

For the Edward Hand Medical Heritage Foundation

# A Historical Overview of The Lancaster County Almshouse and Hospital

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## THE PURPOSE OF THE ALMSHOUSE INSTITUTION IN LANCASTER

From 1800 to 1969, the Lancaster County Almshouse and Hospital was among the first documented places in the county, and even in the country, to provide public healthcare and social services within an institutional setting. This was spearheaded by a group of local citizens called the Directors of the Poor and House of Employment and funded by the local taxpayers. Monique Bourque described county-funded Almshouse institutions as something emblematic of the ideas of charity held by society in the antebellum era.<sup>1</sup> Taking note of the founding dates, such institutions began to emerge throughout the Mid-Atlantic region of the United States from 1790 through 1820 in large numbers. A notable shift had been made from small-scale, community-rented homes and boarding at the community's expense to a larger, more institutional setting prone to over-crowding. Also, according to Bourque, such an institutional setting allowed the local Directors of the Poor to better track and categorize the institutionalized poor as being individuals of either "worthy" or "unworthy" character for charitable contribution.<sup>2</sup>

Almshouse institutions allowed a greater means of instilling social control over the poor. All institutionalized poor could be overseen from one central location and could receive interventions accordingly for their physical health, mental health, employment, and behavior as needed. Such institutions shaped the behavior of the poor through "*physical coercion, mental suasion, and practical incentive,*" with the means of social control employed in these Almshouse institutions leading to reasonable questions about the ethics of such institutional aims.<sup>3</sup> Bourque, when discussing the behavior shaping in Almshouses, also stated that, "*advocates of social control theory have viewed Almshouse planners and substantial men in general as attempting to impose middle-class, capitalist values on the resistant lower classes.*"<sup>4</sup>

Talbott provides the following statement about the purpose of an institution such as the Almshouse existing in Lancaster County:

*“The aim of the Lancaster County Almshouse and other such institutions was clear: “to relieve the poor, and to do so in such a manner as to encourage as large a number as possible to provide for themselves once released from the Almshouse.” Although not always successful, the hope for residents was that they might eventually be able to live on their own, without support from the county.”*<sup>5</sup>

Those residents who were able followed a strict schedule requiring that they would be early to rise and would work regular working hours to support being kept at the Almshouse under county tax funding. According to Bourque et al., the Almshouse provided a variety of jobs such as breaking stone in the nearby quarry, sand collection, weaving fabric, making garments, mending shoes, cleaning, kitchen duties, caring for children and animals at the Almshouse.<sup>6</sup> Also, there was the raising of produce on the Almshouse farm.<sup>7</sup>

Despite the existence of overarching by-laws written to address issues related to the poor on state and national levels, local communities defined their own unique processes of caring for and socially controlling the poor. However, Bourque also argued that the institutionalized poor did not simply fall into a role of compliance and subservience for middle and upper classes, but rather, they negotiated their standard of living in the institution and their degree of exercisable autonomy as individuals reliant on county assistance.<sup>8</sup> She also expanded on her description of the mission of Almshouse institutions by acknowledging that Almshouses had limits, which included the fact that both relief and the administrative authority had limits, and that the poor had to prove themselves worthy of public assistance. Utilizing this argument, Bourque even went so far as to describe Almshouses as having been sources of civic pride in certain communities, as they addressed multiple concerns such as the medical care, education, housing, and job access

for the poor that provided the residents with both charity and a compass to begin pursuing self-sufficiency.<sup>9</sup>

Many of the laws and management strategies relating to the poor in the United States stemmed from British antecedents. Antebellum era American Almshouses and British Almshouses largely reflected each other. Unlike Britain, however, the United States was not able to centralize such an institutional system. The push to provide work for the residents was one of the most touted means of promoting health and providing social services to the Almshouse. As Bourque writes:

*The assumptions that “labor” would cure the indigent, and that the prospect of work in an institution would discourage the “vicious” poor from applying for relief, were likely present in the colonies, not a production of republican anxiety about social disorder.*<sup>10</sup>

It should also be noted that not all residents of the Almshouse were treated the same, as racial segregation was practiced in the Almshouse by placing black residents and white residents into separate institutional buildings beginning in the 1860's.<sup>11</sup> Many of the African Americans who resided at the Lancaster Almshouse and Hospital institution were former slaves and indentured servants seeking a new, free life in Pennsylvania. Despite the Almshouse's goal being to provide a means of charity for individuals in need, resources to provide for residents were often unevenly handed, as white residents often received the jobs at the Almshouse that provided better compensation.<sup>12</sup>

### **THE LANCASTER ALMSHOUSE AND HOSPITAL'S HISTORIC RANKING**

In a report on the History of Medicine in Lancaster County provided in the Lancaster City and County Medical Society's October 1976 journal, the Lancaster Almshouse was the county's first hospital.<sup>13</sup> This report also stated that the Pennsylvania Hospital in Philadelphia, founded in 1751, was the oldest hospital in continuous service in the United States. The middle

of the 18<sup>th</sup> century saw considerable growth in the building of hospitals and Almshouses in response to the plight of the impoverished across the east coast. Other hospitals founded shortly after the Pennsylvania Hospital include the New York City Hospital (formerly known as Bellevue Hospital) in 1771, the Edward Hand Hospital of Pittsburgh in 1777, and the Baltimore, Maryland Hospital in 1797. The Lancaster Almshouse which was completed sometime between 1799-1800. The Lancaster Almshouse is an important historical landmark, as it was an institution which provided services from some of the most prominent physicians both locally and nationally, and was considered the second oldest continuously running hospital in the United States, just after the Philadelphia Hospital. However, the Almshouse no longer holds this title, as the report points out that “...with the opening of Conestoga View on August 14<sup>th</sup>, 1969 the claim for the hospital being the second oldest hospital in continuous service became no longer valid, since Conestoga View is an extended care facility and offers none of the standard services a hospital in the modern sense would offer.”<sup>14</sup>

The exact date marking the beginning of the Almshouse’s operations is unclear, but what is certain from original records on the institution is that it was open for residence at least as of the fall of 1800. The Lancaster Almshouse and Hospital has been known by multiple names, but in the official minutes of the Directors of the Poor, it is often referred to as The Lancaster County Poor and House of Employment.<sup>15</sup> Talbott states that by November, 1800 “a total of 70 people” resided at the Almshouse.<sup>16</sup> Talbott also makes a very important point about the Lancaster Almshouse in that its social, institutional organization, and architectural history fall largely in line with other county Almshouses from that time-period in the mid-Atlantic, especially those located in the lower Delaware Valley.<sup>17</sup>

## THE SITE OF THE INSTITUTION

Talbott, examining the Lancaster County Almshouse and Hospital in particular detail, tracked the evolution of the Almshouse as being a residence for the chronically unemployed; throughout the institution's expansion it served as a temporary employer for those in need, as a hospital, and as an insane asylum.<sup>18</sup> Multiple buildings were erected and renovations to already existing buildings were made to accommodate the various needs of the residence, who were often referred to as "paupers" or "inmates" by the institution's directors. This institutional grounds once included five large buildings, four of which were residential, and a variety of support structures surrounding them, such as barns. Men and women were often placed on separate floors, and as I earlier mentioned, racial segregation led to residents of different races being placed in separate buildings.<sup>19</sup>

The planning for construction of the first building known as the the Lancaster County Poor and House of Employment began three years prior to its erection between 1799 and 1800, when "an act to provide for the erection of houses for the employment and support of the Poor in the Counties of Chester and Lancaster" was passed on February 27<sup>th</sup> 1797.<sup>20</sup> This act provided money from the state legislature to both the counties of Chester and Lancaster to fund the building and opening of their respective Almshouses in the late 1700's to early 1800's. This building provided a variety of functions throughout the 19<sup>th</sup> century as it gave residence to the poor, the sick, and the insane, and it provided office space for administration and an activities facility. Between 1800 and 1825, the average population residing in this building grew from an average of 80 residents to an average of 300 residents.<sup>21</sup> Such a boom in the growth of the resident population justified the need for the erection of other buildings on the institutional grounds for both residence and service. However, in the 1860's, the original building became the

residence for black residents, as white residents lived in the New County Home building.<sup>22</sup> It should also be noted that I did not find any specific information on the functions of the Almshouse during the civil war era, so the possibility of the Almshouse and hospital having housed traveling soldiers cannot be confirmed. The Almshouse's functions during the civil war era is a question worthy of further investigation.

In the early 1800's, the Lancaster Almshouse initially housed juveniles as well as adults. These children came from a variety of backgrounds, being either dependent on a parent who lived in the Almshouse, a neglected child who had neither a parent nor a guardian to care for them, or a delinquent child housed as a juvenile detainee. *From Almshouse to Detention Center* described the social control of the poor as being the primary mission of the institution, and this was regardless of the individual's age<sup>23</sup>. As of 1956, the building became the office space for the Lancaster County Children and Youth Agency, and no longer functioned as an Almshouse facility, no longer serving a residential purpose.<sup>24</sup>

The second building that was erected on institutional grounds, known as the Lancaster County Hospital, was built sometime between 1805 and 1806.<sup>25</sup> The first, original Almshouse building had provided medical care for its residents before the building of this hospital. The building of the hospital functioned as a means of separating the poor with physical and mental health issues from those who were healthy and could, therefore, readily take up work to maintain their keep at the Almshouse. The residents of the Almshouse were now separated based upon their health status. The hospital as an institution was largely introduced to American culture via Almshouse construction beginning in the Antebellum era. At first, many ill people who could have been helped by utilizing social service assistance with their healthcare were not interested in attending the hospital to avoid the stigma of attending a poor house facility for their care, so

those who could afford at-home treatment remained at home instead. Talbott notes that this attitude changed over time due to the following monumental scientific discoveries:

*It was not until the general acceptance of the anti-septic process, the routine administration of anesthesia, the increasing importance placed on surgery, and the rise of the private hospital at the end of the nineteenth century that hospital treatment for illness became commonplace for the middle class.*<sup>26</sup>

Increasing need and growing social acceptance of the hospital setting led to growth in the population who took up residence at the hospital. The physically ill patients were placed on the first floor and mentally ill patients were placed on the basement floor. The hospital experienced additions between 1840 through 1842 in response to this growth, and another expansion in 1866 primarily to accommodate “the insane” before it was razed in 1960.<sup>27</sup>

Between 1898 through 1899, a separate building was erected that was known as the New Insane Asylum. was built on the grounds of the institutional site. Seventy years later, it was razed in 1969. The mental illnesses treated at the New Insane Asylum varied from very mild to extremely severe. The violently mentally ill were most often isolated and kept in the original Hospital building, Talbott describes their quarters as follows:

*The violent inmates at the Lancaster County Almshouse were kept chained in the basement of the original hospital building. Before the basement was remodeled, iron rings could be seen about six inches off the floor fastened to large wooden pillars. The most violent or uncontrollable patients were shackled to these pillars and slept on beds of loose straw.*<sup>28</sup>

Other buildings erected on the Almshouse grounds including a building known as the New County Home and Conestoga View. Between 1874 and 1875, the New County Home was built as a residential site to relieve overcrowding in the original Lancaster County Poor and House of Employment and this too was razed in 1969.<sup>29</sup> The new and current Conestoga View nursing home was built on the Almshouse site in 1969, while many of the original Almshouse buildings were being demolished. Conestoga View is a long-term care facility that still functions



as such in 2017.<sup>30</sup> This building is symbolic of the major historical shift away from family homecare for those who could afford it towards a preference for commercialized, residential living for the pursuit of healthcare in the United States.

The availability of resident demographics is limited, but the year 1809 is an important point in the history of Lancaster's on-site Almshouse institutional record-keeping, as Steward Reports are officially included during this year in the 1798-1826 minute book.<sup>31</sup> These reports kept track of the number of inmates in the Almshouse, the number of patients in the hospital, the number of workers and their families on the grounds, as well as a running tally of the inmates who died, eloped, were bound out, or were discharged from the institution. The stewards kept head counts of all residents and workers coming in and out of the Almshouse, and provided the Directors of the Poor with an updated count at each meeting. Not directly related, but often included alongside these Steward Reports, records on outdoor relief with names and allotted amounts were noted. Outdoor relief was the form of assistance that eligible impoverished people who did not require residence in the Almshouse received, which often included money, food, and clothing. A concise summary of the types of demographics included in the minutes was described by Dr. Joseph Eckenrode and published in the Lancaster City and County Medical Society's bicentennial journal. Eckenrode noted that during its first year of operation, the Almshouse had supported 84 paupers, 29 of whom were discharged and another 20 died. Jumping ahead to November 1809, 28 men, 20 women, and three children lived in the hospital.<sup>32</sup> The population grew significantly in 1820, as the institution served a total of 218 men, women, and children that year. The population at the Lancaster Almshouse and Hospital maintain steady growth until the mid 1900's.

## PHYSICIANS AND MEDICAL SERVICES AT THE LANCASTER ALMSHOUSE AND HOSPITAL

Numerous physicians in Lancaster County served in and received at least part of their medical education at the Lancaster Almshouse and Hospital facility. Despite many of the primary source documents being either lost or containing fractured timelines on the operations in the Lancaster Almshouse and Hospital, there are records contained in the minutes of the Directors of the Poor that confirm the involvement of numerous physicians. Many of these physicians were prominent figures locally and nationally, and the education of medical students was provided, at least in part, by these attending physicians who served at the institution. The attending physicians committed a lot of their time to the Almshouse and were provided with living quarters on the Almshouse grounds as needed.

In the first institutional records contained in the 1798–1826 Lancaster Directors of the Poor’s minute book, the name of the first person to be nominated and accept the position of attending physician and surgeon for one year is noted in an entry dated on December 2<sup>nd</sup>, 1800.

<sup>33</sup> This first man was Dr. John D. Perkins, who accepted the appointment for the sum annual salary of ninety dollars for his service. At the same time, consulting physicians were nominated to serve at the Almshouse as well, and included two prominent Lancaster physicians, Dr. Edward Hand and Dr. Frederick Kuhn.

By the mid-nineteenth century, aligning with the advent of modern psychiatry, physicians began to practice and experiment with a variety of therapies, some undoubtedly questionable by today’s moral standards. According to Talbott “*among the therapies introduced at the Lancaster County Asylum were malarial shock, hydrotherapy, and insulin shock.*”<sup>34</sup> To define each of these therapies, malarial fever therapy was practiced in the asylum in the 1920’s and was meant

to induce fevers and diminish psychotic episodes by injecting infected blood into mentally ill individuals. After three to four weeks, patients undergoing malarial fever therapy would be treated with quinine, with such experiments previously being conducted in Vienna in the 1910's.

<sup>35</sup> In 1935, Dr. James Hammers experimented with diabetic shock therapy at the Lancaster Asylum, in an attempt to make patients calmer after their diabetic coma experiences. This particular therapy had previously been invented in Germany in the 1920's and was replicated in Lancaster, and was conducted by administering numerous doses of insulin to the patient. <sup>36</sup>

Hydrotherapy was a very common therapeutic method in the nineteenth century, as it was believed that lowering an individual's body temperature would help to relieve anxious feelings, leading to patients being placed in ice cold baths or being wrapped in ice-cold sheets to induce hypothermia.

On April 8<sup>th</sup>, 1801, a man who was already a member of the Directors of the Poor, Dr. George Moore, proposed that he be allowed to serve as the attending physician at the Almshouse. <sup>37</sup> This appointment was approved for one year for the sum annual salary of one-hundred dollars on April 15<sup>th</sup>, 1801. At this point in the minute book, the records become particularly fractured, and keeping track of the physicians who served at the Almshouse becomes difficult. However, another important physician serving at the Almshouse in the 1820's is Dr. Samuel Humes (~1786-1852). John Light Atlee (1799-1885) served a multi-decade tenure and his brother Washington Atlee (1808-1878) went on to serve as well. According to the minutes of the Board of Directors, dated March 3<sup>rd</sup>, 1828, George B. Kerfoot, under the tutelage of Dr. Samuel Humes, was likely the first resident pupil at the Lancaster Almshouse and Hospital. <sup>38</sup> There were probably others, but I did not find this information documented in the accessible

records. However, I will provide physician biographies so that I may illustrate some of the important medical figures who served at the institution.

## PHYSICIAN BIOGRAPHIES

### JOHN D. PERKINS

According to Harris, Dr. John D. Perkins received his medical education from his father, Elisha Perkins, in Connecticut before he moved to Pennsylvania.<sup>39</sup> He originally practiced in Strasburg before coming to Lancaster and opening his own practice in August of 1800. While beginning his own practice in Lancaster, Perkins served as the first attending physician and surgeon at the Almshouse. Perkins, in deciding to leave the county of Lancaster, announced his resignation from the position. His resignation was recorded on the March 31<sup>st</sup>, 1801-minutes of the Directors of the Poor, not even four months after he had accepted the position. He was paid thirty-two of the ninety dollars promised to him for a full year of service.<sup>40</sup> Perkins is notable for the use of metal tractors in medical treatment, a procedure invented by his father. This procedure, known as “*tractoration*” or “*perkinism*,” involved the drawing of two different metal rods across an affected area of the body to reduce symptoms of inflammation and rheumatism.<sup>41</sup> This procedure is not practiced by allopathic medicine in the modern age.

### EDWARD HAND

Edward Hand (1744-1802) is arguably one of the most prominent historic medical and political figures in both the history of Lancaster and the history of the founding of the United States. Hand was born in Clyduff, County Kings, Ireland accompanied the Eighteenth Royal Irish Regiment to the United States as surgeon’s mate in 1774.<sup>42</sup> Hand resigned from his surgeon’s mate position and joined the Continental Army from 1775-1778. He was deeply

involved with this new, American military, notably climbing its ranks. He commanded a brigade of the Light Infantry Corps in August 1780 and was an adjutant general in the United States Army from 1781-1783, and rose to the ranks of major general on September 30, 1783. During his time in the military, he worked directly with George Washington and served as his Adjutant General. Hand was mustered out in 1783 and served as a physician and opened his own practice in Lancaster. Hand had a notable political career, he was a member of the Continental Congress in 1783 and 1784, served as a delegate for the state of Pennsylvania, and was deeply civically engaged, as he held numerous local Lancaster political positions.<sup>43</sup>

Edward Hand served for a short amount of time during the opening of the Almshouse, as he passed away on September 3<sup>rd</sup>, 1802. According to Mann, the primary resource documents about the death of Hand state that he died due to complications related to Cholera morbus (non-epidemic cholera), a blanket term used to describe a variety of gastrointestinal symptoms.<sup>44</sup> Mann also stated that Cholera morbus is not to be confused with the epidemic disease “cholera,” which is caused by *Vibrio cholera* bacterial infection and is most often contracted due to poor sanitation or contaminated food and water. Although the modes of transmission of epidemic and non-epidemic choleras are similar, non-epidemic cholera included conditions such as viral gastroenteritis, typhoid, dysentery, *Salmonella*, *E. coli*, and more. Considering the lack of clinical pathological knowledge available in the early 1800’s, people who experienced symptoms such as diarrhea, vomiting, cramps, fever, and dehydration related to a feeling of stomach upset was often broadly referred to as Cholera morbus. Despite some historical accounts stating that Hand died from epidemic cholera, this is unlikely, considering that the first cases of epidemic cholera were not documented in Pennsylvania until 1832.<sup>45</sup> He most likely had another type of infection of the gastrointestinal tract or food poisoning, but this assumption cannot be proven

without the exhumation of Edward Hand's buried body for postmortem examination. Hand also likely used traditional treatment methods of binging and purging with a substance such as calomel (Mercury(I) chloride), which would have exacerbated the deadly dehydration associated with his illness and contributed to his demise.

#### FREDERICK KUHN

Dr. Frederick Kuhn (1742-1816) was a prominent physician from a well-known family of medical doctors who served in the Lancaster and Philadelphia area. According to Harris, Kuhn was a highly-respected doctor in Lancaster, PA and, also, served as an associated judge of the courts.<sup>46</sup> Kuhn's father, Dr. Adam Simon Kuhn, was a German immigrant who served Lancaster as a doctor, the magistrate of the borough of Lancaster, and an elder in the Trinity Lutheran Church. Frederick had two brothers, Drs. Adam and John Kuhn, as well. The brothers made names for themselves as well in the world of medicine, as Dr. John Kuhn was a surgeon during the revolutionary war. Dr. Adam Kuhn was a professor of botany and materia medica at the University of Pennsylvania, making him one of the first medical professors to teach in the United States.<sup>47</sup>

#### GEORGE B. MOORE

Dr. George B. Moore (birth and death date unknown) served at the Lancaster Almshouse in the early 1800's. In June of 1802, he announced to the public that he would begin inoculating against Smallpox. He ran a drugstore in Centre Square and had a close relationship with many local doctors in Lancaster, having even been a physician for John L. Atlee's father, Colonel William Bitt Atlee (born 1799).<sup>48</sup>

## SAMUEL HUMES

Dr. Samuel Humes was the treasurer of Lancaster City before taking up an education of medicine in 1806. He had his own large practice and was a highly respected physician and surgeon.<sup>49</sup> In 1848, Humes became the first president of the Pennsylvania Medical Society, whom were primarily concerned with protecting potential patients from receiving medical treatment from untrained individuals, cultivating medical ethics, promoting public health initiatives, and drafting legislation that protected the patients and physicians it represented.<sup>50</sup> Humes also had the opportunity to train influential doctors such as John Light Atlee and George B. Kerfoot, and they worked together closely in the Almshouse and hospital.<sup>51</sup>

## THE ATLEES

The Atlee's are a family made up of numerous prominent physicians who have made careers of providing their medical expertise predominately in the Lancaster area. The brothers Dr. John Light Atlee (1799-1885) and Dr. Washington Lemuel Atlee (1808-1878) were among the first Atlees to practice medicine in Lancaster. Their uncle, Dr. Edwin Augustus Atlee (1776–1852), of Philadelphia, was the first of the Atlee's to obtain a medical degree and had served in the Continental army with the doctor and General Edward Hand.<sup>52</sup>

According to the minute books of the Directors of the Poor, Dr. John Light Atlee served at the Lancaster Almshouse and Hospital from the 1820's through the 1850's. He was one of the most frequently mentioned attending physicians to serve in the Almshouse in these minute books. His career began with a college education at Franklin and Marshall College in Lancaster, and then an MD completed at the University of Pennsylvania in 1820.<sup>53</sup> After completing his medical education, Atlee soon returned to Lancaster to start his own practice. He served as a

general practitioner, obstetrician, and highly-skilled surgeon. His medical achievements included, but are not limited to, perfecting the procedure of ovariectomy, successfully removing a large mass from a bladder, teaching as a professor of anatomy and physiology at Franklin and Marshall College, becoming the first medical director of St. Joseph's Hospital. Dr. John Light Atlee helped to organize both the Lancaster City and County Medical Society in 1844 and the Pennsylvania Medical Society in 1848, and served as the president for the Pennsylvania Medical Society in 1857. He also helped to organize the American Medical Association in 1849 and served as its president in 1882.<sup>54</sup> John Light Atlee also served as a warden at St. James Episcopal Church. He notably advocated for an improved water supply and helping to ensure Lancaster received a water filtration plant, which did not come into operation until 1906, which was well after his death.<sup>55</sup>

Dr. Washington Lemuel Atlee (died 1878), brother of the previously mentioned John Light Atlee, received his MD from Jefferson College of Medicine in 1829. He assisted his brother with the first successful double ovariectomy and went on to complete hundreds more of these procedures with a high rate of success.<sup>56</sup> Dr. Washington Lemuel Atlee served in his own practice and served the Lancaster Almshouse as a physician and surgeon throughout his medical career. Atlee spent much of his career in Philadelphia as well, serving as chair of the chemistry department at the Pennsylvania Medical College.<sup>57</sup> More specifically, Atlee spent the end of his career in Philadelphia, although he still did travel extensively to both Lancaster and Pittsburgh in his final years.<sup>58</sup>

The brothers became famous for performing the first successful double ovariectomy in 1843, a procedure in which the cysts were surgically excised from the both the ovaries of a patient. John Light Atlee describes this procedure in an article he wrote about the case for *The*



*American Journal of the Medical Sciences* title “*Case of Successful Peritoneal Section for the Removal of Two Diseased Ovaria Complicated with Ascites.*”<sup>59</sup> The female patient he operated on had experienced gradual swelling of the abdomen that eventually gave her the appearance of a full-term pregnancy. For a number of years, John Light Atlee treated the patient at his practice with cathartics and drainage of the abdominal cavity to avoid an invasive procedure. However, John Light Atlee realized the only hope for a cure would be the removal of the masses. The woman gave consent for the operation, which was conducted on a dining room table with the use of opium to relieve her pain. Rather than conducting the usual method of turning a patient face down to drain their incisions, the Atlee brothers tried a new technique of drying the interior of the abdomen with sponges before closing the incisions. The operation only took forty-five minutes and no direct reference to the use of any sterilizers or antiseptics was made. The patient survived the surgery, which was considered particularly dangerous because it was conducted in the pre-antiseptic age. According to an article titled “*The Education of a Physician in the Early 19<sup>th</sup> Century* (1987-8),” the Atlee’s decreased the mortality rate for ovariectomies from 100% to 30% in an era where any form of abdominal incision was nearly 100% fatal.<sup>60</sup> An assumption can be made that ovariectomies were also conducted at the Lancaster Almshouse, but I did not find any documentation that proved this.

Heckman notes that John Light Atlee performed seventy-eight ovariectomies with an 82% success rate and Washington Lemuel Atlee performed almost 400.<sup>61</sup> Washington Lemuel Atlee described the backlash he received for conducting such a risky surgery in the following quote from his article, *A Retrospect of the Struggles and Triumphs of Ovariectomy*, in which he stated he was “*misrepresented before the medical public, and was pointed to as a dangerous man, even a murderer. The opposition went so far that a celebrated professor ...invoked the law to arrest*

*me in the performance of this operation!”*<sup>62</sup> The accomplishments of the Atlee brothers were not directly realized until much later in both of their careers.

#### GEORGE B. KERFOOT AND MEDICAL EDUCATION IN THE ALMSHOUSE SETTING

According to the minutes of the Directors of the Poor, George B. Kerfoot (1808-1868) received his medical education at the Lancaster Almshouse and Hospital, while being trained by prominent attending physicians like Samuel Humes and John Light Atlee.<sup>63</sup> He attended Jefferson Medical College for lectures and graduated from the college with honors. As stated in the minutes on March 3<sup>rd</sup>, 1828, “*Agreed that Geo B. Kerfoot be, and is hereby accordingly appointed medical resident pupil of the Hospital for one year, and to receive compensation for his services, a compliment of a new suit of clothes, at the end of the expiration of the year, provided that the Board is satisfied with his attention.*”<sup>64</sup> Kerfoot decided to return to Lancaster to continue practice after his graduation from Jefferson Medical College in Philadelphia in 1830.<sup>65</sup> The Board clearly was satisfied with Kerfoot’s medical education at the Almshouse, as he went on to serve as an attending physician at the institution for a number of years. Kerfoot went forward with his medical career teaching anatomy and had a particular interest in conditions that afflicted the eyes, ears, and brain.

To be able to compete and survive in the southeastern Pennsylvania marketplace, which had a considerable number of trained physicians in place, Winpenny describes how George B. Kerfoot employed entrepreneurial skill to be successful in his medical career.<sup>66</sup> In particular, he gave medical lectures to the public in his very own anatomical hall, which opened its doors on south Queen Street in 1833.<sup>67</sup> One of his favorite topics of discussion was phrenology, the study of the size and shape of the skull as an indicator of an individual’s mental ability and character, which he defended extensively.<sup>68</sup> He also discussed numerous medical topics that he was not in

favor of or felt neutral towards, and Winpenny suggests this was a means of self-promotion to invite the public to debate issues related to medical care.<sup>69</sup> Anatomical Hall had waxing and waning success, which Kerfoot contributed to the misconception that his lectures were meant for a medical audience only.<sup>70</sup> Kerfoot also operated his own apothecary, which experienced limited success.<sup>71</sup> Kerfoot was also a founding member of the Lancaster City and County Medical Society, as well as a member of the Lancaster City School Board, the Lancaster City Council, and a leading member of the local Masonic fraternity.<sup>72</sup>

Kerfoot's largest claim to fame comes from a medical experiment on the body of Henry Kolber, who was convicted of murder in 1838 by the Lancaster County Court and was thereby sentenced to hanging.<sup>73</sup> For five dollars, Kerfoot bought the rights to Kolber's body just before his execution. Shortly after the hanging, Kerfoot brought the body back to his anatomical hall and began to conduct experiments on it in front of an audience. By applying galvanic battery to the body and placing a tube to force air down the body's throat, Kerfoot was able to spur movement and provide the illusion of breathing in the body before rigor mortis set in. This gained him considerable notoriety, as this was published in the Lancaster newspaper. Beginning in the 1840's Kerfoot did not recreate such spectacles and engaged in more general practice and medical student education until his death.<sup>74</sup>

There is little in the surviving Lancaster Almshouse records that provide information on the state of medical education there. However, in his presidential inaugural address to the American Medical Association in 1882, John Light Atlee provides a vivid description of medical education in an Almshouse setting in the early 19<sup>th</sup> century.<sup>75</sup> Atlee described his own experience of receiving a medical education at the University of Pennsylvania and completing his residency at the Philadelphia Almshouse. Atlee described many of his physician mentors as

kind and caring, such as Dr. Joseph Parrish of Philadelphia's Almshouse. However, he was distressed by his early training regarding the treatment of the mentally ill in the Almshouses. He objected to the use of mechanical restraints such as chains and the forced isolation of these patients in the basements of these institutions.

*This unhappy and inhumane state of things continued until Pinel and Esquirol established a course of treatment more consistent with the dictates of science and humanity. In a recent visit to the Lunatic Hospital, at Harrisburg, PA, of which I am a trustee, not one of the four hundred insane inmates was the subject of mechanical restraint.*<sup>76</sup>

Atlee went on to state that his medical education in the Almshouses contributed to his own career success, despite his open critique of some of the methods employed to control the mentally ill and socially deviant that had been used in these institutions.

## CONCLUSION

The Lancaster Almshouse and Hospital was critical in forming the modern landscape of healthcare and social services in the county. The institution was a major hub for prominent physicians in Lancaster to provide treatment and a place for medical students to serve as residents. Despite being an imperfect system that could not provide all residents with the resources to promote long-term sufficiency, the institution served hundreds and thousands of Lancasterian people in its time, providing some means of food, shelter, work, and healthcare for those in great need of it.

## ENDNOTES

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