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# Is There a Southern Doctor in the House?

## **Abstract**

Doctoring the South does not go down easily, but a patient reader will benefit immeasurably from this brilliantly conceived and thoroughly researched book. Stephen Stowe has penetrated the scientific and cultural world of southern physicians during the mid-nineteenth century, showing how white doctors made meaning of their lives as they struggled to gain mastery of the sickly bodies of others. The confrontation between patient and physician, between sickness and health, reveals what Stowe calls the country orthodoxy style of southern practitioners. Country orthodoxy inextricably tied a doctor's understanding of what it meant to be a professional to his local community. It was within a specific locale that the day-to-day reality of practicing medicine gave shape and meaning to the art of healing. [*excerpt*]

## **Keywords**

Victorian medicine, 19th century medicine, southern physicians, country orthodoxy

## **Disciplines**

Cultural History | History | History of Science, Technology, and Medicine | United States History

## IS THERE A SOUTHERN DOCTOR IN THE HOUSE?

Peter S. Carmichael

**Steven M. Stowe.** *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century.* Chapel Hill: University of North Carolina Press, 2004. 373 pp. Notes, bibliography, and index. \$45.00.

*Doctoring the South* does not go down easily, but a patient reader will benefit immeasurably from this brilliantly conceived and thoroughly researched book. Stephen Stowe has penetrated the scientific and cultural world of southern physicians during the mid-nineteenth century, showing how white doctors made meaning of their lives as they struggled to gain mastery of the sickly bodies of others. The confrontation between patient and physician, between sickness and health, reveals what Stowe calls the country orthodoxy style of southern practitioners. Country orthodoxy inextricably tied a doctor's understanding of what it meant to be a professional to his local community. It was within a specific locale that the day-to-day reality of practicing medicine gave shape and meaning to the art of healing.

Stowe's emphasis on country orthodoxy does not result in a detached, scientific examination of doctors at work. Rather, country orthodoxy enables Stowe to bring the reader into the college medical classroom, to hear the words of the instructors, to read the notebooks of the students, and to walk the hospital rounds with medical interns. Country orthodoxy also takes the reader to the backcountry road circuit, where newly minted physicians fought hard to secure clients while seeking membership into their communities as men of learning. And country orthodoxy brings the reader into the sickroom where a doctor earned his reputation by conquering the hidden enemies of disease, communicating to patients who were suspicious of "science talk," and compromising with family members who demanded to have a voice in the healing process.

Stowe does not limit country orthodoxy to the descriptive; he shows how country orthodoxy created a dilemma in the self-identities of physicians. On the one hand they needed to detach themselves from their own communities if they were to live up to the idea of a scientific professional, but this desire for exclusive status risked social alienation from the very people who determined a doctor's public reputation and private sense of self-worth. The author argues

that physicians turned to their daybooks and journals, where they constructed an exalted version of everyday medicine in which they described themselves as compassionate observers as well as heroic actors who saved lives through a combination of scientific knowledge, personal morality, and a deep sensitivity to local customs and traditional folkways.

Country orthodoxy, as an explanatory device, is the greatest strength as well as the greatest weakness of this book. It serves Stowe well when he describes the everyday experience of a physician or when he explains how these same men tried to make meaning of their professional and personal lives. While country orthodoxy captures the reality of being a southern physician, the term's definition fails to give the experience of a physician a sense of unity and coherence. Stowe acknowledges that country orthodoxy drew from the particular and each expression must be traced to the unique material and moral conditions found in countless individual communities across the South. One must therefore conclude that the experience of being a southern doctor was wildly diverse and essentially defies generalization. Stowe does not suggest the latter, however, and he admirably tries to recreate the broad educational, social, emotional, and intellectual contours of the lives of physicians. Unfortunately, the idea of country orthodoxy never brings these various components into a coherent whole, a problem made worse by a writing style that at times is stilted and mechanical. While the prose reads smoothly in most places, there are critical analytical passages that are so overdone, so filled with academic jargon, and so burdened with psychoanalysis that crucial ideas and themes are difficult to discern.

Even when Stowe's discussions of country orthodoxy are accessible, one has to wonder how this term fits within class structure of a slave South before the Civil War and an emerging free-labor economy during Reconstruction. For this book to have fully explored the nature of southern identity, which is one of Stowe's primary intentions, he needed to pay closer attention to political economy and how it changed during the nineteenth century. Country orthodoxy offers a wonderful window into the ideological, emotional, and imaginative world of southern doctors, but Stowe does not explain how this construct was the product of a changing material and social system that was radically altered by the Civil War. To his credit, the author clearly shows how physicians defended the slaveholders' worldview, but country orthodoxy reveals just one dimension of identity. Stowe's discussions of southern identity would have been stronger if he could have better explained how slaves helped shape how the country orthodoxy of white doctors. In *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (2002), Sharla M. Fett has demonstrated the influence and power of black healers on plantation life. Although her claim that black healers possessed a more collective vision of health in comparison to their white counterparts is questionable, Stowe could

have strengthened his argument about southern distinctiveness if he had been more sensitive to the role of African American conjuring and black doctoring in creating a unique vision of southern medicine.

At medical school, aspiring young physicians became more aware of their elite social status and more assertive in their desire to be seen as cosmopolitan, educated men. Upon graduation they imagined a triumphant return to their native communities where they would be welcomed as professionals whose specialized knowledge would gain them immediate respect and deference from their social inferiors. Their experience in the classroom and in clinics reinforced a physician's inflated sense of superiority and his belief that he knew best. The result was an appalling lack of sympathy and compassion for the patient. Stowe asserts that "thinking of oneself as acting charitably in the patient's best interests was a cleanly functional and self-protective image of doctoring. It acknowledged—indeed, expanded—the distance between doctor and patient, allowing the former to disengage emotionally while also giving him a welcome opportunity to smooth out disturbing issues of power, work, and his authority" (pp. 58–9).

Stowe does an amazing job of showing how a student's classroom and clinical experience shaped a physician's subjective sense of himself, his aspirations, and how the fulfillment of these needs depended upon more than just defeating sickness. The creation of a student culture, based not on raw aggression or boyish pranks, but on a deeper desire to be seen as professional men, is one of the most illuminating sections of *Doctoring the Old South*. Southern medical students articulated a version of manliness that reflected their desire for the South to fully participate and enjoy the material and intellectual trappings of nineteenth century "progress." These young men did not want to insulate themselves from broader transatlantic trends, but provincial demands from below forced them to confront the contradictions of their society as well as their own self-perceptions as professional doctors.

Throughout the book Stowe demonstrates that medical knowledge alone did not sanction a physician's authority over a community. Patients were quick to dismiss haughty doctors who tyrannically ruled over sickly bodies as cold, intellectually arrogant men of medicine. Even before graduation, many young men realized that knowledge and skills were secondary to a practitioner's ability to relate to local folks and incorporate their understanding of medicine. Stowe's point that successful physicians were sensitive to local mores and customs, and that community folkways in turn infused and shaped each expression of country orthodoxy is persuasive. The author skillfully maps the intricate dance between patient and doctor and concludes that becoming a doctor was more than setting up an economically viable practice. He had to integrate himself into the community, but this was not an easy transition from medical school. The need for community approval posed a never-ending threat to a physician's commitment to science.

Giving in to the whims and the prejudices of the public could have catastrophic results for the sick as well as the healthy, and Stowe finds that doctors struggled to balance their own sense of power and knowledge with what the community deemed moral and valid. In the end, doctors legitimated their medical authority by portraying their work as an issue of morality, and doctors saw each case as an opportunity to display character and courage, not just their medical skill. Stowe writes, "This near paradox was in essence a moral one, calling for a man to serve his neighbors by espousing not only the correctness but also the goodness of what he knew, and at the same time releasing his exclusive hold on it. He thus asserted his professionalism by staging it in the moral terms of manhood and character" (p. 97). Losing a patient or prescribing the wrong treatment was not viewed as a simple failure in judgment; a physician's moral character came under question. The stakes were extraordinarily high for patient and doctor alike, but the latter was in an untenable position because of the need to be seen as an authority figure. In the end, Stowe concludes that "a physicians' skill throughout these years was measured less by straight out cures than by their ability to weave a complex pattern of palliation, persuasion, and sympathetic insight (p. 10).

Stowe is at his best when describing the exchange of cultural power between patient and doctor. He has an impressive ability to tease out the deeper public meaning of highly private moments. The search for reputation, for example, shows how physicians were like many slaveholders whose sense of honor depended upon the opinions of people whom they considered social inferiors. In these daily engagements with sick people, Stowe helps us understand how doctors, and by extension other members of the South's ruling class saw themselves as moral people while they simultaneously justified a social system that brutalized slaves and lower-class whites. The need for mastery, which Drew Gilpin Faust, Bertram Wyatt Brown, and others have so ably explored, animated virtually every action of southern physicians. Through a creative use of daybooks and ledgers, the author shows how doctors constructed racial and class identities as a way to build their self-esteem and sense of power. Creating these social constructions came at a risk. When dealing with sickly slaves, for instance, doctors tried to evaluate the health of African Americans without addressing conditions that might call into question the master's authority, especially the issue of punishment. Nonetheless, health talk forced practitioners to recognize the humanity of slaves as many doctors identified African Americans as individuals, not just as property. It is remarkable that so many Southern doctors did not succumb to racial determinism or biology to explain slave health. Rather, their health talk generally recognized the commonalities between black and white bodies. Few doctors ever invented or spoke of racial diseases. Stowe's challenging findings remind us of the fluidity of racial constructions during slavery, but the author is clear that the flexibility

of doctors' racial ideas had real limits. Ultimately, they were ardent defenders of the South's racial hierarchy. Even while acknowledging that slaves were humans, physicians used daybooks to monitor and preserve black and white divisions in their communities.

The most provocative and imaginative sections of the book focus on the doctors' subjective engagement with disease. These were highly public encounters, when physicians imagined themselves as men serving their communities as well as themselves. Stowe considers the essence of being a physician the experience of practicing medicine at a specific place, of relating to patients who were of the same neighborhood, and of performing at each domestic bedside. Stowe's focus on experience conveys how practitioners tried to conform to local pressures and still adhere to their external, professional notions of good medicine. The author's amazing research also brings to life the fierce determination of human beings trapped in the death throes of sickness. The spiritual and emotional turmoil that accompanies such struggles to survive is virtually palatable in many of his passages. Surprisingly, the timing of a doctor's advice, more than the prescriptive treatment itself, was crucial as to whether or not he would be accepted by the patient and family. A doctor had to work with a family, striving to find a consensus based on trust.

The author's emphasis on experience, however, is also an awkward construction, difficult to define, and very cumbersome when used to explain the tensions in orthodoxy. This problem is compounded by Stowe's emphasis on the therapeutic moment, which he considers the critical point when a doctor rendered a treatment plan. He writes that "the therapeutic moment thus brought into sharp, material focus the recurrent tension between orthodox learning and community ways, daunting malady and equally fierce medicines, and the doctor's moral place as both witness and actor in the drama of sickness" (p. 149). Unfortunately, Stowe's analysis of the "therapeutic moment" does not convey the unifying nature of orthodoxy or how it was the culmination of being a physician in the South. The reader, instead, is presented with a series of emotional and intellectual tensions that revolve around power struggles between patient and doctor and between Christianity and empirical science. While many of these contradictions were undoubtedly real and problematic in the minds and work of practitioners, Stowe has the academic's tendency to find upheaval and discord among historical figures who probably did not suffer the same dislocation of mind that historians can create with the benefit of hindsight. People have a remarkable ability to create cultural unity and harmony, even when facing with jarring contradictions in their intellectual make-up. The need for mastery was not always a difficult negotiation for southern doctors as Stowe would have us to believe. Even when faced with evidence that their authority was coming under question, doctors revealed that they could be just as arrogant as any other member of the South's ruling class.

They had little trouble envisioning themselves as superior for they shared the hierarchical worldview that was deeply rooted in a slave society.

When doctors recounted their confrontations with sickness, they often minimized the pain and suffering of their patients and extolled their own courage and character. This heroic view of medicine, rooted within the experience of being a doctor in a specific locale, ignored the power struggle between patient and doctor while giving transcendent meaning to country orthodoxy. This thesis is persuasive and important to understanding the experience of all rural doctors, not just those who lived below the Mason-Dixon Line.

Stowe, however, insists that country orthodoxy draws its meaning from the South as a distinctive region. Southern doctors were like anthropological cartographers, commenting on the folkways of their communities, writing down the unique characteristics of the local people, and extolling the importance of place in determining individual health. Yet, their written observations never reflect a broad southern consciousness, nor does Stowe explain how these musings manifested themselves into political expressions in support of the slaveholding class. The quest to locate a unique expression of southern identity must transcend the cultural and connect to the material and ideological interests of a ruling class. Stowe needed to show how the search for professional legitimacy among southern doctors intersected with the sectional conflict over slavery. Southern physicians did not come together and articulate a vision of southern medicine. While Stowe overreaches with his claims that country orthodoxy taps a southern regional identity, his study does a masterful job of exploring the inner-world of country physicians, their intense desire to be respected as men of medicine, and their need to see themselves as moral and practical men. And Stowe also reminds us that there was a time when patients had a powerful voice in determining their own health care.

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