THE CULTURAL SIGNIFICANCE OF OLD AGE IN THE AMERICAN SOUTH, 1830-1900

By

MARCUS G. HARVEY

A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

2001
Copyright 2001

by

Marcus G. Harvey
PREFACE

But for his savage beating of Charles Sumner on the floor of the U.S. Senate, it is unlikely that the short-lived Preston Brooks would have cut much of a figure in the history books. His precipitous act came, however, at a crucial moment. In 1856, many Northerners were ready to see in Brooks' violence a confirmation of the abolitionist argument that slavery brutalized white Southerners. For Southerners, Sumner's "Crime against Kansas" speech which had provoked the assault gave such offense that Brooks became an embodiment of Southern resistance to the perceived indignities the region was enduring.¹ For Brooks himself, the imperative for action stemmed from the affront to an aged kinsman and to his home: "I felt it my duty to relieve Butler and avenge the insult to my State."²

Although clearly prompted by its dictates, the relationship between the code of honor and Brooks' actions is complex. Brooks and Sumner were social equals and, despite his opposition to slavery, Sumner had commanded respect below the Mason-Dixon in the years prior to 1856. At least one proslavery tract—a response to Uncle Tom's

¹One need only visit the South Caroliniana collection in Columbia to be reminded of Brooks' importance to Southern identity. Although his violent temper got him expelled from the University days before his graduation, the library's wall sports a "Tribute" to his memory. Appropriately, perhaps, the tablet once adorned a now-demolished building, but a quick-thinking librarian salvaged it for the Archives.

²David Donald, Charles Sumner and the Coming of the Civil War (New York: Alfred A. Knopf, 1960), 290.
Cabin by the Reverend E.J. Stearns—distinguished Sumner from the "class of Abolition leaders" that the author "had frequent occasion to refer [to], in no very flattering terms." In Stearns' words, "Charles Sumner... in spite of his position on this subject [abolition], is every inch a gentleman." Yet Brooks had not afforded Sumner the honor due to a gentleman. Rather he had caned the man savagely about the head and shoulders before Sumner could even rise to his feet.

In the aftermath of the attack, Southern apologists scrambled to make clear that no other approach had been merited. In reviewing a biographical essay on Brooks, one contributor to Russell's Magazine objected to affording Sumner any honor at all, arguing that it was a mistake to characterize the affair as a duel. "We deeply regret that the reviewer should have fallen into such weak and miserable common-place, when he comes to speak of our gallant soldier 'as a duelist'." The distinction between soldier and duelist is telling, as the former is under no obligation to conform to any formalized code of conduct. Stridently, the author proclaimed his wish "that we could strike out these pages of wretched 'palliation' and condemnatory apology from this otherwise excellent paper."
In a similar vein, the editor of the Atlanta Medical and Surgical Journal complained bitterly after his Northern colleagues discussed Sumner's case in the pages of the Boston Medical and Surgical Journal. "We must express our regret that such an article should have appeared in so respect able a journal; and particularly that the editor should have called special attention to it."^5

Sumner's invective had been biting, but he had not—as one might think from the treatment afforded it by contemporaries and historians alike—confined his vitriol to the state of South Carolina, or the person of Brooks' relative, Andrew Pickens Butler (1796-1857). In his speech, Sumner excoriated Virginia and lashed out at both Stephen A. Douglas (1813-1861) from Illinois and Virginian James Murray Mason (1798-1871). Peculiar in Sumner's remarks, however, was the extent to which his calumniation of Butler simultaneously accused the man of being a liar while mocking the infirmities of his old age. In Sumner's words, Butler was a second Don Quixote who had made for himself a "mistress" of the "harlot, Slavery"; unable to master his passions, Butler "overflowed with rage... and, with incoherent phrases, discharged the loose expectoration of his speech."^6


^6It would be hard to miss the suggestion that Butler was a liar from Sumner's remarks: "But the Senator touches nothing which he does not disfigure with error, sometimes of principle, sometimes of fact. He shows an incapacity of accuracy, whether in stating the Constitution, or in stating the law, whether in the details of statistics or the diversions of scholarship. He cannot open his mouth, but out there flies a blunder." Charles Sumner, Kansas Affairs: Speech... in the Senate of the United States, May 19, 1856 (New York: Greeley & McElrath, 1856), 3, 5, 29. The significance of "giving the
Honor demanded that individuals defend family members who had been publicly humiliated, and scholars have demonstrated how this code obligated males to defend and control their female kin. Clearly, Southern expectations of this sort could extend to the honor of aged kinsmen. Contemporaries gave roughly equal weight to Sumner's slurs on Butler, as they did to his reviling of South Carolina. The aforementioned contributor to Russell's Magazine praised Brooks' "chastisement of the calumniator of his venerable uncle and of the State which he loved with a noble ardour." Similarly, the author of an 1857 paean to Brooks, asserted that "the double motive of vindicating the honor of his State, and the character of his aged and beloved relative" steeled Brooks' arm.

In a footnote to his excellent treatment of the whole incident, David Donald notes that Sumner distinctly recalled having Brooks call him an "old man" as the blows began to fall. Although he believes Sumner's account--"the senator's memory was remarkably lie" so baldly may well have been greater in the antebellum South than in the North.


Greenberg, Masters and Statesmen, 26.

precise"—Donald does not think it especially significant, and other scholars have let it pass unnoticed. It does, however, seem odd that in defending the honor of one old man, Brooks beat another man whom he addressed as old, presumably as an insult. At forty-five, Sumner was a mere eight years Brooks' senior.

The whole affair hints at the complexity of Southern attitudes towards, and uses of, "old age."

---

Donald, Charles Sumner, 294n.6.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREFACE</td>
<td>iii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>ix</td>
</tr>
<tr>
<td>CHAPTERS</td>
<td></td>
</tr>
<tr>
<td>1. HISTORIOGRAPHIC CONSIDERATIONS</td>
<td>1</td>
</tr>
<tr>
<td>2. GREY IN A WORLD OF BLACK AND WHITE</td>
<td>30</td>
</tr>
<tr>
<td>3. A PROFESSION COMES OF AGE</td>
<td>63</td>
</tr>
<tr>
<td>4. OLD AGE AND SOUTHERN MEDICINE</td>
<td>124</td>
</tr>
<tr>
<td>5. NINETEENTH-CENTURY ELDER CARE IN WORD AND DEED</td>
<td>173</td>
</tr>
<tr>
<td>6. EPILOGUE</td>
<td>206</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>214</td>
</tr>
<tr>
<td>BIOGRAPHICAL SKETCH</td>
<td>258</td>
</tr>
</tbody>
</table>
Abstract of Dissertation Presented to the Graduate School of the University of Florida in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

THE CULTURAL SIGNIFICANCE OF OLD AGE IN THE AMERICAN SOUTH, 1830-1900

By

Marcus G. Harvey

December 2001

Chairperson: Bertram Wyatt-Brown
Major Department: History

The attitudes of literate nineteenth-century Southern whites towards the aged reflected neither broad patterns of veneration nor of marginalization. Rather, individuals deployed "old age" in ways that advanced their own ideological and material interests. Based primarily on contemporary periodical literature and other published sources, this study explores certain of these deployments to demonstrate their instrumentality, as well as the sensitivity of Southerners' rhetoric to particularities of time and place.

This dissertation is at once a work in historical gerontology and Southern history. Chapter 1 establishes a historiographical context for the work as a whole and fleshes out several reasons to expect that Southerners may have deployed ideas about old age in culturally particular ways. The remaining chapters examine the expression of attitudes towards the aged in a variety of contexts, paying close attention to apparent contradictions.
and tensions within the texts. Chapter 2 considers the relationship between Southern race relations and attitudes toward old age, especially as they pertained to the self-conscious defense of slavery.

The next two chapters focus on Southern medicine. Chapter 3 explores doctors' conceptualizations of their own aging. Against the backdrop of a profession struggling for recognition and authority, physicians depicted professional superannuation in complex ways. The following chapter details physicians' various encounters with, and explanations for, the biological trials of aging. Reinforcing the chapter on race, this one describes how medical observations and understandings of mulatto mortality and slave longevity were elaborated into proslavery arguments.

Chapter 5 is a close study of the public discourse surrounding the 1899 construction of a Jewish Home for the Aged and Infirm in New Orleans. The Home served certain prominent individuals and the Jewish community in a number of ways that—outside of the realm of rhetoric—had surprisingly little to do with the elderly. Exposing the gulf between the Home's putative and actual functions, this chapter—like those before it—reveals the instrumentality of "old age," as wielded by nineteenth-century Southerners. The Epilogue discusses historians' insensitivity to the presence and significance of old age in our past.
CHAPTER 1
HISTORIOGRAPHIC CONSIDERATIONS

Yet the ironic interpretation of history is rare and difficult. In the nature of things the participants in an ironic situation are rarely conscious of the irony, else they would not become its victims. Awareness must ordinarily be contributed by an observer, a nonparticipant, and the observer must have an unusual combination of detachment and sympathy. He must be able to appreciate both elements in the incongruity that go to make up the ironic situation, both the virtue and the vice to which pretensions of virtue lead. He must not be so hostile as to deny the element of virtue or strength on the one side, nor so sympathetic as to ignore the vanity and weakness to which the virtue and strength have contributed.¹

C. Vann Woodward penned the lines above in the hopes that a sensitive engagement with the ironies of history, in general, and of Southern history, in particular, could steer the American nation clear of tragedy. Five years later, the deployment of American troops to Vietnam confirmed Woodward's further observation on the paucity of ironic imaginations: "Obviously, the qualifications of the ironic historian are pretty hard to come by."²

Since then America lost her first war and, perhaps more to the point, post modernism so destabilized the humanities that irony has become one of the few devices left to the conscientious historian. That this is so reflects the countervailing pressures on scholars to acknowledge—epistemologically—that the writing of history is subjective,


privileged, and political, while professionally striving to remain true to the older standards of objective scholarship. More mundanely, the intensification of irony in historical writing stems from the proliferation of historical scholarship which has encouraged, if not compelled, scholars to constrict (temporally, spatially, and topically) the scope of their research. While adding to the intricacy of our knowledge, narrower investigations tend to uncover more, and greater, possibilities for the juxtaposition of incongruous elements within the historical record, inviting ironic interpretations.


5 Cutting through illusion and pretension, irony—to use Hayden White's terminology—is a "negational" trope that allows historians to judge, albeit obliquely, historical actors without seeming to violate the tenets of objectivity. This is so precisely
As a corollary to this second point, synecdoche has become increasingly important to historical writing. The historical profession some time ago moved away from totalizing narratives, but not necessarily the desire to tell "total" stories. As a practical matter, some expansion of scope is desirable; the profession is chary of rewarding those whose findings fork no lightning. The key problem is to make the appropriate extrapolations. Decisions about how far, and in what directions, one's research findings can, or should, be taken, reflect individuals' preconceptions about what constitute meaningful boundaries of time, space, and subject. It can all become very ticklish when questions of "culture"—so nebulous; so contested—are involved. For a variety of historical, professional, and socio-political reasons, scholars frequently invoke "the nineteenth-

because exposing irony does not necessitate that the historian develop a firm position vis the subjects of his/her study. Concomitantly, the juxtaposition of ironic elements from the historical record allows the reader to share vicariously in the historian's privileged grasp and presentation of events and ideas—at least, in comparison to the historical actors themselves—without necessarily subscribing to any particular political or theoretical agenda. See White, *Metahistory: The Historical Imagination in Nineteenth-Century Europe* (Baltimore: Johns Hopkins University Press, 1973), 31.

6Along with irony, synecdoche is one of the four dominant tropes of historical writing described by Hayden White. His "Introduction" to *Tropics of Discourse* points out the logical connection between synecdoche and irony, but at the level of theory, rather than of professional praxis as suggested above. White, *Metahistory*, 31-38; White, *Tropics of Discourse: Essays in Cultural Criticism* (Baltimore: Johns Hopkins University Press, 1978), 6.

century South"—variously defined—as a discrete cultural unit and a fitting context for the examination of particular topics.

Curiously, the study of American old age has not been especially sensitive to section. Little has been done to explore the possibility that Northern and Southern attitudes towards aging may have differed at certain times, followed different trajectories, or been responsive to local, or regional, particularities. Instead, scholars have painted a national portrait of attitudes towards the aged from a palette of primarily Northern sources. Generally, the interpretive frameworks and research decisions of many historical gerontologists indicate the following assumptions: first, that descriptions of the elderly reflect attitudes towards them; second, that such reflected attitudes are broadly diffused throughout the national culture; and finally, that those attitudes—relatively constant at any given moment—evolve coherently over time. As a result, historical gerontology, itself evidence of topical specialization, has resulted in an approach to American history that is

---

8The question of Southern exceptionalism is complex. Consider slavery. On the one hand, the Peculiar Institution seems an irruption in the dialectic of history, an arrested phase of capital development (or of pre-modern "Merchant Capital," to use the phrasing of Eugene Genovese and Elizabeth Fox-Genovese). On the other hand, antebellum Southerners' defense of those same labor practices has convinced scholars like James Oakes, that Southerners were infected by the same bourgeois liberalism that plagued the nineteenth-century North. Differences in interpretation can often be related to variations on Modernization theory. Bertram Wyatt-Brown, for instance, predicates his studies of Southern honor on the possibility that Southerners abandoned their pre-modern timocratic ideas and practices at a slower rate than did their Northern cousins. Genovese and Fox-Genovese, *Fruits of Merchant Capital: Slavery and Bourgeois Property in the Rise and Expansion of Capitalism* (New York: Oxford University Press, 1983); Oakes, "Slavery and Liberal Capitalism," chap. 2 in *Slavery and Freedom: An Interpretation of the Old South* (New York: Vintage Books, 1991); Wyatt-Brown, *Yankee Saints and Southern Sinners* (Baton Rouge: Louisiana State University Press, 1985). For a good overview, see James M. McPherson, "Antebellum Southern Exceptionalism: A New Look at an Old Question," *Civil War History* 29 (September 1983): 230-44.
synecdochal, reconstructing national patterns from shards gathered at a cluster of primarily Northern sites (sermons, advice literature, medical tracts, Northern periodicals). This assessment should not particularly be read as a criticism of previous works. In opening a new field of inquiry, one of the prime challenges lies in casting about for useful and appropriate sources. It is a process that gets easier with each substantive addition to the literature. Nevertheless, it may be the case that historians have been predisposed to develop national models because we perceive our own greying population as a national problem. Given the fact that historians followed the lead of sociologists and anthropologists into this subject area, it should not be surprising to find that presentist concerns have impressed themselves upon historical works in this field from the outset.

Historians' interest in America's gerontological past emerged in the 1960s and 1970s as social scientists began formulating theories linking the status of the aged to the processes of modernization. According to the early models, the industrial revolution unleashed on traditional society a process of economic transformation that had profound

---

9 In his 1978 "Agenda for Future Research," W. Andrew Achenbaum called for a "rigorously eclectic approach" to the subject, and pointed to a number of under-examined media and research veins that historians could profitably mine to better understand the history of aging. Achenbaum, Old Age in the New Land: The American Experience since 1790 (Baltimore: Johns Hopkins University Press, 1978), 226-8.

and deleterious consequences for the aged. Capitalist demand for swift, strong, and sure workers pushed the elderly to the margins of the workforce and into poverty.

Urbanization, the handmaiden of industry, exacerbated the problems facing the elderly by ensuring that proportionately fewer people could anticipate a self-sufficient rural existence in old age. Pre-modern agricultural families were more likely, and better able, to care for their aged kin than were their urban, industrial counterparts, or so the argument went. Those historians who first took up the subject of historical gerontology moved quickly beyond the deterministic modernization model, but were subject to its intellectual legacy: specifically, the idea of a transition from one set of cultural attitudes—generally described as better, if not "Golden"—to a newer, bleaker, set.

David Hackett Fischer was among those pioneers to be affected by the idea of declension. In 1977, Fischer published his landmark, *Growing Old in America*, which

---


found myriad indicators of veneration for the aged in colonial America. Drawing data primarily from New England, Fischer interpreted such things as the text of sermons, patterns of age rounding, and onomastic practices to argue that, up to the 1790s, the relatively few old people in America enjoyed high status. Subsequently, that privileged status eroded and the aged declined from venerahility through putative equality until finally becoming themselves a social problem by the twentieth century. Fischer saw the initial transformation in the early modern period, as part of the broad revolutionary current sweeping the western world. "It was the end of an ancien régime which was also a régime des anciens."

Though he published some of his contentious findings in 1974, W. Andrew Achenbaum really burst onto the scene in 1978 with a critical review of Fischer's work, a critique of modernization theory co-written with Peter N. Stearns, and a book of his own. Achenbaum disagreed with Fischer's dating schema, and claimed that Americans

---

13Fischer argues that their rarity facilitated veneration of the elderly; however, he may have overestimated that rarity. John Demos suggests that old age was not particularly uncommon before 1790 and argues that the expectation of living to old age was a realistic one for young colonials to make. Fischer, *Growing Old*, 59; Demos, "Old Age in Early New England," chap. 7 in *Past, Present, and Personal: The Family and the Life Course in American History* (Oxford: Oxford University Press, 1986), 147-54, especially 154.

14Fischer, *Growing Old*, 78.

15W. Andrew Achenbaum, "The Obsolescence of Old Age in America," *Journal of Social History* 8 (fall 1974): 48-62; Achenbaum, "From Womb Through Bloom to Tomb: The Birth of a New Area of Historical Research," *Reviews in American History* 6 (June 1978): 178-83; Achenbaum and Stearns, "Old Age and Modernization"; Achenbaum, *Old Age*. Certain of these works evince irritation with Fischer, attributable perhaps to Fischer's blunt dismissal of the 1974 article in which Achenbaum first advanced his thesis. Relegating Achenbaum to a footnote, Fischer claims that his dating of the shift from "veneration" to "deprecation" was "certainly erroneous." Fischer, *Growing Old*,
viewed the aged positively through the antebellum period. Between the Civil War and World War One, increasingly invidious attitudes made the old seem "obsolescent." The evolution of this ideology came in advance of any substantive change in the demographic composition of the population, or of any shift in the social condition of the aged. More sophisticated than Fischer's "revolution in age relations," Achenbaum's model links changes in attitudes to specific intellectual currents rather than to the West's liberal-democratic revolutions.

Achenbaum traces the evolving nature of attitudes towards the elderly as refracted through Republican, Romantic, and, finally, Realist lenses. In the aftermath of the American Revolution, people saw the old, not as a distinct group, but as valuable and experienced contributors to the work of building a new Republic. The aged were thought to provide moral counsel and guidance to the young, while contributing in practical ways—politically and economically—to the polity as a whole. Their stoicism in suffering through the measure of pain that was the lot of man gave them "insights" that "were inspirational and applicable to all ages." Although a positive view of the aged persisted throughout the Romantic period, Achenbaum argues that it was double-edged. Unlike Republican thought, Romanticism located the advantages of the aged in their distinctiveness; they were "moral exemplars," liminal between life and death and therefore ideally positioned to "grasp fully the meaning of life and death." This

128n.16.

"distinctiveness," however, conceptually severed the aged from the rest of society and laid the groundwork for negative perceptions of old age when Romanticism yielded to Realism after the Civil War. Achenbaum is careful to stress that the rise of Realism cannot wholly explain this change, but rather "the unprecedented disesteem for the elderly reflected and resulted from the impact of new scientific, bureaucratic, and popular ideas converging with innovations in medical practice, the economic structure, and American society itself."\(^{17}\)

Carole Haber links changing attitudes towards the aged to a similar set of nineteenth-century developments: the rise of medical science, the institutionalization of health care, and the professionalization of charity. The increasing tendency for doctors and scientists, reformers and philanthropists to view the old as a distinct segment of the population—a segment afflicted by chronic and irremediable problems—facilitated the "discover[y]" of the impoverished elderly, and reinforced the "characterization of needy old age."\(^{18}\) Along with the Progressive era trends listed above, Haber acknowledges the profound effects of urbanization and other socio-economic changes on the elderly, but is particularly concerned to stress their connection to domestic trends; specifically the contracting of average family size and the rise of more rigid patterns of age stratification.

\(^{17}\)Achenbaum, *Old Age*, 31-37, 40.

Late nineteenth-century presumptions about the inefficiency and helplessness of the aged led the owners of a small number of companies to demand that their employees cease working after a predetermined age. Although it is doubtful such policies would have arisen during a labor shortage, Haber shows that retirement was imposed on laborers largely because capitalists assumed the inefficiency of the aged and concluded that they could maximize profits by lessening their reliance on older workers. \(^{19}\)

Such sensitivity to the relationship between changing age awareness and particular socio-economic groups is also evident in Howard P. Chudacoff's 1989 book *How Old Are You?* which traces the rise of age consciousness in America. Arguing that age was not a particularly relevant, social category prior to the 1850s, Chudacoff describes the

development of cultural age consciousness as a function of the professionalization of medicine and education.\textsuperscript{20} Although almost certainly overstating his case, Chudacoff does provide a corrective to the dangers of over-determining nineteenth-century attitudes towards the elderly.\textsuperscript{21} As with most of his predecessors, Chudacoff gives short shrift to the European intellectual heritage that informed American notions of age and aging from the beginning.

Aside from a brief essay that Michael Kammen presented in 1977 and published three years later, Thomas R. Cole's \textit{The Journey of Life} is peculiar in ascribing considerable importance to European ideas and trends. In addition to discussing canonical figures in the history of aging--such men as Luigi Cornaro, Jean Charcot, and Elie Metchnikoff--Cole's study is salutary for contextualizing American attitudes against such things as \textit{The Pilgrims Progress}, the rise of Western individualism, and development of the Protestant "ethic." Nevertheless, Cole does predicate his interpretation on declension, and ultimately provides the reader with a variation on Achenbaum's thesis.\textsuperscript{22} According to

\begin{quote}
\end{quote}

\begin{quote}
\textsuperscript{21}Paula Amelia Scott suggests "that pre-1850 Americans were more conscious of age than people are today." On their tombstones, colonial "New Englanders often... included not only years lived, but months and days as well." Scott, "Shades of the Evening," 87n.17.
\end{quote}

\begin{quote}
Cole, the lives of the elderly were drained of meaning by bourgeois Victorian culture. Violating middle-class ideals of self-control and restraint, the aging body was—much like the "vicious poor" of the same era—vilified on the grounds that its very weakness testified to its depravity. According to Cole, a sort of mental calculus of worth suffused the thinking of nineteenth-century men and women: within this schema, anxiety over squandering resources ensured that the victims of the infirmities of old age would be viewed as culpable for their condition because they had spent their health, youth, opportunities, and resources. Put succinctly, "[t]he declining body in old age. . . came to signify dependence, disease, failure, and sin."^23

Chudacoff, in suggesting the historicity of "old age" as a category in and of itself, and Cole, who considers "aging in postmodern culture," set the stage for subsequent discursive analyses of aging. In this vein, both Achenbaum and Stephen Katz have enhanced our understanding of the development and expansion of gerontological knowledge with considerable sophistication. Achenbaum's history of gerontology as "Science" is focused on the twentieth century and can be left aside for purposes of the present discussion. Katz's Foucauldian treatment of "Gerontological Knowledge" does, however, suggest interesting research and interpretive possibilities for the nineteenth century. Specifically, Katz's attentiveness to the relationship between cultural constructions of old age and social power relationships reveals the simultaneous

---

instrumentality and fluidity of cultural perceptions. Rather than seeking a single key to unlock cultural attitudes, Katz supposes that "[t]he meanings of aging and old age are scattered, plural, contradictory, and enigmatic." Implicit in such a formulation lies the possibility that more narrowly focused studies may generate new insights. This possibility has certainly been borne out in the work of Terri L. Premo.

Treating the period of the New Republic, Premo details the lived experiences of aging women, at least partly, in an effort to redress a marked insensitivity of previous scholars to gender in the history of old age and aging. Building on the works of scholars like Nancy Cott and Carroll Smith-Rosenberg, Premo fleshes out the late-life experiences of some 160 women, primarily from Pennsylvania and New England. Differing in approach, sources, and—to some extent—subject from earlier historians of old age, it is little wonder that Premo's analysis follows a completely different trajectory from that set by other studies. Premo affords us unprecedented glimpses into the lived experiences and perceptions of her aged subjects while also revealing the importance of women born in


the eighteenth-century to the development of domestic ideology in the nineteenth century.\textsuperscript{26}

As Premo demonstrates, there is utility in designing gerontological studies around particular segments of the population. In the Southern context, two subsets of "the elderly" have been the subject of scholarly investigation. It is well to acknowledge them at this point, if only because they clearly suggest why specific articulations of old age may have differed dramatically between the North and South. First, there is a discrete body of literature that deals with the experiences of aged African Americans, both under slavery and in the aftermath of emancipation.\textsuperscript{27} Second, a handful of scholars have explored the


cultural significance of the aging Confederate veteran, especially in the light of Lost Cause mythologizing and the problems posed by regional poverty and elder indigence in the postbellum South.\textsuperscript{28}

Given the volume of ink that has been spilled over the issue of nineteenth-century Southern exceptionalism, it seems peculiar that no general monographs dealing with the attitudes of white Southerners towards aging and the aged have yet emerged. As noted earlier, regional differences relevant to aging have been overlooked or de-emphasized in previous histories of American gerontology. However, the modernization framework upon which so much of the earlier work was based seems to invite, if not demand, a specific consideration of attitudes towards the aged based on Southern sources.\textsuperscript{29}


\textsuperscript{29} For a more recent variation on the modernization schema, see Haim Hazan's analysis of the gerontologically significant differences between "simple" and "complex" societies. Hazan, \textit{Old Age Constructions and Deconstructions} (Cambridge: Cambridge University Press, 1994), 56-8.
Accepting for the moment that the nineteenth-century South was less modern than the North—it relied on bound labor and staple crops, clung more tenaciously to residual ideologies, had fewer and smaller cities, and industrialized more slowly—might not the differences between the two sections be expected to have had some effect on cultural attitudes towards the elderly?³⁰

Fischer, Achenbaum, and Cole all, one way or another, predicate their interpretations on particular aspects of modernity and its attendant ideologies. Based on the rise of liberal-democratic ideologies, Fischer's model seems more salient for the North than the South. Certainly, he relies almost exclusively on Northern sources. Revolutionary ideas resonated differently in different sections of the country: Northerners dismantled slavery while Southerners reinscribed "freedom" to incorporate slavery as one of its linchpins.³¹ Significantly, in a later work, Fischer implicitly revisits his earlier argument by stressing historical continuities in American regions and pointing out four distinct regional "Age Ways," two of which are Southern.³² In his broad assessment of Virginian and Backcountry cultures—"Folk Ways" as he terms them—Fischer deals with


³¹Duncan J. MacLeod describes two paths that revolutionary ideology followed in America. Southerners, he argues, needed to adopt a racial understanding of their polity to resolve the contradictions inherent in their republicanism. MacLeod, *Slavery Race and the American Revolution* (London: Cambridge University Press, 1974).

³²As described by Fischer, "Age Ways" are a particular class of "Folk-Ways" that settlers to the New World brought with them from England. Fischer, *Albion's Seed: Four British Folkways in America* (Oxford: Oxford University Press, 1989), 103-11, 321-6, 513-7, 691-6.
new found sensitivity to those regions' strikingly non-Puritan heritage; yet it was precisely the Puritan legacy that informed Growing Old. Fischer's descriptions of colonial Southern Age Ways, suggests the possibility that uniquely Southern patterns for conceptualizing old age may have lasted well into the nineteenth century, considerably longer than the period he initially envisioned as being transitory between veneration and marginalization. To illustrate the Backcountry's Elder-Thane (a rugged warrior-chief of the Scotch-Irish), Fischer selects the aged visage of Andrew Jackson. Tough and weathered, Jackson fits the bill, but was hardly "old" in the 1790s. Assuming that the Southern states began with different age ways during the initial peopling of the new world, it seems reasonable to expect that they would retain distinct age ways through the nineteenth century, and Fischer himself argues for the persistence of regional differences in the sweeping remarks which conclude Albion's Seed.33

Achenbaum also provides grounds for expecting to find different attitudes towards the aged in the South than in the North. The transition from Romanticism to Realism, which Achenbaum dates after the Civil War, did not follow the same course for the losers as for the victors. It was in the postwar South that the Plantation genre achieved its zenith; indeed, literary realism struggled in the South up until the twentieth century.34

33 For example, Fischer notes the influence of Sir Robert Filmer's Patriarcha (ca. 1653) on colonial Virginians. Filmer's thought continued to resonate among such antebellum Southerners as the prolix George Fitzhugh, long after being forgotten in the North. Fischer, Albion's Seed, 321, 895-7; Paul Conner, "Patriarchy: Old World and New," American Quarterly 17 (spring 1965): 48-62.

34 Not even Mark Twain fit in with the realist authors after the war: David E. Shi calls him "at best a truant member" of the realist school. Moreover, Kate Chopin's move from local color to realism with The Awakening proved too much for her audience; the
Defeat led to nostalgia and myth making, activities more akin to antebellum Romanticism than to postbellum Realism.

Cole's discussion of bourgeois values and attitudes towards the aged seems equally inapplicable to the Southern states. Contributors to postbellum Southern medical journals may have betrayed the same concern to repress the sin of Onan as did their Northern counterparts, but it would be a mistake to think that the antebellum South was dominated by quintessentially middle-class values. The Southern class structures and supporting ideologies differed markedly from those of the North. The exigencies of racial control demanded that white Southerners not internalize bourgeois self-discipline, but rather adopt the imperious mask of command from an early age.\(^\text{35}\) Moreover, Southern ideas about the virtuous and vicious poor were too inextricably linked to the racial discourse and the non-bound black population to conform to the patterns described by Cole.

The present study emerged from the presumption that a study of "Southern" sources might reveal significant departures from the findings of Fischer, Achenbaum, Cole, and other historians of aging in America. Initial trips to the archives were

disappointing in terms of content, but revealing in terms of process. Over the years, archivists have catalogued and cross-referenced their collections according to numerous categories—race, class, gender, and ethnicity, among them. Invariably, however, one finds that archival holdings are not significantly cross-referenced by anything resembling "old age." For this project, a combination of serendipity and trial-and-error searching was necessary to cajole the aged from their hiding places. Contemporary periodicals proved to be more consistent sources of information and insight, and consequently underpin much of the analysis in the chapters that follow. In this, I take some comfort in the words of a contributor to the *Southern Quarterly Review*:

> we believe that the germ of a genuine nationality is to be found in our periodical literature. . . . Who knows but what after ages may look back to the magazines and papers of our day. . . and search zealously among them for the germs of national literature.  

The attitudes of nineteenth-century southern whites towards the aged—expressed primarily in published writings—did not reflect coherent patterns of veneration or of marginalization. Rather, people drew from a diverse corpus of ideas about aging and the aged to deploy "old age" rhetorically in ways that advanced ideological and material

---

needs, both perceived and real. Thus, attitudes towards the aged were highly sensitive to particularities of time and place, not articulations of a grand narrative of late life. Moving beyond such totalized analytical concepts as progression, declension, and transition, this study departs from the works of other scholars of historical gerontology. The attention paid to contextual nuance gives my dissertation an episodic feel: it is precisely the fact that there are not big tales to tell—only discrete episodes—that lies at the heart of my understanding of cultural attitudes and their social utility. The history of "Aging" in the American South, in other words, is spun out of limited tales with telling local significances.37

The term "deployment," used occasionally in this work, suggests the tactics underlying individual speech acts. "Deployment" also implies limitation: using language tactically, people generally have in mind specific objectives, not ideological consistency. An individual might draw on a particular set of ideas to achieve one goal, only to later deploy an antithetical set of ideas for another purpose. Consequently, the idea of deployment helps explain how individuals can make contradictory assertions without experiencing cognitive dissonance or perceiving the irony implicit in their statements and actions. Wherever rhetorical patterns seem evident in the historical record, I argue, it makes sense to interpret them in their local context. The challenge for the historian who

37While cobbling together disjointed pieces of evidence for this project, I staved off discouragement by keeping in mind a brief passage from Edward L. Ayers' preface to Promise: "I have not tried to maintain the narrative illusion of a seamless story, but have shifted from one perspective to another within chapters, letting the space on the page mark the disjunctions, the gaps among people's perceptions." My disjunctions lack the poetry of Ayers', but are integral to the present work, nonetheless. Ayers, The Promise of the New South: Life After Reconstruction (New York: Oxford University Press, 1992), ix.
would write something other than biographies, however, is to determine the contextual limits circumscribing a given deployment pattern. This is the "judicious balance" that Michael Kammen calls "essential to sound historical scholarship" while acknowledging that "find[ing] the universal in the particular requires unusual sensitivity to context." Paradoxically, the more broadly a historian casts his/her research, the greater the likelihood that the ensuing interpretation reflects the observer's quest for clarity and order rather than the existence of a coherent and related set of rhetorical deployments.

Expecting to find a pattern of Southern age-relations distinct from those in the North, archival research led me to conclude that only rarely is "the South" an appropriate contextual limit for explicating culturally expressed attitudes towards aging and the aged. Instead, I find "the South" acting on specific deployments of old age in concert with, rather than apart from, other residual and emergent cultural forms and practices.

---


40 In using these terms, I have in mind such residual ideologies as Christianity and Judaism, and such emergent nineteenth-century ideologies as proslavery and medical professionalism. The relationship between the Residual and the Emergent has been described in detail by Raymond Williams. In the present work, it is useful to remember that external pressure on the antebellum South's labor system sponsored new ideologies (like proslavery) which interacted dialectically with older ideologies (like Protestant Christianity) to create such interesting hybrids as Charles Colcock Jones' mission to the
Southern regionalism influenced rhetorical deployments of old age, but seldom determined them.

This work assumes that historical actors do exercise agency in their speech acts, albeit an agency that is better likened to a process of selection than to one of creation. Southerners—indeed Westerners in general—have long had a complex repertoire of images of the old upon which they could, and did, freely draw. In short order, one can compile a list of the "characteristics" of old age along with cultural figures embodying them: madness, King Lear; impotence, King David; wisdom, Socrates; stubbornness, Titus Andronicus; dissipation and foolishness, Falstaff. Beyond the simple existence of such a repertoire, the resonance and popularity of any specific figure within it depended to some extent upon the nature and frequency of its evocation. By way of a Shakespearian illustration, Titus Andronicus does not seem to have been performed on the antebellum

slaves; Dr. Samuel Cartwrights' speculation on the presence of a negro gardener in Eden, and the Reverend Thornton Stringfellow's Scriptural defense of slavery. See Raymond Williams, "Dominant, Residual, and Emergent," chap. 8 in Marxism and Literature (Oxford: Oxford University Press, 1977).

Charleston stage; however, Charlestonians could have watched Lear rage in 1807, 1810, 1817, 1821, 1825, 1826, 1827, 1838, 1839, 1840, 1841, 1842, 1844, 1847, 1850, 1852, 1854, 1857, and on April fifth, 1859.\textsuperscript{42}

The fact that Lear was relatively popular in South Carolina, in and of itself, is not particularly significant. However, exposure to the play would have increased the likelihood of individual Southerners drawing on that particular figuration of old age in their own lives. Indeed, nothing more than occasional notices or passing reference to Titus Andronicus seem to have appeared in the antebellum South's periodical literature.\textsuperscript{43}

The same cannot be said of King Lear which was much more likely to be quoted or alluded to in non-literary contexts. George Fitzhugh, for example, likened the "Freesoilers of the North" to "Regan and Goneril"; the South, to foolish fond old Lear. Similarly, a contributor to De Bow's Review found that Virginians in defeat reminded him of "King Lear, when driven out into a storm at night by his cruel daughters."\textsuperscript{44} Finally, consider the following passage which appeared in one of the South's more ardent periodicals in the

\textsuperscript{42}W. Stanley Hoole, The Antebellum Charleston Theatre (Tuscaloosa: University of Alabama Press, 1946).


very midst of the Civil War: "Yes, Cotton is King, but I oftentimes fear/ The king he resembles is possibly–Lear."45

Here then is the aged figure of Lear providing a Southerner with a safe political language with which to voice–albeit muted–dissent with the War. It is precisely this instrumentality of particular historical deployments of old age that comprises the focus of this dissertation. Such an approach–while building on the insights developed by earlier scholars–represents a marked departure from existing scholarship on the cultural significance of old age to nineteenth-century Americans. Here, the insights that have been gained through prolonged historical inquiry into the constructed nature of other categories of social identity–race and gender, for example–can profitably be turned towards the study of historical gerontology. Although humans undergo definable biological changes through the course of their lives, the significance of those changes are socially constructed and signified by a wide array of meaning-laden terms.46 Though writing ahistorically, the anthropologist Haim Hazan's observations are perhaps as appropriate for the nineteenth-century as for the present:

The label 'old' may... describe both persons in their sixties who are still physically active and fully capable of functioning in every respect and patients in a geriatric ward. Assigning those two types of persons to the same category may not involve any conscious decision, but it is part of a complex cultural process which operates through the medium of language. Language, which functions as a reality-

45"King Cotton," Southern Literary Messenger 35 (April 1863): 256.

constructing device, sets boundaries for our universe of imagery and associations and fuses concepts, myths and symbols into accepted forms of communication. This is not to say that "old age" and similar signifiers are meaningless, but rather that their meanings are ascribed rather than essential. Furthermore, rhetorical deployments of aging should be understood to be simultaneously reflective and productive of social attitudes. Embedded within broader material and ideological structures, the rhetorical uses of "old age" were multi-faceted, susceptible to both conscious and unconscious manipulation. As with the possibilities for dualistic perceptions of African Americans (as beasts and children) described by George M. Fredrickson, people could envision the elderly in ways ranging from contempt to veneration. Edgar Allan Poe managed to conflate these poles in a single sentence. Consider the spectral sea captain in "MS. Found in a Bottle." Staggering under a burden of years, "[h]is manner was a wild mixture of the

47 Hazan, Old Age, 13.

48 Even function can be as much a product of expectation as of biology. The hoplite formations of ancient Greece typically contained older men who were expected to defend their city states regardless of advanced age. See Victor Davis Hanson, "The Old Men," chap. 7 in The Western Way of War: Infantry Battle in Classical Greece (New York: Alfred A. Knopf, 1989); Robert B. Kebric, "Old Age, the Ancient Military, and Alexander's Army: Positive Examples for a Graying America," Gerontologist 28 (June 1988): 298-302.

peevishness of second childhood, and the solemn dignity of a God." Thus, the salient questions become, why did Southerners fasten on certain notions of old age one minute and others the next? And how did those choices serve their ideological and material needs? There was considerable play in the cultural expression of attitudes towards the aged in the South. The remainder of this work explores the uses to which "old age" could be put. It does so by fleshing out white Southerners' deployments of old age in various contexts, exposing the apparent contradictions in those deployments, and mapping some of the socio-cultural tensions they reflect.

The points of intersection between Southern race relations and attitudes towards old age are the subject of the next chapter. A broad cross-section of the aged served in the antebellum defense of slavery, and in the postbellum South's remembrance of the slave era. The stable of archetypal ancients may be summarized as follows: benevolent old patriarchs, injured southern matrons, long-suffering free laborers, old maid abolitionists, avuncular servants, and faithful mammies. However, the manner in which these various sorts of old people were described varied dramatically. Far from finding a coherent deployment of attitudes, the defense of white prerogatives engendered antithetical depictions of individuals at similar ages.

---

50 True to form, Poe grotesques Samuel Taylor Coleridge by peopling his ship with scads of ancient mariners, none capable of spinning a tale. "[A]ll bore about them the marks of a hoary old age. Their knees trembled with infirmity; their shoulders were bent double with decrepitude; their shrivelled skins rattled in the wind; their voices were low, tremulous and broken; their eyes glistened with the rheum of years; and their gray hairs streamed terribly in the tempest." Edgar Allan Poe, "MS. Found in a Bottle," Southern Literary Messenger 2 (December 1835): 35.
In part because so much of the research done in the field of historical gerontology has focused on medico-scientific discourse, the next two chapters deal with Southern doctors' deployments of ideas about the aged. Describing physicians' concerns over superannuation within the profession, the third chapter reveals doctors conceptually separating their own aging from that of their patients. Against the backdrop of a profession struggling for recognition and authority in the mid-nineteenth century, young physicians depicted their professional elders in complex and often contradictory ways. The figure of the aged physician could reinforce claims to professional progress and competence while simultaneously posing a threat to the credibility and economic well-being of his younger colleagues.

Chapter 4 shows Southern physicians embracing various explanations for the biological trials and traumas of aging, borrowing haphazardly from the existing medical literature, and enthusiastically recording their observations of departures from assumed norms. Prior to the Civil War, Southern doctors constructed an elaborate argument that made mulatto mortality and the supposed extreme longevity of many slaves into a prop for the defense of Southern labor relations. When called upon to treat aged bodies, however, these doctors tended not to engage the elderly in a decidedly different manner than their other patients.

The fifth chapter examines an incident in the history of New Orleans' Jewish community at the end of the nineteenth century. In 1899, that community built a Home for its "Aged and Infirm" with much fanfare, and amidst intense discussion of the neediness of the old. When built, however, the Home served the same handful of elders
who had previously dwelt across the street in the Touro Infirmary, another Jewish charity. In building this Home, New Orleans' Jews did far more to heal a rift between two rabbis and their synagogues than to alleviate the suffering of the indigent elderly. Agreeing on almost nothing else, the two factions found common ground in the idea that the aged were worthy recipients of charity, and so the Home's construction did much to facilitate the work of reconciliation. Furthermore, the Home enhanced the standing of the Jewish community in the eyes of gentile neighbors while allowing Jews to feel communal pride in their charitable exertions. Perhaps nowhere else does the research underpinning this dissertation so strikingly reveal the instrumentality of old age when wielded rhetorically.

The Epilogue makes no attempt to weave a single story from the various strands of narrative that comprised the earlier chapters. Instead, it advances some explanations for the relative invisibility of old age in contemporary scholarship while pointing out the lacunae in specific works to illustrate the general point. Despite a growing body of literature that is explicitly devoted to the subject of old age, few insights from this scholarship have made it into the mainstream literature. Only a handful of Southern historians have woven age relations into the fabric of their work. In the main, however,

51I do not here intend to include works of biography which almost invariably parallel the individual life course. Rather, I mean studies in which the aging of individuals, generational tensions, or other age-related processes are integral rather than ancillary to their respective author's thesis. Works of this sort, that are pertinent to the South, include analyses of secession-era politics by such scholars as William L. Barney and Peter Knupfer, David Herbert Donald's explanation for the intensification of racial segregation at the turn of the century, and Jane Turner Censer's treatment of late-nineteenth-century gender relations. Barney, The Secessionist Impulse: Alabama and Mississippi in 1860 (Princeton: Princeton University Press, 1974); Knupfer, "Aging Statesmen and the Statesmanship of an Earlier Age: The Generational Roots of the Constitutional Union Party," chap. 3 in Union & Emancipation: Essays on Politics and
the possibilities opened by aging studies have not been pursued by the vast majority of historians. For all our attention to change over time, we tend to view the most basic units of our professional research—historical actors—as static, rather than processual beings. The overwhelming tendency is to reify historical actors—their qualities and characteristics—at the moment of their greatest luminosity. Understanding who people are cannot be disassociated from the related question of when they are; yet we have not—as a profession—either come to terms with this fact, nor determined effective research strategies for appropriately addressing it.

Recalling that *King Lear* played frequently on the antebellum Charleston stage, while *Titus Andronicus*—a play practically written for nineteenth-century Southerners—languished in the wings, brings us back to the question of irony in historical writing. It surely says something about nineteenth-century Southerners that they preferred not to see the rape of a patrician's daughter by slaves, nor the fall of a noble family through the machinations of a treacherous Moor. No less does our own reticence about incorporating aging and the aged into our histories reflect something about us. Living as we do in the oldest "youth culture" in history, I hope our successors appreciate the irony.

---

CHAPTER 2
GREY IN A WORLD OF BLACK AND WHITE

The first unadulterated negro I had seen for a number of years . . . was on the railroad cars in Virginia. He looked like home. I could have embraced the old uncle, but was afraid the passengers, from such a demonstration, might mistake me for an abolitionist. [Edward Pollard]

In a variety of ways, Southerners used old age—of white masters and of black slaves—to buttress their claims concerning the legitimacy and mildness of Southern bondage. However, neither historians of the South, nor the smaller cadre of historians concerned with cultural attitudes towards aging and the aged, have fully grasped the multiple and complicated roles played by old age in Southern proslavery and its subsequent evolution into a component of the plantation myth. Since 1956 when Kenneth M. Stampp questioned slaveholders' claims about the longevity of their property,

---


little more has been done to interpret Southerners' paternalistic statements about the treatment of elderly slaves.³

Eugene D. Genovese devotes a scant five pages to the subject of old slaves in his monumental study of Southern slavery. Regarding white Southerners' celebration of the health and longevity of their slaves as evidence of self delusion, Genovese does not explore the role played by such ideas in the white South's ideological understanding of itself. Instead, he argues that whatever health and security aged slaves might have enjoyed was largely owed to the slave community rather than the master class because younger slaves ensured the well-being and guarded the dignity of their elders.⁴

Following Roll, Jordan, Roll, several works have treated the aging of slaves—if not the rhetoric surrounding their aging—in greater detail. Robert William Fogel and Stanley L. Engerman's cliometric analysis of American slavery demonstrated that slaveholders were able to extract useful labor out of many of their elderly slaves, and that this increased participation of the labor force was one of the factors that made Southern slavery more efficient than Northern agriculture. Moreover, evidence of positive prices paid for aged slaves in the markets of the South indicates that slave purchasers were aware of this marginal utility.⁵


Janet Campbell Barber's 1983 dissertation considers the life course of Virginian slaves living on the Mt. Airy plantation. Essentially a "collective biography" of a particular slave community over time, Barber's work is interesting for both its assumptions (that old age starts at forty-five years, for example), and application of a life-course model to the available data.\(^6\) More recently, Stacey Kevin Close published a modified version of his 1992 dissertation as a book by the same title. Although *Elderly Slaves of the Plantation South* culls a number of interesting references to the aged from period sources, the analysis is static and—in places—unsupported.\(^7\) Close does, however, corroborate the assertions of earlier scholars—Genovese among them—that the experiences of the elderly differed widely and that the historical record reveals evidence of treatment ranging from paternalistic solicitude to callous disregard.

Some of the best work dealing with the aging of African Americans under slavery has been done by Leslie J. Pollard. The first chapter of his *Complaint to the Lord*, acknowledges that the old age of slaves served the ideological and rhetorical needs of

\(^6\)The assumption that old age begins at forty-five years is based on the convergence of a number of factors, including a Virginian statute of 1782 concerning manumission, the average age of retirement, as well as the onset of the "empty-nest" syndrome and grandparenting. Barber's research shows, among other things, gender-specific differences in the slaves' experience of aging. Janet Campbell Barber, "Old Age and the Life Course of Slaves: A Case Study of a Nineteenth Century Virginia Plantation" (Ph.D. diss., University of Kansas, 1983), 283-93, 313-4.

\(^7\)Consider, for example, Close's assumption that, "[w]hile some slaves were contented, most of the old men realized that their true loyalty was to the slave community and they usually upheld that loyalty. Loyalty to owners was often simply a means by which numerous old slaves minimized their disadvantages." Stacey K. Close, *Elderly Slaves of the Plantation South: Somewhere between Heaven and Earth*, Studies in African American History and Culture, ed. Graham Hodges (New York: Garland Publishing, Inc., 1997), 34.
white Southerners. "Slave apologists... were quick to point to the care of the elderly as an indication of the benevolence of the peculiar institution." Although providing several examples to support this assertion, Pollard is more concerned to assess the extent to which slave owners' behavior towards their human chattel reflected their self-professed ideals rather than to understand the construction of those ideals themselves. Drawing from the works of several other scholars, but especially from James O. Breeden, Pollard concludes that "little evidence exists to indicate that most masters paid more than the minimum attention to caring for the old and infirm," and that it, therefore, "seems ironic that defenders of the institution made so much of the care for old and infirm slaves" that was "so little developed in practice."[^8]

As with the ideological significance of aging slaves, the rhetorical roles played by elderly whites has been little studied in scholarly works treating the white South's defense of its racial practices. This oversight partly reflects the fact that historians tend to treat proslavery as a discrete body of explicitly pro-slavery texts rather than as a broader cultural ethos, of which attitudes towards the aged were simply a component part.[^9]

However, even among those historians who investigate the relationship between slavery


and other facets of Southern culture–ones in which the subject of old age is germane–there has also been a general failure to account for, or incorporate, the elderly. Consider the otherwise fine job done by Barbara Bellows to demonstrate the centrality of charity to elite Charlestonians' hegemonic paternalism. Though she considers the poor house and outdoor relief in detail, the destitute aged find less comfort in Bellows' pages than they did on the streets of antebellum Charleston; the index to her book does not provide a single term of reference to the elderly. All of which is somewhat curious as Charleston's almshouse–according to Carole Haber and Brian Gratton–consistently housed "residents [who] were disproportionately of great age." In fact, Haber and Gratton claim that "[i]n both the North and the South, the nature and objectives of the poorhouse came to be shaped largely by the presence of its senescent residents."10

The significance of old age to Southerners' defense of slavery merits greater attention. In an 1854 article intended to vindicate Southern morals, a Georgian author argued that there was "one ideal of Southern character, and another of Northern." Although they were frequently inclined to do so, "for Southerners to aim at the Northern ideal, is decidedly to be regretted." If the problem was to maintain the distinctions, old people seemed to be the solution. "We have heard the remark made, that it is among old men and ladies we find the best specimen [sic] of Southern manners, and it is a

corroboration of our ideas." Like the idealized white women described by Ann Firor Scott, old Southerners could serve their section simply by being fine, pure, and moral, but the rhetorical utility of aged figures was not confined to such a greying pedestal. A broad cross-section of the aged rhetorically served in the South's defense. Among the archetypal figures often invoked were indulgent old patriarchs, injured southern matrons, long-suffering free laborers, old maid abolitionists, avuncular servants, and faithful mammies.

Most in keeping with the "best specimen" mentioned above, we find the figure of the aged slave owner, a benevolent patriarch beloved and respected by the plantation family. In 1849, *De Bow's Review* published a paper by a Northerner, Solon Robinson (1803-1880) from Indiana, who was highly sympathetic to the slaveholders cause. Undoubtedly, Southern magazinist James D.B. De Bow was delighted to print Robinson's essay. According to the editor's introductory comments in *De Bow's Review* the article—coming as it did "from the pen of a northern man, born and educated amid influences in the highest degree obnoxious to our institutions and policy"—had "a peculiar value." It helped too that "[t]he author has read almost everything published upon the subject, . . . travelled extensively at the South, . . . and proved himself in most respects an accurate observer and faithful witness."12

---


12 [James D.B. De Bow], introduction to "Negro Slavery at the South," by Solon Robinson, *De Bow's Review* 7 (September 1849): 206. Robinson's observations on Southern life were generally appealing to Southerners, and he was also published in Charleston's newspaper around this time. Solon Robinson, "Letters to the North,—No.5." *Charleston Mercury*, 29 January 1850.
For these reasons, Robinson was an ideal apologist for slavery and it, therefore, seems significant that much of his defence of slavery rested upon the shoulders of old men. "I will next ask you to call on Capt. Wm. Eggleston, of Holmes county, whom you will find a fine specimen of an old Virginia gentleman." Eggleston's "hundred and fifty fine, healthy, hearty looking slaves," constituted living "evidence" of his care and sound management. Robinson claimed that on Eggleston's estate he had witnessed outpourings of "respect" and "paternal love" for "old massa."  

Another "witness"—peculiar because, by Robinson's own admission, his "system of feeding and dealing out rations, differs from the others"—was "Col. Joseph Dunbar, of Jefferson county, now upward of sixty years of age." Despite a lifetime spent "in the vicinity of Natchez," purported to be "the very hotbed of all that is awful, wicked, bloodthirsty and cruel, in connection with Southern slavery," Dunbar was the model of solicitude for his slaves. Contrary to the assertions of nameless detractors of slavery, Natchez slaves, at least those on Dunbar's estate, were not "fed upon cotton seed," but were well provisioned by their caring master. Despite his age, Dunbar kept one hundred aged slaves and children on his "home plantation" so that he could "look every day to their wants, and provide with his own hands for their comfort." According to Robinson, Dunbar's black wards outnumbered the field hands on this plantation by a ratio of two to

---

13Solon Robinson, "Negro Slavery at the South," *De Bow's Review* 7 (November 1849): 381. This is presumably the William Eggleston of Holmes County, Mississippi who was listed as Executor of a John Lissford's estate in 1834. See "Will of John Lissford," LISSFORD-MS-1834-Will, "Early MS Records," (Index of Wills 1800-1900, Confederate Grave Registrations, Newspaper Abstracts 1801-1863, Histories of Attala, Carroll, Holmes, and Yazoo Counties), WILL BOOK #1 (Holmes County, MS), p.7.
one. Not surprisingly, Robinson "witnessed here again that same kind of deep-seated love for 'old massa,'" that he had encountered on Eggleston's estate. Rhetorically, Robinson's description of the web of age relations on these estates constructs a holistic social world in which blacks and whites are seamlessly integrated, and old age effects a reversal of the roles played by slave and master that is in keeping with the social promise of the Beatitudes. Among the beneficiaries of Dunbar's largess were "several old negroes who were full grown when he was born, and had lived to see 'young massa' grow up in prosperity to provide for them in decrepit [sic] old age."¹⁴

Adducing evidence of such benevolence countered the abolitionist criticism that slavery coarsened and brutalized the white master class. After life times spent owning and managing slaves, Dunbar and Eggleston apparently remained--or perhaps even became--compassionate and gentle. It was, after all, with "his own hands" that Dunbar provided for his superannuated slaves. Rhetorically hybridized, men like Dunbar and Eggleston straddled the gap between Southern ideals of propertied, public masculinity and Northern notions of middle-class female domesticity.

For Southern whites reluctant to acknowledge the centrality of violence and discipline to the functioning of their labor system, the implicit social contract between slaves and masters explained the willingness of the negroes to participate in the Southern

labor system and allowed Robinson to avoid the issue of compulsion. Indeed, the functionality of that system at moments in which physical coercion ceased to be an immediate possibility became a powerful justification of the peculiar institution, and allowed whites to imagine social relations under slavery to be natural and harmonious. In this regard, the implicit inability of old whites physically to control slaves could be fashioned into an argument for the normalized relationship between master and slave. Routine social relations in the absence of young and healthy white males testified to the slaves' contentment in bondage. Whites were born to lead, and blacks to follow: "Hence" argued Samuel Cartwright (1793-1863), slaves "are led about in gangs of an hundred or more by a single individual, even by an old man, or a cripple, if he be of the white race and possessed of a strong will." According to Cartwright, "[a] man possessing a knowledge of the negro character can govern an hundred, a thousand, or ten thousand of the prognathous race by his will alone." In Cartwright's formulation, it was knowledge and will, not force, which governed the slaves. An elderly white man with wisdom and experience could be expected to enjoy greater success controlling slaves, than a younger man reliant on "the whip or a club." Perhaps not surprisingly, this article appeared towards the end of Cartwright's life, when he was about sixty-five years of age.

In a much earlier essay—the infamous 1842 treatise, "Canaan Identified with the Ethiopian,"—Cartwright had similarly grounded his defence of slavery on the quiescence of slaves. In that case, he claimed that their loyalty had manifested itself during a

---

particular incident in the war of 1812. Recalling his time in service with a "brigade of Virginians," Cartwright recounted the situation in the fall of 1814 when "the British landed, near Baltimore." As a participant in the events, Cartwright asserted that his brigade had denuded "two large slave-holding counties... of all their able-bodied white men, except a large settlement of abolition Quakers." In fact, the brigade apparently attracted both those above and those below military age and thus left both "counties destitute of any physical force, except slaves and abolitionists, with a British fleet lying in the waters." That the slaves refrained "from robbing and murdering the women and children, and deserting to the British," despite the lack of any "physical obstruction[s]" struck Cartwright as proof of slavery's divine sanction." The problem with this sort of argument was what it implied about 'non-able-bodied' white men, especially elderly slave owners. The argument defended patriarchal social relations, but it did so by assuming the vulnerability of individual patriarchs.

In fact, recounting the same story sixteen years later, Cartwright embellished it to magnify the threat to the noncombatants and explicitly included old men among the list of those who had been dependent upon black guardianship. Sandwiched between the "powerful British armies" and "interminable hosts of Indian warriors," the soldiers' "wives and children, their old men and cripples," were left "for seven long years, to their negroes to take care of [italics his]."\(^{17}\)


\(^{17}\)Cartwright, "Caucasians and the Africans," 50.
The basic argument of slave loyalty in the absence of compulsion was appealing. Yet subsequent interpreters took pains to write the old white men out of it completely. In 1849, Solon Robinson rehearsed a version of the anecdote at third hand which left no room for such implications of patriarchal impotence.

During the invasion of Baltimore in the war of 1814, whole counties were drained of *all the white men* [emphasis mine] except a few Quakers, who are always abolitionists I believe, so that tens of thousands of slaves, with none to control; and awe, and keep them in check, and prevent them from robbing and murdering the women and children, and deserting to the British and freedom from slavery.\(^{18}\)

Streamlined in this fashion, Cartwright's original story was less jarring to contemporary notions of patriarchal power and authority. Consider the following descriptions of ex-President John Tyler (1790-1862) cobbled together shortly after his death by George William Bagby for the *Southern Literary Messenger*. Drawn from obituaries and eulogies, Bagby's tribute stresses Tyler's vitality despite his age. According to the *Charleston Mercury*, Tyler was "one of the most zealous and efficient champions of the war, and... died in the faithful service of the new Confederacy." Although the *Richmond Enquirer* suspected that Tyler might seem "weak, undecided" and "insincere, to those who did not know him," at least his potency was not in doubt: "he was invariably found to be erect and solid as an obelisk of granite." Finally, Tyler's eulogist in the Confederate Congress, a "Mr. Hunter," asserted that the former President's death came "before age had bowed his form or dimmed the lustre of his intellect."\(^{19}\)

---

\(^{18}\)Robinson, "Slavery at the South," 215.

\(^{19}\)George William Bagby, "Editor's Table," *Southern Literary Messenger* 34 (January 1862): 69-70. Presumably, the eulogist in the Confederate Congress was Tyler's fellow Virginian, Robert Mercer Taliaferro Hunter (1809-1887).
Depicting the vulnerability and weaknesses of women—especially aged ones—did not, of course, establish cognitive dissonance in Southern minds. Rather, matriarchal suffering at the hands of slavery's enemies had rhetorical utility. An allusive poem written in the midst of the civil war illustrates. Entitled "Rachel of Rama," the poem links the biblical Rachel mourning her slain sons to the South's Everywoman. In evoking this image of loss and suffering, however, the poet had to adjust for generational incongruence. Rachel's children were infants, but it was their adult sons whom Southern mothers were mourning. Consequently, the poet ages Rachel: "She is olden, / Stricken with despair"; "Her fair hair is hoary,/ White with grief and years."20

Not surprisingly, the War provided lasting fodder for such deployments of old age. More than a decade after Appomattox, the Southern Review published a remarkable description of the violent death suffered by "old Mrs. Henry" during the first battle of Manassas.

The old lady was eighty-five, and had been spared to pass more than the allotted threescore years and ten in peace and quiet, to at length suffer a violent death on the battle-field. When the firing first began around their house, her son, an old man himself, carried his mother to a gully near, but the balls fell so thickly there that he carried her back to the bed, to which she had been confined for many years. . . . During the conflict Mrs. Henry was killed, receiving three wounds in the neck, arms and ankle. Miss Ellin remained with her mother, and her escape was almost a miracle—a huge Yankee being killed a few feet from the spot where she was crouching. I do not think I ever felt more deeply than when I stood among the wreck and ruin of her home, and saw the poor, mangled body of the old lady placed in the coffin and borne to her last resting place by stranger hands.21


21 These "extracts" were apparently "an unstudied effusion of a young married lady to her sister." Review of Personal Recollections of General Robert E. Lee, by Rev. J.W.
In describing free society, Southerners tended to reverse the formula interrelating age, gender, and potency. On the one hand, male wage laborers were rendered fragile and impotent by free labor; their very chances for reaching old age, attenuated. Women on the other hand—at least, abolitionist women—were masculinized and their ages exaggerated. Moreover, the descriptions of the elderly under free labor reversed the charges typically made by Abolitionists against slave labor.\(^2\) Compare the following indictment of free labor by George Fitzhugh to one of Frederick Douglass' critiques of slavery. In Cannibals All, Fitzhugh wrote: "Now, under the delusive name of liberty, you work him [the free laborer], 'from morn to dewy eve'--from infancy to old age--then turn him out to starve."\(^2\) More than a decade earlier, Douglass had bitterly recalled the treatment of his "very old" grandmother upon the death of their old master: "they took her to the woods, built her a

---

Jones, Southern Review 21 (April 1877): 357.


\(^2\) Interestingly, Fitzhugh acknowledged in the same work that "Africans and Coolies cost less than the rearing of slaves in America, and the trade in them, whenever carried on, induces masters to work their old slaves to death and buy new ones from abroad." Fitzhugh, Cannibals All! Or, Slaves Without Masters (Richmond: A. Morris Publisher, 1857), 32, 377. Such inconsistency in the rhetorical deployment of old age may be discerned in Abolitionist literature also. Harriet Ann Jacobs, for example, recalled how her fifty-year-old grandmother had been saved from some of the indignities of the internal slave trade by "a maiden lady, seventy years old, the sister of my grandmother's deceased mistress." Jacobs, Incidents in the Life of a Slave Girl. Written by Herself, ed. L. Maria Child (Boston: published for the author, 1861), 21.
little hut... and then made her welcome to the privilege of supporting herself there in perfect loneliness; thus virtually turning her out to die!"24

George Fitzhugh suffused his infamous *Sociology for the South* with references to the "large numbers of aged and infirm male and female laborers" who, in free societies, "are incapable of procuring a decent and comfortable support." Although merely one of several calamities that could befall free laborers, old age was qualitatively different in as much as it was the only one that was "certain to overtake him," assuming that the laborer was so unfortunate as to continue living. Those whom old age overtook, it usually found "without the means of subsistence."25 Describing the world of the "English operative" Robinson posited the complete absence of "old age: that dwells not here." Rather, free labor itself seemed to constitute a species of disability, "sitting upon the youth and prostrating their vital energies." For English miners and their ilk, "freedom's work house"

---

24Considering the fate awaiting other elderly slaves in Douglass' narrative, his grandmother was one of the lucky ones. While fishing for oysters, "[a]n old man belonging to Colonel Lloyd" trespassed "on the premises of Mr. Beal Bondly." Consequently, "Mr. Bondly took offence, and with his musket came down to the shore, and blew its deadly contents into the poor old man." Douglass, *Narrative of the Life of Frederick Douglass, an American Slave. Written by Himself* (Boston: Published at the Anti-Slavery Office, 1845), 48, 25. Orlando Patterson suggests that the practice of manumitting superannuated slaves may have been more common in the South than in most of the other slave societies he examined. Patterson, *Slavery and Social Death: A Comparative Study* (Cambridge: Harvard University Press, 1982), 266-7.

25George Fitzhugh, *Sociology for the South, or the Failure of Free Society* (Richmond: A. Morris Publisher, 1854), 29, 38, 48, 243; see also, Fitzhugh, *Cannibals All!,* 275-6. Genovese's analysis of Fitzhugh's thought does not address these evocations of aging directly, implicitly subsuming them under the rubric of Fitzhugh's "moral argument." Genovese, *World the Slaveholders Made*, 184-90.
brought only "toil-worn premature old age." Cartwright concurred. "Throughout England, nothing is more common than decrepitude, premature old age, and a frightful list of diseases, caused by long continued and excessive muscular exertion." To all of which, of course, the slave was immune.

The logic underlying such assertions was less convoluted than that evident in some of proslavery's other manifestations. At its most basic level, the critique of free society provided Southerners with an emotionally compelling retort to the abolitionists. "When the women and children, the sick and the aged, in your laboring class, are secure of the same ample provision, sympathy and attention as our slaves, then, and not till then, offer your advice to us." More deeply, however, such arguments rested on the well accepted and popular—among capitalists, at any rate— notion that wages must tend naturally towards the minimum necessary to keep the labor force alive. As summed up by James Henry Hammond,

in all countries where the denseness of the population has reduced it to a matter of perfect certainty that labor can be obtained wherever wanted, and the laborer be forced, by sheer necessity, to hire for the smallest pittance that will keep soul and body together, and rags upon his back, while in actual employment—dependent, at all other times, on alms or poor rates—in all such countries it is found cheaper to

26 Robinson, "Slavery at the South," 222-3.


28 Fitzhugh, Sociology, 300.

pay this pittance than to clothe, feed, nurse, support through childhood and pension in old age, a race of slaves. 

Along with political economy, Hammond was something of an expert on matters of licentiousness, and descanted warmly on the abolitionist critique of Southern sexual relations. In particular, he thought it evident that sex was a "subject on which ladies of eminent virtue so much delight to dwell, and on which, in especial, learned old maids like Miss Martineau, linger with such insatiable relish." At that time, Martineau (1802-1876) was about forty-seven years old. Fourteen years earlier, Martineau had—despite her emerging proto-feminist and anti-slavery views—been described favourably in the *Southern Literary Messenger*. One contributor had been surprised to find her "a woman of fine understanding; a ready talker; easy, affable, and unaffected in her manners; and altogether more feminine and pleasing than... expected." Another—so taken with Martineau that he immortalized their meeting in verse—had concerns that she might be some "sort of man-woman" quickly dispelled. Instead, her "feminine ease," "charm," and "masculine sense," led him to "dub her, you see, 'an agreeable dame,/ And worthy of Hymen, as well as of Fame'." 

Two years later, William Gilmore Simms expressed far less patience with Martineau's traits, especially her hearing impairment. He questioned

---


31"Miss Martineau," *Southern Literary Messenger* 1 (February 1835): 319; "Lines on Miss Martineau," *Southern Literary Messenger* 1 (February 1835): 319. A third contributor to this issue, was similarly enamored of the "charming" Martineau in spite of her hostility to the Peculiar Institution. "Lines to Miss H—M—. On her Talking Against Slavery," *Southern Literary Messenger* 1 (February 1835): 320.
"the charm of chatting through a trumpet with a deaf damsel of a 'certain age'," and had "heard of many intelligent persons who declined to make the lady's acquaintance. . . simply on account of her trumpet."\(^{32}\)

Of course, mounting hostility towards Martineau reflected both the intensification of Southern anxiety over Abolitionism as well as her famed digressions on Southern sexual mores.\(^{33}\) In Hammond's words, "Miss Martineau, with peculiar gust[o], relates a series of scandalous stories, which would have made Boccaccio jealous of her pen"; however, her accusations were "so ridiculously false as to leave no doubt that some wicked wag, knowing she would write a book, has finished her materials - a game too often played on tourists in this country." It was a small step for slavery's apologists to move from assailing the critique to assailing the author of the critique. "The constant recurrence of the female abolitionists to this topic, and their bitterness in regard to it," at least in Hammond's eyes, was telling: "Such rage without betrays the fires within."\(^{34}\)

---

\(^{32}\)William Gilmore Simms, "Miss Martineau on Slavery," *Southern Literary Messenger* 3 (November 1837): 641. As a result of its popularity, Simms' article was subsequently published as a pamphlet. See "Bibliographical Notices," *Southern Literary Messenger* 4 (July 1838): 478.

\(^{33}\)See Harriet Martineau, "Morals of Slavery," chap. 2 in *Society in America*, vol. 2 (London: Saunders and Otley, 1837). Her subsequent three volume work describing her travels through America led another reviewer to accuse her of being "an amalgamationist of the foulest kind." Review of *Retrospect of Western Travel*, by Harriet Martineau, *Southern Literary Messenger* 4 (May 1838): 342. The offending passage was probably Martineau's reply to a Philadelphian's question on "intermarriage"; Martineau claimed that she "would never, under any circumstances, try to separate persons who really loved." *Retrospect of Western Travel*, vol. 1 (1838; reprint, New York: Greenwood Press, 1969), 229.

\(^{34}\)Hammond, "Letters on Slavery.– No.2.," 493.
The relatively advanced age of such women made such sexual appetite all the more unnatural. In the words of another Southerner—probably Louisa S. McCord—it was fortunate that "Nature's laws are stronger than bayonets," and certainly "stronger than the full tide of abolition and colonization societies, with all their old women and negro men, Lucretia Motts and Fred. Douglasses to boot."

The suggestion of impropriety in this conflation of the fifty-nine year old Mott and the thirty-four year old black Douglass is unmistakable. As a rhetorical strategy, depicting abolitionists as lustful old women matched in its approximate shock value, the Abolitionists' allegations of Southern miscegenation. Here then was proslavery's functional equivalent of—and answer to—the libidinous master.

In an article remarkable for its sexualized imagery, one contributor to the *Southern Quarterly Review* recalled having seen an illustrated copy of Aesop's fables with a woodcut depicting the effort of a number of women to wash the black man white. The scene of "a naked blackamoor standing in a tub of water" around whom "is assembled a group of women" may or may not have appeared in such a book; however, this author's gloss on that group of women is most certainly his own. Here were "busy bodies in matters not their own—matrons not over attentive to their own


households—widows seeking somebody to care about" and "spinsters anxious for
notoriety," but "not scrupulous about the means for obtaining it." Having indicated that
the group comprised various categories of older women, the author explained that "the
ladies, no doubt, discussed... the advantages of amalgamation with the interesting
patient, when the process of regeneration should be over." Although subsequently
asserting that "all the abolition matrons and maidens of blushing New-England, are
earnest and eloquent on the necessity and benefits of immediate amalgamation," by
initially focusing on older women in socially unacceptable roles, the author insulated
himself against charges of ungentlemanly behavior. Such women were already outside the
pale of idealized "womanhood."^7

Women who remained single past the age of nubility were simply not due the
same deference as the belle or the lady, especially if they compounded their faults by
violating or opposing social norms. Nostalgic for the good old days, Fitzhugh celebrated
the dour Puritans of New England for their sensible protection of the body politic: "and if

37n"Slavery in the Southern States," Southern Quarterly Review 8 (October 1845):
317-8. Barbara Welter claims that contemporary "women's magazines tried to remove the
stigma of being an 'Old Maid'," but Southern magazinists did not seem to match the
efforts of their Northern colleagues in this regard. Consider the following specimens from
Southern pens: "still, a leech is about as lovely and lovable as an old maid of forty-six," and
"[a]re not all old maids eccentric?" "The Reverie of an Old Maid," Southern Literary
Messenger 34 (June 1862): 395; "Missy Betsy,"Southern Literary Messenger 34 (April
1862): 258; Welter, "The Cult of True Womanhood, 1820-1860," American Quarterly 18
(summer 1966): 169.
they hung a few troublesome old women, the good that they achieved was more than compensated for by any errors they may have committed.38

Of course, it was not fundamentally on the bodies of white women that the corporal realities of slavery were exacted; however, the bloody exigencies of racial oppression hardly provided suitable grist for proslavery's dark mills. Slavery's apologists needed evidence of black contentment and complicity in Southern bondage. In this respect, white Southerners found themselves in a trap of their own making. Having justified the slave trade as a mechanism that brought Christianity to the benighted and hell-bound Africans, Southerners were under some pressure to make coreligionists of their human chattel.39 With such ideological underpinnings already in place by the time the Abolitionist assault was building momentum, it was difficult to fashion a comprehensive defense for Southern institutions that did not, at least, pay lip service to the feelings and well being of the South's bondspeople. For a number of interrelated reasons, aged slaves provided an ideal vehicle for this purpose and figured prominently in

38Fitzhugh's ire could be raised by any of a number of heresies. Here he confined himself to such malcontents as "Infidels, Skeptics, Millerites, Mormons, Agrarians, Spiritual Rappers, Wakemanites, Free Negroes and Bloomers." Fitzhugh, Cannibals All!, 195-6.

39In South Carolina, for example, the Methodists began their missionary outreach to the slaves around 1829 and counted some 45,000 in their congregations by 1855. "Mission to Slaves in the South," De Bow's Review 18 (May 1855): 612. Some whites took their religious responsibility far more seriously than others. Primary among those for whom the work of Christian conversion and stewardship was of paramount importance was the Reverend Charles Colcock Jones. See Jones, The Religious Instruction of the Negroes in the United States (Savannah: Thomas Purse, 1842); Erskine Clarke, Wrestlin' Jacob: A Portrait of Religion in Antebellum Georgia and the Carolina Low Country (Atlanta: John Knox Press, 1979).
proslavery rhetoric. First, old age itself constituted proof of good treatment. Second, the willing dependency typically assumed to be characteristic of the elderly was entirely congruent with the desired dependence of all slaves on Southern whites. Finally, it was possible to rhetorically empower superannuated slaves without raising hackles or alarm.

In part, hale and hearty old slaves provided a useful corollary to prematurely worn free laborers. Influenced in part by a medical discourse on longevity (described in a subsequent chapter), white Southerners made extraordinary claims for extreme old age among their slaves. In a passage remarkable for its imagery, a reviewer of Harriet Beecher Stowe asserted that "[t]here is scarcely an old plantation in the South, that cannot afford you samples of octogenarians, with eyes as bright and appetites as keen, as a young panther on his first scent of calves in a pasture." And prowling carnivorous eighty year olds were just the tip of the iceberg. As one contributor to the Southern Quarterly Review enthused, "[t]he number that live to a round hundred is probably greater among the slaves of the South than among any other people of the globe." In Norfolk, Virginia an "old negress, named Dinah," lived to "the extraordinary age of one hundred and twenty-three years. Though "blind for a number of years," she "recovered her sight when past her hundredth year, so that she could see to thread a cambric needle; and having lost all her teeth, she cut an entire new set about the same time." Aside from being generally fantastical, she was also "remarkably sprightly and industrious to the last." Regardless of

---


41. An Old Negress," Virginia Historical Register and Literary Advertiser 3 (1850): 177.
how many flesh-and-blood centenarians—magical or otherwise—could actually be found in the Quarters, elderly slaves were certainly ubiquitous in works of proslavery.

Twelve can be found in the 1847 publication, *Sketches of Old Virginia Family Servants*. As a reviewer in the *Southern Literary Messenger* explained it, *Sketches* "exhibits pictures of comfort, intelligence, and honored old age in slaves, which prove a state of things utterly irreconcilable with the barbarity which that stark fanaticism attributes to the slaveholding region." An "Anthony Evergreen" writing in the *Southern Literary Messenger* recalled the deference shown to "the grey-haired domestics of the family." Himself grey and balding, Evergreen still doted on three such domestics he had known as a child—among them a centenarian—for whom he "retain[ed] the greatest veneration." Integrated into the family, such servants were provided with fictive relationships—"daddy and mammy, . . . uncle and aunt"—to the white family they served. As one Virginian recalled, "the white children of the family. . . would have been thought disrespectful and ill-bred to speak to old servants without giving the appellation of Uncle Adam or Aunt Eve."

---


Although many white Southerners did a pretty fair job of not thinking too hard about the disjunctions between their familial rhetoric and racialist practices, some were troubled by the knowledge that not every claim made by the Abolitionists was unfounded. A particularly telling piece written by a committee of Alabamians asserted that the "only food on which this [Abolitionism's] fanatical spirit has heretofore been fed, is the instances in which some among us have failed to carry out the humane principles. . . recommended." Such failings, however, the committee laid at the feet of the overseers who lacked the proprietary interest in the slaves' well being that was characteristic of the master class. Overseers and drivers who overworked their charges, brought "premature old age, bodily deformity, and debility" in their wake, but would doubtless be corrected by masters whose best interests were served by not creating "prematurely old, deformed, and debilitated slaves" in the first place.44

Not surprisingly, those slaves who peopled the pages of proslavery were much obliged for the security which they could anticipate in old age. Robinson doubted that one could "find a laboring peasantry who are more happy, more contented, . . . better clothed and fed and better provided for in sickness, infirmity and old age, . . . than these so called, [emphasis his] miserable, oppressed, abused, starved slaves.45 If, as Robinson claims, the collective was content, he did not believe that the gratitude stopped there. He knew the "gleam of joyous satisfaction. . . that beamed from the eyes of two or three sick women,


45Robinson, "Slavery at the South," 217.
when 'good old massa' called to see sick old Kitty." According to some of slavery's apologists, slaves viewed good treatment as their birthright, and only became "refractory" when and if their masters failed to provide for their material needs "in the shape of meat, bread and vegetables, clothing, fuel and house room," or proved inattentive "to their comforts when sick, old, infirm, and unable to labor." 

Given such a figuration, almost any risk-averse behavior on the part of slaves could be interpreted as evidence of general satisfaction and of appreciation for security in old age. Certainly that was how De Bow's Review interpreted the passage of a Bill through the Alabama Legislature that permitted twelve free negroes to be made slaves. Although aware that "someone [had] informed these negroes that, being free, the Sheriff would be required to expel them, under a provision of the code, within thirty days," that was not described as a factor in their decision to become slaves. Rather, it was thought that self interest and the promise of security led them to slavery's embrace.

These negroes know what their own best interest is. They will be better fed and clothed than ever Horace Greeley or Lucie Stone was, before those worthies made money by shoveling the filth of fanaticism; they will be better rewarded for their labor, than any operative in any cotton mill, in all Lawrence; and, in sickness and old age, forever, will be tended carefully, and surrounded with all necessary comforts.

The assumption of such a state of dependency among aged slaves reflected the paternalistic pretensions of the master class in general. Quoting a South Carolinian judge,

46 Robinson, "Slavery at the South," 382.
one contributor to *De Bow's Review* affirmed "that the first law of slavery is that of kindness from the master to his slave." Reciprocally, the slave "is our dependent, and looks to us for protection." Mary H. Eastman, established just this sort of willing dependency very early in her published response-in-kind to Harriet Beecher Stowe. Having met the first slave in the story—old Uncle Bacchus—the reader soon learns that Bacchus had suffered a terrible bout of "cholera morbus" brought about by eating raw green corn. "My blessed grief! but I thought my time was done come," the genial old man claimed. Fortunately, his master's kinswoman—Cousin Janet—had been available to tend him back to health. "Miss Janet's physic done me more good though than any thing, only it put me to sleep, and I never slept so much in my born days." Like his namesake, Uncle Bacchus had a weakness for alcohol, but here his fondness for the bottle was safely constrained by a concerned master on the one side and a Christian wife on the other. Grateful, somnolent, harmless, sometimes a little tipsy: Southern society had little to fear from greying Maenads like Bacchus!

Old blacks were reassuringly harmless in the eyes of Southern whites. One particularly well received article (*De Bow's Review* reprinted it a year after it appeared in the *Southern Literary Messenger*) presented a modified colonization plan to solve the race problem. Since "races so essentially different in character, intellect, habits, [and] tastes, cannot occupy the same territory as equals," the "subjection" of the black man was

---


both positive and inevitable. Although that subjection assured slaves of being "for the most part well fed, comfortably housed and clothed, . . . and properly cared for in infancy, sickness and age," for whites, having such a large population captive in their midst was not an entirely comfortable situation. This author recommended colonizing the Amazon with America's young slaves while leaving the elderly slaves behind. "Let the young, the vigorous and healthy of both sexes, the source of future increase, be the sole adventurers selected for this expedition, and the others left to finish their days in the land of their birth and sojourn." Such a measure, he believed, would bolster the spirits of the "timid and the desponding."^51

Elderly slaves were so clearly not threatening that even contumacious actions on their part could be dramatically refashioned into props in the defence of slavery. Dr. J.S. Wilson of Columbus, Georgia, chose to illustrate relations between master and slave with the story of a slave who, not only publicly disparaged his master, but also fled bondage and squandered his master's resources in the process. Despite these offenses and crimes, Wilson did not think that the slave—"a faithful, willing, cheerful old man"—was to blame. An intellectual, the master had "left the feeding of the old man pretty much to a careless cook." As it happened, the "old man was scantily supplied with provisions," and "through a kind of unaccountable perversity, which appears to be rather characteristic of the African race, made complaint to the people of the neighborhood." This "seriously injured" the "character of the master. . . among those who were not acquainted with the

circumstances of the case." With this damage done, the old man then took the advice of "ignorant and malicious intermeddlers," and stole himself away. Sick from cold and exposure, he finally "died, after a large bill had been run up against the master (who was absent) for board, nursing and medical attention." Nevertheless, the master "visited the humble grave of the erring, but cherished old slave." After describing the obligatory "bedewing" of the grave with tears, Wilson provided his reader with the moral of the tale:

Some may think that this picture is overdrawn, but it is a true representation of an actual occurrence, and it is not improbable that such things are not unfrequent in our Southern country. For let fanatics rant and sneer as much as they will, there is a strong tie of affection between masters and their faithful slaves, and they are not ashamed to weep over the graves of such.\(^{52}\)

It seems unlikely that such a moral could have been wrung from the tale had the slave been, say, a virile field hand.

While the wayward follies of old slave men could be pressed into useful service for their instructional value, they were perhaps of less significance than the figure of the aged slave woman. Shorn of the Jezebel's threatening sexuality, yet still recognizable for her domestic skills and maternal sensibilities, the Mammy provided Southerners with a powerful evocation of slavery's moral stability and familial character. Although a number of scholars have dealt with "Mammy's" social utility in a number of contexts, the tendency has been to underestimate the age component in her rhetorical deployment.

Elizabeth Fox-Genovese, for example, focuses on the role of Mammy as a wet nurse to

---

\(^{52}\) Wilson had written a "series of papers" for the *American Cotton Planter and Soils of the South* on "negro peculiarities, management, etc.," and James D.B. De Bow—thinking them "worthy of the attention of the planting community everywhere"—elected to reprint them in his own journal. J.S. Wilson, M.D., "Peculiarities and Diseases of Negroes," *De Bow's Review* 29 (July 1860): 112, 114,112-5.
the white family. Certainly this was her moment of greatest utility to slaveholding women. However, descriptions of mammy frequently came from the pens of the men who had been suckled by slave women during their infancy, reared by them in childhood, and coddled by them through adolescence. The mammy they invoked was typically much older than the "woman who suckled and reared white masters," as described by Fox-Genovese. In a sense, of course, they are one and the same woman; however, it is entirely likely that the word resonated differently for Southern women—relieved of their maternal duties by a sexually prime surrogate—than it did for Southern men recalling a prominent figure from their youth. As Jessie W. Parkhurst notes, "[w]hat we know of the "Black Mammy" has been recorded mainly by those whom she nursed as children."53

A poem written in the midst of the Civil War, "The Old Mammy's Lament for Her Young Master," describes the relationship between an "old" black woman and the man she had raised as a child. The nostalgic relationship begins, not with wetnursing, but rather with a child old enough to seek out "'mammy,' when he played,/ To crack his whip and mend his toy." The poet is careful to include the lad's natural mother in the text and, in this poetical departure for war, stresses the three-way ties of familial affection existing among the "young massa," his "[o]ld mammy," and the "missus" who was "old and failing

fast." A linchpin of family security, the elderly black woman agrees to the soldier's request to "take/ [g]ood care of mother" while he was away.\(^{54}\)

Because of such powerful rhetorical connections to the white family, and the complete normalization of slave relations they implied, evocations of matronly black women became an integral part of the postbellum reflections of Southern whites. For Alcibiades Jones, "the largest figure that looms up when" he thought back "down the dim vista of the past" was "the form of our old cook," and he describes an affectionate relationship between the white children and "Lucretia, diminutived [sic] by us children into 'Creesher'."\(^{55}\) Similarly, in an 1870 description of General Henry Lee's death, the author recollected that the only person whom the sick old general would tolerate "to do him special service" was an "old woman" called "Mom Sarah."\(^{56}\)

Significantly, both Alcibiades Jones and Charles Colcock Jones, Jr.—author of the Reminiscences of the Last Days, Death and Burial of General Henry Lee—described inversions of racial deference between their white subjects and an elderly black woman. Creesher "was the most remorseless of tyrants in her domination of the white cubs of the household," and the children were obliged to "obey" her in the kitchen, and to be on their

\(^{54}\)Hermine, "The Old Mammy's Lament for Her Young Master," Southern Literary Messenger 35 (November and December 1863): 732-3.


"honor" when in her quarters. More dramatically, Mom Sarah won the respect of the pained and surly old general through violent self assertion. Lighthorse Harry had churned through most of his host family's servants when it was decided that Mom Sarah—an "esteemed and privileged family servant," would wait on him.

The first thing General Lee did as she entered the room was to hurl his boot at her head and order her out. Entirely unused to such treatment, without saying a word she deliberately picked up the boot and threw it back. The effect produced by this strange and unexpected retort was marked and instantaneous. The features of the stern warrior relaxed [and]... in the midst of his pain and anger a smile passed over his countenance.58

Functionally, the construction of these memories reinscribed the master-slave relationship as one characterized by an egalitarian give and take between the races. At the same time, however, the specificity of the age relations within the text neutralized the deeply subversive message potentially conveyed by such equality. Old black women were sufficiently harmless, that for them to win in a contest of wills between themselves and an old white man or a cluster of children posed no threat to either the social order or to notions of racial or gender propriety.

For white Southerners destabilized by war and defeat, the elderly slave provided a rhetorical figure simultaneously capable of sanitizing and justifying past practices while providing reassurances for a normalized future. What had been the lot of a minority seemed in retrospect to have been the routine course of affairs.

57Jones, "Old Times," 231.

A decade after the Confederacy's defeat, a contributor to the *Southern Magazine* recalled a rice plantation that had apparently been peopled almost entirely by aged slaves and children. Over the course of thirteen pages, the reader is first introduced to "the old gray-headed butler 'Daddy Peter'," who "held sway over three or four half-grown lads." Next one meets "old Tom, the coachman," followed by "old 'Maum Rachel'" and her "half-dozen little scullions." While on the topic of food, the author tells us that, to keep "Cuffee and Sambo" from indulging their "grease-loving palate[s] on purloined pork, the master had found it necessary to keep his swine well away from the plantation and entrusted them to the care of "one of the old Africans." All the native Africans, we learn, were "small, monkey-looking men, too old for any more active service than this, or basket making." The management of the plantation was entrusted to "old Adam, the venerable 'driver,'" who proved himself a "faithful old servant." Less faithful had been "Old Mathias," but "at ninety years of age" he was nevertheless "the patriarch among the many aged negroes who spent their last days free from care and toil without ever fearing 'the wolf at the door'." On the ninth page, one discovers that the plantation had "forty-five workers," but only learns of the occupation of the "hideous old cripple... whose sole employment was weaving." Fortunately for the young slaves who may or may not have dwelt on the plantation, most of the hard agricultural work required to cultivate rice was easily performed in the passive voice.59

As the century wore to a close and the survivors of Southern slavery grew older, it became ever easier for Southern whites to remember slavery as a form of institutionalized charity for elderly blacks. For Alabamian W.G. Robertson, writing some three decades after the last field slave laid down his hoe, the "Relationship Between Master and Slave" had been uniformly rational and pleasant. The South had only ever known "happy," hard-working, banjo-picking slaves, and when these "old family servants had grown grey... they would be superannuated and moved up nearer the 'big house,' where they could be better waited on, and have especial attention given them to the end."

The memories might be pleasant, but actual race relations at the turn of the century were grim. In a 1904 symposium designed to explore the future possibilities for the black race, one of the solutions seemed to be a return to the past. In Palmetto, Georgia, fifteen former slaves attended a reunion "at the home of their former master." In recounting the event, Robert Timmons was clearly most delighted by the affirmation of the old racial order. The climax, for him, came when the slaves—with heads "uncovered... to show their reverence for the place where they had spent what each said was the happiest period of their lives"—were "shown the portrait of their former master." Along with the obligatory tears, the old blacks "never tired of singing the praise of their master." It is not surprising that such nostalgia appealed to the Southern whites who


arranged the symposium. The practices of racial etiquette that had been fashioned by slavery over the course of several centuries had fallen on hard times.\(^\text{62}\) Young African Americans who had not themselves been forged by the institution had little reason or inclination to maintain contact with whites. Those elderly African Americans who continued to behave according to the habits formed by servitude provided Southern whites with a lingering reminder of the world they liked to imagine they had made and lost.

\(^{62}\)Bertram Wilbur Doyle used the term "etiquette" to refer to the rituals and patterns that facilitated contact and communication between blacks and whites in the racially polarized South. Doyle, *The Etiquette of Race Relations: A Study in Social Control*, Sourcebooks in Negro History (1937; reprint, New York: Schocken Books Inc., 1971).
Dr. Charles Caldwell had, what might charitably be described as, a healthy ego. He was loquacious and forceful and, when the Board of Trustees of Louisville's Medical Institute dismissed him from his Chair, he was furious. "Why, sir, you are thought to be too old," they claimed. Caldwell debated the point, but to no avail. In 1849, one year earlier than he had intended, Charles Caldwell was out of a job, dismissed at seventy seven. In all probability, politics rather than superannuation underlay the decision to remove Caldwell; nonetheless, the idea of old age proved serviceable to Caldwell's enemies.¹ In the nineteenth-century profession of medicine, the rhetorical deployment of old age advanced personal as well as corporate agendas: these deployments were multiple, varied, and sometimes conflicting. Through the last half of the nineteenth century, doctors bound up their professional identity with notions of aging and the life course.² Caldwell's own "Thoughts on the Effects of Age on the Human Constitution,"


²Although this chapter relies on Southern sources, available evidence suggests that many of the conclusions reached here could apply equally well to the medical profession in the North.
written several years before his 'retirement,' begins by treating aging as a biological phenomenon and ends by urging his fellows to age well as a professional responsibility.³

It is unlikely that Caldwell's listeners thought his shift from the abstract aging of corporeal bodies to the particular life course of the professional's body constituted much of a digression. Time and again, the writings of Southern physicians reflect a professional discourse on aging that was related to, but distinct from, the derivative and economically mediated medical discourse on old age described in the next chapter. Put simply, Southern physicians conceptualized the aging of "us" (doctors) separately from the aging of "them" (patients). This is not to argue that doctors believed themselves to be biologically distinct from their charges—at least, not from the white male ones—but rather that their considerations of aging often followed a different trajectory when they were self-reflexive. The gulf separating these two discourses is apparent in the tributes paid to older physicians in the pages of their medical periodicals: few are the obituaries describing a physician's cause of death in language similar to the minute dissection of illness and mortality carried on elsewhere in the journals.⁴

³Having explained aging as a long process of dessication, Caldwell turned to the life course of his listeners and urged them "to rise in your profession to as elevated a standard of usefulness and distinction as the means at your command may place within your reach." To the published version of this address, Caldwell appended a practical "Note" on the "scheme of mnemonics" that he employed to combat his own forgetfulness in old age. Charles Caldwell, M.D., Thoughts on the Effects of Age on the Human Constitution. A Special Introductory (Louisville: John C. Noble, 1846), 10, 24, 25-7.

⁴Steven M. Stowe stresses the interpretive possibilities for such textual silences: "Things not said in narratives, though obviously difficult for historians to discover, suggest the extent to which a doctor created an image of himself at work that excluded realities his narrative could not resolve." Stowe, "Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-Nineteenth-Century American South," American
The typical omission of such details requires explanation because medical specificity did intrude into some obituaries. In an obituary for Dr. John C. Warren, the dead man becomes first a medical problem and ultimately a medical specimen. Although the seventy-nine year old's death "could not be attributed to any disease which has a distinct name," his symptoms could be enumerated:

His health had long been bad; within a month of his death he was suddenly seized twice with vertigo, followed by copious faecal discharges. . . . A few days before he died he had chills and rigors, pain in the head and limbs, but most in the abdomen; loss of appetite, uncontrollable thirst, and great tenderness of his body, which appeared to be confined entirely to the integuments. His nervous system was also variously affected.5

Not content with this exploration of his colleague's pains, the writer next explained that the cadaver exhibited "acute inflammation of the left wrist joint, a small deposit of puss near the first rib upon the right side, and acute pericarditis." At one end of the "stomach was a small cancerous-looking growth. The bladder contained several calculi of the size of small marbles. There was no inflammation of the veins."6 Warren's obituary is striking for its somatic and pathological details. When the writers of other doctors' obituaries did incorporate medical details, they tended to do so in a manner that stressed the physician's

Historical Review 101 (February 1996): 73. The trick, of course, lies in not over-interpreting lacunae. One must determine whether a historical actor exercised agency in making an omission or simply could not include something because it was literally inconceivable. The scholar who would interpret omissions must first demonstrate historically available alternatives.


6Dr. James Jackson provided many, if not all, of the medical details in this obituary. Jackson, like his deceased colleague, was also a seventy-nine year old Massachusetts physician. "Obituaries," Charleston Medical Journal and Review 11 (July 1856): 572-3.
primacy over his afflictions. An obituary for seventy-three year old Dr. Frank Hastings Hamilton attributed death to "pulmonary disease, of two years duration," but then noted that Hamilton demonstrated "remarkable patience and fortitude" and "would frequently discuss his condition and the probable duration of his disease with his physician and life-long friend." In the case of Dr. E.P. Gaines, his own "lung disease . . . gave him a remarkable insight into the methods of meeting the attacks of the same disease upon others." The conceptual distancing of the practitioner from his own illnesses and resulting mortality—evident in these last two obituaries' shifts from ill bodies to sound minds—typified physicians' obituaries throughout the century.

It is well to preface an analysis of the medical profession's self-reflexive discourse on old age with exceptions because that discourse was itself complex and inconsistent. Physicians simultaneously extolled and excoriated the aged in their ranks. There was neither a progression towards veneration nor a declension away from it. Rather, the deployment of ideas about old age—positive and negative—occurred within a limited number of contexts and clustered around particular professional and individual exigencies, fears, and situations. A simplified schematic of these deployments might be drawn as a Venn diagram with overlapping circles representing concerns with a) Mortality, b) Credibility, c) Stability, and d) Prestige. Temporally, issues of mortality predominated early in the century; issues of prestige, late. However, at any time, one or

more of these four concerns might shape a particular evocation of old age. All four circles sit in a much larger circle, that could be labeled simply "fortunes of the profession."\(^8\)

The democratic enthusiasm of the Jacksonian age, the availability of alternative medicines, the proliferation of ill-prepared practitioners, and the disaster that was "heroic medicine" had eroded and compromised physicians' authority before mid century.\(^9\) Heroic medicine—advocated by such late eighteenth-century physicians as Benjamin Rush\(^10\)—required immediately and vigorously assaulting a patients' symptoms. Although the liberal use of lancet, mercury, caustics, and assorted other poisons alleviated the symptoms of disease, it frequently did so by killing the patient outright.\(^11\) Only biological ignorance, professional arrogance, and the preference of the afflicted for action over inaction allowed physicians to continue maiming and slaying their charges in the name of


Hippocrates. The force of ideology notwithstanding, many ill Americans found the counterattack of reason compelling. Thomsonian and Homeopathic sectarians could at least provide the illusion of action without the ravages of orthodox treatments, and, in state after state, legislators stripped away or nullified the few legal privileges enjoyed by the orthodox medical profession.12 Physicians struggled to reclaim the professional authority they had briefly enjoyed prior to the Age of the Common Man. When they launched their counteroffensive, Southern doctors did it from the newly reinforced ramparts of professionalism, from new publications and new associations.

Prior to the 1840s, the South's few medical journals exhibited little staying power. Many failed after a year or two.13 All that changed around mid-century with the appearance of the New Orleans Medical Journal (later the New Orleans Medical and Surgical Journal) in 1844, and the Southern Journal of Medicine and Pharmacy (later the Charleston Medical Journal and Review) in 1845.14 The success of these two

---


14 In 1849, a thumbnail sketch of various American medical journals, estimated that the New Orleans' journal had about one thousand subscribers. "American Medical Journals," Southern Medical Reports 1 (1849), 468. See also William Dosité Postell,
publications, as well as a rising interest in medical literature from the North, testified to the mounting concern with professional standards and identity among Southern physicians.\textsuperscript{15} Even a publication as quintessentially Northern as Sylvester Graham's could list local agents in Maryland, Georgia, Florida, and Louisiana as early as 1838.\textsuperscript{16} The problems facing physicians may have been national, but a strong sense of region pervaded the profession in the South. Southern doctors' regional identification was rooted in both antebellum sectional politics and a climatic view of illness that assumed a relationship between people's diseases and their physical environment.\textsuperscript{17} Sectional medicine peaked with the antebellum contributions of Josiah C. Nott and Samuel Adolphus Cartwright;


\textsuperscript{16} For the record, Graham's Southern adherents lived in Beallsville, MD; Savannah, Macon, and Rehoboth, GA; Apalachicola, FL; and New Orleans. The \textit{Graham Journal of Health and Longevity: Devoted to the Practical Illustrations of the Science of Human Life as Taught by Sylvester Graham and Others} 2 (3 February 1838).

however, the climactic view of disease would survive until ousted by germ theory late in the nineteenth century. In calling for the renewal of the South's journal literature in the aftermath of war, a contributor to the *Southern Journal of the Medical Sciences* reasoned that since "no educated physician dares deny the fact that diseases are modified by climate. . . . there exists the necessity for studying and teaching in the South."  

Concomitant with the swelling of the profession's journal literature, the 1840s also witnessed a Southern surge of interest in medical associations. Describing the Mobile Medical Society in 1849, Dr. George A. Ketchum noted that, although the society was established in 1841, interest in it had never been higher. Meetings were "more frequent" and "more numerously attended" than "in times past" and now "there seems to be a strong disposition on the part of its members and those who participate in its proceedings, to perpetuate it and make it a source of lasting benefit to all." Noting the formation of a medical society in Louisiana, another author exalted that "[w]e now have State Medical Societies organized in seven out of the ten Southern States included in our periscope,


viz.: North and South Carolina, Georgia, Alabama, Tennessee, Mississippi and Louisiana. Of these societies, only Tennessee's dated from the 1830s; all of the others listed above convened between 1846 and 1849. Physicians in Virginia and Kentucky formed medical societies early in the next decade. The rise of large medical associations was a national trend and Southern doctors noted professional developments elsewhere with interest. In fact, a number of Southern physicians worked towards the creation of the American Medical Association in 1847.

---


22 Of interest to many Southern physicians was the possibility for a national organization to facilitate the exclusion of non-orthodox healers, in part, by defining professional protocol, behavior, and credentials. The *Southern Journal of Medicine and Pharmacy* not only listed the delegates sent to the national convention from South Carolina, but also reprinted the "Code of Medical Ethics, Adopted by the National Medical Convention," *Southern Journal of Medicine and Pharmacy* 2 (September 1847): 573ff.; "The National Medical Convention," *Southern Journal of Medicine and Pharmacy* 2 (July 1847): 484-5.
Association was practical. Self-governing bodies enhanced physicians' claims to privileged knowledge and helped them to distinguish themselves from their competitors. In describing the new State Medical Society of Louisiana, Dr. Erasmus Darwin Fenner stressed that it "is restricted entirely to duly licensed physicians and apothecaries" and "hoped that this organization will not only promote the cultivation of medical science, but also point out those who have a proper regard for the laws regulating the profession."23 Those without "proper regard" were rife. A contributor to a Virginian journal lamented that more than a quarter of those practicing medicine in the state lacked professional credentials.24 Two decades later, Virginian doctors were still fuming that their legislators could not distinguish between medical professionals and those who were not: "Will Virginia legislators allow this Commonwealth to become the place of refuge and the abiding home of 'herbists,' quacks, and ignorant charlatans?"25

Most doctors assuredly believed that they better served the sick than did the sectarians; however, simple economics flavored much of the orthodox physicians' rhetoric. Competition for the purse strings of the afflicted was fierce and—to the "duly


24This correspondent may have gained his information from a report to the new American Medical Association determining that of 972 practitioners, "we have 228 individuals practicing medicine... who do not pretend to have devoted one hour to the study of the profession." See "On the Number of Practitioners of Medicine in Virginia," Virginia Medical and Surgical Journal 1 (August 1853): 410-11; Carter P. Johnson, James H. Conway, and H.D. Talliaferro, "Report on the Number of Practitioners of Medicine in Virginia," Transactions of the American Medical Association 1 (1848): 360.

licensed" practitioners of alternative medicines merited scorn. Upon receiving an exchange copy of the *Journal of Medical Reform: For the People and the Profession*, the editor of the *New Orleans Medical News and Hospital Gazette* recoiled at the "vulgar audacity" and "unscrupulous impudence which is the exclusive characteristic of the grovelling miscreants who edit all such iniquitous prints." Vitriolic public attacks may have served a real function. John Harley Warner describes the importance of "character" to doctors: given their therapeutic arsenal, mid-century physicians had little else to fall back upon. Although the secondary literature on "character" deals primarily with the Northern middle class, Southern physicians were at least as concerned with the appearance of character as their Northern colleagues were concerned to develop it. The internalization of "character" may be a bourgeois phenomenon, but self-presentation was a crucial skill in the timocratic South. Of course, the corollary to proving one's self to be...

---


28 See, for example, Judy Hilkey, "Character Is Capital: The Moral Definition of a New Middle Class," chap. 6 in *Character Is Capital: Success Manuals and Manhood in Gilded Age America* (Chapel Hill: University of North Carolina Press, 1997), 126-41.

29 In the South's move from traditional honor norms to the late-nineteenth century bourgeois ethics of the industrial North, one might expect to find quintessentially middle-class professionals, like doctors, in the thick of things. Elements of externalized (honour-
a gentleman of character was to prove that one's competitors were not: like a seesaw, the relationship between the doctor and the mountebank balanced on a point. In 1890, an Alabamian doctor argued that "[t]he fearless and full presentation of the principles of regular and honorable physicians is the surest way of demonstrating the ignorance and unworthiness of charlatans." The machinery of profession-journals, medical schools, and associations—facilitated physicians' efforts to distinguish their legitimate pursuits from the venality and recklessness of their competitors. Ironically, the financial precariousness of practicing medicine could imperil individuals' pretensions to gentility. Though gentlemen did not concern themselves with money, many physicians literally could not afford to be cavalier.

---

Based) and internalized (bourgeois) values appear in an 1867 essay by a doctor from Jefferson City, Louisiana. Pondering the economic injustices that allow "the very apes of the profession" to "grow rich," Milner identified the problem as a "want of confidence in doctors." His solution embraced public perception as well as individual self-improvement: he urged his peers to adopt "better qualifications," "a code of honor de facto," and a unified professional organization for "disseminating medical knowledge." U.R. Milner, M.D., "An Essay on the Professional Manners of Physicians," *Southern Journal of the Medical Sciences* 1 (February 1867): 660, 662.

30 Jno. C. LeGrand, M.D., "Regular Physicians," *Alabama Medical and Surgical Age* 3 (February 1891): 95.

Against a hostile world, associations provided physicians with a mechanism for advancing their economic interests, while validating and affirming their social position. This may have been particularly important in the South, a region that afforded marginalized space for those whose lives smacked of intellect.  

Like other educated members of Southern society, physicians could experience horrid feelings of isolation as a result of their mental cultivation. Dr. Frank L. James felt compelled to chop down a public lecture to "make it 'understandable' to the natives" in Arkansas. He found the work difficult because he had never encountered "a people . . . so absolutely illiterate as this one." Arguably a difficult man—James thought his Arkansan landlord "ought to be rammed head foremost into hell"—he was educated far beyond his neighbors and his diary records the observations and judgements of an outsider.  

In the masculine culture of the nineteenth-century South, to be marginalized came terribly close to being feminized. The danger was particularly marked for doctors who

---


33The religiosity of the locals grated on James' finely-honed skepticism. "The Baptists," he lamented, "seem to have everything their own way in this community. Their narrow-minded, blood-thirsty creed just suits the ignorance of the people. . . . Educated men of other creeds and beliefs are treated by these tatterdemalions [Baptist preachers] with the utmost contumely and insolence." Frank L. James, *Years of Discontent: Doctor Frank L. James in Arkansas, 1877-1878* (Memphis: Memphis State University Press, 1977), 3-4, 32.
functioned within domestic spaces—both theirs and their patients. Moreover, by intruding in the spaces inhabited by traditional healers and midwives, physicians occupied ground that had already been coded feminine. Frequent assertions of masculinity in the writings of Southern physicians testifies to concern that their manhood was insufficiently respected by those around them. In an address to students at the Medical College of Georgia, Dr. William Arnold Adams revealed some of the tensions felt by Southern doctors. Using marriage as a metaphor, Adams urged professional fidelity. "You are on the threshold of wedding your bride profession, and once wedded, I beg you never be divorced; be true to your profession, and it will be true to you." By explicitly gendering the profession female, Adams implicitly gendered his listeners male. Furthermore, Adams took pains to assure his audience that fiscal success could come without dishonor. "Do your best to acquire fame, power, money; yes, get rich if you can, for nobody has a better

34Judith Walzer Leavitt acknowledges that "medicine crossed gender lines and allowed men to experience—in fact, demanded that they experience—many of the same problems and rewards that female 'social' healers knew intimately." However, Leavitt does not fully consider the gendered stresses that this may have entailed for male doctors. "A Worrying Profession': The Domestic Environment of Medical Practice in Mid-Nineteenth-Century America," Bulletin of the History of Medicine 69 (spring 1995): 1-29.

35Stowe's otherwise excellent treatment of Southern obstetrics glosses over the tensions between physicians and midwives as well as the complexities of the gendered space—"the 'delicate' sexual implications"—surrounding child birth. Steven M. Stowe, "Obstetrics and the Work of Doctoring in the Mid-Nineteenth-Century American South," Bulletin of the History of Medicine 64 (winter, 1990): 543, 554. For an illustration of professional disdain for midwives, see Thin Pate, "Skimble-Scamble 'Dots' by the Wayside," Southern Medical Records 6 (October 1876): 577-9. Recalling an experience in 1844 (forty-five years prior to publishing those recollections) another doctor revealed both his contempt for the "ignorant" midwife—who, he claimed, tore the head off the foetus—as well as his own impotence at the patient's bedside when her assembled family and friends refused him permission to operate. See Alabama Medical and Surgical Age 1 (November 1889): 515-6.
right, or a poorer chance, than the 'doctor''; success could come to the "true physician" who kept his "morals... incorruptible, and... faith in a higher life... forever fixed."36

Faith in a higher life was probably a good thing for nineteenth-century Southern physicians to cultivate: the epidemiological conditions facing them were far worse than those against which their Northern brethren contended. Moreover, while many other Southern whites could retreat to more salubrious climes during the fever season, physicians—by virtue of their profession—had to remain and battle their unknown foes. In the virulent yellow fever epidemic of 1853, Dr. Josiah Nott remained in Mobile, but lost four of his children to the disease. The next year, the same disease killed ten of the doctors in Savannah.37

Not only personal experiences, but the medical journals too, drew doctors' attention to the hazards of the profession. An 1867 obituary for a professor at the University of Louisiana reveals its author's concern over physicians' mortality. "In the past few years Louisiana has been losing some of her most prominent members of the

---


Medical Profession," he lamented. As one of those "left behind" to "see our individual warning," he realized that "[a] few more years (it may be months, days, or even hours) of toil, and to the same bourne we take our way." Beyond an impressionistic awareness of their fragility and transience, physicians at mid-century were beginning to calculate their odds more coldly. And the odds seemed grim.

In 1855, the disturbing 'results' of a study by Professor Escherich of Wursburg, made the rounds through such professional organs as the London Lancet, the Bulletin de Thérapeutique, and the Association Medical Journal before winding up in the South. Escherich asserted "that the mortality is greater amongst medical men than in any other professions. . . . Out of 1,168 medical men alive in 1852, four only (8.34 per cent) were more than eighty years old." Even worse, of the four octogenarians, "none had devoted

---

38"Obituary," *Southern Journal of the Medical Sciences* 2, no. 2 (1867): 388.


themselves to the practice of medicine exclusively." In the same year that Escherich's findings appeared in New Orleans, the *Atlanta Medical and Surgical Journal* published a tribute to forty doctors who "discharged their duty" against a "fearful pestilence" in Norfolk and Portsmouth: "The slaughter is now over, and we record a mortality unprecedented in history." Significantly, this black-bordered notice does not explore such other details as how many patients died, nor even which disease had struck. Atlanta's doctors learned of the sacrifice made by their colleagues in England, and that was all. During the Civil War, careful tabulations of doctors' mortality generally disappeared from the medical journals. After the war, however, concern with professional mortality resurfaced.

By the end of the century, that concern embraced a general awareness of the toll that the profession exacted before death. Comparing medicine to the bar, Dr. Francis Marion Peterson of Greensboro, Alabama, argued that the law led to power; medicine, to "martyrdom!" Those practitioners whom the profession did not slay, it prematurely wore

---

42 "Mortality of Medical Men," *New Orleans Medical News and Hospital Gazette* 1 (September 1855): 338. Testifying to the commonality of these mortality concerns, a dissenting article listed six authors who maintain "that the duration of life among physicians is... limited." "On the Duration of Life Among Medical Men," *New Orleans Medical News and Hospital Gazette* 7 (May 1860): 237-8.

43 "The Noble Army of Martyrs," *Atlanta Medical and Surgical Journal* 1 (December 1855): 252.

44 Two decades after the flurry caused by Escherich's findings, a study based on a sample of 900 physicians' obituaries determined that 7% died by 30; about 21%, by 40; about 32%, by 50; and almost half, by 60. H. Wardner, and H.J. Stalker, "The Longevity of Physicians," *Southern Medical Records* 6 (October 1876): 365. Interestingly, Southern medical journalists seemed content to reprint the findings of others' studies on the subject, claims to the sectional distinctiveness of medicine notwithstanding.
and aged. "The only prize which comes to the most laborious worker is a larger practice, which is acquired as youthful strength is waning and soon exhausts his remaining vitality." The doctor's lot was one of unrelenting labor "until the constant mental tension snaps the thread of life." Rhetorically, Peterson asked, "how many names of the great and noble of our vocation do we find who have fallen victims to over-work?" In determining the cause of death for others, late nineteenth-century physicians seldom recorded "over-work." Nevertheless, physicians were not alone in seeing their profession as being particularly taxing on the capital energy of life. As the ideologies of nineteenth-century capitalism pervaded everyday life, people began understanding life as the sum of an individual's allocation decisions for their fixed capital of nervous energy. Individuals in various professions proclaimed the drains on their nervous energy to be of the greatest intensity. Certainly, some Southern doctors were willing to advance such claims.

It is a fact almost axiomatic in its truth that the physician in full general practice works harder for his living that any other laborer, either professional or non-

---

45 Francis Marion Peterson, M.D., "The Annual Message of the President of the Medical Association of the State of Alabama. Concluded," *Alabama Medical and Surgical Journal* 1 (August 1886): 90. Such sentiments were widespread, even finding their way into the pages of the non-medical journals: "The reward of a life of hard work in medicine... is a broken constitution." See "Physic and Physicians," part 2, 488.


professional. It is easily demonstrable that in the long run brain-work is more exhausting and devitalizing in its effects than any kind of manual labor. Statistics show that the expectation of life is less in physicians than in any other of the professional classes. In other words, it is plain that the majority of doctors work themselves to death.

The logic underlying such an assertion was simple: "continuous exercise" causes "degeneration" in muscles. This was equally true for "the higher nerve-centres, whose functional activity is correlative with mental labor." In those who overtax themselves with mental labor, "degeneration may show itself in the nerve-centres themselves, or it may appear as irremediable perversions of nutrition in other parts of the body, constituting organic disease." Consequently, "physicians wear out and die at an age when other men are in their prime" presumably because they think harder than anyone else.48

Such a construction of the aging process may be decoded in several ways. Most simply, of course, the author is privileging medicine above all other intellectual pursuits. More deeply, however, he reveals physicians' insecurities. Rather than argue the obvious—that a higher incidence of exposure to disease led physicians to become ill more frequently than others—the aforementioned author chose to raise the profession above disease, disease that doctors claimed to master. To do otherwise would implicitly admit impotence. In this construction, it is the process of fighting against disease, rather than disease itself, that

48"Vacation for Doctors," Atlanta Medical and Surgical Journal 3 (August 1886): 388-90. Ideas connecting nervous exhaustion and mental labor did not take long to head South. Dr. James Thomas Searcy read a paper on "Hyperaesthesia" to an Alabama audience in 1884. He listed the causes of this malady as follows: "First, over brain work; second, worry; third, continued pain from bodily sources; fourth, the use of hypoesthetic drugs." "Hyperaesthesia," Transactions of the Medical Association of the State of Alabama 36 (1884): 410.
ages and kills physicians.\(^4^9\) Here, at least, doctors could gain the dominion over illness that they sought, but did not realize.\(^5^0\)

In some measure, professional concern with mortality was congruent with and borrowed from nineteenth-century sentimentality and a broader cultural fascination with death.\(^5^1\) William Adams' ghastly valedictory address to students at the Medical College of Georgia bears the stamp of nineteenth-century sentimentality. Directing the graduates' attention to their own mortality, Adams recited a poem likening old age to the advancing seasons:

\[\text{''in his presidential address, Dr. Mortimer H. Jordan expressed a remarkably similar sentiment: ''Alone or surrounded by the grief stricken and helpless, he [the doctor] puts forth his skill and learning as a barrier between life and death. In addition to a constant strain on his brain and nervous system in consequence of care, responsibility and anxiety, he must endure physical hardships . . .'' ''The Message of the President,''' Transactions of the Medical Association of the State of Alabama 36 (1884): 30.}\]

\[\text{''The proposed solution was to take a holiday, ''judicious dissipation . . . wisely indulged in.'' The annual vacation could add ''a score of years of health and usefulness . . . to one's life.'' Such advice may have been unnecessary ''[s]everal Atlanta physicians'' were already ''off on vacation.'' ''Vacation,'' 388-390; ''Items,'' Atlanta Medical and Surgical Journal 3 (August 1886): 391.}\]

Our lives will come to Autumn's hours,
   And all may chill and dreary seem;
But even then we'll find some flowers,
   And even then some joyous beam.
Repine not, therefore, that thy youth,
   And manhood's prime so swiftly flee.
Lo! with advance of years come truth,
   New life, new hope, calm joy for thee.

Adams' projection of the deathbed scene for any one of his listeners came replete
with "fading joys and wasting sorrows," "memory from the garden of the past[,]... sweet
flowers," a "dying pillow[,]... stillness of the twilight hour[,]... enrapturing music of
angel bands... on their snowy wings[,]... the quiet and peace of Heaven's home," and
"melody quavering cycles of eternity" that "ring God's praise." Not inappropriately,
perhaps, the journal in which this address was reprinted immediately followed it up with
a lengthy discussion of rectal examinations.52

Making death seem lifelike may have been the great parlor trick of the nineteenth-
century, but in the context of professional aging, the physician who shunned the Choir
Invisible to live a long and productive life merited respect. Surviving testified to
hardiness, fortitude, and masculine strength. In the pages of the South's medical journals,
especially the "Necrological" pages, the profession could laud itself by celebrating its
Nestors.53 S.P. Smith of Prattville, Alabama, "lived out more than his allotted span. ...

52Adams, "Valedictory Address," 147; G.A. Baxter, "Pelvic Examinations by the
Rectum," *Southern Medical Records* 6 (March 1876): 147-51.

53Occasionally, one of the Nestors decided not to wait and celebrated himself. In
such an environment, it is not surprising that old physicians might want to enjoy their
own survival while still alive to do it. At seventy-one years of age, Dr. Louis Alexander
Dugas was tickled to be alive: he noted the event by reporting that, of six founding
professors of the Medical College of Georgia, four—himself included—were still lecturing.
doing good" and impressing people with a personality as "gentle, as it was strong and manly." Southern journals sometimes even noticed the deaths of old and esteemed foreign physicians. England's Henry Clutterbuck, dead at the age of 90, "was for nearly seventy years an active member of the profession, during all which period his life was one of study and continued industry." In his address to the Medical Association of the State of Alabama in 1885, Dr. Benjamin Hogan Riggs explained the purpose behind eulogizing dead colleagues:

I have dwelt thus at length upon the lives of these two distinguished physicians, not without a purpose, but rather in response to a settled principle to honor our dead, to honor our profession, to honor and dignify ourselves, that others may honor and respect us. What a perfect and manly character is that of the true physician!

Doctors were public figures; therefore, it is not surprising to find obituaries conforming to Southern ideals. As Kenneth S. Greenberg describes that ideal, one should gain preferment without seeming to either want it or seek it, and one should act out of conviction, regardless of the opinions of others. More than material advantage, masters and statesmen sought approbation: they hungered for fame and honor which became the


sine qua non of their success. Only the honorable may bestow honor: in obituaries for old doctors, Southern physicians laid claim to their own honor by praising their professional colleagues. An obituary for the seventy-four year old "patriarch in medicine," Lunford Pitts Yandell, Sr. of Louisville, Kentucky, affirmed that "never wishing to lead," Yandell was "always in the lead," exhibiting "personal integrity above temptation—a sacred regard for truth that nothing could swerve; [and] a courage that nothing could daunt." He died "in the full enjoyment of his just fame honorably worn to old age. . . he has gone to his final account, without a stain upon his character, or an enemy to asperse his good name." The pioneer gynecologist, Robert Battey, was "worthy of emulation, for realizing that he was right in his opinions, he dared to act contrary to the dictates of his conferees," in particular against those who thought his oophorectomy "an unjustifiable procedure." Though he did not gain "the reward of success," his "unflinching devotion to duty, and manly courteousness" earned him reputation. "No man in the South and but few in America were as widely known as he."

Honor alone could not suffice in a profession involving arcane knowledge as well as technical skills, and so eulogists often stressed older physicians' knowledge and fitness to perform their duties. In 1886, the *Alabama Medical and Surgical Journal* reprinted

---


57"In Memoriam," *Atlanta Medical and Surgical Journal* 15 (December 1877): 701-3.

58"Dr. Robert Battey," *Atlanta Clinic* 4 (December 1895): 14-5.
verses to the late Samuel D. Gross sentimentally treating his continued utility in old age. "The flowers sometimes whose bloom is paling/ Their fragrance still enfold,/ And rarest fruit is often gathered/ From tree and vine grown old." Underlying such sentiment was the respect accorded to experience. In a profession that had only a limited understanding of biological processes, the combination of learning and experientially informed intuition of those who had many years practice under their belts was highly valued. As one author put it:

The ancients painted Aesculapius as an old man with a long beard, crowned with the branch of a bay tree, with a staff in his hand, full of knots, about which a serpent had twisted itself, and at his feet a dog or an owl. These were intended to represent the qualities of a good physician, who should be wise as a serpent, as vigilant as a dog, and 'as full of experience as an old senior, to handle a thing so difficult and troublesome as physic.'

More practically, an encomium to the sixty-one year old Paul F. Eve, a "venerable and distinguished physician and surgeon," noted that "having served with great assiduity, for forty-one years, Dr. Eve is still hale and vigorous, and humanely speaking, has before him many years of usefulness and distinction." As if to prove this assertion, the writer added that "[f]ew surgeons, at his age, can 'thread' a cambric needle at arms' length; a feat which he often performs, for the amusement and surprise of his friends." An even better

---


60. "Physic and Physicians," part 1, 213.

demonstration of aged prowess occurred a few years later when "Dr. Joseph Stevens... aged eighty-two years... amputated the thigh of a patient sixty-six years old."

Amputation was physically arduous work in the 1870s, and the apparent success of the operation made the story all the better. The patient had suffered for "forty years" with his afflictions, but two days after the amputation "sat up in bed and shaved himself, and before the end of a week, was able to get out of bed without assistance each morning."^{62}

Concessions to old age came grudgingly. Describing a late colleague, Dr. J. Marion Sims stressed that Dr. Reuben Searcy's "clear mind and unerring judgement remained undimmed and unimpaired long after the infirmities of age had painfully reminded us of his rapidly closing pilgrimage on earth."^{63} An obituary for the seventy-seven year old Dr. Samuel W. Vaughan approved of his return to work after retiring: "Though for several years previous to, and during the [Civil] war, he had somewhat relaxed from active practice, yet after the immense loss sustained by that destructive conflict, he again assumed the labor incident to a general practice." Acknowledging that Vaughan could not continue on in "services... to the extent we might desire," the eulogist expressed "sadness and regret... at the loss of an honorable, upright citizen and useful member of the medical profession."^{64} Despite lung and kidney problems, Alabama's Dr. E.P. Gaines "could not for any length of time be driven from his chosen

^{62}An Aged Operator and a Tough Patient," *Atlanta Medical and Surgical Journal* 10 (July 1872): 251.

^{63}"Memorial Meeting of the Tuscaloosa Medical Society," *Alabama Medical and Surgical Journal* 2, no. 4 (1887): 286.

^{64}"In Memoriam," *Atlanta Medical and Surgical Journal* 15, no. 1 (1877): 47-8.
field of activity." His "last and fatal attack" came at the age of sixty while he was delivering a lecture at the state medical college. Resisting the debilities of age could become a source of pride for older physicians, themselves. In a letter to the Southern Medical Record, a sixty-three year old doctor from North Carolina confessed to "failing fast," but having "been in the harness for forty years" and loving his profession, he "expect[ed] to die in the traces." The very name of an old doctor still "in the traces" could serve as a talisman lending credence to his work. When the editors of the New Orleans Medical News and Hospital Gazette received a copy of Dr. James Jackson's Letters to a Young Physician, they "express[ed]... unqualified approval of the work, and recommend[ed] it to the attention of all young physicians." The old doctor's name as author was "sufficient to enitle it to the highest respect and attention."

Another dedicated Alabamian, Dr. F.A. Ross, died that same year at age sixty-four. "Since the war," Ross had "been constantly engaged in the practice of his profession." Riggs, "Annual Message," 16.

Perhaps the editor of the Southern Medical Record printed the letter from Dr. I.A. Hanks of Pittsboro, North Carolina because Hanks purchased subscriptions for two other physicians, one of whom was "retired... but desires to keep up with the science of medicine." "Kind Words," Southern Medical Record 6 (March 1876): 186-8.

"Letters to a Young Physician," New Orleans Medical News and Hospital Gazette 2 (December 1855): 466; see James Jackson, Letters to a Young Physician Just Entering upon Practice (Boston: Phillips, Sampson and Company, 1855). For Jackson, the "young physicians" he addressed in his works may have filled the gap left by the loss his own son who died in his mid twenties, shortly after entering into practice himself. In a tribute to his son, Jackson poignantly remarked on how "against the ordinary course of nature [it was], for a father thus to erect a monument for his son." A Memoir of James Jackson, Jr., M.D., with Extracts from His Letters to His Father, and Medical Cases, Collected by Him (1835; reprint, New York: Arno Press, 1972), 54. Prior to his own death, Jackson wrote Another Letter to a Young Physician: To Which Are Appended Some Other Medical Papers (Boston: Ticknor and Fields, 1861).
The respect that elder physicians commanded became especially useful to the profession in the aftermath of the Civil War. With many of their patients, and some of their colleagues harboring hostility and bitterness towards the North, Southern doctors with pan-regional view of their profession could find themselves out of step with their neighbors. Demonstrating their pro-southern credentials became important for doctors, especially for those advocating a rapid reconciliation with their professional brethren in the North. The solution was to stress personal sacrifices in the late war—thereby proving confederate loyalties—while advancing the cause of sectional reconciliation. A leading proponent of the reconciliation of Southern doctors with the American Medical Association was Dr. William Owen Baldwin (1818-1886), an Alabamian doctor, elected president of the AMA in 1868. Understanding that he had some convincing to do, Baldwin used the forum provided by the medical journals to make public his arguments for professional reunion.

--


69 This material appeared in at least two journals. The prefatory remarks in one make clear that its editor had been asked to print Baldwin's correspondence: "The editorial department is cheerfully surrendered to give publication, as has been requested, to the able, important and interesting letters herewith submitted." Interest in professional reunion seemed high; its expression, explosive. Baldwin urged doctors to confine their public opinions to "the legitimate channels of medical periodicals." A supporter of reconciliation, Baldwin was "grieved... that some, in their zeal... resorted to the columns of newspapers." Baldwin claimed that "[t]he public feel no particular interest in controversies like this," but it is likely that his concern indicated precisely the opposite to be true. Sectional politics may well have influenced individuals' choices of physicians, at least, the choices of newspaper-reading patients. "Editorial," *Richmond and Louisville Medical Journal* 7 (April 1869): 472-87; "American Medical Association," *New Orleans
To strengthen his case, Baldwin appealed to several well-respected Southern doctors, known to have suffered in the war: he also emphasized the personal toll that the war had exacted from him as a father. Among those from whom he publicly solicited support was Dr. Josiah C. Nott, "well known" as "a staunch adherent of the Confederate cause." Even better, Nott was an old doctor "who, at the advanced age of sixty years, gave up his professorship in a college . . . relinquished his large and lucrative practice and neglected his then ample fortune to take a commission in the army of the South; serving in hospitals, in camp, on the march, in the front or wherever he was ordered." Furthering Nott's—and his own—claims to Southern legitimacy, Baldwin explored the anguish of losing a son in service to the Confederacy: "In the death of my boy, I found the hardest heart-sorrow of my life, and the weary years which have since passed by have been powerless to still its anguish." Connecting this powerful evocation of loss to the doctors of the North, Baldwin speculated that had a Northern physician been available, "his highest care would have been to have drawn. . . the fatal ball from his [Captain William Baldwin's] breast and restored him to life." Finally, Baldwin directed his appeal to Dr. Edwin Samuel Gaillard who, losing an arm in Confederate medical service, was a maimed veteran of both profession and Confederacy.70

---


Baldwin's rhetorical strategies seemed to resonate with the editors of the *New Orleans Journal of Medicine*.\(^71\) Acknowledging the "deep suffer[ing]" of Gaillard, the editors' introductory remarks reiterated that Nott "had relinquished his Professor's chair and a lucrative practice, in his declining years, for laborious duties in the war which claimed the sacrifice of two sons."\(^72\) As for Baldwin, the conflation of his professional agenda and son's memory survived his own death some two decades later. Dr. R.F. Michael reckoned that the "[c]orrespondence between Drs. J.C. Knott, [sic] of Mobile, and Dr. Baldwin, on Southern physicians uniting again with the American Medical Association, was a master piece of English."\(^73\) While another obituary recalled that:

> He [Baldwin] was devoted to his profession, and was ever willing to sacrifice much for its interest. While a great sufferer from the late war by the loss of much property, but more especially in the loss of his son, Captain Wm. A. Baldwin... still Dr. Baldwin, although this was the most severe sorrow of his life, did not lose sight of his profession's interest, and when the physicians of the South were invited to reunite with the American Medical Association, he at once advised them to accept this invitation.\(^74\)

Long after the issue of post-bellum professional unification had been settled and Southern physicians brought back into the folds of the American Medical Association, the semiotic importance of those old surgeons remained. "Veterans" of both profession and

---

\(^71\)Gaillard was then editor of the *Richmond and Louisville Medical Journal*, and so it is not surprising that he also approved of the materials.

\(^72\)The editors were Dr. Samuel M. Bemiss and Dr. W.S. Mitchell; co-editors, Dr. S.S. Herrick and Dr. Samuel Logan. *American Medical Association,"* 388.


war, they appeared as flesh-and-blood testimonials to professional courage and
manliness. An 1886 obituary for John M. Johnson of Georgia recorded with evident
satisfaction that "[h]is prominence and activity on the Southern side caused the issue of
an order for his arrest by the Federal authorities." Having "narrowly escaped," Johnson
"joined the Southern forces" and thereafter "his life and fortunes were with the South." During the Spanish-American war, Southern physicians could take pride in the fortitude
of another one of their own: Dr. Hunter McGuire, formerly "medical director of
Stonewall Jackson's corps, has accepted a position on the staff of Major-General Fitzhugh
Lee and will accompany that general to the front, or wherever else the latter may be
ordered." Southern doctors—young and old—could derive vicarious satisfaction from the
fact that, at sixty-two years of age, one of their own was fit for "the front."

Venerating a man like McGuire might come easy to Southerners reared on martial
stories of duty and valor. However, not all old men girded up for war, and deference

75 More practically, combat surgeons had a wealth of experience that their junior
colleagues could not hope to gain. In 1873, a number of Confederate doctors as well as
the Georgia Medical Association issued a call for a meeting to harness this knowledge
"for the advancement of Science" and "to rescue from oblivion all the important medical
and surgical facts developed within the armies of the Confederate States during the late
war." See "Call for a Meeting of the Surgeons of the Confederate Army During the Late
War," *Atlanta Medical and Surgical Journal* 11 (September/October 1873): 418.

76 In his mid seventies, Johnson was one of Atlanta's "eldest, most popular and
best-beloved" doctors. "Death of Dr. John M. Johnson," *Atlanta Medical and Surgical
Journal* 3 (June 1886): 261.

77 Culling this item from a Northern journal, the editor decided to include the
sectionally-charged information that "Dr. McGuire is at present sojourning . . . at his
White Sulphur Springs cottage, the same one which was at one time occupied by Mrs.
U.S. Grant." "Stonewall Jackson's Medical Director Again in Service," *Atlanta Medical
and Surgical Journal* 15 (September 1898): 464.
toward the aged was not always in the perceived-best interest of young professionals. Throughout much of the nineteenth century, younger physicians manifested some ambivalence to their seniors. A series of letters sent from Paris by a visiting American and published in Charleston hint at this ambivalence. Discussing a power struggle between two Parisian surgeons, the correspondent comments on the age difference between the two men. "An old man," he noted "is apt to remember triumphs won in youth from giants, and he grows too confident thereby. He is apt to forget that the tables turn, as age advances." Apparently unwilling to seem too critical of this particular giant, Alfred A.L.M. Velpeau (1795-1867), the author carefully distinguishes him from other old men who, cherishing "[o]ld and antiquated notions, and an adherence to early impressions . . . are only distinguished by age, arrogance and imbecility." In a subsequent letter from Paris, the correspondent—signing himself "latros"—described an "old Surgeon and septuagenarian just dead at Paris" in similarly mixed tones. Philibert Joseph Roux (1780-1854), with his "expansive forehead. . . long white brows and. . . 'silver livery of advised age'" was the other of Paris's "two Ajaces." He dominated the hospital by right and ability and was "skilled in all the lore of the 'antiquary times'." Nevertheless, Roux "lorded it over his juniors and all the younglings of Hotel-Dieu," and exhibited a host of perverse mannerisms. latros dwelt on some of Roux's more unfortunate peculiarities at length. "Roux had the most execrable delivery. . . . It was so different from the clear, distinct, emphatic enunciation of his youthful substitute, that you did not believe it was the same

French." Indeed, his speech "was a confused, inextricable mass of sounds united together, and utterly without significance."\textsuperscript{79} Latros might have resented the arrogance and airs of his elders and enjoyed taking pot shots at their foibles, but age-related tensions within the medical profession ran deeper than that.

Old physicians represented impediments to progress; they appeared to be in opposition to the new techniques and technologies which helped distinguish orthodox medicine from quackery. The discursive explosion of medical knowledge in the nineteenth century made obsolescence a function of distance from new developments. Whether that distance stemmed from geographical isolation, personal reluctance to keep abreast of the field, or time away from one's medical education made little difference within an insecure profession. In fact, those whose professional interests were best served by the appearance of progress and innovation could draw upon any or all of these "distances" in their critiques of others. As "the organ" for "that large and increasing class known" as the "Young Physic," the \textit{New Orleans Medical News and Hospital Gazette} stressed the proliferation of medical knowledge and urged specialization as a solution to "the fact, that the science of medicine has advanced so rapidly, and embraces so wide a field at the present day." By implication, those furthest from their medical school days would also be least effective at their jobs. Radical though the idea may be, specialization

represented a "manly and enterprising progressiveness," to be contrasted with "the blind devotion of those who adhere to a system simply because it is old."  

Some three decades later, a "Song of Youth" reprinted in the Alabama Medical and Surgical Journal explicitly marginalized the old practitioner in a poem more notable for its forthrightness than its artistry.

... We are young and strong, and we haste along,
The gray heads far outstripping;
They have grown so old that they only hold
To the teachings sage of a bygone age,
And the world is from them slipping.
Perhaps their way in an early day
Was viewed with approbation
But we've turned the page, and a younger age
Sets them aside, and joins with pride
In our mutual admiration...  

Aside from a seeming obsolescence that might reflect badly on the profession, old physicians could seriously compromise their younger peers' efforts to get ahead. As a contributor to the Atlanta Clinic put it: "The individual most productive of harm to the young practitioner in the beginning of his work, is the old established and respected practitioner," whose most damning criticism was faint praise. When asked about a young colleague such men respond that "he'll make a good doctor, but he is young yet and inexperienced." Information of this sort, the author claimed, invariably "exerts a profound


81 The corresponding "Song of Age" describes waiting and contemplation, but does not suggest competence or ability. "Society Reports: Southern Illinois Medical Association," Alabama Medical and Surgical Journal 1 (August 1886): 139-40.
influence on the listener." The problem of generational tensions could be exacerbated to
the new-comers disadvantage by precisely the advancing technologies with which young
doctors armed themselves. As therapeutics changed, older practitioners sometimes
questioned the sagacity of their young brethren, to the latter's economic detriment. W.F.
Barr took an opportunity to gloat at the expense of the "old fogies" who had vigorously
opposed his use of quinine. When he gave higher doses then were normal for the time,
"the 'older' members of the profession . . . considered me 'a dangerous young doctor,' and
an estimable and intelligent old gentleman replied to me in a meeting of a medical
society, that he would not permit me to practice in his family if I gave such large doses of
quinine!" It is impossible to know if Barr lost any patients as a result of the "fogies," but
his contempt for "their earnest consideration" is unmistakable. At the end of the century,
Dr. G.G. Roy recalled his earliest days in practice, and his competition with the older
physicians–his own father included–for patients' loyalties. On one occasion he declined to
summon his "father and Dr. Wm. Smith, both distinguished physicians in their day,"
because "[t]hey could have done just what I did, and they would have gotten all the
credit." On some occasions, however, a young doctor might solicit the advice of older
doctors, perhaps to ensure that the burden of blame for failure fell elsewhere. In Roy's
first professional encounter with typhoid, both his father and Smith "forsook" him. Roy

82"He Is Young Yet," Atlanta Clinic 4 (September 1895): 10.

83W.F. Barr, M.D., "Old and New Remedies," Southern Medical Records 6 (July
1876): 386, 388.

84G.G. Roy, M.D., "Early Experiences and Reminiscences of Forty Years of
Practice," Atlanta Medical and Surgical Journal 15 (July 1898): 296.
desperately wanted assistance in this case and finally deferred to the opinion of his patients' brother—a retired doctor who had "many years' experience."85 One might imagine the frustration of an insecure tyro wrestling with illnesses that he did not understand, having to implore more experienced doctors for their assistance with tough diagnoses, while having them swoop down like vultures on the easy cases.

In his annual message to the Medical Association of Alabama in 1886, Dr. Francis Marion Peterson explicitly addressed the professional tensions between youth and the aged under the rubric of institutional growth. "We desire to enroll under our banner all of the regular physicians in Alabama. We want old men, that we may have the wisdom that comes alone by experience." However, they must "remember that advanced age does not absolve them from the duties of citizenship—nor should it so augment their modesty as to cause them to hide their light under a bushel." As far as Peterson was concerned, any such man should be allowed to "come to the front and wear the laurels of [his] hard earned fame" without being called "Old fogy." Concomitantly, Peterson encouraged "young men who are just entering the profession" to contribute "their energy and activity and enterprise" to the Association. Old physicians may be an "example to their younger brethren," but "let no old fogy accuse them of being 'too forward or too pert'."86

In a young profession, "fogies" could be pretty young themselves; age-related appellations—like "fogy," "croaker," and "thin pate"—may have had more to do with the

85G.G. Roy, M.D., "Early Experiences and Reminiscences of Forty Years of Practice," _Atlanta Medical and Surgical Journal_ 16 (March 1899): 13, 16.

person's professional rather than their biological life course. J.Y. Crawford railed in the *Dental Headlight* against any "old croaker" who might claim "that societies and dental journals are all humbugs." Crawford urged readers to press any such man with "questions on dental anatomy and histology, and see how utterly ignorant he is on any and all parts of his profession." Recalling an experience of his own, in which he had "asked just such a character at what age the child should shed the last deciduous teeth," the answer given had been off by "about five years." For Crawford the lesson was clear: "don't listen to 'old fogies'," and stay abreast of the profession by attending the annual Association meeting. Crawford's remarks are particularly telling in light of the "Code of Ethics Southern Dental Association" published in the professional organ that he valued so highly. Perhaps Crawford skipped over article 2, section 1, or perhaps he did not understand the phrase "old croaker" as having anything to do with the injunction for the "young" to "show special respect to their seniors—the aged special encouragement to their juniors." We cannot know what Crawford meant by "old croaker," but that same year a man described as "one of the oldest and most successful practitioners of dentistry in this section of the country" died in Kenton, Tennessee at the age of forty-four.

Although publicly attacking "old fogies" in the abstract was a perfectly acceptable practice in Southern medical journals, it was risky to resort to age-based references in disputes with actual colleagues—no matter how dated or eccentric they might seem. And

---


when it came to eccentricities, few attained the heights scaled by Dr. Samuel Adolphus Cartwright (1793-1863). Scholars have delighted in the lunacy of his medico-racial doctrines, but in their eagerness to relate his ideas to Southern racism in general, they have underestimated the extent to which his colleagues and peers politely resisted his doctrines. In part, these scholars may have mistaken the formulaic respect accorded the aging Cartwright for agreement with his ideas. Often editors and commentators distanced themselves—albeit as gingerly as possible—from the ideas of their esteemed colleague. Introducing one of Cartwright's numerous essays on the biological differences between whites and blacks, Erasmus Darwin Fenner tactfully commented that "what might be considered as partaking somewhat of the fanciful in a writer of less experience and exalted reputation, is submitted by Dr. Cartwright in a serious and substantial manner to the consideration of the profession." Fenner called it "a very extraordinary paper," filled with "some views so novel and curious, that they will probably require additional testimony." Cartwright's observations, added Fenner, "will be somewhat startling to those physicians who have been familiar with negroes all their lives."

One of Cartwright's most tenacious critics referred to him as a "distinguished citizen" whose "high standing . . . as a citizen, a physician, and a man of learning and ability, entitles his observations and

---


arguments to respect and examination.” A lengthy obituary for Cartwright in the *New Orleans Medical and Surgical Journal* commented that "[m]any and strange were the theories held and advocated by Dr. Cartwright . . . all his writings have a vein of originality running through them, which is not as fully appreciated here as in Europe." He had an "enthusiasm" for "wild" theories. Matters "only vaguely thought of and dismissed from the minds of busy men" he "theorized on with untiring zeal." Despite a capacious mind, "he had the simplicity of a child and was easily led and easily deceived." In short, Cartwright's sterling character in no way validated his ideas.

Around the time that Cartwright turned sixty, a controversy between himself and several other physicians concerning the "motive power of the blood" blazed over the pages of several medical journals. Resuscitating a theory propounded a decade or so earlier by a Northern woman, Cartwright vigorously contended that the heating of the blood in the lungs caused it to circulate. The heart, he maintained, was incidental to circulation. Cartwright based his arguments on certain experiments that he performed on alligators, the writings of several natural historians, and—as with all his theories—he based

---


93 Mrs. Emma Willard experienced a medical epiphany while traveling near the ancient City of Troy; sometime later she propounded her theory. C. Smith, M.D., "Haematology, or the Motive Power of the Blood," *New Orleans Medical and Surgical Journal* 10 (November 1853): 317.
this one on a literal reading of Scripture. Resistance to Cartwright's assertions assumed a number of forms, including the one of interest here, an age-related dismissal of his abilities. Engaging with an ever more exasperating Cartwright over the course of more than a year and several articles in a number of journals, Dr. Albert Welles Ely maintained a strict and formulaic courtesy towards his older opponent. Nevertheless, Ely did hint at Cartwright's advanced age in several of his responses. Ely gently questioned Cartwright's recollection of a crucial experiment and insinuated that the lapse of time between observing the experiment and writing about it might explain the divergence between Cartwright's description and the accounts of other witnesses. By suggesting that Cartwright's memory failed him, Ely avoided calling Cartwright a liar while simultaneously suggesting that Cartwright's faculties were impaired and consequently unreliable. Though he did not mention age explicitly, the charge of failing memory was more plausible when registered against an older individual. In another oblique attack on Cartwright's reliability, Ely alluded to the doctor's age by dismissing Cartwright's sources as obsolete: "Cuvier has been dead just twenty years, and great advances have been made, since his time . . . It is now known that insects have a decided circulation, as Cuvier's commentators acknowledge; and we are surprised that Dr. Cartwright does not know

---

94Cartwright believed himself to be revealing "in its full literal sense, the 14th verse of the 17th chapter of Leviticus." Cartwright, "The Answer to Dr. Baker's Inquiries . . ." *New Orleans Medical and Surgical Journal* 10 (January 1854): 492; Cartwright, "Decisive Experiment—Proving that the Chief Motive Power of the Blood Is Derived from Respiration," *Virginia Medical and Surgical Journal* 1 (August 1853): 393.
this." Again, Cartwright's advanced age made Ely's critique more telling, but at no point did Ely directly comment on Cartwright's age.95

Ely's critique was logical, thorough, and devastating. Significantly, one editor's remarks on the various contributions to the issue gave the field to Ely without in any way impugning Cartwright. The editor shielded Cartwright by ignoring that it was Cartwright's ideas specifically that were being critiqued; he claimed that Ely "utterly demolishes the so-called 'Willardian theory,' and leaves scarcely a wreck behind." He then added a generic warning that "any enthusiast [who] can command the moral courage hereafter to uphold this 'vision of the brain,' ... will be compelled to rest his postulate upon a sandy foundation." Despite these strong words, the editor avoided any reference to the actual originator of the "farce."96

While the argument over circulation boiled, Cartwright engaged himself in another medical controversy. Reacting aggressively to a critique of an earlier article of his, Cartwright insulted his reviewer, a young physician who had recently moved to New


Orleans, by denying his identity altogether, claiming in effect that he was a liar: "In the March number of the Charleston Medical Journal... a writer assuming the name of 'D. Warren Brickell, M.D., Natchez, Miss.,' would lead the profession at a distance into the error of supposing that he is a resident Physician of that place, and that my reputation for veracity is so low, that a member of the faculty there can publicly assail it without injuring his own." Reminding readers of his age, Cartwright transformed the criticism of one of his essays into an attack on medicine itself: "professing to come from Natchez, where I so long resided [emphasis mine], is an offence against the medical faculty every where."97

Cartwright had dishonored him and Brickell knew it.98 His response was direct and savage. Brickell maintained that Cartwright's "article [was] rendered impotent by its degraded style." Instead of "anger," Brickell confessed to feeling "pity for" his "venerable enemy." Then, having suggested Cartwright's advanced age with the word "venerable," Brickell directly accuses Cartwright of senility: "How much disappointed am I to find, that the gray hairs which I have hitherto regarded as the honored emblems of his scientific research, are, alas! but so many symbols of his dotage." Brickell concluded by mocking Cartwright's views on circulation and, in a witty flourish, located his submission from "Near Natchez." As interesting as either individual's deployment of old age, the journal


98 On the significance of "giving the lie," see Kenneth S. Greenberg, "The Nose, the Lie, and the Duel in the Antebellum South," American Historical Review 95 (February 1990): 57-74.
editor's reaction to Brickell's paper indicated the extent to which reputation—in part a function of age—could shield a Southern physician in the nineteenth century. Undeniably, Cartwright had 'given the lie' to Brickell while himself lying that he did not know the younger man; nevertheless, the editor reminded "readers . . . that Dr. B. was the aggressor in this controversy." Presumably, the editor had in mind Brickell's original challenge to Cartwright's medical opinions, his temerity in challenging the wisdom of an older physician. The editor seemed to think that Brickell had lost in the court of public opinion and "advise[d] him hereafter to act exclusively on the defensive, for in that case he will be sure to enlist, at least, the sympathies of the profession."

Having discovered and exploited the privilege of age, it is hardly surprising that Cartwright would be reluctant to critique the work of a man who was his senior. In fact, Cartwright initially refused to review a gynecological book by the well-known

---

99D. Warren Brickell, M.D., "Cartwright on Probing the Fallopian Tubes," *New Orleans Medical and Surgical Journal* 9 (September 1852): 263. Around this time, Cartwright was prone to emphasize his age and experience. In a published letter to Dr. James Jackson, Cartwright thanked him for an opportunity to elaborate on "the results of the experience and observation of a Southern practitioner, extending through a period of active service of a third of a century's duration." Another of Cartwright's assertions—that "for 25 years I have been in the habit of curing Apoplexy almost as readily as intermittent fever"—caught the attention of Dr. Cornelius S. Baker who asked Cartwright to explain. In that explanation, Cartwright referred to one of his own essays, an essay some twenty-eight years old. Cartwright certainly was not alone in discovering the utility of emphasizing one's age. Dr. Samuel D. Gross prefaced some words of advice with the following injunction: "Young men of America listen to the voice of one who has grown old in the profession, and who will probably never address you again, as he utters a parting word of advice." See Cartwright, "Philosophy of the Negro Constitution," *New Orleans Medical and Surgical Journal* 9 (September 1852): 195-6; Baker, "Pathology and Treatment of Apoplexy," *New Orleans Medical and Surgical Journal* 10 (January 1854): 473; Cartwright, "The Answer to Dr. Baker's Inquiries," 478; "The Great Question of the Day," *Alabama Medical and Surgical Journal* 1 (December 1886): 421.
Northerner, Dr. Charles D. Meigs (1792-1869). However, the book offended Cartwright in several respects and gave him so much to say that Cartwright could not contain himself for long. When it came, Cartwright's review flew straight at Meigs' authority and attacked his age! More precisely, Cartwright criticized the veneration for established physicians that gave their work a credence that it did not merit; in short, he criticized the very social mechanism that kept his own work before the profession.

When the author, like Dr. Meigs, occupies the high position of a Professor... when he has age and experience... and an unexceptionable character... the opinions, doctrines and practice of such an author... so far from being scrutinized or examined into, are too apt to be taken upon trust, and to be adopted by that large portion of the profession who bow to authority and do not take the trouble of thinking and examining for themselves.

With the task of reviewing before him, Cartwright fell lustily on Meigs' work, savaging it without remorse or respite.100

Meigs had, at least, one other Southern critic in 1854. In a review probably written by Dr. Bennett Dowler, editor of the New Orleans Medical and Surgical Journal, Meigs' writing style—and by implication the substance of his work—came under fire: "Obscurity in writing and in thinking, dislocated sentences and arguments, a lack of syntax and a lack of sense, are, with rare exceptions, connected as warp and woof." Having mocked Meigs' infelicities of style over a number of pages, the editor referred explicitly to Meigs' age or, more precisely, the possibility for Meigs to use his own advanced age, to mitigate the review: "if like Bossuet, he [Meigs] were to apostrophize his own gray hairs, no one

---

100 Samuel A. Cartwright, M.D., Review of A Treatise on the Acute and Chronic Diseases of the Neck of the Uterus... by Charles D. Meigs, New Orleans Medical and Surgical Journal 10 (May 1854): 836-7.
would complain." Before publishing that review, Dowler wrote Meigs to tell him that his work would be under review. Without seeing the review, Meigs wrote a response reviving around the age gap between himself and his—as yet unknown— reviewer! He assumed the youth of his antagonist and asked "what ought I to do? Am I to believe the young gentlemen, the sophomore scollards [?] [sic] who assail me, or may I not venture rather to rely on the seniors, my brethren, who buy 20,000 volumes of my medical tracts, and ask me for others that are forthcoming." Presumably, Meigs had encountered up-and-coming reviewers in his past; however, the extent to which he rhetorically based his reply to the perception of generational tensions is remarkable. Meigs felt himself an old man under siege, and he knew precisely where to turn for validation.

In the 2d Chapter of II Book of Kings, I shall find a story concerning the prophet Elisha; he was old and well stricken in years, and so am I; he had a bald head, and so have I; he went on his way in the world, and so do I; he met angry and naughty boys, so have I; they scorned his gray hairs and hooted at his bald crown; probably they thought him unfit for his 'eminent station,' and they cried out upon him, 'go up thou bald head, go up thou bald head.' The prophet turned and 'cursed them,' so do not I; and the Lord sent two she bears out of the mountain and 'they tare forty-and-two of those children that day.' I am very sorry for the poor dear little Jew boys that were torn, and I hope my reviewers may keep clear of all such, and other vermin.

All this in response to a review that Meigs had not seen. On a somewhat anticlimactic note, Meigs acknowledged that his reply might not be warranted. "Yet after all, perhaps your reviewer may have been pleased to say nothing that I should not be willing to agree

---

101More than anything else, this review seems to have afforded the editor a chance to vent against the illiteracy of his colleagues, as well as the obfuscating jargon that many physicians insisted upon using. His own office, he remarks, was heaped with "rejected essays." Editor [Bennett Dowler], review of Women: Her Diseases and Remedies: A Series of Letters to His Class, by Charles D. Meigs, New Orleans Medical News and Surgical Journal 11 (July 1854): 119, 121-2, 123-6.
to. In that case I should have no answer to make." It must have amused Dowler to remark, by way of an editorial aside, that "Dr. Meigs had not seen the review, nor did he know who the reviewer was, nor could he have been apprized of any special ground of dissent, at the time he penned his letter."\(^{102}\)

Limning one's own age might seem a questionable line of defense today, but it made a great deal of sense in the 1850s. At the time that Meigs shrilled his reply to Dowler and Co., ideas of superannuation enjoyed little support within the profession. In 1857, the *Atlanta Medical and Surgical Journal* reprinted a consideration of professional retirement discussing how the trustees of one of the "western medical schools some years ago...declared, by the enactment of a statute, that when a professor has attained the age of sixty-five years he is no longer qualified to teach, but must consider himself superannuated, in spite of whatever testimony he may have to the contrary." Clearly unimpressed by such a rule, the author noted that Paris also had such a policy "in regard to hospital physicians and surgeons, similar in its bearing, but even still more arbitrary and unjust, since its limit is five years less."\(^{103}\) At mid-century, such practices were likely to elicit a negative reaction within the profession from medical students to journal editors.

After Louisville's trustees forced Caldwell from his chair, expressions of support fell in line behind the disgruntled doctor. The "graduated class" at Louisville, "for session 1848 and '49, unanimously" resolved that Caldwell's "lectures on all the subjects,


\(^{103}\)"When Is a Medical Teacher or Practitioner Superannuated?" *Atlanta Medical and Surgical Journal* 2 (April 1857): 510.
pertaining to his chair, have been able, thorough, and instructive; and that the imputation, therefore, that he is superannuated, or that his lectures are, in any way, inferior to those of the other professors, is unjust, unfounded, and false.\textsuperscript{104} In a lengthy "Analysis" of Caldwell's life, the \textit{Richmond and Louisville Medical Journal} describes the circumstances of Caldwell's retirement as follows: "He named March, 1850, as the period of his retirement, but the board anticipated him, by declaring his chair vacant in 1849. For this arbitrary and extraordinary proceeding, no motive was assigned, "except that "people thought him too old." The author approvingly noted Caldwell's "indignation" when offered "an honorary or \textit{emeritus} professorship, which he rejected in words not more proud than they were just and true." Impressed by Caldwell's physical presence, his eulogist explicitly noted the doctor's retention of his essential qualities as he aged: "in mid-life he had that amount of fullness indicative of health and vigorous nutrition; in old age he... retained an air of singular strength, endurance and hardiness. At all periods, his form, expression and movement would have attracted attention."\textsuperscript{105} Given the financial insecurities attendant upon medical practice, it is hardly surprising that many practitioners would frown upon forced retirement. Except for those individuals who had enjoyed an exceptional career, or inherited wealth, few physicians had amassed sufficient resources to permit them to simply cease working at a particular age. Nevertheless, some evidence

\textsuperscript{104}Editor's Note in Caldwell, \textit{Autobiography}, 416.

seems to indicate that professional support for the concept of retirement may have increased towards the end of the century.

Late nineteenth-century concerns with the debilitating effects of mental labor made retirement more attractive—at least conceptually—to medical professionals than it had been prior to the 'discovery' of neurasthenia, the catch-all condition of nervous exhaustion that prostrated the sensitive and refined in the late nineteenth century. Retirement, it could be argued, might literally save one's life. By 1890, a Dr. Holmes could suggest that his "tired old" comrades "envied the superannuated family cat, stretched upon the rug before the fire, letting the genial warmth tranquilly diffuse itself through all her internal arrangements!" To Holmes, dying "in harness" might still be "grand . . . but it is very pleasant to have the tight straps unbuckled and the heavy collar lifted from the neck and shoulders." In his study of retirement, William Graebner places Canadian-born physician William Osler's infamous address, "The Fixed Period," in the context of late nineteenth-century corporate capitalism. As Graebner acknowledges, Osler's speech reflected an increasing concern with efficiency and—despite the stir that it caused—was not out of step with many people's sentiments in 1905. In his speech, Osler told a stunned audience at Johns Hopkins University of "the uselessness of men above sixty," and therefore recommended retirement "on a double allowance" at that age.

---


108 Osler gave this talk on the 22nd of February, 1905. William Osler, M.D., "The Fixed Period," in Aequanimitas: With Other Addresses to Medical Students, Nurses and
the Southern profession of medicine, support for pushing the elderly out of the work force on an individual basis certainly had increased since mid century.

Some aging physicians simply relinquished their medical responsibilities voluntarily, especially if they had an alternative career. Dr. Henry Howard held a medical chair at the University of Virginia into his mid-seventies, "when he resigned, his advancing age unfitting him for the arduous duties of the chair." Dr. Howard was, however, in no danger of starving: "He subsequently became the President of the Citizens' National Bank of Charlottesville, which position he occupied at the time of his death." Not every physician was so amenable, nor so lucky. In a case analogous to the forced retirement of Charles Caldwell, a Dr. Bartholow at Jefferson Medical College had his chair taken from him by the college's trustees because of "impairment of his mental faculties." Four decades after Caldwell lost his job in Louisville, Bartholow resisted a similar move to oust him. Of greater significance than the circumstances of the case, however, is the difference that forty years made in the response of the medical profession. The writer of an article on the case questioned neither the trustees' assessment nor their solution, and seemed to think their compromise—rejected by Bartholow—fair. "Some weeks ago the trustees gave him an opportunity to resign his chair, or to go away for a few months to see if it were possible to recuperate sufficiently to resume his professional duties. This he declined to accept, for the reason that he considered it a reflection upon his mental and physical condition." As Caldwell's students had done forty years earlier,


the college students initially took the side of the aging professor, "held a meeting and adopted resolutions, praising Dr. Bartholow very highly, and requesting that the trustees should recognize his ability as a professor and continue him in the chair of therapeutics." Unlike Caldwell's students, however, they subsequently "recognized the wisdom of the action of the board of trustees and are quite in accord with it."\textsuperscript{110}

While circumstances for aged doctors—at least the ones who did not want to retire—may have worsened over the course of the century, the end of the century witnessed a surge in positive rhetorical deployments of old age within the profession. This surge had four components. Physicians in Alabama created a College to spearhead the profession's interests. Medical associations considered welfare schemes to provide for their superannuated colleagues. Some older physicians appropriated to their own advantage the invidious epithets deployed against the aged. Finally, a number of journals solicited and published the reminiscences of elderly physicians.

In 1873, after adopting a new constitution, the Medical Association of the State of Alabama brought into existence a College of one hundred Counselors. The Association hoped that the members of the College, who were elected for life, would form an elite corp within the profession: "we want a body of regular soldiers—veterans trained to efficiency by careful discipline and long service and the vicissitudes of frequent campaigns—a Spartan band, a Macedonian phalanx, a Roman legion, an old guard, which

\textsuperscript{110}"Impairment of Dr. Bartholow's Mental Faculties," \textit{Alabama Medical and Surgical Age} 2 (November 1890): 502-3.
can be moved as one man."\(^{111}\) Rhetorically, Alabama's doctors consistently described the college in terms of experience and age. Commenting on the deaths of two Grand Senior Counselors, Benjamin Hogan Riggs reminded the listeners to his 1885 address of the debt they owed to their professional seniors. "Young men, prepare to assume the burdens being annually put off by your worthy seniors, who have endured the toil and withstood the fight, until crowned with honors and with years, they sink to rest, followed by the praises of their bereaved fellow-citizens."\(^{112}\) Howard Holley correctly notes the significance of age-relations underlying the College—with members elected for life, "some future 'Young Turks' could not reorganize or effectively alter the format of the organization."\(^{113}\) As with the fluidity in the appellation "fogy", not all "Grand Senior Counselors" were so "senior." Some, indeed, might themselves pass for Young Turks. Mortimer Harvey Jordan, for example, became one by the time he turned thirty. Once again, the rhetorical deployment of old age reflects a level of respect and veneration that may or may not have had an actual analogue in lived experience.

Some years after establishing their College, Alabama's physicians began discussing the possibility of constructing a shelter for the widows and orphans of deceased physicians as well as the "superannuated of our profession, either infirm from the weight of years or bodily affliction." Perhaps their Grand Senior Counselors, now


advancing in age, were making the whole association more age conscious.\textsuperscript{114} Some limitations, of course, would be needed. As Birmingham's Dr. Edward Henry Sholl envisioned it, admittance would be restricted to "those without kith and kin, but with a moderate income, to provide for themselves the luxuries of a comfortable appointed home with congenial surroundings." There the "wayworn pilgrim" could "find . . . tender sympathy to watch the decline of life, and at last to close the sightless eyes and fold the cold, still hands upon the breast." At the meeting of the state association, the board of censors charged a committee of seven to investigate this possibility with Dr Sholl as the chairperson. A contributor to the \textit{Alabama Medical and Surgical Age} considered it "a divine infusion into the mind of Dr. Sholl that prompted him to suggest this great enterprise. . . for it is not only a needed and praiseworthy interest, but one which is directly in line with the teachings and wishes of the Master himself."\textsuperscript{115}

The next year, the committee's report on the "home for broken-down and indigent members of our profession" was eagerly awaited by at least one contributor to the \textit{Alabama Medical and Surgical Age}. For this man, such a project was just the thing to "create new life in the organization, and serve as a cement to bind the membership and profession closer together." Indeed, he warned that "[n]o organization has ever been a

\footnote{114}{While discussions about the Home took place, a contributor to the \textit{Alabama Medical and Surgical Age} raised the problem of professional impoverishment in old age. He "thought that every graduating class should have a few lectures delivered to them in finishing up, on financiering and economy.—how to make money and save it, for the support and rearing a family, and the necessities of old age." \textit{Alabama Medical and Surgical Age} 2 (April 1890): 180.}

\footnote{115}{"A Home for the Homeless," \textit{Alabama Medical and Surgical Age} 1 (December 1888): 18.}
success which had no definite work to do, and no specific object to foster."\textsuperscript{116} We can only speculate on the distress felt by this individual when the committee requested more time to conduct their study.\textsuperscript{117}

In 1890, the committee recommended "that each member of our county medical societies contribute annually one dollar or more as may be desired, until the accumulated fund in the hands of the association shall be sufficient to carry out the designs."\textsuperscript{118} The Association accepted the committee's report and subsequently the trustees—"Drs. E.H. Sholl, Peter Bryce, J.C. LeGrand, Benjamin J. Baldwin, and M.C. Baldridge"—filed for the incorporation of the "Alabama Doctors' Home... in the Probate office of Jefferson county." The Home would be "for superannuated physicians and the[ir] needy widows and orphans." The Home was to be a "crowning honor to the profession and still further emphasize the high position Alabama has taken in the medical world." There was, however, a problem. Contributions were voluntary. The Home, it seems, made it little further than the motions of the Medical Association of the State of Alabama.\textsuperscript{119}

Of greater interest than the failure of the home was its intended inclusion of superannuated doctors. The only successful benevolent society in the nineteenth-century

\textsuperscript{116}"The Home for the Homeless," \textit{Alabama Medical and Surgical Age} (April 1889): 213.

\textsuperscript{117}"Annual Meeting of the Medical Association of Alabama," \textit{Alabama Medical and Surgical Age} 1 (March 1889): 258.

\textsuperscript{118}"To the Members of the Medical Association of the State of Alabama," \textit{Alabama Medical and Surgical Age} 2 (January 1890): 82.

\textsuperscript{119}"The Alabama's Doctors' Home," \textit{Alabama Medical and Surgical Age} 3 (May 1891): 242.
South to which Alabama's physicians could have looked for a model started in South Carolina in 1849. "The Society for the Relief of the Families of Deceased and Disabled Indigent Members of the Medical Profession of the State of South Carolina" survived but did not prosper in the nineteenth century. It did not provide for superannuation. Such charities tended to confine their attentions to widows and orphans. When a New Orleans' doctor pleaded for a professional benevolent fund similar to one that existed in London, the objects of his concern were "the families of deceased medical men." In New York, the "Society for the Relief of Widows and Orphans of Medical Men" with lavish dinners for its members may have been as much a social club as a charity, but it did not serve as a pension fund.

In the last quarter of the century, aged doctors were singled out for recognition, their careers celebrated and their reminiscences sought after and published. Some of this was due to the agency of older physicians themselves. Around the time that negative depictions of old fogies emerged in the medical journals, some older doctors appropriated derogatory terms and used them to gain a platform for themselves, either to advocate a


conservative position or a radical one. An anonymous writer who simply signed himself "SENEX" submitted a series of articles to an Atlanta journal in 1872. The editor's introduction to these papers stresses the conservative intent of their author: "He says, in a private note: 'I feel that we old doctors may perhaps be of use in putting brakes to the machine, so that the youngsters don't run it too fast.' His article will be read with interest, and we hope, be followed by others." In 1857, a self-styled "old fogy" protested that "[w]ords in medicine are like the locusts of Egypt—they darkened all the land." He had more to offer than words; he had a wealth of experience. Since "[h]is days [were] pretty much passed," he urged others to embrace the study of "chemical physiology, if you would thread the labyrinths of pathology and therapeutics." In this regard, he felt himself ahead of his age, "Old fogy as I am—born out of due season—I intend to make the best of my remaining days by following the advice I give to you." Another progressive voice in an old mouth sounded in 1882. "Octogenarian" distinguished himself from other "old men in the profession." He advised the young to follow the scientific progress of the profession, and he decried those "who have not seen a

---

122 Occasionally, a contributor to one of the journals would refer to his own age for humorous effect. This was the case with "Thin Pate[s]'" derisive commentary on the bizarre midwifery of "old grannies." Pate, "Skimble-Scamble," 577-9.


medical journal of any standing for ten years or more." Worse, he had "seen in the past year, practitioners upwards of 50 years of age, who had never used a hypodermic syringe." For Octogenarian, such individuals had "no more right to the title" Doctor "than that long-eared sire of half-a-dozen mules grazing out on yonder meadow." As an old vessel for new ideas, "Octogenarian" took great pains to contextualize his relationship with his intended audience. "Letters have been written to young men on every subject under the sun . . . But I am going to limit myself to young men of my own profession, so that there will be as few as possible to disregard the words of an old man." His were "the ramblings of an old physician's mind," and though experience warranted his advice, he was aware that "just in proportion as old men like to advise, the young are prone to disregard their counsel, and take their own way." The problem, as he saw it, lay in different generational perspectives: "They say that old and young people use different spectacles—see things differently—forget that they were once young." His progressive agenda, however, was unswerving and he desired "to see every young medical man raise himself as near the top as possible, and so help to make medicine what she should be—an exact science."125

Old physicians might take upon themselves the task of reaching out to their junior colleagues, but as the century wore on younger physicians themselves manifested a growing interest in their own institutional history, an interest that led them back to the aged in their ranks. Undoubtedly much of this new-found interest reflects the growing

strength of the profession. With their occupation more stable, they could now work towards enhancing the profession's prestige. A sense of history did this in two ways. First it provided heroes and exemplars of professional qualities. Second, the recollections of old practitioners testified to how far the profession had progressed: they made the medicine of the past a selling point of the medicine of the present.

In 1893, plans were afoot to lionize Dr. Willis F. Westmoreland. One of his former students, B.W. Allen, had "received sufficient assurance from the old boys to warrant [him] to believe that money requisite for the purpose can be easily obtained." As an article in an Atlanta medical journal put it: "There is no nobler work left for the students of Dr. Westmoreland to do than to erect an enduring monument to his memory. . . . no man ever lived in the South who took more pains and made more personal sacrifices to teach his students."¹²⁶ Not every physician had such grateful acolytes, but interest in the careers of older physicians certainly increased over the last half of the century. An obituary for Dr. Henry L. Battle, of Wadley, Georgia, stressed his historical significance as "one of the original members of the Georgia Medical Association (1849)."¹²⁷ Medical journals noted with interest their oldest subscribers. "Mention was made in our last issue of Dr. J.J. Devine, of Texas, as one of our oldest subscribers," recalled the historically minded editor of the Atlanta Medical and Surgical Journal in reference to an earlier


¹²⁷"Medical Items," Atlanta Medical and Surgical Journal 14 (March 1897): 63.
editorial noting Devine's "twenty-four years" of loyalty to the journal. Neither in longevity, nor in fidelity, however, could Devine match T.J. Mitchell, who "first became a subscriber in 1859, and . . . through all the varying fortunes of the JOURNAL . . . has not forgotten us." Indeed, after tracing his connection with the journal, the editors took the opportunity to invite Mitchell, who "has had a long and useful medical experience," to submit "some of his professional reminiscences for publication." The editors sent out a more generic invitation the next year after publishing another doctor's reminiscences. "We wish we could have more of this kind. Can't some of our old physicians, who are readers of THE JOURNAL, give us some of their early experiences?" As reminiscences gained in favor over the last quarter of the century, older doctors took to delivering their recollections at meetings prior to publishing them in the medical journals.

In a sense, most submissions to medical journals were reminiscences. Nineteenth-century physicians crafted their medical narratives as personal reminiscences in which the

---


129 "Medical Items," 119.

130 Editorial, "Atlanta Medical and Surgical Journal" 16 (March 1899): 42.

narrating doctor becomes the central figure in a drama pitting him against another's illness. Nevertheless, a distinct genre of medical reminiscences did emerge within these journals: the new reminiscences may be distinguished by their explicit awareness of memory and history, their diffuse focus over a number of cases, the absence of pharmacological details, and the practitioner's age and experience as a framework for the unfolding story. As with autobiography in general, these reminiscences have a certain multi-vocality. At the very least, they tell two stories: the first is the explicit tale, generally addressed to the young men of the profession; the second, the story told for the author's benefit.122 For young doctors, increasing professional security allowed them to enjoy tales of their predecessors' trials and methods because those methods did not pose a threat to the newer medicine that they themselves were peddling. Indeed, the new professional could measure his own 'progress' against the follies and errors of a bygone age. Aged physicians gave the young a chance to celebrate the very professional progress that the old had once seemed to imperil. The editor's introduction to "reminiscent medical

122Contemporaries exhibited some awareness of this multi-vocality. Introducing the reminiscences of Dr. G.G. Roy—Emeritus Professor of Materia Medica and Therapeutics in Southern Medical College, Atlanta— the editor commented that the work "will prove of interest to all, but especially to the older practitioners"; this despite the fact that Roy addresses his asides and remarks to his "young brethren," "a young doctor," and "the young physicians of this day." J.P. Ralls thought his "observations" might be of interest "to the younger members of the profession," as well as "those of us who have long since passed the meridian of life and now linger in its ever darkening shades." "Editorial," Atlanta Medical and Surgical Journal 16 (March 1899): 42; G.G. Roy, M.D., "Some of the Early Experiences of an Old Physician," Atlanta Medical and Surgical Journal 15 (April 1898): 86; Roy, "Early Experiences," Atlanta Medical and Surgical Journal 15 (July 1898): 294; J.P. Ralls, "Venesection as Practiced Fifty Years Ago," Alabama Medical and Surgical Age 3 (February 1891): 87.
articles by two of our older physicians" satirically remarks that the work of Dr. Rae
"clearly shows that fifty years ago 'advanced ideas' were used."\footnote{133}

What provided entertainment to the young, could be validation for the old. The authors of several reminiscences went to inordinate lengths to justify the professional methods that they practiced in their youths, lengths that could only have added to the amusement of their younger readers. In a discussion of past venesection procedures, Dr. J.P. Ralls advanced the rather startling hypothesis that venesection no longer produced results because diseases themselves had markedly changed.

[T]he type of disease that prevailed in North Georgia and through the whole country underwent a great change. . . . To illustrate this let me state what occurred in the practice of my preceptor . . . Bleeding heroically, he broke the back-bone of the continued form of fever that prevailed in the village and surrounding country. . . . About the year 1844 however, the tide of his good fortune had its ebb. His patients commenced dying, and dying too at a rate that was alarming. . . . But it was noticed that his patients continued to die while other physicians, who bled sparingly, had much greater success . . . . The fact was the type of disease had changed. And although venesection did not go into desuetude for a considerable time thereafter, still being practiced in pneumonia, pleurisy, and the more violent forms of fever, yet its use was much more moderate and cautious.

As further evidence, he offered his own body and longevity as proof of the efficacy of blood-letting. Having been variously afflicted with "typhoid fever, pleurisy, pneumonia, [and] a pure form of inflammatory fever of one month's continuance," Ralls had himself been "subjected to the loss of blood, by venesection or arteriotomy, with leeches thrown
in for good measure." Quite "alive and reasonably vigorous, with sixty and nine years behind him," Ralls had "his eye fixed steadily on the goal of three score and ten."{134}

Dr. G.G. Roy, also pointed to his own survival to illustrate the merits of past practices; he too suggested that changes had occurred, though he thought it was the human body, and not diseases, that had undergone some transformation. Years ago, Roy's physician father had treated him for typhoid with the standard treatments: "small doses of calomel . . . tonic and stimulating doses of quinine. Turpentine emulsions and (what will strike the younger members of the profession with holy horror) fly-blisters to the scalp . . . and over the abdomen as soon as extreme tenderness developed." The adolescent Roy survived, "a living monument to this plan of treatment." On his body were the "marks of the scarificator" which he felt certain had saved him: "Now, the doctors of this age will say, that I must have been a horse or a mule to stand such cruel treatment, but without it, I honestly believe that I would not be living to-day." It was not possible, however, to simply go back and recapture the medical triumphs of the past. Something had changed. "Typhoid fever of that day, it appears to me, was more severe, but more successfully combated or managed than now. I don't know the reason, unless it is that mankind has physically degenerated, and is thereby the less able to resist and throw off diseases."{135}

In advancing such arguments, Ralls and Roy were hearkening back some forty years to the notion—then very much in vogue—that disease in general and fevers in

---

{134}Whether in agreement or out of amusement may be debated, but the editors decided to put Ralls' article at the beginning of that issue. Ralls, "Venesection," 87-94.

particular had undergone dramatic changes. In an 1846 account of the failure of Dr. Rush's heroic therapies, one Southerner explained that

great changes take place in the character of diseases, called by the same name, at different periods of time; and that a disease, which at one time would be highly inflammatory, and require very active depleting remedies, would at another period require almost an opposite course of treatment.  

More than a recollection of ideas from his youth, Roy's speculations on a declining species also reflected prevailing ideas about the ill effects of "civilization"—the neurasthenic condition—as well as Darwinian ideas then in vogue. Underlying Roy's rhetoric we can detect an effort to legitimize his own professional actions through the course of a long life. In this sense, Roy's "Reminiscences," as with Caldwell's "Thoughts," and all the talk of "Nestors" and "Fogies" in between, served a range of specific purposes. Southern physicians deployed ideas about old age to assuage their concerns with personal mortality, advance their economic interests, and protect the credibility and prestige of their profession. The attitudes expressed in Southern physicians' varied self-reflexive deployments of old age show them to be capable of simultaneously casting it positively and negatively while divorcing their professional understanding of aging from the medical understandings of aging described in the next chapter.

136Medicus, "A Brief Outline of the Life, Character, and Some of the Medical Opinions of the Celebrated Dr. Rush," Southern Literary Messenger (January 1846): 27-8. As one Southern editor urged a few years later: "Consult some our oldest residents in regard to the health of New Orleans, as far back as 1815 and '20; they are unanimous in the opinion that we are much less afflicted with severe and fatal disease now than at the periods to which we allude." "Health of the City, &c.," New Orleans Medical and Surgical Journal 6 (November 1849): 407.
CHAPTER 4
OLD AGE AND SOUTHERN MEDICINE

Just as the genio-hyo-glossi muscles were severed from their origin, the old man's head flew back, and he made a distressing sort of suffocative sob, when it was immediately discovered that the assistant was holding the ligature loosely, which had been previously passed through the frænum linguae for the express purpose of preventing a retraction of the tongue. By seizing the ligature quickly, and putting it on the stretch, so as to draw the tongue forward, the cause of this sudden alarm was instantly arrested. The only artery requiring a ligature was the left facial, which was cut by a careless slip of the knife after it had been cautiously separated from its bed in contact with the bone. . . . The day after the operation the old man was chewing tobacco. In two weeks he was out chopping wood; and in a month he went home perfectly well. His pulse was regularly 72 all the time, both before and after the operation.1

Lucky Jack to have J. Marion Sims for his surgeon! Better known for his "experiments" on slave women, Sims went down to posterity as a pioneering gynecologist, not a geriatrician. Nevertheless, he did take the time to write up this operation for the benefit of his professional brethren, leaving us a vivid picture of medical practice in the nineteenth century. For the hapless sixty-eight year old patient—known simply as Jack, "property of John M. Sanders, Esq., of Macon Co., Ala."—neither the fame of his surgeon nor the fact that this story would appear in print probably mattered half as much as the reality of having a chunk of bone removed from his jaw.2 Of course, Jack


2As Leslie J. Pollard observes, slaves' preferences for their own doctors may be partly accounted for by "the fear of being used for experimental purposes." Pollard,
was probably not high on Sims' list of priorities, either. It was not to elicit sympathy for the suffering slave that Sims wrote. However, this case study is much more than a testimonial to the skill and fortitude of the physician. Indeed, the short quotation above points out two errors of technique or judgment on the part of Sims and his assistant, and what seems as significant to Sims as any other aspect of this operation is the fact that it was performed on an old man. Nineteenth-century physicians, Southern and otherwise, found the challenges posed by aging bodies to be stimulating and worthy of some—albeit less than the mysteries of the female body—consideration.


\(^3\)Steven M. Stowe explains the nineteenth-century case narrative as a way that physicians were able to "see" themselves at work: as such, these narratives reflected the social world which the physician inhabited. Although narratives typically fused body with biography, in cases involving slaves the biographic detail tended to be truncated or absent "because the white doctor was, in a key way, not the slave's physician at all... Seen in this less complete way by white doctors, African Americans under slavery became, in narratives, simpler, more physical patients." Stowe, "Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-Nineteenth-Century American South," *American Historical Review* 101 (February 1996): 72.

\(^4\)Southern physicians liked to think of themselves as the pioneers of gynecology. As one Doctor crowed after the creation of the Southern Surgical and Gynecological Association: "The South is justly termed the home of gynecology, and what could have been more appropriate than the perfecting of this organization in Alabama, where J. Marion Sims did much of his most valuable work." Presumably old Jack's sore jaw was not foremost in this man's mind when he penned these words. After Sims gained renown for his work on the female anatomy, many Southern physicians hungered for reputation in the field of gynecology, vying with one another to build the better speculum. "Gynecology in the South," *Alabama Medical and Surgical Age* 1 (April 1889): 204; on nineteenth-century male attitudes towards female sexuality, see: G.J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes toward Women and Sexuality in*
In sketching the history of geriatrics, scholars have paid close attention to medical practitioners and the rise within the medical profession of a discourse on old age and aging. The tendency, however, has been to treat major works on old age and aging sequentially, implicitly reducing geriatrics to a linear progression through a series of seminal texts. Given the volume of historical medical literature available, this approach is understandable, but implies a coherence in the development and application of geriatric knowledge (and medical knowledge, more generally) that is misleading for several reasons. First, few Southerners—or Americans for that matter—number among the authors of gerontology’s canonical works, though many did contribute in small ways to the discourse on senescence by detailing, and sometimes reflecting upon, their experiences treating elderly individuals. Second, it is doubtful that many medical practitioners living in the benighted South had access to even a few works in this esoteric field. Books were precious commodities to Southern physicians. Given the difficulties and costs associated


^The list of canonical works by American authors is small; only Charles Caldwell could be considered a Southron. Cotton Mather, _The Angel of Bethesda_, ed. Gordon W. Jones (Boston: American Antiquarian Society, 1972); Benjamin Rush, "An Account of the State of the Body and Mind in Old Age and Observations upon Its Diseases and Their Remedies," in _Medical Inquiries and Observations_ (Philadelphia: Thomas Dobson, 1797); Charles Caldwell, _Thoughts on the Effects of Age on the Human Constitution. A Special Introductory_ (Louisville: J.C. Noble, 1846).
with procuring books, many physicians chose to consult the texts that they had always trusted rather than endeavor to stay abreast of the field. Lamenting the disadvantages under which Southern physicians labored, one North Carolinian rhetorically asked his colleagues, "is it any wonder that the average Southern doctor buys so few new books and periodicals and so seldom reads them?" Third, when and if a physician decided to expand his personal library, books on old age were not likely to be at the top of the list. If book notices and reviews appearing in Southern medical journals are any indication, monographs dedicated to the ailments of the aged elicited little interest. It was primarily from their journals—to which many subscribed—that Southern physicians derived whatever knowledge they had about geriatrics. Consequently, Southern doctors—unlikely to read many of the key works on old age, themselves—were exposed to such works at second hand in the pages of their journals, when an editor excerpted a particular selections or when a colleague referred to such texts.

---

7Referring in particular to the South's rural practitioners, a former president of the Mississippi State Medical Association, in voicing his opposition to the new antiseptic practices, noted that country doctors "soon become self-reliant, and learn to discard everything superfluous or unnecessary" and argued that "[n]o class of practitioners is less restrained by the formalities and the prescriptions of authority than they." J.W. Taylor, M.D., "Antiseptic Surgery in Country Practice," Transactions of the Southern Surgical and Gynecological Association 1 (1888): 71.


By concentrating on the medical journals of a specific region over a brief period of some twenty years (1845 to 1865), one can detect some of the complexities of nineteenth-century medicine—at least, in as much as they bore specifically on the elderly—in practice and theory. To a considerable extent, Southern pronouncements on senescence—as with that of the sciences in general—tended to be derivative. Much as Southern men of letters wanted to show that they had read Sir Walter Scott or the Greek poets, the South's scientists and physicians wanted to demonstrate familiarity with the works of prominent European authorities. Combining ideas from European authors with their own culturally-mediated understanding of biology, biblical literalism, and—sometimes astonishing—credulity, the writings of Southern physicians are illustrative of the ways in which knowledge diffuses imperfectly, is adopted partially, and can be modified and adapted to particular conditions in relatively short order. Although it is beyond the scope of the present work to track the availability or acceptance of geriatric ideas or texts in the South with any precision, the diffusion of medical knowledge in that region did not proceed in a linear fashion. Southerners, even highly literate physicians, reinscribed texts with meanings appropriate to Southern conditions and exigencies.

---

10 The dates provided here are not entirely confining. Where helpful, examples have been drawn from journals published later in the century. This chapter does not attempt anything like the close analysis done by David Leslie Juchau on the Pennsylvania hospital and the rise of age-based medical treatments in the late nineteenth and early twentieth centuries. Juchau, "Transitions in American Medical Therapy and the Older Patient, 1820-1920" (Ph.D. diss., University of Michigan, 1993).

With respect to old age, the South's medical journals reveal a persistent disjunction between general theorizing and individual cases. In fact, it makes sense to think of two distinct patterns of geriatric discourse. The first—informing by practice and anchored to the bodies of aging individuals—was rooted in the prestige and material interests of individual physicians. The second—congruent with broad socio-cultural ideologies and shaped by statistical science—was wedded to the collective class interests of the South's professional, white, physicians. The first of these patterns of discourse was not particularly Southern, though its manifestations could be shaped by the region's idioms, manners, or customs. The second pattern was, however, necessarily and decidedly Southern.

Evidence of this first pattern can be found in the efforts of Southern doctors to describe departures from assumed aging norms and to record their treatments of pathological conditions in specific elderly patients. In the medical journals one can discern two types of pathologies. One type encompassed conditions which physicians could only comment upon; the other, ailments they could hope to influence or cure.\textsuperscript{12} By collecting and writing about examples of the former, physicians constructed an elder

\textsuperscript{12}Among "the principal diseases most fatal to persons in advanced life," one contributor to the \textit{New Orleans Medical and Surgical Journal} listed "bronchitis, asthma, consumption, pneumonia, hydotherox, apoplexy, paralysis, cardiac diseases, aneurisms, calculus diseases, senile-gangrene, gouty and rheumatic affections." It was cases of disease or deformity NOT included in this list which seem to have been of the greatest interest to antebellum physicians. Review of \textit{A Practical Treatise on the Domestic Management and Most Important Diseases of Advanced Life; With an Appendix, Containing a Report of Cases Illustrative of a New and Successful Mode of Treating Lumbago, and Other Forms of Chronic Rheuematism [sic], Sciatica, and Other Neuralgic Affections, and Certain Forms of Paralysis}, by George Edward Day, \textit{New Orleans Medical and Surgical Journal} 6 (1849): 83-5, 86.
bestiary which reveals a fascination with the sexuality of the aged.\(^{13}\) The opportunity to rhapsodize on the intersection of age, gender, and sex appealed to many doctors. For medical afflictions which they could treat, success—whatever the problem—provided excellent grist for the journals. Given the vagaries of nineteenth-century practice, curing an elderly patient was cause for celebration because it testified to the prowess of the attending physician.\(^{14}\) Not surprisingly, doctors often wrote up efficacious treatments of the elderly, both for the edification of colleagues, and the aggrandizement of themselves. Whether descriptions of medical cases departing from presumed norms or narrations of specific treatments, the texts making up this corpus of case studies were necessarily episodic and disjointed.

The same cannot be said for writings on the broader topics of longevity and mortality. This, more coherent, medical discourse on aging arose in the 1840s as Southern physicians began fashioning their understanding of longevity into props for the defense of the South and slavery. Here, of course, the medical discourse of old age reflected the

\(^{13}\)In this regard, the supposed absence of sexuality in the aged provided the basis for an expansion of discourse—the "nearly infinite task of telling" about sex—consistent with that described by Michel Foucault. Efforts to describe and catalogue evidence of sexuality in the aged constitute further evidence of the shift to *scientia sexualis* beyond the confessional impulse upon which Foucault focuses. Michel Foucault, *History of Sexuality: An Introduction*, vol. 1 of *The History of Sexuality*, trans. Robert Hurley (Paris: Editions Gallimard, 1976; reprint, New York: Vintage Books, 1978), 20, 67.

\(^{14}\)Haber notes the paradox that doctors faced when confronted by an elderly patient. On the one hand, the inability of the aged to recover their health completely argued against experimental or heroic treatments which could "only raise public doubt about the power and efficacy" of the physician. On the other hand, the certainty of an old patient's "demise" held the doctor somewhat blameless should treatments fail. Haber, *Beyond Sixty-Five*, 51-2.
socio-cultural context and class interests of the theorists. Critically important to this new defense of slavery was the widespread acceptance of statistics in the medical sciences. Mid-century Southern physicians were sensitive to the potential for statistical study to aid them in "discovering" the significance of age to certain morbid conditions in their patients. The uses to which they put statistics were, however, generally consistent with the logic of race and the exigencies of social control in a racially-ordered society.

Southern physicians--like their colleagues elsewhere--assiduously collected stories of the grotesque and unnatural and, at mid century, tended to be uncritical of either "studies" or anecdotal reports of biological anomalies. The following passage from the *Southern Journal of the Medical Sciences* is illustrative:

Medical literature abounds with the recital of strange and unaccountable departures from the boundaries, to which Nature has restricted this and kindred functions. The mammary gland in man . . . has been known to rival its congener in woman. . . . Women have been known to menstruate through unusual channels, and at unusual times—the anus, the mouth, the nose, the ears, ulcerated surfaces, and the very pores of the skin have been made tributary to this sexual function. Females have menstruated during pregnancy, during lactation, in old age, and

---

even in the tender years of infancy; while others in the vigor of life and in robust health, have never menstruated at all.  

Departures from sexual norms were especially unaccountable in the elderly because the elderly, it was widely assumed, were asexual. Thus, the very expression of sexual feelings in the aged yielded evidence of a pathology. In 1856, the superintendent of the Eastern Asylum of Virginia suggested that his colleagues be alert for signs of sexual appetite in elderly patients to help them determine whether or not their wards suffered from a simple loss of their faculties or from senile dementia. Though sexual activity in old people might be pathological, searching for evidence of it, apparently, was not.

Numerous journal articles from the period under consideration record strange cases of elderly lactation, menstruation, and even transsexuality. Perhaps attempting to overcome the stigma of his unfortunate name, Dr. J. Boring provided several examples of peculiar lactation, some in males, some in grandmothers. Boring claimed knowledge of a lactating forty-seven year old grandmother in Atlanta, as well as of an Englishwoman "who at the age of sixty-eight years, not having borne a child for more than twenty years, nursed her grand children one after another." Whether they were acting on the influence of such accounts or not is unclear, but some physicians made recommendations to elderly women based on the presumption that lactation could be resumed in later life. An 1869

---


article in the *Richmond and Louisville Medical Journal* describes how a "Dr. William Gillespie, of Virginia," advised "a widow lady, aged about sixty," to suckle the child of her own dead daughter. "She followed his advice perseveringly, and, to her astonishment, a plentiful secretion of milk was the result, with this she nourished the child, which afterwards became strong and healthy."\(^{19}\)

Sometimes the death of an old person afforded an opportunity to satisfy prurient curiosity. In 1858, Dr. F. Le Jau Parker was asked "to perform a post-mortem upon the body of a negro named Jacob, slave of H. Garden." Garden, "a free person of color," had been "uncertain" of Jacob's sex and apparently chose not to let the matter rest after the sixty-seven year old cooper died. Without questioning the need for such an examination, Parker affirmed "that the suspicions were not without some foundation," for Jacob had been "one of those singular apparent sexual anomalies usually classed, and described, under the generic term, Hermaphrodite."\(^{20}\) Southerners were not unique in being curious about such matters. In 1854, a New York physician conducted an autopsy on a ninety-four

\(^{19}\)"Lactation by a Woman Sixty Years Old," *Richmond and Louisville Medical Journal* 7 (February 1869): 230-1.

\(^{20}\)This case is also of interest for its illumination of gender attitudes. Despite determining Jacob to have been hermaphroditic, Parker nevertheless affirmed that Jacob "notwithstanding her name and occupation, her having been brought up as a man, and as such married, was without doubt a female" primarily because s/he possessed a uterus. F. Le Jau Parker, "Hermaphrodisim: Description of a Supposed Case, &c.," *Charleston Medical Journal and Review* 14 (January 1859): 57, 62. In a parallel case in Europe, the presumption of gender went the other way, despite the fact that the "necropsy of a man sixty-three years old," uncovered "a structure resembling a uterus, between the rectum and bladder." Abstract of "A Masculine Uterus in a Man Sixty-three Years Old," by Professor Langer of Vienna, *Charleston Medical Journal and Review* 11 (May 1856): 419.
year old woman who had never menstruated nor borne children. It is poignant that this woman, whose "entire absence of all sexual propensities, she herself attributed to her strong devotional character," should have had her "generative organs" exposed for public scrutiny after her death.\(^{21}\) One wonders whether the Northern physician, or the Southern journal editor would have been so bold and explicit in describing this case had the woman been much younger. The very same issue of the *New Orleans Medical and Surgical Journal* reprinting the story of the old woman in New York, contains an article by a physician who had been called to the bedside of a woman after her attending midwife had spent several hours tugging the womb (in the mistaken belief that it was the placenta) away from the patient's body. Writing from Monticello, Arkansas this physician protested that he "would not offer this case to the public were it not that the world is suffering under a load of pretended or false modesty, of which the above patient came near being a melancholy victim.\(^{22}\)

Protocols of modesty appear more clearly in an 1847 article, dramatically entitled "Obliteration of the Vagina," in which the author described "three instances of this condition [obliteration] of the female parts." In two of those cases the subjects were aged. The first, "an old African woman, . . . was upwards of ninety years old. . . and lived to be

\(^{21}\)Apparently, the autopsy revealed "an uterus of the usual size, and normal in its condition, except that the cavity of one-half was obliterated [emphasis mine]. The ovaries were both present, although much atrophied; but whether this condition was due to her advanced age or to an original condition, it was impossible to say." A.K. Gardner, M.D., "Post Mortem Appearance of a Lady, of 94 Years, Who Had Never Menstruated Nor Borne Children," *New Orleans Medical and Surgical Journal* 12 (July 1855): 106-7.

near a hundred." The physician claimed success alleviating her symptoms. The "old lady" in the second case—presumably white—suffered frequently from the "suppression of urine" because her "labia had . . . united so perfectly that there was not left any trace of a vulva, except a mere elevated ridge—a sort of raphe—in the perineum." Significantly, the physician carried out invasive treatments on both of the elderly women, but not on the third patient, "a beautiful young married woman." Cryptically, the physician concludes: "yet years have elapsed without any such effort [to remove the vaginal obstruction] as I have alluded to." Presumably, the author felt there was no prestige to be gained, or maybe something to be lost, by either pressing, or even discussing, the matter further than he already had. Preserving female modesty was a requisite skill for nineteenth-century physicians. Dr. Samuel Cartwright denounced a colleague whose book on female complaints had ignored "prosoposcopia, or the art of being able to tell, by the countenance, the diseases of the womb." Skills in this art, Cartwright argued, were imperative "to spare female delicacy." Curiously, Cartwright himself was a keen proponent of the speculum, and even noted age-related differences in vaginal plasticity. In any event, the demands of propriety seem to have lessened when the subject was either


24Cartwright criticized a Dr. Charles Meigs for not using the "improved speculum with two or more blades. He objects to the bi-valve, because the folds of the vagina fall in between the blades, obstructing the view. But he surely knows that this objection only applies to elderly persons. . . . In young women, unless the health has been greatly impaired, the walls of the vagina never obtrude themselves between the blades." Samuel A Cartwright, M.D., Review of *A Treatise on the Acute and Chronic Diseases of the Neck of the Uterus*. . . , by Charles D. Meigs, *New Orleans Medical and Surgical Journal* 10 (May 1854): 842-3.
black or aged. For this reason, elderly women—as with the ill-fated slave subjects of J. Marion Sims—provided physicians with the opportunity to demonstrate their prowess over female bodies without appearing indecorous in the process.

Around the time that Cartwright was sparing female delicacy, Dr. John Cunningham from Richmond, Virginia, related an experience with an old African-American cook whose age he had guessed to be between eighty and eighty-five years. The woman suffered from "rectal irritation." Medical treatments were ineffective, and her doctors "were astonished to hear one morning from her nurse, that the old woman had been for some days passing bones of different sizes and shapes, none of which she had preserved." Instructing the nurse to save such materials, the men received "quite a number of bones, evidently those of a foetus, completely denuded of flesh, and surrounded by a slimy and purulent material." In the collection were "mostly the phalanges of the fingers and toes," along with "the heads of the long bones imperfectly ossified, . . . portions of the pelvis and other of the flat bones." Although noting that "[t]his poor old creature still lives . . . and continues to discharge at times, bones of different shapes," Cunningham's interest clearly lay in the problem rather than the patient.

We think, then, it may be stated, beyond dispute, that in this woman we had a case of extra uterine pregnancy, which, after remaining in abeyance not less than forty years, and interfering but little, if at all, with her general health had at last been discharged by ulceration of the sac which contained it, forming a fistulous opening into the rectum, and giving rise to all the symptoms to which we have alluded.25

---

A little more than a decade later, a similar story was recounted in the *Southern Journal of the Medical Sciences*. This time, the subject was a seventy-four year old English woman who, on her deathbed, had requested that a post mortem be performed. It seems that forty-three years earlier, a "Mr. Walkins, Sr., had attended her, during an apparently false pregnancy in which "[t]he labor pains had . . . decreased, and finally disappeared." In a strange twist to the story, the woman had not discussed the case with anyone after the incident, until forty-three years later, "being in extremis, she expressed her desire that the son should take up the accouchement long before began by the father."

The post mortem revealed "a well preserved foetus. . . in a normal condition, covered with a mucilaginous fluid, which was with difficulty removed." In this case, considerable additional detail is provided to the reader: "The umbilical cord was still fastened to a small tumor, resembling the placenta, in an atrophied state, adhering to the peritoneum by ligamentous cords, and covering the broad ligament near the left ovary." Unlike Cunningham who had stressed that the black subject of his narrative was "so old. . . and with a mind so impaired" that she could not remember ever being pregnant, the author of this subsequent article stressed the English woman's agency in allowing her story to be told: "the autopsy was performed according to [her] . . . dying wish." In this case, the doctor seems to have felt that he could not publish the results of his study with complete impunity, but needed the dead woman's tacit consent. Perhaps more remarkable, the physician affirmed the woman's normalcy despite the decades-old foetus preserved
insider her! "No anomalous condition could be detected, save the renal lesions that brought on her death."\(^{26}\)

From the perspective of the medical professional, the ideal subject may well have been the elderly black woman. Dr. John A. Octerlony certainly took full advantage of such a subject when he reported to his medical brethren on "A Case of Molluscum Simplex" in which a black cook about sixty years of age had been afflicted with tumors over most of her body. The editors of the *Richmond and Louisville Medical Journal* apparently had no qualms about lavishly illustrating this case, and took the unusual step of providing two illustrations of the woman—front and back—standing fully nude. And the poor woman was indeed covered with tumors. In describing this case, Octerlony sexualized the woman's condition. Though her whole body was plagued with growths, he specifically noted that her "external genitals were covered with small tumors," and recorded that "one of larger size was of such form and dimensions as to look somewhat like a penis." This penis-shaped tumor on the old woman's body fascinated Octerlony, who noted that on the accompanying "wood-cut it has been placed by the artist a little too far to the left side." Such specific attention to one tumor is somewhat curious considering that, by Octerlony's own tally, the patient had 2,333 tumors on her person. A living curio, the old woman's body was placed on display while she was still using it, and Octerlony

kept her "under observation for several years, during which time" he "exhibited [her] to numerous classes of medical students."\(^{27}\)

Insensitivity of the sort evinced by Octerlony was not a simple manifestation of misogyny, or of racism—though assumptions about gender and race may have affected his handling of patients. Instead, it is best to understand gender, race, and age as mutually reinforcing factors in a complicated—and highly individualized—calculus of social attitudes. When Southern physicians—white and male—encountered bodies dissimilar to their own, it is likely that this had the greatest impact on their personal demeanor towards the patient, and the least impact on the therapeutic decisions made in treating such bodies. The distinction is important. The callousness of Octerlony to his patient was undoubtedly intensified by specific components of her identity—race, gender, and age—but it is also likely that Octerlony's approach to her ailments would have differed little had she been a white male of his own age.\(^{28}\)

In the preceding examples, it is important to take account of editors' willingness to publish particular articles, as well as their silence in presenting contributions from physicians like Octerlony. Were Octerlony markedly out of step with his colleagues, it is

---


\(^{28}\) Stowe argues that "usefulness was the touchstone" of successful medical practice. They might have assumed the "demeaning race and gender-based stereotypes of slaves and women," but Southern doctors tended to approach and treat sick bodies in consistent ways. Although he does address the social decontextualizing of slave patients, Stowe does not sufficiently distinguish physicians' professionally-coded treatments of specific illnesses or conditions, from their socially-coded treatment of specific types of patients. Stowe, "Seeing Themselves at Work," 57, 65.
likely that the journal's editor would, at least, have interjected his own objection or observations on the case. Certainly, the South's medical editors were willing to sound warning bells if they thought a particular submission questionable or a theory too strained. When Dr. J. J. Dixon, of Ashland, Tennessee sent an "interesting item" to the Atlanta Medical and Surgical Journal about an "an old lady, aged 67," who was "now menstruating," the editors published it, but asked Dixon for a "further account of the progress of the case." Openly questioning Dixon's diagnosis, the editor was "strongly inclined to suspect disease of the uterus, and not a mere resumption of its lost physiological action," to explain this woman's periodic bleeding and other symptoms of "painful menstruation."\(^2^9\) Especially in cases that seemed to invite doubt, authors—and sometimes editors—buttressed claims made in their journals by furnishing substantiating evidence drawn from other sources, preferably European. Thus, the editor of the Southern Medical Record, after noting the case of a man who had a third set of teeth emerge out of his gums in his seventy-third year, apparently felt constrained to provide further evidence of the same phenomenon, adding that "Van Helmont relates a precisely similar case occurring at the same age."\(^3^0\)

\(^2^9\)"Menstruation in Old Age," *Atlanta Medical and Surgical Journal* 2 (November 1856): 184-5.

\(^3^0\)Presumably, the allusion is to Jean Baptiste van Helmont, *Ortus Medicinæ. Id Est, Initia Physicæ Inauditæ. Progressus Medicinæ Novus, in Morborum Ultionem ad Vitam Longam*, (1648); "A Third Dentition at the Age of Seventy-three," *Southern Medical Record* 6 (July 1876): 434. Almost two decades earlier another article on the subject had attested to a third dentition in "a negress and a native of Louisiana," who was "reported not only to have recovered the sight, which she had lost, but to have been blessed with a third set of masticators." Stanford E. Chaillé, M.D., "Longevity," *New Orleans Medical and Surgical Journal* 16 (May 1859): 422.
Although one might expect physicians to have become increasingly incredulous as the century advanced, as late as 1890, Southern doctors could read such stories as that of the extended family of John Beans. Beans' sixty-five year old wife "gave birth to twins," as did her daughter and her daughter's daughter, all on the same "Monday evening" and "within ten minutes of each other." The collection of such anecdotal evidence of the bizarre presumably served a number of functions, from bolstering an individual's reputation to filling a perceived lacunae in medical knowledge, to simply entertaining professional colleagues. It also served as a way of dealing with the inexplicable. Opaque biological processes that could not be explained, could--at least--be catalogued.

Many conditions did not seem opaque to nineteenth-century physicians. When they were not adding to their collective curio cabinet, Southern physicians spent much of their time helping the sick and injured. As discussed earlier, they did not have a wealth of manuals from which to draw advice on treating the aged. Reviewing George E. Day's unusual foray into the field of geriatrics, a contributor to the *New Orleans Medical and Surgical Journal* remarked on that work's uniqueness: "With the exception of Canstatt... who wrote a work on the diseases of old age, published in 1839, we find no express

---

31 Doctors' fascination with the relationship between sexuality and age was not confined to the old. In 1875, a doctor from Newbern, Alabama speculated on the possibility of conception in a two-year old black child. "Kansas Fertility," *Alabama Medical and Surgical Age* 2 (November 1890): 506; baby masturbation engendered some discussion at the 1877 meeting of the Atlanta Academy of Medicine. At least one child, it seemed, "was destined for a great scamp": V.H. Taliaferro, M.D., "Atlanta Academy of Medicine," *Atlanta Medical and Surgical Journal* 15 (1877/78): 460-4. See also, J. Huggins, M.D., "A Case of Precocious Development in a Child, with Remarks," *Virginia Medical Monthly* 2 (December 1875): 657.
treatise on this subject, until Dr. Day produced the present excellent and valuable book.\textsuperscript{32} In light of earlier assertions about the imperfect diffusion of medical knowledge, it is worth noting the reviewer's apparent ignorance of other works on the topic.\textsuperscript{33} Ironically, this review may itself have been the only source of specific medical advice relating to the aged that many of that journal's readers ever encountered. Both the work of Day and the attention of the reviewer are remarkable for their attention to specific geriatric concerns and regimens of treatment. Nevertheless, there is also an evident reluctance to jeopardize physicians' reputations through failed treatments of the aged, and several complaints Day advised against trying to treat at all. Specifically, he advocated medical inaction for cases of "senile catarrh; hemorrhoids–haematuria–gonorrhoea; and other mucous and sanguineous discharges."\textsuperscript{34}

\textsuperscript{32}The reference is probably to Karl Friedrich Canstatt, \textit{Die Krankheiten des Höheren Alters und Ihre Heilung} (Erlangen: F. Enke, 1839); Review of \textit{A Practical Treatise}, 82-7.


\textsuperscript{34}Among the details provided by Day's reviewer were recommendations against overuse of "the alkalies and acids," as well as the "neutral salts" which "are known to diminish the plasticity of the blood." He also cautioned against "the frequent use of the metallic salts as a general practice, in advanced life," and warned that "mercury sometimes produces disastrous consequences." Where "active purgatives" seemed warranted, the advice was to "combine with them some bitter and tonic infusion," specifically, "the 'vegetable tonics–bitters, astringents, the gum-resins and balsams'."
The presumption of failure when treating the old could insulate physicians from criticism, and throughout the century, doctors, Whitman-like, sang themselves when they cured an elderly patient, especially if success came as a result of some departure from received wisdom. Clearly there was tremendous tension between handling specific symptomatologies consistently, and experimenting with new treatments. For insecure professionals whose financial security depended upon their reputation, there were considerable risks to be weighed before venturing outside the bounds of orthodox, traditional practices. That said, elderly patients may well have afforded greater opportunity for experimentation precisely because the professional risks attached to failure were already mitigated. Indeed, for certain conditions associated with the elderly, experimentation seemed to have been more common. This was true for apoplexy (strokes), about which nineteenth-century physicians understood little. Treatments for apoplexy varied widely. Take the following two remedies, twenty-five years apart and—by way of commentary—neither likely to do much good for an individual suffering a stroke. From Dr. Samuel A. Cartwright, a man who prescribed aggressive doses of calomel and cayenne pepper as both cure and prophylaxis against cholera, came a similarly unpalatable prescription for apoplexy. Cartwright claimed numerous successes over the

Camphor was favored among "the stimulants . . . either with or without the carbonate of ammonia," and "sulphur" recommended because it relieved "venous congestion; improves the condition of the blood, and exerts a salutary influence on the skin, and the pulmonary and intestinal mucous membranes." Review of A Practical Treatise, 82-7.

^35^Cartwright's "cholera powder" was roundly criticized by his colleagues for many reasons, the impossibility of forcing slaves to ingest it being merely one of the more compelling. Even Cartwright acknowledged the need to shove a cold, wet napkin in the mouth of the patient "immediately after swallowing the medicine" to "remove the
course of more than two decades in treating apoplectics with an emetic concoction containing: "Two teaspoonsful of table salt, two teaspoonsful of mustard flour, one teaspoonful of ipecac. and one teaspoonful of tincture of assafetida, in a tumbler of warm or cold water." As an afterthought, Cartwright added that the "more disgusting the medicine the better." A kinder, if no less wishful, remedy was advocated by a Dr. F.T. Brooke from Cuckoo, Virginia. Visiting a patient named "Ralph N., a short, thick-set negro man, 68 or 70 years old," exhibiting symptoms of apoplexy, Brooke recalled having seen "that nestor in his profession, Dr. Hunter McGuire," treat the same malady with "a strictly milk diet." Although not claiming to be able to cure "obscure brain trouble," Brooke could not "help attributing to the milk a powerful agency." Lest it seem that these poles represent the whole spectrum of debate, other doctors disagreed vehemently over the efficacy of venesection (blood letting) in treating cases of apoplexy during this same period.

---


37Brooke's observations on his "mortal foe—some (to me) obscure disease of the brain" is indicative of the perplexity felt by Southern physicians when confronted with this malady. F.T. Brooke, M.D., "Obscure Brain Trouble," Virginia Medical Monthly 2 (December 1875): 669, 670, 671.

38Excerpting an article from a French journal, the New Orleans Medical News and Hospital Gazette reprinted a number of cases of old people who had survived despite
One might wonder at the success rate of Southern physicians confronted with stroke victims, but doctors were able to help elderly patients suffering from more tractable problems like cataracts, broken bones, and even gangrene. Dr. Josiah Nott of Mobile, Alabama took great pride in restoring vision to older patients. Recommending "the couching operation," in which the cataract is "easily broken up and removed by absorption," over the riskier and more difficult procedure of extraction, Nott claimed to have performed the couching operation successfully on "adults, . . . [many] upwards of 50, [and] several 70 years of age." More than a decade earlier, the Southern Journal of Medicine and Pharmacy published an account of a foreign operation "by depression" that had restored sight to the left eye of a man who had been afflicted "with a traumatic cataract" for sixty years.39

Although unlikely to have effected any permanent cure, one doctor claimed to have used hydrochlorate of ammonia to good effect against senile gangrene. His patient, "an old lady, eighty-three years of age," had been "suffering from acute pains in the right foot, which all ordinary remedies had failed to relieve." Almost thirty years later, the New Orleans Medical and Surgical Journal printed an article on the success of a doctor from Indianapolis in amputating the leg of a seventy-five year old man afflicted with senile gangrene.

---

gangrene. Having performed successive amputations from the toes on up the leg, Dr. McShane happily reported that his "Patient had seven years of comfortable existence after this affliction, and died of senile dementia about eleven years after the operation." Amputations, especially after techniques improved through Civil War practice, were often successful, even before antiseptic practice became the standard.

In 1867, Dr. W.O.B. Pollard evinced satisfaction with an amputation that he had performed on an old man. The "patient's physical strength was by no means vigorous, as it is well known that persons at this age have but little stamina or vital resistance."

Nevertheless, Pollard was determined to operate after William Mundy—"the oldest inhabitant of our parish, aged seventy-six years and nineteen days"—took a tumble "while ascending the steps of his gin-house." Mundy consented to the operation and "is now in good health, and wearing one of Dr. Palmer's patent artificial legs. He is a man of superior energy, and travels with a great deal of agility." The point of the story for Pollard, clearly lay in his own triumph in surmounting the odds against successfully operating on such an old man. Pollard emphasized Mundy's "extreme old age, and the frailty of his constitution," stressing that Mundy was "among the few that survives an operation of this kind, after they have reached their threescore and ten." In fact, Pollard's descriptions of Mundy work against themselves. Prior to the accident, the old man—according to Pollard—had "little stamina or vital resistance" and was "by no means vigorous." The good doctor, however, seems to have been a miracle worker, and he

---

sawed through the man's leg and the weight of accumulated years. Describing the post-operative Mundy, Pollard stressed the man's "good health," and demonstrations of "superior energy," and "agility." When old patients recovered swiftly, doctors were not shy about imparting the news. A more bizarre, though similarly illustrative, description of an amputation appeared in print after a visiting Surgeon at the New Orleans' Charity Hospital removed a gigantic tumor from the back of an old man's neck. As with the woman covered in tumors, this case involved deformity in an elderly black patient and was illustrated in a medical journal. Like the amputations described earlier, the rapid recovery of the patient enhanced the narrative: "The patient sat up in bed the day after the operation; was out of bed the next day; never had any fever," and "two weeks after the operation... [was] ready to return home a happier and lighter man." Here too, the old age of the patient was important to the physician. As with Pollard, who had carefully indicated the length of time—right down to the "nineteenth day"—that his patient had been alive, Dr. Chassaignac seemed intent on classifying his patient as an "old man." This, despite the fact that "John Hyatt" was "hale and hearty" and protested that he was not old. Hyatt "states he thinks he

41Lest anyone miss Pollard's point, he recalls the words of Seneca: "He that does good to another man, does good also to himself; not only in the consequences, but in the very act of doing it, for the conscience of well-doing is an ample reward." W.O.B. Pollard, "A Case of Compound Comminuted Fracture and Amputation in a Patient Aged Seventy-six—Recovery," Southern Journal of the Medical Sciences 2 (May 1867): 33-4.

42After Dr. Joseph Stevens amputated "the thigh of a patient sixty-six years old, for obstinate and extensive ulceration of the foot and leg, of forty years' duration," his professional colleagues learned that "before the end of a week," the patient "was able to get out of bed without assistance each morning." "An Aged Operator and a Tough Patient," Atlanta Medical and Surgical Journal 10 (July 1872): 251.
is 50 years old," but Dr. Chassaignac was not fooled for a moment: "his apparent age is 60 or over." The older the patient, the more remarkable the recovery and, by implication, Chaissagnac's skills as a surgeon.  

Although it is often doctors like Chaissagnac and Pollard who leap off the pages of the South's medical journals, occasionally one gains poignant insight into the suffering of a particular patient. Take the case of "Mr. James F—, aged 69 years," a single farmer who lived alone some distance from others. For more than a decade, James had "suffered . . . with some obstruction to the passage of urine." After five years of torment, he consulted with Dr. Hunter McGuire about the problem. McGuire determined that the man's "prostate [was] greatly enlarged, and . . . gave him a soft gum catheter, showed him how to use it, and how to keep his bladder clean by washing it out." Five years later, James was back:

the difficulty of introducing the catheter was becoming so great that he was afraid to stay at home, for fear of an attack of retention that could not be relieved in the country. Indeed he had had several attacks which had nearly proved fatal. He spent now half of the night using the catheter, and was often one or two hours trying to introduce it. His sufferings were terrible, and his condition pitiable; several times he had been on the eve of killing himself.  

Perhaps because of the sensitivity and compassion of the admittedly remarkable McGuire, this narrative powerfully evokes the anguish and frustration felt by this old

---

43 Chassaignac was both a Visiting Surgeon at the Charity Hospital and an Instructor at the New Orleans Polyclinic. Chas. Chassaignac, M.D., "Large Fibro-Lipoma.—Excisions and Recovery," New Orleans Medical and Surgical Journal, n.s., 19 (August 1891): 95-8.

man. There was nothing particularly Southern about the case except the identity of the doctor: this is the same Virginian who served with Stonewall Jackson, became president of the Association of Medical Officers of the Confederate States Army and Navy, and would later be celebrated for his willingness to serve in the Spanish-American war with Major-General Fitzhugh Lee. Confronted with James F., Dr. McGuire did not formulate a Southern response to the man's problems. He simply did his best to alleviate his patient's condition. In fact, as with some of the other cases mentioned previously, this one was shared by physicians in both sections of the country. McGuire read a paper on James before the American Surgical Association. Southern physicians—at least when they were seeking remedies for their elderly patients—seemed willing to borrow therapies from Northern physicians or Europeans, to experiment with promising new medicines, and to share their successful therapies with colleagues elsewhere. This same pragmatic eclecticism was not, however, apparent in these same physicians' efforts to conceptualize the broader significance of age and aging within Southern society.

By the mid-1840s, the abolitionist critique of the South had provoked a proslavery response which incorporated the voices of a number of well-regarded physicians. The works of several of these men—Josiah Nott and Samuel Cartwright, in particular—have been dealt with at length by a number of scholars. These experts have not, however,

45"Stonewall Jackson's Medical Director Again in Service," Atlanta Medical and Surgical Journal 15 (September 1898): 464.

explored the implicit vindication of the South's socio-economic and cultural practices evident in Southern physicians' understanding and analyses of old age.

There are three components to the age-based medical apologia for Southern practices. First the supposed longevity of slaves, especially slave women, testified to the salubrity and mildness of bondage. Second, comparisons showing that proportionately more centenarians lived in the South than in the Northern states or in Europe indicated the superiority of Southern health and moral hygiene. Finally, an assumption that mulattoes were not long lived suggested the wisdom of keeping the races separate and confirmed the moral opprobrium attendant on miscegenation. The data sustaining these three strands of argument began accumulating around mid century, after statistical thinking had permeated the medical profession sufficiently to make mortality tables, especially for the major Southern cities, a standard feature in several medical journals. Compilations of the vital statistics of particular locales also began appearing at this time. The defensive nature of such publications, at least the ones from Southern presses, was apparent from the outset. Of four such compilations treating New Orleans and Louisiana


47The inaugural volume of the Southern Journal of Medicine and Pharmacy, appearing in 1846, provided rudimentary "Statistics" for Charleston, South Carolina. Around this time, the New Orleans Medical and Surgical Journal regularly printed a two page feature on the "Mortality of New Orleans." The first volume of the Virginia Medical and Surgical Journal, published in 1853, provided vital statistics for Richmond. In 1853, the South Carolina legislature passed a law attempting to regularize the collection of data on vital statistics: see Review of Annual Report to the Legislature of South Carolina, Relating to the Registration of Births, Deaths and Marriages, for 1857, by Dr. R.W. Gibbes, Jr., Charleston Medical Journal and Review 14 (January 1859): 103-5.
published between 1851 and 1856, the two that had been published in the South
proclaimed their purpose to be the correction of misinformation about Louisiana. After
attending the American Medical Association's 1849 meeting in Boston, Dr. J.C. Simonds
decided to clear New Orleans of its "very undesirable reputation" for insalubrity. In a
similar vein, the prefatory letter to Dr. E.H. Barton's 1851 report noted "the unfavorable
impression existing in regard to the health of this section of the Union," and its negative
effects on "those institutions, created to alleviate the wants of families deprived of their
natural supporters—Life Insurance Companies."**

Before considering Southern physician's attention to extreme longevity in relation
to slavery, it should be noted that their treatment of this subject was, to some degree, an
extension of prevailing medical views being articulated by physicians elsewhere. An
article from 1855 simply entitled "Longevity" illustrates how Southern physicians could
counter research on longevity at second, or even third, hand. The article, reviewing a
work by Pierre Flourens (1794-1867), described the researches of Barnard Van Oven
(1796-1860) who had influenced Flourens. Readers of the *New Orleans Medical and
Surgical Journal* learned that Van Oven had amassed historical "tables comprising the

---

**E.H. Barton, M.D., and H.G. Heartt, *Report to the Louisiana State Medical
Society, on the Meteorology, Vital Statistics and Hygiene of the State of Louisiana. . . .*
(New Orleans: Davies, Son & Co., 1851); J.C. Simonds, M.D., *The Sanitary Condition of
New Orleans As Illustrated by Its Mortuary Statistics* by J.C. Simonds, M.D. Revised for
the Charleston Medical Journal and Review from the September No., 1851 of the
Charleston Med. Jour. and Review (Charleston: Steam Power Press of Walker and James,
1851); James Stark, M.D., *Vital Statistics of New Orleans* (Edinburgh: Robert Inches,
1851); E.H. Barton, M.D., *Report on the Meteorology, Mortality, and Sanitary Condition
of New Orleans, for the Years 1854 and 1855* (Philadelphia: T.K. and P.G. Collins,
1856).
names, condition, country, date of death, and ages" of more than 2000 people who had lived longer than 100 years; seventeen of those individuals had lived more than a century and a half. Additionally, "Van Oven had collected notices of fifty living persons at ages varying from one hundred to one hundred and eighty years!" Admitting the impossibility of assessing the validity of such claims, the author of the review believed that the weight of the evidence "may be received, in the words of the author [Van Oven] as more than enough to justify a fair presumption that human life might endure much longer than it usually does," thereby "encourag[ing] the exertion of those who desire to promote healthful longevity."49

Even minimal skepticism, of the sort evident in the review described above, was unusual. Physicians at mid century—whether Southern or not—generally accepted even extraordinary claims of longevity. An 1854 article in the New Orleans Medical News and Hospital Gazette referred to a study of centenarians over a fifty-year period which unearthed, among other things, an individual who "had completed his ONE HUNDRED AND FIFTIETH YEAR!" Apparently, neither the original editor of this essay, nor the editors in New Orleans, balked at the idea of locating 1751 centenarians, of being able to

track them year after year, or of conducting a study spanning half a century, let alone the idea of people living to be 130, 140, or 150 years of age.\textsuperscript{50}

Two factors muted potential criticisms of studies purporting to quantify such examples of extreme longevity. First, the Scriptures described extremely long lives for the patriarchs of the Old Testament: how could a Christian doctor deny that which the Bible affirmed? Instead of questioning their faith-based knowledge, Southern physicians concerned themselves with the problem of explaining the failure of modern longevity to live up to its biblical promise. Thus Dr. Stanford Chaillé found evidence of extreme longevity in moderns to be heartening because it "suffice[d] to prove that in [this] respect, at least, mankind is not retrograding" from his biblical progenitors. Still, Chaillé was troubled by the lingering gulf between the seeming century-and-a-half limit on modern man versus the near-millenial ages reached by some of the prophets. To explain this gap, Chaillé hypothesized that "ancient Methuselah and the balance of the antediluvians" measured "their years. . . by seasons," and so their ages "should consequently be divided by four."\textsuperscript{51} Simple division came about as close to mathematical atheism as many Southern doctors proved willing to go.\textsuperscript{52} The second factor supporting claims of long life

\textsuperscript{50} "Statistics of Longevity," \textit{New Orleans Medical News and Hospital Gazette} 1 (April 1854): 66.

\textsuperscript{51} Despite questioning the ages of Pentateuchal heroes, Chaillé accepted evidence from "non-medical works" of people living "two, three, and even more than four centuries." Chaillé, "Longevity," 422.

\textsuperscript{52} Drs. Josiah Clark Nott and George R. Gliddon are notable exceptions in this regard; their widely cited, \textit{Types of Mankind}, affirmed that "numerical errors have always existed in the book of Genesis." Significantly, Dr. Albert W. Ely prefaced a lengthy quotation culled from \textit{Types} by writing: "We offer no apology for the length of the
was a well-established body of European medical lore, the most famous example of which was probably the autopsy that Dr. William Harvey (regrettably no relation to the present author) conducted on the English laborer, Thomas Parr, whose age was reckoned at "one hundred and fifty-two years and nine months." 53

A copy of James Easton's 1799 compilation of centenarians that is currently housed in the Lister Hall Dental Collection in Birmingham, Alabama, is illustrative of the sorts of multiple, reinforcing proofs for extreme old age that educated Southerners might consult. Along with a number of newspaper clippings and handwritten death notices of extremely old individuals culled from various European and American sources, this particular copy (itself a compendium of extreme longevity) contains the following handwritten research notes—left there, presumably, around 1869 by a "James Simson" of Melrose, Alabama:

---

following curious extract from the Types of Mankind regarding the defects of our received Scripture chronology, and giving the opinions of our authors on the subject of the great longevity of the human race in remote ages." Ely, "On the Common Origin of the Human Races," De Bow's Review 17 (July 1854): 35-6; Nott and Gliddon, Types of Mankind; or, Ethnological Researches, Based upon the Ancient Monuments, Paintings, Sculptures, and Crania of Races, and upon Their Natural, Geographical, Philological, and Biblical History, Illustrated by Selections from the Inedited Papers of Samuel George Morton, and by Additional Contributions from L. Agassiz, W. Usher, and H. S. Patterson, 4th ed. (Philadelphia: Lippincott, Grambo & Co., 1854). 53

The autopsy was conducted on 16 November 1635; Parr was a poor Shropshire lad, but his dead body gained the attention of England's King, who ordered the corpse dissected. Still, Parr had the last laugh: Harvey attributed Parr's longevity to "living frugally and roughly, and without cares, in humble circumstances." The less-than-humble Charles I, of course, had any possibility for his own life breaking the half century mark cut off rather abruptly in 1649. William Harvey, "The Anatomy of Thomas Parr," in The Circulation of the Blood and Other Writings. (London: J.M. Dent and Sons Ltd., 1990): 167.
Consult Millars History of the Church vol.1.p.66, for names of some old men
Consult Pliny—Hist.Nat.lib.1.cap.49

It would be another four years before the longevity of extreme centenarians like Thomas Parr would be subjected to rigorous standards of inquiry and systematically discredited.

Although there had been no particular racial component to the international understanding of extreme longevity, Southern physicians injected one as they became increasingly concerned to apply their understanding of old age to their own society. Consistently, Southern doctors tabulated mortality statistics by race and disproportionately uncovered examples of extreme longevity among Southern blacks, especially slave women. Such data tended to be accepted uncritically in spite of the difficulty, or impossibility, of obtaining any substantiating documentation to prove the age claims made by and for many slaves. In 1846, The New Orleans Medical and Surgical Journal several times reported the July death of "a native of Africa, aged 112 years." Four years later, Dr. E.M. Pendleton reported that Hancock County, Georgia

---

54 James Easton, Human Longevity Recording the Name, Age, Place of Residence, and Year, of the Decease of 1712 Persons Who Attained a Century, & Upwards, From A.D. 66 to 1799, Comprising a Period of 1733 Years. with Anecdotes of the Most Remarkable. (Salisbury, 1799) Copy in Lister Hall, Birmingham, Dental Collection signed "James Simson, Melrose, 1869."


contained ten black women and two black men over the age of 100, but had only one white person, a woman, in the entire population of the county, who had attained the century mark. Breaking down his data by race, Pendleton found that blacks were about seven-and-a-half times more likely than whites to surpass 100 years of age.

Of the twenty-eight supposed centenarians who died in South Carolina during 1858, the *New Orleans Medical and Surgical Journal* reported that twenty four had been slaves. By the end of the decade of the 1850s, some claims for the extreme longevity of southern blacks had become ludicrous. Citing Dr. Bennet Dowler's earlier research on New Orleans' African cemetery, Dr. Chaillé affirmed that the data showed "a proportion [of centenarians] thousands of times higher than is recorded of [sic] any other . . . part of the world." Interestingly, Chaillé's assertion proved a bit much, at least for the originator of the data on which it was based, and Dowler—then editor of this same journal—intruded into the text to clarify his earlier results. According to Dowler, his method of random selection "may virtually (without on my part intending it) have [had] the numerical effect of selection, if, as is probable, . . . monumental inscriptions be less for infants and young persons than for the adult and the aged class [emphasis his]." Despite this insight, Dowler seems not to have made any effort to refine his study or revise his conclusions.58

---

57 According to Pendleton figures, for every 100,000 whites, 23 lived past 100, whereas the equivalent number for blacks was 174. E.M. Pendleton, M.D., "On the Vital Statistics of Hancock County, Georgia," *Southern Medical Reports* 2 (1850): 356-7; "Vital Statistics of South Carolina," *New Orleans Medical and Surgical Journal* 17 (July 1860): 584.

58 To the modern reader, it is hardly surprising that Dowler's original study—for which he had surveyed internments at "random"—should have produced results in accordance with racial preconceptions. Dowler probably modeled his cemetery
Anecdotal reportage in the medical journals tended to support the statistical evidence that many slaves lived to be extremely old. The editors of the *Atlanta Medical and Surgical Journal*, for example, thought a seemingly trivial notice in the *Virginia Medical and Surgical Journal* of sufficient interest to warrant reprinting: the import of this notice was simply that a letter from Rio de Janiero mentioned "a slave 109 years old." In one of his articles on mortality, Dowler recalled reports from a "Dr. Dunglison" who had claimed that George Washington's "nurse, a negress, was living, in 1835, at the age of 168 years." If described at all, such extraordinarily old slaves were almost invariably in fine health and even better spirits. In an article culled from the *Nashville Medical Journal*, A.L.P. Green romanticized the death of "Aunt Phillis, an old negro woman" who "was, at the time of her death, at the lowest estimate, 111 years old, and the probability is that she was several years older." As with the Brazilian slave of 109, the story had appeal and was reprinted in another Southern medical journal: in this case, the *New Orleans Medical and Surgical Journal*. According to Green, Aunt Phillis remained


59"Longevity of the Negro," *Atlanta Medical and Surgical Journal* 1 (December 1855): 254.

60Dowler, "Researches upon the Necropolis of New Orleans," 276.
hale and hearty well past the century mark. "For fifty years she has enjoyed uninterrupted health, and as far as I have been able to learn, she was never sick in her life except at the birth of her children." Indeed, in Phillis' 104th year, Green had thought it necessary to intervene in the domestic affairs of the quarters and prevent her from marrying a man very much her junior, "an old negro man of 75." For Green, Aunt Phillis's peaceful decline constituted "the only natural death" that he had "ever witnessed."®

The readiness of physicians to believe such claims for Southern slaves reflected several things beyond their general predisposition to acknowledge the possibilities for extreme longevity in general. Many of the slave community's older members came from Africa and, consequently, there were no collaborating documents to attest to their actual ages. Even for those not born in Africa, the dislocations of the internal slave trade could have much the same effect. Beyond a lack of documentation, the relative anonymity of individual slaves at particular moments in their life course—at least, as far as local whites were concerned—militated against old whites recalling a shared youth or childhood with individuals of similar age in the slave community. Second, it may have been the case that work-hardened, weather-beaten blacks looked especially ancient to white observers. Travelling through the South, Frederick Law Olmsted related an incident in which he spoke with a servant from a Virginian tobacco plantation who, when questioned, seemed to have been quite clear on the age of a local stand of trees, as well as his own age in relation to them. Despite the slave's claim that he was only forty years old, Olmsted

---

thought that the man "had every appearance of being seventy." Occasionally a Southern doctor would remark on the difficulty of estimating slaves' ages: Dr. John A. Cunningham of Richmond, Virginia assessed one slave to be "at the advanced age of eighty or eighty-five," but admitted that "[a]s is common with negroes, she did not know precisely how old she was." By implication, of course, neither did he. Ignorance did not stop Cunningham from affirming—in a somewhat circular fashion—"that the estimate of her age we have made is correct." Though Southern doctors like Cunningham knew that reports of slave ages were often guesses, no systematic critique of the extraordinary age claims circulating in the journals leapt from their pens. The possibility for such a critique is suggested by the travelogue of Harriet Martineau, who, on a short visit to the South, noted the tendency of slaves to make exaggerated claims about their ages. Reflecting on this fact, Martineau commented on the unreliability of census figures showing extreme slave longevity:

you attempt to talk with the slaves. You ask how old that very aged man is, or that boy; they will give you no intelligible answer. Slaves never know, or never will tell, their ages; and this is the reason the census presents such extraordinary reports on this point; declaring a great number to be above a hundred years old.

If the contemporary, Martineau, could readily discern this situation, one may legitimately wonder why Southern doctors did not. Taken a step further, reviews of Martineau's work

---


appeared in Southern journals and yet the authors of those reviews—despite a marked interest in her racial comments—failed to pick up on that particular observation.65

Among the reasons for individual slaves to exaggerate their ages, simple ignorance is the least interesting. One might speculate on the utility—reduced workload, increased community status, and the reinforcing of particular knowledge claims—of exaggerating one's age in bondage.66 Certainly, there was some utility for certain slave holders to exaggerate the age of their slaves: Alabamians had to pay more than five times as much capitation tax on their young slaves as they did on slaves over fifty.67 Regardless of the motivation of their black patients or their white patrons, Southern doctors blithely accepted, as did Josiah Nott, that: "The negro... [is,] by nature the longest lived... of all the human family."68

65Review of Retrospect of Western Travel, by Harriet Martineau, Southern Literary Messenger 4 (May 1838). This failure to note Martineau's critique of extraordinary age claims did not reflect a general blind spot where old age was concerned. The previous year, another of Martineau's reviewers in the same journal rhetorically treated "an old negro... at work in the fields," and "an aged labourer pl[ying] his heavy task." A South Carolinian, "Miss Martineau on Slavery," review of Society in America by Harriet Martineau, Southern Literary Messenger 3 (November 1837): 645.


67Pollard, "'Massa... You Can't Make Me Work No More': Old Age and Slavery," chap. 1 in Complaint to the Lord, 34.

Although their mortality tables consistently indicated that the very oldest living Southerners were black, physicians stressed the generally high proportion of centenarians—of both races—in the region. On the eve of civil war, a doctor in Louisiana explained that "instances of extreme old age are perhaps more frequent in this city [New Orleans] than in any other city on the continent," and it was common to "hear of the demise of some ancient individual whose years run up to the neighborhood of a century, and occasionally of one who has made a commencement on his second century."

Reviewing J.D.B. De Bow's report of the 1850 census, the editor of the *New Orleans Medical and Surgical Journal* concentrated on the question of extreme longevity, a relatively minor component of De Bow's study. Of particular interest to the editor was the apparent gulf between Northern and Southern mortality rates. Whereas Maine, Massachusetts, New Hampshire, Vermont, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Delaware, Ohio, Michigan, Indiana, Illinois, Wisconsin, and Iowa could show one centenarian for every 3533.24 inhabitants, Louisiana boasted one in every 427. Virginia, Alabama, Maryland, Mississippi, North Carolina, and South Carolina all yielded similarly lopsided statistics, at least, where centenarians were concerned. Having completed a "lengthy comparison of centenarians in slave states, free states and Europe," the editor felt that he had demonstrated "the superior longevity, or at least the superior proportion of centenarians in the South." Of America's living centenarians at the time of the census, the editor asserted that "scarcely one-seventh... [were] found in the non-

---

69 Bennett Dowler, M.D., "Observations on Longevity, with Cases; Supplementary to the Preceding Article," *New Orleans Medical and Surgical Journal* 16 (May 1859): 431-2.
slaveholding States"; surely a remarkable anomaly given the fact that those same states "contain a much greater number of souls than the South."\(^7^0\)

Even where centenarians clearly did not abound, Southern physicians still found ways to affirm assumptions of Southern longevity. In commenting on the paucity of old people in Mobile, Dr. George A. Ketchum attributed to Alabama's relative youth the dearth of "old persons among us." A young man of twenty-four years himself, Ketchum's perception that Alabama was being "settled by those in their youth, or in the prime of life" was astute, though much of the youthful migration to Alabama from the older states of the Southern seaboard had occurred a few decades before Ketchum wrote his article.

Significantly, his explanation for this absence of "old persons among us," allowed for the possibility of collective aging in the future, and Ketchum did speculate that, as Alabama aged, so too would a--disproportionately--large number of its inhabitants. In support of this claim, Ketchum pointed out that, among Alabama's small "Creole population, . . . instances of longevity are quite numerous."\(^7^1\)

\(^7^0\)For all the slaveholding states, the reviewer calculated the ratio of centenarian to non-centenarian deaths to be 1:432. Of the 2,555 centenarians living in the entire country, 2,199 apparently lived below the Mason-Dixon. Editor, Review of Mortality Statistics of the Seventh Census of the United States (1850), Embracing the Cause of Death, the Age and Sex, the Color and Condition, the Nativity, the Season of Decease, the Duration of Illness, the Occupation of the Persons Reported to Have Died in the Twelve Months Preceding the 1st of June, 1850, with Sundry Illustrative Tables. By J.D.B. De Bow (1855) New Orleans Medical and Surgical Journal 12 (1855-6): 682-3.

\(^7^1\)Not all such migrants were young. James Lide moved his family (including adult children and grandchildren) from South Carolina to Alabama when he was sixty five. According to Joan E. Cashin's study of planter migrations from the seaboard to the younger cotton states, this exodus was mostly composed of young men and their families. Cashin dates this movement to the period between 1820 and 1840. Ketchum was not alone among his contemporaries in understanding the age dynamic at work in Southern
The issue of Creole longevity could be problematic for Southern physicians because Creoles were generally assumed to be racially mixed and, consequently, less biologically viable than other segments of the Southern population. Somewhat unusual in addressing this topic at all, Ketchum sidestepped the problem by ignoring the issue of race mixture altogether in his article. Although exceptions can be found—the oldest individual listed in Dr. Dowler's enumeration of cases of extreme longevity was a mulatto, aged 180—Southerner doctors tended to approach the question of mulatto longevity tautologically and assume that because there were few old mulattoes, mulattoes must die young. In describing Hancock County, Georgia, Dr. E.M. Pendleton, of Sparta, astutely attributed the paucity of extremely old mulattoes to the brevity of time in which migration. Writing two years before Ketchum, Dr. Josiah Nott asserted that: "Persons of the active ages of life, are . . . creeping into the new States from the old, falling into their propagating habits, and covering the land with young population. The old people remain behind to die in peace and quiet, and thus afford material for some of those beautiful tables of longevity which we have seen displayed." George A. Ketchum, M.D., "Contributions to the Vital Statistics of Mobile," *Southern Medical Reports* 1 (1849): 286; Fletcher M. Green, ed., *The Lides Go South . . . and West: The Records of a Planter Migration in 1835* (Columbia: University of South Carolina Press, 1952), v; Cashin, *A Family Venture: Men and Women on the Southern Frontier* (New York: Oxford University Press, 1991); Nott, "An Examination into the Health and Longevity of the Southern Sea Ports of the United States, with Reference to the Subject of Life Insurance," *Southern Journal of Medicine and Pharmacy* 2 (January 1847): 9.

Dr. Nott's explanation for cases of mulatto longevity in the South was somewhat more complex than that of his peers. Nott posited a sliding scale of racial affinities, and believed this explained why Southern mulattoes—derived from French and Spanish populations—were harder than the mulattoes in the Northern states who were the offspring of Anglo-Saxons. Nott, "Statistics of Southern Populations," *De Bow's Review* 4 (November 1847): 284-5. It is perhaps to the racial theorizing of Dr. Nott that we owe that wonderful axiom of English supremacist thought: "The wogs start at Calais."

the races had been mixing. Nonetheless, Pendleton did not allow his perspicacity to cloud his more socially comforting understanding of why there should be no mulattoes older than 80 in the population. Interpreting a racially-specific table of data, Pendleton proclaimed that:

the mulatto is much shorter lived than either of the unmixed races. Thus, only four in one thousand reach seventy years, to 16.1 of the black and 22.6 of the white. . . . It is true, that the disparity may be somewhat greater, owing to the short period of time since the two races have intermixed, making individual cases of longevity among the mulattoes rarer than it might otherwise be; but apart from the exhibit of this table, it has become almost proverbial among physicians, that the mulatto is more subject to certain forms of incurable disease, and succumbs more rapidly to the invasion of others, than either of the pure races.

Pendleton's study was nothing if not thorough, and he augmented the aforementioned table with data derived from his own calculations of "the average of the ages of all the living [in Hancock County] on the first of June." He put the average white's age at "23 years, the black at 18, and mulatto at 15." For Pendleton the proper conclusion was obvious: "Let the subject be presented in every possible phase, and it will be found that the two pure races exceed the mongrel by a considerable per cent. in the length of life." Pendleton's evidence and arguments struck a responsive chord among his colleagues. The editor of Southern Medical Reports, Dr. E.D. Fenner, thought the article important enough to pass it along to a rival publication—the New Orleans Medical and Surgical Journal—"long in advance of [his own] forthcoming volume." The supposition that

---


75In the letter introducing Pendleton's article to the readers of the New Orleans Medical and Surgical Journal, Fenner explained his rationale for submitting it to the
mulattoes were short-lived had currency beyond the medical profession, and may have been a determining factor in deciding a New Orleans' lawsuit "in relation to the status of a prominent and an esteemed citizen."\footnote{Although discreet to the point of opacity, an article about this case indicates that, by presenting evidence to show the longevity of his kin, one George Pandelly was able to prove before a jury that he was not, in fact, mulatto. Editor, "Medico-Legal Jurisprudence-Ethnological, Physiological and Sanitary Observation," 	extit{New Orleans Medical and Surgical Journal} 10 (May 1854): 849; see, Fourth District Court of New Orleans, 	extit{George Pandelly vs. Victor Wiltz, Embracing All the Testimony Adduced and Taken During the Trial of This Interesting Case, Together with an Appendix, Containing Testimony Taken in a Former Suit and Not Presented to the Court and Jury in This Case} (New Orleans: John M. Burk, 1854).}

Implicit in comparisons of Southern longevity to lifespan expectations elsewhere lay a moral commentary on the societies under consideration. Southern physicians assumed a correlation between a virtuous life and a long one, though few, perhaps, were as blunt or politically specific about it as Dr. Cartwright. Cartwright reported to the State Medical Society of Louisiana that: "pestilence, resulting from human sin and error, could be shut out, if the evils of misrule, intemperance and oppressive taxation... were abated by a wise and cheap city government."\footnote{Samuel A. Cartwright, M.D., "The Yellow Fever at Natchez in All Its Bearings on the Quarantine Question and Yellow Fever at New Orleans," report to the State Medical Society of Louisiana, 	extit{New Orleans Medical News and Hospital Gazette} 2 (March 1855): 16.} More typically, physicians who conflated competition as follows: Pendleton's work was "a model [emphasis Fenner's] for all physicians of the South who may feel disposed to investigate the late United States Census, in search of medical statistics." E.D. Fenner, M.D. to Dr. Hester, 11 June 1851, "Dr. Pendleton on Vital Statistics," 	extit{New Orleans Medical and Surgical Journal} 7 (March 1851): 551.
morality with longevity pointed to the reformed profligate, "Lewis Cornaro, who, by dint of extreme moderation and sobriety, prolonged his life to the length of nearly a century."  

Scripture buttressed assumptions about the ties between righteous living and long life. Dr. E. H. Barton thought that "it may almost be laid down as an axiom that the duration of life and the observances of the principles of morality and religion go hand in hand." For Barton, "the rules laid down for the regulation of life in scripture, are in accordance with the organic nature of man," and "a prompt and exact obedience to these laws brings with it the blessings of health." It required no great leap of logic to extend such a model from individuals to nations and view the mortality of the world's various peoples as a reflection of their conformity to God's will. Barton thought it "satisfactorily demonstrated" from his own researches in the Catholic Cemetery of New Orleans "that in countries where from climate, position and refinement a very small part of the population reach the age of their natural destiny, they approach it nearer in proportion as they obey laws which are adapted to the guidance of life." Happily for Southerners, Barton cheerily asserted that, "notwithstanding our deficiencies in many respects, sufficient is ascertained to hope for as near an approximation to the primeval ages as anywhere."

Writing a decade after Barton, Dr. Bennet Dowler also assumed that "[h]ygienic and morality . . . are to a great extent adequate to the task of eliminating many of the causes of premature death." From Dowler's perspective, "experiences confirm the Sacred Record that many 'do not live out half their days,' simply because they are not temperate,

---


just, virtuous and provident." However, Dowler did not attribute longevity exclusively to morality. Despite their willingness to affirm the connection between morals and longevity, Southern physicians were not generally so short-sighted as to entirely dismiss their own utility in prolonging life. In Dowler's words, "it is probable that the average or mean duration of life has increased, owing to the progress of medical knowledge."80

Logically, their various deployments of old age in the service of sectional politics foisted upon Southern physicians an awkward corollary. If old age indicated moral probity and the most extreme manifestations of Southern longevity appeared among the slave population, then surely slaves comprised the most moral segment of Southern society. Southern physicians certainly were disinclined to draw such a conclusion, but neither were they completely unaware of the contradictions implicit in their racialized constructions of old age. Some simply admitted the contradictory nature of their understandings of longevity and dismissed as anomalous the extreme ages attained by certain nonwhites:

With the progress of improvement, human health advances and the sum total of life is prolonged. The experience of every day's observation gives strength to this proposition; although it must be admitted, that a few individuals among the uncivilized and barbarian races, attain a riper old age than any among the refined and polished nations of the earth.81

For others, the apparent contradiction was illusory and would disappear with time: "it seems that while there are many more centenarians among the blacks than among the


81"Health of the City, &c.," New Orleans Medical and Surgical Journal 6 (November 1849): 407.
whites, they are not, taken as a whole, so long lived. . . . we may expect, in a few more years, that extreme cases of longevity will predominate among the whites.\textsuperscript{n82}

For many, it seemed easier to overlook the contradictions and stress instead the politically desirable proslavery message. In his analysis of "The Vital Statistics of Negroes in the United States," Dr. Dowler drew upon census data from Massachusetts and South Carolina to compare those two states and their impact on black populations. Referring to Malthus, Dowler noted that "the physical comforts, [such] as suitable food, clothing, ventilation, exercise, lodging, fuel, and so forth, contribute to health, long life, [and] increase of population," and the obverse is also true that "the absence of the physical comforts alluded to, tend universally to repress the increase, longevity, and well-being of population." Given these assumptions, the probity of social relations in the Southern states was evident in the differential mortality between black populations in the North and South: "no class of society, not even the most favored aristocracy extant, equals the negro slaves of the South in increase, good health, long life, &c., while, in the North, the negroes, as freemen, present if not the probability of extinction, yet the elements of physical well-being in the lowest possible degradation yet reached by humanity."\textsuperscript{n83} Similarly, Josiah Nott affirmed that "the negro attains his greatest perfection, physical and moral, and also his greatest longevity, in a state of slavery"; however, in Nott's writings the cognitive dissonance to which Southern physicians exposed

\textsuperscript{n82}Pendleton, "Vital Statistics of Hancock County," 357.

themselves is much clearer than in the writings of Nott's colleagues. In an 1847 article on life insurance, Nott calculated that "the colored class in Charleston" has "a lower mortality than the aggregate population (including nobility and all) of any country in Europe, except England, with which it is about on par, and would surpass even England were the slaves taken separate from the free colored." Certainly, this statement would seem to be consistent with the prevailing views of his professional colleagues, but Nott continues on in the same article to assert the "well known fact, that as you rise in the scale of society so does the longevity increase." Consequently—and despite his earlier assertion to the contrary—Nott concluded that "[i]t cannot reasonably be expected then, that the slaves at the South can equal in longevity the better classes of Europe, or the selected lives of insurance companies."\(^8^4\)

Given the level of internal contradiction, it is not surprising that as soon as its utility disappeared, so too did the discourse linking longevity and slavery. The remarkable attention that had been paid to old age by Southern physicians did not even survive the civil war. Until late in the 1880s, the topic of old age—when it came up at all—generally appeared under some other heading. In 1876, for example, Dr. W.F. Glenn published an article on the nature of disease that he had previously presented before the Nashville Medical Society. In that paper, Glenn speculated that all diseases result from "an unbalanced condition of the vital forces." If people would only obey "the laws of health," he argued, "you would [n]ever have a death under one hundred years of age, unless by

A decade later a contributor to the *Alabama Medical and Surgical Journal* argued that every year alcohol killed "sixty-five thousand people . . . in the United States." However, the author's interest in considering alcoholism and aging was to "prolong life in the aggregate," rather than promote individual longevity. An article appearing that same year in the *Alabama Medical and Surgical Journal* held the hectic pace of modernity responsible for a decrease in the aggregate life span. According to the author "increased competitions of trade and professional life" taxed the "cerebrum." As a consequence, "[w]e live faster by far than our fathers, and are gathered to them sooner than they were called to follow after those who had gone before them." In the struggle of each against each "only the physically fittest survive" and "[t]he asylum and the grave now get more than their due share of the premature victims of successful overwork or unsuccessful mental waste and worry." Such articles seem to reflect a shift within the medical profession from viewing longevity as a static characteristic of individuals to seeing it as a collective measure of social hygiene.

As Howard Chudacoff recognizes, the end of the nineteenth century witnessed a surge in the attention paid to old age by American physicians. Sparked in part by the


controversial "researches" of the Frenchman, C.E. Brown-Sequard, Southern journals again featured explicit considerations of old age and aging. An article in the *Alabama Medical and Surgical Age*, provocatively entitled "What Semen has Done for Brown-Sequard," dealt at some length with the work of Brown-Sequard, who gained notoriety for crushing "the testicles of dogs just castrated" and "subcutaneously inject[ing]... himself" with the resultant extract. Claiming that this remedy reversed the debilities of old age, Brown-Sequard boasted that he once had been "affected with an obstinate constipation," but now enjoyed perfect regularity. "[T]he projective force of my jet of urine has tripled," he trumpeted, because "my bladder has recovered its former vigor." His "other organs" and "limbs" enjoyed similar miracles, and he now found himself able to "apply myself to any brain work in the afternoon." The dog-sperm treatments, in effect, boosted his "physical and mental vigor," and made him "really thirty years younger thereby."89

By 1889, Southern physicians on the whole were more incredulous than they had been fifty years earlier, and they had little materially at stake in believing Brown-Sequard. Writing from Paris to his friends in Mobile, Alabama, through the intermediary of the *Alabama Medical and Surgical Age*, Dr. J.G. Thomas recalled a visit to "the celebrated physiologist, Dr. Brown-Sequard, who has recently created such a stir in the medical world by introducing his remedy for prolonging life." Thomas reported also on "a Hungarian physician, Dr. Szikszay," who had "discovered an 'elixir of youth'," but the

---

Alabamian remained unconvinced: "I hope between he [Szikszay] and Dr. Brown-Sequard we all be boys and girls again, but I am a 'doubting Thomas'."

It has not been the thesis of this chapter that Southern doctors fashioned a unique geriatrics, but rather that their writings on, and understandings of, aging were markedly affected by their socio-economic context. Southern physicians in the antebellum period, served the interests of their section by supporting its institutions and practices through their observations and interpretations of medical 'facts.' In particular, race relations were normalized through a medico-social discourse intent on proving black longevity, health, and well-being under white authority. In practice, however, Southern physicians continued to treat aged patients as best they could with little regard for their theoretical models of old age.
CHAPTER 5
NINETEENTH-CENTURY ELDER CARE IN WORD AND DEED.

Toward the end of the nineteenth century, members of New Orleans' Jewish community expended considerable energy discussing old age. Nominally at issue were charitable provisions for the aged and the building of a home for superannuated Jews. When the Julius Weis Home for Aged and Infirm—an outgrowth of the Touro Infirmary—finally opened its doors in 1899, many proclaimed the event a significant improvement in the community's ability to care for the elderly. Substantively, however, little had changed. Within a swollen discourse on old age and charity, the aged served as rhetorical pawns for community leaders intent on fulfilling abstract obligations to be charitable while advancing personal agendas. By fleshing out this story, I hope to do three things: first, explain the local dynamics that led to the erection of the Julius Weis Home; second, examine the connections between late-nineteenth-century elder care and Jewish identity; and, finally, comment on the importance of particularities in understanding the expression of attitudes towards the aged.

Forming a large, well-accepted, and vibrant community, the Jews of nineteenth-century New Orleans have been the subject of several studies, most of which are either dated, biographical, or focused on the period prior to 1860.¹ Perhaps not surprisingly,

¹See, for example, Julian B. Feibelman, "A Social and Economic Study of the New Orleans Jewish Community" (Ph.D. diss., University of Pennsylvania, 1941); Leo Shpall, The Jews in Louisiana (New Orleans: Steeg Printing and Publishing Co., 1936); Leon
none of these works deal with elder care or the turn-of-the-century construction of the Julius Weis Home in any detail. A handful of brief monographs—several written by the Touro Infirmary's generous archivist—do sketch the Infirmary's history and its lengthy commitment to the indigent elderly, but these are institutional narratives rather than works of socio-cultural interpretation.2

The time is ripe for a study that does more than trace physical changes to New Orleans' institutional landscape. As a number of scholars recognize, late nineteenth-century elder care had an important ethnic dimension.3 Astrida I. Butners, in particular, does a fine job of contextualizing philanthropy towards the aged against its instrumentality for various segments of New York city's population. Considering the


"rapid industrialization and urbanization of the period," Butners accounts for the proliferation of institutions to house the elderly as being a way of preserving "group boundaries by retaining those members of one's group who were downwardly mobile."

Butners' sweeping analysis, however, does not address the local particularities surrounding the construction of the various institutions that she discusses, nor does her assumed context–dislocation occasioned by industrialization–seem as relevant for the city of New Orleans as it does for New York. In short, Butners–like others–paints late-nineteenth-century elder care in broad strokes that obscure the micropolitics underlying various acts of social altruism.

Those works that do touch specifically upon Jewish-American elder care in the nineteenth century tend to stress three factors. First, there is a general presumption that Judaism's traditional respect for the elderly influenced behavior within America's Jewish communities. Second, scholars generally agree that the Jewish community was wracked by tensions between long-established German-Jewish populations and Russian Jews immigrating through the last quarter of the century. Charity was among those things affected by the rift. Third, the assimilation of Protestant notions of scientific charity became increasingly significant as Jews adapted themselves to the culture surrounding them. Although these motivations, tensions, and influences all impinged upon the story

4Butners, "Institutionalized Altruism," 4, 345.

5Despite recent research on specific Jewish charitable institutions–especially orphanages–relatively little has been written on Jewish Homes for the Aged and Infirm. See "A Forgotten Founder of the Jewish Homes for the Aging of Greater Los Angeles," Western States Jewish History 22 (October 1989): 68-70; Morris Zelditch, "Historical Perspectives on Care of the Jewish Aged," Journal of Jewish Communal Service 32.
of the Julius Weis Home, there existed below them a number of less obvious and much more specific decisions and considerations.

Drawn primarily from institutional records and contemporary newspaper accounts, this chapter examines the historical particularities that account for the timing and circumstances of the Julius Weis Home's construction, its utility to the aged, its utility to its proponents, and its community significance. Although rhetorical deployments of "old age" pertaining to the Home intersected with the three factors listed above, a narrow contextualization of the rhetoric surrounding the Home's construction suggests that local circumstances—separate and distinct from the elderly—provided the principal impetus for the project.

Managers of the Touro Infirmary had made limited provisions for elder care in the decades prior to construction of the Julius Weis Home. Established in the mid 1850s by prominent New Orleans' businessman, Judah Touro, the Infirmary was one of several causes to benefit from Touro's largesse. The Infirmary operated until financial difficulties

---


Touro, widely known for his philanthropy, purchased buildings to establish an Infirmary in 1852. Two years later, he bequeathed that property "to found the Hebrew Hospital of New Orleans... for the relief of the indigent sick." Judah Touro, "Will of the Late Judah Touro," New Orleans, L.A. (6 January 1854), typescript in possession of the Touro Infirmary Archives. De Bow's Review drew readers attention to a gift of $500 that Touro gave to the University of Louisiana by reprinting a letter from Touro to the President of the University. The money was to establish a gold medal in Hebrew. J.R. McCormick, "Defective Organization of American Universities," De Bow's Review 5 (March 1848): 240. Aside from Huhner's biography, a good treatment of Touro's life can be found in Bertram Korn's study of New Orleans' Jews. See Korn, Early Jews, 74-90, 245-58.
forced its closure during the Civil War. For some time during the war, the building itself seems to have served as a shelter for the aged, but not until January 3, 1869 did the Touro reopen as an Infirmary. 7 Within a year of operation, it became home to "a very old gentleman" upon whom the Secretary of the Touro's Board urged his "successors in office" to have compassion, because he "must by reason of his utter helplessness, remain our protégée until the end of his life." 8 Thus, more by accident than design, the Touro building again became a refuge for the aged.

In the absence of clear distinctions between old age and illness, the transition from hospital to hospital-asylum was perhaps unavoidable. The Board of Managers might insist that "no one should be admitted who was not really sick," but what of "cases of lingering sickness[?]": Joseph Magner presumed that the old man for whom he had petitioned would remain a fixture of the institution until "called to the presence of his maker." 9 Almost from the institution's inception, dependence and need seem to have constituted social grounds for the Touro's Board to admit the "very aged men of our race" into the Infirmary. 10 The 1874/75 merger of the Touro with the Gentlemen's Hebrew Benevolent Associations of New Orleans reinforced the Infirmary's charitable mandate.

---

7Kahn, "What Duty Imposes," 14; Burnett, Touro Infirmary, 2.


10In 1876, the Infirmary sheltered three such individuals whose ages were "96, 88, and 72 years." Second Annual Report of the Touro Infirmary and Hebrew Benevolent Association of New Orleans, 21 May 1876, 39.
Shortly thereafter, an agreement between the Board of Managers (hereinafter the Board) of the newly-merged organization and the District Seven lodges of the B'nai B'rith extended the asylum functions of the Touro. Under this agreement, the Board received one dollar a year from each member of the B'nai B'rith in return for agreeing to "take charge of all members of the Order, in District No.7, afflicted with bodily infirmity or chronic disease" as well as "members over 60 years of age." Although this provision indicated a willingness to shelter elders within the Infirmary, the institution did not flood with old people in the ensuing years.

Between 1877 and completion of the Julius Weis Home in 1899, the number of aged and infirm residents of the Touro climbed slowly, peaking at a little under thirty. Calls for new facilities to handle the aged led in 1891 to the formation of a committee to investigate options for expansion. During the next year, however, the Board's decision to provide support for 166 Russian exiles put the organization in the red and delayed project development for the elderly. In 1896, the organization again became solvent in the aftermath of a Charity Fair organized by Rabbi Isaac L. Leucht. Leucht's scheme generated tens-of-thousands of dollars and flabbergasted observers–Jews and Gentiles alike–with its magnitude. The Fair so impressed the editors of the *New Orleans Daily Picayune* that they packed the newspaper with glowing accounts of the event and its

---


organizers.\textsuperscript{13} Flush times renewed anticipation that something would be done for the elderly.

Further impetus behind raising a building for the Aged and Infirm may have stemmed from an awareness that other American Jewish communities were already operating such Homes. In 1897 and 1898, the \textit{Jewish Ledger} referred to Homes for Aged and Infirm operating in Richmond, St Louis, New York, and Chicago.\textsuperscript{14} When the Board's members resolved to construct their own home for the Aged and Infirm, they enjoyed substantial community support for their plans. The \textit{Jewish Ledger} described the project in glowing terms, and printed a lengthy "Pencil Picture" of the still unbuilt home, detailing its proposed structure and design.\textsuperscript{15} B'nai B'rith praised this "project so auspicious", and

\footnotesize
\begin{itemize}

  \item \textsuperscript{14}Published in New Orleans, the \textit{Jewish Ledger} circulated in Mississippi and Louisiana. "Richmond," \textit{Jewish Ledger}, 5 March 1897, p. 4; "St Louis, MO," \textit{Jewish Ledger}, 2 April 1897, p. 3; "New York," \textit{Jewish Ledger}, 14 May 1897, p. 4; "Chicago," \textit{Jewish Ledger}, 21 May 1897, p. 5; "Round the Globe," \textit{Jewish Ledger}, 3 June 1898, p. 1.

\end{itemize}
donations earmarked for the Home began pouring into the Touro's coffers. Isidore Hemsheim and Max Fraenkel, for example, pressed a small fortune on a startled Leuch at a wedding early in 1899. The projected cost for the building was $25,000. Issuing bonds for $15,000, the Board expected to be insolvent for years as a result of the project. Unexpectedly, however, the children of Julius Weis offered a $25,000 donation on behalf of their father, who was then away traveling in Europe. In return they asked that the Home carry his name. To such terms, the Board readily acceded.

Judging from the rhetoric surrounding the project, one might suppose that the Julius Weis Home represented a significant advancement toward providing social welfare for New Orleans' aged Jews. The Jewish Ledger was especially enthusiastic. One contributor applauded the project because "the venerable Israelite, seeking a haven in their [sic] declining years should enjoy such comforts as are alone obtainable in a Home especially adapted for the purpose." The author of another article described breaking ground for the new building as "the opening of another chapter of Jewish Charity in the city," and added that here would be "a haven to those who, alone in the world, burdened by age and destitute, will find within its limits a home." After work finished on the building, the Jewish Ledger praised the President of the Board for "his zeal and devotion to the homeless aged." An article simply titled "Old Age," affirmed that "the old evolve


[sic] more than ordinary attention" and encouraged those "who bestow a kindly glance upon the old and soothe their declining days with delicate attention."\(^\text{18}\)

Interest in the Home proved high, even beyond the pale of New Orleans' synagogues. The *Daily Picayune* was as fulsome as the *Jewish Ledger* in its praise for the project. As the Home neared completion, the *Daily Picayune's* coverage of it intensified. On 16 May 1899, the *Daily Picayune's* regular report on the "Touro Infirmary" gave a scant four lines to the planned Home.\(^\text{19}\) Four months later, however, the paper celebrated "A Munificent Gift to Touro Infirmary," with more than a full column.\(^\text{20}\) Less than a week after that, the paper devoted a full page, complete with illustrations, to the Home in an article headlined "Julius Weis Home for the Aged and Infirm." The author of that article called the Home

the best constructed and most excellently adapted edifice of its kind that can be found anywhere. For the purpose of affording an ideal retreat, a comfortable dwelling place to old and invalid persons of both sexes . . . the new building leaves nothing to be desired.\(^\text{21}\)

Late in November, the *Daily Picayune* dedicated much of its front page to a public tribute to Julius Weis, recently returned from a European trip. Quoting at length from the

---


proceedings, the author of "Touro's Love Goes Forth" records Weis's own assertion that the "home fills a long-felt want in this community" and "is well equipped to make its charity far-reaching." In the words of Julius Weis, and on the pages of both the *Daily Picayune* and the *Jewish Ledger*, the Home's purpose seemed clear: To provide new facilities to ensure the happiness and well-being of New Orleans' needy older Jews. The Home's actual utility to the aged, however, marked quite a departure from its rhetorical promise.

"[W]ell equipped to make its charity far-reaching," was how Julius Weis described the Home that bore his name. Certainly it was well equipped. The *Daily Picayune* provided a glowing description of the newly-built home: it had a small synagogue, dining room, reading rooms, a smoking room for the men, a sewing room, a food-serving room, toilet rooms, and bedrooms. Sumptiously furnished, it had marble stairs, lighting "both by electricity and gas, so that if one of the mediums... should fail, the other can be called into immediate requisition," plumbing, and a host of other things "that make the sum total of comfort and ease." The *Jewish Ledger* also drew attention to the physical particulars and qualities of the building itself, and considered it "natural that the Building Committee of the Home... should have contracted only with the leading artisans of New Orleans," whether marble suppliers, stair makers or roofer. Despite the

---


23n"Home for Aged and Infirm," 7.

resources available to the project and the Board's long-standing obligation to the elderly of B'nai B'rith, District Seven, the building curiously had space for only 34 aged residents. Whatever Weis had in mind by the phrase "far-reaching," the Home had little capacity to reach very far at all.

Perhaps Weis was thinking about the Home's utility in solving some of the problems faced by the Board itself. In justifying the project, the Board's President had pointed to both "[t]he ever increasing demand upon our space by the sick and by the aged and infirm," as well as to the need for "suitable quarters for our faithful and devoted nurses." After construction, the third floor of the Julius Weis Home did house the Touro's nurses. Moreover, the new Home allowed the Board and Chief Surgeon to increase the medical capacity of the Touro by separating the functions of infirmary and asylum. This they did when the Julius Weis Home became operational. Indeed, the task of filling the beds in the new building proved an easy one; the Board simply moved the aged and infirm inmates of the Touro Infirmary into the new building. Enthusiasm for the Home's construction aside, its impact on the indigent aged in New Orleans was minimal.

Certainly, the Touro's aged and infirm residents may have appreciated moving away "from the sight of sickness and suffering," so that they could "enjoy the balance of

25 Nowhere have I been able to find a primary source explicitly noting the capacity of the new building. At best, contemporaries—somewhat hazily—noted the size, number, and capacity of the Home's bedrooms. Apparently observers were more interested in the physicality of the building, than in its potential utility to elderly individuals. Sharon O'Brien, "The Attic Letters of Elizabeth D.A. Cohen, M.D., Tourovues (summer 1977): 6; "Pencil Picture," 3.

their lives in peace and comfort." Indeed, the key charitable act seems precisely to have been the separation of the Home's functions from those of the Infirmary. "The wishes of the Association" in building the Home were to "provide greater comforts" for the elderly residents, in part, by "separat[ing] them from scenes of sickness and distress." Nat Strauss, the Grand Secretary of the B'nai B'rith's seventh District, reported that "[t]he only change that has been effected by the construction of the new building is, that while formerly the aged and infirm were housed in the hospital proper, they [now] enjoy the happiness of a Home with all the comfort the name implies." In Strauss view, further change was neither desirable, nor even possible: as he put it, "[t]he status otherwise has not, and could not be altered."^27

Here then was a costly charitable enterprise with surprisingly few beneficiaries. In 1900, several beds even remained empty, the Home then having a complement of twenty-nine residents.28 Had it been desired, the city of New Orleans could undoubtedly have furnished people to fill the remaining beds: a picnic for the "aged poor men and women" of the city saw "upwards of six hundred" head out of town for a day of recreation.29 Unlike the Touro Infirmary, however, the Home was exclusively sectarian. Furthermore, not all of the Home's clients were unfortunate or indigent. The Home's most famous

---


29"Old Folks Outing." Jewish Ledger, 1 September 1899, p. 5.
resident, Dr. Elizabeth Cohen, retired to the Touro Infirmary's Department of Aged and Infirm in 1888 after practicing medicine for years as Louisiana's first female doctor. When the Julius Weis Home opened, she chose to live there as a paying client and remained until her death in 1921 at the age of 101. Hardly destitute, Cohen chose the Home over both family in New York and "titled relatives in England."\(^{30}\) Not only did she pay her own board, but she also paid for the new building to have a fountain, and donated her estate to the Home.\(^{31}\) She was the "Venerable Inmate" mentioned in the article "Touro's Love Goes Forth" who gave Julius Weis "a bouquet of choice flowers in the name of the aged dwellers in the home."\(^{32}\) Cohen may not have been typical of the Home's residents, but she was comfortable there, and it is unlikely that someone of her social stature would have chosen to live among paupers or their "ilk." If the Home provided little extra space for new residents and attracted people with the means to support themselves, then why was it built and what did its proponents and supporters tell themselves that they were doing?

Despite a profusion of statements lauding the Home and lamenting the plight of the aged in the abstract, actual flesh-and-blood old people did not figure much into discussions about the Home. No community studies assessed the social need for the Home, nor apparently did anyone on the Board propose to enlarge the scope of the Touro's charity with respect to the aged. Such silences are discursive: the project to build


\(^{32}\)"Touro's Love Goes Forth," 7.
a home for the Jewish Aged and Infirm in New Orleans was, by design, creating a Home for the aged who had a Home; charity for those already benefitting from charity. In fact, shortly after work on the Home ended, the Board strenuously resisted its responsibility to provide shelter for aged members of B'nai B'rith. District Seven was large, and many aged members of the organization must have felt entitled to a spot in the Julius Weis Home, but the Home's designers had not figured increased demands for service into their design. In his annual report for 1900 (reprinted in the Jewish Ledger), the Grand Secretary of the B'nai B'rith warned that:

The conclusion, which I fear in the light of recent events has become a predominant belief in the minds of some of the lodges, that the Home has become a separate institution for the care of all the old and the indigent of the seven States comprising the District, should be quickly dissipated.33

Contemporary understanding of the Home's obligations may have been exclusionary, but it was in keeping with notions of poverty and the poor that were circulating throughout middle-class America at the time. As the nineteenth century progressed, middle-class observers increasingly came to see destitution as being symptomatic of depravity; unrestricted charity, an invitation to vice and sloth.34

---


1890s were rife with such ideas: in fact, several articles hostile to charity and its recipients had appeared in the *Daily Picayune* at precisely the same time that the paper lauded the magnificent Charity Fair of 1896. Middle-class contemporaries tended to dichotomize the poor, but along two distinct axes: first, they distinguished those who were physically able to work from those who were not, and, second, they mentally separated the out-and-out beggar from those members of the middle class who had fallen on hard times. The less able to work, or the more "middle-class," an individual appeared to be, the more "worthy" they seemed of charity.

The Jewish community's understanding of the indigent aged to some extent simply reflected contemporary views on the "worthy poor" overlaid with the proscriptions for charity embedded in traditional Judaism. An article entitled "The Poor" in the *Jewish Ledger* admonished the reader that "if it had been the poor man's custom to ride upon a horse, and to have a servant running before him, but he is now come down in the world, it is a duty to buy him a horse to ride, and a servant to run before him." Such a view of poverty, of course, essentializes middle-class identity, and transforms charity into the act of restoring individuals to their true class position. Reconciling this bourgeois species of charity with traditional Jewish obligations to the Pentateuchal "poor"—those hungry

---


36 "The Poor," *Jewish Ledger*, 10 February 1899.
gleaners who were "God's wards"—required a reinscription of terms connoting neediness. In the pages of the Jewish Ledger, for example, the "destitute," "needy," "helpless," "poor," and "suffering humanity" were individuals like Elizabeth Cohen: they were respected and respectable people who had the resources to pay for their stay and the option of finding other accommodations.

Whatever the contemporary understanding of "charity," for members of the Touro Infirmary and Hebrew Benevolent Association, the Home was another outlet for, and demonstration of, their charity, and it was charity in the abstract rather than the aged in particular that occupied their attentions. Charity had long been a cornerstone of Jewish identity and community cohesion. Benevolence was no less integral to the Jewish communities of the South than elsewhere, and support for the Julius Weis Home drew

---


from deeply-entrenched notions of Jewish identity.\textsuperscript{40} Magner had pointed to the connection between charity and Jewishness in 1875, and had harangued the Board on that very point. With donations to the Board's charities failing to keep pace with expenses and bankruptcy looming, Magner thundered the implications of this trend for the community:

farewell to all boasted pride we have as Israelites, for when our race allows its charitable institutions to go down it might as well surrender its glorious birthright, for without charity and that system which has been our privilege and our glory for thousands of years, all else is but empty glitter and mere theatrical tinsel.\textsuperscript{41}

Two decades later, a contributor to the \textit{Jewish Ledger} implied that God punished Cain for abandoning the principle of charity: "'Am I the keeper of my brother?' said Cain; and lo! he became homeless and aimless."\textsuperscript{42}

Charity was not simply a duty without function; it was a quasi-religious venture that provided evidence of spirituality in the absence of marked devotion to tradition or ritual. In rebutting charges that the young were falling away from the faith, the \textit{Jewish Ledger} pointed to the charitable activities of New Orleans's prominent young Jews. As lionized in an article entitled "Good Israelites," men like N. I. Schwartz—young president


of the Board—testified to "a religion of deeds, not prayers." Charity helped reconfirm people's faith in their community.

Moreover, charity could mitigate resentment and anti-Semitism outside the community. Although pronounced during the sectional conflict, Southern anti-Semitism declined after the Civil War, perhaps as a result of Jewish participation in the postbellum work of rebuilding and the willingness of Southern Jewry to embrace the racialized worldview of the white South. Nevertheless, in the volatile world of Southern social relations, Jews had to be conscious of the delicacy of their whiteness. Late in the century, the emigration of Russian Jews from Northern cities into the South exacerbated tension over the racial identity of Jews. Articles like "The Jew as an Outsider" and "The

43"Good Israelites," Jewish Ledger, 9 September 1898, p. 2; "In Touro's Footsteps," 1.


Problem of the Jew” appearing in the *Jewish Ledger* testified to contemporary concern with Jewish identity and community standing.48

By caring for their own, Jews simultaneously acknowledged their distinct identity while ensuring that their indigent did not burden the public purse and thereby give cause for resentment. The author of "American Jews to Whom the United States Are Indebted for Patriotic and Financial Services" explicitly linked the Jewish community's support for its poor to broad notions of good citizenship. "He has no paupers; he takes care of his own orphans. . . . No, I'll tell you: the Jew is fairly a good citizen." The responsible Jew, in this view, had "been here as long and is as good an American as Washington."49 Such a conflation of charity and citizenship appeared in the context of the aged when the Board's President described an anonymous contribution to the Julius Weis Home "as an example of American loyalty and Jewish charity."50 Given the social importance of such assimilationist deployments of charity, it is perhaps not surprising to find evidence of communal hostility toward the indigent. "Paupers" threatened to draw unwanted and negative attention to the Jewish community. For decades, prominent Jews tried to eliminate pauperism and, failing that, decried the presence and character of the indigent poor in their midst. The parallels between the attitudes expressed by certain New Orleans'

---


Jews and the widespread acceptance of "scientific charity" within mainstream Protestantism indicate a significant degree of Jewish cultural assimilation to middle-class "American" values.\textsuperscript{51}

Such assimilation did not occur without stress and resistance. The administration of Jewish charity in New Orleans provoked vigorous disputes within the community during the decades leading up to construction of the Julius Weis Home. As the older tradition of almsgiving confronted the more "modern" theory and practices of "scientific charity," participants in the ensuing debate cleaved along fracture lines within the Jewish community. The Julius Weis home both reflected and resolved some of the tension between two factions: one supportive of Rabbi Max Heller; the other allied with Rabbi Leucht. The conflict between these men—especially over the administration of charity—occasionally broke the calm within the Jewish community.\textsuperscript{52}

Most of the Annual Reports produced by the Touro Infirmary and Hebrew Benevolent Association lamented the influx of unemployed Jews coming to New Orleans expecting charity. Leucht, who was Vice-President of the Board, was particularly concerned with the potential abuse of the community's largesse. Although Leucht conceded the validity of some appeals, many of those who solicited his assistance found

\textsuperscript{51}The parallels between the attitudes of prominent members of New Orleans' Jewish community and widespread American attitudes towards poverty indicate a high level of cultural assimilation to class-based norms. On Jewish assimilation, see the collection of essays in Belo Vago, ed., \textit{Jewish Assimilation in Modern Times} (Boulder: Westview Press, 1981). Weiler argues that America's German Jews adopted "Protestant patterns" of charity after the Civil War. Weiler, "Private Homes," 77.

\textsuperscript{52}Malone, \textit{Max Heller}, 43-46, 84-90.
his door, and heart, shut tight. The "tramps," Leucht opined, were "shiftless, perambulating Hebrew[s]", people who "don the garb of misery and distress for the purpose of deception."\textsuperscript{53} For many years, Leucht made it his job to distinguish between the deserving and the undeserving poor, and he wrote of this task as if he were holding back a great flood.

> We are still unalterably opposed to encourage idleness or advance pauperism, by giving alms to young and healthy persons. . . . [Y]et many cities in our own and in other States . . . are determined to make New Orleans a dumping ground for every one threatening to become a burden to their communities.\textsuperscript{54}

Leucht refused relief to the "unworthy," and consistently urged others within the community to refer all applicants for charity to him. One year, he went so far as "[t]o counter-balance . . . injudicious alm-giving" by providing "some ladies and gentlemen tickets for twenty-five cents apiece," that they could give to tramps who could in turn take them to Leucht for cash provided that he "deemed it advisable."\textsuperscript{55} Despite his vigor and ingenuity, Leucht never convinced all his co-religionists to harden their hearts against the able-bodied poor among them.

Nevertheless, many shared Leucht's hostility to the mendicant poor and agreed with the parsimonious almoner. In 1897, a "Central Charity Organization" formed to deal


with the problem "of the many undeserving beggars which infest our city." A circular warned that "Street and office beggars constitute a Dangerous Class," and the Organization proposed to solve the problem by urging "citizens . . . [to] decline to help any applicants without first referring them to the Society." This impersonal approach to charity violated traditional expectations, such as those expressed by another contributor to the Jewish Ledger who answered the question "What is charity?" with the lines: "'Tis not to pause when at the door/ A shivering brother stands/ To ask the cause that made him poor/ Or why he help demands."\(^5^6\) Although not the Ledger's editor at that time, Rabbi Heller certainly could have penned those lines. He took it upon himself to advocate for those very "tramps" whom Leucht industriously turned away.\(^5^7\) On one of its "Smiles" pages, the Jewish Ledger encapsulated the cognitive dissonance evident in a community split between Leucht and Heller's competing views of benevolence: "There is an art in putting things. 'He never turned the hungry from his door' sounds very well, but its different when you say, 'He fed every tramp that came along'."\(^5^8\)

In 1898, the ideological conflict between Heller and Leucht came to a head.

Complaints from Russian Jews led Heller to demand an investigation into Leucht's


\(^{5^7}\)In the words of his biographer, Heller traced poverty to "an unjust social order" and "tried to preserve the dignity of those who required help from the community." Malone, Max Heller, 87.

\(^{5^8}\)"Smiles," Jewish Ledger, 11 March 1898, p. 16.
handling of the community's charitable disbursements. Although exonerated, Leucht tendered his resignation as First Vice President of the Board in November 1898. It is probable that this may have been a ploy to strengthen his position, and Leucht certainly accepted the unanimous invitation of the Association to restore to him his position and duties shortly thereafter. Despite efforts to keep the acrimonious dispute concealed from the broader community, the rift was newsworthy. The *Jewish Ledger* published accounts of the affair from both sides of the divide. Anxiety over the effect that the rift might have on the Jews' standing within the broader community led those connected with the *Jewish Ledger* to publish a plea for cooperation in matters of charity, and to urge the parties involved to seek some common ground. As it turned out, charity for the aged provided one of the few avenues for agreement between the two camps.

Everyone, it seemed, could agree on the worthiness of the aged when it came to charity. To some extent, such agreement reflected cultural expectations of filial responsibility to aging parents as well as the traditional respect for elders within

---


61 The conflict disturbed Jews as far away as Cincinnati. Of course, the debate over charity did not end in 1898, and New Orleans' Jews continued to disagree in print over these issue after the Julius Weis Home was built. "Sholom," *Jewish Ledger*, 20 May 1898, p. 2; "'Tis A Pity Indeed," *Jewish Ledger*, 8 July 1898, p. 3; "Misapplied Charity," *Jewish Ledger*, 18 August 1899, pp. 14-5; "Some Views About Charity," *Jewish Ledger*, 25 May 1900, p. 2.
Judaism. Rhetorical expressions of sympathy for the elderly harbored none of the suspicions that typified other considerations of the poor. Old people were certainly not considered a component of the "Dangerous Class" so alarming to the Central Charity Organization. The aged, in fact, were implicitly excluded from that "class," comprised as it was of "mostly . . . young or middle aged men." Rhetorically, at least, contemporaries recognized the legitimacy of old people's claims to charity. A children's story reprinted in the Jewish Ledger disapproved of giving "money to any one unless he is sick, or too old to work." Another explicit consideration of the aged in the Jewish Ledger concluded that "the trials and tribulations that old age has undergone" merit "a feeling of pity" that "should actuate us to at least respect the aged and overlook their pettishness and assumed grievances, which may be the result of infirmities dependent upon age, rendering them if not helpless and hopeless, subjects of charity." Ideologically, the construction of a home for the aged posed few of the challenges of other charitable ventures. People might debate the efficacy of outdoor aid, or whether orphans should be made to work, but nobody

---


63 "Central Charity Organization," 9.

64 "Young Folks. 'Gimme Twenty-Five Cents',' Jewish Ledger, 5 February 1897, p. 18.

65 "Old Age," 12.
maintained that the aged should—or could—support themselves. If the Home posed no
moral problem, financing it had, of course, been another matter.

From the outset, Leucht had been instrumental in soliciting donations for the
project, and it was he who received the commemorative silver spade used to break ground
for the Home.66 Prior to the Weis donation, Leucht was the man most closely associated
with the Home. When Weis made his $25,000 donation—after the Home's construction
was a certainty—he ensured that his gift overshadowed Leucht's labors. Significantly, Weis
had aligned himself with Heller throughout the controversy over charity policies, and had
personally supported the younger man with moral and material aid.67 One can readily
imagine Leucht's irritation at having his grand project commandeered by one of his
staunchest opponents. Leucht was, however, a formidable adversary—even in defeat—and
at the ceremony honoring Weis for his gift, Leucht skillfully shifted the focus of the event
onto the ever-faithful Chief Surgeon of the Touro, Dr. Loeber. The text of the event
provided by the *Daily Picayune* illustrates Leucht's efforts to belittle Weis's philanthropy.
In Leucht's tribute to Loeber, one has little trouble finding the barbs directed at Julius
Weis:

> This home is the last benefaction, the last noble deed of the Touro, and one man
> in the evening of his life, by one gracious and benevolent act, has written his name
> upon this marble tablet to shine forth forever. You also, dear doctor, have written
> your name, not upon marble or stone however, but you have incised it upon the

---


1898, p. 2.
heart's tablet of thousands of men, women and children, and for thirty years you have underlined it, never to be forgotten.  

Perhaps embarrassed by the sleight to Weis, Loeber in his own remarks carefully and politically paid tribute to the "valiant aid and sincere co-operation extended by the very one who was this day so signally honored, Mr. Julius Weis."  

Nevertheless, the significance of the Home lay in its appeal to both camps of the charity debate, and the Home for Aged and Infirm developed something of a most-favored-charity status towards the end of the century. The Grand Secretary of the B'nai B'rith, District Seven described the Home as "the pride of our people," and a "party of gentlemen" commissioned to inspect the building concluded "with a unanimity of opinion that the capstone of Jewish charitable work in New Orleans was attained by the erection of a Home for aged and infirm Israelites."  

Significantly, these "gentlemen" arrived at this conclusion prior even to the completion of the Home, let alone its occupation by the aged. The Julius Weis Home was a "capstone" because of what it signified rather than its material effects: its very existence testified to the healing of a breach within the Jewish community. Moreover, with the rift between Leucht and Heller behind them, the Jewish community could relax somewhat about the potentially hostile perceptions of outsiders. In fact, many outsiders found the Home and—by extension, the community that built it—quite impressive.  

---

The Julius Weis Home, indeed Jewish charity in general, seems to have improved the standing of Jews in the eyes of their Christian neighbors. Jews and Christians did after all share a biblically rooted understanding of the duty of charity, and Jews embraced many tenets of the Social Gospel movement.71 Moreover, charity militated against invidious stereotypes of Jewish acquisitiveness. As an article entitled "Jewish Philanthropists" explained, "so-called humorists" might make venery "seem a characteristic of the race," but only by "ignoring altogether the generosity of the better class, who, even in this country, and to this day, give tithes according to Old Testament injunction."72 In covering the story of the Julius Weis Home, the Daily Picayune evinced a heightened sensitivity to the Jewish community. Though they may not have enjoyed sharing the limelight, Heller and Leucht did enjoy something akin to celebrity status in the Daily Picayune's pages.73 Yom Kippur received considerable attention, and Christian newspapermen even probed, albeit gently, the meaning of Hebrew identity.74 Not since the Touro Fair—another charitable enterprise—had the Daily Picayune shown itself so


72"Jewish Philanthropists," Jewish Ledger, 21 July 1899, p. 3.


interested in the affairs of the Jewish community, nor so solicitous of that community's well being.

While making themselves more acceptable to their Christian neighbors, New Orleans' Jews—through their charitable ventures—provided themselves with a focal point for self-identification in opposition to a Christian "Other." The Jewish community may have pursued assimilationist strategies, but the Home constituted a distinctively Jewish charity that implicitly provided for favorable comparisons with the Jews' Christian neighbors. A peculiar satisfaction might be derived from the knowledge that the city Almshouse had never admitted a Jew and—with the erection of the Julius Weis Home—probably never would. Realizing this, a contributor to the Jewish Ledger crowed that "our aged and indigent will have a home indeed, and yet, not be subjects of public charity."75 Significantly, after a number of Christians contributed money to the fund for the Home, an editorial in the Jewish Ledger urged "a most liberal contribution to Christian charities on the part of the Israelites of New Orleans."76 The author of this appeal took extra pains to explain how these Christian philanthropists were actually benefitting their own community by donating money to a Home intended exclusively to house aged Jews. The reasoning ran along the following lines: because the Touro Infirmary was non-sectarian, freeing the space currently occupied by aged Jews would increase the number of open beds that could then be made available to sick Christians.

75"Aged and Indigent," Jewish Ledger, 11 August 1899, p. 3.

76"Be Charitable," Jewish Ledger, 9 December 1898, p. 2.
Whether or not the Christian philanthropists had it in their minds to free beds at the Touro for their co-religionists, the Chief Surgeon at the Touro certainly had in mind such an objective. In a fashion that suggests important qualifications to Carole Haber's analysis of the increasing medicalization of old age in the nineteenth century, Dr. Loeber "strongly and frankly" resisted institutionalizing the elderly in the Touro. As he saw it, hospital beds and resources properly belonged to those in need of medical attention, and not to the aged. In 1881, Loeber appealed to the Board to restrict its admission of aged and infirm cases to the Asylum department: "at present we have 16 old people as inmates, persons not sick, but who from their age require, more even than the sick, sound, healthy and good food." Over the years, Loeber lobbied for separate facilities for the aged because, he argued, separate facilities would free hospital beds, lower costs, and could potentially raise revenues from paying patients. As he repeatedly reminded the Board, "16 old people permanently staying in the Institution are as much to supply as 175 sick."\(^77\)

Underlying Loeber's opposition to sheltering the aged may have been concerns with his own professional status. Certainly, Loeber was concerned to stay abreast of the profession. His annual report of 1896 delighted in the modernization of his Infirmary, and the next year he lauded new access to a "Bacteriological Laboratory."\(^78\) His hostility to the


\(^78\)F. Loeber, M.D., "Report of Dr. F. Loeber, House Surgeon," *Touro Infirmary and Hebrew Benevolent Association Annual Report*, 4 April 1896, 53-54; F. Loeber, M.D.,
aged perhaps reflected frustration at his inability to cure their conditions. In short, the asylum function of the Infirmary threatened his medical prestige. For too long the Infirmary's Department of Aged and Infirm had reflected poorly on him as a physician by "increas[ing] our mortality list." The deaths of elderly inmates, he argued "should not really have been included in the Infirmary statistics."  

Significantly perhaps, another Southern charity for the aged—the William Enston Home (a housing development, really) built on the outskirts of Charleston in the 1880s—also seems to reflect a non-medical approach to the aged. Although the assemblage of nineteen cottages built by 1889 had a community center, water tower, windmill, and engine house, no infirmary was built on the site until almost a half century later. The Julius Weis and William Enston Homes invite further comparison. On their face, they may seem simply Southern manifestations of a national trend towards institutionalizing the elderly around the turn of the century. However, the Weis Home, like the development in Charleston, functioned from the outset as a showpiece for the community. As was to be the case in New Orleans, tremendous attention was paid to the quality of the building, and its Board took vast pride in the fact that they were sparing no


F. Loeber, M.D., "Report of Dr. F. Loeber, House Surgeon," Touro Infirmary and Hebrew Benevolent Association Annual Report, 2 April 1899, 30. Katz discusses the paradox confronting physicians who, faced with the new pathologies of old age, lacked the means to provide therapies for them. As seems the case with Loeber, however, some physicians may simply have been less effected by the increasing medicalization of old age than other of their colleagues. Stephen Katz, Disciplining Old Age: The Formation of Gerontological Knowledge. Knowledge: Disciplinarity and Beyond (Charlottesville: University of Virginia Press, 1996), 82, 11-3.
expense. Finally, the Enston Home—a series of individual units—was incapable of housing very many impoverished individuals. Despite these similarities to the Weis Home, the instrumentality of this project in Carolina—at least, according to architectural historian Keith L. Eggener—lay not in the needs of an ethnic enclave, but rather in the postbellum aspirations of Southern boosters eager to demonstrate their prosperity and placate "the fears of nervous investors."  

Regardless of the variability of such homes' social functions, it is interesting to consider the question of individual motivation and social altruism. Why, for example, did Julius Weis choose to make his donation when he did? It seems unlikely that Weis would alienate himself of $25,000 simply to spite Leucht or to relieve Loeber. Theoretical literature on the topic suggests that charitable giving often conforms to a model of "Club" behavior. Charitable donations, in effect, constitute payment for social status and inclusion within valuable or useful social formations. It follows that an individual might make a donation when something jeopardizes his or her membership in the "Club." This theory accords with the circumstances surrounding Weis's contribution to the Home. By making his donation, Weis immortalized himself and gained tremendous prestige in New Orleans. Significantly, he did this while traveling in Europe, precisely when he was

---


physically removed from his social circles in New Orleans. His specific decision to give money to benefit the aged may have reflected the immediacy of that charity within the contemporary discourse, or it may reflect another factor not previously addressed.

At the time that he provided $25,000 for the aged and infirm, Weis himself was over seventy. By contributing money to help the aged, Weis effectively demonstrated that he, himself, was not. Inasmuch as the social construction of aging reflected at least as much on dependency as on the passage of years, actions of social potency could set back the clock for powerful individuals. Certainly, the Daily Picayune recognized Weis's potency: "He is now 73 years of age, and is as vigorous and as clear-eyed and clear-minded as any man twenty years his junior." A contributor to the Jewish Ledger affirmed that "the years yet rest lightly" upon this "venerable philanthropist," and another likened the Julius Weis Home to the memorial erected over the fallen Spartan warriors at Thermopylae, implicitly comparing Weis to the fallen Hoplites. Despite the fact that many of the inmates of the home "in other days were personal friends of Mr. Weis," at the ceremony held in his honor, Weis conceptually distanced himself from the Home's

---

82Ironically, it was Weis's distance from New Orleans that allowed his name to be attached to the building without violating social expectations that charity should be anonymous. Weis could gain social capital from his act precisely because it was his children and not himself who stipulated that the Home carry his name. When a New York publication questioned Weis's motives, the editor of the Jewish Ledger vigorously defended Weis's actions using this rationale exactly. "Not His Condition," Jewish Ledger, 13 October 1899, p. 3.


occupants, referring to them as "the old folks," and "the old people." In a very real sense, Julius Weis was the first and luckiest beneficiary of his "Munificent Gift."

Assessing the Julius Weis Home against the backdrop of turn-of-the-century events and ideas, this chapter speaks to the complex interrelationship between socio-cultural contexts (ideologies, social structures, and worldviews) and historical manifestations of individual agency (rhetorical deployments, decisions, and actions). As the disjunctions between rhetoric and praxis respecting the Home illustrate, deployments of "old age" may occur simultaneously at multiple levels of discourse and instrumentality. Rather than reflecting any single socio-cultural trend or "discourse of senescence," contemporary discussions of the Home and its charity reveal the intersections of individual agency with broad social and ideological forces. The circumstances of the Home's construction testify to both the potential instrumentality of "old age" as well as the importance of local particularities to historically specific attitudes towards, and descriptions of, the elderly.

---


86 Katz, Disciplining Old Age, 29.
CHAPTER 6
EPILOGUE

All things considered—crepitous joints, dimmed vision, loss of hearing—old Southerners have done a remarkable job of evading historians. Whether lounging in Big Houses, lurking in almshouses, or simply laboring in the fields, millions of nineteenth-century Southerners hid themselves in plain sight. Having spent the past forty years striving to give voice to the marginalized, historians of the South have almost missed these folks completely. Or rather, they have typically written about these same individuals before they became old. In their books on Southern family life, Steven M. Stowe and Jane Turner Censer, for instance, consider the child-turned-parent, but not the same parent-turned-grandparent.1 More than anything else, perhaps, such oversight reflects our own philosophical concerns with, and understandings of, social power and individual agency. We are more intrigued by the rising power of the young than with the waning authority of the elderly. The former promises action and change; the latter, passivity and stasis.

What little truth there may be in such a formulation ignores the power relationships driving the social definition of the aged themselves. The relegation of individuals to particular age-specific roles is an expression of social power structures; refusal to accept such roles, an expression of individual agency. Like conceptualizations of race and gender, attitudes towards old age are ideological, not essential. Individuals and social groups adopt and deploy ideas about age and aging in ways that advance their interests and protect their privileges. In this way, "old age"—like other ideologies—can perform a conservative function in maintaining and reinforcing existing political and economic status and privilege. The constructions of old age in the nineteenth-century South reflected archetypes from the Western canon, ideas in vogue, the exigencies of the Southern social order, and the needs and interests of individual Southerners.

This, at least, is what I have tried to demonstrate. Examining the expression of attitudes towards old age in a number of discrete contexts, this dissertation shows the fluidity of Southerners' understanding and uses of "old age," and tries to provide new insights into historical gerontology. In a field characterized by studies of the global (or the very local), it is salutary to consider attitudes towards the aged from another vantage point, one mid-way between the national survey and the institutional history. In a field dominated by the presumption that historical attitudes towards the aged evolve through periods of relative coherence, it is useful to demonstrate the flexibility, contradiction, and instrumentality inherent in the deployment of specific ideas at particular moments.

As a work in Southern history, this dissertation constitutes a first attempt at writing an historical gerontology of the South. In this regard, far more has been left
unsaid than has been covered in the preceding pages. Although the rhetorical uses of "old age" in the nineteenth-century South seem to have followed trajectories different from those followed in the North, it is wrong to assume coherence or uniformity even in regional or local deployment of "old age." By design, this work cannot close with a summation of what old age meant to nineteenth-century Southerners, because its meanings were multiple, complex, and contingent upon a number of, even more, specific factors (ethnicity, profession, and property relations). What can be offered are some thoughts on the current limitations of historical scholarship as it pertains to gerontology, and suggestions on how we might proceed from here.

The first limitation—indicated earlier with references to Stowe and Censer—has been the surprising invisibility of the aged in those works of scholarship where we might legitimately expect to find them. In his recent work on "Fatherhood in the Confederacy," James Martin confines his analysis exclusively to the relationship between fathers in Confederate service and their young children at home. Yet, surely a complete story of Confederate fatherhood would afford some space to the hundreds of thousands of older men agonizing for news of their soldier sons and lamenting when news finally came.

Pauline De Caradeuc Heyward's journal entry for September 1, 1864 recounts her meeting with "an old man. . . just returned from Richmond." He had gone to the city to see "his only son [who] had been very ill there." Delayed by enemy troop movements, he arrived at Richmond to find

---

that his child had been dead two months, & no one to write him a word; here the
great tears rolled down the old man's cheek, 'Yes,' he said, "the only son I ever
had and his mother don't even know it yet." I felt, Oh! so much for the poor old
man, he told me the train, the day before had left him & that morning he didn't
even wait for his breakfast, but at daylight walked down the road to meet the one
we were on, I made him eat half our lunch, & the rest I tied up & made him put it
in his pocket. Oh! this cruel war.\(^3\)

The conspicuous silence of the aged is well illustrated in Paul D. Escott's book on
power in North Carolina. A close examination of his index shows age and age relations to
be simply absent as a conceptual category in the work. One can find numerous referents
pointing to class and professional relations (aristocracy, aristocrats, artisans, attitudes to
class, bushwackers, businessmen, capitalists, class, conflict and class, elites, factory
workers, farmers, farm laborers, gentry, industrialists, knights of labor, lawyers,
manufacturers, mechanics, merchants, middle class, nonslaveholders, physicians,
planters, populism, poverty, sharecropping, slaveholders, textile workers, yeomen),
several references to race (attitudes to race, blacks, slaves, free blacks, conflict [racial],
disfranchisement, emancipation, race relations, racism, suffrage, white brotherhood,
whites), and some to gender (freedmen, freedwomen, suffrage, women). There is not a
single referent in the index pertaining to age or age relations. The closest terms that one
might use to cross reference age included kinship patterns, landholding patterns,
paternalism, schools, slaveholding patterns, and social structure.\(^4\)

\(^3\)Mary D. Robertson, ed., *A Confederate Lady Comes of Age: The Journal of
Pauline De Caradeuc Heyward, 1863-1888*, Women's Diaries and Letters of the
Nineteenth-Century South (Charleston: University of South Carolina Press, 1992), 57.

\(^4\)Age relations are almost as invisible in the body of Escott's text, though
children—their education and their labor—receive some attention. Paul D. Escott, *Many
Excellent People: Power and Privilege in North Carolina, 1850-1900*, Fred W. Morrison
Several quotations from his primary sources suggest that old age may have been of greater relevance to his subjects than to Escott himself. He records the words of one planter, Paul Cameron, who as a slaveowner claimed that he could "not better follow the example of our venerated Mother than in doing my duty to her faithful old slaves and their descendants," but shortly after emancipation complained that "it is very plain to me that it is the purpose of the authorities to make us take care of the old and infirm." Escott's book is not about age relations and he does not seem to notice this shift in Cameron's attitudes towards aging blacks. Though it is uncharitable, if not unfair, to criticize a scholar for what has been left undone, it does seem odd that an otherwise solid study of social power could remain so silent on the matter of age relations. Certainly it is symptomatic of the general failing to integrate age relations adequately into our analyses of the past, or even to devise suitable theoretical and methodological approaches that would allow their better integration.

Historians pride themselves on accounting for change over time, but we tend not to account for such processes in the individuals whose words and actions provide the basis for our narratives. Rather, we essentialize individual personalities and view them synchronically. When a change or transformation in an individual's behavior emerges


5 The first quotation is taken in turn from Jean Bradley Anderson, "Paul Carrington Cameron as Planter," Carolina Comments 27 (September 1979): 114-20. The second, is excerpted from various letters written by Cameron. Subsequent references to paternalism also suggest its connectedness to age relations, but this relationship is not noted by Escott. Escott, Excellent People, 20, 120-1, 187, 231.
from the historical record, we look first to changes in the external context, rather than the internal, or personal, one. Escott's use of Cameron is indicative. He quotes Cameron the slaveholder to illustrate paternalistic sentiments before the war, and later uses the same man's views to illustrate the planters' sense of betrayal after freedom came. Whether Cameron's views were representative of his class is of no relevance; the fact that Escott either did not notice—or felt no need to remark upon—the possibility that this shift could reflect something particular to the individual is indicative of the way we construct our histories without considering the individual life course.

To take a recurring figure from the earlier chapters, consider proslavery apologist Samuel Cartwright. Certainly, his quirky forays into racial scripturalization have been trotted out by historians to illustrate the extremes of white Southerners' ideological commitment to slavery. However, both the content and reception of Cartwright's ideas changed over the course of his life, and so his writings are not uniformly indicative of Southern ideology, but ought to be contextualized against the individual life course as well as the general intellectual climate of which they became a part.

At a certain point, Cartwright gradually slid from an esteemed social position to one of marginality. In this respect—perhaps only in this respect—Cartwright was little different from the millions of other white Southerners who lived into old age in the nineteenth century. Historians have been slow, however, to perceive aging as a species of social marginalization congruent with the more familiar categories of race, gender, ethnicity, and class. Although the history of identity moved to the professional fore in the 1960s and 1970s, scholars have struggled to map out the points of intersection and areas
of overlap in cases of multiple identities. Gradually, we have come to understand that slave women operated under a double burden of oppression, and that the social perceptions of ethnicity were bound up with issues of wealth and class. However, we have yet to add an overlay to our understanding of the past that would allow for the full incorporation of aging into our interpretations. Although it seems right to assert that the experiences of an eighteen-year-old slave woman and a fifty-year-old slave woman must have been different, we cannot explain fully why or how they would have differed. Nor have we explored the impact on white males of moving from a position of social authority and dominance to one of weakness and dependence. David Hackett Fischer notes that the colonial patriarch Landon Carter came to fear that his son might try to kill him, but we know little of the insecurities of aging patriarchs on nineteenth-century plantations.  

As a consequence of not looking for the significance of aging in the stories that we tell, it is probable that we exaggerate other factors. For example, the standard interpretation for the medical profession's challenge to midwifery revolves logically enough around the axis of gender; however, consider the following thoughts of a Southern physician from Louisiana:

how many husbands and fathers are made to wring their hands in bitter anguish at the deep distraction inflicted upon their family circle by the reprehensible custom of employing old women as midwives! . . . And if such cases must be put in charge of women--to which I yield my hearty assent--let public opinion and the laws of our State require of all such a proper study and due qualification for their

---

important and responsible avocation. Let not *old age* [emphasis his] be their only qualification, as at present.\(^7\)

For the author of this piece, at least, generational tensions seem to have been every bit as important as gender in formulating his opinions on midwives.

In short, integration must be the next step in the study of historical gerontology. We have less need for monographs explicitly about old age than for studies that simply understand old age and aging to be an integral part of the ideological terrain over which our historical subjects roamed.

BIBLIOGRAPHY

Printed Primary Sources


Adams, William Arnold, M.D. "Valedictory Address by Dr. Adams." Southern Medical Records 6 (March 1876): 146-7.

"Aged and Indigent." Jewish Ledger, 11 August 1899, p. 3.

"An Aged Operator and a Tough Patient." Atlanta Medical and Surgical Journal 10 (July 1872): 251.


"Annual Meeting of the Medical Association of Alabama." Alabama Medical and Surgical Age 1 (March 1889): 258.

214
"The Artistic in Mechanic." *Jewish Ledger*, 8 September 1899, p. 11.


Barton, E.H., M.D., and H.G. Heartt. *Report to the Louisiana State Medical Society, on the Meteorology, Vital Statistics and Hygiene of the State of Louisiana, to Which is Added an Appendix, Showing the Experience of Life Insurance Companies in Louisiana, With Tables of Mortality for the Use of Such Companies, And the Lines of Probability of Life (English Calculation): Also, the Experience of the London Life Insurance Offices, etc.* New Orleans: Davies, Son & Co., 1851.


"Be Charitable." *Jewish Ledger*, 9 December 1898, p. 2.


"Call for a Meeting of the Surgeons of the Confederate Army During the Late War." *Atlanta Medical and Surgical Journal* 11 (September/October 1873): 418.


"Dr. Cartwright on the Caucasians and the Africans." *De Bow's Review* 25 (July 1858): 45-56.

Review of *A Treatise on the Acute and Chronic Diseases of the Neck of the Uterus--Illustrated with Numerous Plates, Colored and Plain* by Charles D. Meigs, M.D., Professor of Midwifery and the Diseases of Women and Children in Jefferson Medical College; Member of the American Medical Association, &c., &c. *New Orleans Medical and Surgical Journal* 10 (May 1854): 835-44.


"The Yellow Fever at Natchez in All Its Bearings on the Quarantine Question and Yellow Fever at New Orleans." Report to the State Medical Society of Louisiana. *New Orleans Medical News and Hospital Gazette* 2 (March 1855): 1-16.


"Chicago." *Jewish Ledger*, 21 May 1897, p. 5.


"Death of Dr. John M. Johnson." *Atlanta Medical and Surgical Journal* 3 (June 1886): 261.


"Dr. John W. Pearce Is Dead." *Alabama Medical and Surgical Age* 1 (June 1889): 312-3.
"Dr. Robert Battey." Atlanta Clinic 4 (December 1895): 14-5.


Douglass, Frederick. Narrative of the Life of Frederick Douglass, an American Slave. Written by Himself. Boston: Published at the Anti-Slavery Office, 1845.


———. "Observations on Longevity, with Cases; Supplementary to the Preceding Article." New Orleans Medical and Surgical Journal 16 (May 1859): 424-36.

———. "Researches upon the Necropolis of New Orleans, with Brief Allusions to Its Vital Arithmetic." New Orleans Medical and Surgical Journal 7 (November 1850): 275-300.


Easton, James. Human Longevity Recording the Name, Age, Place of Residence, and Year, of the Decease of 1712 Persons Who Attained a Century, & Upwards, From A.D. 66 to 1799, Comprising a Period of 1733 Years, with Anecdotes of the Most Remarkable. Salisbury, 1799.

Editor. "Our Original Contributions." New Orleans Medical and Surgical Journal 9 (July 1852): 134.

Editor. Review of Mortality Statistics of the Seventh Census of the United States (1850), Embracing the Cause of Death, the Age and Sex, the Color and Condition, the Nativity, the Season of Decease, the Duration of Illness, the Occupation of the Persons Reported to have Died in the Twelve Months Preceding the 1st of June, 1850, with Sundry Illustrative Tables, by J.D.B. De Bow. New Orleans Medical and Surgical Journal 12 (March 1856): 679-83.

Editor. "SENEX." Atlanta Medical and Surgical Journal 10 (July 1872): 243.


"Editorial." Atlanta Medical and Surgical Journal 16 (March 1899): 42.


"Editorial and Miscellaneous," New Orleans Medical News and Hospital Gazette 2 (September 1855): 335.

"Elegant Work in Marble." Jewish Ledger, 8 September 1899, p. 10.


"Fees for Medical Services." *New Orleans Medical News and Hospital Gazette* 6 (December 1859): 769-71.


Fitzhugh, George. *Cannibals All! Or, Slaves Without Masters.* Richmond: A. Morris Publisher, 1857.

———. *Sociology for the South, or the Failure of Free Society.* Richmond: A. Morris Publisher, 1854.


Flourens, P. *De la Longévité Humaine et de la Quantité de Vie sur le Globe.* 2nd ed. Paris, Garnier frères, 1855.


Fourth District Court of New Orleans. *George Pandelly vs. Victor Wiltz, Embracing All the Testimony Adduced and Taken During the Trial of This Interesting Case, Together with an Appendix, Containing Testimony Taken in a Former Suit and Not Presented to the Court and Jury in This Case.* New Orleans: John M. Burk, 1854.


"Good Israelites." *Jewish Ledger*, 9 September 1898, p. 2.


"Gynecology in the South." *Alabama Medical and Surgical Age* 1 (April 1889): 204.


"He Is Young Yet." *Atlanta Clinic* 4 (September 1895): 10.


"Home for the Aged." Jewish Ledger, 9 December 1898, p. 3.


"Home for Aged Israelites." Jewish Ledger, 13 January 1899, p. 5.


"Home for Aged Israelites." Jewish Ledger, 3 February 1899, p. 9.


"The Home for the Homeless." Alabama Medical and Surgical Age 1 (April 1889): 213.


"Honoring Father and Mother." Jewish Ledger, 12 August 1898, p. 3.


"I Am A Hebrew." Daily Picayune, 16 September 1899, p. 3.


"Impairment of Dr. Bartholow's Mental Faculties." Alabama Medical and Surgical Age 2 (November 1890): 502-3.

Index. "Communicated." Jewish Ledger, 29 July 1898, p. 3.

"In Memoriam." *Atlanta Medical and Surgical Journal* 15 (December 1877): 701-3.

"In Memory of the Late Professor S.D. Gross." *Alabama Medical and Surgical Journal* 1 (November 1886): 377.


"Is Bleeding Ever Dangerous in Apoplexy?" *New Orleans Medical News and Hospital Gazette* 1 (June 1854): 234-6.

"Items." *Atlanta Medical and Surgical Journal* 3 (August 1886): 391.


"Jewish Philanthropists." *Jewish Ledger*, 21 July 1899, p. 3.


"Kansas Fertility." *Alabama Medical and Surgical Age* 2 (November 1890): 506.


"Kind Words." *Southern Medical Record* 6 (March 1876): 186-8. [5.66]


"King Cotton." *Southern Literary Messenger* 35 (April 1863): 256.


"Lactation by a Woman Sixty Years Old." *Richmond and Louisville Medical Journal* 7 (February 1869): 230-1.


LeGrand, Jno. C., M.D. "Regular Physicians." *Alabama Medical and Surgical Age* 3 (February 1891): 95.
"Letters to a Young Physician." New Orleans Medical News and Hospital Gazette 2 (December 1855): 466.


"Lines on Miss Martineau." Southern Literary Messenger 1 (February 1835): 319.

"Lines to Miss H–M–. On Her Talking Against Slavery." Southern Literary Messenger 1 (February 1835): 320.


"Longevity of the Negro." Atlanta Medical and Surgical Journal 1 (December 1855): 254.


McGuire, Hunter, M.D. "Operative Treatment in Cases of Enlarged Prostate." *Alabama Medical and Surgical Age* 1 (January 1889): 34-40. Read before the American Surgical Association, 19 September 1888.


"Memorial Meeting of the Tuscaloosa Medical Society." Alabama Medical and Surgical Journal 2, no. 4 (1887): 286.

"Menstruation in Old Age." Atlanta Medical and Surgical Journal 2 (November 1856): 184-5.


"Miss Martineau." Southern Literary Messenger 1 (February 1835): 319.


"Mortality in the City of New Orleans for the Year 1847." New Orleans Medical and Surgical Journal 4 (January 1848): 541.

"Mortality of Medical Men." New Orleans Medical News and Hospital Gazette 1 (September 1855): 338.


"Not His Condition." *Jewish Ledger*, 13 October 1899, p. 3.


"Obituary." *Alabama Medical and Surgical Age* 3 (April 1891): 209.


"Old Age." *Jewish Ledger*, 18 May 1900, p. 12.


"Old Folks Outing." *Jewish Ledger*, 1 September 1899, p. 5.

"An Old Negress." *Virginia Historical Register and Literary Advertiser* 3 (1850): 177.


"On the Number of Practitioners of Medicine in Virginia." *Virginia Medical and Surgical Journal* 1 (August 1853): 410-1.


Parke, Thomas D. "Carcinoma of Female Breast." *Alabama Medical and Surgical Age* 3 (March 1891): 129-7.


Pate, Thin. "Skimble-Scamble 'Dots' by the Wayside." *Southern Medical Records* 6 (October 1876): 577-9.


"A Pleasant Hour With Mrs. Leucht." *Daily Picayune*, 23 September 1899, p. 3.


"The Poor." *Jewish Ledger*, 10 February 1899.

"Practical Charity." *Daily Picayune*, 7 February 1896, p. 3.


Ralls, J.P. "Venesection as Practiced Fifty Years Ago." *Alabama Medical and Surgical Age* 3 (February 1891): 87-94.

Reeves, James E. "On All Sides a Learned Doctor." *New Orleans Medical and Surgical Journal*, n.s., 18 (February 1891): 581-96. Read before the Tri-State Medical Society of Georgia, Alabama and Tennessee, [n.d.].


"Respect for the Aged." *Jewish Ledger*, 15 April 1898, p. 10.


"Richmond." *Jewish Ledger*, 5 March 1897, p. 4.


Robinson, Solon, "Letters to the North,—No.5." *Charleston Mercury*, 29 January 1850.


———. "Early Experiences and Reminiscences of Forty Years of Practice." *Atlanta Medical and Surgical Journal* 16 (March 1899): 13-6.

———. "Medical Reminiscences of Forty Years Age." *Atlanta Medical and Surgical Journal* 15 (November 1898): 582-5.


"St Louis, MO." *Jewish Ledger*, 2 April 1897, p. 3.


———. "Hints to Young Practitioners—No.III." *Atlanta Medical and Surgical Journal* 10 (September 1872): 367-9.

———. "Hints to Young Practitioners—No.IV." *Atlanta Medical and Surgical Journal* 10 (October 1872): 402-4.


"Stonewall Jackson's Medical Director Again in Service." *Atlanta Medical and Surgical Journal* 15 (September 1898): 464.

Strauss, Nat. "Grand Secretary's Report." Reprint, Jewish Ledger 27 April 1900, p. 3-12.


"A Third Dentition at the Age of Seventy-three." Southern Medical Record 6 (July 1876): 434.


"'Tis a Pity Indeed." Jewish Ledger, 8 July 1898, p. 3.

"To the Members of the Medical Association of the State of Alabama." Alabama Medical and Surgical Age 2 (January 1890): 82.


"Touro Infirmary." Jewish Ledger, 14 October 1898, p. 2.


"Unquestioned Authority." Jewish Ledger 8 September 1899, p. 12.

"Vacation for Doctors." Atlanta Medical and Surgical Journal 3 (August 1886): 388-390.


Vindex. "Communicated." Jewish Ledger, 22 July 1898, p. 3.

———. "Communicated." Jewish Ledger, 5 August 1898, p. 3.


"What is Charity?" Jewish Ledger, 18 March 1898, p. 4.


"When is a Medical Teacher or Practitioner Superannuated?" Atlanta Medical and Surgical Journal 2 (April 1857): 510.


"Yom Kippur." Daily Picayune, 15 September 1899, p. 3.

"Young Folks. 'Gimme Twenty-Five Cents'." Jewish Ledger, 5 February 1897, pp. 18-19.

Secondary Sources


———. "Putting Off the Old': Middle-Class Morality, Antebellum Protestantism, and the Origins of Ageism." In Old Age in a Bureaucratic Society: The Elderly, the


Holley, Howard L. The History of Medicine in Alabama. Birmingham: University of Alabama School of Medicine, 1982.


BIOGRAPHICAL SKETCH

Marcus G. Harvey graduated from the University of Western Ontario in 1990. He has an M.A. in history from Queen's University in Kingston, Ontario. His masters' thesis, completed in 1994, considered attitudes towards miscegenation in the antebellum Southern states. Harvey is currently an Associate Secretary of the American Association of University Professors.
I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Bertram Wyatt-Brown
Bertram Wyatt-Brown, Chairman
Richard J. Milbauer Professor of History

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

W. Andrew Achenbaum
W. Andrew Achenbaum
Professor of History
University of Houston

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

David Geggus
David Geggus
Professor of History

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Vassiliki B. Smocovitis
Vassiliki B. Smocovitis
Associate Professor of History

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

David Leverenz
David Leverenz
Professor of English
This dissertation was submitted to the Graduate Faculty of the Department of History in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

December 2001

Dean, Graduate School