MEDICINE AND MEDICAL PRACTICE
IN EARLY PITTSBURGH

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The practice of medicine in the early nineteenth century was a far cry from medicine as it is known today. Although a great many discoveries had been made in anatomy, physiology, and in other closely related fields, by and large their application to medical practice was only dimly understood, for the major breakthrough in bacteriology which was to illuminate the whole field of medicine was still in the future, and surgery was still awaiting the coming of anesthesia and aseptic techniques. In the United States, which throughout its colonial history had depended upon Europe for university-trained medical men, the Revolution had brought a sharp break with Great Britain, its chief source of physicians and surgeons. Medical education had already made a start in the colonies and had advanced during the Revolutionary years, but the youthful America was woefully unprepared to supply its rapidly growing population with doctors and surgeons.

Even in colonial days the number of university-trained physicians had been far below the needs of the colonies. In fact it is estimated that only about ten per cent of the practicing doctors held formal medical degrees, the rest having acquired their knowledge by means of an apprenticeship. As the population burgeoned, the apprenticeship system continued to be the mainstay of medical education. Beginning around 1820, however, another factor entered the picture, for a host of medical schools began appearing on the scene. Most of these had neither entrance requirements, laboratory and clinical facilities, nor a well-trained faculty, and virtually all were proprietary schools designed as profit-making ventures. Under the circumstances, the few schools which sought to maintain academic standards and to provide their graduates with the rudiments of a medical education soon found themselves outbid and underbid in the quest for students. By the 1840's medical education in the United States had reached its nadir. Indeed the demand for radical reform in medical education was one

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of the chief factors in the creation of the American Medical Association in 1847.

Over and above the fact that most medical training was purely empirical and that the line between quackery and medicine was not too sharply drawn, the legitimate medical profession itself was still desperately searching for a satisfactory rationale. For centuries men had been seeking the causes of the great epidemic diseases which still winnowed the population, and it seemed to thoughtful physicians that they were no closer to the solution in the early nineteenth century than were the Greeks almost 2500 years earlier. Progress had been made in classifying and diagnosing specific diseases on the basis of clinical symptoms, and occasionally it was possible to mitigate some of their worst effects, but beyond this almost nothing was known. The contagious nature of certain disorders had been demonstrated, and quarantine and isolation were recognized as relatively effective forms of disease prevention. Yet many epidemic sicknesses, notably malaria and yellow fever, seemingly defied all quarantine and isolation measures, thereby raising basic questions both as to the nature of diseases and the ability of the physicians to cope with them.

The widening boundaries of knowledge in the natural and physical sciences served only to intensify medical theorizing and speculation in the first half of the nineteenth century. Convinced by the work of such men as Kepler and Newton in astronomy that sickness and disease could be explained by one fundamental law, medicine concentrated its efforts upon searching for the basic cause of all sickness. Dr. Benjamin Rush of Philadelphia, the most influential American physician of his day, thought he had found it in the concept of the unity of fevers: different diseases were merely different forms of fever; hence find a way to treat fever and all disorders could be cured. Other physicians sought the answer in meteorological conditions. Another large group thought that disease was spontaneously generated in dirt and filth. These men, known as the sanitationists, proclaimed that, as cities were cleansed and provided with proper drainage, diseases would gradually disappear. Although many physicians could not accept this theory, the sanitationists had a strong appeal on aesthetic grounds, and in the long run their ideas dominated preventive medicine and public health throughout most of the nineteenth century.

With medical education left largely to private enterprise, with the field of medicine still searching for a rationale and depending primarily
upon the Galenic concept of the proper balance of the body's humors, with the profession torn apart by internal rivalries, and with medical ethics virtually non-existent, it is small wonder that the average physician continued to treat his patients much as his forefathers had done. Thus it was that the traditional therapeutic measures which man has applied since time immemorial still held sway. Blood-letting, blistering, purging, vomiting, and sweating — techniques which one can still find in primitive societies — were applied by Western physicians as faithfully as they had been used by the Shaman, the witch doctor, and the medicine man.

The early Pittsburgh physicians were typical of their times, ranging all the way from graduates of the best European universities to untrained empirics and outright quacks. On the whole most of them were able and conscientious men, respected both for their professional abilities and for their willingness to participate in community affairs. One of the earliest doctors to take a leading civic role was Dr. Nathaniel Bedford, who first came to Pittsburgh as a regimental surgeon attached to one of the British units at Fort Pitt prior to 1770. Dr. Bedford was well educated, a fact which may help to account for his being listed along with another physician, Dr. Thomas Parker, among the original trustees of the Pittsburgh Academy in 1787. A few years later Dr. Bedford was elected a burgess of Pittsburgh. A number of young men served their apprenticeship under him, among whom was Dr. Peter Mowry. Mowry began working with Dr. Bedford at the age of fourteen and went on to become a first-rate doctor. Like several of his colleagues, he was elected a vestryman in Trinity Church.¹

The American Revolution led many Europeans to settle in the New World, and one of these was Dr. Felix Brunot, a foster brother of the Marquis de Lafayette. Dr. Brunot, a military surgeon with our French allies, settled in Philadelphia at the end of the Revolution. In 1797 he moved to Pittsburgh where he spent the rest of his long life practicing. He was an able physician and took an active role in community affairs. Another military doctor to settle in Pittsburgh was George Stevenson. Dr. Stevenson had fought in the Revolution, enduring the hard winter at Valley Forge, and was later assigned to the forces sent into Western Pennsylvania to suppress the Whisky Rebellion. Impressed by Pittsburgh, he resigned his commission and

¹ Erasmus Wilson, ed., Standard History of Pittsburgh, Pennsylvania (Chicago, 1898), 603, 607; Theodore Diller, Pioneer Medicine in Western Pennsylvania (New York, 1927), 38, 41-43, 47.
established his office in the town. Here he soon became one of the city's first citizens, active in political, social, and cultural life. In 1801 he was elected chief burgess of the town and in 1818, when the Pittsburgh Academy became the Western University of Pennsylvania, Dr. Stevenson was listed as the president of the board of trustees.2

A promising young graduate of the Medical Department of the University of Pennsylvania began practicing in Pittsburgh in 1811. This young physician, Dr. Joel Lewis, soon took a prominent role in his profession and became quite active in the Pennsylvania militia. He was a founder of the Pittsburgh Medical Society and became its first president before his untimely death in 1824 cut short a promising career. Another of the young founders of this medical group was destined to spend a long and fruitful medical career in Pittsburgh. Dr. Joseph P. R. Gazzam, who followed Dr. Lewis into the presidency, remained active in Pittsburgh medicine for many years, and was later active in the Allegheny Medical Society.3

Like many of their colleagues elsewhere, a goodly number of the Pittsburgh physicians advertised that they sold drugs and medicines. For example, Dr. Andrew Richardson who notified the public that he could "be consulted on physic, surgery, and midwifery," declared in 1795 that he had "received an assortment of well chosen medicine, which he would sell low." 4 In 1808 Dr. George Dawson opened a "Medical and Drug Store" and urged his colleagues to give him their patronage on the grounds that his supplies were "of the very best description." Incidentally, Dr. Dawson claimed to have received a medical education in Ireland and "attended at full courses of medical lectures in the University of Pennsylvania." 5

In 1818 another Irish physician, Dr. O'Donnoghue, announced that he was proffering his services and opening a drug store. A few months later Doctors Daniel Agnew and William Simpson advertised in the Pittsburgh Gazette that they had formed a partnership in the practice of medicine and had opened "a drug and medical warehouse." Possibly foreshadowing the development of modern drug stores, the two men reported that they not only would sell drugs and medicines at retail and wholesale, but they had also stocked patent and family medicines, paints, oil, window glass, putty, dye-stuffs, and so forth.6

3 Wilson, ed., op.cit., 607; Diller, op.cit., 102, 105-106.
4 Pittsburgh Gazette, August 8, September 5, 1795.
5 The Commonwealth (Pittsburgh), June 15, 1808.
6 Pittsburgh Gazette, June 5, 1818; January 5, 1819.
It should be borne in mind that there was nothing unethical at this time in a doctor selling medicine. Few small communities had pharmacies, and, in any event, the pharmaceutical profession was as beset by difficulties as the medical. Even where drug stores existed, the physicians could never be sure their prescriptions would be properly compounded with quality drugs; in consequence most of them preferred as a matter of safety and convenience to prepare their own.

Judging by the notices of new medical men establishing themselves in Pittsburgh, the town was quite well supplied with physicians and surgeons, and, on the basis of the comments of travelers, it is evident that the townspeople received as good care as the day and age could offer. Along with the legitimate practitioners, however, came the usual complement of quacks and self-taught empirics. Among the most difficult of disorders confronting the medical faculty in early times were venereal complaints; hence unscrupulous individuals found a fertile field for exploitation among the victims of these diseases.

For about three centuries various mercurial compounds had offered the only hope for victims of syphilis, but the injudicious administration of mercury in an era of heroic dosages proved almost as dangerous as the disease itself. Almost without exception the purported specialists in several diseases asserted that they effected their cures without the use of mercury. For example in 1818 Dr. Scherdler, a German physician, announced in the Pittsburgh Gazette that he had "a cure for Lues Veneria, possessing many advantages over the application of mercury, and attended with none of its pernicious consequences." The treatment, the advertisement read, consisted of rubbing "small powders" on the patient's tongue.7

As the American frontier pushed westward and time and distance converted the Indians from a menace to a nuisance and from a nuisance to a myth, the romantic concept of the Indian as a fountainhead of medical lore gradually gained strength, and itinerant "Indian Doctors" plied their trade with varying degrees of success well into the twentieth century. In 1828 a Dr. E. Lockwood announced to Pittsburghers that he was establishing himself in town and would "practice in the Seneca manner by Roots, Herbs, Barks, Seeds and Flowers." He had learned his profession, he asserted, "from the Seneca Chief To-Wan-Da . . . ." How successful he was is difficult to say, but, in any event, he found some real competition a few months

7 Ibid., October 9, 1818.
later when Dr. Mirza Abdallah Gallapore made his services available to Pittburghers. Dr. Gallapore, described as a graduate of the Royal College of Physicians in Persia and a Fellow of the Bramah Association of Doctors and Surgeons at Peking in China, stated that he tendered “his services to the inhabitants of the world at large, not wishing to confine his practice to Pittsburgh . . . .” He was so well known, his advertisement declared, that a letter addressed to him simply by name and placed in any post office would find its way to him — “provided, however, in all such cases that the usual fees [were] inclosed [sic] and postage paid.” Dr. Gallapore felt it unnecessary to specify which diseases he could cure — such “specification would be a work of supererogation” he asserted, since he pledged himself “to cure ALL DISEASES, without exception . . . .”

In part to combat quackery and in part to raise standards within their own profession, the legitimate practitioners in Pittsburgh relatively early attempted to organize a medical society. The first reference to such an organization was a notice in *Cramer's Pittsburgh Almanack* in 1814 that a Western Medical Society had been organized in Washington, Pennsylvania, in the summer of 1813. Nothing further was mentioned of this group, but it undoubtedly served to stimulate interest in Pittsburgh. It was not, however, until late in 1818 that the Pittsburgh physicians took their first step. A brief notice in the *Gazette* on December 15 stated that a meeting was to be held at a Mrs. Morrow's. Apparently the move was premature, for the following April a letter in the *Gazette*, making a plea for the establishment of a medical society, referred to the failure of the previous effort. The writer concluded his appeal by pointing out that Pittsburgh was the logical place for such a society since “the towns and villages of the widely extended western country” looked to it “as a channel for the supply of intellectual wealth as well as for commodities.”

Despite this eloquent plea, another two years elapsed before the first Pittsburgh Medical Society officially came into existence. Sometime in 1821 a series of preliminary sessions were held, and in 1822 the first annual meeting took place. Between 1822 and 1830 a series of annual meetings indicate that the society was quite active. As noted before, Dr. Joel Lewis served as president for the first two years, to be succeeded by Dr. Joseph P. Gazzam, and later by

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8 *The Statesman*, August 6, 1828; June 3, 1829.
10 *Pittsburgh Gazette*, December 15, 1818; April 30, 1819.
Dr. William Church. At each of the annual sessions a rather impressive slate of officers was elected. The fact, however, that the same names tend to recur among the lists of officers would indicate that only a small group was active. Whatever the case, although the Pittsburgh Medical Society did not survive long, its existence, even for a few years, indicates that Pittsburgh was coming of age.

In a day and age when life expectancy was relatively short and sickness and death commonplace, there was understandably a widespread interest in medical matters, an interest that was always reflected in the newspapers. Over and above the commercial notices relating to medicine and health in the advertising columns, the journals carried many news stories and editorials on medical subjects. For example, the Pittsburgh Gazette in 1819 announced that it had just received the prospectus of a new medical journal entitled, The Western Eclectic Repertory, and Analytical Review, Medical and Philosophical, to be edited by Drs. J. Lewis and D. M. Kirkpatrick. The editor mentioned in passing that an earlier attempt to establish a medical journal in Pittsburgh, the Western Gleaner edited by a Dr. Aigster, had proved unsuccessful. The new journal, the editor wrote, was in the hands of very competent and able men, and he wished them success.

In the following years the Gazette continued to give editorial support to medical publications. The editor noted in 1824 that the most recent issue of the Medical Recorder, a Philadelphia medical journal, was on sale and added that it contained several articles of interest. A few years later the Gazette used its editorial columns to praise The Journal of Health, a periodical dedicated to pointing out "the means of preserving health and preventing disease." The editor of the Gazette emphasized that this magazine, which was highly recommended by Philadelphia physicians, was valuable to laymen as well as to the medical profession.

The growth of Pittsburgh as a medical center is further indicated by the development of specialists. For example, the early nineteenth century was a period when bloodletting was a basic form of therapy for nearly all ailments, human or otherwise, and it is not surprising that the letting of blood became a specialty. Originally, when only university-trained men could claim the title of doctor, a lower order of medical practitioners, the barber-surgeons, had developed and pro-

11 Ibid., July 11, 1823; July 2, 1824; July 2, 1825; Wilson, ed., op.cit., 620.
12 Ibid., April 20, 1819.
13 Ibid., August 6, 1824; October 2, November 13, 1829.
vided what limited medical care was given to the poorer classes. Bloodletting in one form or another was a major aspect of their work, as the barber pole still signifies today. However, as the difference between the university-trained physician and the empirically schooled medical man began to blur, another group of bloodletters emerged. In general physicians usually bled their own patients, but it became quite fashionable to summon a bloodletter for this task. Bloodletters were always happy to make their services available to anyone, but they could gain more prestige by having their patients referred to them by a physician. Thus when John Anderson announced that he was prepared to bleed patients “by leeches, cupping, or the lancet,” he stated that he was ready to offer “references from physicians if such were requested.”

Another indication of the growing sophistication of Pittsburgh was a notice by a Dr. Hammond in 1830 of the opening of a private insane hospital. The work of Pinel, Dorothea Dix, and others was yet to bear fruit and the mentally ill were still treated as social outcasts. For most mental patients bound and chained in jails or gloomy buildings, there was almost no hope for recovery. Reflecting the emerging humanitarian spirit which was to modify drastically so many aspects of Western society, Dr. Hammond declared that he believed his institution could reduce the period of hospitalization and achieve a greater degree of cure than was the case with the public asylums. With respect to the popular prejudices against insane institutions and the general concept that treatment in such places was “harsh, overbearing, tyrannical and . . . cruel,” Dr. Hammond assured his readers that such would not be true of his hospital.

Dentistry, like bloodletting, traditionally had been a part of the work of the barber-surgeon, and surgeon-dentists were still quite common in the nineteenth century. As with medicine, many empirics and quacks invaded the field of dentistry, but it was also true that the widening boundaries of medical knowledge paved the way for the emergence of dentistry as a distinct profession. By virtue of its position at the head of the Ohio-Mississippi river system, Pittsburgh was able to secure for brief periods the services of many professional men whose ultimate destination was St. Louis and New Orleans. Illustrative of this fact is an announcement by a Dr. Plantou, who

14 Ibid., October 6, 1829.
15 The Statesman, July 21, 1830.
described himself as a dentist and eye surgeon from Paris, that he was spending a few days in Pittsburgh en route to New Orleans and was available for professional services. His fees, which seem to be in line with other medical charges of his day, were five dollars for cleaning teeth, one dollar for "plugging" or filling a tooth, and a dollar for each extraction. A few years later Dr. J. Parmly advertised that he was opening a dental practice. In his initial announcement he included a letter from President James Monroe highly recommending Dr. Parmly for his services to the Monroe family.\textsuperscript{16}

A few months later Dr. E. Merritt also announced the opening of a dental practice in Pittsburgh. Dentist Merritt added that he was making available "a quantity of his celebrated dentifrice, for polishing the teeth, and hardening the gums when spongy . . . ." In a subsequent advertisement, he notified the public that he could make porcelain teeth that were "celebrated for their beauty, incorruptibility and strength." The transplanting of teeth, a practice which could have only temporary success, may have been one of Dr. Merritt's accomplishments, since he stated he was willing to supply the public with both porcelain or natural teeth.\textsuperscript{17}

Probably one of the best indications of the type of medicine practiced in early Pittsburgh is to be found in the advertising columns of the newspapers. Here one can find lists of drugs and patent medicines offered for sale by general stores, by drug stores, and by physician-druggists. One of the earliest of these advertisements in the Pittsburgh Gazette listed such items as Glauber’s salt, quicksilver ointment, white vitriol, and liquorish ball. A number of years later an advertisement by the drug firm of Joseph Hill and Company covered almost the entire field of contemporary materia medica. Included among their wares were "500 rolls of Brimstone," and "1 ball" each of sarsaparilla root, liquorice root, senna leaves, orange peel, and pink root. Some other items, for sale by the barrel, were "Chamomile flowers," "English Epsom Salts," "glauber salts," "Powdered Barks," cream of tartar, "Cinnamon," "Venetian Red," "Spanish Brown," and "Spanish Whiting." A great many other drugs were offered to the public by the pound, bottle, sack, or case, among which were magnesia, manna, camphor, "English Mustard," orris root, oatmeal, opium, calomel, "English Blue Vitriol," gum

\textsuperscript{16} Pittsburgh Gazette, November 6, 1818; October 15, 1824.
\textsuperscript{17} Ibid., June 24, 1825; October 2, 1829.
copal, verdegris, "Oil Vitriol," cantharides, barley, rhubarb, jalap, ginger, allum, copperas, indigo, and logwood.\textsuperscript{18}

It will be noted that many of the drugs were essentially purgatives and cathartics; for example, epsom salts, Glauber's salt or sodium sulphate, calomel, rhubarb, and jalap. The cantharides were used for the exceedingly painful process of blistering or counter-irritation. While the armamentarium of the physicians included a wide range of medication by 1800, the drugs offered for sale by Pittsburgh druggists probably indicate those most commonly used.

Far more advertising space, however, was devoted to various proprietary medicines than to legitimate drugs, and it is a safe assumption these nostrums and purported cure-alls constituted the mainstay of the drug business. One of the most impressive of these panaceas was "Whitwell's Volatile Aromatic Head Ache Snuff," which was described as particularly "serviceable for disorders of the head and recommended to persons affected with dull nervous headache, catarrh, drowsiness, dimness of the eyes, deafness, hypochondria, etc., etc." The last complaint was undoubtedly the one with which this therapeutic could best contend! The same advertisement also listed "Mahy's Plaister Cloth, a sovereign remedy for ulcers, sore breasts, biles, sore legs, sprains, bruises, pains in the back, etc."\textsuperscript{19}

For those seeking a general cure-all, "Doctor Van-Sweitan's Celebrated Anti-Bilious Pills" were the answer. The advertisement for this wonder drug pointed out that it was far superior "to the mercurial nostrums so frequently given," yet would not injure the health "of the most delicate child or weakly female." It was purported to "remove the most excruciating pains of the Cholic" and to restore "phthisical cases" — even those on the point of death — to good health. It was guaranteed to cure dysentery, croup, summer complaint of children, pleurisy, flatulence, indigestion, consumption, liver diseases, rheumatic pains, and a host of lesser complaints.\textsuperscript{20}

For the more discriminating clientele, the proprietary drug manufacturers usually produced specific cures for particular ailments or, at least, categories of ailments. The medicines of a "Dr. Robertson" included his "Stomachic Elixir of Health," "Vegetable Nervous Cordiale," "Gout and Rheumatic Drops," "Stomachic Bitters," and "Worm Destroying Lozenges." A Dr. Dyott was the presumed

\textsuperscript{18} Ibid., May 16, 1789; July 28, 1818.
\textsuperscript{19} Ibid., July 21, 1818.
\textsuperscript{20} Ibid., October 30, 1818.

Regrettably, the medical profession was not above lending its prestige to the sale of proprietary medicines. An advertisement for "J. Shinn's Panacea" carried a statement that Mr. Shinn had discovered the composition of "Swaim's celebrated Panacea" and was now offering it at a reduced price. With the advertisement were letters from Drs. N. Chapman and W. Gibson, both of the University of Pennsylvania, praising the panacea. In this case, Mr. Shinn may simply have appropriated letters which actually endorsed Swaim's rather than Shinn's Panacea, but it was common practice for professors of medicine to endorse proprietary drugs.  

The pattern of medical care and self-medication in Pittsburgh was similar to that found generally in the United States. The physicians and surgeons serving the city had acquired their training either through medical schools, through the apprenticeship system, or by a combination of both, and their practice obviously followed that of their contemporaries in other sections of the United States and Western Europe. Even the nostrums and panaceas advertised in the local newspapers were, at least in many cases, distributed on a national basis. Certainly the proprietary drugs available to Pittsburghers were identical with those sold elsewhere in the United States. In any event, the residents of Pittsburgh were well satisfied with the quality of their medical care, were proud of their physicians and surgeons, and were convinced that their city was one of the healthiest in the world.

21 Ibid., April 23, 1819.
22 Ibid., January 30, 1824.