to most sources, midwives in rural areas handled the majority of normal births through the middle of the nineteenth century. However, neither Johnson nor Hanford mentions the presence of a midwife in any of their obstetrical cases. These sources also acknowledge existing scholarship in the history of midwifery has recognized that urban and rural obstetrical practices did not evolve at the same rate. In rural areas, midwives continued to practice well beyond their colleagues in urban areas, where physicians tended to assume responsibility for obstetrical care at an earlier date. This may explain why midwifery and obstetrics accounted for such a small percentage of the cases seen by both Johnson and Hanford.

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[58] Leavitt, p. 273.
[59] Teeple, p. 132.
[60] Ibid.
[61] Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Alfred A. Knopf, 1990), p. 72.

While it was still common to call female midwives to assist with routine deliveries during the latter half of the nineteenth century, there is also no mention made of such assistance in Teeple's daybook. In only one case does he mention the presence of any other individuals present in the birthing room, aside from physicians whose assistance he has requested. In his 17th midwifery case on December 29, 1851, Teeple attended Mrs. Elizabeth Orr, who was "confined with her fourth child." Teeple writes that "I was called on Monday morning at 2 oclock found her in the first stage of labour. I learned from her nurse she had been in labour from Friday night."[62] It is not clear from this communication whether the nurse was a permanent resident of the woman's home, or whether she was called for the delivery. It is evident from Teeple's account that the nurse was in charge of the case for three days before a physician was called in, but it is clear that the physician was called to assume responsibility for the case.

4.6.1 Deliveries

Johnson describes his obstetrical visits as "obstetring and medicine" but does not explain whether this is to attend the birth of a child. He made these visits forty-eight times between January 1827 and July 1828. Johnson's deliveries were characterized by the profligate use of "medicines". On the other hand, Hanford describes his obstetrical cases as "visit and delivery wife." He delivered ten children for the fourteen families reviewed. Unlike Johnson, Hanford does not indicate that he used therapeutics during or after the birthing process. Both Johnson and Hanford placed more emphasis on which visits occurred in the night than they did on the details of the delivery itself – not even taking the

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[62] Teeple, p. 109.

time to record the sex of the child. The lack of detailed information makes it very difficult to assess the extent of either physician's involvement in the birthing process.

In comparison, Teeple described his first nineteen as well as one later difficult obstetrical case in great detail. Teeple recorded a total of 257 deliveries, four of which were twins. He delivered 115 boys and 137 girls and nine more children whose gender was not identified. Of the total, eleven were stillborn, five more survived less than three days, and three were aborted. Dr. Teeple delivered the first child for sixty-five different families, the first two children for eight of these, the first three children for six other families (of the sixty-five) and the first four children of Harriet and Josiah Gordon. He delivered as many as five children for three families, and seven for Mary and John Hoag.

Teeple included the delivery position of the mother in a small fraction of all of his early obstetrical cases. It appears that the one of the positions preferred by the doctor and/or patient was "on her knees," as was noted in thirteen out of the thirty-one cases in which the position is documented. Eight more deliveries were made on a chair bed, and another ten utilized a rocking chair.

There were typically four stages of labor, beginning with the first, which lasted from the onset of labor contractions through the dilation of the Os. The second stage was described as the period during which the fetus is expelled from the uterus, while the third stage is the period following the birth of the child. This stage ended with the expulsion of the placenta and membranes from the uterus. The fourth stage of labor was the period

between the expulsion of the placenta and the mother's satisfactory recovery from the delivery.[63]

It is probable that Teeple was called during the first stage of labor in each of his cases, yet labor progressed more quickly than he was able to travel to his patients, due to the factors regarding transportation described earlier. During the nineteenth century, physicians had to be notified of impending deliveries by family members or servants on horseback or foot, and then had to return with them to the patient. Eighteen of the first nineteen cases described in the receipt book identify the patients' stages of labor, and the period of time that elapsed between them. Teeple rarely documented postpartum house calls, noting return visits to households only if the birth had been a difficult one with serious complications resulting for either the mother or child.

4.6.2 Abortions and Miscarriages

Customarily, the term abortion in the early and mid-nineteenth century was understood to signify the termination of a pregnancy.[64] It did not distinguish between a natural miscarriage and one that was deliberately induced. In Teeple's time, it was clear that an "abortionist" was a person who deliberately procured an abortion or miscarriage. In Teeple's time, however, the term "aborted pregnancy" did not necessarily imply that deliberate actions were involved – as is the case today. This sentiment is conveyed in historian Bert Hansen's analysis of a medical student's notebook dating from 1866, which described "spontaneous abortions." During the middle of the nineteenth century, Professor Charles A. Budd clarified what was meant by the term abortion at that time: "By

[63] Leavitt, p. 275.

the term abortion we signify expulsion of the foetus from the womb before it has attained a period of development sufficient to maintain its own existence, which is generally prior to the sixth month of utero-gestation... Abortions are much more frequent than is commonly credited."[65] Keeping this (lack of) distinction in mind, any references to "abortion" and "aborted pregnancy" in the transcribed text from any of the three casebooks should not be equated with the deliberate actions, as they are just as likely to refer to natural or spontaneous miscarriages.

At the beginning of the nineteenth century, American women ". . . were legally free to attempt to terminate a condition that might turn out to have been a pregnancy until the existence of that pregnancy was incontrovertibly confirmed by the perception of fetal movement."[66] Such a perception of fetal movement was referred to as "quickening" and generally occurred late in the fourth or early in the fifth month of gestation and varies considerably from person to person. Prior to quickening, the interruption might or might not be due to "natural" blockage (that is, a pregnancy). A medical practitioner would not be able to distinguish between the two and would have to take the patient's word that she was not pregnant – even if the doctor suspected otherwise. The earliest abortion laws, which appeared between 1821 and 1841 in ten states and one federal territory, were limited by this same complication – the vagaries of detection and acknowledgment of pregnancy prior to quickening. Given the uncertainty associated with detecting pregnancy at its earliest stages and the leniency of abortion laws in the early nineteenth century, it

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[64] *Oxford English Dictionary*, 2nd ed., s.v. "abortion."

[65] Bert Hansen. "Medical Education in New York City in 1866-1867: A student's notebook of Professor Charles A. Budd's Lectures on Obstetrics at New York University. Part II," *New York State Journal of Medicine* 85 (September 1985) : 548.

does not come as a surprise that ". . . the practice of aborting unwanted pregnancies was, if not common, almost certainly not rare in the United States during the first decade of the nineteenth century."[67]

Medical interventions and other techniques aimed at restoring menstrual flow would (by the nature of their purpose) have the same effect if their intention was to induce an abortion. These techniques included bleeding, bathing, and the administration of therapeutics such as iron and quinine preparations, black hellebore, oil from juniper berries (often called Savin), calomel, aloes, etc.[68]

In 1840, there was a dramatic upsurge in the recognized frequency of abortions which lasted into the 1870s. Historian James Mohr describes the many facets of the abortion law enacted in New York in 1845-46. The law ". . . was intended to make the death of either the woman or the fetus second-degree manslaughter if quickening had taken place."[69] It also outlawed the practice of inducing abortions or facilitating another individual's abortion (by giving advice, drugs, etc.). It also removed ". . . the common law immunity historically granted to American women in cases of abortion . . ."[70] The fact that legislation restricting abortions was passed in New York at this time reflected both a concern over declining birth rates and the prevalence of abortions. The severity of this law makes one doubt whether a practicing physician in Teeple's time would document the fact that he performed such a procedure.

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[66] James Mohr, *Abortion in America: The Origins and Evolution of National Policy, 1800-1900* (New York: Oxford University Press, 1978), p. 4.

[67] Ibid. p. 16.

[68] Ibid. p. 8.

[69] Ibid. p.123-124.

[70] Ibid, p. 128.

Less mention was made of these procedures and natural occurrences in the earlier casebooks. Hanford does not discuss abortions and miscarriages in his casebook. Johnson recorded one abortion case that was most likely a spontaneous abortion, or miscarriage, and one case in which he "removed the embryo." He noted, "October 8// John Brookins visit and extracting an embryo." Later, he wrote, "November 28: Orrin Barr visit rad. seneka, ol[eum]. ricini...ess[ence] menthe pepperi for wife case abortion." One can speculate that the former was apparently an attempt at terminating an unwanted pregnancy, but that the latter was likely a miscarriage. Johnson was also called to "remove a placenta" several times over the course of his practice. This was a complication experienced during the course of either a normal or abnormal pregnancy.

Spontaneous abortions accounted for a number of the stillborn deliveries in George M. Teeple's practice. Although Teeple began his daybook with a section clearly titled "abortions," it is unlikely that these were indeed cases in which the fetus was intentionally aborted. Teeple also included mention of obviously spontaneous abortions, or miscarriages, among the midwifery cases he details. His first case on July 2nd 1849, was an "Abortion. Black woman. She was taken about 9 oclock in the morning with severe pain which continued at intervals until about 11 oclock when the pain had increased and the expulsion of the foetus with the placenta and membranes adhearing [sic] ?? entire ??? Membrane was not ruptured." In case 70, Teeple explains that "Mrs. Aurelia Gordon had an abortion Oct 1st 1855 caused by a fall carrying water and the labour began soon ??? premature discharge after about 12 hours. She was in her sixth month of gestation.

Female child."[71] However, in later cases, he does not provide any explanation for the cessation of his patients' pregnancies. "Case 144. Mrs. Ellen Becker. Abortion November 20th 1861. Male still-B. at 2 p.m." and "239. Mrs. Georgia wife of Sherman Cary confined April 1871. Abortion...First child."

Teeple segregates three additional abortion cases, placing them under the bolded heading "Abortions." He notes: Mrs. Kate Williams had an abortion in July 1855. Mrs. Aurelia Gordon had an abortion in October 1855. Mrs. Kate Williams had an abortion again the 31st of Dec. 1855." One may speculate that these were miscarriages as well.

4.7 Medical Jurisprudence and Illegitimacy Issues

Physicians of the era juggled moral, legal, and ethical obligations to treat patients in need, no matter what the circumstances. Seeing evidence of these obligations in a rural community during the nineteenth century is not unusual, as the medical code of ethics dates back to the third century and time of Hippocrates. Nor is it surprising to find a strict moral code present in a religious community, as would have been common in 19th century rural New York State. The presence of this code was quite evident in the literary records from this period – novels, diaries, and letters. Such accounts were, of course, dramatic and emotional. The inherent lack of objectivity of these documents does, however, limit their use as a factual record of standard practices and attitudes of the time.

Historically, it was the physician's responsibility to document the identity of the child's father. As Laurel Thatcher Ulrich reported, "a 1668 Massachusetts law ... introduced the practice of asking unwed mothers to name the father of their child during

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[71] Teeple, p. 117.

delivery...The assumption was that a woman asked to testify at the height of travail would not lie."[72] However, Ulrich presents statistics that indicate that by 1800, men and women were no longer being prosecuted for having children out of wedlock. The small amount of attention paid to this issue by these physicians reflect its decline in importance to the authorities of their time.

Although Hanford makes no mention of delivering illegitimate children, Johnson and Teeple do make note their participation in of such deliveries. For example, on May 22nd, Johnson recorded that he was called to the residence of Captain John Height, where he "delivered Miss Hemmingway, [prescribing] dianthose, senna rhei for his child."

Apparently Teeple treated a greater number of unmarried women than his earlier colleagues. Teeple noted that several of his obstetrical patients were not married, and that their children were "bastards." In all, he delivered five illegitimate children. In four of the five cases, Teeple recorded the identity of the father of the bastard children. In case 150, Teeple also records the delivery of an illegitimate child, explaining that Miss Christina Coons had her first child, a "bastard," on April 28th, 1862. "Its reputed father John Dawson (Irish). Case 153 was identified as a "bastard" as well, but no further details regarding its paternity were supplied. In case 218, Teeple identified Lidia as the consort of Jack Wand? indicating that they were "not married." He was clearly familiar with the legal issues associated with illegitimate children, as he noted that Miss Maria Livingstone said that, "Ambrose L. Andrews was its father, but could not sustain the charge."[73] It may have been not only his role as physician midwife, but also his position as County Coroner that required his attention to the issue of illegitimacy.

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[72] Ulrich, p. 149.

4.8 Consultations with Other Medical Practitioners

These physicians formed a community, but were profoundly aware of their limitations, due largely in part to their isolation as small-town doctors. Two of these physicians recognized their limitations and the value of interaction and consultations with colleagues, occasionally calling upon them for advice on particularly difficult cases. Despite the small size of the local communities in which they practiced, two of the three physicians examined here located colleagues documented their willingness to share their expertise and learning and treat each other's patients, typically collaborating on the most difficult cases. While David Hanford does not indicate that he collaborated with other colleagues it is likely he did too.[74]

Jonathan Johnson, on the other hand, refers to several other medical practitioners, including Dr. Mitchel, Dr. Harris, Dr. Hurd, and Dr. White. By 1855, twenty-five years after the records examined here ceased, there were 78 physicians recorded as practicing in Chenango County, New York. Johnson ceased recording cases for a four-week period during which he traveled to Ohio. One may speculate that a representative of these physicians was prepared to assume responsibility for Johnson's patients during his absence, although he did not specify the arrangements.

Teeple also recorded his consultations with other local colleagues, particularly on difficult cases. There are a number of indications that Schoharie County had its fair share

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[73] Teeple, p.113.

[74] Although detailed census records were not maintained during David Hanford's practice, we know that by 1855, there were 89 physicians practicing in Orange County, New York. Taking this relatively large number into account it is highly probable that there were several practitioners available for consultations in Hanford's time as well. If one considers the organization and content of Hanford's ledger, it is not surprising that consultations (because they would not involve financial transactions) were not documented.

of medical practitioners. On four occasions, Teeple mentions the involvement of other doctors in his casebook. Judging by the descriptions in these entries, it appears that physicians in the region routinely collaborated on difficult cases. At least eight other physicians from neighboring towns participated in four of Teeple's cases. "The frequency of consultations attests to physicians' awareness of the imperfection of their knowledge."[75]

The first of these consultations was an amputation case, which was quite dangerous and complicated. Teeple called for the assistance of Drs. Bigham, Scott, and Roscoe[76]. The second occasion involved treatment for a dislocated shoulder that had reportedly been unsuccessfully treated by Dr. Linus Wells of Middleburgh.[77] It had remained in that condition until June 11th (five months standing) at which time it was reduced by Doctors Flint, Mayham, and Teeple. The third case was the very difficult delivery of Emma Larkin.[78] Teeple called in Drs. Swart[79] of Schoharie & Wells[80] of Middleburgh about 9 oclock for consultation and assistance. The only other physician mentioned by Teeple was Dr. Van Dyck, who was involved in the treatment of the diseased kidney.

At least one other physician, Dr. Norwood, was known to have collaborated with Teeple, although he was not mentioned in this casebook. Dr. Norwood was, however, mentioned in Teeple's published obituary and was said to have located to Schoharie at or

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[75] Amalie Kass , "'Called to Her at Three O'Clock AM': Obstetrical Practice in Physician Case Notes," *Journal of the History of Medicine and Allied Sciences* 50 (April 1995) : 204.

[76] Isaac F. Scott and R.J. Roscoe were general practitioners in the town of Carlisle, according to the *Gazetteer of Schoharie County* (1872).

[77] Linus Wells was a physician, surgeon, and farmer. (*Schoharie Directory*, 1872-73.)

[78] Teeple, p. 132.

[79] According to the *Gazetteer of Schoharie County* (1872), there were two physicians by the name of Swart practicing in Schoharie. John I. Swart was a general practitioner, and Peter S. Swart was an allopath.

before 1863 and was, as of 1872, the regular practicing physician.[81] Elsewhere in the same account, Roscoe mentions another physician (John Kelly) and goes on to say that around ". . . the year 1840, Dr. Rowland located at Sloansville and enjoyed an extensive practice throughout the town for many years when he moved to Cherry Valley...During his last year's residence in that village, Dr. Teeple located there and continued until the year 1870."[82]

Changes in nineteenth century demographics undoubtedly had an effect on the frequency of Teeple's consultations as well as his ability to make a living as a doctor. According to Starr, the fraction of Americans living in towns with populations of at least 2,500 had increased from six percent in 1800 to fifteen percent in 1850. By 1890 this figure had grown to thirty-seven percent.[83] Although the number of physicians per 100,000 had grown from 177 to 241 between 1870 and 1910, it had dropped from 160 to 152 in less densely populated areas (i.e. non-urban areas like central New York).[84]

One may speculate that consultations occurred more frequently in urban areas, where there was a greater numbers of physicians practicing in closer proximity to each other. For example, in 1855, there were 1,252 physicians recorded as residing in New York County, exclusive of Kings (Brooklyn), Queens, and Richmond (Staten Island) Counties. Areas as densely populated as this were able to support hospitals which served to bring together practitioners in the community and facilitate consultations, something

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[80] Both H. D. Wells and Linus Wells were identified as general practitioners in the *Gazetteer of Schoharie County* (1872).

[81] Roscoe, p. 324-325.

[82] Ibid.

[83] Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), p. 69.

[84] Starr, p. 69.

that may have been more difficult to accomplish in the rural areas discussed here – especially in Hanford's and Johnson's time.

Schoharie County was reported to have sixty-eight physicians according to the State Census of 1855.[85] If one assumes that the drop in the proportion of physicians in rural America during the second half of the nineteenth century was due in part to a reduction in opportunities to make a make a living, it is likely that Schoharie County had a more than sufficient of physicians to satisfy demand. If this was so, it would explain some aspects of Teeple's career. First, Teeple would have been motivated to relocate on more than one occasion in order to retain (indeed obtain) a sufficient number of patients to earn a living. Second, the large number of physicians in Schoharie County may have had something to do with his decision to specialize in obstetrics.

These consultations with other practitioners help to complete the image of the rural practitioner, showing how he augmented the body of knowledge he amassed with assistance from colleagues, and participated in a network of medical professionals in his community.

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[85] J. H. French. *Gazetteer of the State of New York: Embracing a Comprehensive View of the Geography, Geology, and General History of the State, and a Complete History and Description of Every County, City, Town, Village, and Locality.* N.p.: Sold by Subscription, 1861, p. 153.

CHAPTER 5

CONCLUSION

As we can see, the nineteenth century was a time of significant change. The doctrine advocating heroic medical intervention was being called into question from inside and outside the medical community. The use of multiple therapeutics continued to decline as the years passed. The practice of bloodletting was waning. The discovery of anesthetics facilitated advancements in surgical practice and allowed physicians to perform more involved operations with less help. Physicians continued to assume more of the duties previously reserved for midwives. All of this was occurring against the backdrop of significant demographic changes. These changes not only affected the proportion of people living in urban areas but the number and distribution of physicians available to treat people rural America.

Analyses such as this provide insight into all aspects of a rural medical practice during the nineteenth century. Information contained in these primary source materials ranges from data regarding public health issues, such as contagious diseases, to therapeutics, including drug therapies. A thorough examination of the community is a natural component of such a study, as it informs the reader about the type of patients and economy present in the treatment area.

The three physicians discussed in this paper constitute a community, as they were centered in a relatively small geographic area during the nineteenth century. The many similarities between the practices of Jonathan Johnson, David Hanford, and George M. Teeple enable conclusions to be drawn about the trends in medical treatments and therapeutics throughout the region during the time period covered. These conclusions

gain additional significance when they are compared to those left by physicians practicing in urban areas during the nineteenth century. For example, as with urban practices, the use of therapeutics and bleeding declined in rural communities during the mid-nineteenth century. The changes underway in central New York clearly reflected the urban trend toward empiricism - using proven treatments rather than those advocated by doctrine. These casebooks also reflected the movement of obstetrical practices away from female midwives into the hands of male physicians. It is likely closer study of these and other rural casebooks will find additional trends in rural practice that parallel those previously documented in urban medical communities.

APPENDIX A

STATISTICAL SUMMARY OF DAVID HANFORD'S LEDGER

The following table summarizes findings from a detailed examination of the medical cases of 20 families listed in David Hanford's ledger. The first column lists the head of the household and the second column lists the pages containing the corresponding entries. The third column lists the period (in years) over which he saw members of each family. The remaining columns list (for each family) the total number of entries, visits, patients seen, financial transactions (including bartered goods and services), bleedings performed, deliveries made and therapeutics dispensed.

Page	Head of Family	Entries	Years Elapsed	Visits	Patients	Financial Transactions	Bleedings	Deliveries	Therapeutics
4	Wid. Betsy Cox	12	3	11	11	1	1	0	12
13, 16	Benjamin Crane	40	9.67	38	38	3	10	0	49
110	Isaac Denman Sr.	15	7.00	13	13	2	4	0	12
141	Henry Gale	32	3.00	31	31	1	6	0	47
3	Peter Hulse	26	2.50	20	20	6	3	2	27
10,11	Alexander Murray	65	2.25	63	63	2	1	0	87
80	William Philips	16	11.00	12	12	4	2	0	12
8	William Pierson	34	7.67	31	31	3	11	1	40
4, 5	Isaac Smith	23	5.75	18	18	5	4	3	13
119	Charles Treadwell	30	1.75	29	29	1	3	0	56
12, 102, 105	Isaiah Vail	71	1.75	81	81	2	8	0	71
9	Atwood Welch	7	7.50	3	3	4	0	1	3
1	Matthias Woodruff	22	6.25	16	16	6	3	3	19
64	John Williams	32	14.00	27	27	5	6	0	33
		425		393	393	45	62	10	481

APPENDIX B

STATISTICAL SUMMARY OF JONATHAN JOHNSON'S LEDGER

The following table summarizes findings from the first 75 pages of Jonathan Johnson's ledger. It lists (for each page) the number of entries, visits, patients seen, financial transactions (including bartered goods and services), therapeutics sold or prescribed, bleedings performed, obstetrical visits made, the number of obstetrical visits in which "medicine" was prescribed and the number of "non-obstetring and medicine" patients seen. The totals for each of the columns are listed at the bottom of the table.

Page	Entries	Days	Visits	Patients	Financial Transactions	Therapeutics Sold/Prescribed	Bleedings	Obstetrical Visits	Obstetring & Medicine	Non-obstetrical & med patients
1	20	10	19	19	1	43	2	3	3	16
2	22	8	23	23	3	34	6	1	1	22
3, 4, 5, 6 removed										
7	15	7.5	14	15	1	39	7	1	1	14
8	17	5	16	17	1	34	4	1	1	16
9	15	4.5	15	17	0	39	1	0	0	17
10	16	5	15	16	2	36	4	0	0	16
11, 12 removed										
13	18	9	13	13	5	30	4	0	0	13
14	14	7	9	9	5	19	0	1	1	8
15	21	8	14	15	7	19	5	1	1	14
16, 17 removed										
18	15	4	14	14	1	35	5	1	1	13
19	15	4	12	12	3	30	4	1	1	11
20	14	3	12	14	2	38	4	2	2	12
21, 22, 23, 24 removed										
25	11	6	9	10	2	23	1	0	0	10
26	15	9	12	12	3	22	4	1	1	11
27	14	6.5	14	15	0	34	2	2	2	13
28	18	2.5	13	13	5	24	0	0	0	13
29	17	5.5	13	14	4	42	4	0	0	14
30	13	3.5	11	15	2	25	7	0	0	15
31	15	7	13	13	1	32	1	0	0	13
32	16	9.5	12	13	4	29	2	1	1	12
33	14	3	12	13	3	21	4	3	3	10
34	13	3	9	11	5	24	2	0	0	11
35	14	4.5	13	13	1	42	3	1	1	12
36	15	5	17	17	1	34	3	1	1	16
37	18	7.5	30	30	1	37	3	1	1	29
38	14	4.5	18	18	3	36	1	0	0	18
39	18	5	16	16	3	50	0	0	0	16
40	16	4.5	17	17	1	33	2	0	0	17
41	23	8.5	19	19	8	32	2	0	0	19

Page	Entries	Days	Visits	Patients	Financial Transactions	Therapeutics Sold/Prescribed	Bleedings	Obstetrical Visits	Obstetring & Medicine	Non-obstetrical & med patients
42	13	7	11	11	3	23	1	1	0	11
43	17	6	10	10	9	18	1	0	0	10
44	18	5	10	10	8	31	2	0	0	10
45	13	4	7	7	6	10	2	1	0	7
46	22	7	9	9	13	12	1	0	0	9
47	9	2	5	5	4	16	2	0	0	5
48	14	2	4	4	15	7	1	0	0	4
49	16	5	10	11	6	29	1	1	1	10
50	18	5	16	17	2	20	6	3	3	14
51	15	7	17	18	0	32	6	0	0	18
52	16	8	12	12	4	15	5	1	1	11
53	16	8.5	16	16	0	38	3	2	2	14
54	14	6	11	11	3	31	2	1	1	10
55	16	4.5	16	16	0	33	5	1	0	16
56	13	4.5	12	13	1	31	3	0	0	13
57	17	3.5	17	19	0	39	2	2	2	17
58	21	4.5	25	25	1	20	3	1	1	24
59	16	3.5	14	15	2	29	1	3	3	12
60	17	5	16	16	3	29	1	3	3	13
61	22	5	13	13	9	17	3	0	0	13
62	18	8	16	16	2	32	2	1	1	15
63	13	6	13	13	0	37	2	0	0	13
64	18	6	16	16	2	39	7	0	0	16
65	17	7	12	12	5	27	4	0	0	12
66	12	3.5	12	13	0	45	5	0	0	13
67	15	5	14	14	1	43	2	0	0	14
68	14	5	13	13	2	37	5	1	1	12
69	15	5.5	14	15	3	39	4	1	1	14
70	14	6	14	14	4	31	4	0	0	14
71	15	7	19	19	4	38	4	0	0	19
72	15	6	19	20	2	31	4	0	0	20
73	17	2.5	17	18	3	32	6	0	0	18
74	14	3	13	14	1	31	3	1	1	13

Page	Entries	Days	Visits	Patients	Financial Transactions	Therapeutics Sold/Prescribed	Bleedings	Obstetrical Visits	Obstetring & Medicine	Non-obstetrical & med patients
75	15	4.5	25	26	0	41	6	1	1	25
	1001	348	892	924	196	1919	196	47	44	880

APPENDIX C

STATISTICAL SUMMARY OF GEORGE M. TEEPLE'S LEDGER

The following table summarizes the obstetrical records contained in George M. Teeple's casebook. It includes the names of his obstetrical patients, the names of their husbands, the delivery date, the sex of the child, the baby's weight and other relevant information. Totals are listed at the bottom of the page

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
26	Allen	Catharine					7/14/52				Delivered on her knees
10	Armstrong							???	9/7/50		Delivered on her knees
29	Attinson or Abrahamson	Catharine					3/31/53			11	Delivered on the chair bed
81	Baines	Ann			8/23/56					8	Aida, very tedious
120	Bannes	Ann	Charles			11/16/59					Ervin Bannes
225	Baker	Mary	Dennis			8/2/68				9	
119	Banup?	Lucy	William			8/30/59				large	
146	Barrup	Susan	Harvey	Farmer	1/24/62					large	
167	Barrup	Susan	Harvey			10/4/63					
214	Barrup	Susan	Harvey					4th	9/8/67		
227	Barrup	Susan	Harvey					5th	8/28/69		
247	Barrup	Susan	Harvey					???	12/3/71		
151	Barrup		Robert					4th	6/19/62		
204	Bassett	Elizabeth	Kevin			12/4/66				9	
158	Bassett	Elizabeth	Kevin		1/17/63						
87	Bassett	Mary	Henry	Speculator			1/6/57				
139	Bassett	Mary	Henry						8/1/61		
136	Bassett	Margaret	Francis	Farmer		3/17/61					
216	Beeker		George			12/6/67					
188	Benedict	Elvina	Rev. Wm. F.			8/7/65					
85	Bett	Mary Ann					10/25/56				
138	Bicken?	Louisa	M?		6/3/61						
34	Bircham							???	11/30/??	large	chair bed
133	Bissell	Harriet	Marc(I)us		10/7/60						Vena?
182	Blenas	Eunice					3/20/65				still born
134	Blenas	Eunice	Lewis	Farmer		12/19/60					William
240	Blenas	Eunice	Lewis					5th?	6/21/71		
92	Blonas	Eunice			11/23/57						died 3 days later of convulsions

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
60	Borden	Adaline			2/18/55					8.5	
12	Borden	Harriet				12/22/50					acetate of ??? for pains to allow rest
189	Borden	Mahala	Hiram		8/16/65						still born in labour 36
160	Borodish		Samuel?		3/31/63					10	
154	Brand		Hiram			9/29/62				10.5 larg	Charles
217	Brand	Louis	Hiram					4th	1/29/68		
228	Brand	L.	Hiram					5th	9/30/69		
52	Briggs	Catharine			11/2/54						
114	Bromely	Agnes	Duane	Miller		5/18/59					Jennie
192	Brown	Elizabeth	Andrew		1/18/66						miscarriage at six months, foetus dead about six weeks
194	Brumby	Amanda	R. E.				2/10/66			very lge	
166	Burnby?	Amanda	Ruthman			9/20/63					
199	Burns	Elizabeth	Henry		8/25/66						
224	Burns	Elizabeth	Henry			7/12/68				8	
127	Burton		Stephen					???	5/7/60	7	
111	Bush	Sarah	Francis		2/19/59						black wife
6	Campbell							???	3/24/50		delivered on her knees; detailed
74	Can	Elisa			2/23/56						
	Carey	Mary Ann							12/28/54		
94	Carey	Mary Ann						6th	11/26/57		
106	Carls	Phebe Eliz	Hiram		10/14/58						very tedious
251	Carney?	Almira?	Joseph	farmer				???	1/27/72		
123	Carr	Elsie	Michael			1/17/60				9	
107	Carr	Mary Eliza	Joseph Erving	Doctor	11/1/58						Edward Carr
196	Carr	Mary Eliza	Joseph Erving			4/21/66				7	
211	Carr	Ester	William		3/17/67						

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
72	Carr	Maria				1/15/56					rocking chair
239	Cary	Georgia	Sherman		4/18/71						abortion
152	Clark	Rachel	Bill		7/16/62						
62	Clute	Fanny	John P.	Civil War Vet; Farmer				???	3/21/55		
226	Colegrove	Amanda	Amanda			8/11/68					tedious labor; used forceps
78	Colegrove	Sally			5/18/56						she was greatly deformed and distorted pelvis = counsil with Dr. Biggham = decided to p???? The cranium to remove the child. Did so with favorable results
93	Colegrove	Eliza Jane	Austin						11/26/57		
125	Colgrove		Austin					???	4/17/60		
67	Coligrove		Austin					5th	6/29/55	large	
155	Coligrove		Austin					9th	10/9/62	11 large	
153	Coll?				9/20/62						bastard
102	Conover	Sarah	Wm D.				7/27/58				
150	Coons	Christina	John Dawson		4/28/62						bastard; reputed father; Irish
86	Cramer		L.D.??					5th	11/28/56	10.75	George
110	Cramer	Miranda L.	Thomas Dorn					6th	2/5/59		Emma Cramer
173	Crandall	Amanda	J.H.					4th	4/1/64		Willis?
202	Crandall	Amanda	James H.					5th	10/13/66		Janine; feet presentation
48	Crandall	Eunice	Edward		8/29/54						
73	Crandall	Eunice				2/22/56					
71	Crosby	Phoebe						???	12/4/55	8.5	
231	Davenport	Alida			1/10/70						stillborn
205	Davenport	Mary	John		12/28/66						Estelle

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
235	Davenport	Mary	John A.	Carpenter Joiner Photographer		6/25/70				9.5	
255	Davenport	Mary	John A.				7/3/72				
20	DeGraw							???	3/4/52	large	delivered on the chair bed
174	Dibble	Harriet	Firman			4/28/64					Oak Ridge
221	Dibble	Harriet	Firman					???	4/11/68		
201	Digo	Gennette	Shel Wasburn?		9/30/66					10.5	6hrs; at father's in Carlisle; bastard+AC105
59	Dixon	Eliza				2/15/55				large	
100	Dixon		John					???	5/7/58		died
253	Dorn	(Elizabeth)	William E.	Overseer of the poor; farmer				???	4/5/72		
50	Doty	Mary Ann							9/12/54		
41	Dunmore		John					???	5/12/54		Used chair bed
140	Dunn	Maria	John					???	8/29/61		
80	Dwelly	Adaline	John Henry	Wagon Maker Blacksmith Farmer				5th	8/18/56		Julia
99	Dwelly	Adaline	John Henry	farmer				6th	4/29/58		Emily
54	Dwelly	Nancy	Jerome	farmer	2/8/55					8.25	Clarence, very tedious
105	Dwelly	Nancy	Jerome			8/10/58				8	
124	Dwelly	Nancy	Jerome				3/1/60			9	
2	Faie	Julia						???	7/9/49	large	detailed
36	Fergason	Eve					12/20/53			large	4 am; delivered in rocking chair
84	Flanter	Sarah					10/2/56				

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
83	Foster	Betsy						11th	9/28/56	8.5	
103	Foster	Betsy	Tilden S.					11th	8/5/58		
126	Foster	Betsy	Tilden S.					12th	4/28/60	9	
147	Foster	Betsy	Tilden S.					13th	2/7/62		
178	Foster	Betsy	Tildon S					15th	10/24/64		hours in labour 4
53	Foster	Nancy						5th	2/1/55		
186	Foxburgh	Harriet	Stuart V.					5th	7/7/65		
33	Frasier						9/23/53				delivered in the rocking chair
7	Getter	Lucy						???	7/30/50		delivered on her knees; detailed
212	Gorden		Isaac			3/20/67					
207	Gorden	Martha	Henry		1/9/67						first child
209	Gorden	Nancy	Ezekial	Farmer	1/25/67						
237	Gordon		Ezekial					???	11/9/70		
70	Gordon	Aurelia						6th	10/1/55		abortion caused by fall carrying water the labor began soon ??? Premature discharge after about 12 hours; she was in her sixth month of gestation
43	Gordon	Hannah						???	7/16/56		breech presentation; rocking chair for seat
91	Gordon	Harriet	Josiah		10/8/57						still born; the following eve taken with Puerperal Mania very severe bled her fiercely? And gave Cal?? Of Dov. Pow. To blister to ??? Castor oil, etc.
122	Gordon	Harriet	Josiah			12/8/59					Charles Gorden
219	Gordon	Harriet	Josiah				2/16/68				
234	Gordon	Harriet	Josiah					4th	6/3/1870		7 hours labor

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
68	Gordon	Mary	Michael					???	9/18/55		
104	Gordon	Sarah	John P.		8/6/58					8.25	Perry Gordon
180	Gordon	Sarah	John P.			12/17/64					
208	Gordon	Sarah	John P.				1/16/67				Perry
236	Gordon		Richmond		7/11/70						
131	Governor	Delana	Nelson		9/7/60					large	
	Hadsell	Anna									
32	Hadsell	Diana						6th	8/27/53	large	delivered on the rocking chair; died that same day of floodings
156	Hamilton	Jane Ann	Harvey		11/28/62					8.5	
249	Hamilton	Mary	Henry		1/3/72					large	tedious labor
61	Hamstreet	Lucinda						???	6/2/55		
66	Hamstreet	Lucinda						???	6/2/55		
141	Hannah		Charles Davis					4th	9/9/61	10	
142	Hannah		George			9/15/61				large	
115	Hay	Elsie	wife of ?		6/18/59						
69	Hoag	Gertrude C.			9/4/55					7.75	Anna
97	Hoag	Gertrude C	John B.			12/23/57					Thurston; G.H. 3rd time in July 1859
89	Hoag	Mary	John I.	Farmer				4th	2/13/57	10.5	
109	Hoag	Mary	John I.					6th	1/10/59	10	
135	Hoag	Mary	John I.					7th	1/3/61		Ruth
162	Hoag	Mary	John I.					8th	6/21/63	10	7 crossed out and 8 written in
179	Hoag	Mary	John I.					9th	12/17/64		John or Lola?; 8 crossed out and 9 written in
206	Hoag	Mary	John I.					10th	12/30/66		
245	Hoag	Mary	John I.					11th	11/17/71		died onsecond day
47	Horton	Angelica						???	8/5/54		Rial Valona, delivered on bed

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
243	Horton	Maggie	Edward L.		8/21/71					7.5	
3	Hunt							???	8/20/69		delivered on her knees; detailed
223	Hunter	Princes An	John		6/13/68					7	Baker
76	Hurst	Nancy				3/24/56					
181	Hutchinson?	Elsie	Henry				2/17/65				
176	Kendall		George				9/17/64				twins - 3rd confinement; mother and children doing well
56	Kimball	Caroline					2/9/55			8.25	Estelle
77	Kimball	Caroline						4th	4/18/56	8.75	Orr Kimball
45	King		Morris		7/23/54						on her knees
193	Lansing		Jacob						2/2/66		Dr. Shibly?? patient; had to turn child.
185	Larkin	Emma	Alex		6/27/65						stillborn, full page of details
242	Lawyer?	Nancy	George Canfield?					???	8/11/71		
38	Lettiver	Maranda					4/21/54				Rocking chair bed
37	Livingston	Maria	(Ambose A. Andrews)		2/25/54						delivered on the bed (Bastard)
39	Low?	Nancy				4/22/54					morning
42	Mason	Polly			5/11/54						
203	Mathews?	Lydia	George		11/27/66					Large	
88	McAnley	Cintha Ann			1/26/57					8.25	
132	McAuley	Ann	John P.			9/25/60					
248	McKee		A.H.	Hardware, tin				4th	12/13/71		first boy
172	McLain							tenth	3/26/64		Irish

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
45	McMaster	Amanda	see census rec	Farmer	7/23/54						Mary, rocking chair
75	McMaster	Amanda				3/6/56					Francsis
161	McMaster	Amanda	Wm				6/16/63			9.5	Carrie
63	McMaster	Susan			5/12/55						
257	Miller		Adam					4th	8/13/72		
11	Miller							6th	9/23/50		delivered on the bed
230	Miller	Adaline	Nicholas		10/28/69						
190	Montonye	Elvira	Hiram		10/22/65					10	William
215	Montonye	Elvira	Hiram			11/22/67					
232	Montanye	Phoebe E.	Charles		3/17/70						February crossed out
65	Montanye	Susan						12th	6/15/55		Ira
168	Moore	Lucy	George W.				11/17/63				
229	Moore	Lucy	G.W.					???	11/10/69		
256	Myers	Emma	Peter	farmer				???	7/16/72		stillborn
57	O'Brien	Julia Ann			2/10/55						
184	O'Hare		William					4th	5/21/65		
17	Orr	Elizabeth						4th	12/29/51	8.5	delivered on the chair-bed; large; 60 hour labor; mother & child doing well
9	Pearl	Nancy						6th	8/7/50	large	delivered on her knees; other details
259	Per?	Mary	Walter Larkin		9/23/72					11.5	not married
250	Perr?	Orpha?	Peter			1/26/72					
5	Petsel	Maria						???	3/21/50		
233	Petteys	Eliza	Richard		?????					8	delivered with forceps
51	Petteys	Jane						5th	10/16/54		Lewis
220	Pettys	Rebecca	Charles		3/2/68						

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
149	Phelps	Emeline	Miles				4/6/62			large	
157	Potter	Fanny	Edward					6th	12/3/62		
184	Potter	Fanny	Edward					7th	3/27/65		
79	Quick							9th	5/20/56		
96	Quick	Gertrude	D.W.	Wagonmaker				10th	12/19/57		Delia Eldora Quick
113	Quick	Gettie	D.W.					11th	4/16/59		
159	Quick	Gettie	D.W.					12th	3/13/63		
112	Rockwell	Matild	G.N.		3/8/59					v. large	still born; tedious labor from rigidity of the parts
128	Rowley	Aurelia	Joel A.	Farmer		5/14/60				6.25	
169	Ryley	Adalina	George						12/30/63	8.25, 7.25	
21	Shafer	Harriet						???	3/11/52		black; delivered on her knees
14	Shafer	Jane						???	5/1/51		confined to room for months by action of nerves since conception
16	Shafer	Lana					11/19/51				delivered on the bed
35	Shafer	Lana						4th	12/7/53		delivered on the chair bed
27	Shafer	Lydia						5th	11/8/52	8 large	delivered on the rocking chair (large)
25	Shafer	Margaret Ann						6th	7/12/52	10	delivered on rocking chair
55	Shingerland		Henry					4th	2/9/55		
252	Shutter		DeWitt		3/22/72						
116	Shure	Angelina	Samuel					???	6/29/59		
101	Smith		John				6/19/58				
24	Snyder	Rebecca						4th	7/4/52	8.25	delivered on her knees
177	Spencer	Louisa			10/10/64						still born; 24 hours in labour
191	Spencer	Louisa	John S.			1/11/66				8	
213	Spencer	Louisa	John S.				8/29/67			10.5	
198	Springstead	Lucinda	Henry		5/25/66					8.75	
238	Springstead?	Cinda?	H.			11/13/70					
129	Stiles	Mary J.	Martin					???	5/30/60	10.25	

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
4	Stiles	Nancy					8/22/49			9.75	detailed
46	Stiles	Nancy						???	7/20/54		delivered on her knees
118	Stiles	Nancy	Robert N.					7th	8/25/59	11.5	
175	Stiles	Nancy	Robert N.					6th	8/4/64		
246	Stiles	Nancy	Robert N.					???	12/1/71		
137	Stinehauts?	Aaron						???	3/29/61	10.5	
241	Sweet	Eliza?	Sherman?					???	6/28/71		instrumental labor
258	Sweet	Elizabeth	J. S.			8/17/72				8.75	
40	Sweet	Rachel	John	peddler				???	4/22/54		delivered on the bed
82	Sweet	Rachel						???	9/5/56		Gevery
165	Sweet	Rachel	John					7th?	9/11/63		
95	Taylor	Eliza	William Irish				11/27/57				Twins
117	Taylor	Eliza	William Irish					4th	7/10/59		sick[Mrs]; twins
18	Teeple	Biansa M.	George	physician	1/5/52					9.125	Rosalie E; delivered on the chair bed; gave castor oil as a physic; only medicine given (9lb 2oz)
31	Teeple	Biansa M.				7/30/53					Biansa Florilla Lupor; delivered on the rocking chair
49	Teeple	Biansa M.					8/31/54				Wm. Frank
164	Teeple	C.?	Ed					6th	9/9/1863		
130	Teeple	Caroline	Stephen	merchant	6/11/60					large	John
145	Teeple	Emily	Charles S.		12/22/61					9.5	Kate; Darien, WI
42	Teeple	Maria	Henry					???	6/15/1854		Luvana
108	Teeple	Maria						6th	2/13/1858		Edy Teeple
244	Teeple	Sarah	Henry	farmer	8/27/71						
19	Thompson	Cindrilla						???	2/22/1852	v large	first at birth; delivered on the bed; slow labor

Case #	Last Name	First Nam	Husband	Occup'n	First	Second	Third	Number	Date	Weight	Comments
23	Van Hatten	Rebecka						5th	6/24/1852		delivered on her knees
121	Vanderveer	Ann	Fitch					4th	11/18/59		
195	Veeder??	Mary	Soloman		2/19/66					8.5	(female - erased)
163	Vernek?	Mary Ann	Arthur		8/12/63						
98	Weidman	Ester	William				1/21/58				
148	Weidman	Ester	William					fifth	4/1/1862		first son
187	Weidman	Ester	William					seventh	8/1/1865	large	
254	Wheaton		Soloman			5/2/72					
170	Williams	Anna	James O.				1/10/64				still born
90	Williams	Kate (Cath	Erastus			3/17/57				9	Charles (St Patrick)
15	Willsey	Char?						???	7/9/1851		lived 12 hrs; kept a continual groaning; gave annodine; 8 months
143	Wiltsey	Amanda	Andrew		10/27/61					large	
22	Wiltsic	Charlotte						6th	5/19/1852		delivered on her knees
171	Wright	Almira	Ransom		2/15/64					9	George
197	Wright	Elvira	Ransom			5/24/66				7.25	
218	???	Lidia	Jack Wand?		2/13/68						Not Married
210	???					3/1/67					Black
200	Frans/Trans?		Henry					4th	8/25/66		
13	???	Mary Jane			1/13/51						delivered on her knees; died on 2/6 suddenly
8	????	Sally Ann					7/31/50				delivered on the chair - rocking; many details
1	?										abortion; black woman; detailed
64	Skipped										
222	?				4/21/68						

APPENDIX D

THERAPEUTIC MEDICATIONS

The following pages list the medications prescribed by David Hanford, Jonathan Johnson, and George M. Teeple. Selected entries contain additional information, including the most common use of the medication, its application, and an English translation (from the documented Latin).

Jonathan Johnson

sal absyntha: essential oil; antispasmodic; antiseptic; use in dyspepsia; hypochondriasis; dropsy and epilepsy

alkaline

gum ammonia (ammoniac): used as an expectorant

anise: used in flatulent colic

anodyne powders

antihemorrhagic powders

antimony potassium tartrate (tartar emetic)

aqua opthalmia

aromatic bitters

asafoetida

astringent powders

borax

burgundy plaster

cortex aurant: Seville orange; the juice in febrile and inflammatory rheumatic; rind in dyspepsia; pulp in fetid sores

blue powder

calomel (mercury chloride): antisyphilitic; purgative in large doses; chronic hepatitis

calomel and jalapi: cathartic

camphor: narcotic diaphoretic sedative; externally anodyne; use in typhus, gout; gangrene

chamomile

rad. columbo

crystal tartar: for the preparation of the tartrate potassa

decanthose

dianthus: clove pink an aromatic

diaphoretic powder

digitalis (folia, semina): stimulant and sedative

Dover's powder (ipecac and opium): diaphoretic and expectorant

emetic

febrifuge powders

Glauber's salt

rad glycyrrhiza: a sugary root that serves as a demulsant; used in catarrh

gum Arabic: used as an additive to many mixtures and infusions (cathartics)

gum guaiacum

jalap: prescribed as a cathartic; enhances the operation of calomel and other purgatives

spirit of lavender (oleum lavender): stimulant used in hysteria and nervous headaches

magnesia: laxative

magnesia alba

blue hydragyrum (blue mercury)

muriatic acid

myrrh: stimulant, expectorant; humoral asthma phthisis pulmonalis

nirvine powder

oleum ricini: cathartic and emetic with castor oil; purgative

opiate pills

Pacific powders

paregoric (elixir paregoric): opiated tincture of camphor

peppermint (essence menthe peperi): stimulant antispasmodic use in cramp of the stomach and flatulent colic

phosphate soda: mild purgative

rhei (rhubarb) and calomel: cathartic

roberans

saccharum saturni

sal epsom

rad seneka (seneka root): decoction in pectoral diseases; "emmenagogues" - those which induce menstrual discharge; stimulant; expectorant, diaphoretic, diuretic, in peripneumonia after the inflammatory action is reduced; dropsy, lethargy, asthma

senna

soda

spirit niter

stramonium

sulfa

gum tragacantha: demulsant (formulating agent); quiets a tickling cough

rad valerium: antispasmodic; tonic; emmenagogue; used in hysteria and epilepsy

tincture volatile

David Hanford

anodyne powder: a salt of morphine

bitters

borax: an astringent gargle to be used as a mouthwash (infections of the gums)

calomel and jalap

calomel and rhei

castor oil

chalybiate pills

chamomile

colchicine

crystal tartar

digitalis

Dover's Powder (ipecac and opium): diaphoretic and expectorant

enema

eyewash

tincture ferri

febrile mixture

emetic

gin

Godfrey's Cordial

gum camphor

gum guaiacum

laudanum

lavender spirits

laxative pills

liquorice

magnesia

manna

morphine

opium powder

opodeldoc (camphorated soap liniment)

paregoric: narcotic; usually an expectorant

Peruvian bark (Cinchona): extract yields quinine

physic

pink and calomel

pink and rhei

potassium

quinine

red precipitate (red oxide of mercury): peroxide; stimulant

rhei (rhubarb)

rob. ensfel

rob. epistpastic

saccharum saturni

senna: a cathartic and hydragogue; use in causticness and dropsy

spirit calomel

spirit niter

styptic powder

sudorific

sulphate

tartar antimonium: emetic powder made with tartrate of antimony

turpentine

valerium

white precipitate: ammonia chloride with mercury forming a triple salt; detergent used as an external application united with lard in scabies and other skin diseases

George M. Teeple

castor oil

chloroform

Dover's Powder (ipecac and opium): diaphoretic and expectorant

emetics

ergot

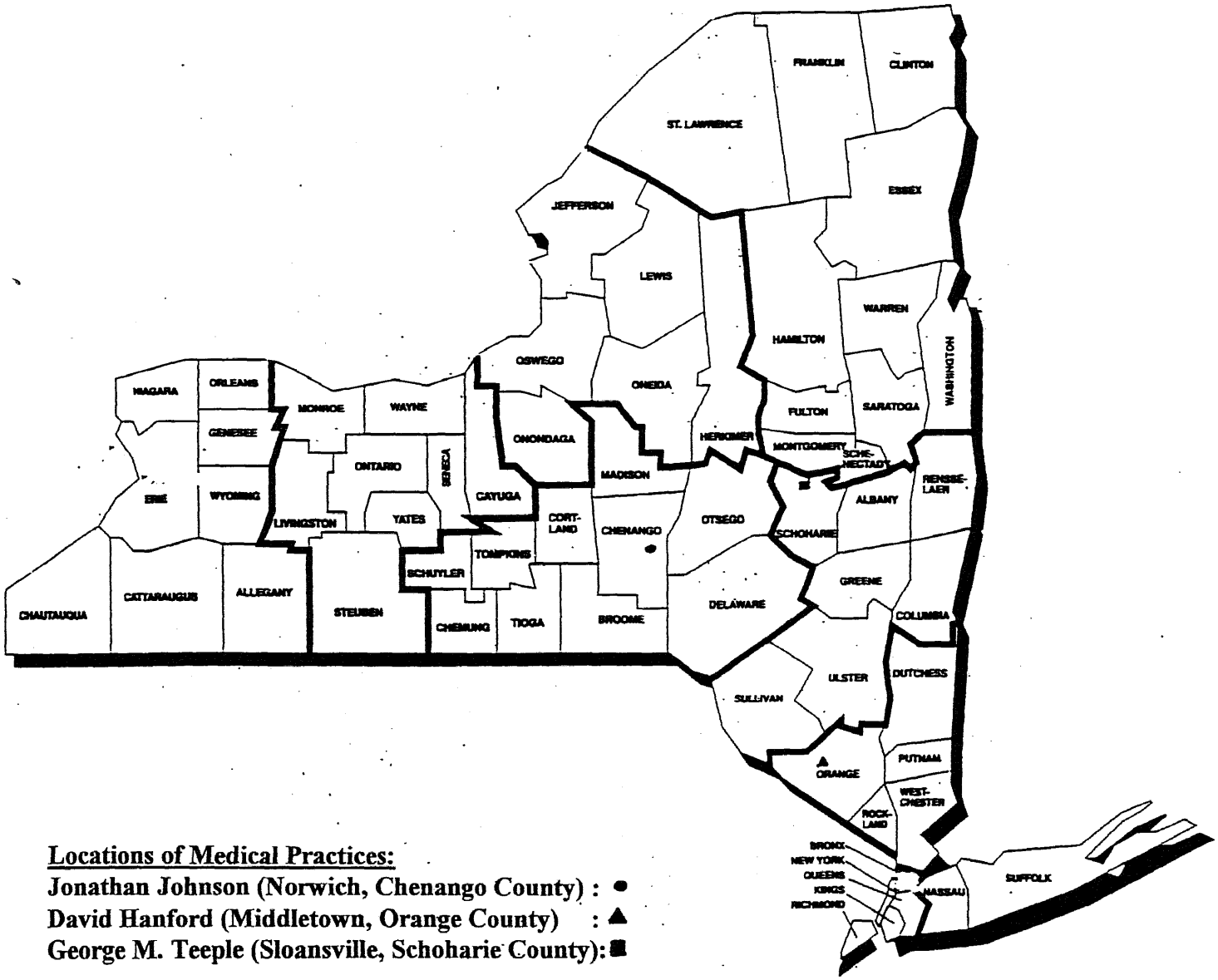
ether

opium

APPENDIX E

LOCATIONS OF MEDICAL PRACTICES

The following map shows the relative locations of the medical practices of David Hanford, Jonathan Johnson, and George M. Teeple. Their proximity confirms that they did indeed form a community.



Locations of Medical Practices:

Jonathan Johnson (Norwich, Chenango County) : ●

David Hanford (Middletown, Orange County) : ▲

George M. Teeple (Sloansville, Schoharie County): ■

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