

SOME ASPECTS OF MEDICINE IN PIONEER SOUTHERN INDIANA

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On the frontier "infant mortality was shockingly high." "Sitting up with the sick" was a common occurrence. When a patient "picking at the cover" was observed, this was regarded as a "sure sign of impending death" by the pioneers.¹ Good health and stamina were prerequisites for survival and, naturally, frontiersmen were interested in their physical well-being and were concerned deeply about their ailments.

The medical men, living on the raw frontier, also had to be in good physical condition in order to practice their profession. Their hardships were many. They lost their lives "swimming the streams on horseback." The "hazards of the profession" — such as, cholera, smallpox, measles, etc. — were ever-present dangers. The distances that some practitioners rode to visit the sick were undoubtedly experiences in sheer exhaustion.²

What happened when no medical men were available, which was often the case during the early phases of pioneering? In such instances the pioneers resorted to their limited knowledge of treatment or the advice of their neighbors. Out of desperation they often grasped the hand of some charlatan who masqueraded as a doctor. Thus, ignorance, superstition, and quackery were characteristics (along with prayer for spiritual strength) which cannot be discounted in the history of medicine on the frontier.

When ill, the pioneer could avail himself of a variety of practices and approaches to his medical problems. One approach was a great number of home remedies, folk medicines, and folk cures. Of the home remedies, whiskey was high on the list. It was considered exceedingly efficacious for snake bites and malaria, and no prescription was needed. Roots and herbs were thought to have excellent healing powers. The folk remedies, medicines, and cures

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¹ Edward E. Dale, "Medical Practices on the Frontier," in the *Indiana Magazine of History*, XLIII (December, 1947), 311, 326. Note: For this article, the pioneer period is considered as the years between 1800 and 1850; southern Indiana is defined as the area northward from the Ohio River to an imaginary east-west line bisecting the state at Indianapolis.

² Logan Esarey's book review of *A Medical History of the State of Indiana* (Chicago, 1911) by G. W. H. Kemper in the *Indiana Magazine of History*, IX (June, 1913), 113-114. An example of an exhausting trip on horseback was the one made by Dr. Jacob Kuykendall, of Vincennes, who rode eighty-five miles in seventeen hours to treat a typhoid patient, Isaac McCoy, a noted missionary in the annals of early Hoosier history. See James Polke's "Some Memoirs of the Polke, Piety, McCoy, McQuaid, and Mathes Families," in the *Indiana Magazine of History*, X (March, 1914), 93.

were practically unlimited in quantity, quality, and curative powers.*

Because of the reliance placed upon the folk remedies and root-and-herb mixtures when scientific approaches were unavailable, the early settlers sought the services of pseudo-medical men. The broad spectrum of this group—there being seventeen or more types—included Botanic, Thomsonian, homeopathic, physioelectric, and uroscopian "schools" of medical practice. Although today these non-scientific practitioners would be characterized as charlatans, many of them undoubtedly were sincere in their efforts as they went forth as "angels of mercy" to serve an unsuspecting public. And the pioneer public, from our present vantage point and knowledge, was given many peculiar prescriptions. For example, the frontiersman who had diarrhea was instructed to pulverize a dried "pizzle" of a buck deer, mix the powder with a pint of spirits, and then take a small quantity of this solution until the symptoms subsided. For the prevention of tooth decay and bad breath, the patients were advised to take some of their urine and every morning wash and rinse their mouths out with it. Occasionally, unusual diagnoses were forthcoming from these unscientific "doctors," much to the consternation of the patient and to the bafflement of the one making the diagnosis. As a case in point, there was an old urine doctor who, feeling sluggish, saved a specimen of his urine in order to examine the sediments. While he was of his office, a pregnant woman came in, spied the vial containing the doctor's urine, emptied it, and proceeded to fill it with her urine which she hoped the doctor would examine. Later when the doctor returned to his office, he, not knowing what had transpired, analyzed the bottle's contents. His conclusion was that he was pregnant; and by observing his anatomical structure, he saw no possible chance of delivery. He became hysterical, and only the revelation of what had actually happened allayed his fears and despair. How much

*William F. Vogel, "Home Life in Early Indiana," in the *Indiana Magazine of History*, X (September, 1914), 286; Egil Ramstad and Ray B. Browne, "The Indian Doctor: Dr. John Williams' Last Legacy A Useful Family Herbal," in the *Indiana History Bulletin* (March and April, 1964), 41. In the former article just cited [p. 287], Vogel tells about a root doctor, Joseph S. Burr, of Connorsville, who had a lucrative practice and who "granted diplomas to students upon the completion of a three week's course of study." The latter work by Ramstad and Browne [pp. 39-70] demonstrates the wide use of herbs and roots (from fever sores to childbed fevers), along with a scientific pharmacological analysis of the effectiveness of the ingredients. For further information about folk cures, read R. W. Terhune, "Pioneer Folklore Relative to Snakes," in the *Indiana Magazine of History*, XXXIV (December, 1938), 443-450; Hugh M. Ayer, "Nineteenth Century Medicine," in the *Indiana Magazine of History*, XLVIII (September, 1952), 233-254; Hugh M. Ayer, "A Prophet and A Science Are Born," in the *Indiana Magazine of History*, XLVIII (December, 1952), 379-396; and G. W. H. Kemper, "My Childhood and Youth in the Early Days of Indiana," in the *Indiana Magazine of History*, XLIX (December, 1923), 305-331.

damage or what benefits were derived from quackery and ignorance, notwithstanding the sincerity of purpose, will never be evaluated adequately. The entire frontier—Indiana included—had a large measure of this type of approach to its medical problems.⁴

The folk-cure approach, however, was one in which the early eighteenth-century sons of the woods, who possessed no twentieth-century hindsight, placed their faith—often simply because nothing better was at hand or because of superstition against the better trained medical men of the day, even if such men were practicing nearby. The records are filled with many magical folk cures. For rheumatism one might carry a buckeye or potato. To ward off bad luck or evil spirits, there was the rabbit's foot. A little oak bark tea was good for an intestinal disturbance. A generous application of goose grease was excellent for skin diseases. Onion juice or slippery elm water could be taken for a cough and cold. Of course, many of these domestic remedies had to be applied during the right time of the moon.⁵

Southern Indiana had its full share of these so-called folk cures. In Floyd County one could prevent the legs from cramping by tying a silk thread around the ankle. The patient could cure the diarrhea in eight hours by taking a syrup made of vinegar and white sugar. If one lived in Clark County, "nanny tea" (an infusion of sheep's dung) could be drunk to induce the skin rash of measles; or if there were danger of blood poisoning, one could apply on the wound a poultice of fresh cow's dung. And for the chills and sweating of malarial fever, the patient simply had to step backwards across a creek to be cured.⁶

The regular members of the medical profession, when available, offered the best approach to the pioneers' medical problem. And with the passing of years, more and more men who were recognized as being scientifically qualified came to the frontier communities and engaged in the practice of medicine. It was not easy for the

⁴ Madge E. Pickard and R. Carlyle Buley, *The Midwest Pioneer: His Ills, Cures, and Doctors* (New York, 1946), pp. 46, 69, 168-169. Ramstad and Browne, "The Indian Doctor," 41, has this critical comment: "Indiana was adjudged 'a sink-hole in medical practice,' with far more quacks than regulars practicing." Thomas D. Clark in *The Rampaging Frontier: Manners and Humors of Pioneer Days in the South and the Middle West* (Bloomington, 1964), p. 165, described the extensiveness of quackery in the following manner: "There were quacking hawkers who sold on a corner of the public square healing medicines which would relieve suffering humanity of all the ills in a medical dictionary, and which had been no nearer an apothecary shop than a hollow beech stump in the middle of a clearing."

⁵ W. N. Wishard, Sr., "The Pioneer Doctor—Some of His Handicaps," in *The Year Book of the Society of Indiana Pioneers for 1928* ([Indianapolis], [1928]), pp. 9-10.

⁶ W. Edson Richmond and Elva Van Winkle, "Is There a Doctor in the House?" in the *Indiana History Bulletin* (September, 1958), pp. 115-135.

early men of medicine to overcome the ignorance and superstition of the frontiersmen. In addition, they had to combat the quackery of the day; but these true men of science came, persisted, and devoted themselves energetically to relieving the pains of the pioneers.⁷

Evidently the first medical men to arrive in Indiana were associated in some manner with the army troops of France, Great Britain, and the United States. Although the extant evidence rarely gives us more than a cataloguing of names and some dates which are not too reliable, these first army surgeons and doctors treated the soldiers, missionaries, and traders. When army posts developed into community settlements, civilian doctors began to appear.⁸ For example, when more Americans settled at Vincennes during the early 1800's, the names of two doctors began to appear frequently, not only in medical but in other local and state records. Dr. Jacob Kuykendall practiced there from 1805 to 1833 and Dr. Elias McNamee from 1808 to 1834. They treated their patients (Kuykendall in 1811 assisted the wounded men who arrived in Vincennes nine days after the Battle of Tippecanoe); these two doctors also were trustees of the borough of Vincennes; they were on the first board of trustees of Vincennes University; and McNamee was selected to the board of directors of the Vincennes bank. Both became involved in politics and were well known throughout the new state (1816).⁹

The civilian doctors who located among the early settlers were

⁷ Dale, "Medical Practices," 322.

⁸ G. W. H. Kemper, *A Medical History of the State of Indiana* (Chicago, 1911), pp. 4-6, 24. Insufficient records of the French (1679-1763) and British (1763-1783) periods of occupation make it difficult to know accurately who practiced medicine and for how long at any given place. Joseph Henry Vanderburgh Somes in his *Old Vincennes: The History of a Famous Old Town and its Glorious Past* (New York, 1962), pp. 67, 73 f.n., 75, 100, 176-177, catalogues such names as Dr. Charles-Louis-Olivier Santier, who was at Vincennes by 1760; Dr. Andre Roy, who arrived there in 1767; Dr. Jean Baptiste Laffont, who became (1779) George Rogers Clark's political agent; and Dr. Gabriel Christopher LeGrand, who had lived in Vincennes "before 1783." After the American Revolution (1783) the records become a little better. Dr. John Elliot was with Major John F. Hamtramck's troops at Vincennes in 1788. Dr. Elijah Tisdale, an assistant surgeon in the United States Army, arrived in Vincennes during 1792. Another army surgeon, Dr. Samuel McKee, Jr., was there by 1802. See Kemper, *Medical History*, pp. 4-6 and Somes, *Old Vincennes*, pp. 99, 177. *A Guide to the Military Posts of the United States, 1789-1895* (Madison, 1964), by Francis Paul Prucha, gives the location of the four U.S. military posts in Indiana during the territorial and early days of statehood (see p. 38, plate 14). The military post of Fort Wayne (1794-1819) was in the northeast; the southern part of Indiana had three posts: Fort Harrison (1811-1818) near Terre Haute, Fort Knox (1787-1816) at Vincennes, and Fort Finney (1789-1793) at Jeffersonville.

⁹ Somes, *Old Vincennes*, pp. 162, 170-171, 177; Henry S. Cauthorn, *A History of the City of Vincennes, Indiana, from 1702 to 1901* (Terre Haute, 1902), p. 191. Drs. Kuykendall and McNamee are mentioned in many articles which have appeared in the *Indiana Magazine of History*—for example, V (March, 1909), 1-2; VI (December, 1910), 153, 156; IX (March, 1913), 4; XIX (March, 1923), 23, 26, and (June, 1923), 144-145; XX (June, 1924), 139-140.

true horseback-riding, country doctors. One told how he helped to build the first log cabins and how he started his practice with his pill bags sparsely filled, fifty cents in his pockets, and an Indian pony to ride. As a safety measure on visitation calls, another doctor related how he rode "up and down White River in the water to avoid bears and wolves that roamed in their native freedom in the woods." Many doctors found themselves riding horseback along the bypaths and covering as many as from ten to sixty miles per day to visit the sick. Dr. William T. S. Cornett described what life was like for the doctor on the raw frontier in this manner: "For a number of years I was the only physician in Ripley County; had to travel all over it on horseback by day and night, without regard to weather or remuneration for services. Occasionally I found myself lost in the woods at night, and would have to tie my horse and make my bed on the ground until morning."¹⁰ These experiences on the frontier soon taught the doctors how to survive, but how did they get their medical training before they went into the woods?

A student could obtain his medical training by two methods: one was by attending lectures at a medical department of a college or university and the other was by serving an apprenticeship for a time under a practicing physician.

Medical schools in this country were established late in the colonial period (in 1765 at the College of Philadelphia, later known as the University of Pennsylvania; and in 1767 at King's College, later called Columbia University); thus, training was available at the medical departments of these eastern schools. The first medical department west of the Allegheny Mountains was instituted in 1799 by Transylvania University at Lexington, Kentucky. A few Hoosier doctors attended and heard lectures on anatomy, chemistry, surgery, materia medica, practice of physic, and midwifery.¹¹ Undoubtedly some Indiana doctors received their formal training

¹⁰ These experiences of Dr. H. G. Sexton (Rush County) Dr. Levi Minshal (Delaware County), Dr. John Hamilton (Fountain County), and Dr. William T. S. Cornett (Ripley County), are found in Kemper, *Medical History*, pp. 44, 77-78, 94. Although two of these men were located a little north of the geographical limits of this article, their problems with the wilderness were no doubt comparable with what doctors found in the southern sector. Also see the Diary of Dr. H. G. Sexton, the manuscript of which is in the Indiana State Library.

¹¹ Pickard and Buley, *Midwest Pioneer*, pp. 120-121. For the influence of Transylvania University upon Hoosier doctors (including Dr. Andrew Rodgers, about whom much is discussed later, who possibly attended one year), see L. G. Zervas, "Medical Education in Indiana As Influenced by Early Indiana Graduates in Medicine from Transylvania University," in the *Indiana Magazine of History*, XXX (June, 1934), 139-148.

at the Medical College of Ohio, established in 1819 at Cincinnati.¹³ The Louisville Medical School did not open until 1837. Some of the non-medical schools offered courses—such as chemistry—which would today apply toward a premedical program. Occasionally a pioneer doctor received his academic training in Europe. All in all, those who obtained formal medical training were in the minority, and fewer still were those who had enough schooling to possess the degree Doctor of Medicine.¹⁴

One estimate is that "prior to 1840 approximately three-fourths of the doctors in the Middle West received their training by means of the apprentice system."¹⁴ During the apprenticeship, the student usually lived in the house of the doctor. The young man read the doctor's medical books, studied the "medicinal qualities of the native plants," learned how to roll pills and make tinctures and powders from the crude drugs which had been obtained from eastern suppliers, made bandages, and cut splints. Thus the medico-to-be got training in theory and practice over which there were occasional quizzes. In addition, the doctor's shop had to be cleaned and the doctor's horse had to be cared for—all of which helped to pay for the student's room and board. After a time, the student began to ride along with his preceptor when the latter visited patients. Although probably implying greater formality than actually existed, one Indiana record indicates that it was during the second year that the student began to accompany the doctor on house calls. Naturally at first the student was permitted only to observe the physical examination, see how the diagnosis was made, and watch the administering of drugs. Then the student was allowed to assist in the diagnosis and help in the treatment. After a degree of competency was acquired, the student was often sent to visit the known mild cases and upon his return would report all details to the doctor. Besides learning about diseases, the young student had to become skilled in taking care of bruises, lacerations, contusions, broken bones, and bullet and knife wounds.¹⁵

As time passed, a daytime-apprentice-type of instruction became common. By this approach to apprenticeship, the doctor furnished

¹³ Wishard, "Pioneer Doctor," 8; John D. Barnhart and Donald F. Carmony, *Indiana: From Frontier to Industrial Commonwealth* (4 vols.; New York, 1954), I, 254.

¹⁴ Pickard and Buley, *Midwest Pioneer*, p. 129.

¹⁵ *Ibid.*, p. 120.

¹⁶ *Ibid.*, p. 119; Wishard, "Pioneer Doctor," 6-7, 11.

no room and board. The apprentice had very few manual duties; therefore, a fee (often \$100 annually) was charged for the instruction. In both types of apprenticeship, the time of learning and training was from two to three years. Then the young medic was given a certificate by his preceptor. A local medical society might require him to pass an examination. Having met all requirements, he was ready to hang out his doctor's sign and become a full-fledged member of the medical profession.¹⁰

When a doctor tacked up his shingle, his place of business was not called an office but a doctor's shop. Here he met his patients and mixed his drugs. Very often his living quarters adjoined the shop. When a doctor moved into a community, he usually placed an announcement in a local newspaper stating that he was ready for business. The following from *The Indiana Gazette* illustrates how Dr. David G. Mitchell in 1820 announced his services for the people of Harrison County:¹¹

Dr. D. G. Mitchell

FROM

Pennsylvania

offers his services to the citizens of Corydon and vicinity, in the Practice of Physic, Surgery,

AND

Midwifery.

His residence is in Aydelott's row, south of the Court-House.

From a close attention to his profession, and an extensive Practice for nearly fourteen years, together with an intimate acquaintance with the practice of some of the most eminent Physicians in the United States, he flatters himself, he will be able to conduct his patients through the various attacks of disease in a satisfactory manner; more especially in cases of Female complaints; attacks of disease incident to children; affection of the liver. &c.

Dr. Mitchell has for sale, all Medicines necessary for family use, such as Camphor, Cream of Tartar, Epsom Salts, Glauber Salts, Rhubarb, Jalap, Calomel, Emetic Tartar, Aloes, Flours of Sulphur, Barks, Spanish Flies, Bitters, Wine Vomets [sic] &c. all of which he will sell low, with directions for their use.

Sept. 12, 1820.

¹⁰ Pickard and Buley, *Midwest Pioneer*, pp. 119-120. The admittance to practice upon successful examination is demonstrated many times in the "Minutes of the Vincennes Medical Society," the manuscript of which is in the Indiana State Library. This manuscript covers the period from June 5, 1827 to March 23, 1835 and indicates that five dollars was the fee for a diploma or certificate.

¹¹ *The Indiana Gazette* (Corydon, Indiana), September 17, 1820. References to Dr. Mitchell may be found in the *Indiana Magazine of History*—for example, XXVIII (December, 1932), 223 and XXXVII (September, 1941), 294. He married the sister of Governor Jonathan Jennings and was a trustee of Indiana University. *The Republican Statesman* (Charlestown, Indiana), March 21, 1829, has an announcement of Dr. Andrew Rodgers' professional services which would be available to the people of Clark County.

The shelves of a doctor's shop, with their patent medicines and drugs, looked very much like an early apothecary. If he did not prescribe a ready-made patent medicine, the pioneer doctor had to be his own pharmacist, making and compounding his medicine from the expensive crude drugs which were purchased directly from the eastern wholesalers and shipped down the Ohio River, or bought from a local apothecary, or gathered from the inexpensive native plants and roots. Regardless of where the crude drugs were obtained, the work of making them into powders, pills, tinctures, and elixirs was tedious and time-consuming. No wonder the helping hand of an apprentice was welcomed in many doctor shops.¹⁸

The apprentice, working in his doctor's shop, probably did not have much trouble keeping the medical books arranged neatly on the shelves, because medical literature was scarce on the frontier. This is not to say that many medical books and references did not exist, because they did in the eastern states and in Europe. It was a problem of acquisition during the early pioneer years. Dr. William T. S. Cornett illustrates this fact by the following comment: "The physician who could afford one work on each branch of the profession was considered well off. The book stores in Cincinnati, in 1824, could not furnish a work on each branch of the profession. On going there to purchase my library, I could not find a work on materia medica for sale in the place, and had to appeal to a young physician who had lately arrived from Philadelphia, who was so obliging as to sell me the work of Murray with notes by Chapman."¹⁹

¹⁸ By consulting the following, the reader may obtain a general idea of the type of drugs used by medical men of pioneer days: *Midwest Pioneer* by Pickard and Buley (see f.n. 4) and Vol. I of *The Old Northwest: Pioneer Period, 1815-1840* (2 vols.; Bloomington, 1951) by R. Carlyle Buley. The drugs which Dr. Andrew Rodgers was using at the time of his death in 1833 may be found in the following article: Gerald O. Hafner, ed., "The Medical Inventory of a Pioneer Doctor," in the *Indiana Magazine of History*, LVI (March, 1960), 37-63. This article illustrates in the footnotes the various properties and actions of the drugs listed. In addition, the early pharmacopoeias of the United States, of which the first was published in 1820, give the accepted and official drugs of those days. Instructions for compounding of prescriptions were also included in these pharmacopoeias. For example, the *Pharmacopoeia* of 1831 told the pioneer doctor the exact details concerning the preparation of antimonial wine: "Take Tartrate of Antimony and Potassa a scruple; Wine ten fluid ounces. Dissolve the Tartrate of Antimony and Potassa in the Wine." From the same reference, laudanum (tincture of opium) was prepared during pioneer days from the following instructions: "Take Opium, in powder, two ounces and a half; Diluted Alcohol two pints. Macerate for fourteen days, and filter through paper." Lavinia P. Dudley, et. al., eds., *The Encyclopedia Americana* (30 vols.; New York, 1961), XXI, 708-709; *The Pharmacopoeia of the United States of America* (Philadelphia, 1831), pp. 67, 219. The crude drugs from Europe were exceedingly expensive for our pioneer doctors; hence, these doctors placed great reliance upon the inexpensive substitutes—native herbs and roots. Kemper, *Medical History*, p. 14.

¹⁹ Quoted in Kemper, *Medical History*, p. 14.

If this statement is true, then Dr. Andrew Rodgers, of Charlestown, in the early 1830's was indeed fortunate. The inventory of his reference books, taken after his death, indicates that he possessed twenty-five medical books and fourteen medical journals. His library covered the various branches of medical science—for example, books dealing with midwifery, diseases of the female, practice of physic, anatomy, materia medica and therapeutics, surgery, physiology, diseases of the mind, venereal diseases, dentistry, typhus fever, tropical fevers, and other medical subjects.

In addition to the medical topics discussed in these books, the European authorship of many of them illustrates a point concerning printing practices in the days before copyrights. Frequently an American printer would publish a book from western Europe as soon as it reached the shores of this continent—with or without additional notes. Later, other American printers would get a copy of the same work and run off as many copies as could be sold. An example of this type of printing is George Gregory's *Treatise on the Theory and Practice of Physic: With Notes and Additions, Adapted to the Practice of the United States, by Nathaniel Potter and S. Calhoun* (2 vols.). Gregory was an English physician whose writings were printed in England and Scotland. Three American editions of this work appeared between 1826 and 1831. The pioneer physicians also secured medical books written by medical authorities who were teaching and practicing in the eastern states. John Eberle's *A Treatise on the Practice of Medicine* (2 vols.) illustrates a work by a native eastern doctor. His writing went through five editions between 1830 and 1841. A variety of texts and commentaries began to come from the pens of medical authorities after the western states became more populated and medical schools were established. Dr. John C. Gunn's book demonstrates this point. Its title was: *Gunn's New Domestic Physician: or Home Book of Health. A Guide for Families; Pointing Out In Familiar Language, Free from Medical Terms, the Latest Approved Methods of Treating the Diseases of Men, Women, and Children, and for Using the Best New Remedies, Including Medical Plants*. This book was first printed in 1830 at Knoxville, Tennessee; and by 1885 it had gone through 213 so-called editions or printings, including an 1857 printing at Louisville, Kentucky.²⁰ As medical books went through various printings, the titles were frequently changed. It is also fairly obvious that many of the titles were quite lengthy.

²⁰ Haffner, "Medical Inventory," 44-50; Pickard and Buley, *Midwest Pioneer*, p. 93.

Dr. Andrew Rodgers' shop contained a rather lengthy list of equipment. He possessed a saddle, one pair of medical saddle bags, and a lantern, all of which were necessary for making his calls. The equipment also included a syringe, tooth drawers, tooth forceps, a gum elastic catheter, a case of pocket instruments, a magnifying glass, scales and weights, mortars and pestles, pill plate, pill machine, spatulas, clyster pipes (for enemas), and a steam tube. In addition, the customary canisters, skillet, stone jugs, tin pill boxes, vials and corks, jars and covers, bottles, kegs, cupping glass, tumblers, tin and glass funnels, and measuring cups were items of equipment.²¹ Just what instruments Dr. Rodgers had in his instrument case is unknown. No doubt, his case contained some type of lancet (perhaps a spring or thumb) which with a single stroke would open a vein and let the blood flow out. Hypodermic syringes, clinical thermometers, a microscope, and a stethoscope were conspicuously absent in Dr. Rodgers' shop. The absence of these instruments is understandable since they did not come into wide use until about the 1850's and 1860's.²² It appears, however, that Dr. Rodgers was as well equipped as any of his colleagues were in the 1830's. Thus, with his instruments, drugs, and skill, what kind of treatment could Dr. Rodgers and members of the profession offer to the pioneers?

In the days before man knew that specific organisms caused specific diseases, a doctor simply had to rely upon the clinical aspects of the case. He merely treated the symptoms according to the empirical knowledge he had acquired. He relied upon his eyes, nose, ears, and fingers for diagnosis. The pulse and body temperature were felt. He would observe the fingernails, eyes, and color of the lips and skin of his patient. He listened to the patient's breathing, cough, and voice. From the odor he could detect milk sickness, measles, and typhoid.²³ Whether it be a case of malaria, pneumonia, broken collar bone, a gunshot wound, or a toothache, the doctor in the pioneer period had to be a jack-of-all-trades.

One common approach was to "bleed, blister, and purge." Sur-

²¹ Haffner, "Medical Inventory," 49-63.

²² Kemper, *Medical History*, p. 91; Fielding H. Garrison, *An Introduction to the History of Medicine with Medical Chronology, Suggestions for Study and Bibliographic Data* (Philadelphia, 1929), p. 757. For comments about the first use of these medical instruments, see Pickard and Buley, *Midwest Pioneer*, p. 113 and Richard H. Shryock, *Medicine and Society in America, 1660-1860* (Ithaca, New York, 1962), pp. 130-131.

²³ Pickard and Buley, *Midwest Pioneer*, p. 100.

gery was not often undertaken, except in dire emergencies or amputations; but when it was, the operative procedure was closely akin to butchery. The approach to medication was one of large doses and "heroic" treatment—a rigorous "kill or cure" regimen.

A cursory survey of how drugs were used forcefully and energetically indicates that tremendous doses of Peruvian bark and calomel were used in the treatment of malaria. Calomel (mild mercurous chloride), administered in small and not-so-small doses, was an old standby laxative and cathartic for the frontier doctors. Peruvian bark (cinchona) is the source of quinine, an anti-malarial agent. Later in the pioneer period, quinine itself became available. It was very expensive at first; one doctor paid \$30.00 an ounce when he commenced to use it. Dr. Rodgers' inventory lists 20 grains valued at 12½ cents. This means that in 1833 the price of quinine was down to \$3.00 an ounce.²⁴ Often in a pneumonia case "the cure was bleeding, tartar emetic, and calomel." Tartar emetic (antimony and potassium tartrate) was used as an agent to produce vomiting, as a diaphoretic to increase perspiration, and as an expectorant to remove mucus from the throat, bronchial tubes, and lungs.²⁵ Thus, when the pioneer physician knew the symptoms of his patient and the properties of the drugs at his disposal, he administered his drugs in their proper dosage (usually large) to relieve the symptoms.²⁶

The dried root of fresh skunk cabbage, an anti-spasmodic, was given internally to stimulate body secretions in treating rheumatism, asthma, and whooping cough. Rhubarb was used as an acid stimulant and as a cathartic. Orange peel was used chiefly as a flavoring agent. A powder made from dried jalap roots was a favorite drug among pioneer practitioners but not among their patients. This powder was a drastic, powerful cathartic producing a copious amount of watery stools; and it was little wonder that jalap was a drug to be more feared among patients than calomel. Another old, widely used drug was gum asafetida. In fact, it was

²⁴ Kemper, *Medical History*, pp. 101-102; Wishard, "Pioneer Doctor," 18-19; Haffner, "Medical Inventory," 56.

²⁵ Pickard and Buley, *Midwest Pioneer*, p. 111; Haffner, "Medical Inventory," 56.

²⁶ A quick glance at the list of medicines and doses in the following work will give the reader an idea concerning the size of the dosage and for what the drugs were used: John C. Gunn, *Gunn's New Domestic Physician: or Home Book of Health. A Guide for Families; Pointing Out in Familiar Language, Free from Medical Terms, the Latest Approved Methods of Treating the Diseases of Men, Women, and Children, and for Using the Best New Remedies, Including Medical Plants* (Louisville, Kentucky, 1857), pp. 773-780.

relied upon by the Arabian physicians of old and by the medical men of medieval Europe. Pioneers knew it by its offensive and repulsive odor. It was used for nervous exhaustion and hysteria, but the effect was more psychological than therapeutic. In addition, it was added to the laxative drugs, used as a carminative for colic, and employed as an expectorant. Its disagreeable taste made asafetida in the pill form a little easier to take than in other forms, but even then it was a hard pill to swallow.¹⁷ Glauber's salts (sodium sulfate) were used as a purgative. Niter (potassium nitrate), commonly called saltpetre, was used to increase the flow and quantity of urine and, at times, it was added to various mixtures of asthmatic powders. Dover's powder (powder of ipecac and opium) was used extensively to counteract the early stages of colds and influenza by increasing perspiration and by acting as a sedative. Seidlitz powders (composed of sodium and potassium tartrate, sodium bicarbonate, and tartaric acid) were used so extensively that they became a stock item in the pioneer drug trade. This preparation, taken in a state of effervescence, was given as a mild cathartic.¹⁸

The drugs just discussed more than comprised what one authority has considered "the bulk of the materia medica" of the regular pioneer medical men. Other drugs, however, were employed. A list of them (especially in their various mixtures and combinations) would continue *ad infinitum*, and the wide range of maladies for which they were used would include everything from menstrual pain to the expelling of intestinal worms.

Many of the remedies and drugs of pioneer days are not in use today. Although the medications may have been efficient, they have been discarded because of their being too disagreeable to take. On the other hand, many of the early drugs, either in their pure or modified forms or in different blends and combinations, are prescribed by modern doctors. For example, Dr. Andrew Rodgers had digitalis on his shelves. It is used today. Gum aloes (a laxative, cathartic, and purgative depending on the amount taken) is still deemed beneficial for men of the atomic age. The pioneers took

¹⁷ Haffner, "Medical Inventory," 51-53. It should also be pointed out that some of the pills rolled in the doctors' shops were as large as cherries.

¹⁸ Pickard and Buley, *Midwest Pioneer*, p. 105; Clarence Wilbur Taber, *Taber's Cyclopedic Medical Dictionary; Including a Digest of Medical Subjects: Medicine, Surgery, Nursing, Dietetics, Physical Therapy* (Philadelphia, 1943), p. G-23, p. N-29, p. S-63; Haffner, "Medical Inventory," 53, 56, 60.

their castor oil in a whiskey "jacket." The whiskey jacket was made by first pouring whiskey into a glass, then adding one-half to three ounces of castor oil, and finally a generous topping of whiskey. Castor oil is used today, but usually only an innocent child can be induced to try a dose even though disguised by modern flavors.²⁸

Very late in the pioneer period some doctors while setting a dislocated bone began to put their patients to sleep by chloroform, which was discovered in 1831 and was demonstrated publicly as an anesthetic in 1847. In addition, a few doctors were using ether for minor surgery—for example, the opening of an abscess. Ether, however, as an anesthetic for a major surgical operation was not used until 1846. Antiseptic cleanliness to promote the healing of wounds and to prevent inflammation after surgery was not a feature of medical practice before 1850. Because of post-surgical infections and the pain involved, very few general practitioners during the forepart of the pioneer period attempted surgery, except in cases of necessary amputations.²⁹ What amputations were performed before anesthetics were gruesome affairs. When George Rogers Clark had to have a leg amputated (1809), he lay on a table keeping "time to the music with his fingers" to distract his mind while two drums were beaten and two fifes were played. Amputation was not only an acceptable practice but, at times, necessary to save the patient. Autopsies were also accepted as an aid to further medical investigation and knowledge. But the regular medical profession frowned upon any surgical incision to open a body cavity for the removal of diseased tissue from a patient. In 1809, when Dr. Ephraim McDowell, of Danville, Kentucky, performed the first ovariectomy, his colleagues were ready to charge him with malpractice and even manslaughter if his patient died.

Luckily for Dr. McDowell his operation was a success. Medical journals at first condemned him, but later praised him. To Dr. John Sloan, of New Albany, goes the honor of performing the first recorded ovariectomy in Indiana. This operation was not until

²⁸ An example of an efficient old-time medication which has been discarded because of its disagreeableness to taste was cowhage. It was a heavy thick syrup given to children and adults to destroy roundworms and was "administered 'every morning for three days, and then followed by a brisk cathartic.'" Pickard and Buley, *Midwest Pioneer*, p. 105; Haffner, "Medical Inventory," 56-57; Wishard, "Pioneer Doctor," 20.

²⁹ Joseph Lister did not publish his famous article "On the Antiseptic Principle in the Practice of Surgery" until 1867. Garrison, *Introduction to the History of Medicine*, pp. 588-592; Wishard, "Pioneer Doctor," 11-14.

1852, however. Dr. John Lambert Richmond in 1827 performed the first successful Caesarean section in the United States. He saved the mother, but not the baby. Later Dr. Richmond moved to Indianapolis in 1836. (It was not until 1880 that Dr. Moses Baker, of Stockton, who was the first Hoosier physician to do so, performed a Caesarean section saving both the mother and baby.) At Vincennes, Dr. Lawrence S. Shuler, before he died in 1827, had operated successfully on a small girl for blindness and had removed an "abdominal tumor from a lady in the seventh month of gestation." The patient fully recovered and later "gave birth to a healthy child." Dr. William Washington Hitt arrived in Vincennes during 1829. He removed a tumor, measuring thirty-two inches in circumference, from the left mammary gland of a twenty-four year old woman patient. The tumor never returned. This important surgical operation was reported in an 1832 issue of the *Western Journal of Medical and Physical Sciences*. These examples illustrate that toward the latter part of the pioneer period a gradual acceptance of surgery had taken place and that the doctors in the West, Indiana included, were experimenting and exploring in the field of surgery with some remarkable results.²¹ How many lives were saved by early surgery cannot be determined; and conversely, the same is true about the loss of lives as a result of the patients' weakened condition and incorrect surgical procedures. Many, no doubt, died because of their disease when surgery was warranted and none was attempted.²²

How much did it cost the sick person to have the services—surgical or otherwise—of a Hoosier doctor? Fortunately, the records pertaining to general medical fees are fairly complete. The records also indicate that doctors occasionally tried to agree upon uniform fees for their services, prices for drugs, and mileage charges for travel. To get an accurate picture of medical costs, one must be acquainted with the various periods of economic prosperity and depression and must be knowledgeable about the relative prices

²¹ Even further strides in Indiana were made after the pioneer era—for example, Dr. John S. Bobbs in Indianapolis on June 15, 1867, performed the first operation for gallstones. Kemper, *Medical History*, pp. 7-8, 14-15, 17-18, 60-61, 105, 161, 350; William H. English, *Conquest of the Country Northwest of the River Ohio 1778-1783 and Life of General George Rogers Clark* (2 vols.; Indianapolis, 1896), II, 869-870; Jacob P. Dunn, *Indiana and Indians: A History of Aboriginal and Territorial Indiana and the Century of Statehood* (5 vols.; Chicago, 1919), II, 851-852.

²² If the patient died before or after the acceptance of surgery, some type of burial shroud and coffin became matters for consideration. In New Albany in 1821, a burial shroud could be obtained for a little less than two dollars and a coffin for five dollars. Victor M. Bogle, "A Society Develops in New Albany," in the *Indiana Magazine of History*, XLIX (June, 1953), 174n.

of goods and other services. This expertise, however, is not necessary for a general view of the doctors' fees, if one compares a few basic medical charges with some samples of other costs and prices. At Vincennes, sometime during the 1790's and later, \$2.00 was charged for a visit in town. This amount included the medication given by the doctor. Miscellaneous fees at the doctor's shop included 50¢ for bleeding, 50¢ for two doses of jalap, 25¢ for six pills, and \$1.00 for four pectoral (chest and lungs) powders. A little later, in 1805, at Vincennes, the fee for a visit in town was \$1.50—medicines prescribed were extra. For child delivery, with no complication, the charge was \$5.00. Again various office charges included 25¢ for extracting a tooth, 50¢ for thirty cathartic pills, 61½¢ for one dose of calomel and one ounce of paregoric and vial, 50¢ for one dose of calomel and one dose of tartar emetic, and \$1.50 for twenty mercurial pills. A financial panic came in 1819; and the next year during the curse of hard times, the doctors in Vincennes were charging only \$1.00 for a call in town. The price of drugs also decreased, and doctors were charging less for each dose administered. As for other goods and services, a person in New Albany could stable his horse for 37½¢. This charge included hay for the horse. A night's lodging cost 12½¢. A half pint of whiskey was 12½¢. Breakfast could be had for 31¼¢, the noon meal for 37½¢, and supper for 25¢. For the times, staying at New Albany's taverns was somewhat expensive—that is, for the cost of food; however, the stabling of horses, a night's lodging, and the whiskey were very reasonable. At the end of the pioneer era, the price in 1848 for a doctor's house call in Vincennes was \$1.00. If the doctor was detained for an unusual length of time, the fee was \$2.00. Child delivery ranged from \$5.00 to \$10.00; prescriptions with letters of advice were from \$5.00 to \$10.00; and consultations were \$3.00 to \$5.00. The doctors charged double for a night visit. Blood-letting was 50¢; vaccination for smallpox 50¢ to \$1.00; simple medicines 25¢ per dose; mixtures 25¢ per fluid ounce; and blisters 25¢ to 50¢.²³

²³ Wislard, "Pioneer Doctor," 20; Kemper, *Medical History*, pp. 11-12; Bogle, "Society Develops in New Albany," 179-180. Also see the "Minutes of the Vincennes Medical Society." The members of the society, during their meeting of May of 1830, agreed to these prices for their services: dislocations \$5.00, but with complications \$10.00 to \$25.00; fractures \$5.00 to \$20.00, with complications \$10.00 to \$40.00; catheterization \$2.00; vaccination \$1.00; consultation \$4.00 to \$20.00; visits in the daytime \$1.00, or at night \$2.00; mileage in daylight hours 25¢ per mile going and returning, but at night or in foul weather 50¢. The Manuscript Division of the Indiana State Library has the "Account Books of Dr. Hamet N. Helm." Although these two volumes cover the years between 1856 and 1868 and, thus, a little beyond the pioneer period, the fees charged by Dr. Helm, of Carlisle in southwestern Indiana, are interesting.

Doctors did not become men of wealth at these prices. Many of the early doctors had a sideline for extra income. A New Albany doctor (Dr. David M. Hale) kept a tavern and had a small farm on which he produced fruits and vegetables for his tavern. Several doctors were attracted to the postmaster's position. The drugstore or apothecary shop was a natural business for many medical men. Much evidence indicates that some medical men entered politics and became local magistrates, probate judges, county treasurers, and even members of the legislature.*

While the individual physician centered his attention on treating his patients and earning a living, his profession concerned itself generally with wider phases of medicine. Some of the additional aspects were medical societies, medical schools, the regulation of medical practice, the beginning of hospitals, endemics and epidemics, and medical writings.

The first local medical society apparently was organized in 1817 at Vincennes. The size of the medical district corresponded with the judicial (Circuit Court) district, which was in accordance with a state law passed in 1816. Medical societies were established also in the other two judicial districts. These three local medical societies had as their purpose the elevation of medical practice within their respective districts, the examination of doctors who applied to practice within the districts, the granting of licenses, and the fixing of fees. Before 1835 at Vincennes, the cost of a license, when granted, was five dollars. And if a person were practicing without a license, the act of 1816 denied him the "benefit of the law for collecting any charges." These local societies also kept an eye on the moral character of their physicians and the details of their practice. For example, the 19th bylaw of the Vincennes Medical Society stated that members must "be blameless in life

* Having a sideline for extra income was not unique among physicians of southern Indiana. Doctors throughout other sections of the state also engage in similar practices—for example, one early doctor at Fort Wayne "was as much an Indian trader as a physician," and one doctor at Marion entered into business, politics, and the ministry at various times. A brief article, "Members of the Indiana Constitutional Convention of 1816," prepared by the Legislative Bureau of the Indiana Library and Historical Department and published in the *Indiana Magazine of History*, XXVI (June, 1930), 150, relates how one doctor contributed much to early Indiana. Dr. David H. Maxwell was born in Virginia, came to Jefferson County, and was a member of the Constitutional Convention at Corydon in 1816. He later moved to Monroe County, became "one of the founders of Indiana University," and was president of the board of trustees of that institution for many years. His son, Dr. James Darwin Maxwell, followed with the same lengthy and devoted service to Indiana University while taking care of an extensive practice of medicine in Bloomington, Zervas, "Medical Education," 147-148; Kemper, *Medical History*, pp. 24, 60, 89, 93, 102-107, 121, 132-134; Bogle, "Society Develops in New Albany," 180-181.

and [of] high moral character" and the 20th bylaw, by the following statement, admonished all members: "Medical men should 'remember the Sabbath day to Keep it Holy,' and visits should, as far as consistent with professional engagements be made either before or after public worship or during its intervals."⁸⁵

In 1820 the Medical Society of the State of Indiana was organized at Corydon by delegates from the three medical districts. Dr. Asahel Clapp, of New Albany, was the first president and Dr. David G. Mitchell, of Corydon, was the treasurer. In addition a vice-president, secretary, and three censors were elected. This initial attempt at organizing a state medical society had come as a mandate from the state legislature. An act of 1819 had provided for such a society with the power to license doctors. The law spelled out the fines to be paid by those practicing without a license. Annual meetings of the new society were held and, by 1823, Dr. Mitchell had become the president and Dr. Clapp one of the censors. When the state capital was moved (1825) to Indianapolis, this state medical society began to meet there. The district medical societies elected delegates to go to Indianapolis. Dr. William T. S. Cornett, of Versailles, wrote about traveling 65 miles "through deep mud and over broken causeways" to get to the state meeting. Records tell us that the Vincennes medical district appropriated \$10.00 to cover the expenses of its delegates to the annual state medical society.⁸⁶

The legislature during the pioneer period passed two more acts regulating the practice of medicine and the licensing of doctors. Why the legislators in 1825 enacted another law designed to create a Medical Society of the State of Indiana has never been clear; nevertheless, they did, and they gave the new society the "additional power to establish 'a uniform system of the course and time of medical study' to qualify for license." The "Minutes of the Vincennes Medical Society," covering the years 1827 to 1835, concern themselves extensively with the constitutional organization of the local society under the law of 1825. Then, in 1830, the legislature,

⁸⁵ Buley, *Old Northwest*, I, 296; Pickard and Buley, *Midwest Pioneer*, p. 255; Kemper, *Medical History*, p. 21; Wishard, "Pioneer Doctor," 23-24; *Laws of Indiana, 1816-17*, pp. 161-165; "Minutes of the Vincennes Medical Society," recorded after the minutes of the May 5, 1834 meeting.

⁸⁶ Kemper, *Medical History*, pp. 20, 42-43, 48-49, 59, 74; Buley, *Old Northwest*, I, 296-297; *Laws of Indiana, 1818-19*, pp. 77-78; Pickard and Buley, *Midwest Pioneer*, p. 256; "Minutes of the Vincennes Medical Society," June 5, 1827.

after proclaiming that its previous act contained many defects and that the existing medical societies were illegally organized, legalized those societies and granted them all the powers which the earlier law had permitted. Then the law of 1830 gave all practitioners a year to be legally licensed if they were to receive the benefit of the law in collecting for their services. One feature of the 1830 law vitiated the good effects that could have accrued—namely, nothing in the law was “to affect the right of females to practice midwifery, or apothecaries or others not professing to prescribe or practise medicine, from selling medicines and recovering payment therefor.” The upshot of this law was the invalidation of what had been effective through the laws of 1816, 1819, and 1825. Of course, dissatisfaction had arisen over the earlier regulation which had set up the medical districts corresponding to the judicial areas. Lack of contact and lack of uniform methods of conducting the examinations seem to have been some of the difficulties. But regardless of past defects, a period of fifty-five years followed during which Indiana had no effective medical law governing the licensing of doctors or the practice of medicine. The result: quackery thrived from 1830 to 1885 and on to 1897 before an efficient and forceful law was enacted. Interest, therefore, in the local and state organizations lagged.”

In 1849 the state organization was revived, and the present Indiana State Medical Association stems from that date. Eighty-four physicians from all over Indiana met in Indianapolis to establish on a sound basis the Indiana State Medical Society. Southern Indiana sent at least nineteen delegates (1 from Charlestown; 2 from Lawrenceburg; 9 from New Albany; 2 from Jeffersonville; 4 from Madison; and 1 from Vincennes). Dr. William T. S. Cornett, of Versailles, and Dr. Asahel Clapp, of New Albany, were respectively elected president and vice president to serve during 1850. In 1851, Dr. Clapp was elevated to the presidency. The state society in 1852 held its annual meeting at New Albany; two years later, the delegates met down the river at Evansville. This newly reorganized state society began to oppose charlatanism, criminal abortion, and excessive blood-letting in certain cases. It supported the better training of doctors, vaccination, uniform fees, use of the

* Kemper, *Medical History*, 166-170; Wishard, “Pioneer Doctor,” 22-23; “Minutes of the Vincennes Medical Society”; Pickard and Buley, *Midwest Pioneers*, 256-257; Buley, *Old Northwest*, I, 297-298; *Laws of Indiana, 1825*, pp. 36, 40; *Laws of Indiana, 1829-30*, pp. 91-93.

microscope, and investigation of the evil effects of tobacco.*

With respect to medical schools in Indiana, the General Assembly in 1830 passed a resolution asking its congressmen to petition the federal government to grant two townships to establish a medical college in the state. There is no evidence that the resolution did any good.

From 1833 to 1908 twenty-five medical schools were attempted in Indiana (Indiana University School of Medicine was founded in 1903). At one time or another, schools were started at New Albany, Vincennes, LaPorte, Indianapolis, Evansville, Fort Wayne, Valparaiso, and Lafayette. In 1833 at New Albany, Christian College was chartered by John C. Bennett. This early school, often referred to as Bennett Medical College, turned out to be fraudulent. Bennett "certified" that men had completed a course in medicine when there is no evidence that a course had been organized. In fact, he was issuing diplomas within forty days after the state legislature had approved the institution. Furthermore, Bennett even falsified the name on the diplomas; instead of Christian College, he used the term "University of Indiana."

Vincennes University was organized in 1806 while Indiana was still a territory. The school's charter contained provisions for the establishment of a medical department. Because of difficulties, no medical department was attempted for thirty years. Then in the latter part of 1837 a medical course was announced. It was to run from the first Monday in December to the first Monday in March of 1838. The course was to last for twelve weeks. The matriculation fee was \$8.00; the tuition was \$80.00; and the dissection charge \$5.00. There were numerous difficulties, and the medical course lasted only one term.**

The real beginning of medical education in Hoosierland commenced with the organization of the LaPorte University School of Medicine in 1841. This school lasted until 1856 when the main building burned to the ground. In the meantime, in 1846, the name

* Kemper, *Medical History*, pp. 142, 149, 164-170, 173, 176, 178, 182-184; Barnhart and Carmony, *Indiana*, I, 254; Buley, *Old Northwest*, I, 298. Dr. Asahel Clapp (a physician, druggist, and geologist) settled in New Albany during 1817. His name is associated with the Scribner family, an important founding family of New Albany. He first married the daughter of Joel Scribner. She died within a year. He later married the widow of Nathaniel Scribner. See Mary Scribner Davis Collins' "New Albany, With a Short Sketch of the Scribner Family," in the *Indiana Magazine of History*, XVII (September, 1921), 237-238.

** Burton D. Myers, "A Summary of the History of Medical Education in Indiana," *Indiana History Bulletin*, XIX (March, 1942), 108-110, 112-113; Burton D. Myers, *The History of Medical Education in Indiana* (Bloomington, 1956), pp. 1-17.

was changed to Indiana Medical College. In 1848, twenty-seven men graduated; and during the 1848-49 session, more than a hundred students were attending at LaPorte. For five years, this school was affiliated with an Indianapolis school. The Medical College of Evansville was organized in 1849; operations were suspended in 1854; it was reorganized in 1871; and it became extinct in 1883. The Indiana Central Medical College was founded in 1850 at Indianapolis as the medical department of Asbury University, of Greencastle. This was the institution which was associated with the LaPorte school. It went out of business in 1854, two years before the doors at LaPorte were turned into burning embers. No new medical schools were established between 1850 and 1869—almost twenty years, the years prior to, during, and after the Civil War.⁴⁰

Hospitals, as we know them today, were not established until after the pioneer decades. Indiana, however, had gotten started in regard to the care of the mentally ill by passing a law during the 1844-45 legislative session. Land was bought in Indianapolis, and a building was erected in 1848. This was the Indiana Hospital for the Insane (later called Central Hospital for the Insane).⁴¹

The pioneers were confronted with endemic conditions which were peculiar to their area—for example, milk sickness. Erysipelas, skin eruptions, and various itches kept the frontiersmen scratching

⁴⁰Myers, "Summary of the History of Medical Education," 108-122. See pages 2-3 of Myers' *History of Medical Education* for charts illustrating the development of early medical schools in Indiana. Dr. Myers wrote (p. 1) about the failure of so many early schools and gave as the reasons: poor finances, inexperience of faculty members, and dissensions among faculty members.

⁴¹Evidence shows that members of the Rappite community (1814-1825) at New Harmony had what they called a hospital. Dr. Jean Isidore Baty, who came to Vincennes in 1840 from the medical faculty in Paris, built a "hospital" attached to his home. An attempt was made in Indianapolis to establish a hospital in 1858. It was not a successful venture. Finally in 1867 success was achieved. Other Hoosier towns and cities slowly followed in the establishing of hospitals. The same was true with respect to boards of health. Although a few communities attempted to establish local boards of health during the pioneer decades, Indiana did not have a State Board of Health until 1881. The law of 1881 which created the Indiana State Board of Health also provided for the creation of boards of health in "all counties, cities, and towns." Professional nursing also was not a feature of pioneer medical life. As a profession, nursing "was not established in Indiana until the last quarter of the nineteenth century." The first nurses' training school was not organized until 1883. Don Blair, *Harmonist Construction: Principally as Found in the Two-Story Houses Built in Harmonie, Indiana, 1814-1824*, Indiana Historical Society Publications, XXIII, No. 2 (Indianapolis, 1964), pp. 49-50; *Somes, Old Vincennes*, p. 229; Dunn, *Indiana and Indianans*, II, 819, 821, 823, 825, 828; Gayle Thornbrough and Dorothy Riker, eds., *Readings in Indiana History* (Indianapolis, 1956), pp. 488, 492 (also see p. 481 for excerpts from an ordinance passed during 1819 in Vincennes which regulated sanitary conditions there). Myers in *History of Medical Education* stated (pp. 192-193) that "at the beginning of this century the great majority of counties had no hospital." At that time, only the larger cities had hospitals.

and the doctors constantly busy trying to heal. The croup, cholera, measles, mumps, and whooping cough were endemic in nature and especially hard on children. Typhoid, smallpox, diphtheria, pneumonia, influenza, and scarlet fever were constant diseases to be feared on the frontier. Although tuberculosis was a lingering malady, it too was just as deadly.

Several of these diseases at times got out of hand and reached epidemic proportion. Influenza, smallpox, and cholera were three diseases that often became widespread. A cholera epidemic began in Madison in 1832 and another in Salem during 1833. One account of the epidemic at Salem poignantly related the conditions there. "Those were sad days in Salem, and the grass grew green in the streets." Dr. Charles Hay remained in Salem throughout the epidemic and administered "medical aid at a time when the inhabitants were dying or moving away to the hills daily." Influenza reached epidemic dimensions in several areas of Indiana during 1843. Smallpox raged through the state in 1847. Indianapolis in Marion County and the adjacent Hancock County were areas hit hard by this particular epidemic. The ignorance of the people in Hancock County spread rumors that Dr. J. W. Hervey had started this smallpox epidemic in order to increase his practice. Dr. Hervey's character was vindicated, and his professional standing was restored; but the episode "had cost him about three years of his life's best efforts." A cholera epidemic along "the navigable water courses in Indiana" occurred very late in the pioneer period between 1849 and 1852. One or two particulars will tell the story. In 1849 cholera was brought to Columbus by German immigrants who had come from New Orleans up the Mississippi and Ohio rivers to Indiana. Dr. Isaac Fenley, who had gone through the Mexican War and returned to Columbus, became a victim of this epidemic while treating his patients.⁴

⁴ Kemper, *Medical History*, pp. 95-97, 108, 163; Barnhart and Carmony, *Indiana*, I, 252; Thornbrough and Riker, *Readings*, p. 484; Dunn, *Indiana and Indianans*, II, 804, 828; Zervas, "Medical Education," 147. Dr. Charles Hay was the father of Salem's noted son, John Hay, who was a private secretary of Lincoln and later Secretary of State under Presidents McKinley and T. Roosevelt. Salem, in 1833, lost 113 out of a population fixed at 800. The epidemic spread rapidly. When it struck Bloomington, the college officials quickly dismissed classes, and the students hurriedly left to escape the scourge. See pp. 17-19 of James Guthrie's *Sesquicentennial Scrapbook* (1966) reprinted in the *Indiana History Bulletin*, XLVIII (July, 1971), 108-109. For additional comments about the cholera epidemic of 1833 at Salem, see pp. 343-344 in Margaret Sweeney's *Fact, Fiction and Folklore of Southern Indiana* (New York, 1967). For a cholera epidemic during 1851 in Green County, read Robert Weems, "Settlement of Worthington and Old Point Commerce," in the *Indiana Magazine of History*, XII (March, 1916), 79-80.

Indiana did not have its *Indiana Journal of Medicine* until 1870; however, medical writings—formal and informal—began to appear as the pioneer years progressed in Indiana. Hoosier doctors began to contribute to the various out-of-state medical journals of that day. In addition, many physicians—such as, New Albany's Dr. Asahel Clapp—kept diaries which tell about pioneer conditions and which enhance our understanding of medicine in pioneer southern Indiana.⁴⁴

Regardless of how primitive the approach and treatment of diseases by doctors of the pioneer era may seem to us today, those men who were accepted and licensed by the medical profession tried to relieve the suffering of humanity and endeavored to promote scientific medical treatment. After acquiring what training was available to them, which was often by apprenticeship, they gained additional experience as they treated patients in their medical shops and as they rode forth on house calls in all kinds of weather. Thus, because of the nature of their medical background and practice, frontier practitioners generally concerned themselves more with the clinical than the theoretical aspects of medicine. Their common approach to medical problems was the reliance on observation for detection of symptoms and the practical administration of accessible drugs. Unencumbered by caution created by fine-spun theories, these physicians sometimes resorted to extreme measures in order to save their patients and, by so doing, occasion-

⁴⁴The following description of a "current surge of malignant fever" during 1822 is taken from Dr. Asahel Clapp's diary: "It commenced some time last June in consequence of warm weather, but subsided in July in consequence of warm weather being dry. But in August increased with great fatality and continued late in October. The disease constantly appeared of a remitting or intermittant [sic] fever, the most malignant cases were intermittant. . . . Fruit in many cases was an exciting cause of the disease, especially peaches, but muskmelons and watermelons evidently produced the disease in some cases. The first symptoms of the disease was . . . a slimy white moist tongue, little or not at all coated, a mawkish taste in the mouth and increased flow of saliva. Considerable pain in the head, some affection of the loins, increased intestinal secretion." Dr. Clapp concluded by telling how he treated these cases. In severe cases, bleeding was employed to relieve pain in the head. Emetics were administered to induce vomiting, and purgatives were given to clean out the intestinal tract. Quoted in Bogle, "Society Develops in New Albany," 175-176. Dr. George Sutton published (1843) in the *Western Lancet* an article entitled "Remarks on an Epidemic Erysipelas, Known by the Popular Name of 'Black Tongue,' Which Prevailed in Ripley and Dearborn Counties, Indiana." See Dunn, *Indiana and Indianans*, II, 814, 820-821. Also see Thornbrough and Riker, *Readings*, p. 483, for reprints from *The Medical Investigator*, 1847. "This was a periodical published at Bloomington, Indiana, in 1847 only." Edgar F. Kiser in an article, "Hoosier Incunabula," *The Earliest Medical Publications of Indiana Authors*, in the *Indiana Magazine of History*, XXXIV (June, 1938), 157-164, discusses in detail what has been considered the two earliest medical publications in Indiana. The first is *The Indian Guide to Health, or A Valuable Vegetable Medical Prescription . . .*, written by S. [Squire] H. Selman and published in 1836 at Columbus, Indiana. The second is *A Practical Treatise on Diseases Peculiar to Women and Girls, to which is added an Eclectic System of Midwifery . . .*, written by Buell Eastman and published in 1845 at Connersville, Indiana.

ally advanced the cause of medical science. It must be remembered that the early doctors were not merely men who were treating a pioneer people, but were themselves, in some respects, pioneers in the field of medicine. Most of them never got rich by practicing their profession. Nevertheless, our regularly trained Hoosier doctors dedicated themselves to medical science by opposing quackery in every form. And like true servants of mankind, they served their patients the best they knew how with what knowledge and skills they had acquired. Can any society at any given period in history ask for anything more?