

A QUACK ON TRIAL: ADVERTISING AND EDUCATION IN MISSOURI'S MEDICAL
MARKETPLACE, 1850–1890

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University of Missouri-Kansas City, 2014

ABSTRACT

This study compares the lives and practices of Dr. Galen Bishop (1824–1902) and Dr. George Catlett (1828–1886), physicians emblematic of a larger struggle to shape the future of medical practice in America. The orthodox Catlett was among the best-educated physicians in St. Joseph, Mo., and he utilized membership in local and national professional organizations to gain lucrative appointments. In contrast, the apprentice-educated Galen Bishop was a successful heterodox physician who utilized advertising to attract patients from across the state.

Both professional association membership and entrepreneurial advertising were strategic reactions to an increasingly competitive market economy for medical services. Examining physician newspaper advertisements offers insight into the clashing American health cultures of the 1870s. From the orthodox perspective, advertisements were vulgar and unbecoming of medicine as a gentlemen's pursuit; they instigated an unseemly competition for patients that debased the medical profession. These deleterious effects led medical

associations to create a Code of Medical Ethics that severely restricted the use of advertising. This prohibition did not curtail advertising practices outside of association members, but the code's rules succeeded in ossifying distinctions between the medical orthodox and their heterodox competitors.

It would be a mistake, though, to accept that the purported orthodox / heterodox divide accurately sorted the “physicians” from “quacks.” Charismatic physicians like Galen Bishop struggled with their organizational minded counterparts, like George Catlett, over the ethical soul of American medicine. Should medicine be an exclusive, well-regulated, morally certified gentlemen's practice? Or, should physicians make use of market forces like advertising to compete for patients by highlighting their therapeutic skills? Advertising with abandon and subscribing to esoteric proprietary medical practices, Dr. Bishop was exactly the quack that the medical associations sought to suppress. His success was a grave threat to the medical establishment's efforts to cast heterodox physicians as dangerous quacks that operated outside the bounds of decency. Ultimately, Galen Bishop's career illustrated that holding certain quack beliefs – advertising them, even – was not mutually exclusive with the successful practice of medicine.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the College of Arts and Sciences have examined a thesis titled “A Quack on Trial: Advertising and Education in Missouri’s Medical Marketplace, 1850–1890,” presented by Matthew A. Reeves, candidate for the Master of Arts degree, and certify that in their opinion it is worthy of acceptance.

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A Surgery Gone Wrong

Dennis Malone could no longer see – and he blamed his doctor. Malone saw Dr. Galen E. Bishop (1824–1902), of St. Joseph, on May 6, 1873. Bishop diagnosed Malone with soft cataracts – the presence of a cloudy fluid in the lens of the eye. Fortunately for Malone, cataracts were a well-known and common optical problem with an ancient corrective operation, couching.¹ After some negotiation, Malone agreed to pay fifty-dollars for a two-month course of couching treatment that Bishop claimed would restore his sight. Two days later, Bishop performed the first operation on Malone’s right eye using a surgical needle in an attempt to remove the soft cataract fluid. Two weeks later, with little progress in the right eye, Malone returned to Bishop. In the interest of time, Bishop argued, why not operate on both eyes at once? Malone agreed, but he also reminded Bishop how vulnerable he felt: “I am in your hands, and I have the utmost confidence in your skill.”² Again, Bishop applied the needle, but this time to both eyes. After a third surgery in July, Dr. Bishop came to believe that Malone was stricken with hard cataracts – a solid disk occluding the lens – not the soft, watery cataracts he originally diagnosed. Couching techniques varied depending on the nature of the cataract. Surgeons could use a couching needle to drain the cloudy soft cataract fluid from the lens. A hard cataract, however, would require a different motion designed to displace the disk; simply attempting to drain fluid from the area around a hard cataract would

¹ Norman S. Jaffe, “History of Cataract Surgery,” in *The History of Modern Cataract Surgery*, ed. Marvin L. Kwitki and Charles D. Kelman (The Hague, The Netherlands: Kugler, 1998), 3–16.

² Suit on Sight: The Case of Dennis Malone vs. Galen E. Bishop for Malpractice, *The Daily Morning Herald* (St. Joseph, MO), February 3, 1876, pg. 4.

not remove the obstruction.³ Malone bemoaned this ill fortune, noting “it was a pity that I did not discover the [true] nature of the cataract in time.”⁴ Bishop was undeterred, however, and tried what he called a “new experiment on the left eye.”⁵ Bishop’s treatment regimen eventually included five separate procedures over the course of eleven months, nine months longer than the initially negotiated treatment length.

With his sight further diminished, but somehow still certain that Bishop could restore his vision, Malone agreed to a sixth procedure tentatively scheduled for April 1874 – almost a full year into his treatment. The sixth procedure never happened, though. Despite his continuing confidence in Dr. Bishop, a physician acquaintance convinced Malone to seek a second opinion. While in Kansas City, Malone consulted two oculists, Drs. Allen and Johnson, who were visiting Kansas City from Indianapolis. Their opinion horrified Malone: he was unlikely to see clearly again because “his eyes had been ruined by some quack.”⁶ No doubt frightened and dismayed, Malone went to great lengths in search of a third opinion, but even a visit to far St. Louis provided no respite. Drs. Pollock, Williams, Niehaus, and Michel of St. Louis “all refused to operate” on Malone’s eyes in their damaged post-operative state.⁷

But despite the poor outcome in this case, was Dr. Bishop really a “quack”? A western Missouri physician since the early 1850s, Bishop had built a large practice and

³ Robert S. Jampel, “The Four Eras in the Evolution of Cataract Surgery,” in *The History of Modern Cataract Surgery* (The Hague, The Netherlands: Kugler, 1998), 17–33.

⁴ Suit on Sight: The Case of Dennis Malone vs. Galen E. Bishop for Malpractice, *The Daily Morning Herald* (St. Joseph, MO), February 3, 1876, pg. 4.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

taught medicine at his own medical academy. His long tenure in the region proved that he was no fly-by-night medicine show proprietor. Bishop did, however, lack a medical pedigree and he often operated outside the bounds of the orthodox medical profession's stated ethical standards. Malone's resulting malpractice lawsuit against Bishop would therefore become not only a referendum on appropriate surgical methods for cataracts, but also on the contested, competing modes of medical practice in St. Joseph. This struggle to define the ethical, professional, and economic principles of American medicine played out in communities across the nineteenth-century United States.

During Malone's lawsuit against Dr. Bishop, the court called upon the medical community to comment on the propriety of Bishop's treatment, which provided local physicians with a public platform to express their professional opinions and weigh in on the controversy. Dr. George Catlett (1828–1886) was an expert witness during the February 1876 trial. In Catlett's professional opinion, Bishop was unqualified to perform surgical procedures. Like many of the physicians called to testify at the trial, Catlett was skeptical about Bishop's decision to use a needle to remove Malone's cataracts.⁸ Catlett believed that a scalpel was the only appropriate tool for cataract removal. Catlett also implied that Bishop's initial diagnosis was faulty to the point of negligence, arguing that people Malone's age (55) usually developed hard or mixed cataracts, not soft ones. Catlett closed his testimony by asserting that "the surgery of St. Joseph is not equal to that of New York or Philadelphia, I know of no man in north Missouri who is fit to operate for cataract; there may be some in St.

⁸ Ibid.

Louis.”⁹ Catlett thought cataract surgery in provincial St. Joseph was folly, and that Mr. Malone had been mistaken to place his confidence in Dr. Bishop.

As the preeminent medical historian Roy Porter has warned, it is often unwise to take even a medical professional’s word about quackery. Porter argued that “Above all, quacks were *other people*. Everybody felt happy in execrating a quack, because, everyone could agree, the quack was someone else.”¹⁰ This temptation to “other” the quack has passed from orthodox medical figures to historians in the form of a devious Whig narrative. Excused were the harmful practices of the great men of medicine, but heterodox outsiders went unprotected. Porter highlighted this double standard: “If historians are to put quacks under the microscope and scrutinise their credentials, should we do the same for regulars [orthodox practitioners]?”¹¹ Throughout this study, the point is not to place the regulars under increased scrutiny, but to reevaluate the prejudicial treatment of a supposed quack like Bishop.

It is difficult, however, to ignore that vocal orthodox practitioners frequently used the term “quack” in nineteenth-century Missouri. It was as a common pejorative term for any doctor operating outside the bounds of the orthodox medical profession. In fact, regular physicians in Missouri were so concerned with quackery that the subject dominated the Annual Meeting of the Medical Association of the State of Missouri in 1882. Dr. Willis P. King delivered the president’s address, entitled “Quacks and Quackery in Missouri.” The speech proved so spellbinding that the Association ordered 2,000 copies “published for

⁹ Ibid.

¹⁰ Roy Porter, *Health for Sale: Quackery in England, 1660–1850* (Manchester: Manchester University Press, 1989), 1.

¹¹ Ibid., 6.

distribution.”¹² King started out by listing the traits of the “true physician,” so that the audience would see how the quack by comparison would “stand out in all his ugly deformity.”¹³ Quacks were unfortunately common and their methods of persuasion were diverse, making it difficult to reduce them all to one type. According to King, the quack “presents himself in so many different forms that like a chameleon, he is hard to describe.”¹⁴ To capture the quack in his many guises, King introduced a typology that distinguished between the types of quacks: the gentlemanly quack, the smart pretender, the professional buzzard, and the advertising swindler.¹⁵

Dr. King singled out the advertising swindler as the worst of the lot, claiming that this type of quack was “ignorant as a physician, but not an ignorant man by any means. He is full of shrewdness and cunning, and knows poor, weak human nature like a book.”¹⁶ King estimated that the swindlers were the minority among the different types of quacks. Yet, despite their relative rarity, advertising swindlers “make up in cheek, impudence, and general villainy what the lack in numbers.”¹⁷ The advertising swindler’s real specialty was not medicine, but press manipulation: “He knows the value of printers’ ink, and uses it

¹² The Medical Association of the State of Missouri, *Transactions of the Medical Association of the State of Missouri at its Twenty Fifth Annual Session, Held at Hannibal, MO., May 16, 17, and 18, 1882* (St. Louis: Commercial Printing Company, 1882), 14.

¹³ *Ibid.*, 25.

¹⁴ *Ibid.*, 27.

¹⁵ *Ibid.*, 27–30.

¹⁶ *Ibid.*, 30.

¹⁷ *Ibid.*, 31–32.

liberally.”¹⁸ Dr. King exhausted his vocabulary castigating the advertising swindler, calling him “a merciless pirate, a murderer and villain so black and damnable that the English language, in its utter weakness, fails to furnish words with which to paint him.”¹⁹

While he found the villainy of the swindler particularly odious, King did not limit the bounds of quackery to just those with ill intent. According to King, any physician, “if he is guilty of irregular practices, and resorts to illegitimate methods to obtain a practice, we denounce him as being guilty of quackery.”²⁰ Quackery was therefore not limited to just the uneducated, deceitful, or manipulative, but also included all physicians that practiced irregular (heterodox) medicine or built their practices through verboten methods like advertising. This negative, expansive conception of the quack was not limited to just Dr. King. Edward Montgomery, another Missouri physician, offered a similar definition of Missouri quackery. Writing to register his protest against allowing orthodox physicians to consult with heterodox physicians, Montgomery argued that all heterodox, irregular practitioners were “men whose medical doctrines must of necessity be construed as quackery and charlatanry.” The “doctrines of the irregular practitioners,” he claimed, “are entirely built upon a foundation of some dogma or fanatical theory.”²¹ Montgomery and King’s broad definition of quackery as any practice outside orthodoxy threatened the reputations of thousands of heterodox practitioners.

¹⁸ Ibid., 30.

¹⁹ Ibid., 31.

²⁰ Ibid., 27.

²¹ Ibid., 18–19.

All medical practitioners in St. Joseph – orthodox and heterodox – were concerned about their reputations. Physicians needed to gain the communities’ confidence in order to attract patients and maintain a steady private practice. Confidence was a precious and fickle commodity in Victorian America, as increased urbanization and westward emigration destabilized marketplaces formerly based on personal relationships.²² With so much movement and population growth, necessary business and personal interactions increasingly took place between strangers, stoking anxieties in a population used to dealing within stable, interconnected local communities. Advertising guarantees and newspaper articles trumpeting therapeutic successes could attract patients, but risked alienating prospective patients wary of sales pitches and empty promises. Physicians interested in elevating medicine to a respected, regulated profession tried a different approach: implement and maintain professional standards based on a Code of Medical Ethics. This professionalizing ideology relied on creating consistency within the medical community, a consistency predicated on shared allegiance to orthodox medical theories promulgated at regular medical schools.

Physicians’ prestigious medical educations were a part of the larger nineteenth-century American confidence economy. As Karen Halttunen has argued, concerns about confidence stemmed from sentimental culture.²³ Halttunen’s study examined middle-class fears in the frightening “urban world of strangers.”²⁴ Conduct manuals, etiquette books,

²² For more on confidence and the fear of hypocrisy in Victorian America, see Karen Halttunen, *Confidence Men and Painted Women: a Study of Middle-Class Culture in America, 1830–1870* (New Haven: Yale University Press, 1982), 33–55; for the impact of the urbanization and the marketplace on the medical profession, see Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 69, 77–78.

²³ Halttunen, *Confidence Men and Painted Women*, xv.

fashion magazines, and mourning guides all provided formal prescriptions for behavior, offering a standardized ritual language through which individuals displayed a “transparency of character.”²⁵ Through this transparency, an individual’s sincerity – the social antonym of hypocrisy – would shine through in face-to-face social situations, both in the parlor and in the urban square.²⁶ John Harley Warner has explored how these “cultural anxieties about deceit versus truth and fraud versus authenticity” played out in the context of the growing epistemological divide between the new “Parisian empiricism” and more traditional American rationalistic medical systems in the Jacksonian era.²⁷ Under the rationalist system, illness necessitated proactive treatment, and a physician’s failure to apply vigorous therapies like bloodletting, emetics, and purgatives was akin to medical negligence. The Parisian empiricist trend halted the universal application of such proactive therapies, instead relying on the physician’s judgment as to whether or not a particular patient required such “heroic” treatments. The empiricist doctor required the patient’s trust, both in his ability to treat and in his judgment about when to withhold treatment.

This paper draws upon a survey of medical advertisements from Missouri newspapers, gazetteers, and historical atlases to complicate Warner’s deceit / truth dichotomy. Patient and physician experiences in 1870s St. Joseph challenged the orthodox dogmas of the American Medical Association, revealing a world where medical practices did

²⁴ Ibid., 193.

²⁵ Ibid., xvi.

²⁶ Ibid.

²⁷ John Harley Warner, "Remembering Paris: Memory and the American Disciples of French Medicine in the Nineteenth-century," *Bulletin of the History of Medicine* 65, no. 3 (1991): 314–315.

not fit into easily prescribed categories. An un-reconstructed border slave state, Missouri itself did not fit into any easy regional characterization.²⁸ Histories of American medicine have traditionally focused on Northeastern and Old Midwestern States, while more recent scholarship has explored medical practice in the American South.²⁹ The present study adds to our collective knowledge about Midwestern medicine by examining the lives and practices of Drs. Bishop and Catlett, physicians emblematic of a larger struggle. Their contrasting strategies for medical practice in St. Joseph bore the fingerprints of local, state, and regional influences, but the debate over the propriety of certain commercial aspects of medicine – including advertising and education – keyed into the national contest to define and control the fluid ethos of American medical practice during the second half of the nineteenth-century.

Midwestern medical communities were large and diverse. St. Joseph and the surrounding Buchanan County had a large medical community, a product of the city's role as the western frontier terminus of American civilization during the 1840s.³⁰ Looking back on frontier times from the turn of the twentieth-century, the physician and medical historian E. J. Goodwin noted that, “from its earliest settlement Buchanan County has had a large number

²⁸ For the radical changes during Missouri's un-Reconstruction years, see Aaron Astor, *Rebels on the Border: Civil War, Emancipation, and the Reconstruction of Kentucky and Missouri*, *Conflicting Worlds: New Dimensions of the American Civil War* (Baton Rouge: Louisiana State University Press, 2012).

²⁹ For work on southern medicine, see Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth-century*, *Studies in Social Medicine* (Chapel Hill: The University of North Carolina Press, 2004) and 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 Lee Savitt (Baton Rouge: Louisiana State University Press, 1989), 179–205.

³⁰ For more on St. Joseph's brief stint as the western Missouri metropolis, see Robert Willoughby, “Unfulfilled Promise: St. Joseph, Missouri's Nineteenth-Century Competition to Become the Regional Metropolis of the Great Plains” (PhD diss., University of Missouri-Kansas City, 1997).

of well qualified regular physicians.”³¹ Dr. Goodwin singled out the “regular” physicians, meaning those trained in the orthodox medical sect. In perhaps a provincial, or better yet, sectarian accounting, Dr. Goodwin overlooked the substantial number of heterodox healers and medical practitioners that were active in St. Joseph during the nineteenth-century. These sectarian, heterodox practices – including Thomsonism, botanical medicine, homeopathy, and eclectic medicine – grew in popularity during the nineteenth-century. As William Rothstein has found, eclectics and other “nondescript” practitioners were a significant minority in Midwestern states like Missouri.³² In 1883, the Missouri Medical Association estimated that 4,834 persons were practicing as physicians in the state; of that number, some 28% were irregular (581 eclectic, 217 homeopaths, and 583 “classified as non-descript”).³³

These heterodox practitioners prided themselves on using gentle botanical cures that were more palatable than the orthodox regular physician’s “heroic” treatment.³⁴

Acknowledging this criticism, regular physicians in the mid-to-late nineteenth-century themselves began to reject heroic treatment, but certainly did not move towards botanical or homeopathic medicines.³⁵ Instead, regular physicians organized into local, state, and national medical associations to advance orthodox medical practice.

³¹ E. J. Goodwin, *A History of Medicine in Missouri* (St. Louis: W. L. Smith, 1905), 105.

³² Rothstein, *American Physicians in the Nineteenth-century*, 226.

³³ Ibid.

³⁴ For perspectives on the mentioned “heterodox” practices, see Norman Gevitz, “Three Perspectives on Unorthodox Medicine,” in *Other Healers: Unorthodox Medicine in America*, ed. Norman Gevitz (Baltimore: Johns Hopkins University Press, 1988), 1–28.

³⁵For more on the regular medical profession’s shift away from aggressive, rote, and sometimes excessive therapeutics, see John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge, Mass: Harvard University Press, 1986).

An archetypal gentlemen physician, the orthodox Dr. Catlett was socially connected, dedicated to the collegiate model of medical education, and committed to the elevation of the medical profession. By deferring to more prestigious New York and Philadelphia physicians during his testimony at Malone's trial, Catlett exposed his belief in contested nineteenth-century hierarches that privileged the medical practices of the educated urban elite. With a medical degree from the University of Pennsylvania, Catlett was among the best educated physicians in St. Joseph.³⁶ He utilized membership in local and national professional organizations to gain a lucrative appointment as superintendent of the local insane asylum, and then parlayed his experience with the insane into a position on the faculty of a medical college in St. Joseph. As a medical professor, Catlett helped educate the next generation of physicians in the pedagogical style of his own training.

Dr. Galen E. Bishop was a successful physician who utilized advertising and treatment successes to attract patients from across the state. Like Dr. Catlett, Bishop was also a medical educator, taking on apprentices at his one-man medical academy. Bishop either eschewed (or more likely did not receive) an invitation into the local medical societies. Even if he had joined, the society would have eventually expelled Bishop because his advertising strategies and preferred educational curriculum violated the professional societies' ethical codes. As will be discussed in detail below, Bishop's outsider status limited his avenues for professional advancement but granted him the freedom to engage in entrepreneurial advertising and educational practices banned by the Code of Medical Ethics.

³⁶ Society of the Alumni of the Department of Medicine, *Catalogue of the Alumni of the Medical Department of the University of Pennsylvania, 1765-1877* (Philadelphia: Collins, 1877), 29.

Early medical codes required medical association members to police themselves and relied on the threat of collective punishment to deter individual violations. In 1882, for example, the Hannibal Medical Society charged Dr. Chamberlin of the Marion County Medical and Surgical Association with “openly, and in a meeting of medical men in this city, advocate[ing]... consultation with Homeopaths.”³⁷ The Committee on Ethics substantiated the charge, and consequently, *all* delegates from Marion County were threatened with expulsion from the State Medical Association. In response, Dr. Chamberlin voluntarily resigned from the Marion County Medical Society so that “harmony might be restored,” allowing his former colleagues to be admitted to the annual meeting without prejudice.³⁸

American medical societies modeled their medical codes on the preexisting codes of English and Scottish medical societies, which regulated the behavior of physicians by threat of expulsion from the society or loss of licensure.³⁹ But as Missouri lacked medical licensure laws during Bishop’s era, state and local medical societies were unable to legally bar a physician from practicing. Bishop could therefore ignore the medical societies’ professional covenants with impunity; he advertised his services widely and attracted patients to his practice from throughout the region.

Both professional association memberships and entrepreneurial advertising were strategic reactions to an increasingly competitive market economy for medical services.

³⁷ The Medical Association of the State of Missouri, *Transactions of the Medical Association of the State of Missouri at Its Twenty Fifth Annual Session, Held at Hannibal, MO., May 16, 17, and 18, 1882* (St. Louis: Commercial Printing Company, 1882), 15.

³⁸ *Ibid.*

³⁹ Robert Baker, *Before Bioethics: A History of American Medical Ethics from the Colonial Period to the Bioethics Revolution* (Oxford: Oxford University Press, 2013), 94–95.

Examining how opposing groups of physicians used or avoided advertisements offers insight into clashing nineteenth-century American health cultures. The growing ubiquity of print culture meant that advertisements were both easier to place and reached more people than ever before, increasing their effectiveness for the physicians and medical schools that chose to advertise.⁴⁰ Beyond promoting physicians and medical schools, nineteenth-century advertisements were also instrumental in the period's booming nostrum sales. Nostrums were an incendiary issue; in Missouri, the State Medical Association recommended in 1881 that local medical societies expel any physicians for selling nostrums or even consulting with a physician that sold them.⁴¹ From the orthodox perspective, advertising had a multifaceted, pervasive, and negative impact on medical practice. Advertisements convinced the lay public to self-medicate with questionable nostrums while fanning the flames of competition between local practitioners. Consequently, the medical association's Code of Medical Ethics severely restricted the use of advertising and threatened members with expulsion for violating its edicts.⁴² This morally driven prohibition on advertising did not curtail advertising practices outside of association members, however, nor did it meaningfully decrease mail-order nostrum sales. The medical societies' rules did ossify the technical distinctions between the medical orthodox and their heterodox competitors. Once established,

⁴⁰ Gerald J. Baldasty, *The Commercialization of News in the Nineteenth-century* (Madison: University of Wisconsin Press, 1992), 60–65.

⁴¹ The Medical Association of the State of Missouri, *Transactions of the Medical Association of the State of Missouri at Its Twenty Forth Annual Session, Held at Mexico, MO., May 17, 18, and 19, 1887* (St. Louis: J. H. Chambers, 1881), 13.

⁴² Robert Baker has identified several instances of “medical policing” in New York and Boston during the first half of the nineteenth-century; see *Before Bioethics*, 95–130.

these criteria would have a lasting impact on how later generations construed nineteenth-century medicine.

It would be a mistake, though, to accept that the purported orthodox / heterodox divide accurately sorted “physicians” from “quacks.” Medical practices in 1870s Missouri were much more complex than the over simplified doctors vs. quacks dichotomy suggests. Charismatic physicians like Galen Bishop struggled with their organizational minded counterparts, like George Catlett, over the ethical soul of American medicine. Should medicine be an exclusive, well-regulated, morally certified gentlemen’s practice? Or, should physicians make use of market forces like advertising to compete for patients by highlighting their therapeutic skills? Though Catlett and the medical associations spewed much purple prose, successful heterodox physicians confounded efforts to denigrate doctors operating outside the purview of professional associations. Advertising with abandon and subscribing to esoteric proprietary medical practices, Galen Bishop was in many ways exactly the successful quack that the medical establishment sought to suppress. Paradoxically, these heterodox quack markers made the locally respected and popular Bishop an even graver threat to the medical association’s mission. Operating outside professional norms but maintaining a sizable practice, Bishop defied the stereotypes and complicated the organizational physician’s Manichean worldview of real doctors versus quacks.

Have Medical Training, Will Travel

Long before they themselves became physicians, George Catlett and Galen Bishop were born into a pattern of white migration west. Both men share strikingly similar family

narratives. Catlett's father and grandfather were Virginians, as was Bishop's father.⁴³ Calmes Catlett, George's father, served as a lieutenant during the War of 1812, and moved to Kentucky following that conflict's conclusion.⁴⁴ George Catlett was born in Union County, Kentucky on June 20, 1828.⁴⁵ Galen Bishop was born four years earlier in Pulaski County, Kentucky.⁴⁶ The two counties are a little over three-hundred miles apart.

For all their biographical similarities, Bishop and Catlett's career differences began with their contrasting medical educations. George Catlett attended the Pennsylvania School of Medicine in Philadelphia, the oldest and most prestigious medical school in the United States. Upon completing their coursework and an additional apprenticeship, doctoral candidates were required to write a thesis and pass a faculty examination.⁴⁷ Catlett wrote his doctoral thesis on puerperal (childbed) fever, and received his M.D. in 1851.⁴⁸ This prestigious medical education combined a variety of specialist faculty lectures with clinical

⁴³ For Catlett's family history, see Will L. Visscher, "A Pioneer Physician of the West – George C. Catlett," *Magazine of Western History*, November, 1887, 96–100; for Bishop's family history, see *The History of Buchanan County, Missouri : containing a history of the county, its cities, towns, etc., biographical sketches of its citizens, Buchanan County in the late war, general and local statistics, portraits of early settlers and prominent men, history of Missouri, map of Buchanan County, etc., etc.*, (St. Joseph, MO: Union Historical Company, 1881), 678–79.

⁴⁴ National Archives and Records Administration, *Index to the Compiled Military Service Records for the Volunteer Soldiers Who Served During the War of 1812*, Washington, D.C.: National Archives and Records Administration, M602, roll 36; Visscher, "A Pioneer Physician," 96; there is some confusion in the sources about Catlett's father's rank – the archives list him as a lieutenant, Visscher's article lists him as a captain.

⁴⁵ Visscher, "A Pioneer Physician," 96.

⁴⁶ Jo Lashbrooks, "Dr. Galen E. Bishop," Find a Grave, <http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GSln=Bishop&GSfn=Galen+&GSmn=E&GSbyrel=all&GSdyrel=all&GSob=n&GRid=20171904&df=all&> (accessed July 21, 2013).

⁴⁷ Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750–1945* (Baltimore: Johns Hopkins University Press, 2000), 203–230.

⁴⁸ Society of the Alumni of the Department of Medicine, *Catalogue of the Alumni of the Medical Department of the University of Pennsylvania, 1765–1877* (Philadelphia: Collins, 1877), 29.

observations. Dr. Catlett's medical pedigree, earned at an educational institution with a renowned reputation, appealed to class-conscious St. Joseph elites.

Galen Bishop likely began his medical career by becoming an apprentice of his maternal uncle and namesake, Dr. Galen Elliot.⁴⁹ Dr. Bishop's only surviving biographical narrative comes from his advertising materials. These materials include pictures and text describing Bishop's medical practice from advertisements that appeared in St. Joseph city directories, and a biographical sketch published in several illustrated historical atlases and county histories.⁵⁰ Dr. Bishop's advertisements trumpeted his remarkable treatment record but do not mention where he received his medical training. Instead, they cryptically allude to Bishop beginning his "medical studies," and claim that he was "a thorough student of medicine from his youth," perhaps an allusion to time spent learning the medical profession as an apprentice to his physician uncle.⁵¹

Dr. Bishop's penchant for emphasizing therapeutic successes – instead of seeking affiliations in professional medical societies – was consistent with the practical emphasis that characterized apprentice educations. Apprentices typically spent three years training under a physician-preceptor, during which time they would complete a two-phase medical education.⁵² The first phase consisted of reading medicine with the preceptor, a theoretical

⁴⁹ *The History of Buchanan County, Missouri : containing a history of the county, its cities, towns, etc., biographical sketches of its citizens, Buchanan County in the late war, general and local statistics, portraits of early settlers and prominent men, history of Missouri, map of Buchanan County, etc., etc.* (St. Joseph, MO: Union Historical Company, 1881), 678–79.

⁵⁰ Ibid.

⁵¹ Ibid.

orientation that covered subjects similar to lectures at a medical school. During the second phase, the apprentice would ride with the doctor and attend all his house calls, adding a vital practical element to the educational model. Medical schools exposed students to a variety of lecturers; the great weakness of the apprentice model was its total reliance on a single physician to train the apprentice.⁵³ The great strength of the apprentice model, however, was the wealth of practical experience gained during the “riding with the doctor” phase. As historian Frederick Norwood has argued, practical experience empowered apprentice-trained physicians to become active therapeutic practitioners, not “mere theorists.”⁵⁴ An apprentice’s education consisted of therapeutic interventions.

Attending medical school in Philadelphia provided young southern men like Catlett with the opportunity to learn the social skills, manners, and ritual practices signifying membership in an elite fraternity of international gentlemen physicians.⁵⁵ As the historian Daniel Kilbride has argued, Philadelphia attracted young southern men because of the quality of its medical schools and the general pro-Southern atmosphere in the city.⁵⁶ For an aspiring doctor, “choosing a medical school involved a judgment of social prestige and contacts as much as educational quality, and students made the long journey to Philadelphia’s lecture

⁵² For a more detailed account of the preceptor-apprentice model, see William G. Rothstein, *American Physicians in the Nineteenth-century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1985), 85–87.

⁵³ *Ibid.*, 87.

⁵⁴ William Frederick Norwood, *Medical Education in the United States Before the Civil War* (Philadelphia: University of Pennsylvania Press, 1944), 36–37.

⁵⁵ Daniel Kilbride, “Southern Medical Student in Philadelphia, 1800–1861: Science and Sociability in the “Republic of Medicine,” *The Journal of Southern History* 65, no. 4 (November 1999): 697–732 <http://www.jstor.org/stable/2587585> (accessed on April 21, 2013).

⁵⁶ *Ibid.*

halls to become not just doctors but gentlemen.”⁵⁷ If the Kentucky-born Catlett had only sought to become a medical school-educated physician, he could have accomplished that task much closer to home at the University of Louisville. The decision to pursue his education in far off Philadelphia, combined with Kilbride’s argument about the significance of the social curriculum in that city, suggests that Catlett aspired to membership in that elite fraternity of medical gentlemen. That said, the importance of the social curriculum did not diminish Catlett’s commitment to developing his medical skills. Even after settling in St. Joseph in 1851, Catlett went to some lengths for additional clinical opportunities, pursuing “the study of his profession during the year 1853 in the hospitals and schools of New Orleans.”⁵⁸

Dr. Catlett’s three-year educational sojourn to Philadelphia included an informal curriculum with lessons on social rituals and forms. In that sense, prestigious formal education was the medical equivalent of a conduct manual or an etiquette guide. Dr. Catlett’s Philadelphia medico-social education not only taught him these essential social forms, but also became a credential connoting his gentlemen’s education and training. As middle-class women might discuss the latest *Godey’s Lady’s Book*, and through their collective agreement on its standards come to approve each other’s social judgment and taste, so might Dr. Catlett and another gentlemen come to understand and approve of a prestigious medical education as itself an indicator of good judgment and sincerity. A prestigious medical degree was valuable not only for the medical skills learned, but also as a status marker that offered entry into a

⁵⁷ Ibid., 721.

⁵⁸ William B. Atkinson, ed., *The Physicians and Surgeons of the United States* (Philadelphia: Charles Robson, 1878), 294.

privileged class of gentlemen physicians. As a whole, physicians were not respected, but the possession of a high quality degree could confer status almost in spite of the medical field's less than stellar overall reputation.

In contrast, Dr. Bishop lacked a prestigious education. This career shortcoming was not only detrimental to other's perceptions of his medical skills, but it also denied Dr. Bishop entry into the gentlemen's club. By dint of his lack of formal education, and lack of a co-curricular social education, Dr. Bishop was likely at a distinct disadvantage attracting middle-class patients. Bishop overcame this deficit by making heterodox educational knowledge claims and earning renown for taking on patients with difficult ailments – a risk that exposed his practice to legal action from dissatisfied former patients like poor Mr. Malone. These assertive, forward practices were antithetical to the respected regular physician's reserved, orthodox practices, as evidenced by the distinct stylistic differences in the two doctor's advertisements.

Advertisements in local newspapers, gazetteers, and city directories were public spaces that nineteenth-century orthodox physicians used to announce the location of their practice. Their heterodox competitors used the same spaces for sales pitches, differentiating themselves from their more restrained counterparts. The American medical marketplace in the middle of the nineteenth-century was a buyer's market where many practitioners competed to treat the few patients able to pay for a physician's services.⁵⁹ As most medical care during this period did not require hospitalization, and physicians made a living from

⁵⁹ The idea of the "Medical Marketplace" comes from Harold Cook, who uncovered the patient's power to dictate treatment by pitting competing practitioners against each other in premodern London's medical marketplaces; see Harold J. Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca, NY: Cornell University Press, 1986), 49–69.

house calls, few structural needs motivated doctors to pool their collective resources.⁶⁰ Instead, physicians sought to promote themselves by highlighting their medical practice's positive distinguishing features. These efforts at self-promotion, however, came under increasing scrutiny from physician organizations during the second half of the nineteenth-century.

Codifying Ethics and their Impact on Physician Advertising

The American Medical Association (AMA) was concerned with defending and reforming medicine, a process that they defined to include elevating healing to the exclusive purview of orthodox practitioners, professionals that idealized the role of the doctor as reserved learned gentlemen. Founded in 1847, the AMA met annually to discuss issues facing the medical profession, and from 1848–1882 published the transcripts of these meetings as *The Transactions of the American Medical Association*. In part spurred into action by the successes of heterodox botanical and homeopathic practitioners, the associations were unabashedly and dogmatically opposed to “irregular” or heterodox practices.⁶¹ This hardline against irregular physicians did not gain widespread public support, and historians have criticized the organization, claiming it “had no real power and remained largely ineffective.”⁶² Though ineffective in so much as it was unable to bring about a homogenized medical orthodoxy during the nineteenth-century, the AMA's dictates

⁶⁰ Starr, *The Social Transformation of American Medicine*, 72–73.

⁶¹ Rothstein, *American Physicians in the Nineteenth-century*, 170.

⁶² Ira Rutkow, *Seeking the Cure: A History of Medicine in America* (New York: Scribner, 2010), 49.

significantly shaped the professional practices of regular physicians – practices that came to define the orthodox professional identity.

But why was the AMA founded in 1847, when many local and state medical societies had existed since much earlier, some formed in the earliest days of the republic?⁶³ The answer lies in a combination of growing concerns about heterodox medical practices and a multifaceted desire to improve and standardize orthodox medicine. The growth of heterodox practices presented an increasing threat to orthodoxy in the mid-nineteenth-century, and the AMA’s founding physicians hoped that a unified, national medical organization could more effectively tamp down alternative practices. One of the ways that the AMA could more effectively combat heterodoxy was to develop a unified set of national standards pertaining to all aspects of medical practice, including pre-medical education, medical education, and a standard Code of Medical Ethics.⁶⁴ By creating consensus on a single national code, the AMA would prevent in fighting between state and local medical societies and establish a single, monolithic medical orthodoxy as a bulwark against creeping heterodoxy.

The association’s Code of Medical Ethics was its primary behavior-sculpting agent. Introduced and approved at the organization’s first meeting in 1847, the Code of Medical Ethics was a purposefully comprehensive and intentionally aspirational document that enumerated “not only the duties, but, also, the rights of a physician.”⁶⁵ The individual

⁶³ For a concise account of medical societies in the early republic, see Rothstein, *American Physicians in the Nineteenth-century*, 63–71.

⁶⁴ Baker, *Before Bioethics*, 140.

⁶⁵ American Medical Association, *Proceedings of the Nation Medical Conventions, Held in New York, May 1846, and in Philadelphia, May 1847* (Philadelphia: T.K. and P.G. Collins, 1847), 83.

physicians present at the meeting were largely young, not-yet-established practitioners concerned with their future as doctors in a diverse and increasingly unregulated medical community.⁶⁶ The committee responsible for drafting the code was concerned about the present and future state of medicine but conscientiously looked backwards to the great physicians of the past for inspiration. “We have the inestimable advantage of deducing [the code’s] rules from the conduct of the many eminent physicians (of the past),” argued John Bell in the code’s introduction.⁶⁷ The code, then, was not necessarily a progressive document, but instead intended to improve medicine by excising the twin cancerous growths of heterodoxy and poor medical education.

Advertising, both for its ability to promote quackery and nostrum use, was one of the early tumors that the Code of Medical Ethic’s framers sought to remove. Located in the code’s “Chapter II: of the Duties of Physicians to Each Other and to the Profession at Large,” the association’s anti-advertising policy was couched in moral and practical terms. “There is no profession,” the authors argue, “of which a greater purity of character, and a higher standard of moral excellence are required, than of medicine.”⁶⁸ Advertising would besmirch this lofty image and damage the whole of medicine:

“it is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases... promising radical cures; or to publish cases and operations in the daily prints... to boast of cures or

⁶⁶ Starr, *The Social Transformation of American Medicine*, 90.

⁶⁷ American Medical Association, *Proceedings of the Nation Medical Conventions*, 83.

⁶⁸ *Ibid.*, 98.

remedies... these are the ordinary practices of the empiric, and are highly reprehensible in a regular physician.”⁶⁹

According to the code, advertisements sowed the seeds of discourteous competition among legitimate physicians and enabled quacks and heterodox practitioners to mislead the public. A committee from the Medical Society of the State of New York clarified these somewhat vague, moralistic judgments on advertising in an address at the AMA annual meeting in 1866. They proposed that “advertisements indicating the location and residence [were] the utmost limits of self-announcement consistent with professional dignity,” and that specialist claims encouraging patronage “should be deemed a violation of the Code of Medical Ethics.”⁷⁰ Though it is unclear if this standard was officially adopted, the discussion indicates how one prominent state medical society construed the practical implications of the Code of Medical Ethic’s advertising section.

How physicians portrayed themselves in advertising reflected how they constructed their identities and the strategies they used to attract potential patients. Orthodox medical advertisements simply contained the physician’s name, office location, and often, home address. Going beyond these elements, heterodox medical advertisements used different rhetorical techniques to highlight a physician’s skills, ability to treat disease, and medical

⁶⁹ Here “empiric” is used as a synonym for quack, not as a description of empirical methodology. John Harley Warner convincingly argues that nineteenth-century American doctors inherited the negative connotations of the term empiric from elite seventeenth century English physicians. Those educated English physicians used the term “empiric” to castigate medical practitioners without any formal medical education for relying solely personal experience to diagnose and treat. See Warner, *The Therapeutic Perspective*, 43–46; American Medical Association, *Proceedings of the Nation Medical Conventions*, 83.

⁷⁰ American Medical Association, *Transactions of the American Medical Association, Volume XVI* (Philadelphia: Collins, 1866), 770.

knowledge. For example, Drs. Catlett and Bishop's marketing strategies communicated their contrasting professional personas to potential patients. Consider illustration 1, an advertisement for Dr. Bishop's medical services:

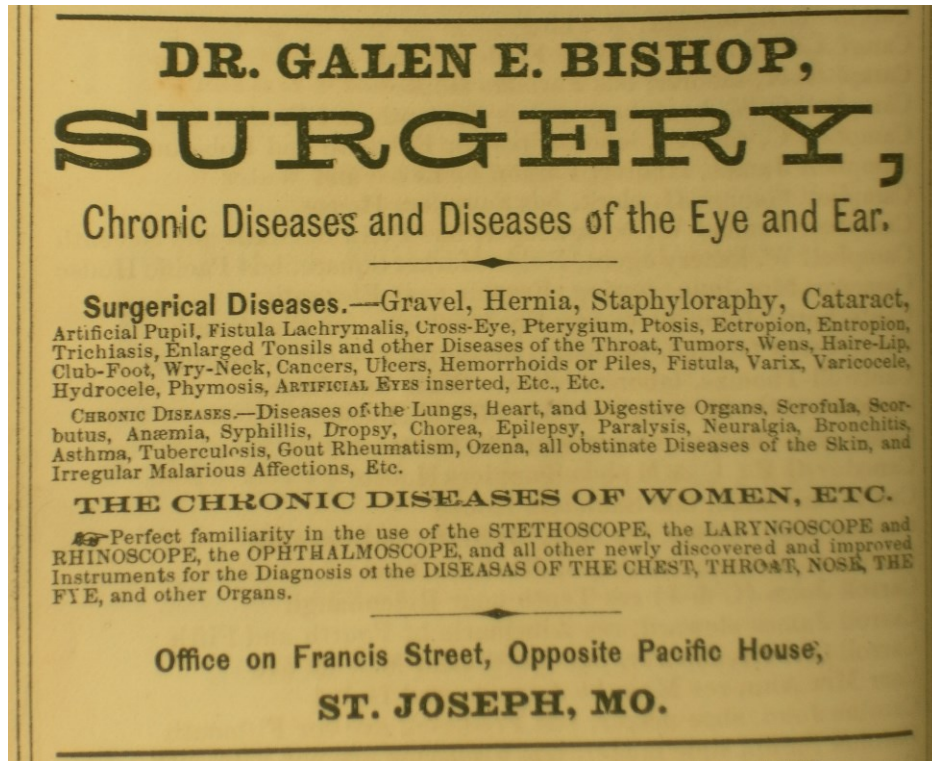
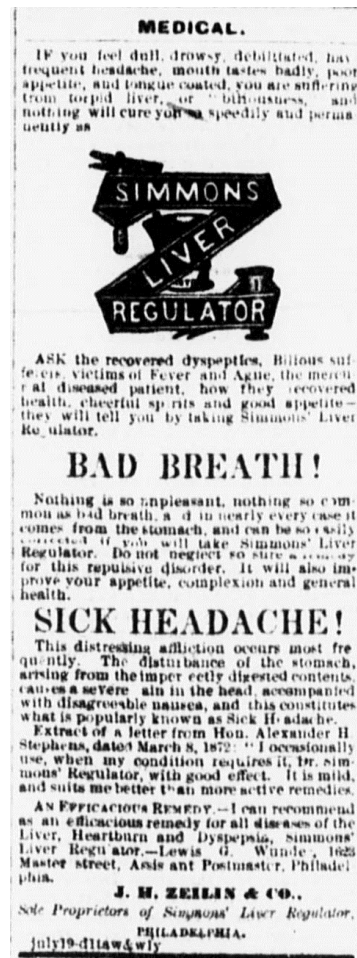


Illustration 1. Advertisement for Dr. Bishop's medical practice, from *Frank Swick's Resident and Business Directory of Saint Joseph, 1867–68*.

Dr. Bishop's advertisement is swimming in treatment claims designed to establish and enumerate his medical expertise. It heavily implies that he had the knowledge and ability to surgically correct 29 ailments, treat 19 "chronic diseases," and to care for the politely un-elaborated "chronic diseases of women." Bishop also claimed functional skills with five different instruments, including competence with "all other newly discovered and improved" diagnostic instruments. Prospective patients with a known condition could check the

advertisement's list of diseases to see if Dr. Bishop treated their ailment. The ad also attempted to appeal to the patient experiencing a new ailment by impressing them with Dr. Bishop's expansive medical expertise, claims that violated the AMA's ethical standards for advertising.

Bishop's advertisement shared visual and rhetorical techniques with advertisements for mail order nostrums, as seen in illustration 2:



MEDICAL.

IF you feel dull, drowsy, debilitated, have frequent headache, mouth tastes badly, poor appetite, and tongue coated, you are suffering from torpid liver, or biliousness, and nothing will cure you so speedily and permanently as

SIMMONS' LIVER REGULATOR

ASK the recovered dyspeptics, Bilious sufferers, victims of Fever and Ague, the merciful diseased patient, how they recovered health, cheerful spirits and good appetite—they will tell you by taking Simmons' Liver Regulator.

BAD BREATH!

Nothing is so unpleasant, nothing so common as bad breath, and in nearly every case it comes from the stomach, and can be so easily corrected if you will take Simmons' Liver Regulator. Do not neglect to take a course for this repulsive disorder. It will also improve your appetite, complexion and general health.

SICK HEADACHE!

This distressing affliction occurs most frequently. The disturbance of the stomach, arising from the imperfectly digested contents, causes a severe pain in the head, accompanied with disagreeable nausea, and this constitutes what is popularly known as Sick Headache.

Extract of a letter from Hon. Alexander H. Stephens, dated March 8, 1852: "I occasionally use, when my condition requires it, Dr. Simmons' Regulator, with good effect. It is mild, and suits me better than more active remedies.

AN EFFICACIOUS REMEDY.—I can recommend as an efficacious remedy for all diseases of the Liver, Heartburn and Dyspepsia, Simmons' Liver Regulator.—Lewis G. Wunde, 1625 Market street, Assis ant Postmaster, Philadelphia.

J. H. ZELLEN & CO.,
Sole Proprietors of Simmons' Liver Regulator,
PHILADELPHIA.
July 19-d11aw&wj

Illustration 2. Advertisement for Simmon's Liver Regulator, from *The Daily Morning Herald* (St. Joseph, MO), August 17, 1876.

Similar to Dr. Bishop's advertisement, this notice claimed that Simmon's Liver Regulator could alleviate symptoms from a wide variety of ailments, including heartburn, dyspepsia, headache, stomach disturbance, fever, and bad breath. In addition to treating those symptoms, the Regulator would also "improve your appetite, complexion, and general health." Though there are similarities in the expansive number of conditions treated, Bishop's ad makes no promise of a cure, while the Liver Regulator does so explicitly.

Dr. Bishop's advertisement also notably aimed to attract patients to his practice. Bishop hoped to initiate a lasting and lucrative doctor patient relationship, during which time a course of treatment would be determined. In contrast to Bishop's hopes for a long-term relationship, the Liver Regulator advertisement encouraged patients to self-diagnose, and then offered a one-step treatment plan: purchase and consume the nostrum. The key matter for debate is whether this distinction is one of degree or one of kind. Those charitable to Dr. Bishop would likely argue that he was offering a wholly different kind of service than the Liver Regulator, while skeptics would use Bishop's rhetoric to place his treatment in the same category as the mail-order nostrum. In spite of their overt therapeutic similarities, there is a distinction between the two advertisements in terms of how they communicate illness: Bishop's ad refers to chronic conditions, while the nostrum ad lists symptoms. Despite his naked appeal to chronic ailments, Dr. Bishop was still wedded to his diagnostic expertise.

Compared to the nostrum advertisement and Bishop's expansive claims, Dr. Catlett's advertisement (with Dr. Smith) is relatively sparse:

<p>... who are ... will be sold limit. ... n one and ... secured by ... & Co. ... tioneers.</p> <p>SALE</p> <p>TE.</p> <p>THE</p> <p>... door, in the ... sale to the ... ven (11.) in ... addition to</p> <p>... one-third in ... Deferred ... be secured. ... Saltzman. ... CREEK, ... oh, dec'd.</p>	<p>42 WALKER STREET, NEW YORK. for 25 3mo</p> <p>Physicians.</p> <p>DRS. SMITH AND CATLETT</p> <p>Have associated themselves for the practice of</p> <p>MEDICINE AND SURGERY.</p> <p>Having both been engaged in the practice of their profession for more than twenty years, and having large experience in</p> <p>Civil and Military Medicine and Surgery,</p> <p>offer the advantages of their skill and experience to the public.</p> <p>OFFICE COR. THIRD AND FELIX, (Over Garlicks' Drug Store.)</p> <p>Dr. Smith's residence, on Fifth street, three doors below Spivack's west side. Dr. Catlett's residence, on the corner of Fifth and Parson streets, opposite Court House. may 6 1869</p> <p>Miscellaneous.</p>	<p>Policies n their full a that the ins annual pay</p> <p>Policies sured, after an annual in the polic</p> <p>No extra of Females</p> <p>It insur cost that d</p> <p>Circulars on applicat or to</p> <p>G.</p> <p>CURT</p> <p>ST.</p>
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Illustration 3. Drs. Smith and Catlett advertisement, from *The Daily Morning Herald* (St. Joseph, MO), May 8, 1869.

Catlett highlighted his Civil War military service as a Confederate surgeon in an advertisement for his medical practice, suggesting that he viewed it as both laudable and marketable. Catlett’s advertisements were understated and demonstrated candor, frankness, and sincerity – traits that cultivated his image as a gentlemen physician.

Dr. Catlett did not describe the diseases he was capable of treating, but instead offered the “advantages of [his] skill and experience to the public.” This advertisement played to professional themes and did not discuss specific diseases or promise cures, complying with the dictates of the AMA’s Code of Medical Ethics. By appealing to professional services, instead of enumerating diseases, Catlett credited prospective patients by assuming that they would know doctors could diagnose and treat a variety of sicknesses.

Catlett sought patients that would trust their physician's skills enough to leave the diagnosis to the professional.

This advertisement also suggests Catlett was committed to the importance of professionalism by appealing to the middle-class patient willing to trust in that professionalism. Karen Halttunen has argued that nineteenth-century middle-class cultural mores demanded frank sincerity and candor.⁷¹ Most prized was a "perfect transparent character" that would shrink the distance between people's outward performance and their inner morals.⁷² Dr. Catlett's advertisement made straightforward claims to professional skills in the most direct and earnest means possible, with the least amount of salesmanship.

Surveying local medical advertisements from a year's worth of surviving newspapers suggests that AMA code compliant advertisements and heterodox illustrated advertisements coexisted but did not overlap. I examined 290 issues of the St. Joseph *Daily Herald* from 1876, the year of Malone's lawsuit. A self-proclaimed Republican paper, the *Herald* featured a plethora of medical advertisements, but surprisingly few were from local physicians. Instead, the majority of the medical advertisements were for mail order nostrums, mostly from New York, Boston, and Philadelphia companies. In spite of its lack of advertising diversity, the local physicians' survey confirmed the divide between those orthodox physicians compliant with the AMA's Code of Medical Ethics, and those heterodox doctors that offered more enticement than the code allowed:

⁷¹ Halttunen, *Confidence Men and Painted Women*, 52.

⁷² Ibid.

Table 1. Advertisements Compliant with the AMA Code of Medical Ethics

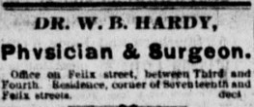
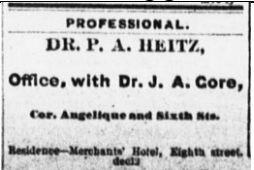
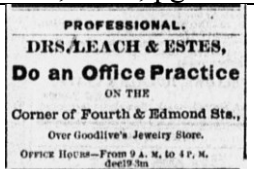
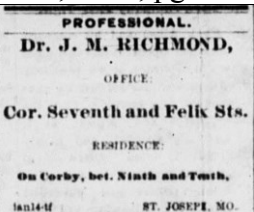
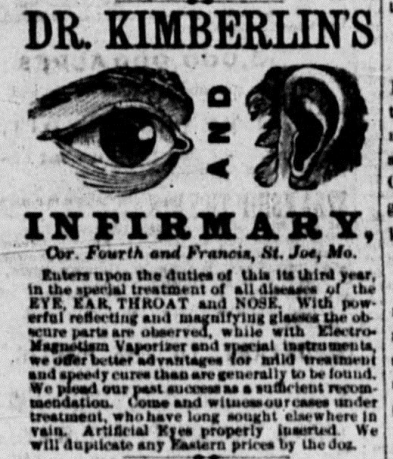

Physician	Advertisement	Days appearing in <i>Herald</i>
Hardy, W. B.	 <p><i>The Daily Morning Herald</i> (St. Joseph, MO), January 7, 1876, pg. 4.</p>	22/290 (7.6%)
Heitz, P. A. and J. A. Gore.	 <p><i>The Daily Morning Herald</i> (St. Joseph, MO), December 22, 1876, pg. 1.</p>	17/290 (5.9%)
Leach and Estes	 <p><i>The Daily Morning Herald</i> (St. Joseph, MO), December 28, 1876, pg. 4.</p>	9/290 (3.1%)
Richmond, J. M.	 <p><i>The Daily Morning Herald</i> (St. Joseph, MO), February 2, 1876, pg. 3.</p>	135/290 (46.6%)

Table 2. Advertisements Noncompliant with AMA Code of Medical Ethics

Physician	Advertisement	Days appearing in <i>Herald</i>
<p>Dr. Kimberlin</p>	 <p><i>The Daily Morning Herald</i> (St. Joseph, MO), January 7, 1876, pg. 4.</p>	<p>75/290 (25.9%)</p>
<p>Drs. Lanoix and Fairchild</p>	 <p><i>The Daily Morning Herald</i> (St. Joseph, MO), January 4, 1876, pg. 1.</p>	<p>21/290 (7.2%)</p>

Though there is not much by way of juicy verbiage, the sparse “professional” physician advertisements offer insight into how physicians promoted their practices while staying within the bounds of the AMA Code of Medical Ethics. First, with the exception of Dr. Hardy’s advertisement, the other orthodox physician’s advertisements appeared in the *Herald’s* professional services section. This meant that their names and places of business were typically not adjacent to other medical ads, but instead appeared next to local lawyers. Drs. Richmond, Leach, Estes, Gore, and Heitz did not pay to place their names alongside the various elixirs, nostrums, and home medical texts. Instead, readers saw the doctor’s names next to those of lawyers, associating the physicians by proximity with a long-standing professional occupation. Second, the number of notable local doctors absent from the newspaper’s advertising sections suggests that orthodox medical advertising might have been a short-term proposition used by newly arrived physicians. Dr. Catlett and other prominent members of the local medical society did not purchase advertisements in the *Herald* in 1876, but they were certainly practicing in St. Joseph at the time. For a local physician, advertising was most helpful in associating a practice with a particular office location. Once the community knew where a physician practiced, it might not have made much sense to purchase additional advertisements in the ephemeral daily paper. This would hold especially true for physicians that abided by the AMA’s guidelines and voluntarily refrained from salesmanship.

The local heterodox physicians that defied professional decree invariably brought up topics forbidden by the Code of Medical Ethics. For Kimberlin, suggesting prospective patients “come witness cases under treatment,” violated the patient’s confidentiality, itself a

breach of professional ethics. Even assuming that the patient consented to being a showpiece, other physicians would still have seen the exhibitionism as beyond the professional pale. In addition, the last line of the advertisement, “we will duplicate any eastern prices by the doz.,” offered readers a local source for nostrums. Kimberlin would match lower advertised East coast prices providing the reader was willing to pay for a full dozen. Though he served the local St. Joseph community, Kimberlin was well aware that he operated in a national market for patent medicine.

The Lanoix and Fairchild advertisement referenced a more volatile topic: the intersection of medicine and sexuality. Emphasizing confidentiality, the doctors billed themselves as exclusively specializing in the treatment of venereal disease, an especially risqué topic for nineteenth-century mores. The advertisement goes on to mention “female regulation pills,” which concerned physicians would have almost certainly interpreted as a thinly veiled reference to abortion inducing agents. In a speech to the Medio-Legal Society of New York in 1882, Dr. Ely Van de Werker argued that references to irregularities had a double meaning: “thus all ‘irregularities’ being removed, as advertised by these nostrums, these advertisements never fail of being as direct a bid for the attention of the pregnant woman.”⁷³ But, however morally objectionable physicians may have found abortion, Van de Werker was even more concerned about women using the pills unsupervised. “The chief source of danger,” Van de Werker wrote, “lies not in the abortion, but in the use of drugs, which are of themselves fatal poisons.”⁷⁴ In Lanoix and Fairchild’s case, a visit to the doctor

⁷³ Ely Van de Werker, “The Criminal Use of Proprietary or Advertised Nostrums,” in *Papers Read Before the Medico-Legal Society of New York from Its Organization* (New York: W. F. Vanden Houten, 1882), 78.

⁷⁴ *Ibid.*, 81.

would be more likely to result in a proper dose with adequate instructions, but from Van de Werker's perspective, even selling the poisonous drugs indicated that the supposed physician was not to be trusted.

Kimberlin, Lanoix, and Fairchild's decisions to engage in entrepreneurial advertising suggests there was a market for "irregularity" pills and other nostrums. Demands for these services existed regardless of the professional medical establishment's efforts to ban the drugs and stigmatize the practitioners that provided them. Likewise, conditions that required surgical intervention existed whether or not orthodox physicians dared to provide treatment. When individuals like Malone needed surgery, only adventurous physicians like Dr. Bishop would meet their needs.

Dr. Bishop's Therapeutic Successes and Advertising Campaign

Dr. Bishop acquired a reputation in the local newspapers as a surgeon who got results treating even the most difficult cases. Though they reported on Dr. Bishop's malpractice lawsuit, St. Joseph newspapers also popularized Dr. Bishop's professional successes. In 1874, Dr. Bishop treated Mr. W. D. Taylor, from nearby Holt County, MO, by successfully removing a "growing cancer" from Mr. Taylor's right temple. Though the surgery "inflict[ed] a deep wound," the local paper reported that "the patient, we are happy to learn, is improving rapidly."⁷⁵ The St. Joseph press had previously trumpeted Dr. Bishop's skill for removing tumors. Under the bold headline, "CANCER," the *Daily Herald* reported on two cases Dr. Bishop treated within a seven-day period, noting that "scarcely a week passes in

⁷⁵ Personal Notices, *The Holt County Sentinel* (Oregon, MO), December 11, 1874, pg. 3.

which he does not operate for this complaint.”⁷⁶ One patient travelled some sixty miles from Sabetha, Kansas, so that Dr. Bishop could remove a large cancer from his left eye; another patient, from Savannah (MO), had a tumor removed from “a most delicate part.”⁷⁷ Both patients apparently suffered only “slight pain” during their procedures, and the reporter endorsed the “great success” that Dr. Bishop had tending to cancer and “other chronic diseases,” advising patients not to lose hope for a cure “until they have consulted [Dr. Bishop].”⁷⁸ Bishop’s press notices focused on his ability to treat patients, not on his status as a professional or his standing within the local medical community. Unfortunately, there are no named authors for the articles, preventing analysis of their relationship with Bishop. None of the paper’s articles featured bylines, however, so it would be inappropriate to suggest that their anonymous authorship detracts from their evidentiary value.

Allowing these therapeutic claims to be publicized violated the AMA Code of Medical Ethics prohibition against publishing cases or operations in the news media, but the association’s only punitive leverage was its ability to suspend or expel members. As a non-member, Bishop was free to pursue whatever advertising strategy he saw fit without fear of professional reprisals. Dr. Bishop, as seen in illustration 1, emphasized disease treatment and focused his advertising on the pragmatic aspects of his practice. Based on the local paper’s coverage of his treatment exploits discussed above, Bishop possessed the therapeutic and surgical skills to back up his advertisement’s claims.

⁷⁶ Cancer, *The Daily Morning Herald* (St. Joseph, MO), May 17, 1871, pg. 4.

⁷⁷ Ibid.

⁷⁸ Ibid.

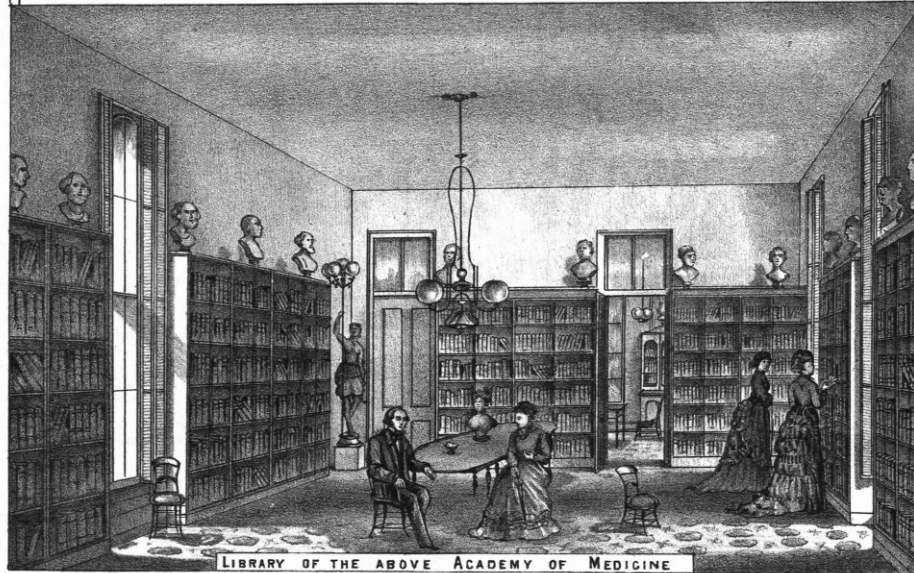


Illustration 4. Drawings from Dr. Bishop's advertising campaign, which appeared in various Illustrated Historical County Atlases published by Brink, McDonough and Company from 1876-78.

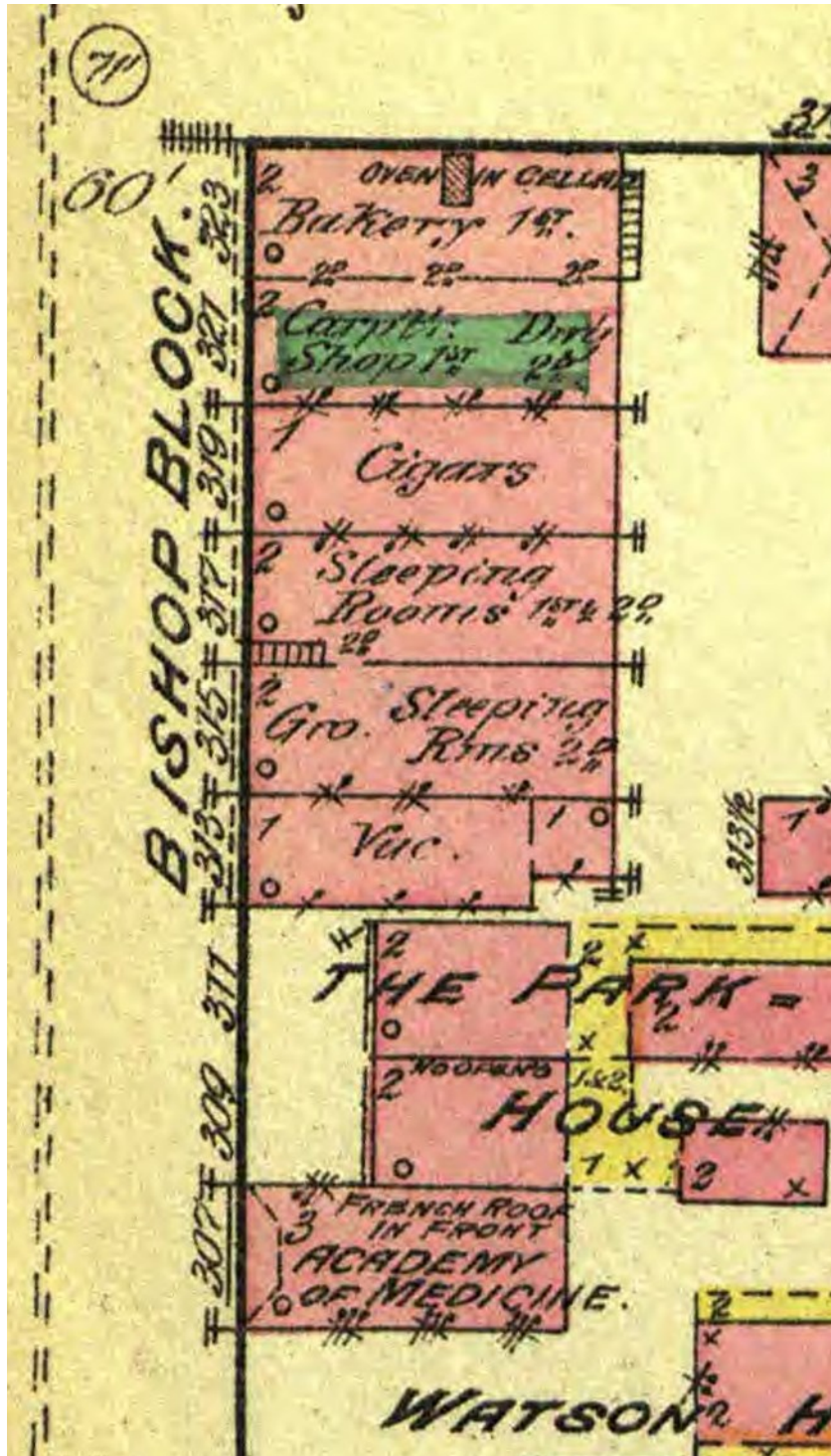


Illustration 5. Section of Sanborn Map Showing "Bishop Block" and the "Academy of Medicine" at 307 Third St. Sandborn Fire Insurance Map Company, "St. Joseph, Missouri August 1883 #7" (New York: Sandborn Map and Publishing Co., 1883).

Not satisfied with the press clippings that detailed his therapeutic successes, Dr. Bishop engaged in an aggressive advertising campaign in the late 1870s designed to popularize his medical practice and academy throughout large swaths of Missouri. Bishop placed the advertisements in a series of illustrated historical atlases published for various Missouri counties. The full-page advertisement contained the two images seen in illustration 4 and a laudatory biographical essay that portrayed Dr. Bishop as a classically trained medical innovator. (The Sanborn Map confirms that the Academy of Medicine existed where Bishop's advertisement claimed; the decorative French roof, the glass storefront, window bays, and the number of stories noted on the map are consistent with features in the preceding illustration.) The advertisements appeared in historical atlases published by Brink, McDonough, and Company in the late 1870s, including at least the following Missouri counties: Andrew (1876), Buchanan (1877), Holt (1877), Jackson (1877), Platte (1877), Putnam (1877), Clark (1878), Montgomery (1878), and Schuyler (1878).

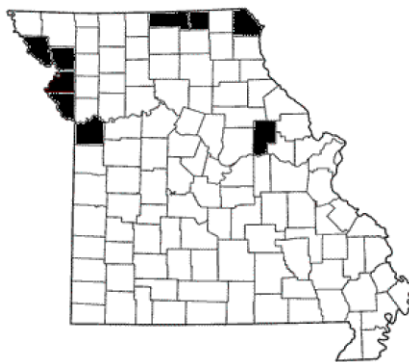


Illustration 6. Map of Missouri counties where historical atlases featured Dr. Bishop's illustrated advertisement.

Newspaper notices provide evidence that patients from communities far and near travelled to St. Joseph specifically to receive care from Dr. Bishop. Around the same time that Bishop's advertising campaign started in 1877, Mrs. Joe Hays, a Maryville resident, made the forty-two mile trip to St. Joseph to undergo Dr. Bishop's treatment for an unspecified illness.⁷⁹ In 1890, Mrs. Jake Harmon of Oregon, MO, saw Dr. Bishop for medical treatment.⁸⁰ Families even brought their children to Dr. Bishop. In 1891, Kirksville residents George Wall Smith and wife travelled 163 miles "to have two of their children treated by the noted specialist Dr. Bishop."⁸¹ Bishop's advertising increased his professional profile in the Missouri medical marketplace and attracted patients from across north and northwest Missouri.

Bishop's public profile blossomed from his heterodox advertising strategies. The lavish illustrations in the atlas were clearly a paid promotion. Research into a similar project in Minnesota found that the "historical atlas" genre was a subscription-based publishing scheme; fifteen dollars paid for a copy of the atlas and a simple, text-only biographical entry. Salespeople teamed up with artists and convinced subscribers to pay a premium to include portraits and images of their homes and farms.⁸² Dr. Bishop was not the only businessman to advertise in the historical atlases, but the majority of the other illustrated advertisements were

⁷⁹ Graham Pickups, *The Nodaway Democrat* (Maryville, MO), June 14, 1877, pg. 1.

⁸⁰ Maitland, *The Holt County Sentinel* (Oregon, MO), July 4, 1890, pg. 4.

⁸¹ Personals, *The Weekly Graphic* (Kirksville, MO), October 23, 1891, pg. 3.

⁸² Minnesota Historical Society, *Minnesota Encyclopedia* "An Illustrated Historical Atlas of the State of Minnesota, 1874" <http://www.mnopedia.org/thing/illustrated-historical-atlas-state-minnesota-1874> (Accessed September 2, 2013).

vanity pieces featuring local farms or notable city buildings. Several physicians did pay to publish biographical abstracts in the atlas, but no other physician took out a full-page illustrated advertisement designed to attract patients.⁸³ Apparently, physicians in professional organizations eschewed overt advertising as gauche, but accepted commemorative biographies that extolled the role of the physicians and the profession's service to the community. This distinction is in keeping with the spirit of the Code of Medical Ethics, which allowed restrained advertisements but rejected salesmanship. Collectively, physicians had no problem reminding the public about the social, spiritual, and moral value that the medical profession provided the community. Doctors crossed the line, however, when they promoted their personal practices at the expense of the greater medical good.

Dr. Bishop also used his advertisements to burnish his reputation as a learned physician who sidestepped the sectarian divides that fragmented nineteenth-century medicine. The advertisement claimed that Dr. Bishop owned “one of the finest medical libraries in the Western country.”⁸⁴ Bishop's library exhibited the material accoutrements of medical knowledge that validated his education and expertise in the eyes of potential patients. Possessing a liberal education was “a principal mark of rank in physicians,” according to medical education historian Thomas Bonner.⁸⁵ Bishop used his library not only to claim status as liberally educated, but also to suggest that he was not a party to the sectarian divides that plagued nineteenth-century medicine. Bishop's advertisement claimed

⁸³ *An Illustrated Historical Atlas Map of Buchanan County, MO, Carefully compiled from Personal Examinations and Surveys* (Pittsburgh, PA: Brink, McDonough, and Co., 1887).

⁸⁴ *An Illustrated Historical Atlas Map of Jackson County, MO*, 69.

⁸⁵ Bonner, *Becoming a Physician*, 205.

that “the best works of all writers of all schools are found” in his library, and that his practice embraced elements of every medical sect, because he believed that “truth exists in all [medical] systems.”⁸⁶ By emphasizing his library as an essential part of his medical identity, Bishop tried to join the ranks of educated physicians while avoiding restrictive allegiance to any one sectarian system of medical practice.

The Fruits of Professionalization

Dr. Catlett’s treatment exploits did not feature in local papers, but he appeared heavily in their coverage of emerging local medical societies.⁸⁷ On May 30, 1868, medical professionals from the surrounding area met in St. Joseph to form the Buchanan County Medical Association. The association’s founding was part of a groundswell of medical organizing activity that followed the Civil War.⁸⁸ The *Daily Morning Herald* published excerpts of the day’s speeches and noted the physicians in attendance. Dr. W. I. Heddens reinforced the association’s dual professional and social purpose, arguing that St. Joseph did not have “the advantages of medical schools and hospitals with large public libraries,” but instead offered something more important, “medical men of deep lore, exquisite skill... physicians who are whole souled and *true men* – men who are *warm-hearted, high-minded,*

⁸⁶ *An Illustrated Historical Atlas Map of Jackson County, MO*, 69.

⁸⁷ For more on the role that medical societies played in the stratification of nineteenth-century American medicine, see Rothstein, *American Physicians in the Nineteenth-century*, 198–207.

⁸⁸ M. A. Goldstein, ed., *One Hundred Years of Medicine and Surgery in Missouri: Historical and Biographical Review of the Careers of the Physicians and Surgeons of the State of Missouri and Sketches of Some of Its Notable Medical Institutions* (St. Louis: St. Louis Star, 1900), 129.

and Christian GENTLEMEN.”⁸⁹ Michael Brown, in his study of York between 1760–1850, analyzed cultural practices to show how practitioners performed the hybrid role of medical gentlemen (“medico-gentility), and argued that physicians who joined medical societies as independent gentlemen eventually “sublimat[ed] their individual identities as gentlemen in the collective identity of the medical profession.”⁹⁰ Medical professionalization in York took place much earlier than in the United States – Brown identifies the shift towards medical societies starting in the 1820s, approximately the same time that the Jacksonian democratic impulse began coursing through American medicine.⁹¹ This Jacksonian American deregulation led to a diverse, contested medical milieu. By founding medical societies, Catlett, Heddens, and other American gentlemen physicians tried to impose a morally conscious class-based order onto the medical profession.

Admittance to the medical society was not merely a test of medical skills, but also an acknowledgement from the medical community that a member met the high moral and social standards associated with being a Christian gentleman. Local and state medical societies operated in affiliation with the AMA, and shared the national organization’s moral conceptions of medical practice. Dr. Catlett was appointed to a position on the Buchanan County Medical Association’s credentialing board and subsequently became the organization’s recording secretary. The most esteemed physicians in the county trusted

⁸⁹ Medical Convention: Organization of the Buchanan County Medical Association – Address of Dr. W. I. Heddens, *The Daily Morning Herald* (St. Joseph, MO), May 31, 1868; emphasis in the original.

⁹⁰ Michael Brown, *Performing Medicine: Medical Culture and Identity in Provincial England, c. 1760–1850* (Manchester: Manchester University Press, 2011), 6–7.

⁹¹ *Ibid.*, 137–142; for the democratic impulse in Jacksonian American medicine, see Rutkow, *Seeking the Cure*, 31–60, and Starr, *Social Transformation of American Medicine*, 40–59.

Catlett to judge a prospective member's professional and social bona fides – a responsibility that confirmed his own high standing within the society. Dr. Bishop, a successful local physician, was absent from the inaugural meeting, and no records exist of his membership in any medical society.⁹² Catlett would rise from his secretarial position in Buchanan County to hold several other offices in both state and national medical associations, including the vice president's position at the Missouri State Medical Association Annual Meeting in St. Louis in 1871. Continuing to build status in the professional community, Catlett served as president of the same organization's annual meeting at St. Joseph in 1885.⁹³ Furthermore, the American Medical Association selected Dr. Catlett to serve as a delegate to an international meeting in London in 1886.⁹⁴

The same combination of medical and social skills that allowed Catlett to rise to leadership positions in professional organizations also resulted in his selection – by a politically appointed Board of Managers – to serve as the first superintendent at St. Joseph's new state sponsored lunatic asylum. Though later widely derided as warehouses for custodial care, asylum superintendent positions were prestigious appointments during the nineteenth-century.⁹⁵ In addition to being well paid, the superintendent enjoyed the benefits of being the

⁹² Keyword searches of St. Joseph area newspapers reveal no mention of Bishop belonging to any area medical societies; likewise, a search of the *Transactions of the Missouri State Medical Association* show no signs of Bishop in the following years: 1872, 1874, 1876–83, 1885–89. No evidence of presence is not evidence of absence, but given the other factors at play (Bishop's prominence, his clear adherence to heterodox or quack doctrine discussed later), the preponderance of the evidence suggests that Bishop was unlikely to have ever joined or been invited to join a professional medical society.

⁹³ Missouri State Medical Association, *Transactions of the Missouri State Medical Association* (St. Louis: E Carberas, 1887).

⁹⁴ Catlett died before actually attending the London meeting. Visscher, "A Pioneer Physician of the West."

singular authority in the asylum's day-to-day operations, and did not compete with other physicians or negotiate with patients that could take their business elsewhere.⁹⁶ Given the fiscal and professional benefits, asylum superintendent positions were highly sought after by physicians seeking a steady paycheck and a stable patient population.

Missouri state law and the conservative backlash against early Reconstruction-era Radical Republicanism converged to help Dr. Catlett win the superintendent's position. Public asylums were state funded institutions, and the laws governing asylums and their superintendents varied from state to state. In Missouri, the law required the governor to appoint an asylum Board of Managers to supervise the asylum and its resident officers – the superintendent, steward, matron, and an assistant physician.⁹⁷ By statute, members of the board were required to live within thirty miles of the asylum, and two of them had to be “practitioners of medicine.”⁹⁸ The superintendent's position, therefore, was an indirect political appointment; the governor selected a Board of Managers, and the managers in turn selected the superintendent.

The Democratic backlash against Radical Republicanism put a Democrat in the governor's mansion and put Dr. Catlett into State Lunatic Asylum #2 as superintendent,

⁹⁵ For more on asylums and their keepers, see Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840–1883* (Cambridge: Cambridge University Press, 1984); for an account of insane asylum's ability to endure despite failing in their curative mission, see David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown: 1971), 265–295; for a broader overview of asylums and mental health policy in the United States, see Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York: The Free Press, 1973).

⁹⁶ Starr, *The Social Transformation of American Medicine*, 72.

⁹⁷ Missouri General Assembly, *Laws of the State of Missouri Passed at the Adjourned Session of the Twenty-Sixth General Assembly, Begun and Held at the City of Jefferson, Wednesday, December 6, 1871* (Jefferson City, MO: Regan and Edwards, 1872), 160–165.

⁹⁸ *Ibid.*, 164.

another example of how social connections interwove with professionalizing medical practices. Silas Woodson was the sitting governor of Missouri when asylum construction finished in 1874. The first Democrat elected governor since the secessionist Claiborne Jackson, Woodson was also a longtime St. Joseph resident and a former Buchanan County judge.⁹⁹ From his experience living in St. Joseph, Woodson would have known the local social and political elites. Familiar with the local powerbrokers, Woodson appointed seven eminent St. Joseph residents to the Board of Managers, including a former slave owner and several fellow Kentuckians.¹⁰⁰ This board, in turn, selected Dr. Catlett to become the asylum's first superintendent.

Catlett's local reputation as a gentlemen physician was essential to instilling community confidence in the new asylum. Asylums often took on the personality and characteristics of their superintendent. These large institutions needed a superintendent that was willful enough to manage it but politically savvy enough to negotiate effectively with the Board of Managers.¹⁰¹ Dr. Catlett was an attractive candidate. In addition to his prestigious

⁹⁹ Missouri State Archives, *Finding Aid 3.21 Office of Governor Silas B. Woodson, 1873–1875*. <http://www.sos.mo.gov/archives/resources/findingaids/rg003-21.pdf> (accessed on September 9, 2013).

¹⁰⁰ For the former slave-holding Kentucky born lawyer Elijah Norton, see United States of America, Bureau of the Census, Eighth Census of the United States, 1860, M653, 1,438 rolls (Washington, D.C.: National Archives and Records Administration, 1860); for Allen H. Vories, another Kentucky born lawyer and first president of the asylum board, see Consolidated Lists of Civil War Draft Registration Records (Provost Marshal General's Bureau; Consolidated Enrollment Lists, 1863–1865); Record Group: 110, Records of the Provost Marshal General's Bureau (Civil War); Collection Name: Consolidated Enrollment Lists, 1863–1865 (Civil War Union Draft Records); ARC Identifier: 4213514; Archive Volume Number: 1 of 1 (Washington, D.C.: National Archives and Records Administration).

¹⁰¹ For the consequences of a weak superintendent, see Constance M. McGovern, *Masters of Madness: Social Origins of the American Psychiatric Profession* (Hanover, VT: University Press of New England, 1985), 122–126; for the pitfalls resulting from gridlock between the Board of Managers and the Superintendent, see Richard L. Lael, Barbara Brazos, and Margot Ford McMillen, *Evolution of a Missouri Asylum: Fulton State Hospital, 1851–2006* (Columbia, MO: University of Missouri Press, 2007), 55–62.

education, he had a commendable military record and a spotless reputation as a gentlemen physician accustomed to functioning within professional organizations. The *Daily Morning Herald*, a local Republican paper, was effusive about the Democratic Catlett's appointment, arguing "the board could simply have made no better selection" for superintendent. After summarizing Catlett's career, including his Civil War service as a Confederate surgeon, the paper endorsed the new superintendent's medical skills and his gentlemen's judgment: "Thoroughly versed in his profession, and upright and conscientious in the discharge of every duty, Dr. Catlett will make an efficient superintendent of the asylum, and do just exactly what he believes to be right."¹⁰² It was not enough that Dr. Catlett just execute the medical duties expected of the superintendent, or that he merely follow orders from his Board of Managers. Catlett's willingness and courage to follow his own convictions demonstrated his character and sincerity.

Different Modes of Medical Education

Both doctors continued on their respective trajectories as medical educators in St. Joseph: Bishop took on apprentices at his one-man academy, while Dr. Catlett joined the faculty at a medical college. Nineteenth-century physicians often supplemented their practice-related incomes by taking on apprentices, or, once medical schools began to dominate the field, by joining a medical college faculty. Dr. Catlett's position as superintendent at the local State Lunatic Asylum made him an obvious choice to become

¹⁰² Dr. G. C. Catlett – The Superintendent of North-Western Insane Asylum, *The Daily Morning Herald* (St. Joseph, MO), June 30, 1874.

professor of mental and nervous diseases at the newly founded St. Joseph Hospital Medical College. Dr. Bishop, in contrast, did not teach at a medical college but instead invented and marked a proprietary medical system. Denied the power of collegial affiliation, Bishop flaunted his outsider status in an effort to attract apprentices. In spite of these efforts, Dr. Bishop's medical academy did not produce many noted alumni, especially when compared to the more popular, modern St. Joseph Hospital Medical College.

Medical education was a contentious topic among physicians during the nineteenth-century. In an oft-quoted essay, the prominent physician and commentator Daniel Drake noted that, "the establishment of medical schools is a prolific source of discord in the [medical] profession."¹⁰³ The discord, however, was not about whether or not medical schools were necessary, but instead centered on competition between medical schools, and jostling between physicians for lucrative positions on a medical faculty.¹⁰⁴ In an otherwise fractious medical community, with different sects touting their particular theories and methods in the great contest for patients, the medical school model's growing dominance over the apprentice model was one area of common ground. In addition to the "regular" medical schools and colleges increasingly dotting the American landscape during the mid-nineteenth-century, the following sectarian schools also entered the fray: The Eclectic Medical Institute of Cincinnati (1842), The Homeopathic Medical College of Pennsylvania

¹⁰³ Quoted in Joseph F. Kett, *The Formation of the American Medical Profession: The Role of Institutions, 1780–1860* (New Haven: Yale University Press, 1968), 32; also in Rothstein, *American Physicians in the Nineteenth-century*, 96.

¹⁰⁴ Starr, *The Social Transformation of American Medicine*, 93.

(1848), and the Physio-Medical Institute (1859).¹⁰⁵ The medical school model was so compelling that it unified the disparate medical philosophies into pedagogic consensus. Economics made medical schools more attractive to physician-educators. Students paid lecture fees directly to faculty members, and it was more lucrative to give one lecture to a great number of students than to give many lectures to a single apprentice. Beyond lectures, a medical college faculty could share the cost of expensive cadavers required for anatomy and physiology.¹⁰⁶ From the educator's point of view, the apprentice model was expensive and inefficient when compared to the medical school's lecture halls.

As educators, both Bishop and Catlett replicated the processes that they engaged in as students, only in a much different medical context. The apprentice model, in decline when Bishop trained near mid-century, was severely outmoded by the 1870s. The medical school, in ascension when Catlett was a student, was the dominant path to medical practice during the entire latter-half of the nineteenth-century. The explosive growth in the number of medical schools reflected the model's dominance. In 1800, there were only 4 degree-granting medical schools in the United States. By 1850, there were 42. During the second half of the century, that number nearly quadrupled to 160 institutions.¹⁰⁷ Dr. Catlett's position as a faculty member at a medical school continued his orthodox trajectory, while Dr. Bishop's

¹⁰⁵ John S. Haller, Jr., *Medical Protestants: The Eclectics in American Medicine, 1825–1939* (Carbondale, IL: Southern Illinois University Press, 1994), 82–84; Norwood, *Medical Education in the United States Before the Civil War*, 416–421; Haller, *The People's Doctors: Samuel Thomson and the American Botanical Movement, 1790–1860* (Carbondale, IL: Southern Illinois University Press, 2000), 209–212.

¹⁰⁶ Rothstein, *American Physicians in the Nineteenth-century*, 87.

¹⁰⁷ For the 1800 and 1850 data, see Rothstein, *American Physicians in the Nineteenth-century*, 93; for the 1906 data, see Starr, *The Social Transformations of American Medicine*, 118.

relegation to the less lucrative – and increasingly idiosyncratic – apprentice system confirmed his heterodox status.

Dr. Catlett's role at the orthodox St. Joseph Hospital Medical College reified his professional expertise. When the medical school opened in St. Joseph in 1877, the school's board appointed Dr. Catlett to the faculty as a professor of "physiology and nervous and mental diseases."¹⁰⁸ Dr. Catlett had been the superintendent at State Lunatic Asylum no. 2 for four years at the time of his faculty appointment, and each position reinforced his qualifications for the other. As a medical college professor specializing in nervous diseases, Catlett could draw on his practical experience as a superintendent; as superintendent, Catlett could claim the latest theoretical authority through his position at the medical college.

Participating in medical education also demonstrated Dr. Catlett's commitment to increasing patient confidence in the broader medical profession. Medical schools exposed students to a large number of faculty members. Unlike the apprentice system, where one preceptor was responsible for teaching an apprentice the entire profession, medical schools allowed physicians with specialized experience (like Dr. Catlett) to lecture on their strongest subjects. The large faculty was also supposed to reach a consensus on whether or not to grant a student their medical degree.¹⁰⁹ Educational reality, however, often did not live up to these lofty standards. The same market dynamics that motivated preceptors to expedite apprentices through to their certificates also motivated medical schools to lower standards, lest they lose

¹⁰⁸ Visscher, "A Pioneer Physician," 99.

¹⁰⁹ Bonner, *Becoming a Physician*, 203–230.

students to schools that offered easier paths to the doctorate.¹¹⁰ Advertising exacerbated the competition problems between medical schools. In an effort to poach each other's students, colleges often placed ads in medical periodicals that touted lower fees and shorter times to completion.¹¹¹

In in the late 1870s, the American Medical College Association (AMCA) proposed a solution to this conundrum: schools would band together to reform medical education by standardizing their curricula. These reforms tried create uniform educational standards that would allow members to advertise their AMCA accreditation as a guarantee of quality in an otherwise uncertain market.¹¹² The St. Joseph Hospital Medical College became a part of the AMCA's fledging effort in 1880, and a year later it was one of only five schools that conferred the medical doctorate "in accordance with the [AMCA] Articles of Confederation."¹¹³ Unfortunately for the AMCA, institutional participation flagged – three member institutions "disbanded," and ten more colleges resigned their AMCA membership.¹¹⁴ Medical education reform efforts were more effective outside the AMCA, notably through curricula strengthening at elite institutions like Harvard, Pennsylvania, and

¹¹⁰ Starr, *The Social Transformations of American Medicine*, 111–112.

¹¹¹ Rothstein, *American Physicians in the Nineteenth-century*, 96–97.

¹¹² *The Association of American Medical Colleges: History of its Organization, its Constitution, By-Laws, Articles of Confederation, and List of Members* (Detroit: Free Press Job and Book Printing House, 1877), 7.

¹¹³ For membership, see *The American Medical College Association, Fourth Annual Meeting, Held at New York City, May 31st, and June 1st, 1880* (Detroit: Post & Tribune Job Printing Co, 1880), 8; for conferral of degrees, see *The American Medical College Association, Sixth Annual Meeting, Held at Cincinnati, Ohio, May 16, 1882* (Detroit: John F. Eby & Co., 1882), 5.

¹¹⁴ *Ibid.*, 4.

the upstart powerhouse, Johns Hopkins.¹¹⁵ Despite the disappointing results, Dr. Catlett and the St. Joseph Hospital Medical College tried to assist the broader medical profession in its project to standardize and improve the quality of medical education. These efforts to improve medical education affirmed Dr. Catlett's commitment to elevating the medical profession.

Dr. Bishop was not concerned with developing confidence in the profession at large, but instead sought apprentices through bold claims promoting his own proprietary system of medicine. Dr. Bishop taught apprentices at his own "Medical Academy," but unlike the increasingly popular medical schools, as a solo practitioner Bishop could not confer a medical degree. As we have seen in his private practice, Bishop did not gain his peers' professional approval, but instead developed a competing confidence strategy based on self-promotion and glowing popular media coverage. Bishop recycled this strategy for his educational endeavors by inventing and advertising his "*new system* of the Philosophy of Medicine," the "Iateria Zoopoion." ¹¹⁶ Roughly translated as "Claiming Life Giving Medicine," the Iateria Zoopoion was, according to Bishop's pigeon Greek, "...a new way of giving medicine, and out of this way lies an overarching theory of universal medicine."¹¹⁷ Bishop's decision to attach a Greek language medical mantra to his advertisement mines a similar vein as his library, establishing his education and status as a learned person in the eyes of potential apprentices.

¹¹⁵ Starr, *The Social Transformations of American Medicine*, 114–116.

¹¹⁶ Academy of Medicine advertisement, *Hoye's Sixth Annual City Directory of the Inhabitants, Manufacturing Establishments, Business Firms, Etc. in the City of St. Joseph, 1882* (St. Joseph, MO: St. Joseph Steam Printing Company, 1882), 12.

¹¹⁷ Translation courtesy of Dr. Israel Kamudzandu, Assistant Professor of New Testament Studies at the Saint Paul School of Theology, Kansas City, Kansas.

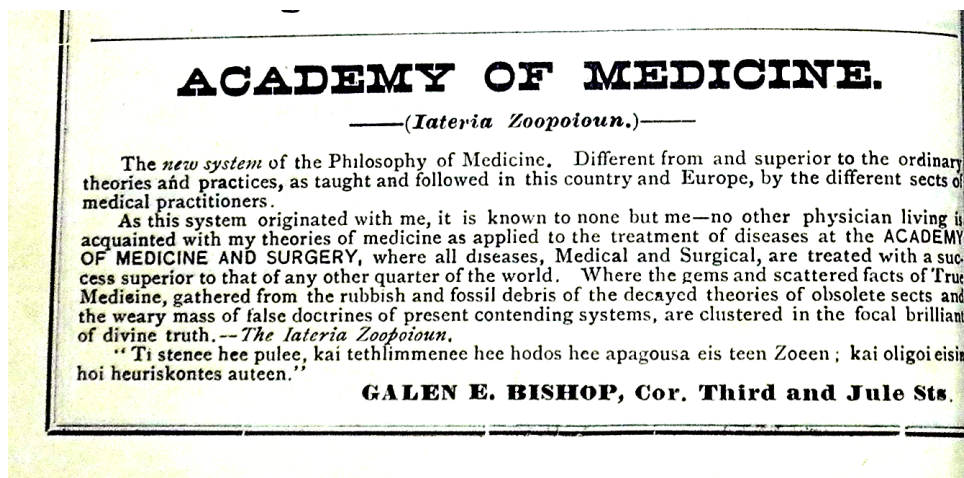


Illustration 7. Advertisement for the Bishop's Academy of Medicine (Iateria Zoopoioun), *Hoye's Sixth Annual City Directory*, 1882.

Dr. Bishop's earlier advertisements for his medical practice hinted at a medical syncretism, but this one for his medical academy propagated a radical medical philosophy that crossed into quackery. In the biography accompanying his advertisement, Bishop claimed that though "originally an allopathic [regular] physician, he has thoroughly acquainted himself with the principles of different schools and systems, and has not hesitated to adopt what he considered reasonable and good."¹¹⁸ Claiming a working knowledge of all medical sects and the ability to discern the best methods from each school would have itself been an unusually syncretic approach to practicing nineteenth-century medicine. In illustration 7, Bishop made even more radical claims, decrying "the rubbish and fossil debris of the decayed theories of obsolete sects." Bishop purportedly ignored "the weary mass of false doctrines," in favor of his unique, proprietary "Iateria Zoopoioun," which he declared

¹¹⁸ *An Illustrated Historical Atlas Map of Jackson County, MO*, 69.

was “the focal brilliant of the divine truth.”¹¹⁹ Bishop also claimed that his new system was more effective in treating diseases than all other systems, and that no other physician knew the system (or how to teach it), perhaps hoping that these extreme claims would attract prospective apprentices. These expansive hyperbolic claims were hallmarks of quackery.

Though his academy did not train near the number of doctors as the St. Joseph Hospital Medical College, Dr. Bishop did attract at least one documented apprentice who went on to become a prestigious member of the regular St. Joseph medical fraternity. Jacob Geiger, a German émigré, arrived in St. Joseph in 1856, and moved about the Midwest in search of various educational opportunities.¹²⁰ Geiger returned to St. Joseph after the Civil War, worked his way through Bryant’s Business School, and then went to work as a clerk for a local pork processing plant.¹²¹ While still working as a clerk, he began to read medicine under Dr. Bishop’s preceptorship in 1867. Geiger did not finish his medical training with Bishop, and instead saved “enough money to pay his tuition and expenses in the Medical Department of the University of Louisville.”¹²² Matriculating at Louisville was a no minor expense; in 1867, a full course of lectures cost \$240, and assorted library, dissection, and graduation fees totaled another \$40, bringing the cost of a Louisville medical degree to \$280.¹²³ This cost estimate does not include room and board, another considerable expense at

¹¹⁹ *Hoye’s Sixth Annual City Directory*, 12.

¹²⁰ M. A. Goldstein, ed., *One Hundred Years of Medicine and Surgery in Missouri*, 252.

¹²¹ *Ibid.*

¹²² *Ibid.*

¹²³ Faculty of the Medical Department of the University of Louisville, *Thirty-First Annual Announcement of the Medical Department of the University of Louisville, Session 1867–8, with a Catalogue of Students for Session 1866–7*. (Louisville, KY: Bradley and Gilbert, 1867), 3.

\$4–\$6 a week.¹²⁴ After his time away in Louisville, Geiger returned to St. Joseph and worked as both a general practitioner and a surgeon. Embracing the orthodox professional route, Geiger went on to prestigious posts at the St. Joseph Hospital Medical College and a later appointment as President of the Missouri Medical Association.¹²⁵ His decision to leave Bishop’s tutelage in favor of Louisville suggests that apprenticeship did not provide a sufficient, competitive medical education in nineteenth-century Missouri. Geiger apprenticed well before Dr. Bishop delved into educational quackery, but he still thought it wiser to incur the considerable expense of relocating to Louisville for a medical degree rather than settle for a preceptor’s certificate.

The Effects of Orthodox Hegemony on Medical Memory

It is difficult, from a modern perspective, to parse out which nineteenth-century medical practitioners were “quacks,” and which merely ended up on the wrong side of the orthodox divide. Norman Gevitz, a contemporary medical historian, has argued that most nineteenth-century heterodox healers are considered quacks today, but that the distinction was not so clear before regular physicians assumed unquestioned dominance over medicine. Gevitz suggests that, “throughout American history, certain individuals...stand out in this class [quacks], perhaps because of their flamboyance, the outrageous nature of their claims, and the extent of their success in attracting clients, making money, or both.”¹²⁶ Another

¹²⁴ Ibid., 8.

¹²⁵ E. J. Goodwin, *A History of Medicine in Missouri*, 209.

¹²⁶ Gevitz, “Three Perspectives on Unorthodox Medicine,” 2–3.

contemporary medical historian, William Rothstein, draws a thicker line between quacks and heterodox physicians. Rothstein saw quacks as “nostrum vendors, patent medicine manufacturers, perpetrators of mail fraud... [that] were clearly distinguished from physicians.”¹²⁷ Both Gevitz and Rothstein see orthodox and heterodox physicians as distinct from quacks, and as Rothstein stated, “in scientific matters like specialization and public health, [orthodox and heterodox physicians] adopted similar practices and cooperated.”¹²⁸ Bishop, a self-professed heterodox practitioner promulgating an esoteric proprietary medical system, certainly met several of Gevitz and Rothstein’s quack criteria. In spite of his heterodox philosophies, Bishop’s longtime practice in St. Joseph and litany of therapeutic successes suggest that his patients did not consider him a quack. Unfortunately for Bishop, the structural forces teetering between open market medical practices and professional regulation tilted in orthodoxy’s favor, privileging institutional memories that hold their pitch much longer than the relative murmur of popular approval.

The social and professional barriers that separated Catlett and Bishop in life continued to do so in death. George Catlett died in 1886, months before he was due to serve the AMA as “a delegate to foreign [medical] societies” in the United Kingdom.¹²⁹ Catlett died at age 58, and according to a contemporary obituary was “full of professional honor such as few men attain... yet [he] would have attained even more distinguished honors but

¹²⁷ Rothstein, *American Physicians in the Nineteenth-century*, 22–24.

¹²⁸ Ibid.

¹²⁹ American Medical Association, “House of Delegates Proceedings,” *The Journal of the American Medical Association* 6, no. 22 (May 29, 1886): 601–612.

for having been cut off, by an acute disease that baffled all skill.”¹³⁰ Dr. Bishop lived twenty years longer than Catlett, but did so in much greater anonymity, dying in 1902 at the age of 78. Bishop did not receive a fawning career retrospective, as Catlett did in *The Magazine of Western History*, nor did Bishop’s professional peers remember him for posterity. Dr. Catlett was commemorated in the annals of the American Medical Association, the Missouri Medical Association, in Atkinson’s *The Physicians and Surgeons of the United States*, and in Goodwin’s *A History of Medicine in Missouri*.¹³¹ Bishop only appears once in these professional medical histories, receiving a passing mention in his former apprentice Dr. Geiger’s biographical essay.¹³²

Dr. Catlett’s memory was secured by his decision to embrace professional orthodoxy. The regular physician’s heirs came to dominate medicine in the twentieth-century and transformed the social perception of its practice. No longer are doctors a mix of classes, because the very act of becoming a physician in early twentieth-century America conferred at least a veneer of social status and class.¹³³ Shaping past histories became a part of the medical profession’s early confidence project, as physicians sought to legitimate their sectarian predecessors in an effort to validate their professional lineage. In Missouri, the publication of two medical histories – Goldstein’s *One Hundred Years of Medicine and*

¹³⁰ Visscher, “A Pioneer Physician,” 99.

¹³¹ American Medical Association, “House of Delegates Proceedings”; Missouri State Medical Association, *Transactions of the Missouri State Medical Association*; William B. Atkinson, ed., *The Physicians and Surgeons of the United States*, 294.

¹³² Goldstein, *One Hundred Years of Medicine and Surgery in Missouri*, 252.

¹³³ Starr, *The Social Transformation of American Medicine*, 74–76.

Surgery in Missouri and Goodwin's *A History of Medicine in Missouri* – at the turn of the century illustrated that the trend to catalog and commemorate coincided with physician's wholesale class ascendancy.¹³⁴ Each tome contained a broad narrative account of the history of medicine in Missouri, including descriptions of important physicians, medical colleges, and medical societies. Not surprisingly, the Goodwin history, written with the assistance of the Missouri State Medical Association, recounts only the tales of regular orthodox physicians. In contrast, Goldstein celebrated not only Missouri's orthodox medical history, but also offered a chapter on the history of homeopathy and eclecticism in Missouri.¹³⁵ While certainly a step in a more inclusive direction, the diminutive chapter covers homeopathy and eclecticism in only eleven pages. For a 360-page book, eleven pages seems a paltry sum; memorializing the significant heterodox presence in the state in such a small space reflected the lingering low regard for heterodox practitioners.

There is also a structural explanation for Dr. Bishop's relative lack of contemporary prominence. Orthodox practitioners eventually monopolized professional medicine, in part, through organizations like the AMA. Abraham Flexner's book length report on the state of medical education, published in 1911, led to the closure of many marginal medical schools and positioned the AMA as the de facto "national accrediting agency for medical schools."¹³⁶ (Catlett's former college, St. Joseph Hospital Medical college, was renamed Ensworth

¹³⁴ Goodwin, *A History of Medicine in Missouri*; Goldstein, *One Hundred Years of Medicine and Surgery in Missouri*.

¹³⁵ Goldstein, *One Hundred Years of Medicine and Surgery in Missouri*, 133–144.

¹³⁶ For a concise history of the Flexner Report, see Starr, *The Social Transformation of American Medicine*, 117–127.

Medical College in 1888. It received a poor rating from Flexner before closing in 1914.)¹³⁷ The AMA achieved hegemony over medical education in the United States and used this position to create an orthodox monopoly over medical schooling, preventing practitioners from the sectarian margins from formally educating the next generation.¹³⁸ Consequently, medical sects like homeopathy and eclecticism were increasingly denied access to the professional sphere. Homeopathic traditions did not end, but became largely lay or amateur movements in America.¹³⁹ Thus, modern orthodox medicine has removed any possibility of a medical fringe; where there was once a spectrum between orthodox practices, sectarian practices, and quackery, now there is only a binary worldview of medicine and quackery. Eliminating the medical fringe in the present anachronistically transported this view backwards into the past – there are no professional heterodox practitioners left to tell their ancestor’s stories.

And yet, Dr. Bishop is not lost – his advertising heterodoxy, newspaper popularity, and advocacy for a radical proprietary new “philosophy of medicine” all attest that his heterodox strategies left a substantial footprint in St. Joseph. Bishop’s career trajectory, from apprentice-trained allopath to proprietary quack, suggests that there were successful alternatives to Dr. Catlett’s strategy of buttoned-up Victorian morality. Dr. Bishop’s medical

¹³⁷ Council on Medical Education and Hospitals, *Medical Colleges of the United States and of Foreign Countries 1918* (n.p.: American Medical Association, 1918), 11.

¹³⁸ The major exception to the medical homogeneity is Osteopathy, A. T. Still’s late arriving medical system that remains with us today. For more on Osteopathy, see Norman Gevitz, *The DOs: Osteopathic Medicine in America*, 2nd ed. (Baltimore: Johns Hopkins University Press, 2004).

¹³⁹ Martin Kauffman, “Homeopathy in America: The Rise and Fall and Persistence of a Medical Heresy,” in *Other Healers: Unorthodox Medicine in America*, ed. Norman Gevitz (Baltimore: Johns Hopkins University Press, 1988), 99–123.

patter would not appeal to middle-class Victorian Americans due to their fear of hypocrisy and the confidence men that peddled it, but that was not his aim. Bishop likely concluded that patients concerned with maintaining gentlemanly social standing would not seek his services, and that he would never be admitted into membership among the St. Joseph medical elite. Given those constraints, Bishop constructed a practice that appealed to a different type of patient, like the unfortunate Mr. Malone, who needed a procedure that conservative physicians considered impossible in provincial St. Joseph.

The result of Mr. Malone's malpractice lawsuit against Dr. Bishop concludes the story of the quack on trial. After two days of testimony, the attorneys completed their closing arguments and the presiding judge charged the jury with instructions on how to adjudicate the case.¹⁴⁰ Considering all the evidence, including Dr. Catlett's testimony that denied the possibility of successful cataract surgery in St. Joseph, the jury had to decide whether to hold Bishop liable for ruining Malone's sight. The judge's instructions tasked the jury with determining if Bishop displayed "a want of competent and ordinary care and skill..." that led to "a bad result."¹⁴¹ After eleven hours of deliberations, the jury was unable to reach a verdict, forcing the judge to declare a mistrial.¹⁴² Dr. Catlett and the medical professionals had not conclusively demonstrated that Dr. Bishop overstepped his skills.

The hung jury did not condemn Dr. Bishop, but it did not exonerate him, either. That task fell to the jury at Malone's second trial in January 1877. This second jury made up its

¹⁴⁰ Malpractice Case: The Instructions of the Court – Jury Out Eleven Hours and No Verdict, *The Daily Morning Herald* (St. Joseph, MO) February 4, 1876, pg. 1.

¹⁴¹ Ibid.

¹⁴² Jottings, *The Daily Journal of Commerce* (Kansas City, MO), April 22, 1876, pg. 4.

mind much quicker than the first. According to newspaper reports, “after being out only a short time, [the jury] brought in a verdict for the defendant.”¹⁴³ Shrugging off the incident, Bishop continued to practice in St. Joseph for twenty-five more years before dying in 1902. Upon hearing of his demise, a nearby paper remembered simply that Galen E. Bishop was “a number of years ago...one of the leading surgeons in this section of the state.”¹⁴⁴

Ultimately, Bishop’s successful medical practice complicated the purported physician / quack dichotomy. Respected by his patients but a pariah among his professional peers, Bishop’s prosperity confounded Roy Porter’s argument that “quackery never prospers, for if and when it does, it becomes termed medicine instead.”¹⁴⁵ Bishop did prosper, but his prosperity never alchemically transformed from quackery into medicine. If anything, his trajectory went the opposite direction. Galen Bishop’s heterodox career illustrated that holding certain quack beliefs – advertising them, even – was not mutually exclusive with the successful practice of medicine.

¹⁴³ Circuit Court – Proceedings Yesterday, *The Daily Morning Herald* (St. Joseph, MO) January 19, 1877, pg. 4.

¹⁴⁴ The Holt County Sentinel (Oregon, MO), July 18, 1902, pg. 5.

¹⁴⁵ Roy Porter, *Health for Sale*, 237.

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VITA

Matthew Arthur Reeves was born and raised in Columbia, Missouri. He graduated from the Idyllwild Arts Academy (CA) in 2002 with a certificate in visual arts. Following in his parent's footsteps, he enrolled at Central Methodist University, a small liberal arts college located in Fayette, Missouri. During his time at Central he was active academically and socially; he pledged the Alpha Phi Gamma social fraternity (Mokers) in 2006, and later joined the Pi Gamma Mu social science honor society. Mr. Reeves graduated in 2008 with a bachelor's of arts in Sociology. His work within the fraternity was recognized with the prestigious "Moker of the Year" award, and his scholarly efforts earned him the Dr. Robert Barker Sociology Award and the Judge Andrew J. Higgins Award in Pre-Law Studies.

Deciding against pursuing a legal degree, Mr. Reeves instead worked for several years at Alternative Community Training (ACT), a Columbia-based company that serves adults with developmental disabilities. After a multiyear career at ACT that included both direct-care and managerial roles, he decided to return to the academy. Working for adults with disabilities piqued his interests in the history of health, medicine, and disability.

Mr. Reeves enrolled at the University of Missouri-Kansas City in the fall of 2011 to pursue an advanced degree in history. The following year he won departmental appointment as a teaching assistant, and the School of Graduate Studies recognized his work in the classroom with a Superior Graduate Teaching Assistant Award. Mr. Reeves's early research on Dr. George Catlett received the 2013 Louis Watson Potts Best Regional History Prize. Upon completion of his degree requirements, he plans to continue at the University of

Missouri-Kansas City, working towards the doctorate of philosophy in history and the public humanities. His interests in the cultural construction of health, illness, and medicine will continue to inform his future scholarship.

Mr. Reeves is a member of the Organization of American Historians, the American Association for the History of Medicine, the National Council on Public History, and the State Historical Society of Missouri.