19th Century Medicine in Lancaster Co., PA

(May 7th, 2015, Edward Hand Medical Heritage Foundation Lecture)

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After personal introduction by Dr. Alan Peterson, I read a humorous “Brief History of Medicine”, from 2000 BC to 2000 AD (from the Internet), illustrating how medical ideas remain even though the understanding and implementation of them change greatly, from eating plant roots to taking antibiotics for disease.

The medical profession underwent enormous changes in the 19th century, i.e. use of stethoscope, x-ray, germ theory of disease, the latter considered one of the greatest discoveries in the world and certainly in medicine.

I mentioned outstanding names in medicine, mostly in Europe and some in Lancaster Co., and mentioned two of my relatives (one by marriage) who were charter members of the Lancaster County Medical Society (Drs. John Kendig Eshleman and Henry Carpenter) in 1844. The Pennsylvania Medical Society was established in Lancaster City in 1848.

19th Century life expectancy was 35 years. Blood letting was a prominent treatment, along with emesis and purging. Also, stimulants, diuretics and sedatives were used. Some surgery was done but was very limited, without anesthesia, until later. Amputations were common in the Civil War. Vaccination for smallpox was developed by Dr. Edward Jenner, in 1796, in England. Smallpox was considered the world’s greatest killer at that time. Benjamin Franklin invented the urinary catheter and the bifocal lens (and other things) and had a very bright and inquiring mind but was afraid of vaccination and did not have his son vaccinated. The son died of smallpox and Franklin considered his not having him vaccinated the greatest regret of his life.

I mentioned some outstanding physicians of Lancaster Co, such as Edward Hand, several generations of the especially prominent Atlee family and others, including Mussers, Carpenters, Fahnstocks, Leamans, Wentzes, and Kendigs. I mentioned some of their personal and community accomplishments as well as medical ones, some with influence beyond Lancaster Co. For example, Dr. Henry Carpenter was the personal physician of Pres. James Buchanan and Thaddeus Stevens and stayed with Buchanan, in Washington, one week when Buchanan had the “National Hotel Disease”. I discussed this. It
was due to arsenic poisoning from poisoned rats in the Hotel’s water supply. Also, he treated Buchanan’s gout when he lived at “Wheatland”, in Lancaster.

Dr. John K. Eshleman practiced near Strasburg and later Downingtown and was a “Station Master” in the “Underground Railroad” in both places. Some of the personal aspects of this were discussed briefly and the great variety of his professional work, even giving medicine for a patient’s horse!

19th century medicine in Lancaster Co. and elsewhere was dominated by infectious diseases, injury, and problems related to poor sanitation, significantly since the germ theory of disease was not yet established. It was reported that more soldiers died of disease than in battle in our Civil War.

Blood letting (bleeding) was the oldest medical treatment known, though not without controversy and was often used. It was based on the humoral theory of disease, which I discussed. I demonstrated blood letting equipment used by Dr. J. K. Eshleman (1810 – 1897). It included a spring lancet, cups and syringe. The connection between this and modern procedures and understanding was discussed (i.e. laboratory blood tests, transfusion, etc.). The 19th century was considered the “heroic” era of medicine. Doctors used what they had, limited as it was, in a “heroic” effort to relieve illness and sometimes they succeeded! Folk remedies go back to some of these practices, without a scientific basis for either.

Benjamin Rush (1745 – 1813), a prominent Philadelphia citizen and physician and a signer of the Declaration of Independence, was among the first to consider mental illness a medical problem and tried to approach it in this manner, as well as talking with patients about their lives and problems. He is called the ‘Father of American Psychiatry’. And yet he, too, bled patients copiously, especially for yellow fever. He failed to see the correlation between especially rainy weather, with lots of ‘putrid’ water and air, and the abundance of mosquitoes in Philadelphia during yellow fever epidemics there. He held to the ‘established’ medical explanation in this regard rather than recognizing evidence of other possible causation. Some physicians did disagree with his methods of treatment. Do we still have some 19th century views? Probably so.

I demonstrated Dr. Eshleman’s portable medical chest and discussed some of its contents (medicines mostly) and discussed their use at that time. Proprietary compounds, mostly useless, were common later. I showed examples of such, with their grossly exaggerated claims. The first pharmacopeia in the U.S. was written in Lititz, PA by Dr. Brown, a military physician during the Revolutionary War.
I demonstrated some admission tickets for various professors’ lectures at Jefferson Medical College in the early 1830s and talked about medical licensing (and lack of it) and medical training and education in the 19th century.

I read some excerpts from Dr. Eshleman’s records. He vaccinated a good many people for smallpox. Payment often involved barter, with goods and services. Treatment was usually given in patients’ homes.

Some outstanding physicians were born and raised in Lancaster County and became well known, including some of their writing, such as Drs. Deaver, Agnew, Barton, Ramsay, Musser and others. I also mentioned the reported health problems of some famous people in the past, especially in the U.S.

I tried, in this lecture, to emphasize the sincere, conscientious efforts of our early physicians to understand and help their patients. Some of their efforts did help, many did not, especially bleeding. Often it was felt that just the physician’s presence in the sickroom gave reassurance and hope to the patient and family. As we know, psychological factors are still very significant in medical care.

Medicine in the 19th century, in Lancaster Co., shared in the development of more scientifically based knowledge, so many of the errors of the past could be corrected but it’s an evolving process. We try not to repeat the errors of the past and are more likely to succeed in this if we understand our history. Hopefully, some of the information presented in this lecture will help in this regard.

I purposely made the lecture relatively non-technical, considering the number of non-medical people in the audience, as well as physicians. There is much more that could be said about this topic but too much obscures the “raison d’etre”.

There was a short question and answer period at the end.

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