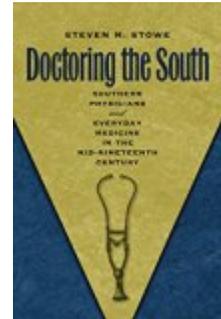


# H-Net Reviews

in the Humanities & Social Sciences

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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My previous reading of medical history involved reading books and articles that catalogued the diseases and afflictions common in the past—whether widespread in the South or elsewhere. In nearly clinical language, these studies described rare afflictions, once prevalent, with so much detail that I found myself showing the early symptoms of each. I suffered the onset of smallpox, the early stages of cholera, and twice wondered if I had malaria. Nobody could disprove my suspicion that I had a tapeworm, and I also wondered if Guinea worms had penetrated my soles and settled into my feet. I may yet require the amputation of one or more toes. To be honest, I quite enjoyed this brand of medical history as it tells us much about life in the past. Even so, I was pleased to find this book to be a much different study. One can read Steven Stowe's book as a cultural history of medicine in the nineteenth-century South, and he avoids the tendency to catalogue illnesses and their symptoms (and treatments) in favor of studying the medical profession itself.

In his introduction, Stowe outlines a central argument that serves as the framework for the study that follows. During the nineteenth century, most medical practitioners subscribed to a school of medical thought Stowe has termed "country orthodoxy." A number of qualifiers are required in making this argument. First, Stowe has clearly defined medical practitioners as men who have attended medical schools—as opposed to a number of other brands of medicine available in the South. Second, country orthodoxy describes physicians' reliance on knowledge of the locale combined with their belief in the ability of medical arts. Country orthodoxy described doctors' reliance on their skill not only with medicine, but the application to the specific environment and set of symp-

toms. Physicians required medical training along with a familiarity with the environment and the community, and a commitment to place and people. Doctors experienced a tension between the local and the universal; their place in community life was significant and yet they were outsiders because of their broadened view of the world.

Having laid out the theoretical groundwork and central argument of his work in his introduction, the following chapters take the reader on a tour of medical careers in the South. Beginning with education, Stowe introduces his audience to nineteenth-century medical schools. As with other forms of education, the course work was only one element of medical training, as medical students were introduced (many for the first time) to urban life, with its attractions, both refined and bawdy, and a medical context much different from the towns and rural areas where most would set up their practices. Hospitals provided numerous examples of medical cases, while mortuaries and cemeteries provided cadavers for human dissection. Doctors finished their training and embarked on new careers, filled with knowledge and uncertainty until established in new practices.

After discussing medical education, Stowe discusses the practice of medicine. The middle chapters dealing with medical practice are the central departure between this work and conventional medical history. Stowe examines medicine's cultural context where relationships between doctors and patients are weighted with power. Doctors' opinions competed with the folk medicine of the countryside, where patients often ignored doctors' orders. In other cases, patients resorted to a physician's treatment only after other avenues of care failed. In sum, we see a world where patients questioned a doctor's ex-

pertise and where physicians competed with other health practitioners in a contest of cures and ideas. While Stowe fully captures the frustration doctors experienced when patients ignored them, we see less of the patients' perspective (although this absence is inevitable since the book is about the medical profession). Considering the medicine available, which had advanced beyond previous centuries' knowledge but was still limited in light of later medical advances, it is not surprising that patients turned to a number of different practitioners to address their problems.

The book's final section discusses what physicians wrote about their work in casebooks, as well as in other medical writings such as published case narratives. Stowe conducts a rigorous examination of a variety of medical writings, ranging from notes made while treating patients to published case studies. His argument in these chapters is that these writings are a significant element of the medical profession, and in writing case narratives in various forms, the doctors are performing an important part of their task. They enabled doctors to establish a clinical distance and they also explain a doctor's reasoning for a particular course of treatment. At the same time, case narratives provide a range of information about the patients, the setting for illness, and the broader cultural context. Physicians justified their decisions in these writings, casting themselves as heroes in battle with disease and suffering. Cases range from trivial to mortal, and the reactions of doctors, as relayed in their writings, capture the full range. While attempting a clinical tone of distance, doctors still betray their feelings of amusement, satisfaction, horror, helplessness, and a host of other emotions as they confront disease in their rounds and in their writings.

In his final chapter Stowe focuses on published case narratives of four doctors to illustrate the range of styles, of emotions, and of their responses. Here we see the physician casting himself as an important actor in the patient's illness. Despite the range of writing styles,

of topics of interest, and of emotions, what unifies the writings of these four physicians—and Stowe argues all physicians—is the country-orthodox worldview that casts the doctor both as a professional and as a community fixture. The case narrative completes this role while simultaneously providing future generations with the wisdom of contemporary medical knowledge.

Stowe's approach is remarkably complex; he is solidly grounded in his sources and successfully applies ethnographic and literary methods in approaching and interpreting them. The inscriptions of cases in daybooks and the publication of essays on noteworthy cases perpetuated the discipline. In other words, while these are the most important primary sources on the history of medicine, they tell far more than the diseases and afflictions of a doctor's patients. Here again, we see Stowe departing from traditional histories of medicine, and instead creating a cultural history of the medical practice. Medicine becomes one more lens through which we can study the culture of the South, and Stowe takes advantage of this perspective by asking the persistent questions of Southern history when he interrogates these sources. He discusses class and social standing—and so we understand that patients' privacy depended on their place in society. He addresses race and slavery, and particularly how physicians considered one's race, or slave status, in diagnosis and treatment. Throughout the study, Stowe relies primarily on physicians' writings. Diaries and letters, central to any nineteenth-century study, are his major sources, but Stowe's use of medical school theses, case narratives, daybooks and other professional writings by physicians gives this study great depth.

Overall this is a fascinating study—thoroughly researched, well written, and showing a depth of thought and sensitivity. The book is a worthwhile read and will be of interest to a broad spectrum of the historical field, including medical and cultural historians, nineteenth-century historians, and the South generally.

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