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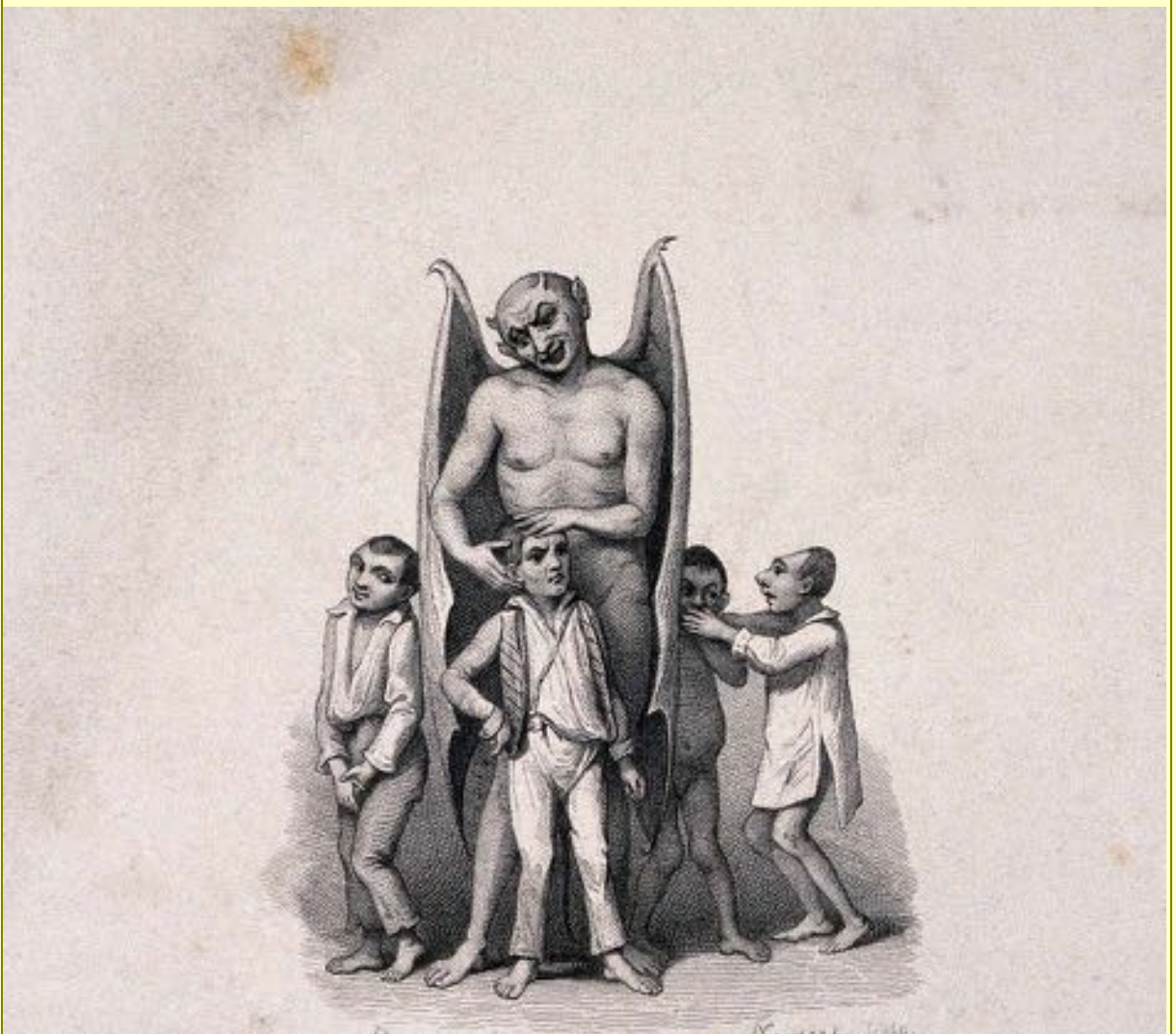
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Though the book appears small—five chapters in 126 pages—it is powerful in every page. Dr. Cooper Owens gracefully and honestly guides the reader through gynecology's origins in the slave ships centuries ago, to the slave houses of southern plantations, to the immigrants escaping Ireland's potato famine. The field of medicine that is now deemed such a necessary and regular aspect of women's health had a horrific and terrifying birth amongst the lowest and poorest women. At last, their stories are revealed and the truth is known. And we—as historians, students, medical providers, women, humans—can be better for it.

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Richard J. Kahn. *Diseases in the District of Maine, 1772-1820: The Unpublished Work of Jeremiah Barker, A Rural Physician in New England*. New York: Oxford University Press, 2020. xxiv, [ii], 535 pages. \$35.00. ISBN: 978-0-19-005325-3

Historians of medicine who focus on the era of early modern medical practice--which I define as between Thomas Sydenham's patient-centered empiricism in the seventeenth century and the dawn of general anesthesia in 1846--will love this book.

Physicians who see themselves also as historians of medicine sometimes do not distinguish adequately between the type of intellectual activity involved in medical practice and the type involved in medical historiography, and thus fail at the latter. We are fortunate that the author of this book, Dr. Kahn, an internist, has no such fault. He understands this distinction very well and succeeds as a perceptive and meticulous medical historiographer whose scholarly expertise is evident throughout his work.

Accordingly, Kahn divides the book into two main parts: his general introduction to the state of early American medical practice, theory, literature, innovations, epidemiology, education, and therapeutics, all of which comprise the context of Barker's practice (pp. 1-132); and his richly annotated verbatim transcription of Barker's medical manuscripts (pp. 133-438). The rest of the book consists of exceedingly useful scholarly addenda, including a glossary (pp. 441-460), a bibliography (pp. 461-497), an index of cited authors (pp. 499-509), and an index of subjects, including the names of patients and other persons (pp. 511-535).

Jeremiah Barker (1752-1835) did not attend medical school but—as was fairly typical for the time—was apprenticed to a practicing physician and was fully qualified in medicine by age twenty (pp. 4, 25). He had a successful medical practice, partially in Massachusetts but mostly in Maine, from 1772 until he retired in 1818. Insofar as Maine at that time belonged to Massachusetts and did not become a separate state until 1820, it was generally regarded as a rather insignificant outpost of civilization. Barker apparently disagreed with this dismissive assessment and sought to elevate Maine's status in the annals of medicine. For the last two decades of his life he planned, wrote, and took subscriptions for a comprehensive medical history of Maine based on both his own experiences and those of fellow practitioners. For reasons unknown, despite the subscriptions, this book was never published—until now. The manuscript languished among Barker's descendants until they donated it to the Maine Historical Society in 1942 (pp. 12-13). Kahn learned about it in 1990 and immediately began to prepare it for eventual publication.

Barker conceived his book as straightforward reporting of medical and social conditions in Maine. His manuscript "documents the thought and practice of a physician in everyday practice" (p. 24) in the trenches. Like most competent physicians who had to rely only on their five senses before sophisticated diagnostic instruments, tests, and procedures were devised, he was a keen observer (p. xxii), not only of medical presentations and phenomena, but also "of human nature" (p. 2). For example, he wrote that although he encountered many cases of mental illness, he never saw one among Native Americans: "At times, I practiced among aboriginals, who lived in small villages. None of them pretended to possess any medical skill, or magic arts, but quickly called for a physician, when diseased. ... Fish and vegetables composed the chief of their food, and they were a sober & orderly people. I never saw a case of insanity among them, neither did I ever hear of an insane Indian in other places, excepting when under the influence of spiritous liquors. Then they would sometimes commit murder, but not suicide" (pp. 136-137).

While Barker's Volume 1 deals with a variety of conditions—mental illness, upper respiratory diseases, wounds, puerperal fever, other fevers, palsy, rabies, hydrocephalus, etc.—their selection apparently inspired by medical geography, i.e., the study of the localized incidence of various diseases, Volume 2 concerns entirely the most prolific killer of Barker's time: tuberculosis (p. 18). His interest in tuberculosis was personal. At least three of his five wives died young from it (p. 10).

Barker was always open to new developments in bioscience and therapeutics. He was an avid student of chemistry and an eager experimenter with various chemicals in

medicine. Among his experiments was trying digitalis for tuberculosis (pp. 353-355). He employed and promoted alkali compounds as a catchall remedy for puerperal and other fevers (pp. 288-291), tuberculosis (pp. 347-353), rabies (pp. 251-252), scarlatina anginosa (pp. 209-210), and several other baffling presentations. He was not as unsystematic as the empirics, but probably not quite as systematic as he should have been, perhaps because, as a resident of a backwater region of New England, he was at pains to keep current with medical literature (pp. xxii, 22). Most contemporary medical writing emanated from academic physicians and elite practitioners in medical hubs such as Edinburgh, London, Paris, Philadelphia, or New York. Little of it found its way in a timely manner to Maine. Yet, despite his difficulty in obtaining up-to-date information, "Barker described his patient's complaints, physical findings, therapies, outcomes, and sometimes autopsies, with frequent reference to the medical literature that justified his choice of treatment Following the latest scientific literature regarding chemistry and medicine, Barker risked patient and peer disapproval as a clinical 'innovator' by using alkaline therapy for various fevers and diseases" (pp. 25-26). Rush's notorious "single cure" theory may have contributed toward Barker's preference for alkali as a remedy for a wide variety of diseases.

Barker's medical understanding and therapeutic approach may have changed too hastily as he grasped for news of medical advances. He flirted briefly with Brunonianism (pp. 72-73) when John Brown's *Elements of Medicine* appeared in Maine in 1788, but soon abandoned it after reading Benjamin Rush's attacks on it (pp. 402-403) and after his own few experiments with its methods did not work. Against freewheeling phlebotomists like Rush, Brown advocated, in addition to bloodletting, strong doses of opium or alcohol for some conditions and violent emetics, purgatives, or cathartics for others. Hence several passages in Barker's book concern "the unhappy consequences of the fascinating Brunonian doctrine, which ought scrupulously to be avoided" (p. 234).

The first autopsy in North America was performed in 1639, but they remained infrequent until the nineteenth century. Barker, on the other hand, performed them as often as he could, whenever he received permission from the legal authorities and the family, in order to teach himself more about disease and injury (p. xviii). Significantly, especially for a rural practitioner, this was after Matthew Baillie's work on morbid anatomy but before Jean Cruveilhier's monumental treatise on pathological anatomy and well before what was then called medical jurisprudence evolved into forensic pathology. Among Barker's postmortems were several cases of puerperal fever, which seem to have markedly improved his understanding of this sepsis (pp. 187-189).

As a non-elite experimenter, Barker likely--on average--helped his patients in the long run, at least as regards relief of symptoms (p. 116), since, in his time, even elite physicians could cure very little. In some ways he may have been a "danger" to patients (pp. 112-115), but no more than most practitioners of his day and surely less so than Brown, François-Joseph-Victor Broussais, Andreas Röschlaub, or even--occasionally--Rush. Eventually more circumspect minds such as Gilbert Blane, David Hosack, Elisha Bartlett, Austin Flint, Pierre-Charles-Alexandre Louis, and François Magendie would prevail as biomedical theory became more scientific, but, in the meantime, Barker was well within the mainstream of medical practice.

Writers of all kinds often quote philosophers out of context, with insufficient understanding of the whole philosophical system, and thus get the thought wrong. Kahn, however, is to be commended for quoting George Santayana on skepticism and getting it right (p. 130). In the fuller context of Kahn's quotation, Santayana writes in *Scepticism and Animal Faith* (New York: Dover, 1955), p. 69: "... scepticism is an exercise, not a life." Never mind that Santayana sometimes contradicts himself, as he does in this case (p. 49): "... the scepticism I am defending is not meant to be merely provisional." In promoting healthy, provisional skepticism as an exercise, Kahn quotes the part of Santayana's argument which makes sense.

In addition to being a work of first-class scholarship, Kahn's book is a real page-turner. I could not put it down.

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James E. Higgins. *The Health of the Commonwealth: A Brief History of Medicine, Public Health, and Disease in Pennsylvania*. Philadelphia: Temple University Press, 2020. 124 pages. Paperback: \$19.95 ISBN 978-1-932304-69-5

This slim illustrated volume, part of the Pennsylvania Historical Association's *Pennsylvania History Series*, is deceptive in the depth it covers. As the title indicates,