Good health in the twenty-first century depends on diet, exercise, and the right genes. Good health in early America depended on diet, exercise, and the right genes. That much has not changed. But there is a world of difference between those two eras, both in the quality of life we expect in the modern age and our ability to overcome genetic obstacles and epidemic diseases. We have insulin for diabetes, chemotherapy and radiation for cancers, diagnostic imaging to pinpoint health problems, and a grab bag of drugs and treatments for the ills that have plagued people for eons. We have more effective methods of purifying water and preserving food to prevent those ailments of the gut that often killed when they did not disable. Even more important, we have antibiotics to cure contagious diseases and vaccines to prevent them, and our food supplies are safer, more abundant, and more varied. As a result, life expectancy has almost doubled from forty years in the early eighteenth century to more than seventy-eight years in present-day United States. In those distant years infant mortality was so high—about one-third of babies born died in infancy—that only those who were the most resistant to germs
lived to adulthood. Childhood was rife with diseases that handicapped or killed even more: measles, diphtheria, whooping cough, scarlet fever, and the pathogens in the cow's milk. There were no cures or means of preventing these life-threatening conditions even though doctors claimed to have the power to cure all.

Adults faced another barrage of ailments especially if they lived in cities. Incoming vessels invariably brought smallpox, venereal diseases, and the mosquito-borne ailments like malaria and yellow fever. Only natural immunity, sometimes genetic and sometimes born of previous bouts with those diseases, provided protection. Most of all, complete ignorance of the cause of diseases prevented an effective means of curing or even easing some symptoms. The idea that a germ—a pathogen, a living substance in the environment—could cause an ailment was a strange and unacceptable notion, a fantasy on the same level as believing in fairies. The medical world did not know that vectors such as mosquitoes or fleas could communicate disease. Early Americans blamed it on an invisible miasma in the air. At times disease was blamed on sinful behavior or, in the case of Africans and Native Americans, on violating taboos. Ignorance about disease was universal and not confined to any ethnic or national group.

As often happens today, a certain number of people recovered from the most life-threatening conditions or went into remission without medical intervention. Some health problems, like the common cold, resolve even if nothing is done. Some, like cancer, may go into remission or seemingly disappear without any interference by a medical practitioner. So too, in those old days, people survived the most inappropriate therapies. That a few patients did recover was taken as proof of the power of the healer to cure. Failure did not count. In those few cases of recovery, doctors could tout their successes even though they were in fact helpless to bring about a cure with their lotions, potions, pills, or heroic depletion procedures. After all, such therapies demonstrated visible signs of change in the body. Bleeding or purging or vomiting were obvious reactions and could be taken as curative if the patient survived.

Nonetheless, the real power in the doctor's arsenal of cures was in his or her aura of authority and omniscience. Whether physician (university-educated or apprentice-trained), midwife, folk healer, shaman (Native American), or obeah or conjurer (African), the medical man or woman conveyed a sense of his or her ability to heal. That ability in reality had less to do with the prescribed potions and procedures than the power of suggestion: the placebo effect. Patients endowed their medical practitioners (whether orthodox or folk) with enormous authority; they believed
in that person’s power to cure. The very suggestion of such a power worked to relieve symptoms. Medical personnel wrapped themselves in an aura of magical talent; their medicines were imbued with supposedly powerful antidotes to the ills of mankind. Their advice carried the authority of centuries of belief about the nature of good health and sickness, wrong as it was. Who could dispute the virtue of those prescriptions? There was no science ready to question the medical assumptions of the healer before the middle of the nineteenth century.

The physician has held an ambivalent place in Western society. Lampooned in seventeenth-century England and France as monopolistic, pompous asses who, according to the author Roy Porter, were accused of growing rich off the “fat of human misery,” their services, for those who could afford their fees, were in continual demand to cure human ills. This was especially so for the upper class that considered the physician a symbol of their social status and therefore more worthy of their custom than other sources of medical care. On the other hand, the bulk of the population in America as in England depended on the less respectable folk healers, the self-taught, or those using their own home remedies. Such “folk empiricism” was not necessarily inferior to regular medical practice although it was usually less dangerous. Their supposed cures or explanations for disease and ill-health were very similar for all groups. All drew on the same theories of medicine and read the same books. In practical terms, not much divided the folk healer from the physician except for formal education—but that formal education was crucial to the doctor’s attraction. They may have been unable to cure, but they could inspire more confidence and were the fashion among the more affluent. Making use of an educated physician’s services drew a line between the upper class and the rest of the population. This was especially so for women who turned to the “man midwife” for assistance during childbirth, not just because they thought it was safer but because it was more prestigious, conveying a sense of superiority over the bulk of the population. In actual practice the more affluent were deluding themselves in much the same way everyone did who called on a medical practitioner in the days before scientific medicine. There was little that medicine in any form could do except to alleviate some symptoms. Whenever a patient recovered it was most likely because the body was healing itself and because confidence in the doctor aided that process. But it was not the therapy: that was at the best useless and at the worst deadly. By the nineteenth century, as American doctors came to rely even more than those in Europe on the heroic therapies of bleeding and purging, their procedures became a greater threat to life and health.
All physicians were, as David Wootton insists in his controversial 2006 book *Bad Medicine*, actually “doing harm” and not good. In time the amount of harm done by those medicine men and women grew fastest among the educated medical establishment. The more orthodox among the established physicians came to depend more and more on their extreme heroic depletion methods. The lancet, the glister (enema), and mercury were the major tools. The followers of folk medicine, the midwives, and other non-academic practitioners favored herbal therapies and diet more than depletion (although they never gave up purging their patients), and they grew in popularity among all segments of the population by the end of the eighteenth century. That growing disenchantment with the medical establishment encouraged the newer unorthodox practices of the nineteenth century and the favoring of the “sugar-coated pill.”

This is the story of the American experience with health conditions in the early period of its history: of medicines used, of nutrition and food habits, of ethnic borrowings, of the treatment of diseases and training of doctors, of public health problems and solutions, and of the interplay of social change and medical views. It is also the story of how the medical profession in America failed to improve health and often became a stumbling block to advances in medicine. Traditional medicine in America, which was held in such high regard in the earlier centuries, lost its status and power long before the germ theory of disease finally discredited old-fashioned therapies. Doctors in the United States, unlike those in Europe, resisted change or innovations that violated their traditional theories of disease, in spite of scientific advances in France and Germany that contradicted those therapies. Instead of the established professional, it was the layman or the scarce and often obscure scientifically inclined doctor, who introduced new ideas and took the lead in experimentation. When a forward-looking novice physician like Dr. Adam Thomson advocated a new method of smallpox inoculation in 1750 Philadelphia, he faced a formidable obstacle from the old-style practitioners who continued to reject both inoculation as well as the idea of a specific disease.

In 1985 Ronald Numbers prepared an essay titled the “Fall and Rise of the American Medical Profession.” His section on the “fall” was very short, and he spent most of his space describing the “rise,” the emergence of a scientific medical profession that began in the years after the Civil War and was mainly due to the new model of medical education that began with Johns Hopkins University Medical School in 1893. For the first time a medical school required a bachelor’s degree for entry and, with financial independence, could focus on research rather than attracting students with
few qualifications. Like most historians of American medicine, Numbers's concern was with the extraordinary record of research and technological advance in the United States that followed in the twentieth century. His essay reflects minimal interest in the reasons for the “fall” of the profession, which he traces to the short period between 1830 and 1850, and blames on poorly trained doctors and competition from sectarians who opposed their traditional remedies. This, he says, left the system in “shambles.” But the fall was due to many other factors, some inherent in the profession and some integral to American culture of the time. Evidence of the decline can be found in the tensions between physicians and the public in the colonial and revolutionary eras; it reached its nadir during the second quarter of the nineteenth century with the rise of alternative medical practices that competed with the more orthodox. This study tackles the issue of the “fall” to consider the state of medicine and health in the years before the loss of public confidence, which effectively undermined the significance of the doctor in the care of health and treatment of disease. Those years represent a culmination of distrust on the part of a disgruntled population.

There is little evidence to support the assumption that the seeds of later scientific developments in American medicine lay in the earlier period. It was a lack of interest in science as a source of knowledge in health care that was the defining characteristic of medical professionals in this country. Indeed, as late as 1860, Dr. Oliver Wendell Holmes, who as a medical student in Paris in the 1830s was in awe of the statistical-scientific approach of French medicine, and was one of the few who accepted the idea that a doctor's hands could cause infection, scoffed at the idea that laboratory science could have any practical value for medicine and health. Theories based on what was thought to be rational wisdom combined with experience were the essentials of medical knowledge. As a result any attempt to standardize practice failed in the face of the individual's experience. And if there had been uniform standards for treating health problems, they would have been useless based on a faulty understanding of the body and the cause of disease. Diagnostic tools like the stethoscope and thermometer were ignored, and those like X-rays had not yet been invented. The existence of cells, bacteria, or viruses was not known nor were the functions of most organs understood. As European anatomical and statistical studies progressed, they were rejected by Americans who thought of themselves as exceptional and above such crass experimentation. Not until the end of the nineteenth century, when there was again a direct link between European medicine and the United States, would there be any improvement in American medical science. Finally, any commitment to science was due
to the recognition that Europeans were making discoveries regarding the causes of some diseases: that individual diseases had specific causes and were not an upset of bodily humors. Europe provided a newly objectified concept of disease that would eventually lead to real progress in medicine and the development of preventive vaccines. But such was not the case in the United States until long after the Civil War as the orthodox American medical profession rejected European ideas and thus contributed to its own downfall.

But change did come. The epilogue provides a brief overview of the tremendous and far-reaching advances in American medicine in the modern era. However, a newly energized alternative medicine movement reflecting a growing disenchantment with those very benefits has begun to question those advances. There are, therefore, some parallels between what happened to the medical profession in the mid-nineteenth century and what is happening today. Many drugs as well as surgical procedures promoted by physicians are, as they were in early years, often useless and many times as dangerous. Modern medicine may well be a positive good for the world, but it too has its deficiencies and its critics. Although most people retain their faith in the physician’s dicta, there is still a defiant tension between the medical profession and the public reminiscent of those prescientific days.

There are many works on the history of medicine in America, on specific diseases and epidemics, on agricultural practices and foodways, on population trends, on Native American medicine, on the role of slavery, on the self-help movement of the nineteenth century, and many other topics treated in this book, but there is nothing published that brings all these issues together to focus on how they contributed to the loss of confidence in and sometimes outright hostility to orthodox medicine. This book follows the declining role of the physician in American society from its heyday in the colonial era (1607–1776), to the gradual loss of medical authority in the early National period and its failures during the cholera epidemics of the mid-nineteenth century. Topics discussed include the demographic disaster of the early European-Indian contact, the treatment of and changing concepts of diseases, childbirth practices, the training of medical personnel, food habits and nutrition, military medicine, alternative medical practices, and public health problems as they intersected with the major political, economic, and military affairs of the time.

The description of the practice of medicine and the state of health in early America will also be instructive for those who are nostalgic for what they think of as the “good old days.” It will be useful to know something of the
nitty-gritty of everyday problems, of the perils of orthodox medicine, of the pain and discomfort of life in early America, and finally of why many people turned away from those types of health care, and why some continued to follow those unpleasant practices. This is the story of what it was like to be sick or in pain before the scientifically advanced medicine of the twentieth century and how people struggled to alleviate their ailments.