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Hardly the Best of Times the Practice of Medicine on the Maine Frontier, 1812-1841

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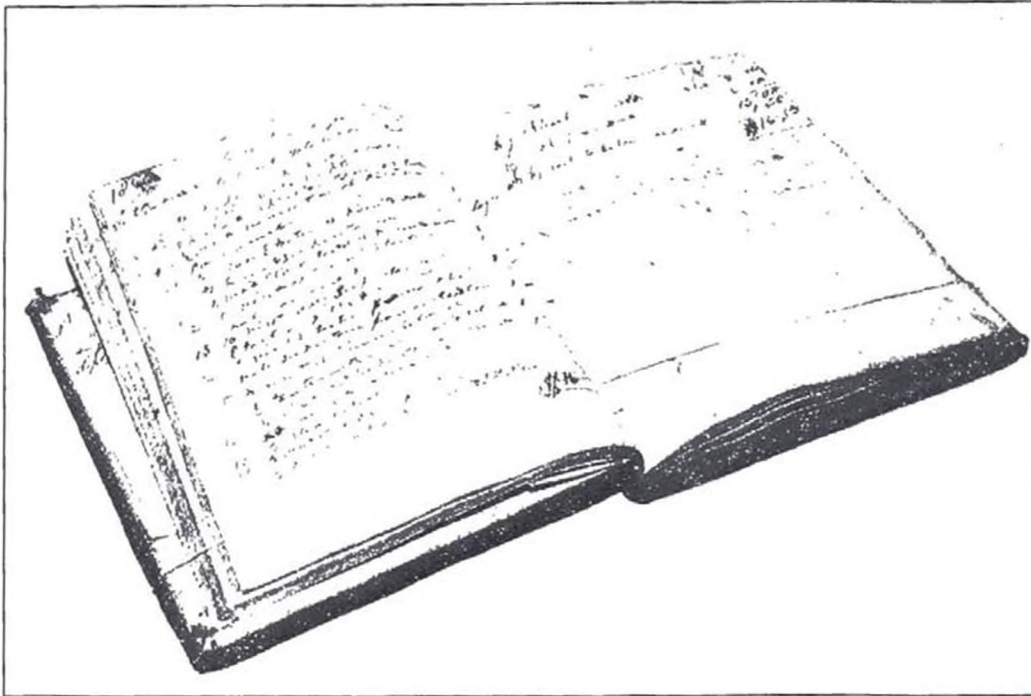
JOHN D. BLAISDELL

HARDLY THE BEST OF TIMES
THE PRACTICE OF MEDICINE ON THE MAINE
FRONTIER, 1812-1841

Account books left by two physicians provide a glimpse of the practice of medicine on the eastern Maine frontier. They reveal some interesting patterns: Both doctors practiced some dentistry, delivered babies, and engaged in sidelines outside their medical practice. Both vaccinated patients in the face of impending epidemics, and both treated internal afflictions using standard nineteenth-century medical therapeutics. Sometimes doctors did more harm than good, but even in this short span of time we can see progress on the medical frontier.

Much of the history of medicine is based on how it should have been done, and not how it was actually done. The reason for this is simple: libraries and archives contain numerous volumes of old medical and surgical textbooks, but few, if any, of the writings of the practitioners themselves. Thus while there is an immense literature on the theory of medicine, there is much less to show how close actual practice came to this theory. For this reason, written evidence pertaining to the day-to-day practice of medicine offers valuable insights into early American society.

Such material exists for two physicians who practiced in eastern Maine in the early nineteenth century: Allen Rogers of Hampden, and Benjamin Johnson of Winterport. Both left extensive account books which, while they do not go into great detail as to their treatments and procedures, do provide a



An account book belonging to Hampden physician Allen Rogers. Entries, although cryptic, reveal some important insights into the relation between medical theory and the actual practice of medicine.

Courtesy Bangor Historical Society.

overview of their day-to-day practices. The account books, while not identical, are similar enough in nature to give a fairly accurate view of the practice of medicine in nineteenth-century eastern Maine. For instance, it appears that the practice was not particularly lucrative: Both men augmented their medical careers with other financial activities, and both practiced dentistry and midwifery to some extent. Both used the more popular drugs available at that time, although Rogers was more dedicated to the accepted therapeutics of the age than Johnson. Both practiced vaccination, but only when a real threat of smallpox outbreak existed – once in 1819 and again in 1840.

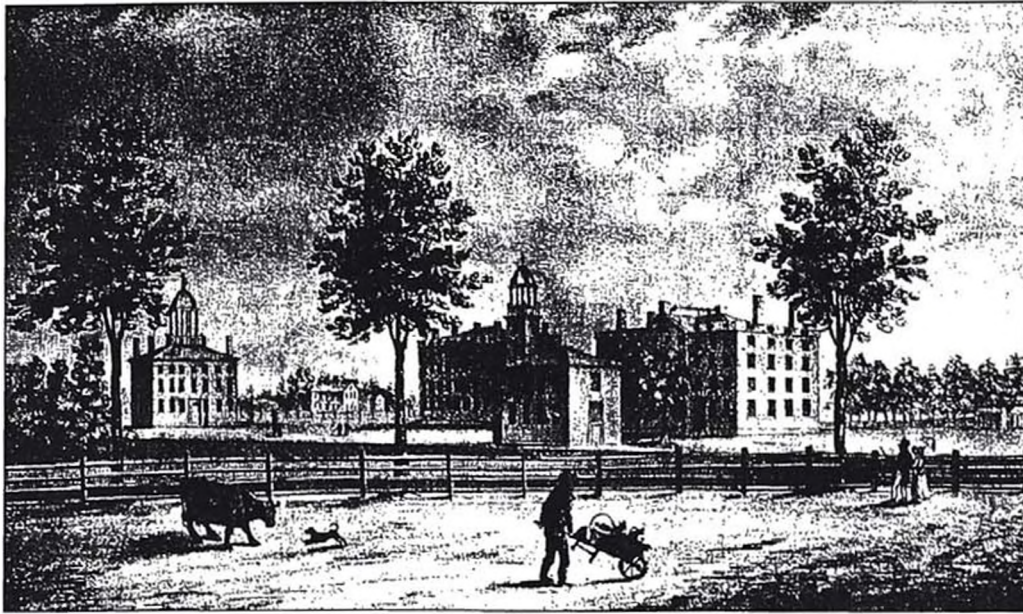
For all the documentation regarding their practices, we have little personal information for either man. Of the two, we know more about Allen Rogers. The inscription on his gravestone states that he was seventy-eight years old when he died in

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July 1864, making his birth date 1786. There is no record of where he was born; the earliest reference we have for him is an 1810 census for Hampden. According to this census there were four individuals in the Rogers household: two under the age of ten, and two between fifteen and twenty-five.¹

Rogers appears next as a sergeant attached to Captain Peter Newcomb's company during the War of 1812. Later, his name appears in a parole order issued to the American prisoners taken at the Battle of Hampden. Then, in 1827, Rogers received a license from Hampden to sell retail merchandise, including wines and spirits; in 1829 he was licensed as an innkeeper, and in 1832, as an auctioneer.² These details correspond with his own account books: It is not unusual to find references on the same page to treating patients and selling goods like coffee, tea, and tobacco.³ These documents suggest certain conclusions with respect to his medical practice. The 1814 reference implies that at the time of his service in the militia he was probably not considered a physician. Since he was twenty-eight at the time of the Battle of Hampden, he seems to have decided upon medicine as a career fairly late in life.

We know next to nothing about his medical education. The evidence seems to indicate that he did not attend an established medical school. Bowdoin, the only medical school in Maine, did not open its doors until 1821, some three years after his accounts began, and a perusal of regional medical school graduates for the years 1816-1817 does not reveal his name.⁴ In all probability, Rogers received his medical education during the years 1815-1818 through an apprenticeship with a local physician. Well into the nineteenth century it was common for many, if not most, medical practitioners to receive some or all of their training in this fashion. An individual simply signed on with a practicing physician for a number of years as his unpaid assistant, and in return learned first-hand the practice of medicine. That such practices were going on in eastern Maine is indicated by an advertisement in the 1834 Bangor Directory for medical and surgical instruction "under Daniel McRuer, M.D."⁵



Bowdoin College in 1822. Benjamin Johnson probably received his degree from the Medical School of Maine, on the Bowdoin campus, in 1824. The school provided students with an education equal to, if not better than most at the time.
BOWDOIN COLLEGE AND THE MEDICAL SCHOOL OF MAINE, 1794-1894 (1894).

Even less is known about Benjamin Johnson. He was born on June 14, 1802, in Limerick, Maine, and his father was Boardman Johnson, who was postmaster of Jackson, Maine. Johnson married twice: in 1836 to Susan Wellington, and in 1854 to Eliza Chadbourne. Johnson left Winterport in 1841 to go to Dover-Foxcroft, where he died in 1869 at age sixty-seven.⁶ The earliest reference to practicing medicine in his account books is in 1826, but there are a number of references to earlier account books, now probably lost.⁷ Other evidence suggests that Johnson may have been practicing in Belfast in 1824. A reference in a New England medical journal to one Benjamin Johnson receiving a degree from the medical school at Bowdoin College in 1824

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accords well with the Belfast date. If Johnson did indeed graduate from Bowdoin, his medical education was equal to, if not better than most at this time.⁸

While their medical preparation differed, the two physicians had similar early careers: In the beginning both had to augment their practices with other income. Rogers not only dispensed medical preparations, but he sold everything from buttons to silk to spirits – rum being one of his most popular commodities.⁹ In addition, he performed blacksmith work, and as late as 1832 he applied for a license as an auctioneer. While these commercial transactions diminished as the years passed, they never completely disappeared.¹⁰ Johnson, too, engaged in a number of commercial ventures early in his career although he never entered a second vocation. Rather his activities involved more casual services, like storing a sleigh or pasturing a horse.¹¹ Moreover, Johnson does not appear to have continued these practices after 1827, his medical practice apparently being successful enough to meet his financial needs. Still, he was not entirely satisfied with his life in Winterport: In 1828 Johnson traveled to Philadelphia for an interview by a naval board of surgeons for a possible appointment in the Navy.¹²

Curiously, neither Rogers nor Johnson practiced much surgery. Rogers's surgical practice consisted mainly of dressing wounds, opening abscesses, and occasionally practicing phlebotomy.¹³ Johnson's surgical practice is similarly limited – with one exception. In 1827 he entered the following in his account book: "To vs. for R. Hall at Mrs. Washburn's with Doct & amp. 2 fingers & assisting in dressing wounds."¹⁴ It is not clear who the "Doct" was, but the mention of another medical practitioner suggests that it was not Johnson who performed the surgery.

The fact that neither man performed much surgery suggests that even at this early date surgery was considered something of a specialty in the region. Unlike Rogers and Johnson, Joseph Stevens of Castine had a fairly extensive surgical practice; his account books mention numerous amputations.¹⁵ John Martin of Bangor performed an involved surgical procedure to

Hobson James F. turner, Drummond's mills, house-harlow
 Hobson George, machinist, b'ds P. Kendrick
 Hobbs Frederick, attorney, 5 smith's block, house state
 Hodges Josiah, laborer, carmel road
 Hodgman Frederick H. & Co. W I goods, 49 w. market-sq.
 b'ds I. R. Clark
 Hogan David, laborer, house water
 Hogan Patrick, laborer, house water
 Holbrook Daniel, laborer, house east summer
 Holden George W. druggist, house boyd
 Holden Prescott P. pump and block maker, exchange, h. boyd
 Holland Eliza, milliner, main, h. levant road
 Holland Sarah, levant road
 Holland Charles T. (*Fairbanks & Holland*,) looking-glass
 frame, at Drummond's mills, house harlow
 Holland Park, surveyor, b'ds C. T. Holland
 Holland John C. farmer, levant road
 Holland Daniel, farmer, levant road
 Holmes Caleb, butcher, house centre
 Holmes Isaac B. butcher, house centre
 Holmes Freeland & Co. (*G. W. Cummings*,) lumber, 33
 broad, b's Mrs. Brown
 Holman Levi, laborer, carmel road
 Holman Bowen, butcher, house hampden road
 Holt James, teamster, house cumberland
 Holt Edmund, (*City Marshal*,) shoemaker, 11 central, house
 division
 Homan Joseph A. printer, house third
 Honey Joseph C. laborer, house garland
 Hook Benjamin, house cumberland
 Hook Benj. jr. clerk, b'ds Benj. Hook
 Hooper Henry, groceries, east end kenduskeag bridge, b'ds
 Nathan Smith
 Hooper John, farmer, oldtown road
 Hopkins Joel, corker, oldtown road
 Hopkinson John, laborer, road to Lumbert's mills
 Hosford Bradley S. dentist, 16 west market-square, h. essex
 Hoskins John P. hatter, house hancock
 Hoskins, widow, house exchange
 Houlton Albert, dry-goods, 46 main, house summer
 Houston George, laborer, b'ds Norman Smith
 Howard John, farmer, oldtown road
 Howard, widow, oldtown road
 Howard William R. farmer, oldtown road

Bradley S. Hosford was one of three dentists listed in the *Bangor City Directory* for 1843. Specialization in dentistry probably discouraged Rogers and Johnson from practicing this as a sideline late in their careers.

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remove necrotic bone from the shoulders of two individuals. One operation had lasted more than an hour, a remarkable achievement considering that no anesthesia was used. In 1843 a Dr. Wheelock in Belfast removed a tumor from the nose of a lady while she was under hypnosis, and in 1844 Josiah Rich performed an amputation with the patient under hypnosis. This was more than four years before ether was first used as a general anesthesia in Boston.¹⁶

While neither Johnson nor Rogers practiced extensive surgery, both pulled teeth. The references in Rogers's account books start very early and are at times fairly numerous. By the 1830s both appear to have given up dentistry, perhaps because patients were beginning to see this as a separate practice. The *Bangor City Directory* for 1843 lists three dentists: Bradley Hosford, William Jewett, and S.B. Straw.¹⁷

Both physicians also engaged in a practice that was quickly becoming standard retinue for the medical profession: delivering babies. Of the two, Johnson appears to have had the larger practice; his account book is filled with references to "accouchments," or deliveries. Both were part of a practice in transition. Prior to the eighteenth century, most deliveries were attended by midwives. With the rise of scientific and professional interest in pregnancy and parturition, these practices passed into the hands of male physicians. This passing of the obstetrical torch was hardly smooth or abrupt. By 1825, Bowdoin Medical College was providing a series of lectures on the topic to its students, but not until 1846 was the first regular instructor in obstetrics, Amos Nourse, appointed to the institution.¹⁸

Unfortunately for many of the mothers and children involved, the introduction of medical practitioners into the delivery process brought almost as many problems as promises. Foremost was the onset of infection, which often resulted when physicians delivered in less than sanitary conditions. Johnson in particular appears to have seen his share of obstetrical complications; on more than one occasion he noted delivering a woman, and then returning to treat her, as well as the child, for some unexplained sickness.¹⁹ It seems likely that puerperal fever was

the culprit – a common complication of the time. Joseph Stevens, who practiced in Castine during these same years, left a rather detailed description of a case that occurred in 1834. A woman suffered from abdominal discomfort one week after giving birth. Very quickly she became nauseated, her abdominal region swollen and tender to the touch. Within two days she became delirious and died shortly thereafter. Stevens attributed her death to a puerperal “epidemic” then raging in Bangor.²⁰

This so-called epidemic may in fact have been the outbreak of an infection like scarlet fever or strep throat – both prevalent at the time. Such diseases are caused by streptococcus, the organism commonly associated with puerperal fever. Just such a situation occurred in Hallowell in 1787, when an outbreak of scarlet fever coincided with an outbreak of puerperal fever.²¹ Because physicians, more than midwives, were involved in a variety of medical emergencies in addition to delivering babies, they constituted a particular hazard to women giving birth. If, for example, a physician was called to deliver a child after having treated a wound infection or a case of scarlet fever, the chance of puerperal fever was good.

If infection was one of the negative effects of physician-assisted deliveries, a positive effect was the beginning of a more systematic approach to understanding the diseases and afflictions of the female reproductive tract. For example, the case records of Castine’s Joseph Stevens indicated that in 1836 he treated a woman for an ovarian tumor. While the treatment was unsuccessful and the patient eventually died, the resulting autopsy – the only one so noted in Stevens’s records – suggests an attempt to add to the store of knowledge about human medical afflictions.²²

Neither Rogers nor Johnson developed obstetrical practices large enough to replace their general medical practices. For both, the center of their medical career was the treatment of internal afflictions using standard nineteenth-century medical therapeutics. These were based on the belief that disease was a dysfunction of the whole body, rather than specific organs or organ systems. Accordingly,

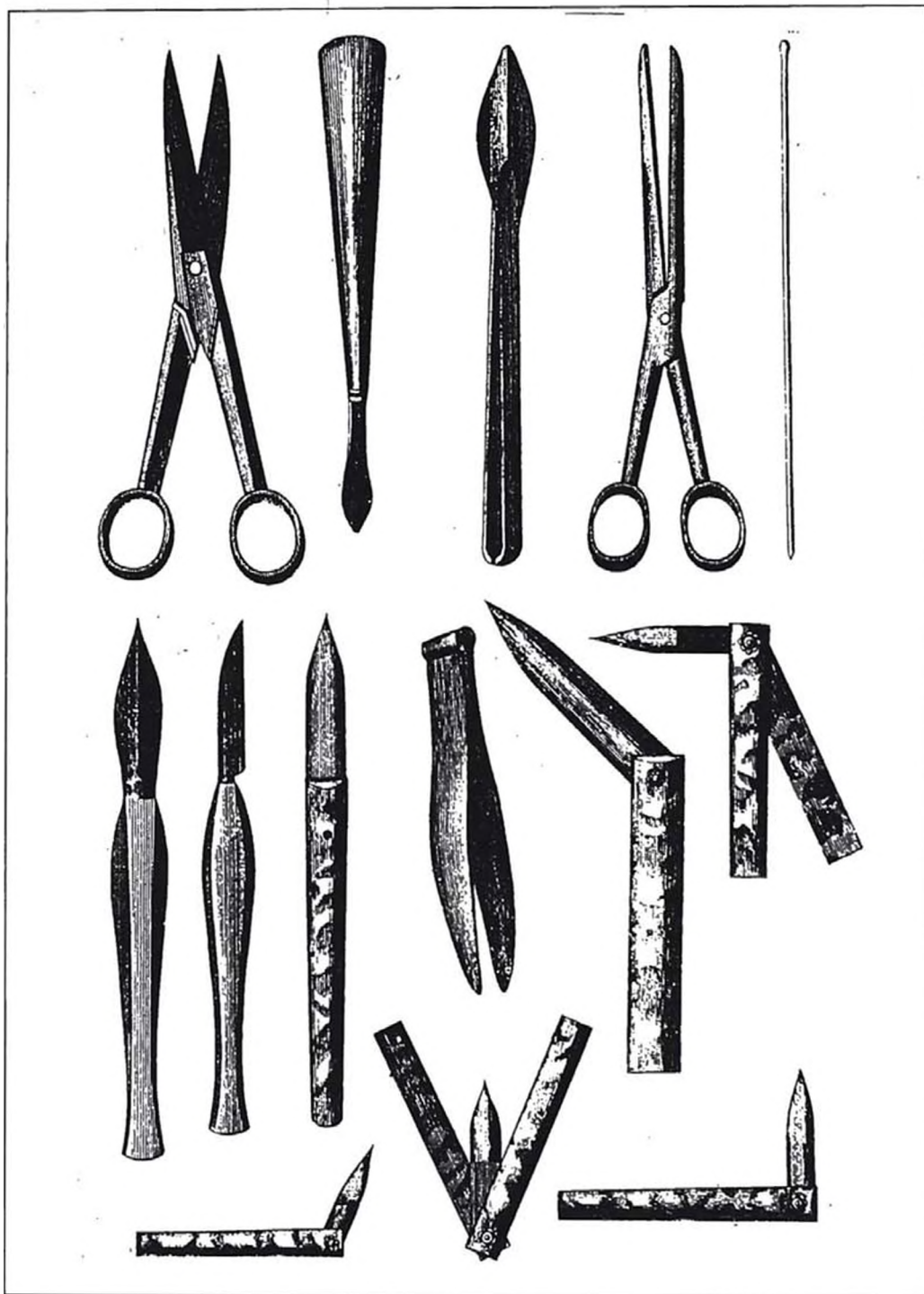
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it really did not matter what patients suffered from, since for all diseases the cure was pretty much the same. The humoral theory, the earliest system of beliefs, held that the body's four main components – blood, phlegm, black bile, and yellow bile – must be kept in balance. Diseases occurred when one or more of these humors was out of balance, usually in excess.²³ Humors were brought back into balance by removing the excess, usually by diet or exercise, but also by removing blood or providing strong laxatives.

By the beginning of the eighteenth century, the humoral theory had been largely replaced with the belief that diseases were caused by over- or understimulation of the body. This particular theory arose in part from the work of Scottish physician John Brown, who traced diseases to excess or deficiency in the body's "excitability" – the property that distinguished animate from inanimate matter. Excessive excitement, or asthenic diathesis, required a debilitating treatment; deficient excitement, or asthenic diathesis, responded to a stimulating treatment. The depleting remedies were the more popular, and for Brown, one of the most effective was bleeding, or venesection. Others included emetics (drugs that caused regurgitation), purgatives, or strong laxatives.²⁴

Brown's theories quickly gained acceptance in late eighteenth-century America. In part, this may be due to the fact that treatment for excessive excitability was little different from that for humoral imbalance, thus providing a certain continuity for medical practitioners. Moreover, the fevers, flushed skin, and racing pulses that accompanied so many disease conditions fit perfectly with Brown's theories of overstimulation. Among the practitioners of Brown's theories were both Rogers and Johnson.

Of the two, Rogers appears to have been the more devoted. He frequently employed venesection, emetics, and purgatives in treating his patients for various ailments. In particular he appears to have been attracted to bleeding. At times he used it as a preventative; in at least two cases he employed venesection with no indication of any illness present.²⁵ At other times, he



Instruments used in venesection (bleeding). Allen and Johnson bled patients either to bring "humors" back into balance in the body or to reduce excesses in the body's "excitability." At times, it was used as a preventative.
Diderot, ENCYCLOPEDIA (1762-1777).

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repeated the treatment: During one month in 1824 he bled Ezekiel Smith at least twice and bled Steven Atwood twice between July 21 and July 23.²⁶ Rogers often combined bleeding with drugs, such as antimony, gum ammonia, and jalap and calomel.²⁷

Rogers was also a strong advocate of emetics. In particular, he used antimony, sometimes in an extreme form known as emetic tartar. Moreover, he usually employed the drug in conjunction with other treatments – only rarely do his records indicate it was used alone. He often combined antimony with sal nitre (a diuretic), with laudanum (opium mixed with wine), and with venesection or bleeding. Rogers also combined antimony with a less powerful vegetable emetic, ipecac. A derivative of the plant *Psychotria ipecacuanha*, ipecac was generally held by nineteenth-century physicians to be milder than antimony; one textbook of medicine and pharmacy noted that ipecac “evacuates the contents of the stomach without exciting violent vomiting.” Ironically the same author noted that ipecac, when mixed with certain purgatives, increased their effectiveness. This may have been known to Rogers; his accounts show that while ipecac was often used in conjunction with strong purgatives, such as calomel and jalap, antimony never was. Rogers may have felt that combining a strong emetic like antimony and a strong purgative, such as jalap, put too much stress on the patient. On the other hand, he often combined bleeding with emetics or purgatives – which also stressed the patient.²⁸

The two purgatives Rogers employed consistently were calomel (mercuric chloride) and jalap (a derivative of *Exogonium purga*); both were excessively powerful laxatives. As if to complicate the situation, Rogers often employed the two together. One patient, David Atwood, received jalap, calomel, and a regime of bleeding on the same day. Another, Joseph Smith, was subjected to a series of treatments involving calomel and jalap. Rogers often employed these two drugs with other less toxic compounds, among them a popular tonic known as columbo.²⁹

Johnson, on the other hand, was not a strong advocate of depleting remedies, judging from the medication he gave to

patients and from the lists of drugs he ordered from pharmaceutical companies. The earliest list, an 1828 order to the Boston pharmaceutical company of David and John Henshaw, included, among such substances as ipecac and cream of tartar, tonics like tincture of lavender and less innocuous substances such as alcohol and colchicine dye. He must have believed strongly in linseed oil, since he ordered over thirty-five gallons. Interestingly, the order also included nitrous ether, a mixture of nitrous acid in alcohol. Such a substance was used as both a tonic and an antispasmodic.³⁰ His other pharmaceutical order, from 1831, is to George W. Carpenter of Philadelphia. In addition to ipecac and tartar emetic, it included camphora (a narcotic), canthar (used for blistering), and a number of substances like gentian, guaiac, and columbo, which were considered tonics.³¹ Compared to Rogers, Johnson tended to be less harsh and less severe in his treatments.

Johnson's accounts reinforce this conclusion. There are few references to venesection.³² More common are blisters or cantharides (Spanish fly) and epispastic ointment (which contains Spanish fly); both were used to blister the skin or bleed a patient at a more localized level.³³ Johnson also employed a number of purgatives and cathartics.³⁴ Like Rogers, he used emetics and purgatives together, but he did not use antimony extensively; there are only two clear references to cream of tartar, and they were used in the absence of any other drugs. For Johnson, the emetic of choice was ipecac, but he also employed epsom salts as purgatives, sometimes alone but usually in conjunction with other medicines.³⁵

It is now generally held that bleeding and purgatives did more harm than good. Bleeding was often taken to extremes – just how extreme is reflected in the writings of prominent American physician Benjamin Rush, who noted that during the yellow fever epidemic of 1793 he was not above removing 70 or 80 ounces of blood. In one case, Rush removed 114 ounces from Peter Mierken over five days.³⁶ The drugs were even more damaging. Both antimony and tartar emetic produce violent vomiting reflexes known as “projectile vomiting,” which

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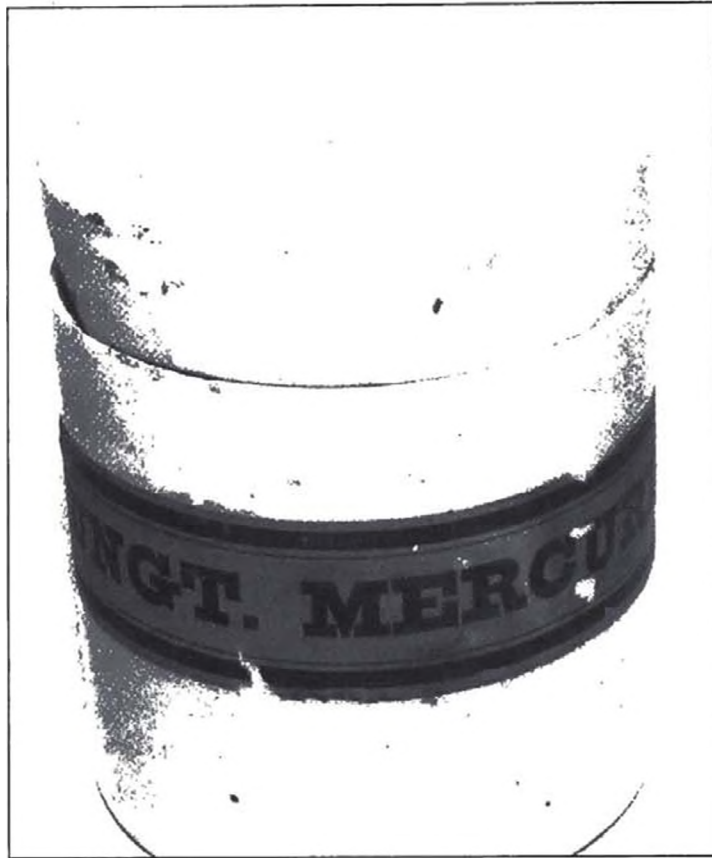
could continue for some time. Fortunately, antimony's use as an emetic was short-lived; a notebook from Bowdoin's medical school for 1866 noted that this drug should be given only in small doses and as a method of encouraging sweating.³⁷

Far more serious were the purgatives, especially calomel, which caused such violent evacuation of the bowels that it would often be accompanied by hemorrhaging. Calomel, a toxic substance, produced as a side effect loose teeth and foul-smelling breath. These symptoms were often used as a type of litmus test to determine when the patient had received enough calomel. One practitioner wrote, "the mouth should never be affected; when it is, the salutary operation of calomel is interrupted."³⁸ More than a few patients died from the combined effects of the disease and the treatments, among them presidents George Washington and William Henry Harrison.³⁹

Both doctors' account books record these negative effects. Many individuals who received these medicines suffered from chronic illnesses – illnesses that if not caused by the harsh medicines were probably exacerbated by them. Johnson's records are more complete; for some patients, the records continue over several years. One such patient was Francis S. Dean, whom Johnson describes as "a sick and disabled American seaman."⁴⁰ Dean's disease cannot be precisely determined, but it is clear that it was chronic; he appears repeatedly in Johnson's records from 1832 to 1841. Yet while Dean received treatment nine times between 1832 and 1839, his wife received thirty.⁴¹ Dean's wife gave birth at least twice during these years, once in 1833, and again in 1836.⁴² The evidence indicates that some of Mrs. Dean's medical problems were due to delivery complications. After the first delivery, on April 23, 1833, Johnson returned on April 25 and again on April 30 with medicines for Mrs. Dean. The birth of the second child brought no apparent complications.⁴³

The Deans' treatments may have contributed to their medical problems. Johnson treated Mrs. Dean sixteen times in November and December 1838, sometimes treating both Deans on his visits to the household. Among the treatments for Mrs. Dean were ipecac and cathartic pills, the latter being fairly

Standard nineteenth-century pharmaceuticals: Mercuric chloride and calomel (strong purgatives), and ipecac (a milder vegetable emetic).
Courtesy Bangor Historical Society.



harsh.⁴⁴ It seems as though whatever the initial problems the Deans suffered, the medicines – jalap and calomel, among others – probably contributed to their health problems. Frequent visits to Dean’s wife in 1836, 1838, and 1840 suggest a chronic medical problem; the prescribed drugs, if not a contributor, seem to have done little that was therapeutically helpful.⁴⁵

Other patients show similar patterns of chronic medical problems. In January 1829 John Page received a full dose of nineteenth-century therapeutic medicine: purging powders, ipecac, laudanum, powder of Rhubarb, and bleeding. In spite of the regimen – or possibly because of it – Page’s problems continued; from January 9 to January 27, Johnson made a total of seven visits, each time dosing Page with more medicine.⁴⁶ Enoch Couillard also received the full spectrum of pharmaceuticals, including cathartics and epon salts, and like Page he suffered the better part of a month.⁴⁷ Allan Rogers began to treat David Atwood on July 10, 1824, with the usual regimen of bleeding, calomel, and jalap. Atwood’s medical problems continued until August, when Rogers changed to quinine, ipecac, and epispastic. These treatments continued until September 6.⁴⁸ Thus, for the better part of two months Atwood was treated for a medical conditions that, while it did not get worse, did not seem to improve.

That such dramatic dosages of these medicines probably caused more problems than they cured is best reflected in an unpublished manuscript discussing a case from 1771. The manuscript, now located in the Countway Library of Medicine in Boston, discusses in great detail a case involving a farmer named William who in the early spring of 1771 began to suffer from nightmares, faintness, and upset stomach. His doctor, Henry Wells Montagu, quickly diagnosed the problem as hydrophobia and began William on a regimen of calomel, jalap, opiates, and liberal bleedings. Very quickly William began to show signs of anemia, lethargy, and mental dullness, symptoms closely connected to such things as overbleeding, overuse of opiates, and mercury poisoning. Remarkably the patient survived, mainly because these therapeu-

tics were all but abandoned in the late summer of that year. William continued, though, to suffer from psychological problems for years afterwards, a side effect, no doubt, of the excessive use of mercury.⁴⁹

The patients in Hampden and Winterport were less obviously affected by their treatments. More typical of Johnson's and Rogers's patients were families receiving only occasional visits with few, if any, chronic medical problems. Moreover, neither Johnson nor Rogers relied entirely upon these harsh medications, and some medicines – opiates, cinchona (or quinine), and digitalis – had a potential for benefit. Johnson appears to have believed strongly in opiates and other narcotics. His account books are peppered with references to either Laudanum (opium mixed with alcohol), or camphora (a narcotic derived from *Cinnamomum camphora*).⁵⁰ Since there is no pattern to Johnson's administration of those medicines, he seems to have considered opiates a general purpose drug, good for any ailment. Rogers, on the other hand, was very circumspect in his administering of opiates.⁵¹

Why one physician used these drugs more frequently than another cannot be explained. There is no question that by this time opiates and other narcotics were recognized as valuable analgesics, and indeed, the potential for abuse was also recognized.⁵² Rogers and Johnson also differed in their use of quinine. Johnson was somewhat sparse; Rogers, on the other hand, prescribed it freely.⁵³ Quinine was initially used to treat fevers accompanying the "ague," or malaria, but by the nineteenth century physicians considered it effective against any number of ailments – a sort of universal panacea.⁵⁴ Johnson's limited use of quinine is curious; perhaps he had a bad experience with it early on.

Both Rogers and Johnson treated their patients with digitalis. A derivative of the purple foxglove, digitalis was developed as a medicinal compound by English physician William Withering in the late eighteenth century.⁵⁵ One of the first individuals in the United States to employ this drug was Hall Jackson of Portsmouth, New Hampshire, who in 1790 noted its beneficial

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use in the treatment of dropsy – an ailment characterized by edema or excessive fluid accumulation in the limbs, usually caused by cardiac insufficiency.⁵⁶ Much as with quinine, Rogers employed this drug more widely than Johnson.

Another category of references in Rogers's account books foreshadows medical problems that would become more prominent in the future. On June 28, 1832, Rogers noted: "Samuel Ridway, Ext. Cancer, 5 visits and medicine."⁵⁷ Most of the cancers described at this time were located by superficial palpation, there being no such thing as a surgical biopsy in pre-anesthesia days.⁵⁸ A medical school notebook of a Bangor physician from 1866 observed that in females the most common cancers were seen in the breast and uterus, while in males it occurred in the stomach and bowels. Treatment was mostly palliative; for cancer of the stomach, medicines were given to relieve the pain and dyspepsia.⁵⁹ That does not mean that treatments were not available. One of the most popular appears to have been arsenic. No less an individual than Benjamin Rush advocated it as a therapeutic agent against this affliction.⁶⁰ Rogers gives no hint as to what he used to treat Ridway's cancer. He only noted five visits, during which he removed the cancer and gave Ridway medicine as a follow-up. Although his journal does not specify arsenic as a cure, Rogers had access to the drug locally in Bangor.⁶¹

Other medicines were available to treat cancer, including several quack and patent medicines. There are at least three descriptions of cancer cases from the Bangor area from Rogers's time, along with the cures applied.⁶² The first involved the supposedly successful treatment of a cancerous growth on the ankle of a woman. After a number unsuccessful treatments a decoction of a plant called pyrola mixed with sulphur was applied to the growth several times a day; the patient also took a small amount of this medication internally. Within a few days the growth had begun to disappear, and within six weeks it had vanished. The next case involved an "obstinate cancer" cleared up by two or three applications of potash and tar. The last involved an individual from Sullivan who was less fortunate: She

PROPOSALS

FOR PUBLISHING

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AS SOON AS A SUFFICIENT NUMBER OF SUBSCRIBERS CAN BE OBTAINED,
Commencing in ¹⁷³⁵ 1772, and continued to the present time.

CONTAINING ALSO

Some Account of Diseases in New-Hampshire, and other parts of New-England,

WITH

BIOGRAPHICAL SKETCHES

Of learned and useful Physicians, both in Europe and America, as well as other Promoters of Medical Science.

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WHICH IS MAINTAINED TO BE CURABLE,
if proper means are seasonably and duly employed.

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BY JEREMIAH BARKER, Esq. F. M. M. S.

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Cancer patients were subjected to a variety of sometimes outlandish treatments. Still, inquisitive experimentation, recorded in medical journals, textbooks, and publications such as the above, provided a foundation for medical progress.
Maine Historical Society Collections.

suffered terribly from a cancerous growth that started on her upper lip and spread across her face. This cancer eventually caused blindness and deafness and impaired her speech. The woman suffered from this affliction for most of the decade.⁶³

Finally, both Johnson and Rogers were engaged in a practice which today would fall into the realm of preventive medicine: Both vaccinated for smallpox.

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Well into the nineteenth century smallpox was one of the most frightening of all diseases. In the seventeenth and eighteenth centuries no less than five epidemics hit Boston.⁶⁴ Even if one survived this affliction there was the chance of disfigurement. Children seem to have been particularly susceptible; in fact smallpox so afflicted a community's young that it was standard practice not to consider children part of the family until they had survived an outbreak of this disease.⁶⁵ In 1798 though, an English country doctor named Edward Jenner discovered that inoculating humans with the fluid of pustules known as "cowpocks" made them resistant to smallpox.⁶⁶ By 1799 a Boston physician, Benjamin Waterhouse, was advocating this practice in the United States.⁶⁷ It was quickly accepted by the American medical community, and by the time of Johnson and Rogers it was well established.

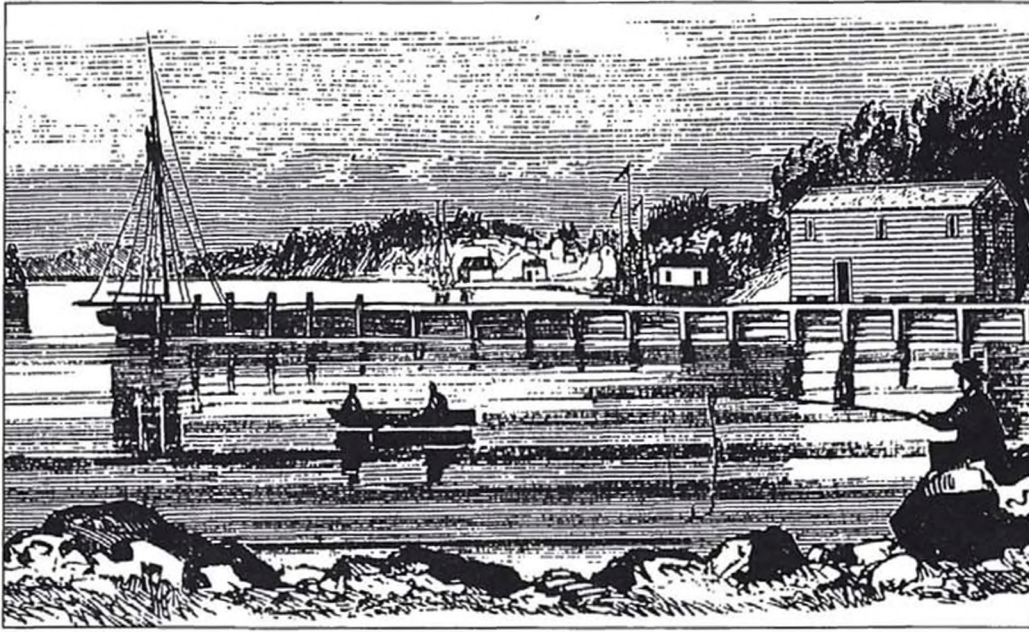
Both physicians appear at one time or another to have practiced vaccination sporadically. The earliest evidence comes from Rogers's account books for 1819; his vaccination, or "inoculation" in 1819 appears to have been part of a larger effort to control an outbreak of this disease in the Hampden-Bangor area.⁶⁸ This outbreak, which first occurred in Belfast in the late spring of that year, was supposedly brought to eastern Maine on a ship from the West Indies. The disease was confined to Belfast – as late as May 27 there were no reported cases in Bangor – but Rogers's account books suggest that there was concern about the disease in Hampden in mid-May.⁶⁹ By June 3 many of the communities along the Penobscot were engaged in vaccination programs. In Bucksport Manly Hardy was using a cowpox, or "kinepox," vaccine he obtained from A.R. Thompson of Charlestown; all of Bucksport was vaccinated by June 3, as was Bangor.⁷⁰

Rogers's records suggest that at least in Hampden the vaccination program was less than thorough. First they indicate only two incidences of vaccination that spring and summer. Either he was slipshod in his efforts to control this disease, or his patients had been previously vaccinated or exposed to smallpox. More curious is the fact that the last inoculation was done on July

20, 1819, more than a month after this disease had been contained. Possibly isolated cases were still appearing in outlying areas.⁷¹ Yet however conscientious the average physician may have been about vaccinating, the practice was considered valuable enough that in 1832, Maine passed the Beneficial Act, which gave towns the authority to order a general vaccination of their residents.⁷² Unfortunately, towns appear to have vaccinated only when the need became obvious, such as just after the appearance of a case or two of smallpox. Such a practice is particularly well documented in Johnson's account books.

Johnson's records are extremely detailed with respect to this disease: all his vaccinations occurred in January or February 1840, and unlike Rogers, he offers a pattern related to the actual outbreak of smallpox. There are no less than seventeen references to vaccination in the winter of 1840. The first vaccination was on January 10, suggests that this case may have been at the site of the initial outbreak. Six of the seventeen subsequent vaccinations occur on February 12; three others occur later in February. Three vaccinations in late January suggest a minor outbreak, perhaps contained within a small population. That Johnson did not vaccinate in earnest until mid-February – nearly a month after the initial January 10 case – is revealing.

Johnson's records, which provide some details about this initial vaccination, support the conclusion that vaccinations were used only after the initial outbreak. On January 1, 1840, Johnson was called to the home of Nathaniel St. Hubbard. The records do not specify the nature of the call, nor the treatment administered, but they do indicate that Johnson returned daily until January 20.⁷³ More importantly, his records note that on January 10 he vaccinated one of the children – the first vaccination in Winterport. Then on January 20 he vaccinated St. Hubbard's wife and a child named Lacey. Four times more between January 20 and February 1 he returned to the St. Hubbards, each time to provide medicine for Lacey. After February 1 there are no more references to visits until May.⁷⁴ Apparently, Johnson was called initially to the St. Hubbard household to treat some undetermined sickness. Probably suspecting smallpox, he returned daily



Crosby's Wharf, Hampden
HARPER'S MONTHLY MAGAZINE (1864).

until January 10, when his suspicions were realized. At that point he vaccinated one of the children, possibly because he considered the child particularly susceptible to infection. The fact that Johnson had to return four more times to provide medicines for Lacey suggests that she had already contracted the disease before she was vaccinated.

By January 28 Johnson apparently concluded that the disease would be limited to a few households, and thus he engaged in limited vaccination. By February 11 he must have realized this was a futile hope; at that point he began a relatively aggressive campaign of vaccination, hoping this would control the spread of the disease. At certain households he vaccinated twice: at the St. Hubbard household, and again at the household of Calvin Rider, once on January 28, when he still believed the outbreak could be contained, and again on February 12, when he was engaged in a more inclusive program of control. The same holds true for the household of Nathaniel Doe.⁷⁵ Probably, he started with the younger children, born since the last outbreak of smallpox, and later vaccinated older children and adults who had survived an earlier epidemic without contracting the disease or had contracted only a mild case. The crisis seems to have

passed in mid-February, when references to vaccination disappear. However, on February 28 the Bangor *Whig and Courier* noted that the Bangor Board of Health had engaged Drs. Daniel McRuer and Josiah Deane to vaccinate all willing inhabitants of that city. Subsequent advertisements in March noted the location of the doctors' offices and the hours when they were available for vaccination.⁷⁶ Otherwise, the disease appears to have been contained to the Winterport cases.

The account books of Benjamin Johnson and Allen Rogers provide insight into the way medicine was practiced in early nineteenth-century eastern Maine. While both practiced some dentistry and a good deal of midwifery, neither practiced surgery extensively, suggesting the emergence of surgery as a specialty by this time. The account books also indicate that both adhered to standard nineteenth-century theories relating to causes and treatments of disease – although Rogers was much more devoted to the therapeutics of depleting remedies than was Johnson. Records of constant, almost daily treatments extending over a month or more suggest that these treatments sometimes did more harm than good.

On the other hand, the records also reveal that some medicines and procedures were beneficial. Of these, the most prominent was vaccination for smallpox. The community response to the outbreaks of 1819 and 1840 hint at the cumulative role small-town doctors like Benjamin Johnson and Allen Rogers had in furthering the aid and comfort of victims of disease in early nineteenth-century Maine. The general response to the first smallpox outbreak suggests an emerging faith in the preventative powers of extensive vaccination. Following the initial case, the towns in the lower Penobscot Valley went to great effort to vaccinate their citizens. By the time of the 1840 outbreak, the public seems to have been less concerned. This matter-of-fact attitude could be interpreted as a sign that the practice of vaccination had all but eliminated the dread and horror that surrounded the disease earlier – a major medical achievement in early nineteenth-century Maine.

NOTES

¹"Deaths in Hampden, Maine," *Bangor Historical Magazine* 4 (1888-9): 96-97; *Hampden 1810 Census*, Hampden Historical Society. Rogers's wife was seventy-two at her death in 1858, making her date of birth 1786. Thus she may have been the female aged 15-25 in this census. An 1837 census reference to Allen Rogers Jr. could have been one of the two children in the 1810 census. See *1837 Family Census for Distribution of Surplus Revenue*, Hampden Historical Society.

²*History of Penobscot County, Maine* (Williams, Chase and Company, 1882), p. 91; *Copy of The Parole with The Names of The Prisoners of War Taken at Hampden, September 3, 1814*, Hampden Historical Society; *Second Book of Records of Hampden, Maine*, Hampden Historical Society, pp. 305-07.

³Allen Rogers account books (hereafter *ARAB*), April 10-11, 1832, Bangor Historical Society.

⁴"Medical School," *Boston Medical Intelligencer* 1 (1823-1824): 2; "The Medical School at Bowdoin College," *New England Journal of Medicine and Surgery* 14 (1825): 107.

⁵*Bangor Directory* (1834), p. 13. See also Lelia A. Clark Johnson, *Sullivan and Sorrento Since 1760* (Ellsworth: Hancock County Publishing, 1953), p. 53.

⁶Johnson Papers ms., Dover-Foxcroft, Maine; Mrs. Madeline Ellingwood Macdonald, personal correspondence, Farmingdale, Maine.

⁷Benjamin Johnson account books (hereafter *BJAB*), Winterport Historical Society, June 29, 1827.

⁸"Medical Degrees: Bowdoin College," *Boston Medical Intelligencer* 2 (September 24, 1824): 76.

⁹*ARAB*, July 20, September 5, 1818, May 3, 1819.

¹⁰*ARAB*, April 11, 30, May 31, 1832; *Second Book of Records of Hampden, Maine*, Hampden Historical Society, pp. 305-07.

¹¹*BJAB*, June 29, 1827 p. 1 (page numbers refer to the pages in the book itself).

¹²*BJAB*, December 6, 1828, p. 125.

¹³*ARAB*, April 19, June 8, 1828, May 6, 12, 1832.

¹⁴*BJAB*, July 4, 1827, p. 24.

¹⁵Joseph L. Stevens case books (1836), Wilson Museum, Castine.

¹⁶John Martin, "Two Cases of Necrosis," *New England Journal of Medicine* 1 (1812): 162-164; Josiah Deane, "Amputation of the Leg in the Mesmeric State," *Bangor Whig and Courier*, March 16, 1844 (reprinted from *Boston Medical and Surgical Journal*). See also *Bangor Whig and Courier*, July 28, 1843.

¹⁷*ARAB*, September 28, 1818, May 25, 1819, June 24, December 31, 1824; *BJAB*, August 26, 1827, p. 30; *Bangor City Directory* (1843), pp. 26, 28, 57. The earliest reference to dental work in eastern Maine is an advertisement in the *Bangor Weekly Register*, June 29, 1816, for a partly used set of dentures, for sale by the owner.

¹⁸A good example of scientific investigation into pregnancy is William Hunter's *Anatomy of the Gravid Uterus*, published in London in 1765. See Laurel Thatcher Ulrich, *A Midwife's Tale* (New York: Alfred A. Knopf, 1990). See Nehemiah Cleveland and Alpheus S. Packard, *History of Bowdoin College* (New York: James Osgood, 1880), pp. 142, 146-47.

¹⁹*BJAB*, August 1, 4, 24, 1827, p. 9; February 21, 1835, p. 35.

²⁰Stevens case book, pp. 9-11.

²¹Ulrich, *Midwife's Tale*, pp. 40-45.

²²Stevens case book, pp. 45-46.

²³The fact that those who were sick often vomited, expectorated, or passed loose stools no doubt contributed to the belief that humors were in excess and thus "overflowing" the body. See G.E.R. Lloyd, *Hippocratic Writings* (New York: Penguin Books, 1983), pp. 26, 35.

²⁴John Brown, *Elements of Medicine* (Philadelphia, 1790), pp. 3, 29, 45, 183. Interestingly, Brown also considered opium and whiskey as medications for both excessive excitement and deficient excitement. Unfortunately he himself took both to excess. See Lester King, *The Medical World of the Eighteenth Century* (Chicago: University of Chicago Press, 1958), pp. 143-44; Guy Williams, *The Age of Agony* (London: Constable, 1975), pp. 9-13.

²⁵ARAB, May 5-6, 1832.

²⁶ARAB, February 6-March 1, July 21-23, 1824.

²⁷ARAB, July-August, 1824; May 15, 1828.

²⁸*Medicine in Colonial America*, vol. 57, *Publications of the Colonial Society of Massachusetts* (Boston, 1980), p. 378 (hereafter *Med. Col. Amer.*); ARAB, December 24, 1818, June 19, 1824, March 6, 1825, April 15, 1828, April 11, 1832; James Murray, *Elements of Materia Medica and Pharmacy*, vol. 1 (Philadelphia, 1808), pp. 140, 242. (The author would like to express his thanks to Dr. Robert Kellogg of Bangor for allowing him to examine the textbook and others belonging to early Bangor physician Jonathan Mason.)

²⁹ARAB, August 21, September 12, 15, October 1, 14, October 28-November 14, 1818, July 24, September 6, 20, 1824.

³⁰BJAB, May 8, 1828, p. 329; May 9, 1829, p. 329; *Med. Col. Amer.*, p. 372.

³¹BJAB, November 1831, p. 331; *Med. Col. Amer.*, pp. 369-372.

³²BJAB, June 20, 1827, p. 24.

³³BJAB, August 30, 1827, p. 70; February 4, 1828, p. 90; May 11, 1830, p. 98; May 26, 1833, p. 69.

³⁴BJAB, November 19, 1827, p. 12; March 10, 1828, p. 23; July 8, 1831, p. 72; *Med. Col. Amer.*, p. 370.

³⁵BJAB, September 19, 1827, p. 77; January 1829 p. 87; January 29, 1830 p. 87, May 12, 1830 p. 141, November 25, 1830, p. 161, April 18, 1831, p. 115, October 4, 1834, p. 89.

³⁶Benjamin Rush, *An Account of The Bilious Remitting Yellow Fever as It Appeared in The City of Philadelphia in The Year 1793*, 2nd edition (Philadelphia, 1794), pp. 244, 272.

³⁷Anon., medical school notebook, 1866, ms., Bangor Historical Society.

³⁸"On The Use and Abuse of Calomel," *Boston Medical Intelligencer*, 3 (1826): 118.

³⁹"A Comparative Critique of Washington's Last Illness," Douglas Southall Freeman, *George Washington: A Biography*, vol. 7 (New York: Charles Scribners Sons, 1957), pp. 637-47; Thomas Miller, "Case of The Late William H. Harrison, President of The United States," *Boston Medical and Surgical Journal* 24 (1841): 261-7.

⁴⁰BJAB, January 18, 1839, p. 278.

⁴¹BJAB, November 24-December 15, 1838 (p. 278), July 1841 (p. 313).

⁴²BJAB, April 23, 1833, p. 184; August 8, 1836, p. 278.

⁴³BJAB, n.d., p. 184; n.d., p. 278.

⁴⁴BJAB, pp. 278.

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⁴⁵*BJAB*, July 19, 1832, p. 184.

⁴⁶*BJAB*, January 1829, p. 87.

⁴⁷*BJAB*, October 1835, p. 93.

⁴⁸*ARAB*, July 10-September 6, 1824.

⁴⁹John Blaisdell, "An Extraordinary Case of Madness: The Problem of Diagnosing Rabies in Colonial New England," *Veterinary Heritage* (in press).

⁵⁰*BJAB*, December 6, 1826, p. 68; March 19, 1827, p. 9; June 12, 1829, p. 132; October 14, 1831, p. 15; July 18, 1827, p. 67; June 18, 1831, p. 172; August 29, 1831, p. 172; November 15, 1831.

⁵¹*ARAB*, September 25, 1818; June 19, 1824; April 14, 1828; May 30, 1832.

⁵²D. J. Corrigan, "On The Treatment of Acute Rheumatism by Opium," *American Medical Intelligencer* 4 (1841): 45-46; Murray, *Elements of Materia Medica and Pharmacy*, vol. 1, p. 74; *Med. Col. Amer.*, pp. 369-70; "Denarcotized Laudanum," *Boston Medical Intelligencer* 5 (1828): 226-27.

⁵³*BJAB*, December 6, 1833, p. 192; *BJAB*, pp. 329, 331; *ARAB*, August 7, 1824; August 19, 1824; August 22, 1824.

⁵⁴B. R. Hogan, "Quinine in Asthma," *American Medical Intelligencer* 1, n.s. (1842): 153; "Sulphate of Quinine in Engorgement of The Spleen," *American Medical Intelligencer* 2 (1839): 94; George Parkman, "On Erysipelas of the Head Treated by Bark," *New England Journal of Medicine and Surgery*, 12 (1823): 132; Murray, *Elements of Materia Medica and Pharmacy*, vol. 2, p. 107.

⁵⁵William Withering, *Account of the Purple Foxglove* (Birmingham, 1785).

⁵⁶J. Worth Estes, *Hall Jackson and The Purple Foxglove* (Hanover, New Hampshire: University Press of New England, 1979), pp. 214-217.

⁵⁷*ARAB*, June 28, 1832.

⁵⁸J. C. W. Lever, "Statistical Notices of One Hundred and Twenty Cases of Carcinoma Uteri," *American Medical Intelligencer* 4 (1841): 245; William M. M'Phetters, "Case of Cancer of the Penis," *American Medical Intelligencer* 4 (1841): 273-4; "Cancerous Affection of the Stomach," *New England Medical Review and Journal* 1 (1827): 322-323.

⁵⁹Anon., medical school notebook, ms., 1866, Bangor Historical Society, p. 174.

⁶⁰Benjamin Rush, "An Account of The Use of Arsenic in the Cure of Cancers," in *Medical Inquiries and Observations*, 2nd edition, vol. 1 (Philadelphia), p. 235.

⁶¹*Bangor Weekly Register*, January 4, 1821.

⁶²Much like rabies, cancer suffered from an epidemic of overdiagnosis, which helps explain the numerous wonder-cures. See Blaisdell, "Situation Frightful but Not Necessarily Fatal."

⁶³J. B. Varum, "Cancers," *Bangor Weekly Register*, June 21, 1817; "Cure for Cancer," *Bangor Whig and Courier*, February 15, 1840; "Dreadful Cancer," *Bangor Weekly Register*, September 17, 1818.

⁶⁴Ola Elizabeth Winslow, *A Destroying Angel* (Boston: Houghton Mifflin, 1974).

⁶⁵Winslow, *Destroying Angel*, p. 24; John Duffy, *The Healers* (New York: McGraw-Hill, 1976), pp. 12-14.

⁶⁶Edward Jenner, *An Inquiry into the Causes and Effects of The Variolae Vaccinae* (London, 1798).

⁶⁷Winslow, *Destroying Angel*, pp. 94-111.

⁶⁸*ARAB*, May 16, 1819; July 20, 1819.

⁶⁹*Bangor Register*, May 27, June 3, 1919.

⁷⁰*Bangor Register*, June 3, June 17, 1819; *History of Penobscot County*, p. 588.

⁷¹*Bangor Register*, June 17, 1819.

⁷²Clark-Johnson, *Sullivan and Sorrento* p. 52.

⁷³*BJAB*, January 1, 1840, p. 319.

⁷⁴*BJAB*, April 1841, p. 319.

⁷⁵*BJAB*, pp. 284, 306.

⁷⁶*Bangor Whig and Courier*, February 20, 1840, March 5, 1840.

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