HEROIC MEDICINE IN KENTUCKY IN 1825: DR. JOHN F. HENRY'S CARE OF PEYTON SHORT

WILLIAM BARLOW AND DAVID O. POWELL

In an effort to portray American medical practice in the nineteenth century more realistically, historians in recent years have shifted their attention from medical ideas and institutions to the behavior of physicians. In regard to therapeutics, such a behaviorist approach to medical history emphasizes what doctors actually did in treating patients rather than what they thought or were taught about remedies. However, as a recent study suggests, there are significant "difficulties inherent in determining what nineteenth-century physicians actually did at the bed-side."[1] One of the major difficulties is a lack of reliable source material. Most doctors kept only sketchy records that were primarily financial rather than therapeutic. Consequently, relatively few detailed medical case histories of the early part of the last century are available for analysis. For that reason the following document is significant.[2] It was written by Dr. John F. Henry, of Hopkinsville on 6 September 1825 concerning the death of a fellow townsman, Peyton Short, five days earlier on 1 September.[3] It is a day-by-day and at times hour-by-hour account of

---

WILLIAM BARLOW is professor of history at Seton Hall University, South Orange, New Jersey. DAVID O. POWELL is professor of history at C. W. Post College, Long Island University, Greenvale, New York. The authors wish to thank Clyde Stallings, formerly of the manuscript department, The Filson Club, for providing genealogical information on the Henry, Short, Breathitt, and Webber families.

1 John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge and Identity in America, 1820-1885* (Cambridge and London: Harvard University, 1986), 2-3. A succinct discussion of nineteenth century American medical therapeutics is found in Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," in Morris J. Vogel and Charles E. Rosenberg, eds., *The Therapeutic Revolution: Essays in the Social History of American Medicine* (Philadelphia: University of Pennsylvania Press, 1979), 3-25.

2 John F. Henry [to Charles W. Short], 6 September 1825, Charles Wilkins Short Papers, Southern Historical Collection, University of North Carolina Library, Chapel Hill, North Carolina.

3 John Flournoy Henry, son of William Henry (1761-1824), was born in

the valiant but futile efforts of Dr. Henry to relieve his patient's distress and restore him to health. It is also a vivid, firsthand description of what historians have dubbed heroic medicine.

Henry's Mills, Scott County, Kentucky, on 17 January 1793. His father, a native of Charlotte County, Virginia, entered the Revolutionary Army as a youth and saw service in the battles of Guilford, Cowpens, and Yorktown, after which he removed to Kentucky. He was a member of the Kentucky Constitution Convention and served in the state legislature. After attending Georgetown Academy, Georgetown, Kentucky, John Flournoy Henry studied medicine privately. During the War of 1812 he served as a surgeon's mate and was present at the Battle of the Thames as was his father, a major general of the Kentucky Volunteers, who commanded one wing of the United States Army. In 1816 he attended lectures at the medical school of the University of Pennsylvania and in 1818 received an M.D. degree from the College of Physicians and Surgeons in New York City. He began a medical practice in Washington, Kentucky, removed briefly to Bois Brule, Missouri, and in 1822 returned to Kentucky where he opened a medical office in Hopkinsville. He married first, in 1818, Mary Duke, daughter of Dr. Basil Duke, of Mason County, Kentucky. After his wife and infant daughter died in 1821, he married second, on 1 January 1828, in Lexington, Kentucky, Lucy Stringer Ridgely (1805-1876), daughter of Dr. Frederick Ridgely and Elizabeth Short Ridgely (1766-1822), a younger sister of Peyton Short; there were six children, four of whom reached maturity: Greenbury Ridgely Henry (born 1828), Mary Belle Henry (born 1835), John Flournoy Henry (born 1839), and Flora Henry (1841-1862). While a resident of Hopkinsville he organized the town's first temperance society and was elected to the house of representatives to fill the vacancy caused by the death of his brother, Robert Pryor Henry, and served from 11 December 1826 to 3 March 1827. After being defeated for reelection in 1827, he resumed his profession in Hopkinsville and taught diseases of women and children at the Medical College of Ohio, Cincinnati, Ohio, in 1831 and 1832. In 1834 he removed to Bloomington, Illinois, and in 1843 to Burlington, Iowa, where he became prominent as a physician and man of affairs. He died in Burlington on 12 November 1873 and was buried in Aspen Grove Cemetery, survived by three children and his wife, who died three years later on 25 October 1876. See Otto Juettner, *Daniel Drake and His Followers: Historical and Biographical Sketches* (Cincinnati, 1909), 133-35, 143-44; C. W. Short and Mary Churchill Richardson, "A Chronological Record of the Families of Charles Wilkins Short and Mary Henry Churchill," 1843, 1879, Charles Wilkins Short Papers, The Filson Club, Louisville, Kentucky, 20-21; William Henry Perrin, ed., *History of Christian County, Kentucky* (Chicago and Louisville: F. A. Battey Publishing Company, 1884), 111; *Biographical Directory of the American Congress, 1774-1949* (Washington, D.C.: United States Government Printing Office, 1950), 1300, 1301; *Appleton's Cyclopaedia of American Biography*, "Henry, William," "Henry, Robert Pryor," "Henry, John Flournoy."

Peyton Short, son of William Short (died 1782) and Elizabeth Skipwith Short (died 1771), was born at Spring Garden, his parent's plantation in Surry County, Virginia, on 17 December 1761. He was educated at home by tutors and at the College of William and Mary, Williamsburg, Virginia, where he helped found the Phi Beta Kappa Society. Shortly after his father's death, without consulting his older brother, William Short (1759-

Heroic therapy was the dominant force in American medicine during the first half of the nineteenth century. Its central belief was that the physician must act forcibly and decisively to cure illness and save lives. Without any scientific understanding of the causes or nature of most diseases, the practitioner treated the patient's visible symptoms. The chief aim was to bring about rapid and recognizable physiological changes by using a variety of vigorous therapies such as extensive bleeding, blistering, and sweating as well as drastic purging and puking induced by massive doses of toxic substances. Such dramatic symptomatic changes proved that "powerful agents were powerful remedies." Actually, most of the heroic remedies were therapeutically invalid and did the patient more harm than good.[4]

1849), who had accompanied Ambassador Thomas Jefferson to France as his secretary, he sold most of the estate and used the money to speculate in Ohio and Kentucky land. Around 1784 he removed to Louisville, where he engaged in various business enterprises, many of which failed. By 1794 he lived on a large plantation, Greenfield, near Lexington in Woodford County. In 1789 he was appointed the first collector of the port of Louisville, represented Fayette County in the state senate, and served on the committee which located Transylvania University in Lexington. In 1809 imprudent investments forced him to sell his Woodford County properties to cover his large debts, and in 1817 he settled on a tract of 5,000 acres in Christian County. Again he made imprudent purchases and was heavily in debt at the time of his death. He married first, on 10 August, 1789, Maria Symmes (1765-1801), daughter of John Cleves Symmes and Anna Tuthill Symmes, of North Bend, Ohio; three of their six children lived to maturity: John Cleves Short (1792-1864), lawyer and jurist; Charles Wilkins Short (1794-1863), physician and botanist; and Anna Maria Short (1800-1827), wife of Dr. Benjamin Dudley. He married second on 14 November 1802, Jane Henry Churchill (1768-1808), widow of Armistead Churchill, of Lamington, New Jersey; there were three children: Jane Ann Short (1803-1841), wife of James Weir of Muhlenberg County; Elizabeth S. Short (1804-1827), wife of James Breathitt of Hopkinsville; and Sarah C. Short (1806-1829), wife of Edward H. Green. He died at his home near Hopkinsville on 1 September 1825 and was buried in the Baptist Cemetery, Hopkinsville. Short and Richardson, "Chronological Record," 111-22, 157-59; *Appleton's Cyclopaedia of American Biography*, "Short, William"; Katherine B. Elliott and Herbert A. Elliott, eds., Josephine Short Lynch, *Short: An Early Virginia Family* (Richmond: Whittet and Shepperson, 1970), 56; Deborah Susan Skaggs, *Charles Wilkins Short: Kentucky Botanist and Physician, 1794-1863* (M.A. Thesis, University of Louisville, 1982), 2-10, 55-56.

4 William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore and London: Johns Hopkins University Press, 1972), 41-62. For an excellent account of heroic medicine, see Martin

Dr. Henry's account of his treatment of Peyton Short's illness is unusually detailed and complete. It was written immediately after the events he describes and was no doubt based on notes he had kept over the period of his patient's disability. In addition, Dr. Henry was more careful and precise than he might have been otherwise because Peyton Short was the father of a friend and colleague, Dr. Charles W. Short, who until recently had practiced in Hopkinsville. Dr. Henry definitely wanted Dr. Short to know that his father had received the best possible medical care.[5]

Although the quality of that care was deplorable by modern

Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore and London: Johns Hopkins University Press, 1971), 1-14.

5 Charles Wilkins Short, son of Peyton Short (1761-1825) and his first wife, Maria Symmes Short (1765-1801), was born at his parents' plantation, Greenfield, in Woodford County on 6 October 1794. After attending Transylvania Academy and graduating from Transylvania University in Lexington in 1811, he studied medicine with his uncle, Dr. Frederick Ridgely of Lexington and received the M.D. degree from the medical school of the University of Pennsylvania in 1815. He began a medical practice in Lexington and in 1817 settled in Hopkinsville where he pursued his profession. He was professor of materia medica and medical botany in the medical department of Transylvania University from 1825 to 1838 when he removed to Louisville to join the faculty of the Louisville Medical Institute as professor of materia medica and medical botany. In 1849, after inheriting an estate of around one million dollars from his uncle, William Short (1759-1849), he retired from his teaching position and medical practice to Hayfield, a large plantation about five miles east of Louisville. There he lived the rest of his life, enjoying his family, traveling, and collecting plants and flowers, especially the flora of Kentucky. His vast herbarium, "the result of his life-long collections and exchanges," ultimately was given to the Academy of Natural Sciences, Philadelphia, Pennsylvania. He married, on 25 November 1815, Mary Henry Churchill (1794-1870), his stepsister, the daughter of Jane Henry Churchill who had married his father, Peyton Short; six of their children lived to maturity: Mary C. Short (1818-1882), wife of William Alan Richardson; William Short (1823-1870); Jane Short (1825-1903), wife of Dr. Tobias Gibson Richardson; Sarah E. Short (1828-1866), wife of Dr. J. Russell Butler; Lucy R. Short (1831-1868), wife of Joseph B. Kinkead; and Alice Short. He died of typhoid pneumonia in Louisville on 7 March 1863 and was buried in Cave Hill Cemetery, survived by six children and his wife, who died seven years later on 1 January 1870. See Skaggs, *Charles Wilkins Short; Appleton's Cyclopaedia of American Biography*, "Short, Charles Wilkins"; Howard A. Kelly and Walter L. Burrage, eds., *Dictionary of American Medical Biography* (New York, 1928), 1107-1108; John H. Ellis, *Medicine in Kentucky* (Lexington: The University Press of Kentucky, 1977), 10-11, 14.

standards, it was in fact the best therapy then available in Kentucky. Drs. Henry and Short were no ordinary country doctors whose remedies might be suspected of quackery or worse. Instead, they were among the elite of the Western medical profession. Unlike the majority of practitioners who were apprentice trained, Dr. Henry had graduated from the College of Physicians and Surgeons in New York City and Dr. Short held his M.D. degree from the Medical School of the University of Pennsylvania. Moreover, both Dr. Henry and Dr. Short would soon join the faculties of prominent regional medical schools. Had Dr. Short been the attending physician during his father's illness, there is no reason to believe that his therapeutics would have differed from those of Dr. Henry.

Dr. Henry's report to Dr. Short is published here exactly as it was written without any changes in spelling, punctuation, or grammar.

* * *

Peyton Short Esq rode to his farm on Wednesday, the 24th August, in ordinary health.[6] He had eaten a plentiful dinner, before he left home, and those who saw him, remarked that he never looked better, or was more cheerful.

While at his farm, he ate half a dozen peaches, and soon afterwards, felt dull, heavy and drowsy. He attempted, however, to ride home, but after reaching the gate, felt so unwell, that he turned back and remained all night with Mr. McDonald.[7] He had a restless night, without however any specific complaint, for it does not appear, that he was at that time, at all annoyed by

---

6 That Peyton Short was in good health immediately prior to his death is confirmed in a letter written by Charles W. Short a number of years later: "Our father . . . seem'd to me to possess both his bodily and mental functions in as active condition as they had ever been, for he walk'd over his poor farm in Christian with less fatigue than I could now, and, as you know, he was about entering again into the married life when he died." Charles W. Short to John C. Short, 24 April 1854, Charles Wilkins Short Papers, The Filson Club, Louisville, Kentucky.

7 Mr. McDonald is unidentified but was probably an overseer or tenant on Peyton Short's farm.

that intolerable nausea, which was afterward so harrassing, and which constituted the peculiar and distinctive symptom of his disease. The next morning, he rode home to breakfast, which consisted of a single cup of tea and half a biscuit. Soon afterwards he had yawning and stretching succeeded by slight fever. The general uneasiness was much augmented during the day; and at night, his sleep was again disturbed and unrefreshing. The next day, Friday, he had a chill about 12 O'Clock, followed by high fever, which lasted, according to his recollection, six hours, and upon its subsidence a free & copious perspiration commenced on his face & neck, and soon extended itself to the whole surface, without, however, affording that relief to his troublesome symptoms, which usually attends this discharge. It was on this day, during the prevalence of the fever, that the first symptom of great derangment of the stomach made its appearance; but it seems to have been indicated merely by a few ineffectual efforts to vomit, which must have been slight, for in the history which he gave me of his disease, he entirely overlooked it. On the next day, he took what he called a large dose of calomel and jalap,[8] which operated very badly, producing watry, dirty looking discharges, with scarcely any feculent matter and no bile. He told me, that during the operation of this medicine, he felt the first symptom of that deadly torpor, and distressing irritability of the stomach, which continued until a few hours before his death. He conceived, that he had no fever on this day, but from his great thirst and restlessness during the night, I presume he could not have been free from it. The next day, Sunday, he was so well in the early part of the day, that he prepared to come to town in a dearborn, but at 12 or 1 O'Clock, he became suddenly very ill, and was compelled to

---

8 Calomel, chloride of mercury, one of the most powerful cathartics, was widely used; it was highly toxic and had profoundly dangerous long-term side effects. Jalap was an equally harsh botanical cathartic. Dr. Benjamin Rush, the father of heroic medicine in the United States, popularized simultaneous dosing of patients with calomel and jalap in the 1790s. Rothstein, *American Physicians*, 49-52; Robley Dunglison, *Medical Lexicon; A Dictionary of Medical Science* (Philadelphia, 1873), 253.

remain. He had a chill, which was scarcely perceptible, but it was succeeded by high fever, great restlessness & incessant efforts to vomit. The heat of the surface was much increased, but tho' he had slight delirium and great determination of blood to the brain, he had no headache. This paroxysm of fever lasted until one hour by sun, when perspiration commenced and soon became general. But so far from affording any relief, his stomach remained irritable, and his pulse, instead of becoming full, slow and soft, retained its frequency, but lost its strength. It was in this condition of things I saw him for the first time at 10 O'Clock at night. His pulse was then, 120 in the minute, small, weak and compressible. He was rational and had strength enough to rise from his bed without assistance. His tongue was moist and of a soft sodden appearance. His stomach rejected every thing, colored with a yellowish bitter fluid, which seemed to be a mere gastric secretion. He was unable to remain in one position a moment, anguish under which he laboured was so great. I urged him to describe it. He said he could not. On pressing the abdomen with a good deal of force, he winced not the slightest uneasiness. He did not ascribe his agony to pain or excessive heat or morbid coldness of the stomach, but called it uniformly a torpor, a deadness of that part. It was to this sensation he ascribed his constant jactitation [jerking].

I imagined, upon a cursory examination, that the free perspiration would relieve all unpleasant symptoms; but the rapidity, and feebleness, and want of volume in the pulse justly excited my alarm, and I instantly informed Mr. Breathitt,[9] that I looked

---

9 James Breathitt, son of William Breathitt and Elizabeth Whitsitt Breathitt, was born in Henry County, Virginia, on 16 December 1792. At the age of eight he removed with his parents to Logan, now Christian County, Kentucky. His father was a farmer and "a highly respected citizen, though of limited wealth and hence was unable to give his children collegiate educations." His sons, however, did well in their respective careers: John Breathitt (1786-1834) served as lieutenant governor of Kentucky from 1828 to 1832 and as governor from 1832 until his death in 1834, George Breathitt was Andrew Jackson's private secretary, Edward Breathitt became a prominent physician, and Cardell Breathitt was a sometime Kentucky state legislator. After attending school in Russellville, James

upon his case, as one of extreme danger. Finding from the history of his case that he had had no proper evacuation from his bowels, I gave him 20 grains of calomel,[10] which was twice repeated during the night in 10 grain doses. At 12 O'Clock, however, 2 hours after I arrived, finding the pulse gradually subsiding from 120 to 80 or 90 in the minute and withal very weak and compressible, I applied blisters[11] to the region of the stomach, and to the ancles. He was excessively restless and uneasy during the whole night, occasionally ejecting a glossy yellowish fluid. But in the morning, I found, that tho' the medicine had not operated, nor the blisters drawn properly yet his pulse had descended to 77, much too feeble, tho' he said it was ordinally feeble in health. Being compelled to leave him, I directed Mr. Breathitt to give epson salts[12] in minute portions during the early part of the day, and if he thought his stomach would [tolerate] it, in

---

Breathitt read law, probably with his brother, John, and began a law practice in Hopkinsville. For many years he was commonwealth's attorney and "was an excellent lawyer . . . but excelled as a criminal lawyer." He served one term in the Kentucky house of representatives but was defeated in a race for the national house of representatives. He married first, on 14 June 1821, Elizabeth S. Short (1804-1827), daughter of Peyton Short (1761-1825) and his second wife, Jane Henry Churchill Short (1768-1808); there were two children: Peyton S. Breathitt (1822-1848), who died of consumption in Midville, Georgia, en route to Florida for his health, and John W. Breathitt (1825-1912), who married Catherine A. Webber (1829-1910), daughter of Dr. Augustine Webber (1790-1873) and Nancy Tannehill Webber (1796-1840), of Hopkinsville. He married second, around 1829, Gabrielle Harvie, daughter of the Honorable John Harvie, of Frankfort. He died in Hopkinsville in August 1837 and was buried in Pioneer Cemetery. See Perrin, ed., *Christian County*, 94; Robert Sobel and John Raimo, *Biographical Directory of the Governors of the United States, 1789-1978* (Westport: Meckler Books, 1978), 515; Charles Mayfield Meacham, *A History of Christian County, Kentucky from Oxcart to Airplane* (Nashville: Marshall & Bruce Company, 1930), 456; Short and Churchill, "A Chronological Record," 117-19; Eliott and Eliott, eds., *Short*, 56.

10 Twenty grains was a very large quantity of calomel; moreover, Dr. Henry continued to dose his patient until a total of at least 110 grains had been administered in a seventy-two hour period. As Dr. Henry's account indicates, he would have given even larger amounts more frequently had it not been for Peyton Short's resistance.

11 Blisters were raised with plasters which irritated the skin. When the blister broke, the liquid which drained off was thought to be "a desirable emission of harmful matter." Rothstein, *American Physicians*, 53.

12 Epson salts was a milder cathartic used in conjunction with harsher ones such as calomel. Dunglison, *Medical Lexicon*, 371.

the evening, a dose of oil.[13] The salts assisting the calomel he had taken, produced a number of fetid, but fluid, dirty looking discharges, without any amendment whatever of the affection of the stomach. I also directed a repetition of the calomel in the evening provided the condition of his stomach was not altered, but his repugnance to this medicine, prevented Mr. B's giving it.

At night, the same day, Monday, I again saw him, and was informed, that he had passed a most uncomfortable day. I found his pulse at 100 and tolerably strong. I prevailed upon him to take 20 grains of calomel with 1 gr. of opium,[14] and during the night endeavoured to quiet his stomach by draughts of soda water frequently given. These remedies quieted his stomach for a little while, but in the morning I found it as irritable and unmanageable as ever. His pulse on Tuesday morning, was at 80, and tolerably strong, but deeming it an object of great importance to prevent the recurrence of the chill, however indistinct, I gave a dram of red bark,[15] with a little wine, but his stomach instantly rejected it. I immediately prepared a tincture and a decoction with snake root,[16] but before I could use either, his pulse had become too much excited. I watched attentively for his chill, but there was not the slightest appearance of it. His pulse however continued to rise gradually, from 80 to 100 and at 3 O'Clock in the afternoon it was 120 in the minute. The heat of the surface was at this time excessive, and he laboured under slight delirium. The pulsation at the wrist was strong and hard, tho' not full and open. I could not compress the artery with ordinary pressure. The pulsation of the vessels of the brain was

---

13 Castor oil, like epson salts, was a milder cathartic used to supplement the action of a harsher one. Ibid., 905.

14 Opium was combined with calomel to relieve pain and to postpone the cathartic action of the latter. Ibid., 751-52.

15 Red bark was a common name for chichona bark from which quinine is derived. It was one of the few valid therapies of the heroic era; however, it was effective only in relieving the symptoms of malaria and had no effect on other types of fevers. Rothstein, *American Physicians*, 28-29; Dunglison, *Medical Lexicon*, 217.

16 Snake root was a botanical tonic which was used to treat debility and fever. Ibid., 84, 447.

so great, that his head was agitated on his pillow. I used cold water freely to his hands and face, but finding, that no impression was made on his pulse, I drew 8 oz of blood from a small orifice,[17] and stopped the flow, before any diminution took place in the strength of the pulse, intending, if it should be necessary, to open the vein again. The blood on coagulating had the buffy coat[18] in many parts of the surface. There was no change in the pulse until 5 O'Clock, the hour at which his fever had declined the Sunday before. A sweat then commenced and soon extended to the whole surface. For half an hour I watched the changes, which were taking place, and found that his pulse tho' still 120 was diminishing rapidly in strength. His delirium, which was of the low muttering sort, continued and his stomach still rejected all kinds of drink. The perspiration was profuse and clammy and relieved no one symptom. I saw that he was rapidly sinking, but I applied sinapism,[19] and reapplied the blisters, & gave wine and laudanum[20] freely, which his stomach then retained. I requested Dr. Webber[21] to be sent for, but before he arrived, under the use of stimulants, internal and external,

---

17 Venesection, a surgical procedure in which a vein was opened to withdraw blood, was widely used by physicians in the early nineteenth century for "every conceivable illness." Rothstein, *American Physicians*, 45-49.

18 Buffy coat was a grayish crust on coagulated blood which was thought to indicate internal inflammation. If the buffy coat was observed, it was believed to be evidence that the bleeding had been necessary and that further bleeding was justified. Dunglison, *Medical Lexicon*, 147; Warner, *Therapeutic Perspective*, 131-32.

19 Sinapism was a mustard plaster used to irritate the skin and produce blisters. Dunglison, *Medical Lexicon*, 949.

20 Laudanum was a tincture of opium which was widely used to relieve pain and for other purposes. Ibid., 578; Warner, *Therapeutic Perspective*, 139-40.

21 Augustine Webber, son of Phillip Webber, a Revolutionary War veteran, and Ann Webber, was born in Virginia on 9 February 1790. After graduating from Georgetown College, Georgetown, Kentucky, in 1811, he practiced medicine in Danville until 1813 when he removed to Hopkinsville where he practiced his profession for forty-four years. He married first, on 15 September 1816, Nancy Tannehill (1796-1840); seven of their thirteen children lived to maturity: Charles Wilkins Webber (1819-1856), ornithologist and author of numerous books on the American Southwest, who died on the campaign with William Walker to Nicaragua; Elizabeth R. Webber (born 1820), wife of James J. Lampton, a Hopkinsville merchant; Julia Webber (1824-1889), wife of Robertson T. Torian, a Christian

some inconsiderable reaction had taken place. The pulse was more distinct and had fallen to 100, and the heat of the surface had begun to return. During the whole of this period of prostration, he was restless and uneasy in the highest degree. It continued in its greatest excess six hours, after which it slowly gave way to a feeble and languid excitement, during which his pulse fell to 90. Dr. Webber saw him at 2 O'Clock at night, and with his concurrence, I tried to quiet his stomach with the infusion of columbo,[22] and afterwards the spts. terebinthe[23] in a dram dose, but neither seemed to have any marked effect and the last was so unpleasant, that I could not get him to take another dose. We then again tried effervescing draughts, and commenced a course of calomel and opium, and by the middle of the afternoon, we had given about 50 grains of calomel, and 3 of opium. It was an object to compose his stomach & remove the irritability of the system by the opium, and act freely on the bowels with the calomel in the early part of the night, when the effects of the opium had subsided. But, about one hour by sun, finding every symptom greatly aggravated, and that he could indeed scarcely swallow, I desisted from medicine altogether. At this time his pulse had sensibly declined in force, and stertorous breathing, and great insensibility evidently announced

---

County farmer; Catherine A. Webber (1829-1910), wife of Christian County judge and Hopkinsville postmaster, John W. Breathitt; Mary Webber (1832-1900); Caroline F. Webber (1833-1920), wife of Dr. Edward A. Arnold, a surgeon in the Union Army during the Civil War; and Ada Webber (born 1838), wife of George F. Pentecost. He married second, on 18 February 1846, Elizabeth Shipp Phelps (1795-1875), widow of Judge John H. Phelps, of Hopkinsville. He was a member of the New Providence, later First Baptist Church and served as trustee, deacon, and lay minister. Interested in education, he was a founder in 1854 of Bethel Female High School, later Bethel Female College. In 1867 he removed to New Orleans and in 1871 to Louisville where he died on 23 December 1873. He was the last person to be buried in Pioneer Cemetery, Hopkinsville. *Family History of Christian County* (Hopkinsville: Christian County Genealogical Society, 1985), 416.

22 Columbo was a botanical preparation which was used primarily as a tonic. Dunglison, *Medical Lexicon*, 101.

23 Spirits of terebinthe was common turpentine which was used as a stimulant, diuretic, and cathartic. Ibid., 1026-1027.

the inevitable fate, which awaited him. He died on Thursday morning at ½ past 4 O'Clock.

In reflecting on the nature of this disease, I confess great difficulty in arriving at clear pathological views, but this would be a matter of less moment, if its treatment were not equally obscure and uncertain. But so great is the mystery in which the whole matter is involved, that I profess myself now undecided as to the course I would pursue, if the same disease were again presented. Nor has a similar case which has since fallen under my observation at all removed my difficulties. He was in health the Wednesday that he was taken sick, and the eating a few peaches seems a very inefficient cause in the production of so dreadful a disease. He had been subject to dyspepsia, which would seem to point to that affection as the predispossing cause of the great derangement of the stomach, but this could not be at least to any extent, because the irritable condition of the stomach is common to this form of fever, and is found in many cases where the stomach had never been disordered before. That the stomach and liver were the organs which bore the onus of disease, there can be no question. But what was the nature of that disease? I am inclined to think that that of the liver was really a state of uncongestible torpor. This I infer from the uniform nature of his discharges, which were throughout, thin, watery, and offensive, resembling in color and consistence, the muddy water, which we see in the streets after a rain. This seems to have been the same condition of this organ which obtains in the cholera spasmodica the most alarming and fatal disease of hot climates. Whether the condition of the stomach were sympathetic of the liver, or of a primary nature, I am unable to say. It exhibited many symptoms of highly deranged action, but whether from excessive or deficient excitement seems a doubt. He himself uniformly called it a torpor a deadness of that part. The fluid ejected was generally of a yellowish hue and bitterish taste, but this may have been a deranged secretion of the gastric fluid, without any admixture of bile whatever.

The fever seems to have observed the tertian type,[24] from the commencement, and on this, I built my only hope, when I first saw him. Wednesday he was taken. Friday he had the first considerable fever. Sunday, again he had high fever, and again on Tuesday the paroxysm was very severe. The mental function remained undisturbed, except during the exacerbation of fever, but he seemed to have had a presentiment from the beginning of his attack, that he should die, and he told me several times that he could not recover.

I intended to have tried the efficacy of large doses of calomel frequently repeated, but his great prejudice against this remedy prevented my doing so. During the state of apyrexia, I was anxious to throw in large quantities of stimulants and tonics to prevent the recurrence of the slight chill, which had been the precursor of fever, but the irritability of his stomach compelled me to relinguish this plan. At one time I thought of attempting to relieve his stomach by an emetic of ipecacuanha,[25] and actually mixed it up for that purpose, but fearing it might increase the symptom, which so much annoyed him, I threw it away. The bleeding was justified by the state of the pulse, and by the evident propriety of endeavouring to prevent exhaustion, by keeping down excessive excitement. It was resorted to on the same principle upon which we use the bark in apyrexia. There we prevent fever by removing the torpor, which uniformly precedes it. Here I endeavoured to prevent the collapse, which I feared would follow, by reducing the excessive excitement, which leads to it. The appearance of the blood after coagulation, tho' not infallible, surely tended to confirm the propriety of its abstraction.[26] Nor did I observe any immediate impression upon the pulse; on the contrary it preserved its strength, until the fever declined, which was about the same hour at which it yielded

---

24 Tertian type was an intermittent fever in which the paroxysms return every third day. It was thought to be the "most manageable" type of fever. Ibid., 1028.

25 Ipecacuanha was a popular botanical emetic. Ibid., 554.

26 See note 17.

on the Sunday preceding the operation. It is certainly true, however, that after the state of prostration came on, it increased more rapidly, and was much more alarming, than on the evening referred to. But this I ascribed to his greater weakness and the advanced stage of his disease. Blisters were resorted to, to relieve the stomach and to produce excitement, but I confess the same want of success in this case, with that which has uniformly attended their application in all similar cases. Perhaps no remedy could have done good at the period at which I saw him, but it surely is an object of great importance to arrive at some plausible theory of the disease, and some regular philosophical treatment of it in all its stages. The first can only be obtained by accurate and repeated dissections, and the last by close and attentive observation.

September 6th, 1825 John F. Henry

* * *

Dr. Henry's report is a classic account of early nineteenth century therapeutics. Faced with a life-and-death situation, the physician of that era did not hesitate to use any possible therapy no matter how debilitating or harsh. In fact what seems to have restrained Dr. Henry from an even more rigorous course of action was Peyton Short's refusal to permit it. Dr. Henry concluded that perhaps "no remedy could have done good at the period at which I saw him." It might be argued that no remedy at all would have been better than the heroic remedies used by Dr. Henry.