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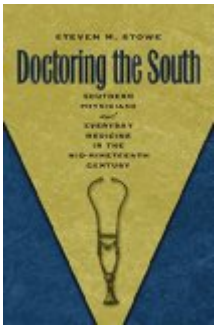
Steven M. Stowe. *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century.* Chapel Hill: University of North Carolina Press, 2004. x + 373 pp. $45.00 (cloth), ISBN 978-0-8078-2885-4.



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Curing the Disease of Distinctiveness

Historians have debated the limits of southern distinctiveness for decades. The giants of southern history have premised their works on the belief that the South has and continues to exist within a particular cultural, social, and political worldview that is distinct from other American regions. They've argued the contours of that distinctiveness: Was the plantation economy precapitalist? Was the New South bourgeois? [1] Although they might disagree as to the degree of southern distinctiveness, historians of Dixie generally accept that the South has a *mind* of its own when it comes to many religious, political, and social issues.[2]

However, one field of historical research that seemed to have put the question of southern distinctiveness to rest was the history of medicine. Medical historians such as Todd Savitt and John Harley Warner rejected the theory that the medicine southern MDs practiced was all that different in kind or quality from that of their northern counterparts. Even when southern physicians did subscribe to a form of highly racialized medicine, as was the case with the infamous Josiah Nott, such men were the exception rather than the rule. Southern physicians may have encountered more cases of malaria, and thus prescribed larger does of quinine for its relief, but on the whole the ailments that plagued nineteenth-century Americans on both sides of the Mason-Dixon line were more similar than different, and more importantly, so were the therapeutics aimed at their cure.[3]

In his latest work, *Doctoring the South*, Steven M. Stowe reinvigorates this discussion. Delving deep into the daily lives of southern physicians, Stowe argues for a distinctive southern style of doctoring based on what he terms "country orthodoxy." Defined by the tension Stowe identifies within the writings of southern physicians that pitted the "abstract traditions" of professionalized medicine with the demands of life in the rural southern communities, country orthodoxy shaped a southern doctor's sense of self as a healer intellectually apart from, yet socially connected to the most intimate aspects of his patients' personal lives (p. 2). Indeed, a young physician's medical training rarely prepared him for how he would have to ingratiate himself with the community he would eventually serve. Instilled with a sense of mission and intellectual superiority while in medical school, southern physicians returned to their local communities to find themselves in competition with other types of healers in whom their neighbors often evidenced more faith than with the MDs' brand of "science." Thus, the southern physician soon realized that aside from being a man of science, he was also a " 'candidate for public favor,' " as one of Stowe's subjects articulated his position within the "harsh, competitive world" of southern medicine (p. 76).

Stowe's painstaking research uncovers the quotidian experiences of southern physicians, heretofore an unexplored aspect of the region's scientific and cultural life. Stowe's reading of the doctors' clinical narratives is most impressive, and he establishes this genre of medical literature as an important component of country orthodoxy.

Particularly enthralling was how Stowe elucidates the "autobiographical texture" these narratives maintained and how ultimately the physician placed himself at the center of a kind of morality play about the pitfalls and dangers of modern life. The case narratives also reveal how "social relationships" between patient, family, and doctor were "indispensable to medical fact" and an important component of diagnosis and treatment (p. 233). Stowe reminds us that the physician-patient relationship was more mutually dependent throughout the nineteenth century than we might assume it to be, and thus brings to bear the question of how common people influenced the scientific and medical practices that they encounter.

However, Stowe's contention that country orthodoxy was particular to the South is unconvincing. Stowe takes his place among a field of historians of American medicine for whom the social exchange of nineteenth-century medical practice is their bread and butter. Going back half a century or more, they emphasized the social context of medical practice and traced the rural contours of nineteenth-century medicine, which often described many aspects of Stowe's country orthodoxy. In particular, Judith Walzer Leavitt's work on the "domestic environment" of nineteenth-century medicine demonstrates that all rural doctors, regardless of region, gingerly negotiated the boundaries between profession and practice and exhibited considerable anxiety over their performance. "In the middle of the nineteenth century, when most of American medicine was rural and small-town based," Leavitt explains, "most physicians followed a similar pattern and were intimately linked to their families and neighbors' lives." Like their counterparts in the South, rural physicians in New England and the Midwest practiced medicine in their homes and in the homes of patients, and as such their experiences were not far removed from other rural healers such as midwives. Leavitt's findings anticipated Stowe's belief in the continuity of rural medicine and cast in serious doubt any argument for its southern particularity.[4]

Although Stowe voices an initial caveat that he would not be surprised if rural southern physicians shared "certain aspects of their daily practice" with rural physicians elsewhere in the country, he maintains that country orthodoxy gave "a southern accent to nineteenth-century medical work" (p. 4). Furthermore, Stowe insists that their country orthodoxy gave southern doctors a vision of themselves as healers that was "deeply resonant of the South as a region" (p. 3). In other words, southern physicians understood their practice to be a product of southern distinctiveness and used it to formulate a distinct identity as *southern doctors*. Unfortunately, very little in Stowe's evidentiary basis–primarily those evocative case narratives–reflects such identification. The diseases and afflictions the doctors combat often are taken to be *southern* ailments–malaria, yellow fever, pellagra–but nowhere in their writings do these doctors articulate a distinctive understanding of therapeutics or of the fundamental principles of anatomy, physiology, or surgery that differs in any large degree from their northern counterparts. This is not to say that a distinctive southern medical practice did not emerge in the nineteenth century. Sharla Fett's recent work on slave healers suggests that if a truly southern style of doctoring existed, its roots lay in the slave quarters. Remnants of African traditions and the lack of adequate care resulted in a unique perspective and practice that manifested a holistic and spiritual approach to healing among enslaved southerners. The question of how and to what extent these traditions informed white medical practice points to an intriguing area for further study.[5]

But Stowe strives beyond the realm of medicine itself. He wishes to understand the development of southern identity in the years of intensifying sectional crisis as some way related to the practice of rural medicine. This is an ambitious endeavor for which Stowe should be commended, but one that perhaps is better served through an examination of materials other than medical case narratives. In his essay exploring the question of southern medical distinctiveness, John Harley Warner points to the system of medical education in the South as the source of physicians' perception that they served a distinctly Southern cause. Although actual medical practices were "remarkably similar" North and South, Warner contends that southern medical schools issued a call for "institutional separatism" from their northern cousins due to the belief that southern men needed a southern education.[6] Southern liberal education issued similar dictums, fueled by the escalation of sectional hostility and the suspicion that the hearts of northern institutions now beat with the antislavery impulse. Sectional politics required that southern MDs be trained in southern institutions, thereby reinforcing a sense of difference. Otherwise, the young doctor returning from a northern university would find "the confidence of the people in him is shaken, he is neglected, despised, and soon forgotten." Hence, the country orthodoxy Stowe encounters is in some ways a product of the ideology of southern distinctiveness insofar as the localism attached to all rural practice in the nineteenth century entailed particular social

and political consequences in the South for physicians who failed to follow its dictates. Seeking out when and where the physician became politician–as Horsman did in his study of Nott–seems to me to be a better conceptual strategy for tackling such heady questions as those implicated in the study of identity.[7]

Thus, Stowe's presumption of southern medical distinctiveness is both right and wrong. It is clear that no sense of difference existed on the basis of medical practice alone unless one considers the work of black practitioners. Instead, it seems that the perception of southern distinctiveness, when it did appear, emanated from the level of institutional organization as medical schools intersected with the broader world of antebellum political culture. As it stands, Stowe's study is too insular to sustain all that he hopes to accomplish, namely an exploration of southern identity. Nonetheless, readers will find his use of case narratives illuminating and a much-needed contribution to the social context of rural medicine in the South but not necessarily *of* the South.

Notes

[1]. On these points, see particularly Eugene Genovese, *The Political Economy of Slavery: Studies in the Economy and Society of the Slave South* (New York: Pantheon Books, 1965); C. Vann Woodward, *Origins of the New South, 1877-1913* (Baton Rouge: Louisiana State University Press, 1951).

[2]. This reference is to W.J. Cash's *The Mind of the South* (New York: Knopf, 1941). For an excellent review of the literature, see Carl N. Degler, *Place Over Time: The Continuity of Southern Distinctiveness* (Athens: University of Georgia Press, 1997).

[3]. Todd L. Savitt, *Medicine and Slavery: The Disease and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978); John Harley Warner, "The Idea of Southern Medical Distinctiveness: Medical Knowledge and Practice in the Old South" in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, 2nd ed., ed. Judith Walzer Leavitt and Ronald L. Numbers (Madison: University of Wisconsin Press, 1985): pp. 53-70; Reginald Horsman, *Josiah Nott of Mobile: Southerner, Physician, and Racial Theorist* (Baton Rouge: Louisiana State University Press, 1987).

[4]. Judith Walzer Leavitt, " 'A Worrying Profession': The Domestic Environment of Medical Practice in Mid-Nineteenth-Century America," *Bulletin of the History of Medicine* 69 (Spring 1995): pp. 1-29.

[5]. Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002).

[6]. Warner, "The Idea of Southern Medical Distinctiveness," p. 55, quoting a southern medical student studying in Charleston in 1856.

[7]. Warner, "The Idea of Southern Medical Distinctiveness," pp. 53-55. See also Warner, "A Southern Medical Reform: The Meaning of the Antebellum Argument for Southern Medical Education," in *Science and Medicine in the Old South*, ed. Ronald L. Numbers and Todd L. Savitt (Baton Rouge: Louisiana State University Press, 1989): pp. 206-225; Horsman, *Josiah Nott of Mobile*.

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