

Medical Practice in the Harvard Shaker Church Family 1834-1843

By Merry B. Post

The Church Family medical shop was in the center of the Shaker community in Harvard, Massachusetts. Located behind the brethren's workshop, this small, two-story frame building stood conveniently close to the institutional kitchen for the Church Family as well as to the herb shop where medicinal herbs were processed. Though the building itself no longer stands, the history of the shop remains an important reflection of the core Shaker values of cooperation, charity, spirituality, and respect for the elderly.

The main source of information about this medical shop and how it functioned is a journal that was kept by Susan K. Myrick from 1834 to 1843 while she worked as a Shaker physician for the Church Family in Harvard.¹ The position of Shaker physician was created soon after the community in Harvard was gathered into gospel order. Sarah Jewett was appointed first Shaker physician in Harvard in about 1797, and Tabitha Babbitt, then about seventeen, was appointed her assistant.² Theoretically, the physicians' order was supposed to be filled by two female physicians and two male physicians, just as the elders' order was ideally filled by two female eldresses and two male elders for each family. Believers needing medical help were supposed to apply to the Shaker physicians of their own gender in their own family.³ In practice, however, no Harvard brothers served as physician for the Church Family except during the period of 1816 to 1824.⁴ Harvard was one of the smaller Shaker villages, with about 150 members in the 1830s and 1840s. The preponderance of female members meant there were not always enough gifted brothers to fill all the leadership roles set aside for men.

The medical shop served both inpatients and outpatients. Members of the Shaker community could drop in for outpatient treatment immediately after work or anytime during the day. The Shaker physicians slept in the medical shop and brought meals from the Church Family kitchen. In the shop they prepared herbal teas, poultices, and dressings. They fed the

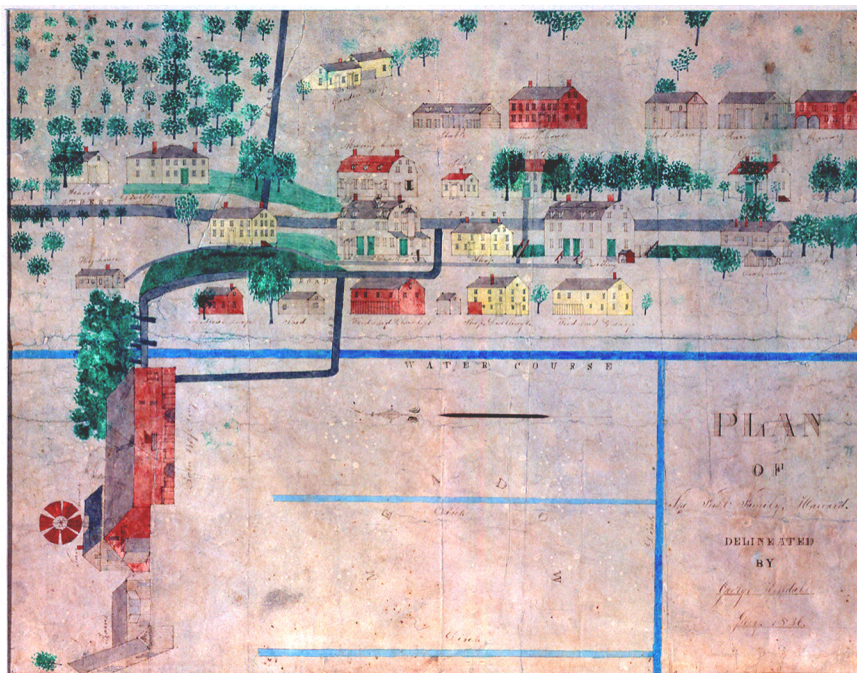


Fig 1. (Above) George Kendall's 1836 drawing of the Harvard Church Family buildings. (Below) In this detail the medical shop is the small red building in the bottom center, and the first herb shop is the larger red building in the lower right. (Published courtesy of Fruitlands Museum, Harvard, Massachusetts)



patients and administered steam baths, emetics, and other treatments.

Most Shaker physicians were not trained in medical school but were versatile people who went beyond routine nursing as needed. For example, physician Mary Babbit was asked to treat a horse with an infected wound. She cleaned and bandaged the colt's wound and performed successful follow-up care.⁵ When a hired hand cut his nose badly at work, she sutured it for him.⁶

Hired men often worked in the Shaker village; the Shaker physicians treated their injuries on an outpatient basis. Shaker physicians several times poulticed a boil on the hand of a hired tanner and tended the hired blacksmith when he cut his hand.⁷ When Mary Babbit heard that a man cut his foot while chopping wood for the Shakers, she traveled to the nearby town of Groton to treat his injury.⁸ In addition to hired hands, the Shaker physicians also treated visitors who fell sick while in the Shaker community.⁹

The Shakers devised a very elastic system of nursing. Shaker physicians had the right to request assistance as needed and to assign Shaker girls and sisters to nurse specific patients. Nurses were changed at irregular intervals.



Fig 2. A wooden pill roller made at Harvard by Ziba Winchester.

The sides are painted with a yellow wash.

(Photography by Laura Wolf, Courtesy of Hancock Shaker Village, 2000.6.1)

By changing the nursing assignments, the Shaker physicians ensured that all of the sisters had experience nursing under their direction so that any active sister could step in and help on short notice. During the period covered by the physician's journal, girls were assigned as nurses starting at the age of thirteen. Most of the Harvard Shaker nurses were in their teens and twenties. However, older sisters also served as nurses when they were needed.¹⁰

Shaker boys and brothers served as watchers for boys or brothers who were seriously ill. A watcher was someone who stayed with the patient to assist if the patient vomited, to provide other comfort, and to summon a Shaker physician if the patient's condition deteriorated. In addition to watching, a few Shaker brothers sometimes nursed patients more actively by administering medicine to brothers who were debilitated. Brothers Augustus Grosvenor, Thomas B. Holden, Joseph M. Myrick, and Amos Hildreth assisted with nursing tasks occasionally.¹¹ Brother Lorenzo Grosvenor vaccinated seventeen Shaker brothers and sisters for smallpox in 1839.¹²

Nurses were assigned on an ad hoc basis to care for patients not just in the medical shop but also in all of the dwelling houses. The physicians checked on patients living in any of six nearby buildings. There were advantages and disadvantages to having patients distributed in different buildings. One advantage was that patients often had the comfort of remaining in their own beds and being visited daily by the people they worked and lived with. Although it was convenient for patients to remain at home, it was extra work for the Shaker physicians to visit all the patients who were not staying in the medical shop. On April 1, 1834, Mary Babbit visited the Square House three times to see the elderly residents who were sick. On March 14, 1835, she attended two patients in the medical shop and then checked on patients in the brethren's workshop and four dwelling houses.¹³

Generally, patients who needed constant attention from the physicians stayed in the medical shop, as did patients who shared the same complaint and required the same treatment regimen. For instance, in March 1843, four Shaker boys occupied the sickroom in the medical shop and kept each other company. Three of them had the same treatment; the fourth was suffering from a tooth extraction.¹⁴

The mumps epidemic that swept through the Harvard Shaker village in 1836 showcased the flexibility and cooperation in the Shaker system of

medical care. The medical shop was too small to hold more than about six inpatients. Patients were housed in all the nearby dwelling houses. All the healthy young sisters who were not working in the kitchen were pressed into service caring for patients. That left no one to manage the laundry. For two successive weeks, two sisters from the North Family helped by doing the wash for the Church Family.¹⁵

Harvard Shaker journals reference a second medical shop in the North Family that dated back at least to 1830.¹⁶ There are no references to a medical shop for the South and East Families for this period and no extant physician's journal for the North Family. However, Sister Sarah Mason was probably a physician for the North Family and Sister Anna Mayo probably served in that capacity in the South Family and later the East Family.¹⁷ Brother Joseph Mayo might have served as a Shaker physician for the North Family when he was not traveling as a Shaker peddler. Both the Mayos were experienced healers who were often consulted for serious injuries or very sick patients in the Church Family. When they visited patients, they prescribed treatments and dressed wounds. Susan Myrick sent for Joseph Mayo when one of the girls in the village ingested a fly poison made of arsenic and cobalt. Anna Mayo was often summoned to the Church Family medical shop when one of the sisters was very sick.¹⁸

The journal kept by the Church Family physician reflects certain occupational injuries to which the Shakers were vulnerable. Shaker sisters often presented at the medical shop with cuts on their fingers from working in the institutional kitchens. The dancing that characterized Shaker worship on the Sabbath was occasionally hazardous: "Sarah Winchester got her cheek bone badly bruised in meeting, she came to the Shop & had it bathed & had some Wormwood put on it."¹⁹

Horse-drawn wagons and carriages were another source of injury. A frightened horse running downhill overturned a wagon and bags of grain onto Brother Benjamin Winchester, an aged brother from the North Family. His arm and hip were badly hurt. While Shaker physician Susan Myrick dressed his arm, Brother Joseph Mayo was sent for to dress his hip. Brother Winchester was carried home to the North Family on a bed at nightfall.²⁰ Oddly, despite their many inventions, the Shakers did not devise any stretchers or gurneys in this period. Injured and weak patients were carried on beds or chairs.

Tools and machines caused some injuries. The hired hand from Groton was not the only one hurt chopping wood. A Shaker boy cut his

foot badly with an ax, and a Shaker brother cut his thumb with a chisel.²¹ Several serious injuries occurred at the sawmill in the North Family.²² Brothers were hurt by laying stone wall and by falling out of fruit trees while grafting.²³ A young brother named William Grover received grave injuries by the premature explosion of a rock that he was preparing to blast in a field. Dr. Holman, a non-Shaker physician, was sent for to attend him, and the Shaker physicians from the Church Family took turns visiting him, though there was little they could do. Brothers watched with the patient around the clock. Elder Grove Blanchard and a company of young brethren visited with him. After a week, William Grover died of tetanus in his own bed at the South Family.²⁴

The Shaker values of cooperation and unity were everywhere evident in their medical care. Physicians in the Church Family oversaw care of very sick Shakers at the South and East Families. They often visited patients at the North Family even though there was a medical shop there. Patients from the other three families used the Church medical shop as inpatients and outpatients. In turn, the Church Family physicians consulted experienced healers in the other families on difficult cases.²⁵ Physician Susan Myrick stayed in the medical shop in the North Family in 1837 when she herself was sick.²⁶

The Shaker physicians often sought help from the world's doctors (as they termed non-Shaker physicians). Medical complaints for which the Harvard Shakers received treatment from the world's doctors in the period 1834 to 1843 included fractures, dislocations, and bad sprains; chronic joint or back pain; persistent cough or fever; tooth extractions; seizures; chronic infections; boils, growths, polyps, and abscesses; inflamed intestine; chronic headache; eye trouble; facial pain; serious injuries with loss of consciousness, deep lacerations, or severe pain; scarlet fever; and one autopsy.

Shaker medical practice paralleled that of the outside world. The doctrine of the humours, popular since ancient times, was still a common belief system in the nineteenth century. This doctrine explained sickness as the result of an imbalance of four bodily fluids: blood, phlegm, yellow bile, and black bile. Bad or excessive humours needed to be purged from the body by laxatives, sweating, vomiting, and induced bleeding.²⁷ Doctors from the outside world who treated Shaker patients in Harvard sometimes bled their patients or prescribed blisters for internal pain as well as emetics, laxatives, and diuretics of both herbal and mineral origin. Blisters were

irritating preparations applied to the skin that were believed to reach the deep inflammation lying beneath. Mineral medications including Epsom salts and calomel (a mercury compound) were administered by the Shaker physicians and nurses.²⁸ The Shaker physicians explicitly referenced the doctrine of humours in the physician's journal.²⁹

Shaker physician Thomas Corbett from the community in Canterbury, New Hampshire, introduced more vigorous methods of treatment when he visited in 1840. He diagnosed Sister Olive Hatch with a "spine complaint, inflammation on the lungs and chronic inflammation on the liver." He ordered a course of cupping, leeching, and antimonial plasters to be applied for three months.³⁰ Cupping involved making multiple cuts into the skin with a scarificator, placing glass cups above the incisions, and creating suction with a syringe.³¹ Because they were imported from Russia, leeches were a more expensive though gentler form of bleeding than cupping.³² An antimonial plaster was a paste-like mixture of the metal antimony and potassium tartrate that was spread on the skin to draw inflammation and disease from vital organs directly beneath.³³ Under Corbett's influence, the Church Family ordered cupping glasses and a new scarifying instrument.³⁴

One of Boston's first female physicians, Harriot K. Hunt, visited the Shirley and Harvard Shaker communities in 1848. She was struck by the respect given to the sisters who served as Shaker physicians.³⁵ Hunt arrived in Harvard toward the end of a measles epidemic. The Shaker physicians put her to work, and she was impressed by their extensive armamentarium of medicinal herbs.³⁶

Wholesale selling of herbs that they grew or gathered and processed was a big business for the Harvard Shakers, as for other Shaker communities in the Northeast. The Harvard Shaker sales catalog listed over one hundred herbs, roots, barks, and herbal mixtures, most of which were medicinal. Many of the world's physicians purchased herbal medicines directly from the Shakers or from pharmaceutical companies that bought from the Shakers.

Emetics were the most common type of herbal medicine prescribed by Shaker physicians during this period. After administering an emetic, a Shaker physician or nurse stayed nearby until the patient vomited. Shaker physicians used emetics to treat a wide variety of complaints, including colds, influenza, fever, seizures, mental illness, whooping cough, and severe bruises. Patients were often seen on an outpatient basis for the single administration of an emetic.

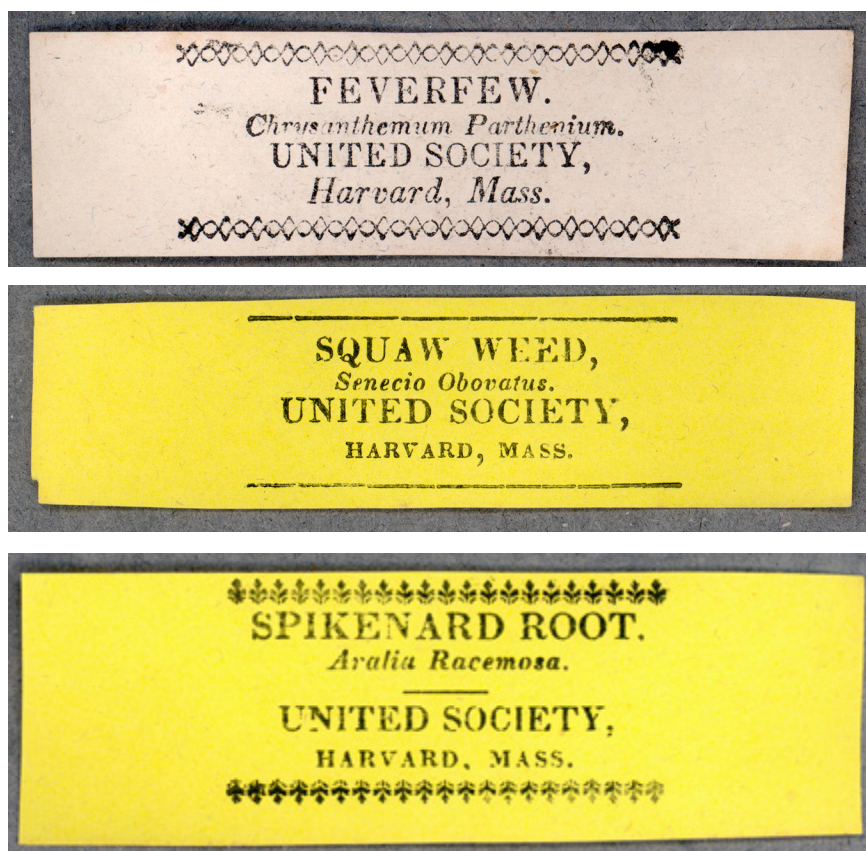


Fig 3. Three medicinal herb labels from Harvard Shaker Village.

Although the Harvard Shakers grew or gathered most of their own medicinal herbs, they did use one of the many patent (or popular) medicines then in vogue. A pharmaceutical salesman visited the Harvard Shakers in 1834 and gave them a sample of Gibson's Number 1 Physic, produced by Dr. Gibson of New Ipswich, New Hampshire. Its powerful effects impressed the Shakers.³⁷ From November 1834 to the end of 1837, small groups of Shakers made trips from Harvard to New Ipswich to consult with Dr. Gibson and to buy more of his powerful elixir.

The Shakers were influenced by the health reform movements led by laypersons that arose in reaction to the excessive bleeding and cathartic treatments of the regular physicians. Samuel Thomson was one of these lay healers. He believed that healing should cleanse the body internally

and externally and restore the body's ability to generate heat. His treatment regimen involved herbal laxatives, emetics, and stimulants with vapor baths and naps with hot rocks.³⁸ All of his medications were strictly herbal. Shaker physicians often used Thomson's favorite emetic, lobelia, in their practice. They also applied the Thomsonian vapor bath extensively, steaming either the whole body or just affected areas such as a painful arm or shoulder. Cayenne pepper was a favorite herbal stimulant of the Thomsonians that the Shaker physicians used occasionally to treat headache. Another Thomsonian treatment was heated rocks, which the Shakers folded into the bedding of patients feeling chilled.



Fig. 4. Lobelia was an important herb in the Thomsonian treatment regimen. The Shakers used lobelia as an emetic and also as a bronchodilator to treat asthma.

Sylvester Graham was another important figure in health reform who influenced the Shakers. A Presbyterian minister, Graham blamed impure diet and artificial stimulants for disease states and carnal lust. He advocated a vegetarian diet with no spices, condiments, or sweets and only cold water to drink. Rising and retiring early every day and practicing sexual self-control were other details of his health regimen. Graham was also insistent on the importance of home-baked bread made from unsifted whole wheat flour.³⁹ His ideas were attractive to the Shaker community, where regular hours, celibacy, and home-baked bread were already part of their way of life.

In 1835, about twenty-six of the Harvard brothers and sisters decided to try the Graham system, giving up tea, coffee, and meat.⁴⁰ Vegetarianism did not last among Harvard Shakers, and they did not stop serving cakes, pies, and puddings in their dining rooms. They continued for decades, however, to bake whole wheat Graham bread for their own consumption.⁴¹ In 1841 the Harvard Shakers decided to eliminate tea from the diet of everyone less than sixty years of age and to reduce the amount of meat

consumed by everyone in the community.⁴² It was consistent with the Shakers' kind treatment of the elderly not to require community members over sixty to change their accustomed diet.

Starting in 1835, the Church Family physicians experimented with the Graham diet for chronically ill patients. After putting patients on the Graham diet, the Shaker physicians made and administered fewer emetics.⁴³ That did not necessarily mean that the Shakers were any healthier, merely that they were trying a new treatment regimen.

Elderly Shakers continued to be as active as possible in the life of the community. Physically undemanding tasks were found for them. For example, in 1848, hay that was cut by younger brothers was put in order by elderly brethren.⁴⁴ In the Church Family, aged and frail sisters did sewing, reeling yarn, and a little weaving.⁴⁵ The elderly often worked until a few hours or just days before they died. They could go be inpatients in the medical shop or have nursing care in their dwelling as needed and then return to less strenuous tasks when they felt able.⁴⁶

The Shakers did not neglect to pray for their sick members and to offer them spiritual comfort. The frail elderly and very sick were visited by other members of the community.⁴⁷ Elders and eldresses often visited the sick and sometimes sang hymns to them to support their healing.⁴⁸ Convalescents and elderly Shakers were given short carriage or sleigh rides on mild, sunny days as therapy.⁴⁹ The Harvard Shakers also made occasional trips to the seashore in Lynn, Massachusetts, to improve or maintain their health. These excursions started at least as early as 1822.⁵⁰

The physician's journal shows that Shaker medical care evolved, following trends in medical practice in the outside world. The system of health care administered through the medical shop reflected the cooperation among the four Shaker families in the Harvard community and among individual community members. This cooperation allowed a rapid and coordinated response to epidemics in the Shaker village. Lifelong Shakers could expect to receive medical care whenever they needed it, to receive the concern and spiritual support of the community in illness, and to die at home with the tender care of their friends and skilled Shaker physicians.

Notes

1. Susan Myrick, *The Physician's Journal, 1834-1843* (Harvard, Mass.), Western Reserve Historical Society Shaker Collection, Cleveland, Ohio (hereafter WRHS) V-B: v. 41, Reel 30. Partial transcription by Roben Campbell. For most of the first two years of the journal, Mary Babbitt was the lead physician for the Church Family. Then Fidelia Grosvenor served with Susan Myrick for over two years. During the final years of the journal, August 1838 through 1843, Mary Robbins and Susan Myrick served as the Church Family physicians. Susan Myrick copied this journal over at the request of the Elders.
2. *Physician's Journal*, first few pages.
3. "Milenial Laws of 1821" in John T. Kirk, *The Shaker World: Art, Life, Belief* (New York: Harry N. Abrams), 262.
4. *Physician's Journal*, first few pages.
5. *Physician's Journal*, January, 30, 1834; February 2 and 10, 1834.
6. *Physician's Journal*, January, 2, 1834.
7. *Physician's Journal*, July, 4, 1834; May 12, 1836.
8. *Harvard Church Family Journal/Daybook, 1828-1838*, (Harvard, Mass.) Fruitlands Museum Shaker Collection FM-4.2, January 1, 1834.
9. *Physician's Journal*, July 26, 1835.
10. *Physician's Journal*, March 31, 1834; January 17, 1835.
11. *Physician's Journal*, December 8, 1834; July 24, 1835; May 7, 1836; March 21 and 31, 1837; January 12, 1838; April 27, 1838.
12. *Physician's Journal*, December 30, 1839.
13. *Physician's Journal*, April 1, 1834; March 14, 1835.
14. *Physician's Journal*, March 11, 1843.
15. *Physician's Journal*, February 29, 1836; March 7, 1836.
16. *Harvard Church Family Journal/Daybook, 1828-1838*, March 12, 1830; *Physician's Journal*, January 16, 1836.
17. *Physician's Journal*, 3 October 1834; *Harvard Church Family Journal/Daybook, 1828-1838*, April 10, 1838.
18. *Physician's Journal*, February 12, 1834; April 14, 1834; October 19, 1835; October 28, 1835.
19. *Physician's Journal*, February 8, 1835.
20. *Physician's Journal*, October 19, 1835.
21. *Physician's Journal*, March 7, 1843; January, 1843.
22. *Physician's Journal*, September 30, 1836; April 13, 1843; March 17, 1837.
23. *Physician's Journal*, January 25, 1843; September 23, 1837; April, 1840.
24. Grove B. Blanchard, *Journal 1840-1845*, (Harvard, Mass.) WRHS v. 46, Reel 31. Transcription by Roben Campbell; *Physician's Journal*, April 13-19, 1843.
25. *Physician's Journal*, 3 October 1834; August 2, 1835; January 23, 1836.
26. *Physician's Journal*, October 22, 1837.
27. Edward Shorter, "Primary Care" in Roy Porter, ed., *The Cambridge Illustrated History of Medicine* (Cambridge: Cambridge U P, 1996) 123-25.
28. Torald Hermann Sollman, *Manual of Pharmacology and Its Applications to Therapeutics and Toxicology*, 2nd ed. (Philadelphia: W. B. Saunders, 1922), 927-28.

29. *Physician's Journal*, November 9, 1835; April 7, 1843.
30. *Physician's Journal*, May 4, 1840.
31. Dittrick Medical History Center, "Artifacts: 1800–1865," Case Western Reserve University, <http://www.cas.edu/artsci/dittrick/site2/museum/artifacts> (accessed April 5, 2010).
32. Shorter, "Primary Care," 122.
33. John S. Haller, Jr., *American Medicine in Transition 1840-1910* (Champaign, Ill.: University of Illinois Press, 1981), 70-71.
34. *Physician's Journal*, May 15, 1840.
35. Harriot Kesia Hunt, *Glances and Glimpses*, (Boston, 1856), 174, 229-30.
36. Hunt, *Glances and Glimpses*, 228.
37. *Physician's Journal*, September 6, 1834; November 10, 1834.
38. John S. Haller, Jr., *The People's Doctors: Samuel Thomson and the American Botanical Movement 1790–1860* (Carbondale, Ill.: Southern Illinois University Press), 19-24.
39. Stephen Nissenbaum, *Sex, Diet, and Debility in Jacksonian America: Sylvester Graham and Health Reform*, Contributions in Medical History, no. 4, (Westport, Conn.: Greenwood Press, 1980) 18-20, 142-43.
40. *Harvard Church Family Journal/Daybook, 1828-1838*, March 12, 1835; April 21, 28, 1835.
41. Olive Chandler, *Journal* (Harvard, Mass.), Fruitlands Museum Shaker Collection FM-32.7, June 5, 1872.
42. *Harvard Church Family Journal/Daybook, 1840-1843*, (Harvard, Mass.) Fruitlands Museum Shaker Collection FM-2.3, February 2, 1841.
43. *Physician's Journal*, March 12, 15, 23, 1835.
44. *Deacon Journal* (Harvard, Mass.), WRHS V.B: v. 53, Reel 31. August 1, 1848.
45. *Deaconess Journal, 1845-1852*, (Harvard, Mass.), Fruitlands Museum Shaker Collection FM-1.11, January 1, 1845.
46. *Physician's Journal*, September 17, 23, 1838.
47. *Harvard Church Family Journal/Daybook, 1828-1838*, June 4, 1833; Grove B. Blanchard, *Journal 1836-1839*, (Harvard, Mass.) WRHS February 15, 27, 1837.
48. *Physician's Journal*, April 22, 1835; November 11, 1838.
49. Joseph Hammond, *Daybooks, 1820-1826*, (Harvard, Mass.), Fruitlands Museum Shaker Collection FM-1.10, February 5, 1822; Grove B. Blanchard, *Journal 1836-1839*, March 2, 1837; *Physician's Journal*, May 12, 1837; *Deaconess Journal, 1845-1852*, April 25, 1849.
50. *Physician's Journal*, September 18, 1837; Joseph Hammond, *Daybooks, 1820-1826*, May 20, 1822.