Introduction

The historiography of mid to late nineteenth century southern country medical practitioners is noticeably non-existent. While much is certainly known about their practice, this knowledge tends to be included in larger sweeping narratives that offer only a brief depiction of internal issues within this topic. A larger body of literature exits documenting rural Wisconsin and portions of New England during that same period. This absence is due in part to the lack of manuscript sources available throughout the South. The majority of the medical literature concerning the late nineteenth century South focuses upon a series of urban based epidemics that plagued the cities of New Orleans, Charleston, Norfolk, and other port areas. Sources in these locations are more developed since the Federal Government gradually assisted these cities by opening a series of hospitals and eventually establishing the forerunners of the public health service. Government records fill the pages of historians depicting these devastating epidemics. With the availability of these sources most historians interested in the southern United States in the post-bellum era focused upon such endemic and epidemic diseases as: typhoid fever, malaria, hookworm, pellagra, yellow fever, and others.[1]

Southern medical historiography evolved from Richard Shyrock's 1930 article "The Medical Practice in the Old South." In this article Shyrock discussed the problems that plagued southern medical professionals. Since they operated within a historically impoverished region their income directly suffered. Shyrock placed a great deal of emphasis upon the South's environment distinctiveness. The South's warm climate, in his opinion, dictated the course of Southern medicine. Initially southern historians such

[1] A wide array of literature exists concerning southern epidemics. However, this study does not intend to add to their research. Instead, this work will fill a void in studies concerning the southern rural practitioner.

as John Duffy, Wyndham Blanton, and William Postell contributed to the burgeoning field with essays supporting the notion of a "southern distinctiveness." Environmental, not social factors, typically remained central amongst these arguments. As new social histories transformed the way in which historians view the South, disease historiography rapidly evolved beyond environmental deterministic factors.

Historians such as Todd Savitt, Sally McMillen, Steven Stowe, Karen Kupperman, and John Harley Warner reversed the course of southern medical historiography by examining the social factors that perpetuated the presence of disease.[2] Environmental factors still maintained a place in southern medical histories, but its significance has certainly diminished since 1970. John Harley Warner's 1983 article "The Idea of Southern Medical Distinctiveness," marked an abrupt change in the historiography.[3] Warner argued that southern physicians did not possess a separate body of medical knowledge than their national counterparts. However, physicians frequently exploited the myth that southern medicine required regionally trained physicians. Southern medical schools and physicians therefore artificially created a medical distinctiveness, in an effort to mold a separate identity.

Modern historiography now places more emphasis upon the social structure supporting those predominately regional diseases. As always slavery remained central within this branch of southern historiography since the majority of predominately

---

[2] Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia,* (Urbana: University of Illinois, 1978); Todd L. Savitt and James Harvey Young, eds., *Disease and Distinctiveness in the American South,* (Knoxville: University of Tennessee, 1988); Karen Kupperman, "Apathy and Death in Early Jamestown, " *The Journal of American History* 66:1 (June 1979: 24-40; Sally G. McMillen, "Antebellum Southern Fathers and the Health Care of Children," *The Journal of Southern History* 60:3 (1994): 513-32.

[3] John Harley Warner, "The Idea of Southern Medical Distinctiveness: Medical Knowledge and Practice in the Old South," in *Science and Medicine in the Old South,* ed. Ronald L. Numbers and Todd L. Savitt, 179-205, (Baton Rouge: Louisiana State University Press, 1989).

southern diseases: pellagra, falciparum malaria, hookworm, and yellow fever, derived from the African continent. Racism and class deference clearly impacted the South's health well into the twentieth-century. Southern states remained defensive throughout the nineteenth century as Federal agencies increasingly sought control over each region's public health standards. Slavery, racism, class deference, paranoid defensiveness, and poverty comprised the central distinctive characteristics of southern medicine.

Judith Walzer-Leavitt's article, "'A Worrying Profession': The Domestic Environment of Medical Practice in Mid-19th-Century America," provided an excellent model for researching a country medicine case study.[4] Leavitt's research detailed the careers of two rural Wisconsin physicians: William Brisbane and Horace B. Willard. Neither of these men ever played a large role in reshaping the medical profession. Both rarely, if ever, published articles for medical journals. However, their importance lay in understanding the daily rigors of country medicine. These men traveled across the frozen countryside answering numerous house calls with the knowledge that financial reward was always uncertain. Since the body of literature for rural Wisconsin physicians was expansive, thanks in large part to Leavitt's work, I wanted to create a work that could serve as a comparison between the two regions. Did the same daily rigors and professional complications hamper southern physicians as much as Leavitt's two physicians? Did the southern social environment impact the medical practice in a way different from other rural regions? How did the daily lives of these men from polar regions compare? These questions served as the foundation for my research.

---

[4] Judith Walzer Leavitt, "'A Worrying Profession': The Domestic Environment of Medical Practice in Mid-19th Century America," *Bulletin of the History of Medicine* 69 (1995),

Patricia Beaver's work, *Rural Community in the Appalachian South*, helps expand understanding of the negative and positive dimensions of Appalachian communities. Her work focuses upon the "organization of kin, friends, enemies, and neighbors into networks of association and on the organization of values that bind people into community."[5] Much like communities in 20th Century western North Carolina, 19th century southwestern Virginia communities shaped their identity through shared experiences, a common history, extensive kinship networks, as well as a sense of regional isolation. Despite friction within communities, in times of crisis, communities would pull together. When western North Carolina experienced a period of devastating floods, even old enemies bonded together in response to the dire situation. Country physicians were certainly impacted by their perceptions of community. For example, when Robert Ellett treated patients who repeatedly accumulated unpaid medical bills, perhaps he did so because he was merely responding to a highly organized communal moral system. However, the county's sense of its own identity could also be used as a defense mechanism against entering newcomers. Therefore, the term community certainly has both positive and negative dimensions.

Choosing a particular region or physician was an arduous process. After traveling to several regional archives: University of North Carolina, Vanderbilt University, East Tennessee State University, University of Virginia, as well as the corresponding state archives, I concluded that I would never find the same types of sources that Leavitt and

---

[5] Patricia Beaver, *Rural Community in the Appalachian South,* (Lexington, KY: University Press of Kentucky, 1986), pp. 3.

particularly Laurel Ulrich used in their research.[6] Southern physicians rarely maintained personal journals. If they did, few of them remained in regional archive facilities. For example, historian Steven Stowe's recent publication *A Southern Practice: The Diary & Autobiography of Charles A. Hentz, M.D.* was the first such publication of its kind.[7] In fact, Stowe searched southern archives looking for similar sources without finding much else. Records for country physicians are almost non-existent. Prominent physicians certainly maintained better personal records, but these sources revealed little about the country medical practice. Vanderbilt and Duke University held several volumes of nineteenth century medical journals. However, after initially tracing several physicians, I decided that rather than document a physician who perhaps contributed to the expanding body of medical knowledge in the post-bellum era, that I would instead focus upon a more anonymous individual. Again my research wanted to provide some comparison base with Leavitt's research. Therefore, upon choosing a physician I adhered to the following criteria: a rural practitioner whose practice extended into both ante and post-bellum eras; a physician who worked within one community for a complete generation; a physician whose ledgers were intact and archived; a physician who did not publish in national medical journals but held influential community leadership positions. These criteria allowed me to choose physicians that paralleled those selected by Leavitt and therefore fostered some relative comparisons.

While conducting research for a History of Women's Medicine course at Virginia Polytechnic Institute and State University, I located two collections that matched my

[6] Laurel Thatcher Ulrich, *A Midwives Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812,* (NewYork: Vintage Books, 1990).
[7] Steven Stowe, *A Southern Practice: The Diary and Autobiography of Charles A. Hentz,* (Charlottesville: University of Virginia Press, 2001).

established criterion. Both Robert Ellett and S.W. Dickinson practiced medicine in rural southwestern Virginia during the ante and post-bellum periods for well over a single generation.[8] Their medical ledgers are archived in the Newman Library Special Collections Department. However, gradually the study concentrated more upon Ellett than Dickinson because Ellett's practice better represented the region.. Corresponding records concerning Dickinson's medical career and community positions were predominately absent. Nevertheless, Dickinson's ledgers still provided a valuable comparison.

In gathering patient data I followed a uniform procedure. First, the names were recorded from Robert Ellett's ledger. Physicians typically only listed the heads of each household. Ellett referred to other family members as "wife," "daughter," "son," "servant", or occasionally elder parents were living within the household. The ledgers rarely provided a specific first name except in the case of heads of households. Second, the names were then cross-referenced with Federal Census data collected in 1860, 1870, and 1890. The 1880 data would have proved valuable but such records were destroyed by fire. Only half of the names could be gathered through census records. Most patients were absent from the manuscript listings. Census takers during the post-bellum era frequently missed households, especially those located on another individual's land. Since the majority of Ellett's patients were poor day laborers that often lived where they worked, their names were typically missing. However, through available county court records the missing names were eventually located. By cross-referencing the remaining patient ledger with census and county records, as well as a few local genealogical

[8] Robert Ellett practiced medicine in Montgomery County and S.W. Dickinson practiced in Smyth County.

sources, I gathered information on over 90 percent of Ellett's patients. This information was particularly useful in chapters two and three.

The work in its entirety was arranged as a local case study intertwined within a loose biographical sketch. Chapter One: Community Expectations of an Entering Medical Professional, documents Robert Ellett's arrival into Montgomery County, Virginia society. Ellett entered into the community during the Civil War and opened a private practice soon thereafter. However, his entrance was not automatic. As shown during the court martial trial of Captain James Woodville, Montgomery County's established medical professionals could collectively restrict new practitioners from entering their area. Understanding the precise reasons behind Woodville's court martial trial provided a glimpse into the existing professional community. While anti-Catholic attitudes certainly heightened tensions during the trial, the true motivations evolved from a competition between existing and entering practitioners.

Chapter Two: Country Medicine and the Domestic Sphere, draws comparisons between Robert Ellett's practice in rural Virginia with historian Judith Walzer Leavitt's Wisconsin physicians. A majority of Ellett's patients demanded treatment within their homes. The manner in which Ellett negotiated that environment determined his professional standing after he had achieved community acceptance. Throughout Ellett's lifetime his identity served a multidimensional role within Montgomery County society. The core of that identity derived from his interaction with patients and family members while providing medical care. However, it is important to remember that without the community acceptance that affirmed his relatively informal entrance into the area, Ellett

never would have been afforded the opportunity to construct those valuable doctor/patient relationships.

Chapter Three: Sustaining Professional Identity and Income, provides some demographic information pertaining to the country medical practice. Who visited the country physician in a region filled with alternative practitioners? Traditionally, historians have argued that an individual's income, in part, determined the likelihood of whether or not they consulted medical professionals. In Robert Ellett's case the majority of his patients derived from Montgomery County's lowest income groups: day laborers and small farmers. Patients who could not afford expensive professional physicians still visited Ellett. They progressively accumulated debts with little intention of paying the physician's fees. In fact, the majority of Ellett's patients did not pay their bills during the early years of his practice. Only after Ellett established patronage through his various elected positions did his annual income gradually increase.

In summary, Robert Ellett's country medical practice gradually thrived despite operating within an arduous social and geographic environment. Initially Ellett's entrance into Montgomery County society depended solely upon his elite stature and adherence to their established "common interests." However, as Ellett gained added social value within the community, his identity became increasingly multidimensional. Ellett carefully crafted fruitful doctor/patient relationships by cautiously negotiating the domestic sphere. Patients and family members alike thought of Ellett as a healer and a "man of medicine." Meanwhile, Ellett sustained the financial growth needed to support his large family by holding numerous local patronage positions. Ironically, while Ellett's domestic relationships constructed his professional identity, that role was preserved by

constantly manipulating positions gained through that trust. Therefore, country physicians depended upon much more than personal character in building their practices. Instead, successful practitioners in similar social environments achieved stability by balancing a highly dimensional identity that ultimately subscribed to both local and personal interests.

Chapter One: Becoming a Country Physician

Starting a successful mid-nineteenth century country medical practice depended upon community acceptance as much as a physician's training or skill. Community respect, for Dr. Robert Ellett and others, derived from sources outside the realm of the medical profession. Being a physician distinguished a man from the majority of the population, but that alone did not guarantee professional success. Ellett's social background, advanced education, military service, and inter-marriage promoted this practice's development. Without the honor and respect bestowed upon him for his services in the Confederate Army or the social acceptance and connections afforded by his "marrying" into that community Ellett would not have enjoyed the same level of social and financial success. Therefore, Robert Ellett established a successful country medical practice in Montgomery County, Virginia by constantly adhering to societal expectations. Ellett gained their trust by actively adopting and defending recognized community "common interests." Southern country physicians were not only expected to provide competent medical care, but to maintain a personal character reflective of the community in which they practiced.[9]

Robert Ellett's Education

Robert Ellett's childhood education impacted his later medical practice by molding his character into an identity deemed acceptable within most Virginian communities. Lessons in community honor systems defined Ellett's identity. Deciding

---

[9] Understanding a country physician's entrance into a local community can not be measured along linear lines. The process was multi-dimensional and quite ignorant of time. "Common interests" was an expression I have found frequently throughout many Montgomery County documents. It indicated that many Montgomery County residents viewed themselves as part of a collective whole. That collective

whether to accept or challenge these norms were Ellett's choice. Throughout the South people who contested the established social values were viewed as threats, thereby prohibiting their entrance into many communities. By subscribing to the status quo Ellett's personal character held qualities deemed admirable throughout the region. Therefore, Ellett's character education was as vital to his future professional success than any level of medical training.[10]

By southern standards, Robert Ellett received a superior education. Attending school or hiring tutors extended beyond the grasp for many Antebellum Virginians. Slaves received no formal education and laws prohibited any such attempts. Only the elite children regularly received any formal education. Even lower-class children who enrolled in school only attended classes until they reached a certain level of reading and writing comprehension. Certainly significant portions of yeoman children received an education, but their instruction lasted fewer years and was plagued with persistent disruptions. Economically, only slaveholders could afford formal edification. With slaves working the fields, elite children had more time for learning. Yeoman children held a more valuable economic position within their households. Maintaining the family farm or business took priority over schooling. While many Virginian children worked in the home-place during the days alongside their parents, Ellett remained in school.[11]

---

grouping not only included their immediate surroundings but also encompassed much of the entire southern region. See Appendix A: Dimensions of Community Acceptance For Dr. Robert Ellett

[10] John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885,* (Cambridge: Harvard University Press, 1986), pp. 12-13; Warner's research identified that during the nineteenth century physicians relied heavily upon their personal character in order to build their medical practice. This paper agrees with Warner but takes his point further by examining how community expectations constantly reshaped that character.

[11] Wyatt-Brown, *Honor and Violence in the Old South,* (New York: Oxford University Press, 1986), pp. 32; L. Minerva Turnbull, "Private Schools in Norfolk, 1800-1860," *William and Mary Quarterly,* Vol. 11, No. 4 (Oct. 1831), pp. 277-280; Elizabeth Brown Pryor, "An Anomalous Person: The Northern Tutor in Plantation Society, 1773-1860," *The Journal of Southern History,* Vol. 47, No. 3 (Aug 1981), pp. 263-267,

Each child within the Ellett household received a formal education throughout their adolescence. The 1850 United States manuscript census indicated that Robert Ellett, Sr. had seven children living in his household. Thomas C. Ellett, 25, James T. Ellett, 23, Mary E. Ellett, 21, Robert Thadeus Ellett, 15, Betty A. Ellett, 12, Charlotte C. Ellett, 10, and Rosa Ellett, 8, all lived within the family's large estate. Robert Ellett, Jr.'s older siblings still lived at home. Ellett's three elder siblings were beyond school age. The four remaining children were each listed as "attends school" by the census taker.[12]

Even within the South, Virginian children received fewer years of formal education than most. In 1850 over 76,000 Virginian children attended public and private schools. That number represented 22 percent of the total number of school aged children. By comparison 52 percent of school aged children received some level of education in neighboring North Carolina. Virginia's percentages fell well below the national average of 51 percent.[13]

In Hanover County, the Ellett family home, 400 students attended school. Only 17 percent of the total school age population attended either public or private schools. Robert Ellett's family status and relative wealth propelled his education. Without that status it would have been far less likely for Ellett to attend medical school or even gain acceptance as an apprentice. Attending school or acquiring basic skills were necessary for entering the medical profession. Although attending medical college represented only

---

Rothstein, *American Medical Schools and the Practice of Medicine: A History,* (New York: Oxford University Press, 1987), pp. 288.

[12] *Seventh United States Manuscript Census*, Hanover County, Virginia, 106.
[13] *Historical United States Census Browser,* (http://fisher.lib.virginia.edu/census/). Estimate derived by cross-referencing the total number of white school aged children with those enrolled in school. The large number of home schooled children during this period flaw these figures, but even most home schooled children were listed as "attends school." The fewer years a child spent in school the less likely they received any training above basic reading and writing skills.

one of several routes for entrance into the profession, the overwhelming majority of professional physicians received some level of formal education during their youth.[14]

Although Robert Ellett was better educated than most Virginians, that did not necessarily equate with superior knowledge and skill. Education during the southern antebellum era taught lessons in gentility and honor above fundamental subjects such as mathematics and science. "The stress upon sociability and manliness," noted historian Bertram Wyatt-Brown, "became increasingly incompatible as white democracy eroded the old deferences to hierarchy." The endless pursuit of honor impeded the development of "the life of the mind."[15]

Jeffersonian ideals, intertwined with notions of honor, adversely impacted Robert Ellett's education. His identity as a member of the southern elite dictated the manner in which education affected his identity. Southern elite attitudes toward education were contradictory. On one hand, planters needed to attain a level of education that separated themselves from lower social classes. On the other hand, those same individuals contributed to a rash of anti-intellectualism that spread throughout the South during the late antebellum era. Therefore, as a member of an elite southern class, Ellett received an education in character that by design did not prepare him for a professional career but rather reinforced his place within southern society.[16]

---

[14] Ibid.

[15] Wyatt-Brown, *Honor and Violence in the Old South,* pp. 32. Wyatt-Brown successfully argued that the antebellum southern United States contained an often unspoken yet frequently violent collective identity that swayed all facets of life. I would contend that the course of country medicine can not be separated from this collective community value system. Physicians were expected to live up to local expectations. Those who did not faced isolation and perhaps the loss of their professional identity. Even physicians who entered into the region following the Civil War faced similar challenges. While the war emancipated millions of slaves, it did not radically alter how individual communities saw themselves: white patriarchal protectors of an often unidentifiable "common interest."

[16] Micheal O' Brien, "On the Mind of the Old South and its Accessibility," in O'Brien *Rethinking the South: Essays in Intellectual History,* (Baltimore and London, Johns Hopkins Press, 1988). In this work, much like the work of Bertram Wyatt-Brown, O'Brien contends that "Romanticism has been peculiarly

Formal education allowed Robert Ellett's entrance into any number of possible professions. With two older brothers and one older sister Ellett needed to find a source of income separate from the family's agricultural production. Land held great social and economic value within southern society. Rather than fragment land holdings, many substantial landholders willed their property to the oldest son. Thomas and James Ellett, Robert Ellett's older brothers, would eventually inherit their father's lands. Ellett could either choose to work on that land as if it were his own, an option taken by many, or look beyond his family's holdings for income. Learning a professional skill or trade proved the best available option for Ellett.[17]

The son of a Hanover County, Virginia slaveholder, Ellett's family typified the state's elite social class. Children from that class received far better educational opportunities than other southern classes. Perhaps most importantly, Ellett was born white within a society preoccupied by skin color. Deference was dictated by the Antebellum South's social structure. If Ellett had not been born a white male son of a

---

powerful as an influence upon the Southern life of the mind it has provided an analytical glue that has held in agreed category the underlying heterogeneity of social life in the Southeastern United States." (p. 5). Southern educational instruction trained students to join a larger collective whole rather than become an "individual." This was a lesson that Robert Ellett learned and practiced throughout various key moments in his professional career. When given the option of conforming to the masses or "rocking the boat," Ellett choose the safest path in order to maintain community respectability. Choosing anything else was an often dangerous and unwise decision. It is impossible to separate the southern country medical practice from larger collective social values. For other essays that document the close relationship between collective identities and antebellum education lessons consult: John S. Ezell, "A Southern Education for Southrons," *The Journal of Southern History,* Vol. 17, No. 3; (Aug., 1951), pp. 303-327; Ronald K. Goodenow and Arthur O. White, *Education and the Rise of the New South,* (Boston: G.K. Hall, 1981); Robert J. Brugger, *Beverley Tucker: Heart over Head in the Old South,* (Baltimore: The Johns Hopkins University Press, 1978); Robert Dawidoff, *The Education of John Randolph,* (New York: W.W. Norton & Company, 1979).

[17] *Seventh United States Manuscript Census,* Hanover County, Virginia, 106; Hanover County, Virginia County Clerks Office, *Records of Hanover County Deeds and Wills,* Robert Ellett, Sr. The Ellett family did not own a large amount of land. The family operated a profitable gristmill. Ellett's oldest brother operated the mill, while his other elder sibling tended the land. By "typified" I want to imply that the Ellett family held the same social and cultural values as their elite neighbors. Robert Ellett, Sr. owned numerous slaves at various times throughout his life. At one point the family owned over twenty slaves, a point that many historians and nineteenth century southerners believed made an individual a member of the exclusive planter class.

plantation owner, attending the Medical College of Virginia would have been much more difficult. Women were excluded from the medical profession. African-Americans both slaves and free, could not enroll for courses. Poor whites could ill afford tuition fees. Therefore, the white male elite, such as Ellett, predominately trained in professions segregated along race, class, and gender lines.[18]

During his youth Ellett received some of his education from a local physician who also tutored students in mathematics. He gradually developed into Ellett's mentor. Ellett accompanied the physician, whose name was absent from surviving records, during numerous house calls. When Ellett was in his late teens he moved away from home and lived with an older sister in Richmond. The Medical College of Virginia required that their students hold an apprenticeship before enrolling in any lecture courses. For two years, Ellett apprenticed underneath Dr. S.H. Snead.[19]

Attending medical school was only one available avenue for potential physicians. For example, Montgomery County, Virginia physician Dr. Harvey Black belonged to the southern elite as much as Robert Ellett. After receiving a solid formal education during his youth, Black decided against attending medical school. There were few opportunities that Black could gain through medical school that his social position did not already provide. The small town of Blacksburg was named in honor of his family. Moving away from his family connections in order to attend medical school was not worthwhile.

---

[18] Medical College of Virginia, Student Catalogues, 1856-58. Special Collections, Tompkins-McCaw Library, Virginia Commonwealth University, Richmond; U.S. Department of Commerce, Bureau of the Census, *Seventh Census of the United States Taken in the Year 1850,* Hanover County, Virginia, Robert Ellett, 106; Bertram Wyatt-Brown, *Honor and Violence in the Old South,* (New York: Oxford University Press, 1986), pp. 23, 74, 132, and 161.

[19] Little is known about Dr. Snead. He practiced medicine in the region for several decades, but tracing that practice was difficult due to the limitations of earlier census records. During the Civil War Snead was active throughout Richmond's hospital systems and served as a contract surgeon.

Instead, Black received his medical training from an elder local physician. That physician gradually introduced Black to his patients. In that setting Black began developing doctor/patient trust. When the elder physician retired, his former patients soon consulted Black for any necessary treatments. In Black's case, apprenticing stimulated his future medical career.[20]

Robert Ellett's medical education secured only one dimension of his professional identity. His education taught him many skills, but establishing a successful country medical practice depended upon community identity as much as professional training.[21] He did not grow up in the community where his practice existed. Therefore, Ellett lacked the family connections and respect perhaps given to other country physicians with more established networks. Developing those connections and earning community respect fostered Ellett's professional identity. Paradoxically, events non-parallel with medicine: social status, military service and family contacts comprised Ellett's identity.

A Southern Physician at War

The American Civil War did as much to establish Robert Ellett's professional identity as any other event in his life. Ellett would forever be remembered by family and friends as being a Confederate veteran first and a physician second. His stature as a Confederate veteran garnered respect and attention from the Montgomery County community. Not every successful southern country physician was a Confederate veteran.

---

[20] Black Family Folder, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

[21] John Harley Warner, *The Therapeutic Perspectice: Medical Practice, Knowledge, and Identity in America, 1820-1885,* (Harvard University Press, Cambridge, 1986), pp. 15. Community identity referred to the accepted values held within a particular setting. Those values are not constant and are subject to sporadic changes depending upon negating circumstances. Successful country physicians merged their professional and community identities. They were not only known as "doctors" but as local leaders, former veterans, family members, or any number of other identities.

Success did not always depend upon past experiences. Nevertheless, Ellett's professional career directly benefited from his military service.

The Civil War also exposed Ellett to the realities of practicing medicine within a region to inhospitable to newcomers. Ellett witnessed first-hand that Montgomery County "society" dictated whom they did or did not accept into their community. When necessary the county closed itself off and expelled individuals who did not fit into its social norms: white and Protestant. In this society change and new faces were not eagerly embraced. Several incidents that transpired during Ellett's tenure at Montgomery White Sulphar Springs Hospital exemplified the county's exclusive nature. When Ellett remained in Montgomery County after the war, he entered into a community that traditionally disliked outsiders. Therefore, in order to be successful in such an environment, Ellett needed an identity that aligned him with their social norms.[22]

Many southern physicians desired to fight alongside family and neighbors on the front lines. Field hospital commands were unpopular among some younger southern physicians because such positions lacked any sense of bravado or valor. Elder physicians frequently occupied these positions since their age prevented them from carrying a rifle. Younger physicians volunteered for front line roles, in part, in defense of their honor.[23] Within southern society a code of honor developed throughout the nineteenth century that exercised itself during the Civil War. Being seen as cowardly was more detrimental to

---

[22] Defining any given community's collective social norms is difficult and subject to broad generalizations. However, it can be safely assumed that Montgomery County collectively believed that white male Protestants were the most acceptable community members. African-Americans and women were excluded, not only from professional medicine, but also from community leadership positions. The county lacked any large influx of religious groups who were not either Presbyterians or Lutherans. The easiest way for any individual to enter into the community was through inter-marrying into an elite family.

[23] H.H. Cunningham, *Doctors in Gray: The Confederate Medical Service,* (Baton Rouge: LSU Press, 1958), p. 21-26.

the southern soldier than even death. When the conflict called for military enlistment, entire families and communities volunteered for duty. If a local physician entered into the medical corps, he risked several possibilities. If his friends and family joined, fought, and won the war as fast as many anticipated in 1861, then physicians would be wont of the glory and honor of achieving victory. "Loyalties," as Bertram Wyatt-Brown has shown, "to family and community translated into duty for country." The boundaries of southern honor extended into all facets of life and death. At 25 years of age, in good health, and without any debilitating injuries, fighting sustained Robert Ellett's honor.[24]

The war threatened Ellett's home and family. Volunteering for front line service, in Ellett's mind, protected those interests. Maintaining his identity as a slave owner was more important than being a physician. Owning slaves within southern society secured a position within a controlling elite-class that medicine could not offer. When the war began Ellett had a choice between maintaining his professional identity as a physician or protecting the region's larger social identity by serving in the Confederate Army. If Ellett chose to continue practicing medicine, he risked being viewed as a coward. Furthermore, Ellett's elite status was threatened by the conflict. Defending that status was crucial for Ellett because it allowed him entrance into the medical profession as well

[24] Wyatt-Brown, *Honor and Violence in the Old South,* p. 38; Bertram Wyatt-Brown's *Southern Honor* and its abridged version *Honor and Violence in the Old South* provides a detailed depiction of how honor bound men to their communities. The Antebellum South was a society that respected fighting and defending one's personal honor through valor. Even though there were physicians who did immediately join the medical corps, an even larger number initially joined other front line units. This is reflected in the numerous physician diaries maintained during the Civil War. These diaries read like military campaign narratives. Physician's wrote home relating the details of the latest battle. Details concerning their own service in the medical corps remained predominately omitted. Even when physicians served as military surgeons their surviving letters and diaries provided little indication that they were in the medical corps. Physicians did not depict how they saved a man's life or prevented some raging camp disease from developing even further. Their diaries are filled with trivial events concerning generals and troop movements. The language and subject nature of their letters, in part, indicates the way in which physicians viewed themselves. For them, honor belonged to the front line soldier, therefore even hospital surgeons wrote letters as if they were serving alongside the men they treated.

as an air of social deference. Therefore, the social identity that was placed upon Ellett at birth, elite class membership, superseded any professional identities. Ellett's choice was significant because it indicated that social class and not occupation comprised his identity.

In May of 1861 Robert Ellett took command of a heavy artillery unit named after him: Captain Ellett's Company Virginia Heavy Artillery. Heavy artillery units were predominately placed in defensive positions guarding the passages to Richmond. While serving as an artillery officer Ellett saw little combat. Sometime after his initial enlistment Ellett contracted an acute fever. This fever plagued him for months until he finally resigned his post in favor of returning home for recuperating. The fever left Ellett in a weakened state, but after a brief convalescence, Ellett rejoined the Confederate Army. This time Ellett accepted a commission and transfer to Montgomery White Sulphar Springs hospital in Montgomery County, Virginia. During his tenure at MWSS Ellett witnessed first hand the closed nature of local society. Through those lessons Ellett learned what the community expected from their local physicians and what he in return should anticipate upon entering a new region.[25]

Building Community Connections: Montgomery White Sulphar Springs[26]

In April, 1864 a concerned group of local non-enlisted contract physicians at Montgomery White Sulphar Springs Hospital informed Confederate Surgeon General Dr.

---

[25] *Confederate Service Records,* Pamunky Heavy Artillery, Roll # 313, Captain Robert T. Ellett; Dorothy Bodell Research Notes, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia. Mrs. Bodell's research first attracted my attention to the activities that transpired within the hospital. Her research compiled numerous names and a scattering of events used in constructing my larger historical argument.

[26] This section will document the impact that community values and prejudices had upon the country medical practice. While these events transpired during the war, I believe that they suggest a larger trend extending beyond that focal conflict. The hospital first introduced Ellett to Montgomery County. After

Samuel Moors that "within the hospital the very station of those who do not belong in our community endangers everything. Only by securing their prompt removal will our common interests be preserved." The letter referred to a small group of Catholic medical practitioners who worked within the local Confederate hospital. Their very presence so offended the local Protestant contract physicians that despite their stellar service, the community sought judicial hearings that would in effect restrict their access to area patients. Practitioners who did not subscribe to Montgomery County society's "common interests" were pushed aside regardless of individual skill or training.

The manner in which a community identified itself directly contributed to their accepted value systems. If a community felt threatened by a perceived external presence that differed from their normative beliefs, it was common for that identity to act as a barrier shielding the familiar from the unknown. Civil War era Montgomery County, Virginia existed as an extended social network in which white male Protestants dictated societal norms. When provoked, Montgomery County's sporadic xenophobic nature held enough power to keep individuals, who maintained an identity to which the region was unaccustomed, from entering.[27]

---

witnessing Major James Woodville's court martial hearing, Ellett might have left the community had it not been for his developing relationship with Susan French.

[27]I use words such as "xenophobia" and "exclusive" cautiously and with much reservation. While it would be likely that Montgomery County society actively expressed a strong dislike or distrust of foreigners, both domestic and international, providing evidence for this particular behavior across an extended period requires research beyond my current scope. What I do know however is that for whatever reason local physicians aggressively protested the presence of Catholic practitioners in their county during the Civil War. I do not want to make too much of this singular incident but the locals had few other opportunities to react in a similar fashion. The overwhelming majority of practitioners in the county were born and raised in the surrounding area. Only one physician maintained a successful medical practice that did not originate from the area, Dr. Robert Ellett. Dr. James Woodville's court martial hearing provides evidence of perhaps a larger trend of xenophobic responses to "foreigners" who did not subscribe to the community's expressed "common interests." A country physician's ability to enter into such communities is an integral part of the larger history of rural medicine. Not only to understand those who failed to open practices in a particular setting, but to comprehend why others succeeded.

This section documents the animosities that developed between Montgomery County residents and a small group of Catholic medical practitioners from 1863 to 1865. During their tenure at the hospital the Catholic nurses and physicians provided excellent medical care for wounded Confederate soldiers amidst arduous circumstances. Nevertheless, local contract physicians and residents resented the Catholic presence within their local hospital. Even though the Catholic practitioners held a similar dedication toward the Confederate cause as did most county residents, unwed female "Papists" did not conform to the region's social norms. As a result, the prevailing Protestant staff conspired to expel the nurses as well as Dr. James Woodville, the Catholic hospital commander. Despite their occupational contributions as medical practitioners, the Catholic staff's inability or unwillingness to conform to the pre-existing value system made them socially unacceptable within that particular setting.[28]

During the Civil War the Confederate States of America converted numerous lavish health resorts into regional hospitals and convalescent homes. Resort hotels were turned into hospital wards, while surrounding outbuildings provided quarantine quarters and additional staff residences. Confederate officials negotiated contracts with resort owners. These contracts offered financial compensation. MWSS president James R. Kent and trustee Edwin Amiss negotiated such an agreement in 1861. In May 1862 the hospital opened. During the first month the Confederate government paid the resort's owners $184.00 in rent. Thereafter, the government paid $1,000 a month for the use of their facilities. Although resort owners received financial considerations, the damages

[28] Patricia Beaver, *Rural Community in the Appalachian South,* (Lexington, KY: University Press of Kentucky, 1986), pp. 10.

incurred during the hospital's existence permanently bankrupted MWSS as well as many other resorts.[29]

Head Surgeon Major James L. Woodville commanded the MWSS hospital. The Virginia native held a "regular" medical education that exceeded most other southern physicians. Woodville attended Kenyon College in Ohio, the University of Virginia, Richmond Medical College, and received a medical degree from the University of Pennsylvania Medical Department. Pennsylvania, by nineteenth-century standards, trained the nation's finest physicians. Prior to the war Woodville maintained a lucrative medical practice near his boyhood home in Fincastle, Virginia.[30]

When the war began Woodville enlisted in the 7th Virginia Infantry where he voluntarily served as a foot soldier after initially turning down an officer's commission as an Army surgeon. After fulfilling his personal obligation to actively defend his home and family, Woodville accepted command of the Greenbrier White Sulphar Springs Hospital. Union forces quickly occupied modern day West Virginia forcing the hospital to cease its operations. In the fall of 1861 Woodville received a promotion and was made Surgeon-in-Charge of the Montgomery White Sulphur Springs General Hospital.[31]

---

[29] Dorothy Bodell Research Notes, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia; Montgomery White Sulphar Springs (MWSS) continued operation after the war, but insurmountable debt drastically impacted the resort's quality.

[30] Confederate Service Records, Seventh Virginia Infantry, James Lewis Woodville; Sister M. Anne Francis Campbell, "Bishop England's Sisterhood, 1889-1929," (Ph.D. diss., University of St. Louis, 1968), p. 97. It is important to note at this point that not every Southern community held anti-Catholic attitudes. In fact, the Confederate States of America prided itself on including Jews and Catholics in high-ranking government positions. In both Botetcourt County, where Fincastle is located, and Montgomery County, not a single Catholic Church existed between 1860 and 1870 according to the United States Manuscript Census.

[31] Dorothy Bodell Research Notes, Special Collections, Newman Library, Virginia Polytechnic Institute and State University; Sister M. Anne Francis Campbell, "Bishop England's Sisterhood, 1889-1929," (Ph.D. diss., University of St. Louis, 1968), p. 134.

Up to eight enlisted physicians staffed the hospital between July 1863 through the 1865 surrender. In addition to the Confederate surgeons, local physicians hired out their services to the hospital. Contract physicians were non-enlisted private practitioners hired from the surrounding community. They worked in the hospital for a negotiated time period in exchange for monetary compensation. During the war physicians earned desperately needed income by contracting their services to Confederate hospitals.[32] Civilian employees from nearby Blacksburg and Christiansburg washed linens, cooked meals, and offered comfort for the patients and physicians. Therefore, within this singular setting, a small microcosm of Montgomery County society freely interacted with the hospital staff. [33]

Since the southern nursing profession was virtually nonexistent at the outbreak of the Civil War, MWSS relied heavily upon a small group of Charleston, South Carolina nuns.[34] Surgeon-in-Charge James Woodville, himself a Catholic, wrote a series of letters asking for nurses to staff his new command. Catholic nuns were one of the few socially acceptable sources for female nurses. Woodville's letter caught the attention of Bishop McGill of Richmond. He in turn relayed the letter to Bishop Lynch of Charleston, South Carolina who arranged for the nurses' services. Five nuns from the Charleston Sisters of Mercy immediately volunteered with the condition that the hospital would provide means for their religious services. In dire need for nurses, Woodville accepted.[35]

---

[32] Dorothy Bodell Research Notes, Special Collections, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
[33] Dorothy Bodell Research Notes, Special Collections, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
[34] Kate Cumming, *Kate: The Journal of a Confederate Nurse,* ed. Richard B. Harwell, (Baton Rouge: Louisiana State University, 1959), p. 178; Sister Mary Denis Maher, *To Bind Up the Wounds: Catholic Sisters in the U.S. Civil War,* (New York: Greenwood Press, 1989), p. 114.
[35] Sister M. Anne Francis Campbell, "Bishop England's Sisterhood, 1889-1929," (Ph.D. diss., University of St. Louis, 1968), p. 97.

The interaction that occurred between the Catholic nuns, contract physicians, and local townspeople provides an example of the exclusive nature of Montgomery County. Locals resented the Catholic presence within the hospital. In conjunction with Woodville's orders, Father Lawrence O'Connell performed communion and gave sacraments for the Sisters. Despite the nurses' good nature, their presence angered many of the hospital staff and community members. Catholics lacked social recognition and acceptance throughout American society.[36] Scotch-Irish Presbyterians and German Lutherans dominated Montgomery County, Virginia. The nurses' presence evoked such prejudices that many civil workers refused to work alongside the Catholic Sisters, leaving the Sisters with little respect for the townspeople. "I have never met a stranger and more illiterate class of people, " recalled Sister DeSales.[37]

Friction between contract physicians and Major Woodville first emerged concerning his handling of hospital funds. Woodville placed Sister DeSales in charge of dispersing funds for items purchased in Christiansburg. Every month DeSales traveled into town and negotiated prices with local merchants for much needed hospital goods. Throughout the war the hospital suffered from insufficient food and medical supplies. Rumors spread among the local physicians that Woodville and Sister DeSales were secretly selling hospital supplies to town merchants and neighboring farmers. "The

---

[36] While Montgomery County, for whatever reasons, disliked the Catholic practitioners, the Confederate government frequently placed Catholics in high-level leadership positions. In Lynchburg, Virginia, ninety miles from Montgomery County, Catholics doctors, clergymen, and nurses freely worked throughout the local Confederate hospital. During that time there were no reported conflicts between practitioners and the local community. The incident in Montgomery County appears to be isolated and not part of a larger trend. I will gradually argue that the situation arose not from any existing religious prejudices but rather evolved from a group of young medical professionals competing for community acceptance in order to secure a future private practice.

[37] Sister M. Anne Francis Campbell, "Bishop England's Sisterhood, 1889-1929," (Ph.D. diss., University of St. Louis, 1968), p. 134.

money that Major Woodville provides the nurses," wrote Dr. W.H. Keffer, "never provides stores for the soldiers nor ourselves. They go into town and return with nothing."[38] These allegations damaged Woodville's reputation as a virtuous administrator and brought increased scrutiny from Confederate inspectors. Woodville never embezzled hospital supplies for personal gains. The commander held a large family estate near Fincastle, Virginia and conducted a private practice that garnered a bountiful annual income. Dissenting staff members who disapproved of the hospital's large Catholic presence carefully plotted these accusations. Privately, local physician Isaac White left a paper trail of letters informing the regional inspectors of the commander's illegal activities that were "perpetrated by the hands of a most distrustful zealous sort. The presence of such beliefs within our command threatens its very existence."[39]

Confederate officials responded to the contract physicians' repeated complaints. In 1863 the regional inspector conducted a close examination of MWSS's account books. The official investigation concluded that Woodville appropriately used government funds in securing hospital supplies. In fact, the audit revealed that Woodville personally paid for over $10,000 in furnishings needed in order to properly equip the patient wards. While Woodville was acquitted of these false accusations, they enabled hospital dissidents to draw increased attention to Woodville's actions.[40]

---

[38] Dr. W.H. Keffer, Montgomery White Sulphar Springs General Hospital, to Dr. Samuel Moors, Surgeon General Confederate States of America, 20 December 1862, U.S. National Archives, Court Martial Trial of J. Lewis Woodville, Staff Officers File, pp. 55-56.
[39]Dr. Isaac White, Montgomery White Sulphar Springs General Hospital, to Dr. Samuel Moors, Surgeon General Confederate States of America, 20 December 1862, U.S. National Archives, Court Martial Trial of J. Lewis Woodville, Staff Officers File, pp. 55-56.
[40]Confederate Army Inspector General, Richmond, Virginia, to Dr. James Woodville, 23 March 1863, U.S. National Archives, Court Martial Trial of J. Lewis Woodville, Staff Officers File, pp. 55.

Despite underlying animosities, the nurses worked tirelessly providing round-the-clock care and comfort for wounded soldiers. In January 1863, the nurses rested amidst the customary lull in casualties while both armies remained in winter encampments. Although the number of patients remained low throughout that winter, the hospital faced a major crisis when several patients simultaneously contracted small pox. Woodville promptly removed them from the main hospital into the surrounding cabins that once served as luxuriant Turkish bath houses. The small pox reached epidemic proportions during the following spring. When summer began the number of casualties shipped to the hospital rapidly increased following campaigns on two separate military fronts. Surgeons worked twenty-hour days performing countless surgical operations. The wards overflowed with wounded soldiers in an environment still suffering from repeated small pox bouts.[41]

Major Woodville could ill afford depleting his ward staff by maintaining a constant vigile over quarantined patients. Keeping with strict military quarantine regulations, Woodville placed four local contract physicians in charge of the small pox patients rather than expending his best trained and experienced enlisted surgeons. Woodville took precautions against spreading small pox among the enlisted medical staff and recuperating soldiers. If the hospital lost staff members there would not be enough surgeons available to treat the steadily increasing number of wounded soldiers.

Fearing prolonged exposure, the contracted physicians vehemently protested Woodville's orders. After witnessing the "cowardice" exhibited by the contract physicians, the nurses volunteered for this treacherous duty. Left with no other

[41]During that summer surviving hospital records indicated that several hundred patients received surgical treatment. In a single day Dr. Robert Ellett performed twelve operations, consisting of six amputations.

alternative, Woodville moved the nurses into the quarantine ward at their own bequest. Woodville's decision consciously violated Confederate quarantine policy stating that only physicians could supervise quarantined patients. However, given the extenuating circumstances, the commander was left with few alternatives.[42]

The Anti-Catholic faction within the hospital took this minor policy infraction as an opportunity to remove the "Catholic presence from the hospital." Additional resentment festered amongst several staff and contract physicians when Woodville appointed Father William O'Connell as hospital chaplain. Hospital chaplains conducted worship services for the convalescing soldiers. Having a Catholic chaplain deeply offended the majority Protestant staff and the encompassing community. "There has been," wrote several dissident physicians, "ever since the establishment of the hospital a dissatisfaction on the part of a majority of the surgeons . . . because of the favoritism and authority given to a religious party placed in the hospital."[43] After enduring several weeks of verbal criticism from several local contracted physicians, Woodville dismissed them from the hospital grounds. The dismissal further enraged the contract physicians. As a direct consequence this decision, the Confederate government organized a court martial hearing on behalf of the contract physicians against Major Woodville. He was accused of embezzling Confederate funds, keeping personal slaves on the hospital

[42] Ibid. When the nurses occupied the quarantined ward Sister DeSales contracted the disease that left her bedridden for an extended period. By volunteering the nurses perhaps threatened the egos of the local contract physicians. When Woodville placed them in charge, their anger increased because they viewed themselves as social and professional superiors in comparison with the nurses. Therefore, some of these developing hostilities can be attributed to the local physicians' jealousies. They wanted control of "their" hospital.

[43] Dr. Isaac White, Montgomery White Sulphar Springs General Hospital, to Dr. Samuel Moore, Surgeon General Confederate States of America, 23 January 1863, U.S. National Archives, Court Martial Trial of J. Lewis Woodville, Staff Officers File, pp. 56.

payroll, failure to enforce quarantine restrictions, and placing two junior assistant surgeons over an assistant surgeon.[44]

For two weeks Montgomery County residents and contracted physicians offered testimony condemning Woodville's behavior during the small pox outbreak. "Major Woodville placed his command in danger," testified Dr. Isaac White, from nearby Shawsville, "by favoring the ill-trained nurses over the more competent local staff while holding Catholic services rather than our normal practices." Eight different local physicians testified against Woodville.[45]

The defense witnesses consisted of Major Woodville, Sister DeSales, and the Confederate Army Inspector General. While Woodville and Sister DeSales vehemently defended their position, the trial's turning point passed when the Inspector General declared "the hospital as the best organized and best kept in his circuit." The Confederate official determined that Woodville acted in the patients' best interests despite the local physicians' testimonies.[46]

Although the judge strongly considered the local physicians' complaints, the court acquitted Woodville for the alleged treasonous acts and rewarded his actions by upholding his decision to permanently remove several dissident contract physicians. The Confederate court's decision indicated that they did not share the same open animosities toward Catholics as did Montgomery County contract physicians. Despite the trial's outcome, James Woodville asked to be removed from command at MWSS. In this case,

---

[44] Dr. Isaac White, W.H. Keffer, and M.E. Dougherty, Montgomery White Sulphar Springs General Hospital, to Dr. Samual Moore, Surgeon General Confederate States of America, 9 January 1863, U.S. National Archives, Court Martial Trial of J. Lewis Woodville, Staff Officers File, pp. 57-59.
[45] Ibid.
[46] Dorothy Bodell Notes, Special Collections, Virginia Tech.

the local medical profession, represented by the contract physicians, successfully expelled "foreign" and "intrusive" practitioners from the local community.[47]

The underlying issues that provoked Major Woodville's court martial hearings existed along several concurrent dimensions. First, many staff members truly hated both Woodville and the nurses because of their Catholic faith. Why this dormant rash of anti-Catholicism acted out during the war was difficult to explain, given the remaining records. Nevertheless, the letters archived in the court martial records fully illustrated that anti-Catholic prejudices directly led to Woodville's trial.

Second, the Civil War certainly heightened the manner in which many southern communities reacted toward groups who did not adhere to their "common interests." Although both the Army of Northern Virginia and the Army of the Potomac never entered into the region, sporadic cavalry raids kept the local population in a constant state of apprehension. Such feelings possibly made local residents more distrustful toward unfamiliar individuals. After all, before the war not a single Catholic Church was located throughout Montgomery County. In fact, most Virginia counties lacked any significant Catholic presence. For local residents, the Catholic practitioners were different and that scared them.[48]

Third, Major Woodville's promotion upset local physicians who had hoped to receive the command when it was made available. Internal jealousies turned into bitterness that hid amidst a cloud of anti-Catholic rhetoric. If the physicians' actions could be attributed to petty resentments, then that perhaps explained the sudden rise of anti-Catholic prejudices.

---

[47] Ibid.
[48] http://fisher.lib.virginia.edu/census/

Fourthly, perhaps the nurses' gender angered local physicians and residents. Catholic nurses throughout the war developed a reputation for seizing control of whatever institution in which they were placed. Local physicians grew resentful when Major Woodville placed a significant portion of the hospital in their direct control. Conceivably, the physicians grew restless when the nurses graduated to a position of authority within the hospital's command structure.[49]

Finally, when Montgomery White Sulphar Springs Hospital opened, it attracted numerous young physicians, many of whom lacked a private practice. The region offered many opportunities for young practitioners. Montgomery County, Virginia lacked a large body of medical practitioners. While the 1860 Census listed twenty physicians in various locations scattered throughout the county, over half of those were either retired or left the community after serving in the Confederate Army. In 1863, the hospital's staff members were below twenty-four years of age. By openly criticizing Major Woodville, these individuals made a name for themselves. Montgomery County residents who worked within the hospital and interacted throughout much of the larger community certainly told family and friends about how these young men expelled the Catholic presence from their county. Physicians such as Isaac White played upon the community's dormant anti-Catholic sympathies in order to establish lasting public recognition. For whichever reason, either segments of Montgomery County society or significant portions of the local medical profession vehemently opposed Major Woodville's, as well as the nurses,' presence within the hospital.

[49]For more information on Catholic nurses during the American Civil War consult: Sister Mary Denis Maher's, *To Bind Up the Wounds: Catholic Nurses in the U.S. Civil War,* (Greenwood Press, New York, 1989).

Why did Dr. Woodville develop a successful practice elsewhere in Virginia while his tenure in Montgomery County faced intense scrutiny? There were several contending factors. First, Fincastle, Virginia was Woodville's childhood home. Social acceptance there derived from family wealth and status that seemingly superseded any possible religious based prejudices that community might have held. In Montgomery County, few people knew Woodville since he held few family connections throughout the area. Therefore, the local physicians developed animosities toward Woodville because without those extended social connections, the most identifiable element of Woodville's character was his faith.

Assistant-Surgeon Robert Ellett watched Major Woodville's trial with great disgust. Ellett respected Woodville's medical skills and leadership abilities. "The nurses and Major Woodville," wrote Ellett, "acted beyond their duty and offered ailing men treatment that was denied to them by the contract physicians. Without their unselfish actions during the small pox outbreaks many more Confederate soldiers would have died." Ellett believed that the local physicians "conspired against Woodville because of bitter jealousies." However, Ellett remained silent throughout Woodville's trial and offered no verbal testimony on his behalf. [50]

[50]Robert Ellett, Montgomery White Sulphar Springs General Hospital, to Dr. Samual Moore, Surgeon General Confederate States of America, 23 January 1863, U.S. National Archives, Court Martial Trial of J. Lewis Woodville, Staff Officers File, pp. 57-59.

Robert Ellett's own professional aspirations contributed to that silence. Sometime before Woodville's trial, Ellett met Susan Virginia French. Miss French's family resided in nearby Giles County, Virginia. Within Giles County the French name represented great wealth and power. Gey French, Susan French's father, owned over $70,000 in real estate and $27,000 in personal estate. The family's wealth far exceeded the average county inhabitant. Like Ellett's family, the French family were members of the southern elite, a class in which slave ownership provided access. Montgomery County's leading families were well aware of the French family. As their personal relationship developed, Ellett planned to establish a private practice in Montgomery County following the war. Ellett's sympathies toward Major Woodville potentially threatened those plans.[51]

If Robert Ellett wanted to enter into Montgomery County society, he would have to deal with the existing medical community. A majority of those practitioners worked alongside Ellett as contract physicians. During the war Ellett closely observed and sporadically reported the behavior of the local physicians through a series of condemning letters. The letters depicted the locals as "petty" and "jealous" practitioners who allowed their personal feelings to supersede their patient care responsibilities. Overall, Ellett summarized their behavior as "unprofessional and unbecoming of their standing." However, Ellett never verbally expressed either his frustration with those local physicians nor his support of the hospital's Catholic practitioners.

Although Ellett secretly frowned upon the local physicians' behavior, as well as their medical capacities, he realized that if he spoke out in favor of Woodville that he too would become the object of their intense persecution. Every staff physician who testified

[51]*Eighth United States Manuscript Census,* Giles County, Virginia, Gey French Household.

on Woodville's behalf never intended to practice medicine in the county after the war. When Confederate forces surrendered, those physicians returned home to their existing private practices. Ellett did not have a pre-existing medical practice to return home to. Instead, Ellett hoped, after meeting Susan French, that his experience at Montgomery White Sulphar Springs Hospital would provide his entrance into the local professional community. While French openly expressed her admiration of the young physician, she also asserted her intentions to remain close to her family following their upcoming marriage, a marriage that would only take place after Ellett was "better established professionally within the area."[52]

Faced with a choice between either openly supporting Major Woodville by testifying on his behalf during the trial and confronting consequences that perhaps threatened his developing personal relationship or conforming to the contract physicians stated "common interests," Ellett remained silent. The trial soon passed and Major Woodville avoided prosecution without Ellett's open support. After Woodville transferred elsewhere and the contract physicians were permanently removed from the facility, Ellett was promoted to commanding surgeon. Ellett's silence proved fortunate. By not challenging the local physicians' prejudiced attitudes, Ellett could one-day become a part of their professional community. Had Ellett testified perhaps his medical practice would have located elsewhere and without Susan French.

The Civil War directly influenced Robert Ellett's future professional and personal life. While serving as an artillery officer Ellett acquired the skills that he would one-day use in the arena of local politics. His status as a Confederate veteran brought enhanced

---

[52] Ellett Family Papers.

community status and instant name recognition. Throughout the rest of Dr. Ellett's life, friends and patients referred to him as Captain Ellett. Veterans retaining their rank after the war was not uncommon. However, it was significant that Ellett's patients and friends regularly referred to him as Captain Ellett rather than Dr. Ellett. His identity as a Confederate veteran held a higher value within Montgomery County society than did his professional identity. The community appreciated his veteran status more than his medical skills.

Conclusion

Robert Ellett's professional identity developed across several concurrent dimensions: social status, education, military service, and community acceptance. Each trait was fundamentally based upon his elite status. Without the social connections that stemmed from Ellett's elite status, becoming a country physician in Montgomery County, Virginia would have been much more difficult. As shown during Major James Woodville's treason hearings, Montgomery County physicians actively resisted entering "foreign" medical professionals.[53] While that singular incident can not possibly represent the entire county or medical profession, during the next twenty years only one physician practiced medicine in the county who did not originate from that area.[54] Therefore, in order for Dr. Robert Ellett to successfully practice medicine in Montgomery County, he had to first subscribe to the surrounding community's social identity.

[53] Foreign in this particular usage does not indicate nationality. Foreign within Montgomery County had much wider definitions. An individual's class, religion, race, and place of origin, whether international or domestic, defined a person's foreign standing.

[54] It was possible that others simply did not want to practice medicine in that particular Virginian county. For whatever reason, the lack of external practitioners throughout the county was certainly an uncommon phenomenon. Physicians from across the nation looked upon the Appalachian region as an opportunity for professional success.

Chapter Two: The Country Physician in the Domestic Sphere

On a chilly January night in 1867, after returning home from a 25-mile horseback ride taken while visiting a patient, Robert T. Ellett, MD., wrote his fiancee Susan Virginia French, "I reached this place safely tonight after a very cold and unpleasant ride. I did not go up the river on account of the ice . . . it was impossible to cross at Pepper's Ferry."[55] While writing Miss French, Ellett rarely discussed his daily business affairs or recounted medical experiences. Instead, Ellett fretted about the weather, road conditions, community gossip, local politics, and numerous periphery items that further complicated his daily existence, not to mention his medical practice.[56] During Ellett's forty-year medical practice, he witnessed the birth of numerous community children and the death of one of his own; he treated poverty stricken patients too poor to pay their medical fees while his own family struggled at times for financial stability; he watched as former slaves became freedmen and sought treatment from hands that had once defended their bondage; and finally he contracted numerous ailments from the patients who could not offer the same advice and comfort for him during those suffering moments.

In the next two chapters, I probe into the often hidden elements of country medical practices. By doing so a clearer image of both the medical practice and its patients will emerge. Robert Ellett's education and social standing provided him an entrance into a tight knit rural community. Once Ellett established himself within that same community, issues such as education and social standing were far less a part of his

---

[55] Robert T. Ellett, Depot Station, Virginia, to Susan Virginia French, Pearisburg, Virginia, 6 January 1867, transcript in the hand of Robert T. Ellett, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia. Pepper's Ferry is a road that connects Montgomery

life than interacting with patients and family. Those were the individuals whom Ellett treated and cared for on a daily basis. The country physician practiced medicine wherever the situation called for his services. Ellett treated patients within their home, while anxious family members kept a vigil over their ailing relative and the physician's actions. Treating patients within a domestic environment required a level of self-confidence in their skills. The country physician treated young and old, black and white, male and female, and rich and poor. Each segment of the surrounding region presented country doctors with new challenges. Various ailments presented many problems, but interacting with such a wide array of social classes, races, and genders within their countryside homes occupied more attention. Much like mid-nineteenth century women, Robert Ellett and many other country physicians spent much of their lives within the domestic sphere.[57]

Throughout the nineteenth century, the United States remained a predominately rural nation. Montgomery County, Virginia typified such a region. No major urban centers existed throughout the county as well as southwestern Virginia during the 19th century. Transportation networks loosely connected the region with markets across the nation, but those systems never promoted extensive growth. The Norfolk and Western railroad traversed the county and furnished transportation to markets in Lynchburg, Norfolk, Memphis, Louisville, and Cincinnati. Christiansburg, the county seat, housed a Norfolk and Western station. Even though tons of rolling stock traveled through

---

County to neighboring Giles County. Several small creeks run along this road and during heavy rain storms those streams, even today, wash out the road.

[56] Dr. Robert Ellett's letters rarely discussed his medical practice.

[57] Leavitt, pp. 1-2.

Montgomery County, only a small percentage of those goods were locally produced.[58] The area's mineral deposits attracted the industries that moved into the region. Six different coal mines operated within Montgomery County by 1880. Dense forested lands lured timber companies into the region. Over twenty saw mills and timber companies conducted business in the county. [59]

Even though industry existed within Montgomery County, the majority of its residents were farmers. Six hundred and thirty-nine independent farms operated throughout the mountainous landscape. Montgomery County held fewer farms than other Virginian counties, but the counties' steep hills prevented further agricultural expansion. Also, farmers had a difficult time transporting their product. While existing rail lines provided adequate commercial connections, the county's internal infrastructure hampered transporting goods from the farm to the Christiansburg rail station. [60]

Montgomery County's thirteen thousand inhabitants' predominately resided in the countryside. Small hamlets dotted the landscape. The region's mountainous terrain prevented the development of larger towns. Until twentieth century transportation advances allowed the development of an effective road network, Montgomery County's hamlets remained small and isolated. Traveling from one area to another could take hours even with existing roads. Heavy rainstorms turned the county's dirt roads into muddy swamps. Even travelers riding on horseback found the terrain difficult to navigate. Heavy wagons loaded with market bound goods became bogged down due to

---

[58] Noe, *Southwest Virginia's Railroad,* pp. 20-23; *Historical United States Census Browser, (*http://fisher.lib.virginia.edu/census/).

[59] *Chataingne's 1870 Gazetteer and Business Directory for Montgomery County, Virginia*

[60] *Historical United States Census Browser,* (http://fisher.lib.virginia.edu/census/), 1870 Montgomery County, Virginia, Manufacturing and Industry Statistics.

their heavy weight. Inadequate transportation networks heightened the region's xenophobic nature.[61]

Table One: Montgomery County Population Statistics, 1870[62]

Montgomery County	Total Population	Native Born	Foreign Born	White	African-American
Alleghany District	2504	2499	5	2014	490
Auburn District	3171	3164	7	2385	786
Blacksburg District	3565	3532	33	2887	678
Christiansburg District	3316	3300	16	2388	928
Christiansburg Township	864	860	4	571	293
Totals	13,420	10,005	65	10,245	3175

Life for most Montgomery County residents centered around home and family. Most labor took place within the home. A family's income derived from both domestic and agricultural production levels. Children were frequently born, raised, and educated within the home. For many, medical services were provided within their domestic space.

Domestic space can be defined as the area in which a family resides. Most Montgomery County residents lived within single family units. Perhaps, these units contained extended family members, but predominately the nuclear family resided within a domestic space. Strangers entered a family's home infrequently.[63] When the family

---

[61] For information relating to nineteenth-century southwestern Virginia transportation networks consult: Kenneth Noe, *Southwest Virginia's Railroad: Modernization and the Sectional Crisis,* (Urbana and Chicago: University of Illinois Press, 1994), pp. 11-15; Ellett Family Papers, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
[62] U.S. Census Bureau, *Compendium of the Ninth Census, 1870* (1872), p. 356.
[63] Sally McMurray, *Families and Farmhouses in Nineteenth-Century America: Vernacular Design and Social Change,* (New York: Oxford University Press, 1988), pp. 10-18; Micheal Ann Williams, *Homeplace: The Social Use and Meaning of the Folk Dwelling in Southwestern North Carolina,* (Athens, GA: University of Georgia Press, 1991), pp. 125-130; Phillip Aries and Georges Duby, eds., *A History of Private Life,* (Cambridge, Mass: Harvard University Press, 1991), pp. Introduction.

physician visited this space, he came only after receiving an invitation in the form of a request for services. The manner in which a physician interacted with patients and family members within this small isolated space helped define the country medical practice. Not only how these two groups interacted, but whom a family invited into their homes often proved crucial. When illness struck a family member, the choice between local healers and professional physicians was decided by numerous factors. Who could they afford? Who was located nearest to their home? Who could best heal their ailing relative? Who could they best control? After all, rural inhabitants lived an isolated life within their residences. Domestic patients regularly chose between available alternative and regular practitioners while simultaneously weighing various treatment options.[64]

The country physician's medical practice paralleled that of local midwives and other healers. For both groups life consisted of mundane repetition, physical weariness, and constant domestic interaction.[65] They lived alongside their patients, attended the same churches, and often worked an identical soil. Physicians provided care for their intimate friends and family who depended upon them not only for sound medical care, but also, for congenial compassion. Such constant levels of social responsibility undoubtedly burdened many country physicians.[66]

---

[64] Elizabeth Barnaby Keeney, "Unless Powerful Sick: Domestic Medicine in the Old South," in *Science and Medicine in the Old South,* ed. Ronald L. Numbers and Todd L. Savitt, 276-294, (Baton Rouge: Louisiana State University Press, 1989), pp. 276-280; James Harvey Young, "American Medical Quackery in the Age of the Common Man," *The Mississippi Valley Historical Review* 47:4 (Mar. 1961), pp. 579-581.
[65] Judith Walzer-Leavitt, "'A Worrying Profession': The Domestic Environment of Medical Practice in Mid-19th-Century America," *Bulletin of the History of Medicine* 69 (1995), p. 1-2. Quote: "In the daily details, incessant repetitiveness and domestic base of medical life, male physicians in the mid-19th century- especially those with small town and rural practices- followed closely the experiences of female healers."
[66] Stephen M. Stowe, "Obstetrics and the Work of Doctoring in the Mid-Nineteenth Century American South," *Bulletin of the History of Medicine* 64 (1990), 541-543; Stowe, "Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-Nineteenth American South," *American Historical Review* (1996), pp. 41-45.

With each visit the daunting challenge of treating ailments beyond available medical understanding hampered a physician's psyche. After spending a long night visiting an ailing patient, the only person left to hear about the events of the day was a physician's immediate family. Physicians held extensive social networks, but their professional connections lacked similar depths. Rural practitioners spent far more time with their patients and family than discussing their practice with other physicians. In Robert Ellett's case, he spent so much time traveling from patient to patient that he had little time to consult with local physicians. Despite only rarely interacting with other physicians, Ellett did frequently come into contact with midwives, patent medicine sellers, and homeopaths who from time to time provided the physician with valuable patient information.[67] Therefore, doctors such as Ellett struggled to locate a sympathetic audience for their daily woes. Amidst these conditions some physicians succumbed to sporadic spells of depression.[68]

Country physicians practiced within domestic surroundings. Therefore, separating family life and professional life was not an easy chore. During the day many physicians worked within a home office. In Montgomery and Smyth County, Virginia, for example, the only hospitals that existed during the mid-nineteenth century were operated by the Confederate military. Without medical facilities, country doctors treated patients within the home. Many nineteenth century vernacular housing types included office space specifically designated for the practicing physician. These rooms adjoined

[67] Ellett Family Papers; Evidence for this was taken from a series of letters that loosely identified the presence of alternative practitioners within Ellett's patients' homes. Whether or not these individuals were family members or consulting practitioners is unknown.

[68] Ibid, pp. 41-45. Stowe examined physicians frustrated with their inability to cure disease, yet unable to express that pain with any one other than fellow colleagues. Since rural physicians did not interact with other professionals on a daily basis, they felt a sense of professional isolation. A physician's family provided an essential support base for country physicians.

the family parlor.[69] Parlors served an important social function within each family household. Family and community social gathering were held within the parlor. This furniture filled social space turned into a patient waiting room during the country physician's office hours. Sick patients entered their physicians' homes. Wives and children moved throughout the house, while patients sought medical advice a mere few feet away. Family members risked acquiring communicable diseases. The barrier separating professional and familial spheres was non-existent for many country physicians. Physicians, wives, children, and patients all interacted within close proximity.[70]

The thin line between patients and family was often breached. When family members became ill, physicians occupied a dual role as both fathers and practitioners. Letters from relatives frequently asked Dr. Ellett to provide medical advice. "I cannot tell you how often I think of you," wrote V.P. Means, "I so frequently would like to ask you [Ellett] questions about my dear ones at home." Ellett never complained about

---

[69] Kenneth L. Ames, *Death in the Dining Room and Other Tales of Victorian Culture,* (Philadelphia: Temple University Press, 1992), pp. 110-112, Ames discussed the evolution of Victorian furnishings during a period of rapid professionalization in American society. With these changes in society came changes in housing designs in order to accommodate those alterations; For similar arguments consult: Margaret Marsh, "From Separation to Togetherness: The Social Construction of Domestic Sphere in American Suburbs, 1840-1915," *The Journal of American History,* Vol. 76, No. 2 (Sep., 1989), pp. 506-527; Clifford Edward Clark, Jr., *The American Family home, 1800-1960,* (Chapel Hill: University of North Carolina Press, 1986); and Colleen McDannell, *The Christian Home in Victorian America, 1840-1900,* (Bloomington: Indiana University Press, 1986).

[70] John Duffy, "Medical Practice in the Antebellum South," *Journal of Southern History* 25:1 (1959): pp. 55-57; William Dosite Postell, "The Doctor in the Old South," *South Atlantic Quarterly* 51 (1952), pp. 393-397; Martha Carolyn Mitchell, "Health and the Medical Profession in the Lower South, 1845-1860," *The Journal of Southern History* 10:4 (1944), pp. 424-428; Richard H. Shyrock, "The Medical Practice in the Old South," *South Atlantic Quarterly* 29 (April 1930), pp. 160-164.

dispersing such advice. During his many years of practice, Ellett provided free medical care for numerous visiting family members.[71]

When Ellett's small nephew contracted a deadly fever during an extended summer visit, he treated the young man's illness with relentless energy. Day and night Ellett watched over the child until after a period of weeks had passed and the fever subsided. "He [Ellett] works so much more than he is able," wrote Ellett's sister-in-law Harriet French, "that I feel real sorry he would not take what I had for him. I had never thought of asking so much of him without remuneration." During the boy's illness Mrs. French wrote her husband asking for money in order to pay the doctor for his services. When the boy regained his strength, Ellett accompanied his sister-in-law and nephew to the train station at Central Depot. From there they received the fastest possible transportation home. Ellett voluntarily paid for their return train fare. Mrs. French offered Ellett a considerable sum of money for his services, but the noble physician never accepted payments from family members. "I [Mrs. French] can never forget the more than kind treatment we received at the hands of each one of your family."[72]

Healing patients involved Dr. Robert Ellett's entire family. When Ellett repeatedly visited bed-ridden patients, his wife would often accompany during those house calls. By providing the family with food and friendly company, Susan Ellett further bridged the doctor/patient relationship. She explained the physician's actions in a manner that comforted worried family members. Especially with bed-ridden patients,

---

[71] V.P. Means, Baltimore, Maryland, to Robert Ellett, Christiansburg, Virginia, 24 February 1879 transcript in the hand of V.P. Means, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

[72] Harriet French, Baltimore, Maryland, to Susan Virginia French Ellett, Christinasburg, Virginia, 29 August 1891 transcript in hand of Harriet French, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

Susan Ellett's presence helped wives maintain social relationships beyond their ailing husbands, children, and occasional doctors' visits.[73] Even without directly engaging in the treatment of Ellett's patients, his wife and family provided the additional support that nurses and hospital social workers take responsibility for today.[74]

Country physicians placed hardships upon their families during sporadic and often extended absences. Patients visited physicians at all hours. Ailing patients seeking medical care frequently awakened the entire family. Sick patients sent family members to locate the physician and return immediately. The only time Ellett or any other country physicians turned away late night house calls were due to inclement weather. Riding horseback in the night air could be dangerous during winter. Even during summer physicians complained about swarming mosquitoes that hampered travel. Ellett apparently turned away few night visits.[75]

In January 1867 Ellett made twelve night visits during an unseasonably cold winter. "I had great difficulty in getting my horse across the river had to have him taken around to a ford about three miles from here. The weather was very capricious rain, hail, snow, and sunshine the last very sparingly and devoid of warmth."[76] The cold weather sparked numerous cases of pneumonia among Ellett's patients. With several patients ill,

---

[73] Barbara Melosh, *"'The Physicians Hand'": Work Culture and Conflict in American Nursing,* (Philadelphia: Temple University Press, 1982), pp. 5-6; Mary M. Roberts, *American Nursing: History and Interpretation,* (New York: The Macmillan Company, 1954), pp. 80-96; Drew Gilpin Faust, "Altars of Sacrifice: Confederate Women and the Narratives of War," *The Journal of American History,* Vol. 76, No. 4, (Mar., 1990), pp. 1200-1205; In this article Faust stressed that Confederate women learned during the war various skills and trades due to a lack of resources. Amongst these trades were nursing. Susan Ellett learned these skills while she toured and worked in local hospitals during the war as well as caring for ailing family members. Like many southern women when the war ended, she naturally maintained these skills and used them when helping her husband's practice.

[74] Ellett Family Papers.

[75] Ellett Family Papers; S.W. Dickinson Papers, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

[76] Robert T. Ellett, Central Depot, to Susan Virginia French, Pearisburg, 6 January 1867, transcript in hand of Robert T. Ellett, Ellett Family Papers.

Ellett spent much of the month riding from house to house amidst hostile weather conditions. In 1867 Ellett's practice was in its infancy. Turning away ailing patients threatened the development of his country practice. Patients who requested night visits, and received such services, frequently called upon Ellett for subsequent medical care.[77]

Dr. Robert Ellett succeeded in practicing medicine within the domestic sphere primarily because of his ability to ease mounting tensions. If a patient called upon Ellett during the middle of the night, that decision was usually not made until the situation proved dire. Adult women typically were a physician's first-line of defense in treating potential patients. When a man contracted a mild fever or developed a noticeable rash, his first reaction would have been to initially consult his provident wife or mother. Armed with a regimen of passed down domestic treatments, women healed a majority of illnesses before they ever reached a crisis state. "I can remember," recalled rural resident Robert Foley, "being sick two or three days and you just lay around and let it wear off. You got over it yourself . . . but everybody had a home remedy and a mother."[78] Of course in some households, the father shared an equal role in providing health care. Former slave George White recalled that, "Papa was kinda of a doctor too like his master, and papa knowed all the roots. I remember once Dr. [Dick] White said a woman couldn't live, papa went to see her and gave her some medicine and in a day's time she was eatin everything she could get." White believed that there was a root cure for every disease, but much like both regular and alternative practitioners, he also felt that "knowing all those roots do you no good if you ain't talkin to God, if you ain't you ain't gonna get

[77] Patients visited by Robert Ellett during the night were 60% more likely then other patients to seek his services within a few months. Whereas patients who visited his office were far less likely to visit the physician for years. Ellett's ledger listed day and night visits.

far."[79] After emancipation, the Whites always cared for their sick within the home. They never sent for a local physician no matter how advanced the disease appeared. Certainly economic and racial prejudices impacted their decision, but those factors did not prevent other indigent residents from consulting with professional physicians.[80] "Well it didn't make a difference," remembered rural resident Jessie Shelor, "whether you had a penny or not. If you were sick and called him [local physician] he was going. Sometimes he would be so drunk that it'd be a day or two before he got there."[81] During the initial phases of illness, families felt comfortable consulting local alternative healers (herbalists, midwives, and medicinal healers).[82] If during that time the ailment halted, patients accepted alternative treatments as being superior. However, if the patient's condition worsened, even alternative healers advised consulting a professional physician.[83] By the time most patients first contacted their local physician concerning their illness, many days had passed since its initial symptoms first appeared.

---

[78] Patrick County Oral History Project, Robert Foley Interview, Special Collections, Newman Library, Virginia Polytechnic Institute and Sate University, Blacksburg, Virginia.
[79] WPA Interview, George White, transcribed interview by William T. Lee, April 20, 1937. Interview located through the Virtual Library of Virginia managed by the Virginia Historical Society and State Archives Division (http://www.lva.lib.va.us/dlp/index.htm)
[80] In Chapter Three I will discuss in greater detail that economic factors alone did not dissuade poor residents from consulting with local physicians.
[81] Patrick County Oral History Project, Jessie Shelor Interview, Special Collections, Newman Library, Virginia Polytechnic Institute and Sate University, Blacksburg, Virginia.
[82] Guenter B. Risse, Ronald L. Numbers, and Judith Walzer Leavitt, eds., *Medicine Without Doctors: Home Health Care in American History,* (New York: Science history, 1977). This compilation asserted that medical treatments during the nineteenth century deviated from the norms of regular medicine. Physicians authored home health guides throughout the period. Women used these items regularly in the daily treatment of their families. Homeopathy was the norm within country households. For more information on homeopathy consult: Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy*, (Baltimore: Johns Hopkins Press, 1971); Lamar Riley Murphy, *Enter the Physician: The Transformation of Domestic Medicine, 1760-1860,* (Tuscaloosa: University of Alabama, 1991); John Duffy, "Medical Practice in the Ante Bellum South," *The Journal of Southern History,* Vol. 25, No. 1 (Feb., 1959), pp. 53-72.
[83] Lamar Riley Murphy, *Enter the Physician: The Transformation of Domestic Medicine, 1760-1860,* (Tuscaloosa, Ala.: University of Alabama Press, 1991), p. 227; Murphy contended that the relationship between professional and non-professional practitioners was amicable during the mid-nineteenth century, stressing largely that the medical profession lacked enough strength to effectively replace local non-professionals.

Town professionals were more likely to seek medical attention before the patient's condition reached a critical state.[84] This trend apparently occurred since most town professionals accumulated longer periods of medical treatment. Many town residents held closer social connections with local physicians. If they could not afford to pay the physician, in-town patients frequently bartered services in kind. For example, in 1886, Christiansburg attorney J.C. Taylor accumulated significant medical debts amounting to over twenty dollars. Every member of the Taylor household fell sick throughout the entire month of February. During that same year, Ellett was summoned before Circuit Court Judge George Junkin to answer several condemning allegations brought forth by the Bank of Princeton, West Virginia. The bank sued Ellett for defaulting on loan payments in excess of over $400. Ellett needed an attorney in order to put forth a proper defense. Hiring an attorney would have deprived Ellett of valuable financial income. Instead, Ellett looked through his medical account books for attorneys with past due medical bills. Taylor provided Ellett with legal advice in return for erasing any impending debts. Therefore, town professionals were less inhibited by financial constraints since they exchanged services in kind rather than cash.[85]

When Robert Ellett answered a house call the respect and stature that he garnered from the community helped ease domestic tensions.[86] The patient's family huddled

---

[84] Town patients were more likely to seek professional services because of their close proximity with physicians, not because of their financial wealth. As Chapter Three will show, rural patients did not allow debts to prevent them from seeking trained medical services.

[85] Ellett Family Papers; Robert Ellett's patients that lived in Christiansburg and Auburn Townships consulted his services with a higher regularity than those who resided in Montgomery County. Ellett frequently swapped professional services with lawyers and bankers. Local farmers traded goods for medical services, but those patients who did not live within town limits consulted Ellett far less. This was not a consequence of Dr. Ellett's location. His office was located an equal distance from both his town and country patients. Therefore, country residents either consulted alternative practitioners more often than professional physicians, or only consulted physicians when conditions seemed dire.

around, cautiously observing Ellett's every movement. Family fears intensified when alternative practitioners offered little relief.[87] If other treatment options had failed, the appearance of a trained medical professional provided hope for a patient's recovery. Ellett's medical training and military experience instilled the ability to make quick medical observations. After identifying the illness, Ellett could then exact appropriate treatment. With family members watching closely, undoubtedly Ellett and many other country physicians carefully explained their actions in order to lower tensions.

Robert Ellett's medical instruments could have potentially caused great alarm. While Ellett used them on a day to day basis, his patients lacked the same level of familiarity. Many of Ellett's patients needed treatments involving lancets. Lancets were a pointed two edged knife used by physicians.[88] Blood exiting the skin's surface due to a probing lancet evoked trepidation among surrounding family members. "One of the patients treated today," wrote Ellett, "looked at my tools and refused any further treatment."[89] Country physicians performed surgical procedures within their patients' homes. Inside these homes restricting family members from observing the operation was impossible. Many homes only contained one room. Even the larger hall-parlor designs

---

[86] Warner, *The Therapeutic Perspective,* p. 13; Warner argued that physicians held an inner confidence in their healing skills. This internal confidence influenced how a physician was seen within the local community. Therefore, when Robert Ellett answered house calls, families expected him to act decisively as long as he adhered to the accepted social norms. In fact, a country physician's ability to exude confidence at times superseded the fact that most physicians were unfamiliar with medical science.

[87] Keeney, "Unless Powerful Sick," pp. 280-282; Laurel Thatcher Ulrich, "Martha Moore Ballard and the Medical Challenge to Midwifery," in *Maine in the Early Republic: From Revolution to Statehood* by Charles E. Clark, James S. Leamon, and Karen Bowden, pp. 165-183, (Augusta: University Press of New England, 1988), p. 165; Young, "American Medical Quackery in the Age of the Common Man," pp. 580-581; Jay E. Meehling, "Advice to Historians on Advice to Mothers," *Journal of Social History* 29:3 (Fall 1975), 245-247; Charles E. Rosenberg, "The Practice of Medicine in New York a Century Ago," *Bull. Hist. Med.,* 41 (1967), p. 253.

[88] Within Dr. Robert T. Ellett's patient ledger one of the few procedures that he regularly noted was the usage of the lancet. Such notations were written next to the patients' name and visitation date.

[89] Ellett Family Papers. Robert Ellett, Central Depot, to Susan French, Pearisburg, 10 May 1866.

provided physicians with little privacy. Ellett helped quell family fears by confidently discussing the procedure and providing justification for its usage. Once Ellett left the home, he entrusted the patient's family members with the necessary medications. Family members, typically the mother unless she was the patient, would then be responsible for giving the appropriate dosages.[90]

During those discussions, domestically trained physicians listened to their patient's wants and needs. "Within the homes of their patients," uncovered Judith Walzer-Leavitt, "they [physicians] encountered the familiar group setting of family and friends within which they negotiated their bedside behavior."[91] Because the rural medical practice demanded domestic interaction, the country physician constructed a discourse with his patients that paralleled conversations with other medical professionals.[92]

Many country physicians altered their treatments when a patient's family and friends expressed concerns. The domestic environment regulated this relationship. Physicians risked a loss in financial income, community status, and professional legitimacy by ignoring domestic demands. Patients simply refused payment or discharged their physicians if they resisted their orders.[93] Many of the unpaid patient

---

[90] For information pertaining to southern fathers consult: Sally G. McMillen, "Antebellum Southern Fathers and the Health Care of Children, *The Journal of Southern History,* Vol. 60, No. 3 (Aug., 1994), pp. 513-532. When mothers fell ill or died fathers stepped in and accepted increased domestic roles.

[91] Judith Walzer Leavitt, "'A Worrying Profession': The Domestic Environment of Medical Practice in Mid-19th-Century America," *Bulletin of the History of Medicine* 69 (1995), pp. 2.

[92] Stowe, "Seeing Themselves at Work," pp. 44-46; Meehling, "Advice to Historians," pp. 246-248. Dr. Robert Ellett's social connections proved crucial during tense domestic moments. The majority of Ellett's patients were either distant family members, friends or business partners. Ellett was a trusted man within Montgomery County. Family papers provide evidence supporting this characterization. Ellett was not only a trained physician but a known military officer and local politician. During tense moments Ellett's personal nature allowed him to discuss issues with family members not only as a doctor, but also as a friend and community leader.

[93] Ibid.

accounts within Ellett's ledger remained truant because of physician/patient disagreements. If a patient never recovered from their illness following several professional treatment attempts, Ellett understood that the family would never submit full-payment.[94] Physicians held little recourse when a patient simply refused payment. Montgomery County records indicated that Ellett never pursued recovery of lost income through the court system. In rural Wisconsin, physician Horace B. Willard frequently adjusted treatments in order to fulfill his patients' expectations. "Willard chose," according to Judith Walzer-Leavitt, "his therapeutic activities by weighing the effects they would have on his reputation in the community."[95] These alterations especially occurred when male physicians practiced obstetrics within the domestic sphere.[96]

As long as childbirth remained in the home, women could still control the process. Even though male practitioners were increasingly entering these homes, women continually utilized their close-knit female relationships in order to direct their delivery. Inside of the home, with other women watching, mothers debated with doctors over the procedures utilized during their delivery. Doctors, according to Leavitt, grew increasingly uncomfortable with these surroundings and pushed more and more women toward managed hospital deliveries. This shift was facilitated by the perception that hospital deliveries were safer than home deliveries.[97]

---

[94] This was evidenced in Ellett's remaining ledgers by cross-referencing those with available county records. By reviewing the county wills I discovered that the family of patients who died while under Ellett's care rarely if ever paid their medical fees. His patients expected a cure when they called for his services and when they remained ill, they refused payment.
[95] Leavitt, "'A Worrying Profession,'" p. 10.
[96] Leavitt, "'A Worrying Profession,'" p. 153-155.
[97] Leavitt, "'Science' Enters the Birthing Room: Obstetrics in America Since the Eighteenth-Century," *The Journal of American History,* 70:2 (1983), p. 285.

During the early nineteenth century "childbirth became less a communal experience," according to Catherine Scholten, "and more a private event confined within the intimate family."[98] Traditionally, American women until the mid-nineteenth century depended on local women for physical and emotional support during parturition. The security that women felt amongst other women during childbirth helped promote and maintain professional midwifery. When Patrick County, Virginia resident Alice West Fulcher was asked if her mother did any nursing or treated anyone when they were ill she recalled that, "Oh yes, I mean she didn't go and stay but she'd help people in the neighborhood that was sick and go to see them and send them things." She was not a midwife but "she might be with them or something but mostly some of the [women] visitors helped."[99] Whether rural women consulted professional midwives or depended solely upon close family and friends, many maintained gender exclusive childbirth experiences well into the twentieth century.

According to Catherine Scholten's research, women were likelier to seek the services of female midwives until male physicians began practicing obstetrics. Within urban settings, middle-class women increasingly looked toward educated male practitioners to perform deliveries.[100] Scholten believed that upper-and middle-class women steadily looked toward male professional practitioners due to their superior medical training and skill. This shift away from midwives and traditional female communities can be attributed to the medical instruments utilized by male obstetricians.

---

[98] Catherine Scholten, "'On the Importance of the Obstetric Art': Changing Customs of Childbirth in America, 1760 to 1825," p. 427.
[99] Patrick County Oral History Project, Alice West Fulcher Interview, Special Collections, Newman Library, Virginia Polytechnic Institute and Sate University, Blacksburg, Virginia.
[100] Scholten, "'On the Importance of the Obstetric Art,'" pp. 427-429.

The use of forceps, especially in difficult deliveries, aided the delivery. This male entrance reversed the traditional belief that childbirth was a process in which the female was made to suffer. The development of forceps and painkillers convinced many women that male physicians provided the best obstetrical care.[101]

Aggressive male physicians contributed to the demise of midwifery among the American upper-and middle-classes but this trend was not as apparent in the nation's rural communities.[102] In the years following World War I, Patrick County, Virginia resident Sally Slate gave birth to fourteen children. "Yeah," recalled Slate, "all fourteen were born in this house. Midwife with all of them but seven I think." Even during the early twentieth century rural women were still giving birth within the home under the supervision of a midwife.[103]

Not every rural community shared the same experiences. In 19th century rural southern communities such as Marion, Virginia, there were numerous male physicians practicing throughout the region. Despite the low doctor to patient ratios found in this community, the only women who sought male professionals during childbirth derived from the upper-and middle-classes.[104] Tenant and black women remained at home among female friends and family, maintaining their autonomy.

---

[101] Scholten, "'On the Importance of the Obstetric Art,'" pp. 434-435.
[102] Aggressive male physicians can be characterized as such due to their willingness to utilize instruments and drugs frequently during deliveries. Physicians felt that they had to do something once they were called to deliver a child. Allowing the natural childbirth process to continue without some form of professional invention threatened the male physician's place within the birthing room. Forceps were looked upon by many women as a useful tool that could help during difficult deliveries. However, forceps could also greatly damage a child's skull formation and even facilitate the spread of infections.
[103] Patrick County Oral History Project, Sally Slate Interview, Special Collections, Newman Library, Virginia Polytechnic Institute and Sate University, Blacksburg, Virginia.
[104] S.W. Dickinson Family Papers, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

In Smyth County, Virginia, a predominately poor white region, several female midwives still operated within that area. In the town of Marion for a period of three years, 1885-1888, there was only one doctor in the entire town. During those years, Dr. S.W. Dickinson delivered nearly one hundred children, but all of these children were born to white upper- and middle-class southerners. Lower-class women in town sought the services of professional midwives or experienced family members. So even in the late nineteenth century, male doctors in areas such as Marion had yet to completely eradicate the female midwife or some of the traditional gendered communal relationships.[105]

Both Catherine M. Scholten and Richard and Dorothy C. Wertz argued that medical technology brought male practitioners into the delivery room. Armed with forceps, painkillers, and male-dominated medical schools, these doctors competed with midwives for obstetrical cases. Throughout most of the nineteenth century, American women remained excluded from professional medicine. When Ellett attended the Medical College of Virginia during the 1850s, female enrollments were prohibited. Even during the Civil War, southern women had a difficult time becoming hospital nurses. Men viewed nursing as a profession for nuns or prostitutes. American society wanted to protect women from seeing male anatomical features and bloody medical procedures. Women were not allowed to have an active voice in changing the medical professional

[105] S.W. Dickinson Family Papers; *Historical United States Census Browser,* (http://fisher.lib.virginia.edu/census/), 1880 Smyth County, Virginia, Population Statistics. Factors such as affordability and proximity to local physicians certainly prolonged the presence of midwives within the region, but these factors were not dominant. As Chapter Three will show, rural patients frequently visited trained physicians and never offered any payments. Accumulating debt has always been a part of American culture. Rural inhabitants differed in this regard. Women who chose to have physicians attend their deliveries did so because they wanted their professional services. Those who did not, decided against male physicians for a wide array of reasons, but economic factors, at least in this case study, did not hamper many women's decisions.

and education system.[106] The fact that all physicians were men possibly alienated women, who in turn, sought other options.

Throughout rural America the transition between a female dominated experience and a physician managed procedure developed slowly due to various economic and social factors.[107] Rural regions, such as Montgomery County, Virginia and Arena, Wisconsin, lacked hospital facilities throughout much of the nineteenth century. Women in these regions delivered their children at home because there were few available alternatives until well into the twentieth century. As long as Montgomery County women remained at home during labor, physicians were incapable of completely dominating the delivery.

Country midwives continued delivering children throughout the nineteenth century. Professional physicians did gradually take away many of their former clients, but most deliveries were still managed within the home and by female practitioners. Improved transportation networks, local schools, and major advancements in medical science eventually displaced midwives.[108] Economic factors contributed as more rural women could afford professional services, but prior to the aforementioned advancements, physicians attended numerous deliveries from which they received no financial rewards.

The reasons for this reliance upon traditional resources can only be properly understood on a case-to-case basis. Human behavior can not be overly compartmentalized. Individual women made their decisions based upon separate life

---

[106] Mary Roth Walsh, *Women in the Medical Profession: Why were there so Few? "Doctors Wanted No Women Need Apply": Sexual Barriers in the Medical Profession, 1835-1975,* (New Haven, CT: Yale University Press, 1977), pp. xiv; Thomas Neville Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine,* (Cambridge: Harvard University Press, 1992), pp. 5-10.
[107] Catherine Scholten, "'On the Importance of the Obstetric Art': Changing Customs of Childbirth in America, 1760 to 1825," *William and Mary Quarterly,* 3rd. Ser., Vol. 34 (July 1977), p. 439.
[108] Judy Barrett Litoff, *American Midwives: 1860s to the Present,* (Westport, CT: Greenwood Press, 1978), pp. 20-25.

experiences. Therefore, any number of reasons contributed to the decline of American midwifery. Some women felt more comfortable having other women attend their delivery. Others simply lived too far away from any available medical professionals. Poorer women certainly lacked the ability to pay medical fees but, as shown in Chapter Three, money did not strictly prohibit professional access. Wealthier women embraced male obstetricians because they lived in close proximity to local physicians and had an understanding of their practice better than socially isolated women did. Town women knew other women who had delivered a child underneath a male physician's care. Perhaps by word-of-mouth, females became more comfortable with opposite sex physicians attending childbirth.

Within the domestic environment, country physicians were held accountable by their patients. Once the country doctor moved into the managed care environment provided by hospitals, the level of discourse between physician and patient vanished. Inside a hospital, physicians consulted other physicians rather than seeking the opinions of their patients. Country physicians lacked those professional networks.[109]

When a woman's contractions started, she frequently sent a nearby family member racing toward the nearest physician or midwife. Frequently, several miles separated the expecting mother and her attending physician. When Charlotte Pickering sent her brother toward Dr. Robert Ellett's home, it would be hours before the two men returned. Auburn Township, Pickering's home, was fifteen miles from Ellett's Christiansburg residence. Traveling such a distance on horseback or by buggy took

[109] For information pertaining to this transformation, see Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987); John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge: Harvard

hours. Poor road and seasonal weather conditions further inhibited travel. On several occasions, Robert Ellett received a request to deliver a child, but by the time he arrived the birth had already taken place. This frustrated Ellett, since delivering children brought immediate economic reward. Ellett typically charged ten dollars for every delivery. If the delivery required an overnight stay, additional medications, or surgery, Ellett's fee increased to fifteen dollars. When Ellett delivered a set of twins, the fee doubled to twenty dollars. No mention was made throughout his ledgers indicating the health of the children he delivered. Knowing whether he received payment from those who lost their children can not be determined. Nevertheless, Ellett usually received payments for delivering a child either the same or very next day. Ellett received prompt repayment for delivering children because the majority of the women who requested such services derived from financially sound social classes.[110]

The Montgomery County women who requested a physician's attention largely derived from the urban middle and upper classes. The 1870 Montgomery County manuscript census noted several dozen African American nurses located throughout the countryside.[111] Since the American nursing profession had yet to develop during the nineteenth century and Montgomery County lacked any hospital that would have hired such women, these nurses were likely practicing midwives. Therefore, African American midwives traditionally delivered African American children. Despite the presence of African American midwives, Dr. Robert Ellett still managed to deliver a few black

---

University Press, 1986); Morris J. Vogel, *The Invention of the Modern Hospital: Boston, 1870-1930* (Chicago: University of Chicago Press, 1980).

[110] Ellett Family Papers.

[111] *Historical United States Census Browser,* (http://fisher.lib.virginia.edu/census/), 1870 Montgomery County, Population Statistics.

children. In 1867 Ellett visited Branch's wife five times during her pregnancy.[112] Ellett performed vaginal examinations and looked after the young woman when a series of ailments threatened her pregnancy. After traveling an unknown distance for several consecutive days, Branch's wife delivered a healthy boy under Ellett's obstetrical supervision.[113]

Relations between midwives and country physicians were not always adversarial. In many instances the two practitioners worked side by side within the domestic delivery room. Well-trained midwives fully understood that if labor proved abnormally difficult, summoning a physician provided possible relief from further suffering. Male physicians began regularly attending childbirth during the mid-eighteenth century. Initially midwives invited physicians into the domestic sphere to act as "technical experts."[114] Once men entered what had been a traditionally feminine event, they began displacing midwives by introducing instruments and drugs into the delivery. Even though male physicians offered women pain-killers and forceps that promised an easier and less painful labor, as long as childbirth remained within the home women still dictated the procedure. Robert Ellett frequently used midwives or "nurses" to care for his pregnant wife while he treated patients. Ellett trusted his wife's care in their hands, but like most physicians and midwives, he believed that if delivery became complicated, only a physician could successfully intervene.[115] In the mid-nineteenth century, midwives, at

[112] Branch was an African-American male who worked as a day laborer outside of Auburn Township. His first name was not included in Ellett's ledgers nor was his wife's name.
[113] Ellett Family Papers.
[114] Lamar Riley Murphy, *Enter the Physician: The Transformation of Domestic Medicine, 1760-1860,* (Tuscaloosa, Ala.: University of Alabama Press, 1991), p. 227; Murphy contends that the relationship between professional and non-professional practitioners was amicable during the mid-nineteenth century.
[115] The presence of midwives within the Ellett household can be reconstructed through several remaining documents. Letters between Susan Ellett and concerned female relatives typically mentioned their presence during birth. While these letters do not stipulate whether or not the midwives attended the birth or

least in Ellett's obstetrics practice, eased the emergence of male physicians into the delivery room.[116]

Either female midwives, nurses, or the patient's closest female relatives accompanied the majority of births Robert Ellett attended. Ellett negotiated treatments within the domestic sphere when traditional practices challenged his obstetrical knowledge.[117] During normative progressive labor, many physicians felt compelled to intervene in order to prove their worth within the domestic sphere. If a physician arrived to perform a delivery and then stood and watched as midwives or close relations successfully delivered the child, their lack of action directly threatened their legitimacy within the delivery room.[118] For Ellett delivering children offered substantial economic rewards. The more births he attended, the more money his often financially struggling practice accumulated. Country physicians, such as Ellett, needed the income derived from their obstetrical procedures. Without that income, Ellett's practice might have bankrupted or forced him into another profession. After all, a significant number of nineteenth century country physicians turned in their medical bags for plows. Farming offered more certain economic profits than did medicine throughout that century.[119]

---

merely assisted, it is clear through these sources, as well as Ellett's ledger, that he regularly consulted midwives. Therefore, in this case it seems that country physicians and midwives were not adversaries, but rather colleagues in a loosely constructed sense.

[116] Leavitt, *Brought to Bed: Childbearing in America, 1750-1950,* (New York: Oxford University Press, 1686), pp. 4-5.

[117] Leavitt, *Brought to Bed*, p. 49; Ellett Family Papers.

[118] John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885,* (Cambridge: Harvard University Press, 1986), pp. 12-13. Warner restated that nineteenth century physicians maintained their professional identity through action. They were expected to use their skills when called upon, regardless of the situation; Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America,* (New York: Columbia University Press, 1985), pp. 120-125.

[119] Ellett Family Papers.

Women constituted slightly less than 50 percent of Robert Ellett's medical practice. Without the ability to interact and effectively provide these women services that could not be found elsewhere, Ellett's practice would have undoubtedly deteriorated. Some of Ellett's largest income sources were ailing women. Nineteenth century medical knowledge portrayed women in a perpetual state of poor health. Menstruation and repetitive childbirth brought symptoms that physicians interpreted as inherited weaknesses within the female body. Repeated childbirth weakened rural women, much like other American women. Ellett repeatedly visited women following their deliveries. After delivering a child, the chance of acquiring an infection or developing a high fever made the days after childbirth as dangerous as birth itself. Some of Ellett's upper class female patients consulted the physician quite regularly every month. Most of Ellett's female patients sought out treatment on a more regular basis than did their husbands.[120]

Nineteenth-century southern women faced the reality of pregnancy at a higher rate than other American women.[121] Southern families were large and the average woman spent the majority of her reproductive years carrying a child. Frequently women devoted around thirty to forty years bearing, nursing, and raising children. Robert Ellett's wife delivered eleven children within an eighteen-year period. Two years typically separated the birth of Ellett's children. Ellett's family size was representative of Montgomery County's families. However, Susan Ellett was older, 24, than most women when she delivered her first child.[122] Most Montgomery County women delivered their

---

[120] Ellett Family Papers.
[121] Sally McMillen, "Mothers' Sacred Duty: Breast Feeding Patterns among Middle and Upper Class Women in the Antebellum South," *The Journal of Southern History* 53:3 (Aug. 1985), 333-336.
[122] Ellett Family Papers.

first child before age eighteen. By twenty-four most women had already delivered three or four children.[123] Males believed that childbearing and motherhood constituted a woman's existence. Motherhood was the primary occupation for southern women.[124]

Family size and male expectations are important cultural characteristics necessary in order to understand regional pregnancy experiences. Southern men placed a high value on family size since it accorded them community status. A large number of children proved his virility to the community as well as his economic stability.[125] When Susan Ellett successfully delivered a child, family and friends sent letters applauding her family contributions. A newborn child represented the growing family. The larger the family, the more influential they could become. This was a cultural phenomenon that typified southern culture throughout the nineteenth-century.[126]

Conception may have been a joyous occasion for the husband, but for many females pregnancy evoked strenuous morbid fears. These fears remained unappeased by advancements in medical technology and only comforted by feminine communal relationships.[127] Eighteenth century minister Cotton Mather warned pregnant women "death has entered into you, you may have conceived that which determines but about

---

[123] *Historical United States Census Browser,* (http://fisher.lib.virginia.edu/census/), 1870 Montgomery County, Population Statistics.
[124] Sally McMillen, *Motherhood in the Old South: Pregnancy, Childbirth, and Infant Rearing,* (Baton Rouge: LSU Press, 1990), Chapter Two documented the regional differences between southern women and other American females.
[125] Bertram Wyatt-Brown, *Honor and Southern Violence in the Old South,* (New York: Oxford University Press, 1986), pp. 76-82.
[126]McMillen, *Motherhood in the Old South*, Chapter Two; Martha Hagood, *Mothers of the South,* (Chapel Hill: UNC Press, 1939), p. 110.
[127] Judith Walzer Leavitt and Whitney Walton, "'Down to Death's Door': Women's Perceptions of Childbirth in America," *Women's Health in America*, 2nd ed. Judith Walzer Leavitt, (Madison, Wis.: University of Wisconsin Press, 1985), p. 160. Women sought the company and support of other women in reaction to the "fearful aspects of childbirth."

Nine Months more at the most for you live in the World." Psychologically, numerous pregnancies wearied many women to exhaustion.

Susan Virginia Ellett's correspondences with her mother and sisters reflected these fears. When Dr. Robert Ellett entered women's homes and delivered their children, these were the fears he confronted. In June of 1887, Susan Ellett's sister Harriet wrote:

> I was talking of you on Saturday and we were saying how much happier large families were than smaller ones, and I said you had been blessed that you had not lost any. Mrs. Bassington said her Mother had twelve and she thought they were a happy family, she never knew that six of the number had died.[128]

A few days before receiving this letter, Mrs. Ellett's youngest son, David Ellett, died after contracting an acute fever. The family grieved over the loss of their child, but accepted the fact that they were fortunate that so many of their children had survived past childhood. When confronted with an infant's death within their own households, country physicians felt an array of mixed feelings. Country physicians frequently dealt with death. Physicians witnessed patients dying within their homes while surrounded by family and friends. Ellett watched patients' families deal with loss and grief. Nevertheless, when that patient died, the country physician had to move beyond that singular experience. When the house call ended and the physician returned home, his own domestic setting provided a refuge from the day's events. Dead patients were soon forgotten when the physician resumed his private life.[129] Florida physician Charles Hentz

[128] Harriet French, Baltimore, Maryland, to Susan Virginia French Ellett, Christiansburg, Virginia, 29 August 1891 transcript in hand of Harriet French, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

[129] In Steven Stowe's research he indicates that physicians did in fact keep in constant memory past patients and medical shortcomings. These events fueled their frustrations and created deep felt anxieties amongst some. However, Stowe admits largely through the diary of Charles Hentz, M.D. that physicians did in fact frequently push aside past failures in search of new challenges. Stowe, "Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-Nineteenth Century American South," *American Historical Review* (1996), pp. 41-45.

frequently lost patients during his fifty-year medical practice. "Last night, after retiring late, I was roused by Dr. Wilson's servant Good, from my warm bed, to come out and go to Mrs. Watson's, to see Dr. W in consultation over a negress Lou- sick into death- We consulted and did all we could." Hentz returned home that night back to his "warm bed." His journal expressed no regret or sympathy toward the patient. Although in this case the dying patient was a slave, Hentz similarly reacted to other deaths despite the patient's class or race. When a patient died, Hentz's life moved onward.[130]

Losing a child disrupted the boundaries separating a physician's professional and domestic life. Robert Ellett was not just David Ellett's physician, but most importantly, the boy's father. As the infant breathed his last breath, Ellett presented his wife and children with the grim news. Despite Ellett's extensive medical training and experience, he lacked the power to save his son's life. Frustration marked many of the country physician's domestic experiences.[131]

The longevity of Dr. Robert Ellett's medical career provided evidence that he successfully worked within the domestic sphere. Much of that success derived from Ellett's social standing. As the next chapter will reinforce, Ellett was a very public figure throughout the county. He held several elected positions and occupied numerous community organizations. People respected Ellett. If they held any ill will toward him, the remaining record bears no evidence for such conclusions. As the first chapter showed, Ellett ascended into the medical profession by achieving success and respect on several different levels: education, social status, military service, and community

[130] Ellett Family Papers; Stowe, *A Southern Practice: The Diary and Autobiography of Charles A. Hentz,* (Charlottesville: University of Virginia Press, 2001), pp. 253.
[131] Stowe, "Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-Nineteenth Century American South," *American Historical Review* (1996), pp. 41-45.

recognition. By achieving success at each level, Ellett provided a substantial foundation for his chosen career. When Ellett began practicing medicine, he once again entered into an environment where social status and respect had to be proven, the domestic sphere. All of his medical training never provided him with the skills needed to negotiate with patients and family members within their households. Even during Ellett's apprenticeship, he learned underneath a physician whose practice existed within one of the South's largest urban centers: Richmond. Although Dr. Snead made house calls, he did not do so with the same regularity that Ellett confronted in Montgomery County. While serving as an Assistant-Surgeon during the Civil War, Ellett acquired invaluable hands-on medical training. In fact, during those two years at Montgomery White Sulphar Springs General Hospital, Ellett potentially attended to more patients than he did during the first decade of his private practice. Despite the knowledge and skills that Ellett received during the war, he still lacked experience practicing medicine within a domestic household. Hospitals provided patients with heavily regulated and managed health care. Every operation and procedure in place derived from military regulations. Many patients received treatment with or without their direct consent. Ellett amputated limbs from frightened screaming soldiers because his training and hospital regulations dictated treatment.

Providing domestic medical care contrasted with the experiences Ellett gained while working in a hospital. Patients could and often did dictate treatment. While treating patients in northern Florida, Dr. Hentz often remarked in his diary that a patient refused treatment or sought other options.[132] Patients were well aware that if they did not

[132] Stowe, *A Southern Practice: The Diary and Autobiography of Charles A. Hentz,* (Charlottesville: University of Virginia Press, 2001).

approve of a physician's care, that many other practitioners could indeed bend to their will.

Country physicians practiced medicine within the domestic environment. In this environment patients held much power over professional practitioners. Much like their urban counterparts, country physicians struggled at times for respect and felt the stress of practicing within patients' homes. Neither the rural nor the urban environment dramatically changed a physician's domestic relationship. Consequently, physicians were willing to alter their treatments in order to secure income. Without adequate income, country physicians could not continue practicing medicine. Therefore, successful country practitioners balanced their economic concerns with their medical training.

Chapter Three: Professional Income, Politics, and Patronage

On December 21, 1866 Robert Ellett, M.D. wrote his fiancee Susan French, "I have been quite busy this week. I have two very sick patients Mr. Hammeth's little Kate and an Irish man at Mr. Radford's."[133] Over the course of that single day Ellett treated both the wealthiest and poorest members of Montgomery County, Virginia. Both Hammeth and Radford owned large personal estates, Radford's hired hand, the "Irish man," resided in a small dwelling on his employer's property.[134] Throughout Robert Ellett's medical career his practice included members of all races, social classes, and genders. He traveled miles during freezing snowstorms in order to treat the community's leading families, yet he did the same for a "dying elder black woman." If Ellett maintained any prejudices, his practice bore little supporting evidence. During Ellett's medical career a patients' race, class, and gender never interfered with his decision to treat that individual. In an era of segregated medical practices, Robert Ellett's practice seemingly embraced all social groups.[135]

Perhaps, Robert Ellett's integrated practice was more a function of economic need than personal conscience. Throughout the nineteenth century many American medical professionals lacked sufficient income. The reason for the profession's poor economic

[133] Robert Ellett, Central Depot, to Susan Virginia French, Pearisburg, 21 December 1866, Ellett Family Papers, Newman Library, Special Collections, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
[134] Montgomery County Courthouse, County Clerk's Office, 1870 Plat Book, Radford landholdings.
[135] It is important to make a distinction between patients who actively sought the physician's treatment and those who looked elsewhere. While Ellett's practice only encompassed a small percentage of Montgomery County society, his practice did include a wide array of that area's social groups: Irish, Catholic, African-American, Poorer Whites and Blacks, Local Elite, as well as many others. I am arguing that Robert Ellett did not segregate his practice based upon any known prejudices. Even monetary issues did not prevent Ellett from treating numerous indigent patients.

state derived from several primary factors.[136] First, many medical practices could not reach enough potential patients. Most trained physicians lived in or around urban areas. In more rural settings even country physicians typically resided in a local town rather than in the countryside. Living in a small town placed country physicians within reach of a significant percentage of the area's population. Clients who lived in town had greater access to the country physician. Everyone knew where local physicians lived and understood that their services were available at all hours. By locating themselves around a significant portion of their local population, physicians not only brought their practice closer to more people, but also encroached upon competing professionals. Therefore, a country physician's proximity to both clients and competitors impacted their annual income. Second, physicians had a difficult time collecting patient fees once they completed their services. Prompt payments of patient fees were uncommon regardless of the patient's class. Unpaid fees remained on Robert Ellett's account ledger for years. The number of absentee patient fees was dramatically fewer than bills paid in full. Robert T. Ellett and S.W. Dickinson both lost a significant portion of their income due to unpaid fees.[137]

Although Robert Ellett lost large amounts of cash income, the value of goods received through bartering often exceeded a patient's debts. Therefore, in Ellett's case, providing medical treatment to the poorest members of Montgomery County society, day

[136] George Rosen, *Fees and Bills: Some Economic Aspects of Medical Practice in Nineteenth-Century America: Supplement to the Bulletin of the History of Medicine, No. 6.* Baltimore: The Johns Hopkins Press, 1946; In Rosen's research he presented evidence that physicians operated on a sliding scale when dealing with poor patients. In Ellett's case he never operated on a sliding scale. His fees remained constant despite the patient's economic position. However, Rosen's work indicated that medical professionals across the nation suffered financially.

[137] A patient's financial wealth had little to do with whether they chose to visit the physician or in their willingness to pay the physician's fees.

laborers and small farmers, did not adversely impact his annual income. A patient's social class did not indicate their willingness to pay professional medical fees. Wealthier town residents accumulated professional debts in a similar fashion. In fact, a patient's ability to pay their medical fees had little to do with their decision to visit professional physicians. Ellett's practice treated patients who typically did not own land and lacked any significant personal assets. Nevertheless, those same individuals regularly consulted Ellett for medical advice. Ellett, as well as numerous other country physicians, replaced the income they lost through cash poor patients by actively pursuing community leadership positions. Therefore, Robert Ellett gradually earned a substantial income through a combination of efficient bartering, developing community networks, and maintaining political patronage positions.

Building the Country Practice

Establishing a medical practice in a predominately rural setting was a difficult task. Southwest Virginia remained rural throughout the nineteenth century. Without a significant urban city, the largest towns consisted of a couple hundred residents. The remaining population lived in small pockets separated by a mountainous landscape. Mountain inhabitants resided wherever the land proved suitable. Plateaus, hollows, and valleys offered the best farming lands, while coves provided adequate grazing for livestock. Households were separated by miles of hilly terrain and connected by dirt roads subject to washing out during rainstorms.[138]

[138] Kenneth Noe, *Southwest Virginia's Railroads,* (Urbana and Chicago: University of Illinois Press, 1994), pp. 11-15.

Table Two: Selected Southwest Virginia County Statistics, 1870[139]

County Name	Total Population	Improved Acres	Unimproved Acres	Forested Acres
Montgomery	12,556	79,573	12,290	113,368
Wythe	11,611	85,387	10,020	149,301
Roanoke	9,350	69,553	19,440	74,788
Smyth	8,898	56,478	1,845	87,138
Pulaski	6,538	61,250	--------	110,604
Giles	5,875	40,102	65,478	18,758

In 1870, twenty-four physicians practiced medicine throughout Montgomery County. There were 523 residents for every trained physician.[140] However, the census figures are critically misleading. Of the twenty-four physicians listed in the Montgomery County manuscript census, over half of those listed earned a substantial portion of their incomes through farming. Therefore, only ten to fifteen active practitioners operated throughout the county. While these farmers/physicians certainly practiced medicine, their farms occupied more of their attention than medicine.[141]

When Ellett started his practice outside the county seat of Christiansburg, there were five other physicians already practicing in that area: William Edmundson, J. T. Evans, J.W. Foote, A.A. Lester, and W.A. Wilson. In Christiansburg District and Township there was one physician for every 836 residents. With such uneven ratios, physicians could have potentially attracted enough clients in order to make a highly profitable practice. However, not every resident consulted professional physicians.[142]

---

[139] *Historical United States Census Browser,* (http://fisher.lib.virginia.edu/census/).
[140] These patient to physician ratios can be misleading. Many of the twenty- four physicians listed in the census also worked as farmers. A significant portion of those were also listed as retired or having a debilitating illness. Therefore, the patients to physician ratios were probably much higher than those projected in this section. It is difficult to distinguish between practicing and non-practicing physicians.
[141] *Manuscript Census of Montgomery County, Virginia, 1870.*
[142] *Chataingne's 1870 Gazetteer and Business Directory for Montgomery County, Virginia.*

Although Robert Ellett lived within an area large enough to support an entering physician, reaching those potential patients created numerous difficulties. Traveling in Montgomery County was an arduous task. Ellett filled his letters with anecdotes depicting blinding snowstorms and heavy rains that fell upon him while horseback riding from patient to patient.[143] Great distances separated Ellett's patients. Wherever Ellett found patients in need he responded by offering medical treatment.[144] Late night house calls during torrential weather conditions were not turned away. If Ellett ever refused service, his remaining ledgers provided little evidence. During any given month Ellett made house calls every other night. Sometimes Ellett visited several patients during the same night only to return home and repeat the process the following day. In the course of one night, Ellett rode on horseback almost fifty miles visiting patients.[145]

Country physicians, such as Robert T. Ellett, answered difficult house calls because their professional and financial obligations dictated their actions. House calls enabled physicians to maintain communication with patients. Maintaining or building a country practice in an environment in which households are often miles apart required extensive traveling by physicians. House calls fostered relationships between physicians and their patients. As shown in the previous chapter, country physicians used the domestic sphere not only to treat their patients, but also to construct extended social networks. Ellett paid his community dues by attending house calls.

---

[143] Robert Ellett preferred to ride on horseback rather than by carriage when making housecalls because on horseback he could cross small bodies of water that lacked a bridge or were overflowing their banks following heavy rains. Also, many of Ellett's patients lived great distances by road, but Ellett traveled through dense wooded areas at night in order to decrease his travel time. Accomplishing this in a carriage would be very difficult. His preference for horseback riding is shown through many remaining letters.
[144] Robert Ellett's personal letters indicated that during his frequent vacation trips he could not resist offering medical advice and treating the sick he encountered along the way, especially in the trains where for some reason people were always getting "travel sickness" due to the train's unsteady motions.
[145] Ellett Family Papers.

Whether Robert Ellett treated patients at his office or in their homes, with each new patient he steadily built a larger medical practice. Even during the nineteenth century "word-of-mouth" advertising bolstered Ellett's client numbers. Initially, Ellett's patients lived spread out across Montgomery County. With every new patient Ellett treated, his practice grew as that client returned home and told his or her friends, family, and neighbors about the new physician.[146]

Between 1867 and 1872 Robert T. Ellett's practice shrunk geographically while simultaneously remaining numerically constant. In 1867 Ellett traveled all across the county visiting numerous isolated households. The doctor spent as much of his time traveling as treating patients. Ellett's practice ranged across the countryside because it lacked any true clientele base. Countryside areas often existed without a professional physician nearby. Ellett's clients from these areas were usually friends, family members, and former military veterans. All of these groups visited Ellett because of their personal relationships with the young physician.[147]

By 1871, 85 percent of Robert Ellett's patients resided in Auburn, Ellett Valley, Christiansburg, and Blacksburg. Geographically, Ellett's practice had decreased by several dozen square miles. Nevertheless, during that same period, Ellett consistently treated as many patients as when his practice covered a larger region. During those five

[146] Ellett Family Papers; *Ninth United States Manuscript Census,* Montgomery County, Virginia. By cross-referencing Robert Ellett's patient's names with their corresponding household numbers it was possible to conclude that entire areas gradually became his clients. For example if Patient A lived in household 232 and Patient B lived in 233, they were two consecutive households visited by the census taker. Therefore, Ellett's practice began with just Patient A located in household 232. However, within a few years Ellett's practice included Patient's B,C,D, and E who lived in households 233-236. These patients eventually visited Ellett because he had gained the trust of their neighbors.

[147] Ellett Family Papers; Most of Robert Ellett's first patients were extended family members who had helped convince Ellett to remain in Montgomery County after the war.

years Ellett became a recognizable practitioner in several small communities. Gradually Ellett began treating entire neighborhoods and extended families.

The reason Robert Ellett's practice attained profitability despite losing territory, derived from his ability to blend into those communities. In each town where Ellett's patients lived, he would eventually hold a political office. Local voters elected Ellett to several positions throughout his career. These positions helped Ellett acquire greater status and respect. As Ellett's community stature increased, his professional practice strengthened. Before acquiring community respect, he struggled for professional legitimacy. Without that legitimacy, Ellett could not have expected a secure monetary income.[148]

Earned Income and Defaulting Patients

Collecting the large number of unpaid medical fees plagued the American medical profession throughout the nineteenth century. Regardless of where physicians practiced medicine, whether they worked in New York City or Christiansburg, Virginia patients frequently ignored their medical debts. In rural Wisconsin, historian Judith Walzer-Leavitt documented physician Horace B. Willard who in his best year only collected 24 percent of his patient fees. After constantly demanding in numerous letters that a patient pay his fees, according to Leavitt, Willard traveled on "the 7 ½ train to Oconomowoc and thence walked up to Summitt to see a man who is owing me, but could

[148] Ellett Family Papers; *Chataingne's 1870 Gazatteer and Business Directory for Montgomery County, Virginia*; Professional legitimacy can be measured by income. Professionals who offered valuable and unique services received substantial financial rewards. Physicians did not offer services that were superior or unique. Alternative practitioners throughout Montgomery County offered similar levels of health care. Ellett acquired legitimacy by blending his professional and community roles into a singular identity. Without his personal connections and political relationships, Ellett could not have secured an adequate income. I am not trying to argue that this characteristic was unique to country medicine. In fact, I would contend that rural practitioners, by in large, experienced similar difficulties as their urban counterparts.

not get no money, and got back to the Depot and returned by the 5 ½ train."[149] When Willard openly confronted the delinquent debtor, there was little possible recourse when the patient adamantly refused payment. The best Willard could hope for was a repayment in goods or services, but the debtor tendered neither. The only remaining option for Willard would have been through the courts. During the nineteenth century, at least in Montgomery County, Virginia, lawsuits between physicians and indebted patients seemingly never entered the courtroom.[150] Hotel owners, railroad executives, farmers, merchants, bankers, lawyers and other professionals frequently filed lawsuits when their clients or business associates owned them money. No similar lawsuits provided physicians with the ability to compensate their lost earnings.[151]

Collecting goods and services without offering payment was not just a nineteenth century phenomenon. During the late eighteenth century, New England midwife Martha Ballard noted in her diary that numerous local businessmen frequently sued debtors for lost earnings. In fact, Ballard herself occasionally provided services knowing ahead of time that payment was unlikely. Everyone within her community accumulated

---

Country medicine was not exceptional. This study simply wanted to draw comparisons between this case study and regions where historians of medicine have already documented.

[149] Judith Walzer Leavitt, "'A Worrying Profession': The Domestic Environment of Medical Practice in Mid-19th Century America," *Bulletin of the History of Medicine* 69 (1995), p. 16. Leavitt's research highlighted the practice of two rural Wisconsin physicians: Horace B. Willard and William Brisbane. She contended that male physicians were "rooted in family and domestic life." Leavitt's work also documented the financial difficulties that plagued rural physicians. Any information pertaining to Horace B. Willard and rural Wisconsin were drawn from her work in order to present a comparison between rural Wisconsin and southwest Virginia.

[150] Precisely why these cases were absent from the Montgomery County Court Records is a mystery. There were no laws that prohibited such suits, but for whatever reason physicians, in this case, did not actively pursue their debtors. Judith Walzer Leavitt's article "'A Worrying Profession': The Domestic Environment of Medical Practice in Mid-19th Century America," uncovered similar findings in rural Wisconsin. Therefore, the absence of such suits extended beyond Montgomery County, Virginia and perhaps typified the American medical practice as a whole.

[151] Montgomery County Court Records, County Clerks Office, Montgomery County Courthouse, Christiansburg, Virginia; After searching through the available nineteenth century court records no documents were found in which a physician sued a patient who owed medical fees. Numerous professional lawsuits were found, but no physician suits.

significant debts that spread throughout various merchants and other professionals. "Martha's diary," as suggested by historian Laurel Thatcher Ulrich, who uncovered Martha Ballard's unique diary, indicated "that this was not just an economic strategy but a deeply ingrained social habit."[152]

Physicians and midwives alike lost significant earnings from unpaid patient fees. If a patient needed medical attention, issues such as money could be ignored until the patient received treatment. Therefore, when Robert Ellett received a panic-stricken house call, he answered that request despite knowing the patient would never pay their fees. In July of 1872, a Caucasian child who lived on a small farm nearly ten miles away aroused Ellett during the night. Ellett certainly recognized the boy. For several weeks in April the physician made repeated visits during the child's bout with pneumonia. Between April and July the family left the bill unpaid. Nearly four months after those initial visits, Ellett returned to the home and successfully delivered a child. This time the family paid Ellett's standard $10 fee. However, the family never repaid the debts they accumulated in April. In this case, Ellett received prompt payment for services rendered, even though past fees remained unpaid.[153]

Delinquent debtors were provided the same opportunity for medical care as patients who paid in a prompt fashion. In 1867, Ellett delivered an African American child whose family lived on a small farm between Auburn and Christiansburg. The child's father worked as a day laborer for a white farmer. Branch's wife delivered the child during a January afternoon. Ellett visited the new mother repeatedly for the next

---

[152] Laurel Thatcher Ulrich, *A Midwives Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812,* (NewYork: Vintage Books, 1990), p. 93.
[153] Ellett Family Papers, Account Ledger, July 1872.

four days after the mother contracted a severe fever. During those four days Ellett traveled from his home in modern day Ellett Valley, located a few miles outside of Christiansburg, to the Branch home near Auburn, a distance of twenty miles.[154]

Follow up visits for new mothers were an irregular part of Ellett's standard practice. Typically, Ellett attended the birth and did not see the mother again until subsequent deliveries. During those four days the Branch family accumulated $15.00 in medical fees.[155] Ellett stopped visiting the family. Both child and mother survived the delivery. Several months passed during which time Branch never paid the outstanding fees. The fee Ellett charged Branch was consistent with his standard obstetrical changes.[156]

Several months later Branch's bill remained unpaid. Robert Ellett marked Branch as a defaulter. Despite owing Ellett $17.00 in fees, Branch again called for the physician's services. Rather than turn away an African-American patient who owed him a substantial amount of money, Ellett treated Branch on two separate occasions. Branch recovered from whatever ailment created the need for Ellett's services. When Ellett balanced his patient ledger in December of 1867, Branch still owed the physician $17.00. Even though Ellett provided Branch's family with superior medical care, his practice lost $17.00 after a showing of goodwill toward an ailing client.[157]

During that same year, Robert Ellett treated Franklin Akers and his wife on seven separate instances. The Akers family owned a small farm in an unincorporated portion of

[154] Ellett Family Papers.
[155] Little information could be gathered concerning the Branch family. Ellett marked "colored" next to his name so we do know his race and "attended wife's delivery" indicates his gender. Freedmen following the war typically went by one name, such as in Ellett's ledger, "Orange," or "Branch."
[156] Ellett Family Papers.
[157] Ellett Family Papers.

Montgomery County. After treating both Akers and his wife, Ellett charged them $11.25 in fees. When Ellett balanced the books for 1867, Akers' debt remained unpaid.[158]

During Ellett's first years of practicing medicine, unpaid fees ranged across race, class, and gender lines. African American patients gathered unpaid bills with the same regularity as Ellett's Caucasian clients. Single women accumulated debt that paralleled with those garnered by single men. Young or old, black or white, rich or poor, Ellett's patients acquired substantial debts that drained the doctor's annual income. Whether a patient visited Ellett on several occasions or just once they were just as likely not to pay their fees. Very rarely did any patient ever pay immediately following consultation with Ellett.[159]

Robert Ellett frequently received payments years after visiting a patient. In 1867 Ellett offered medical care to a man in Auburn seven times in three months. That patient was billed $10.00 in medical fees. The man lived in the same place for the rest of his life. However, Ellett never received any payment until six years after providing treatment. Twelve years later the man paid Ellett in full.[160]

Many patients bartered goods and services in exchange for medical services. On numerous occasions Ellett received bushels of corn, a pound of bacon, syrup, candles, and other domestically produced goods as payment for services rendered. While bartering characterized cash poor day laborers and small farmers, local elite also acted in a similar fashion. After delivering Judge Junkin's son, the judge sent a house servant over to Ellett's home to chop and carry firewood for several weeks. Ellett liked this

[158] Ellett Family Papers.
[159] Ellett Family Papers.
[160] Ellett Family Papers; Patient's name was illegible and therefore I was unable to track this individual through any supporting records.

particular agreement since his wife, who was seven months pregnant at the time, could not move freely in and out of the home due to the freezing conditions. With Ellett gone most of the day, Judge Junkin's servant filled a needed void within his household.

In Ellett's case, bartering was more than an economic necessity for cash poor patients. At times, bartering garnered goods with values higher than cash. Bacon and other food products were frequently welcomed in exchange for medical services. Unlike many other Montgomery County physicians, Ellett did not operate a farm. Therefore, he depended upon the local market for food and other domestically produced items: candles, rope, leather, and etc. Typically, Ellett seemingly preferred receiving meat during various bartering sessions. On average, Ellett accumulated entire sides of pork and beef in exchange for delivering children or repeated house calls.[161] Sides of beef potentially weighed several hundred pounds and could feed a family for months.

As Ellett's household expanded, the amount of food they consumed annually increased. For example, in 1867 when Ellett lacked any children within his household, he only accepted a pound or two of pork every month through bartering. By 1876 the Ellett household included five children. In order to feed his steadily growing family, Ellett regularly accepted sides of beef or pork, live chickens, and various food products. Such items could have been purchased through local country stores, but when Ellett received them during bartering sessions, he typically gathered amounts worth more than the services he provided. Therefore, if a patient owed the physician $5.00 in overdue fees and bartered a side of beef, Ellett actually made a slight profit through that transaction.

[161] Ellett Family Papers, Account Ledger; The value of a side of beef was worth well over $10. Stores in Blacksburg regularly sold beef for .25 per pound and up. Therefore, a side of beef weighing over 100 pounds would have held a value of $25.00. In this case Ellett made a profit of $15.00 by receiving bartered goods.

In cases where a physician did not operate a farm, they probably actively pursued bartered goods rather than cash. While Ellett's patients were typically cash poor, the value of the goods they exchanged was regularly worth more to his household than cash.[162]

Robert Ellett regularly received delayed payments from the patients he visited throughout his early medical career. Of the 70 percent who did not pay Ellett's fees during the first year following their treatment, 50 percent of those individuals eventually offered partial or full payments during the next five years. Dr. S.W. Dickinson's practice in neighboring Smyth County also shared similar numbers. These late payments indicated that country physicians struggled for professional and community legitimacy during the early stages of their careers. Even wealthier patients allowed medical fees to mount rather than pay for a physician's professional services.[163]

Country physicians, whether they practiced in Virginia, Florida, or Wisconsin, faced severe financial problems early in their careers. These problems did not always necessarily derive from a small clientele base. In 1867 Ellett treated as many patients as he would during the next decade. Ellett billed for over $500 during his first year. His initial income was comparable with physicians practicing throughout the nation. After practicing medicine for nearly one decade, Ellett annually billed on average between $500-$600 in fees.[164]

---

[162] Ellett Family Papers, Account Ledger, Various Dates.
[163] Ellett Family Papers; The wealth of Robert Ellett's patients was determined by cross referencing his ledgers with census data as well as corresponding county courthouse records.
[164] Ellett Family Papers; The three states mentioned are represented through my own research as well as Judith Walzer Leavitt's and Stephen Stowe.

Table Five: Unpaid Fees, 1867-1872[165]

Years 1867-1872	Total Households	% Unpaid Fees
1867	358	70
1868	365	60
1869	373	30
1870	356	23
1871	328	15
1872	362	11
6	2142	35

Between 1867 and 1872, Robert Ellett's medical practice evolved into a profitable business. By 1872 Ellett's unpaid fee percentages were far lower than other documented nineteenth century country physicians. Dr. Horace B. Willard, the focus of historian Judith Walzer-Leavitt's research, "collected a maximum of 24 percent of his billed fees" throughout his entire medical career. After practicing medicine for four years in rural southwest Virginia, Ellett eclipsed Willard's collection percentage. By 1872, less than a decade into Ellett's forty-year career, Ellett collected 89 percent of all billed fees. During this time, Ellett's income gradually increased, even though his patient base remained constant.[166]

After Robert Ellett established himself throughout Montgomery County, community patients regularly paid their medical bills. Patients who in 1867 never paid their bills, became regular paying clients by 1871. Even though Ellett's patients began paying their fees as his career matured, the composition of his client base remained

[165] Ellett Family Papers. Patients who bartered goods are counted as paying customers. They are included as such because the value of the goods they exchanged were frequently worth more than the cash they owed the physician.

[166] Judith Walzer Leavitt, "'A Worrying Profession': The Domestic Environment of Medical Practice in Mid-19th Century America," *Bulletin of the History of Medicine* 69 (1995), p. 16. In my estimates I included bartered items as full payments rather than separating them from those who paid in cash, since the value of those items were typically greater than the services provided.

unchanged. Throughout Ellett's entire medical career the majority of his income derived from treating local farmers and day laborers.[167]

Table Six: Robert Ellett Patient Visits by Occupation[168]

Years	Total Households	Farmers	Day-Labors	Other
1867	358	242	98	18
1868	365	255	92	18
1869	373	267	100	6
1870	356	213	116	27
1871	328	220	91	17
1872	362	235	103	24
6	2142	67%	28%	5%

Since Robert Ellett's office was located outside of the largest local town, he rarely treated professional class members. The majority of Ellett's patients were not lawyers, judges, doctors, bankers, or other businessmen. Therefore, Ellett secured his income through Montgomery County's poorest residents: small farmers and day laborers. Small farmers and day laborers comprised the majority of the county's 12,000 inhabitants.[169]

In contrast, Dr. S.W. Dickinson, who practiced medicine in Marion, Virginia, established a medical practice located within Smyth County's largest town. Since Dickinson's practice operated within town limits and was surrounded by numerous professional offices, the largest portion of his income came from professional class members. Despite treating fewer patients than Robert T. Ellett, Dickinson's practice benefited from a wealthier clientele base. Sixteenth Circuit Court Judge John A. Kelley

[167] Robert Ellett's ledger did not list his patient's occupations. In order to acquire their occupation I cross referenced his ledgers with Montgomery County manuscript census data.
[168] Ellett Family Papers.
[169] *Ninth United States Manuscript Census,* Montgomery County, Virginia.

regularly visited Dickinson's practice. Kelley, as well as many other professionals, typically offered prompt payments for medical services.[170]

Town professionals, like other regional families, had large households. Professional households held even more potential clients since they also housed servants. African-American servants performed various menial tasks within professional households. Many emancipated slaves returned to their former owner's and worked as cooks, maids, butlers, stable hands, carriage drivers, laundresses, and nannies. Servants who were deemed vital to domestic operations frequently lived within the household or within close proximity. When servants became ill, their employers frequently sought after and paid for their treatment.[171]

Robert Ellett never operated a segregated medical practice. When Ellett began practicing medicine, the Commonwealth of Virginia was still struggling amidst heavy-handed Reconstruction policies. Resentment toward Freedmen steadily rose as the bitter taste of defeat lingered throughout Virginia's numerous Confederate veterans. Ellett himself served for the Confederate Army before starting his medical practice. After surrendering to Union forces in West Virginia, Ellett returned home and vanquished the war from his public correspondences. Ellett never referred to himself as Captain, as did many other former Confederate officers. Those throughout the community who knew Ellett personally, always cordially called him Thadeus, while those he only knew by name or former Confederate veterans were far more likely to refer to him as "Captain

---

[170] Dickinson Family Papers, Special Collections, Newman Library, Virginia Polytechnic Institute and State University, Blacksburg, Virginia; *Ninth United States Manuscript Census,* Smyth County, Virginia. John A. Kelley Household.

[171] This does not mean to imply that employers always provided for their servants' health care. However, a large percentage of Ellett's patients who hired servants brought those employees to his practice when they became ill.

Ellett." Although Ellett's stature as a Confederate veteran created instant name recognition throughout the county, his remaining letters indicated that the war remained buried in his past. Not once did Ellett fondly remember the war. In fact the only letter that even mentioned his military experience expressed the deep regret and hardships that he had faced due to his conscious actions.[172]

Many nineteenth century medical practices throughout the American South segregated their services. African-Americans therefore depended upon alternative healers and folk practitioners for their medical care. Unlike many of Robert Ellett's colleagues, his practice regularly treated African-American patients. However, the majority of Ellett's African-American patients worked as servants within elite households. When servants visited Ellett, their employer usually assumed all medical costs.[173]

Table Seven: Robert T. Ellett's African-American Patients[174]

Physician	% African-American Patients	% Employed as Household Servants	% Bills Paid by Employer
Robert T. Ellett	8	85	95

In 1867 Caroline Morrison employed an African-American female named Orange as a cook and laundress for her large family. During that year several household members simultaneously contracted a common fever. The fever debilitated Morrison, her

[172] Ellett Family Papers. In letters from family members and friends, they always referred to him as Thadeus, whereas court documents and several anonymous letters from patients identified him as "Captain Ellett" a generation after the war ended.
[173] Gaines M. Foster, "The Limitations of Federal Health Care for Freedmen, 1862-1868," *The Journal of Southern History* 48:3 (Aug. 1982), pp. 349-351; Richard W. Helper, "'The World Do Marvel': Health Care for Knoxville's Black Community, 1865-1940," *The Journal of East Tennessee History* 63 (1992), pp. 51-54; Edward H. Beardsley, "Desegregating Southern Medicine, 1945-1970," *International Social Science Review* 71:1-2 (1996), p. 37.
[174] Ellett Family Papers; *Ninth United States Manuscript Census,* Montgomery County, Virginia.

son Wade, as well as their servant Orange. Both before and after contracting this fever Morrison regularly visited Dr. Robert Ellett. In 1867 alone Morrison paid Ellett over $40 in medical fees. One third of those fees were billed while Ellett treated Orange. For one month Ellett visited the Morrison household daily. After Caroline and Wade Morrison recovered form their ailments, Orange remained in poor health. Ellett continued visiting the household answering Morrison's requests to treat Orange. Finally Orange's health improved almost two months after Ellett's initial visit. When Ellett's billed Orange for $15.00 in medical fees, Morrison promptly paid the doctor's bill.[175]

Wealth and Community Identity

Robert Ellett's practice never heavily depended upon building a wealthy clientele base. His practice was not located within a heavily populated region. In fact, Ellett established a successful medical practice in what has been traditionally regarded as one of the nation's most underdeveloped regions, a region in which folk healers and midwives held a prominent role in providing medical care throughout the nineteenth and well into the twentieth century.[176] For many Montgomery County residents, professional physicians were not the first person they consulted for medical advice.[177] Therefore,

[175] Ellett Family Papers.

[176] I do not mean to infer that Robert Ellett's practice was by any means an exception to the norm. Many physicians enjoyed a successful practice in this region, but all of them actively competed with contending alternative practitioners. Gathering precise numbers that could indicate how many patients alternative practitioners treated in comparison with regular physicians is extremely difficult. Poor records on both sides prevent such detailed comparisons.

[177] Since alternative practitioners rarely kept detailed accounts of their labor, it is difficult to estimate exact numbers. Although, out of the roughly 3,000 patients located within Ellett's medical practice range, less than one third of those ever sought treatment from Ellett. However, the fact that Ellett typically was only consulted after the patient had been ill for several days and perhaps even consulted alternative practitioners provided some possible estimations.

Ellett's medical training alone did not establish a clear superiority over alternative practitioners or competing professional physicians.[178]

Physicians trained during the mid-nineteenth century never fully developed any medical specialties. Primarily, each trained physician practiced general medicine. Before the scientific advances made during the latter part of that century, country physicians, such as Ellett, had difficulty establishing themselves as superior health care providers.[179] Without his connections that extended beyond the realm of medicine, Ellett's practice would have remained stagnant and suffered the same losses he experienced during 1867.

During Robert Ellett's professional career he served in several elected positions. Holding elected offices was not an uncommon duty for respected doctors. Several physicians signed the United States Constitution and served in Congress throughout the eighteenth and nineteenth centuries. On a more local level, physicians were looked upon as potential leaders for several reasons. First, physicians typically held an education level that exceeded most community members. Therefore, residents felt comfortable electing a man who could read and write proficiently to represent their area in the state assembly. Second, physicians were easily recognizable individuals. While practicing medicine, physicians met hundreds of local residents, both rich and poor. Even those who never received treatment from physicians recognized his name.[180] The number of close knit personal and business relationships expanded as a physician's practice expanded. Ellett

[178] Ellett Family Papers; Robert L. Martensen, "Physicianhood in the 1890s," *The Journal of the American Medical Association* 276:12 (Sept. 1996), pp. 1001-1003.
[179] Warner, *The Therapeutic Perspective,* pp. 15-16, 17-22, 31-33, and 36.
[180] This was determined by the strangers who left Robert Ellett letters indicating that their friends had told them of his services and that they appreciated the treatment of their family and friends. Ellett also served as a Circuit Court Clerk and in that position Ellett interacted with numerous individuals from across the region.

provided medical care for some of the most influential families in Montgomery County. By using those relationships, Ellett and other country physicians entered local politics. Leadership positions helped Robert Ellett fortify his community standing. As Ellett became involved in politics, the number of paying patients in his practice rose. For whatever reason, patients willingly paid Ellett's medical charges following his entrance into local politics. [181]

Political Identity

Robert Ellett effectively blended his professional and political interests. During the 1880s the Commonwealth of Virginia created a program that provided medical care for impoverished county residents. Each county independently supervised the program. Montgomery County created "poor relief" districts throughout the county. Besides medical services, the county at times paid for groceries, coffins, and farm implements for indigent residents. Since most poor relief programs were aimed at improving the population's health, Montgomery County elected several prominent physicians as "poor relief" supervisors. Ellett immediately received such a position.[182]

As "poor relief" supervisor, Robert Ellett managed the same towns where the majority of his patients resided. Whenever a local merchant or undertaker provided services for residents deemed impoverished, they sent the "poor relief" supervisor a hand copy of their receipt. Ellett then decided if the businessman's demands were within the program's limits. Rather than paying the full account, the county offered a partial

[181] Montgomery County Court Records, County Clerk's Office, Montgomery County Courthouse, Christiansburg, Virginia; Ellett Family Papers; *Ninth United States Manuscript Census,* Montgomery County, Virginia.
[182] Montgomery County Poor Records, County Clerk's Office, Montgomery County Courthouse, Christiansburg, Virginia.

payment. When the impoverished resident later returned for goods, the merchant simply provided them with the same goods allowed by the "poor relief" program.

Montgomery County's professional physicians submitted the majority of "poor relief" claims. This program enabled country physicians a manner in which to receive payment from indigent patients who would have never otherwise paid the expensive doctor's fees. Robert Ellett frequently submitted claims on the behalf of indigent patients. Since Ellett served as one of the county's supervisors, amongst several other positions, his claims were promptly paid in full. Physicians who did not hold a supervisor's position typically received partial payments. Therefore, Ellett, like many other local politicians, used his office for personal financial gain. In fact, Ellett submitted claims from patients who normally paid their fees. Two local attorneys and a prominent merchant were amongst the list of patients Ellett claimed as deserving "poor relief."[183]

Many residents who received "poor relief" were not amongst the counties poorest inhabitants. Montgomery County essentially defined poor as being a "white female without husband" or "institutionally insane." Widows and elderly single women submitted numerous relief claims. When an individual made a claim they did so through the businessman from whom they received goods or services. On March 16, 1882 a local merchant informed Robert Ellett that a local widow needed relief after the sudden death of her longtime spouse.

> I hereby recommend that the Board of Supervisors of this county at their next annual meeting allow fifteen dollars for the benefit of Mrs. Witt. . . . Said Mrs. Witt is a deserving widow woman who lost her husband a short time ago and left her seven children to maintain and she herself is in bad health and deserve the charity of the people.[184]

[183] Ellett Family Papers,; Montgomery County Poor Records, County Clerk's Office, Montgomery County Courthouse, Christiansburg, Virginia.

Ellett was well aware of Mr. Witt's death. Several weeks before receiving this request, Ellett made a "night visit" to the Witt household. After treating Mr. Witt for several consecutive days, Ellett's patient died. With Ellett's approval, the county paid for Mrs. Witt's groceries and provided essential cloth for her and the seven children. When Mrs. Witt fell ill following her husband's death, Ellett treated the widow on numerous occasions. Knowing Mrs. Witt's impoverished state and inability to pay her fees, Ellett offered the Witt family medical treatment free of charge. At times the "poor relief" program provided financial support for those who needed its help the most.[185]

While serving as "poor relief" supervisor, Robert Ellett evaluated the mental status of suspected insane county residents. During the late nineteenth century, mentally ill patients were relocated into regional hospitals. Southwest Virginia hosted a mental hospital in Marion. Virginian mental hospitals suffered from under funding and poor conditions throughout the nineteenth century. Due to professional shortages, many American mental institutions operated without on-staff physicians. Indigent and chronic patients created a financial burden upon public funds. The care afforded to the insane was directly linked to an institution's funding. Wealthy patients found respite amongst lavish hotels and boarding houses especially designed for their comfort and care. Blacks and poor whites suffered from intense periods of neglect while residing in large state operated facilities.[186]

---

[184] George Kabrick, Blacksburg, to Robert T. Ellett, Christiansburg, Virginia, 16 March 1882, manuscript in hand of George Kabrick, Montgomery County Poor Records, County Clerk's Office, Montgomery County Courthouse, Christiansburg, Virginia.
[185] Ellett Family Papers.
[186] Norman Dain, *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia, 1766-1866,* (Williamsburg, VA: The Colonial Williamsburg Foundation, 1971), pp. 10-15; Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875,* (New York: Columbia Press, 1973), Introduction; Samuel B. Thielman, "Southern Madness: The Shape of Mental Health Care in the Old

Robert Ellett evaluated Montgomery County residents suspected of being mentally ill. If they were deemed mentally ill, Ellett then sent the patient to Marion or a privately operated facility. The majority of patients Ellett institutionalized never received any personal examination. Family members or neighbors wrote Ellett letters reporting strange behaviors from "lunatics." Ellett then issued the concerned individual a letter that institutionalized the patient on their behalf. In fact, nineteenth century medicine lacked the ability to effectively discern mentally ill patients from those suffering from many treatable ailments. Wealthy community members frequently abused state funded mental institutions. When their elderly African-American servants or white day laborers could no longer work within their household and became a burden upon them, they wrote the local county supervisor asking that the individual be institutionalized. Late nineteenth century mental institutions, for some, were the equivalent of late twentieth century retirement homes, which removed those in society no longer fit to consume or produce.

Physicians serving in these positions benefited by favorably responding to a wealthy individual's request. Ellett and others swapped professional favors in exchange for institutionalizing mental patients. Almost every request approved by Ellett came from local elite members. Soon after accepting each request, that same individual visited Ellett's medical office. In return or his cooperation, Ellett received elite business. The elite head of household rarely visited Ellett's office. Ellett instead treated that individual's servants and laborers.[187]

South," in *Science and Medicine in the Old South,* ed. Ronald L. Numbers and Todd L. Savitt, 256-275, (Baton Rouge: LSU Press, 1989), pp. 256-258.

[187] Ellett Family Papers; Montgomery County Poor Records, County Clerk's Office, Montgomery County Courthouse, Christiansburg, Virginia.

Robert Ellett's community leadership positions expanded his own personal wealth by expanding his medical practice. As "poor relief" supervisor, Ellett used public funds to pay delinquent patient's fees for his personal benefit. Ellett's duties as mental health superintendent brought additional patients into his medical practice. In addition to these benefits, Ellett also received an annual income for performing these duties. Through these political offices, Ellett reinforced his professional, personal, and community standing.

Robert Ellett's medical practice existed from 1867 until his death in 1904. During those thirty-seven years, Ellett earned a greater income than most of his patients and better than many Montgomery County residents. Medicine provided Ellett a heightened community standing. Physicians were not the norm within rural society. They were educated professionals. Most rural inhabitants worked as farmers. Therefore, just by being different, physicians attracted attention from their communities. Since many residents never called upon a physician unless the situation proved dire, physicians frequently interacted with people during arduous moments. Ellett's patients deeply appreciated his efforts, despite the outcome. Surviving letters indicated that Ellett earned respect amongst his patients and peers.

When Robert Ellett began practicing medicine, respect and monetary income remained in doubt. In 1867, Ellett lost 70 percent of his income due to unpaid medical fees. If those losses continued, Ellett may have quit practicing medicine like many other country physicians. Until his practice made a profit, Ellett acquired income through a series of bank loans. After all, being in debt was a comfortable situation for most nineteenth century Americans. Repaying those loans proved problematic. Sixteen years

later the Bank of Princeton, West Virginia sued Ellett for failing to repay one of those debts. Ellett argued before the judge, in the same court where he served as circuit court clerk, that he had paid off the loans several years beforehand. The court rejected Ellett's claims and found in the Bank of Princeton's favor. Ellett eventually paid the bank $428.83 in delinquent loan payments. However, such poor economic times were rare throughout his life.[188]

Robert Ellett's practice eventually earned him a solid income between $500-$600 annually. The medical profession provided Ellett a standard of living that exceeded most Montgomery County residents. Ellett became a local professional class member. While practicing medicine, Ellett developed relationships with patients and other professionals that promoted his community standing.

Throughout Ellett's lifetime he successfully used his elite stature, educational background, leadership experience, and family connections in establishing a successful country medical practice. His patients saw him not only as their physician, but also as a valuable community member. This shared professional and community identity sustained Ellett's career.

[188] Montgomery County Common Law Case #9487, Bank of Princeton vs. R.T. Ellett, April 1886, County Clerks Office, Montgomery County Courthouse, Christiansburg, Virginia.