

INTRODUCTION

All History becomes subjective: in other Words there is properly no History, only Biography.
Ralph Waldo Emerson

It is the Abnormal which arouses theoretical interest in the Normal. Norms are recognized as such only when they are broken. Functions are revealed only when they fail. Life rises to the consciousness and science of itself only throughout maladaptation, failure, and pain.
Georges Canguilhem

Edward Jarvis's *Autobiography* (completed in 1873) was dictated, in the third person when he was seventy, to his wife, Almira (1804–1884), a silent figure who was an *alter ego* throughout their marriage. It gives a retrospective view of his life, is a reworking of the diaries he kept as a young man, and an interesting document of re-written, oral autobiography, but it is not a “confession” in the Starobinski/Rousseau sense, nor an evident psychohistory. It provides a reassuring self-image of a doctor looking back on his earlier life and on the disappointments and frustrations of a medical profession whose acquired norms were tragically contradicted by reality.

Edward Jarvis (1803–1884) was the fourth of seven children of a farmer of modest means in Concord, Massachusetts. Between 1820 and 1826 he studied at Harvard, where his friends and room-mates were the future historian and theorist of Jacksonian democracy Richard Hildreth (1807–1865), who was studying law, and the future Unitarian theologian George Washington Hosmer, who was then a student of the Divinity College.

In the period of panic and economic depression between 1837 and 1842 he was forced to abandon his dreams of joining the Boston medical establishment, and he went to work in Louisville, Kentucky. It was there that he reached maturity in a society where racial prejudice was accepted as normal.

Jarvis belonged to the generation of intellectuals who, between 1848 and 1860, tried to cope with the profound cultural conflict which led from the crisis of the Union to the Civil War. This, apart from a brief reference to his statistical essay on the conditions of health of the Union Army, is not mentioned in the *Autobiography*. The omission is part and parcel of the limits he imposed on himself as a result of the unexpected revival of memories and dreams. All that he leaves unsaid poses the question of why a psychiatrist actively engaged, like the young Thomas Story Kirkbride (1809–1883), in forward-looking forms of treatment should write his account in the third person avoiding the intimate first person which he had used in his diaries. If Jarvis's autobiography was completely normal within the cultural context in which it was written, it was at the same time anomalous in its contents; we are shown both the mask and the face of its author, an ambivalence which is worth exploring at close range.

Jarvis's *Autobiography* has remained unpublished, although the manuscript seems to have been prepared for publication. Other original documents also exist: his diaries, notes made on journeys, and the more personal correspondence addressed to his wife, Almira. At Concord, Massachusetts, the Free Public Library has carefully preserved the memory of Jarvis's childhood and adolescence, his life as a young man, and his cultural roots.

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Among the most illuminating documents for an understanding of his personality are the diaries, written in his own hand, and sometimes difficult to decipher; the letters to Almira, transcribed with loving care by Almira herself; part of the correspondence and records of contacts, direct or indirect, with a wide range of European cultural figures (for example Adolphe Quetelet (1796–1874), William Farr (1807–1883), Florence Nightingale (1820–1910)); and correspondence and record of contacts with such notable Americans as Ralph Waldo Emerson, Dorothea Dix, Horace Mann, Thomas Story Kirkbride, Joseph Camp Griffith Kennedy, Charles Sumner, John Albion Andrew, Charles Francis Adams and Josiah Quincy. The *Autobiography*, however, was donated to Harvard College and is today held by the Harvard Houghton Library.

All this material should be seen as complementing an autobiography that recounts personal events in an impersonal style which expresses a certain detachment from the lived experiences of the past, and a certain self-imposed austerity. This is what makes it appropriate to publish a edition of the *Autobiography* accompanied where possible by quotations from other surviving personal documents. What we have is the psychological journey through life of a self-made psychiatrist faced with the tragic evidence of disease, and of social and economic problems. There is little, either in the *Autobiography* or in the other documents, on strictly clinical problems, but much on the political and ethical models which led Jarvis to interest himself in social statistics and to choose psychiatry as his specialty. It does not present the kind of problem tackled in *Using biography* by William Empson, or faced by Loren Schweininger in the autobiography of James Thomas, an ex-slave of Nashville, an abandoned son of an eminent judge of Tennessee, an individual and a world very different from Jarvis and New England even though virtually contemporary.¹ In Jarvis's autobiography we are faced with the problem of "understanding" the interplay of mask and face, and the ambivalence of memory and the past. The result is a self-portrait whose contradictions are implicit in the attempt at an objective approach. It is the work of an elderly man who contemplates himself through the memory of the emotions of his younger days evoked by documents of his past. He looks back on that obscure background which tormented his adolescence and young adulthood, from which he managed to escape through self-education and a conscious development of self. He filters the achievements of his present life through his memories of the past.

Edward Jarvis's *Autobiography* is in many ways the product of an environment and culture fairly typical of New England, which his self-portrait mirrored. It also constitutes an area of the private *Weltanschauung*, a typical model of an ethos and of a generation which produced such a huge number of diaries, and, that equally personal literary genre, autobiographies. Many of these writings make more entertaining reading and conceal fewer puzzling complexities than that of Jarvis.

It is for this reason that the *Autobiography* needs to be rounded by the diaries and the letters, which express more authentically aspects of his personality which the autobiographical reconstruction tones down: anxiety and existential doubt, frustration in his profession, a search for authenticity in the midst of annoyance at the limitations of his

¹ *From Tennessee slave to St. Louis entrepreneur: the autobiography of James Thomas*, ed. Loren Schweininger, Columbia, University of Missouri Press, 1984; cf. William C. Hine, 'A journal of the middle period', in *Civil War Hist.*, 1985, 31(1): 83–4.

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financial means, and of his cultural models, a certain compensatory megalomania, but also pathos, the ability to feel and to understand romanticism and rationality.

THE PSYCHOHISTORY OF A SELF-MADE PSYCHIATRIST

The *Autobiography* of Edward Jarvis, which is probably a close imitation of the *Life of John Collins Warren* compiled by Edward Warren, was written in 1873. It differs in a number of respects from the autobiography (1853) of the Philadelphian physician Charles Caldwell (1772–1853), a volcanic personality whom Jarvis must certainly have known at Louisville, even though he never mentions him. It differs too from the later, posthumous autobiography (1887) of Samuel David Gross (1805–1884), a prestigious physician well-known for his book *Lives of eminent American physicians*.²

The two most fundamental differences are: first, that Jarvis's *Autobiography* was dictated by its author and remained an unpublished manuscript, and second, that he intentionally avoided the subjective approach thus concealing both his true self and his motives for writing his life story.

It is interesting to contrast Jarvis's manuscript with Charles Caldwell's book, in which the author is constantly present as the first person narrator, as well as being culturally more at ease and displaying undeniable literary qualities. Caldwell was cheeky, arrogant, and paradoxical; he possessed an irresistible sense of humour, was passionate in both his life and work, and was an extremist in everything. He was exuberant and candid about his loves, and hates: one of whom was Benjamin Rush (1745–1813), another author of a posthumously published autobiography. Caldwell was a *bon vivant*, testing more pretty women on his European journeys than epidemic parasites. In total contrast to Jarvis, Caldwell lives in his writing where memory and the past are not kept separate. For this reason, he is very explicit about his model, the autobiography of Benjamin Franklin, because "the best historian is he who is historian of himself".³

In 1873 when Edward Jarvis started to dictate his autobiography, that of John Stuart Mill (1806–1873), written between 1853 and 1856, was published in London. Even if Jarvis did not read this, he moved in the same circles and the same intellectual world of Benthamite Utilitarianism which was so familiar to those who were interested in social statistics. A few years previously, one of the great figures whom Edward met on his journey to London, the eccentric, famous and typically Victorian Henry Brougham (1778–1868), who had been Lord Chancellor of England, wrote his autobiography, rather less lucid than his famous speeches in Parliament and in the law courts, before dying in his nineties at Cannes.

² *Life of John Collins Warren*, 2 vols, Boston, Mass., Ticknor and Fields, 1860. *Autobiography of Charles Caldwell, M.D.*, Philadelphia, Lippincott, Grambo and Co, 1855; reprinted with a new introduction by Lloyd G. Stevenson, New York, Da Capo Press, 1968. The autobiography of Samuel D. Gross ends in February 1884, cf. *Autobiography of Samuel D. Gross, with sketches of his contemporaries*, edited by his sons, Philadelphia, George Barrie, 1887. Like Jarvis's *Autobiography* it begins with a dream, but a distressing one because it is concerned with death and burial. On Philadelphia cf. vol. I, pp. 29 and 32; cf. also his *Lives of eminent American physicians and surgeons of the nineteenth century*, Philadelphia, Lindsay and Blakiston, 1861.

³ "Of that wonderful man the biography written by himself—plain, simple, and unlabored, as it is—contains, notwithstanding, an amount of philosophical teaching, tenfold more abundant, genuine, and useful, than could have been incorporated in it, by all the other biographers on earth. It is hardly sufficient to call that composition the autobiography of Franklin." Cf. *Autobiography of Charles Caldwell*, op. cit., note 2 above, p. 19. Francis R. Packard, in his *History of medicine in the United States*, New York, P. B. Hoeber, 1931, vol. I, p. 487, comments on Caldwell's volcanic personality. For Benjamin Rush, see *The autobiography of Benjamin Rush*, ed. George W. Corner, Princeton, published for the American Philosophical Society by Princeton University Press, 1948.

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Is there a connection between this widespread fashion for writing autobiographies, the specific model of previous autobiographies of physicians, and this anomalous autobiography of Edward Jarvis? Certainly an interest in self-history or diary, like self-portraiture or autobiography, formed part of a whole culture.

In the Boston circle which was closest to Jarvis, Samuel Hoar (1778–1856) wrote an *Autobiography of seventy years*, which was later published posthumously in 1903. Henry Ingersoll Bowditch (1808–1892) left diaries and letters which were published by his son in 1902. The former child prodigy Theodore Parker (1810–1860) left a journal as well as a massive output of letters and sermons, among which, according to some scholars, lies the origin of Lincoln's dictum "Government of the People, by the People, for the People". Another ex-child prodigy, Andrew Preston Peabody (1811–1893) poured out his ego in 190 publications. Charles Francis Adams (1807–1886) left diaries and correspondence which are still keeping historians busy even after the seven volumes already published. His son Charles Francis (1835–1915), who was also a relative of John Quincy Adams, left an autobiography in his turn, and James Kendall Hosmer (1834–1927), son of Edward Jarvis's closest friend, bequeathed his autobiography to the Minneapolis Historical Society.

From the extensive women's writing of this generation may be mentioned *The record of a school*, about A. Bronson Alcott's Temple School in Boston, written by Elizabeth Peabody and published in 1835. Almost all the writings of Margaret Fuller Ossoli are autobiographical, and her memoirs were published in 1852 by James Freeman Clarke with the help of Ralph Waldo Emerson and William Ellery Channing.⁴ *Eighty years and more* by Elizabeth Cady Stanton (1815–1902), published in 1898, with its vivid evocation of her feminist battles in 1848, is another autobiographical work.

The dreamlike quality of much Victorian poetry imported from Europe, and the furore and interest raised by Thomas De Quincey's *Confessions of an opium-eater*, published in London in 1822, and in Boston in 1854,⁵ had an impact on America. As did the hundreds of thousands of European immigrants from different cultures, seeking a new Jerusalem across the Atlantic and an escape from the rancours and bitterness of their origins. Once in America, their hope often turned to disillusionment, and, although moral therapy or the

⁴ Cf. *Memoirs of Margaret Fuller Ossoli*, Boston, Phillips, Sampson, 1852, microfilms, Harvard University Library; *Memoirs of Margaret Fuller Ossoli*, with notices of her life by J. F. Clarke, R. W. Emerson, and W. H. Channing, 2 vols, Boston, Robert Brothers, 1881, re-issued, New York, B. Franklin, 1972; *The letters of Margaret Fuller Ossoli*, edited by Robert N. Hudspeth, Ithaca, Cornell University Press, 1983; *Love-letters of Margaret Fuller Ossoli, 1845–1846*, with an introduction by Julia Ward Howe to which are added the reminiscences of Ralph Waldo Emerson, Horace Greeley and Charles T. Congdon, New York, AMS Press, 1970; Margaret Fuller Ossoli, *Essays in American life and letters*, edited by Joel Myerson, New Haven, College and University Press, 1977; *idem*, *At home and abroad: or, Things and thoughts in America and Europe*, ed. Arthur B. Fuller, Boston, Crosby, Nichols, 1856; *idem*, *Woman in the nineteenth century, and kindred papers relating to the sphere, condition and duties of woman*, ed. Arthur B. Fuller, Boston, Roberts Brothers, 1893, re-issued, Columbia, University of South Carolina Press, 1980. Cf. Cheryl Cline, *Women's diaries, journals and letters. An annotated bibliography*, New York and London, Garland Press, 1989.

⁵ *Confessions of an opium-eater*, London, Taylor and Hessey, 1822; Boston, Ticknor, Read and Fields, 1854. On the topic see also the bibliography in Alethea Hayter, *Opium and the romantic imagination*, Berkeley, University of California Press, 1968; David T. Courtwright, *Dark paradise: opiate addiction in America before 1940*, Cambridge, Mass., Harvard University Press, 1982; *idem*, 'Opiate addiction as a consequence of the Civil War', *Civil War Hist.* 1978, 24: 101–11; Arthur Hyatt Williams, 'The ancient mariner: opium, the saboteur of self-therapy', *Free Associations*, 1986, n. 6, pp. 123–44; Grevel Lindop, *The opium-eater: a life of Thomas De Quincey*, London, J. M. Dent, 1981; R. Walter Custey, et al., 'Survey of opiate addiction among females in the United States between 1850 and 1970', *Publ. Health Rev.* 1972, 1: 5–39.

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highly popular derivatives of opium became less and less effective as remedies for depression, malnutrition, infections and alcoholism,⁶ opium-induced dreams of paradise were common cultural themes, not simply a passing fashion. They frequently resulted in the most extreme expression being given to memory, individual experiences, and personal histories.

None the less, the question remains as to why Edward Jarvis decided at the age of seventy to turn to his diary notes and to his letters, and dictate his autobiography. At the time he was writing, it would have been possible for him to have read Charles Caldwell's autobiography, which in no way resembles Jarvis's labours in terms of content, but the form is almost identical. It begins with a description of childhood, goes on to education, problems of work and career, then to journeys, and ends with a list of publications. The two men had nothing in common other than the medical profession. Even here, Charles Caldwell shone more; and achieved greater fame among his contemporaries, and greater success in his neurotic desire to assert his supposed superiority, the cause of violent polemics. They did, however, share a romantic scorn of mediocrity, and of everything that made life second-rate. Both had a certain self-centredness which caused psychological problems in their relationships with others. Whether or not Edward Jarvis was influenced by the precedent of Charles Caldwell's autobiography is difficult to know. However, more than in his other writings, Jarvis was completely absorbed in the task of talking about himself, and he never mentions Caldwell.

It would seem that there were two people who provided the main inner supports to Jarvis's life. To them perhaps Jarvis owed the fact that he would not be forgotten by history and would finally gain more recognition in the future than his contemporaries had granted him.

The first was Jarvis's wife, Almira, who was also born in Concord. She was present psychologically and physically throughout the whole of Edward's adult life, and in fact was already his companion in adolescence. Hers is an image of tenderness and silence: a great love, persevering, profound, delicate, romantic, and reciprocal. A silent *alter ego*, Almira was the source of emotional equilibrium for Edward, his principal correspondent and the worthy copyist whose labours save the reader of a century later from the minute and sometimes illegible handwriting of her husband. Almira was capable of giving formidable support to Edward even when he started to bring patients to live in his house, an approach which could be described as an early form of family-group psychotherapy. She was perhaps helped here by the experience she acquired when two close relatives among the Hunts of

⁶ Cf. Gerald Grob, *Edward Jarvis and the medical world of nineteenth-century America*, Knoxville, University of Tennessee Press, 1978; *idem*, *Mental institutions in America: social policy to 1875*, New York, Free Press, 1973; *idem*, *The state and the mentally ill. A history of Worcester State Hospital in Massachusetts, 1830–1920*, Chapel Hill, University of North Carolina Press, 1966; *Immigrant and insanity: dissenting views 1883–1914*, ed. G. Grob, New York, Arno Press, 1980; *Massachusetts Commission on Lunacy, 1854. Insanity and idiocy in Massachusetts: Report of the Commission on Lunacy, 1855*, by Edward Jarvis, a critical edition by Gerald N. Grob, Cambridge, Mass., Harvard University Press, 1971. Cf. also Barbara Gutmann Rosenkrantz, 'Booby-hatch or booby-trap: a new look at nineteenth-century reform', in *Social Research*, 1972, 20:733–43; *idem*, *Public health and the state: changing views in Massachusetts, 1842–1936*, Cambridge, Mass., Harvard University Press, 1972; Charles Rosenberg, *The cholera years: the United States in 1832, 1849 and 1866*, University of Chicago Press, 1962; Nancy Tomes, *A generous confidence: Thomas Story Kirkbride and the art of asylum keeping 1840–1883*, Cambridge University Press, 1984; John Harley Warner, *The therapeutic perspective: medical practice, knowledge and identity in America, 1820–1885*, Cambridge, Mass., Harvard University Press, 1986.

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Concord committed suicide, one of whom, Martha Hunt, is described in the *Blithedale romance* by Nathaniel Hawthorne under the name of Zenobia, who has been wrongly seen as modelled on Margaret Fuller. After a long life together, from adolescence to old age, Almira survived Edward by just two days, and was buried beside him on 5th November 1884 in Sleepy Hollow Cemetery at Concord, the true home of them both. This parallelism emphasizes the strength of a psychological and emotional symbiosis which lasted virtually a lifetime.

The second person of great importance to Jarvis, Ralph Waldo Emerson (1803–1882), was very different but had deep roots in the spiritual, human and cultural common ground of Unitarian Transcendentalism. Emerson was born the same year as Jarvis, and died a year earlier. He had a different kind of sensibility and the stature of the two men is not comparable. They had infrequent meetings but shared a common ethic. The person who acted as the link between them was the Unitarian pastor Ezra Ripley (1751–1841), an intimate friend of Emerson, whom Jarvis continually cites.

In January 1832 Jarvis wrote in his diary, in his difficult handwriting, “I confess this day-dreaming is wrong”.⁷ Since November of the previous year, the diary had been interrupted by much “anxiety”,⁸ as he explains in three pages of hieroglyphics, doubts and attempts at self-discipline:

My mind is in undisciplined state. I have accustomed myself from early youth to day-dreaming. I delight to revel in reveries, in imagining myself in certain conditions, with certain means of doing good and in power, in affluence, in respectability. This has unhinged my mind. I find my eyes on any book, my thoughts far from it. My subjects are far from being well diges[illegible] my cures well studied out. In these reveries my thoughts in their creation have always created for me a pure character one with industry, energy, talent virtue means [illegible]. Some good has arisen from this, for this has been my conception of a perfect character, which has tended to fix my moral principles, to choose my notions of right and wrong in certain conditions. Nevertheless this has been accompanied with circumstances which has [illegible] for affect the principles in question or their application but it has lessened the power of their conceptions, their influence over me. I confess this day-dreaming is wrong. I confess that I have indulged it against conscience. It has had a power like a charm over me, with its siren influences has very often drawn me very far from my duty. I know my failing. I was conscious of being astray, but my enchanter threw such a veil over the sin, such a beauty over the temptations that it dulled my moral perceptions for the moment and I was happy [illegible] in sin! I have long been in this habit. Not all the creations are alike but they have a similar character, they are different species of the same genus.⁹

Anxiety and self-discipline are two of the fundamental components of this young doctor torn between dreams and mediocrity, with ambitions which are not banal and not easily satisfied. “I confess”, he wrote, after this sort of self-analysis of his aims, motivations and achievements, “I have a secret bending for notoriety. I like to keep myself before the eyes of others”.¹⁰

⁷ Diary, 2, p. 79.

⁸ Diary, 2, p. 71.

⁹ Diary, 2, p. 78–9. During these same years an unknown young man, already an alcoholic, Edgar Allan Poe (1809–1849) was writing his most beautiful oneiric poems: ‘Dream’ (1827, 1828), ‘A Dream within a Dream’ (1827, 1849), ‘A Dream’ (1827, 1845), and ‘The Sleeper’ (1831, 1849).

¹⁰ Diary, 2, p. 76.

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One of the truths of this reality outside the realm of dreams was that in order to develop confidence, and be successful in the Boston cultural and economic establishment, one had to have “character”, a term much employed by Jarvis,¹¹ as by Emerson in *Self reliance*. However, it was not character but money (more in the sense that it granted independence than in the sense of material riches) which for twenty years, until the painful solution of becoming a private psychiatrist at Dorchester, was one of Jarvis’s most constant and most mortifying handicaps. Spiritual autonomy and autonomy of material means went hand in hand, even when they did not signify the same thing, in the context of a system of values which Jarvis did not choose, but was constrained to accept.

If the access to culture in general, as well as to the medical and the legal professions, was open to members of the social strata from which Edward Jarvis came, access to the establishment (which in medicine meant the top positions in hospitals and universities) was more restricted. This required above all long studies plus specialization, preferably in Europe, but also family traditions and political sponsors. So although it was not strictly essential to belong to an economic elite, in practice the costs greatly restricted access. Virtually the only people who could become part of the cultural elite were those who belonged to the economic elite. In Europe, access from below to the most important institutions, medicine and the law included, took place via the patronage of various faiths and traditions. In the United States, the religious organizations were very important, as was a friendly attitude on the part of the Freemasons’ Lodges or corporations borrowed from the English model, or the same kind of institutions which functioned in Europe.¹²

But family strategies counted everywhere. For Boston the term of “New England Brahmin” has been used and over-used like all commonplaces which have some truth in them. Bostonian medical culture was presided over by men of quality who came from groups of interrelated families whose manoeuvrings turned genetic into professional inheritance. In the first quarter of the nineteenth century, when Jarvis was trying to find his way in the medical profession, the Harvard School contained many prestigious figures. There was James Jackson (1777–1867) who would no doubt have been succeeded by his brilliant son (who had studied with Louis Joseph Desiré Fleury (1818–1872) in France) if his tragic death had not prevented this; John Collins Warren (1778–1856), a member of an important Masonic dynasty; John Gorham (1783–1829), Warren’s son-in-law; and Jacob Bigelow (1786–1879). There were also doctors such as Benjamin Waterhouse, who was dismissed, and John White Webster, who fell into debt to a certain Parkmoun after the failure of real estate deals and was executed for having killed his creditor, cut the body into pieces, and hidden them in his Harvard laboratory.¹³

These were Jarvis’s professors, and it was among them that he sought necessary influential friends, as well as among the Unitarians, that other network of Boston society; apart from these he had simply to rely on his personal friends, Almira, and his own abilities.

Concord had its doctor, Josiah Bartlett (1797–1878) who was a personal friend of Emerson, a hygienist and a campaigner against alcohol, greatly respected among the local

¹¹ See below p. xxii.

¹² See *The invention of tradition*, ed. E. Hobsbawn and Terence Ranger, Cambridge University Press, 1983, pp. 295–6.

¹³ See Packard, op. cit., note 3 above, pp. 438–50.

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community, with the exception of the bar-owners. It was suggested to Jarvis that he set up practice in Northfield and, seeing that his childhood friend and schoolmate George Washington Hosmer had also decided to go there as minister, he joined him. He earned very little at this post and was isolated; the only profit he gained was the publication of a modest survey article on the 1832 cholera outbreak at the nearby village of Warwick. In his diaries, even his handwriting is altered by his exasperation. He describes the two other local doctors as follows: "Drs Mead & Blake my active and my principal rivals, who would not hesitate at falsehood & defamation of character. Blake is a smart bold drunkard. Mead a sly [illegible] insinuating very polite flatteries".¹⁴

He then returned to Concord. But here the quality of life, and the social and philanthropic activities to which he devoted his energies did not compensate for the fact that he continued to be in debt to his father and Samuel Hoar, and under the shadow of Josiah Bartlett. With the latter, however, he got on very well, and it was with him that he published his first medical article.

He thus decided on a move to the West, that sort of Purgatory for restless souls (like that of the turbulent Charles Caldwell), and was provided with the names of friends and contacts by the faithful George Hosmer. It was there that he spent the years of the severe depression of 1837–1842. He came out of this unscathed, but was still unable to repay his debts. It was not until 1843 that he returned from Louisville, Kentucky, which at that time was one of the centres with the highest growth in demand for slaves.¹⁵ It was only then, at the age of forty, with the start of a private psychiatric practice at Dorchester which proved both rewarding and profitable, that he became really independent financially. As a consequence, his scientific prospects remained limited.

All Jarvis's writings are dominated by the problem of money, nevertheless, he left \$40,000 to his heirs. When at the end of his life he drew up a balance-sheet of the achievements of his ex-classmates of 1826, there was in his descriptions of them a constant and almost neurotic concern with their economic success and their "character". Thus Charles E. Kennedy, for example, a son of Irish immigrants, who had to abandon medicine to support his family as a baker, is summarily dismissed. He showed no character.

. . . a high scholar in his pursuits but wanting self-confidence, energy and tact; he never pursued his profession and took up his father's trade for the support of his mother's family at his other parent's death. With more wordly force he would have done much for himself in his profession; but wanting this he lived and died without fame or name, and we trust an accepted Christian.¹⁶

He had tuberculosis from which he died in 1836, but that was of no importance, it seems.

¹⁴ Diary, 2, pp. 55–6; see also Grob, *Edward Jarvis*, op. cit., note 6 above, pp. 30–4.

¹⁵ R. W. Fogel, S. L. Engerman, *Time on the cross*, vol. 1: *The economics of American Negro slavery*, vol. 2: *Evidence and methods. A supplement*, 2nd edn, New York, Little, Brown, 1974, vol. 2, p. 154.

¹⁶ See also HUA, 'Harvard College - account of the class 1826' by Edward Jarvis, "I began this record soon after we left college. I intended to write somethings of each classmate every year. But I could not always hear anything yearly of all. I would gladly have written more fully, but want of time and space prevented. Edward Jarvis (signed)". It is one of the last works of Jarvis, in fact a sort of short biography-necrology of his past friends and companions, their successes or failures, but all very alive in his affection and memory.

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This kind of judgement shows a lack of understanding and imagination that also explains part of the repetitive and ponderous aspects of Jarvis's writing. He suppressed completely the worries and doubts which appear frequently in the diaries, and summoned up an image which he laboriously constructed for himself as much as for others, an image which he used as a solution for his inner conflicts, doubts, and existential problems, and which he believed coincided with the Unitarian ethic which he chose¹⁷ and practised until his death. He took this ethic from his English co-religionists, and it later co-existed with the Utilitarian influence. But, in addition, there was in him an element of romantic pathos, with its vision of an American culture of constitution, democracy, and humanistic ideals, whose history had yet to be written, whether by Jacksonians like George Bancroft or Whigs like Francis Parkman.

These traits and others reveal a great deal. It is necessary, therefore, to restore these unexpressed emotions, to plumb those silences which are easiest to fathom, to distinguish introjection from memory, to penetrate shadows with the help of very minor episodes.

An example can be taken from Jarvis's journey to Europe. His visit entailed a congress of statisticians, a series of Victorian dinners in London, a diplomatic incident (in which Jarvis claims to have played a more important role than can be proved), some sightseeing, a few vaguely Dickensian visits to hospices, schools, hospitals, model-factories and farms, and an attempt, soon abandoned, to visit slums both in London and in Paris.

At Birmingham, Jarvis met the Sardinian consul, a representative of the newly-born state of Italy. He did not mention this in the *Autobiography*, but he wrote to Almira about it at length.¹⁸ It is undoubtedly the case that Jarvis had had little contact with Italy. Perhaps he had seen some Garibaldi cartoons that Thomas Nash sent to the American and British press, such as the irresistible *Punch* which Jarvis certainly read because he cited it. His old room-mate Richard Hildreth, by this time a well-known historian, was just then getting ready to leave for Trieste, where he had been appointed American consul, and where he died. But in spite of these fragmentary contacts, we might still ask ourselves where Jarvis's

¹⁷ On Unitarians, transcendentalism and the nineteenth-century reforms, cf. MHS, James Freeman Clarke (1810–1888) papers.

¹⁸ "We have now in the house Mr. Parviso, Sardinian Consul in Birmingham. He eats in the coffee room where I meet him often and find him very social and agreeable. We talk much of Italy, Sardinia, the Pope and the papal states, Naples, Napoleon, United States, &c. subjects interesting to both of us. He is from a liberal monarchy, and an officer of King Victor Immanuel, a Catholic and an Italian; and yet he talk [*sic*] as freely about all matters connected with these as we do. As to the Pope he says he is a very good Pope, priest, spiritually and ecclesiastically a good man; but a poor ruler and temporal magistrate; . . . Mr. P. does not have much confidence in Napoleon. As a man of sagacity and talent he respect [*sic*] him, but as an honest man to be relied upon, he distrusts him. If he does good things, as he did in the late war for the liberation of Italy from the Austrian power, it was mainly because that godliness was profitable in that instance. We discussed the future of Naples which is very doubtful. It would apparently be desirable to form one great Italian nation under a free government like that of Sardinia, which should include all, both Northern and Southern Italy. But there is a great diversity of character between the people on the two sides of the papal states. The northern are energetic, industrious, self-relying, the southern idle, lazy, dependent. In Naples there is, indeed, a poor government, but there is also a poor and listless people. Would they care for and sustain a free government? This is an important question which the present insurrection in Sicily and the movements there to throw off the Neapolitan yoke, may bring to an early issue, and then we shall see if they can get rid of the Bourbon dynasty and take care of themselves. The consul is much interested in the United States and understands the character of our people and the nature of our government. He wanted to know many things in respect to us, our national relations, the slavery question, the north and south, Congress, the state authorities, &c. He said it would be a great injury to the world, to human advancement, if our Union should be dissolved." Cf. CFPL, Jarvis European letters, vol. 2, E. J. to his wife, Great Malvern, May 12, Saturday Ev. 1860, pp. 116–20.

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interest in Italy came from. He did not, after all, know the language; and, notwithstanding the work of Pietro Maestri (1816–1871), Italy has very little place in his collections of statistics.

His interest was not prompted by the fact that Italian beaches were the last hope for the tubercular, or perhaps merely the latest expensive myth advised by doctors in desperate cases. Jarvis certainly did not know Giuseppe Barellai (1813–1884), a doctor like himself and philanthropic pioneer of seaside hostels for scrofulous children, or the Neapolitan Negri, who had started to mass-produce vaccine from inoculated cattle in 1842, before this system became known in America thanks to Samuel Warren Abbott (1837–1904). He did not know Filippo Pacini (1812–1883) from Florence, an anatomist and physiologist who was little known even in Europe.

In the enormous bulk of Edward Jarvis's correspondence there are relatively few exchanges with actual Italians, and those took place only after his European visit. One of these was Pietro Maestri of Florence. There has survived correspondence between March and May 1866, and in September 1868, which shows that the two men exchanged publications.¹⁹ Another was Luigi Bodio (1840–1920) with whom Jarvis corresponded ten years later, a man Jarvis would have been bound to know since he was the main author and editor of the statistics of unified Italy. Two letters from him in English are preserved, written from Rome on 3rd November 1874, and 12th September 1877.²⁰

Jarvis's interest in such an apparently unimportant encounter with an Italian consul came from elsewhere: his own background and two people very close to him who had written about Italy and visited it, Ralph Waldo Emerson and Henry David Thoreau (1817–1867), the first more than the second. I refer to the consternation aroused, at Concord especially, by the tragic drowning of Margaret Fuller Ossoli (1800–1849). Her death, with that of her son Angelo, and husband Giovanni Angelo Ossoli, in the shipwreck of the *Elizabeth* on 19th June 1849 was not only traumatic for Emerson, but also shocked and moved many people close to him. The bodies, apart from that of young Angelo, were never recovered, nor was the baggage which included a manuscript by Margaret Fuller Ossoli on the history of the Italian *Risorgimento* cited repeatedly by Emerson,²¹ who, in 1852, together with James Freeman Clarke and William Ellery Channing, published two volumes of *Memoirs of Margaret Fuller Ossoli*.

It is therefore an apparently chance event which shows us that Jarvis had a deeply emotional relationship with a world with which he had scarcely any contact, an emotion he hid, but which was nevertheless important to him. It was a world which was not limited to

¹⁹ BCLM, Edward Jarvis, Letters Book, 1867–1869, B MS b 56.4, vol. 9, p. 121: Letter to "Sign. Maestri, Florence, Italy: Dear Sir, I have the honor to acknowledge the receipt Sept. 3, 1868, from you a valuable parcel containing Reports: 1. Elezioni Amministrative e Politiche anni 1865–66; 2. Trattura della seta, anno 1866; 3. Le Opere Pie, anno 1861, which are important additions to my library and aid in my studies and writing. The very important Reports on the Population and the Mortality of Italy which you sent me in 1867 through the Smithsonian Institution [illegible] have not reached me. I fear they have been lost on the way. I wrote to Mr. [illegible] asking him to reach for them in his store, and if possible to send them to me but without success. May I hope that you will be able to respect the address as those documents are of great importance to us. I sent to you, May 1866, a journal containing reports on Census Population, Mortality, Education, Insanity, Blind [illegible] through the Smithsonian Institution. You will receive them in due time. Hoping to be able to continue this pleasant and profitable interchange of statistics. I am with high respect very truly yours, Edward Jarvis."

²⁰ CFPL, Edward Jarvis Papers, safe shelf 6, item 9, See also, *ibid.* a letter from Maestri, from Florence, 1 May 1868 with a reference to a Miscellany of Italian Statistics.

²¹ Gay Wilson Allen, *Waldo Emerson*, New York, Viking Press, 1981, p. 539.

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the key figures in the family circle: his father, his brother, and his mother, who is barely mentioned in the *Autobiography* but pathetically vivid in the diaries. It also included two figures outside that circle: Waldo Emerson and Henry David Thoreau, who, by introducing wider cultural perspectives and stimulating new men in Unitarian Transcendentalism, played a fundamental role in Jarvis's life.

It seems that Jarvis's activity in the years after his return to Concord and later as a doctor at Dorchester can not be fully understood if seen in isolation from the environment in which he was born. For he never cut himself off from the emotional tensions inherent in it, none of which was produced by his study of medicine or by his later contacts with the group of English Benthamites. They originated with the ethical models of men of his own generation such as Emerson.

Although there is no mention of Emerson in the *Autobiography*, and their relationship was mediated by their common friend Ezra Ripley, the Harvard Houghton Library holds two letters from Jarvis to him; and we know that Emerson did all he could to support Jarvis's candidacy to the Boston General Hospital together with his ex-professor of physiology, James Jackson. One of Jarvis's letters is dated 28 July 1834, and tells the "Rev. Waldo Emerson . . . I want very much to read your Journal in Europe".²² The other was sent from Dorchester on 9th November 1843, and invites Emerson to speak to the Committee on Public Lectures at Dorchester where "we will prefer to hear your lecture upon Natural History or upon the monuments-architecture . . . of Italy, which you formerly delivered in Concord"; it is signed "very truly and respectfully yours Edward Jarvis".²³

It should be remembered that in June 1834 Waldo Emerson was just emerging from the period of deep depression which followed the death from consumption, in February 1831, of his wife Ellen Tucker, a creature "too lovely to live long", who had been constantly under the care of James Jackson. This was during the period following Emerson's resignation from his pastorship (October 1832). Between December 1832 and October 1833, Emerson had been travelling in Europe, and had visited Italy, and in England had met Samuel Taylor Coleridge (1772–1834), Thomas Carlyle (1795–1881) and William Wordsworth (1770–1850), who was also Edward Jarvis's favourite poet, and is cited by him in his 'Traditions and reminiscences of Concord'. In 1843 Jarvis had recently returned from Kentucky and, after the difficulties mentioned, in which both James Jackson and Waldo Emerson gave him friendly support, had finally obtained a situation at Dorchester. Emerson was by this time a famous man, renowned, polemical, and actively committed in the battle for abolition, a man whose plan to free the slaves could have averted the Civil War with its appallingly high cost in lives and property.²⁴ It was also in 1843 that Jarvis started his permanent activity as a psychiatrist, and as a specialist in social statistics. This began with his criticism of the biased and racist theories of Secretary of State John Calhoun (1782–1850) which were based on incorrect calculations taken from the American census of 1840.²⁵

Quite apart from Emerson's generous support, therefore, Jarvis's re-encounter with Emerson and with what he represented in those years is anything but incidental. During

²² HHL, b MS Am. 1280 (1694), Concord, 28 June 1834, E. J. to Rev. Waldo Emerson.

²³ HHL, b MS Am. 1280 (1695), Dorchester, 9 November 1843, E. J. to Rev. Waldo Emerson.

²⁴ Allen, *op. cit.*, note 21 above, p. 26; Albert Deutsch, 'The first U.S. Census of the insane (1840) and its use as pro-slavery propaganda', *Bull. Hist. Med.*, 15 May 1944, 469–82.

²⁵ Grob (ed.), *Insanity and idiocy*, *op. cit.*, note 6 above.

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this period, Jarvis also had correspondence with Horace Mann (1796–1859) which continued until the latter’s death. Mann devoted his life to plans for public education, to which Jarvis was also deeply committed. “The great argument of the increase of productive power by education is irresistible”, he wrote in a letter to Mann in July 1848, emphasizing that the problem of the deep South was that of the ignorance of the “black and colored population” and going at length into the Free Soil Movement. “I have just read Uncle Tom’s cabin twice”, he wrote to Mann in April 1852, “It carries me back to Kentucky to its sorrows and seems to float them again and all the old associations stand upon me. That is a true, a faithful book. Is this book read at Washington? will it be sold in the Southern States?”²⁶

In these same years Jarvis corresponded also with Dorothea Linde Dix (1802–1887), who was collecting evidence for her subsequently famous *Memorial of D.L. Dix, praying a grant of land for the relief and support of the indigent curable and incurable insane in the United States* of which 5000 copies were printed and presented to the Thirtieth Congress of the Senate on 28th June 1848. Only one letter from Jarvis to Dix is conserved in the Harvard Houghton Library, dated Dorchester 25th May 1844; Jarvis expresses regret for having no copy to send her of his article ‘Insanity among the colored populations’.²⁷

Edward Jarvis had a different and ambivalent relationship with Henry David Thoreau, who was sapped by tuberculosis and whose personality was altogether dissimilar. In 1826, during the period in which he was still searching for the means to support himself financially, Jarvis had the nineteen-year-old Thoreau as a pupil in Sunday School. He is not mentioned in the *Autobiography*. Jarvis met him again, however, later, when the young Thoreau was in the same situation he himself had been in some years previously, and was searching for a post as a teacher. Jarvis tried to help him, but his relationship with Thoreau was uneasy. Scientifically, like many people at the time, he did not take him seriously, and his poetry either did not interest him, or he did not understand it. In his old age, the assessment he gave of Thoreau was poor. Jarvis knew the Thoreau family well. In 1826, Thoreau, fourteen years Jarvis’s junior, had in all likelihood attended his classes at the town school in the village centre.²⁸ For a time he was sufficiently close for Jarvis to write from his shortlived residence as a physician in Louisville and recommend the unemployed schoolmaster Thoreau should try the academic job market in the West. They must have

²⁶ MHS, E. J. to H. Mann, Dorchester, 28 July 1848; *ibid.*, E. J. to H. M., Dorchester, 19 April 1852.

²⁷ HHL, b MS Am. 1838 (369), Dorchester, 25 May 1844, E. J. to Dorothea Dix. Jarvis gave the following account of Dorothea Dix’s efforts to visit asylums in Scotland which had been told to him by Dr Coxe (see *Autobiography*, p.145): “Dr. Coxe told me . . . that when Miss Dix of the United States, visited Scotland about six or seven years ago, she wanted to examine the condition of the insane. She found it not easy to obtain access to the places where many of these people were kept. She applied to the Lord Advocate who seems to be a high law and government officer, for authority to enter all these depositories of lunatics: but he refused. At once she took the railway for London, saw the Secretary of State and represented the case to him. Immediately he summoned the Lord Advocate to London and the result was a legal authority granted to Miss Dix to enter and examine the Scottish lunatic abodes. The second result was such an appeal by Miss Dix to the powers that be, in London, that Parliament created a Commission in Lunacy”. CFPL, Letter 102 to Almira Jarvis, pp. 271–2, Steamship Persia, Atlantic Ocean, Friday, August 10th, 1860, 2.30 p.m.

²⁸ Robert A. Gross, “The most estimable place in all the world: a debate on progress in nineteenth-century Concord”, *Studies in American Renaissance*, 1978, Concord Pamphlets, 11, Edward Jarvis, 36–48. See also *Familiar letters of Henry Thoreau*, ed. F. B. Sanborn, Boston, Houghton, Mifflin, 1894, p. 3; *The correspondence of Henry David Thoreau*, ed. Walter Harding and Carl Bode, New York University Press, 1958, p. 24–5; Walter Harding, *The days of Henry Thoreau*, New York, Alfred A. Knopf, 1965.

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met each other often at the Concord Lyceum where both served as curator a few years apart. In 1843 Thoreau secured Jarvis as a lecturer.²⁹ But at the time he did his historical writings on Concord, ten years after Thoreau's death, Jarvis had come to an unflattering estimate of his former pupil. Jarvis did not refer to Thoreau in 'Traditions and reminiscences', but in another manuscript on Concord written two years later he offered this disparaging sketch. A good but undisciplined scholar and close student of nature, Thoreau

wrote many books which gave him a high reputation among a limited class [illegible] He was absorbed in matters within himself. In his way he sought self-culture and when he retired from the world it was, as he said, for self-help not to gather power to do others good. He had a distrust of general society. His ideal of the social relationship was very different from that generally entertained. Absolutely honest and conscientious, he had no confidence in his fellow men nor in their business habits, or in the system of trade and finance prevalent in the world.

Jarvis was thus familiar with the arguments of *Walden* and could have been indirectly replying to its picture of Concord. In any case, he and Thoreau converge on similar historical themes in notable ways, although they reach fundamentally different judgements. *Walden* does not, of course, claim to be a history of Concord. It is an explicit autobiographical account of the author's stay at Walden Pond, in the course of which he alternately pities and scolds his neighbours for the grim, driven quality of their outward condition and offers them the possibility of another way of life.³⁰

But perhaps Edward Jarvis is interesting because he is different from Emerson and Thoreau. He was a middling intellectual, mundanely in conflict with those devils of everyday life, those miniature disasters, which often diminish great achievements; a man relatively protected from the tragic by his religious faith, in which, however, he did not venture far except as a philanthropist; but a man who was capable of making choices in the name of a greater faith in American democracy, a faith which put him alongside Thoreau and Emerson after his fashion. In his search for cultural identity he could look to Charles Dickens and certain Victorian myths.³¹ There was his obsession, almost fixation, with money, and all the problems of a man dealing with his anxiety about his own mediocrity and the limits imposed by his system of norms and values. Historical perspective can give a human dimension and a certain grandeur to his malaise.

But when Jarvis wrote his *Autobiography* and his 'Traditions and reminiscences', he recalled the memory of the past without reliving its anguish, and looked back from an essentially self-satisfied present, firm in a certain code, which gave him a security he did not have in his youth. As a result, the difference in psychological approach between the diaries and the *Autobiography* is enormous and their values are worlds apart. They are separated also by the horrors and deceptions of the Civil War. Jarvis remained virtually silent on this, defining it as a "war of rebellion", and, instead, mentioned only the terrible events of the Crimean War with which Florence Nightingale had made him familiar. The

²⁹ Gross, *op. cit.*, note 28 above.

³⁰ *Ibid.*

³¹ Cf. E. Showalter, *The female malady: women, madness, and English culture (1830–1980)*, London, Virago, 1987.

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two wars were similar, according to Jarvis, because “the danger of suffering and loss from wounds and killing in battle was much less than from sickness and death in tents and hospitals. . . . The army life . . . was injurious to the human constitution, laid it open to attack of disease, and lessened its power of resistance” (see *Autobiography*, pp. 92–3).

In 1873 Jarvis girded himself up in autobiographical self-description, leaving the self-analysis of the diaries behind him, and detached himself also from a feeling of restlessness and doubt which had by that time been permanently submerged. The result is a certain loss of the authenticity which, fortunately, can be found in the diaries, and in the letters to Almira. The ideas held by both Emerson and Thoreau were now absent from Edward Jarvis’s self-contemplation, no more than distant echoes of youthful malaise. What is unexpressed, however, forces us to fill in and re-order the jig-saw puzzle of the most obvious silences which also mark the limits of this autobiography. We arrive, via a different path, at Gerald Grob’s conclusion that “Like countless other human beings [Jarvis] spent most of his adult life in an effort to reconcile traditional belief with those impersonal forces that were leading his country into the modern world”.³²

Among these “impersonal forces”, Henry David Thoreau and Ralph Waldo Emerson were certainly more strongly present than James Jackson, whom Jarvis mentions frequently, or William Farr, with whom he corresponds. They were men who continued to dream; and the young Edward who resolved to give up dreams never quite achieved this, or perhaps never wanted to in the midst of a world in which dreams were less and less acceptable. An example of this was the unconventional way in which he entertained his mental patients at Dorchester, reading to them “from his diary or letters written while he was in Europe” (see *Autobiography*, pp. 78–9). These silent listeners were his chosen interlocutors; and the blind, anomalous, or defective ones were his “benighted children”. There is an enchanting innocence in the man and he bears the indelible trace of a great romantic generation. In spite of the limitations of the picture he draws of himself, the historian who decodes it can bring Edward Jarvis into clearer focus; he was a man who chose certain ethical paths which committed him to a life which allowed his dream to exist without being destroyed.

A dream which was greater than his innocent megalomaniac fantasies, like the youthful day-dream he had at the bedside of his brother Charles, which is described in the *Autobiography*, of himself transfigured and removed to a paradise where his companions are his ethical models, or dream-like anagrams, in the persons of George Washington, the Reverend William Ellery Channing, Lord Chatham, and Thomas Aquinas.³³ Or like the dream of obtaining recognition which was realized in London, as he wrote with boyish excitement to his wife:

This week, Almira, has been one of the pleasantest of my life. Here I was among the men of all the earth whose minds and tastes and pursuits are most similar to my own; and to be thrown into such familiar association with them, to be received so cordially and readily, to

³² Grob, *Edward Jarvis*, op. cit., note 6 above.

³³ However, the interpretation could be different, on the basis of anagrams which frequently occur in dreams. The dream is not recorded in the diaries, but is remembered in the autobiography: it is consequently the memory of a dream of fifty years before (in 1825). The name of Jarvis’s best friend was George Washington (Hosmer), but my hypothesis is that two other living personalities are also mingled in the dream: George

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find myself with them, is certainly a blessing very pleasant to my heart and may I ever be thankful for it. These men offer to send me every thing I want from their countries. I have only to specify what I desire and the direction. Oh, Almira, I am at last to have a census of France. Legoyt offers it as freely as I would one of our Registration Reports. Quetelet is the greatest statistical philosopher of the world. He, too, is as kind as the rest. I thanked him for the books he had already sent me, told him how much I enjoyed his work 'On Man'. He will send me more Belgian matters.³⁴

Or the joy of being publicly announced and socially acknowledged, not merely accepted:

I did not go up until I was expressly called out by name. There I sat, Prince Albert in the chair, the science of the world all around me.³⁵

Or again, at long last, access to the Eden of Culture for the dreaming Concord boy, and for the young doctor who begged for something which the Bostonian medical establishment would never have given him:

Then Lord Brougham said "we will hear from Dr. Jarvis". What position! I speak to the English Chancellors, Lords, Judges, Parliamentary members, lawyers, men of note and high renown and cultivation! I, the Dorchester doctor, speak to that audience!³⁶

But also the joy, and pride, in his American roots:

Little thought my great grand father and grandfather Hosmer eighty five years ago to day when they were so fearful of [and] hostile to the British, that, with less than a century, their descendant would be here among their enemy's children on such peaceful friendly terms with them.³⁷

His visit to Europe was thus the unexpected occasion for the realization of his youthful dreams of fame and recognition, and hence, a sort of revival of youth. In his sixties Jarvis was still proceeding with his statistical research as a tool for building a society designed more in man's measure. The decline of his powers in his seventies was managed with serenity. More and more his hand was substituted by Almira's, and it is to Almira that we owe all the documentation of those years which has been handed down to us. His correspondence with Europe was affected by changes in the times and the twilight of a

Washington Adams, the son of the Secretary of State John Quincy Adams (and one of the leaders of the Harvard "students revolt" on 1 November 1818, the sophomore year of Emerson), and Moses Thomas, who in September 1829 celebrated the wedding of Waldo Emerson and Ellen Tucker. Reading Jarvis's dream as an anagram we will find that the names of George Washington and Thomas Aquinas are two symbols of megalomania and also two living references. The anagram's order could be as follows: George Washington (1), Thomas (2), A[dams] (3), Quin[cy] (4), [Mos]es (5), that means: George Washington Thomas Aquine[a]s. Jarvis mentioned his antipathy for Greek, but he never mentioned the sophomores' "Rebelliad", which the professor of Greek, Dr. John Popkin, "old Pop", tried to stop by suspending four of the participants. In the description given by G. W. Allen, the students met under "the Rebellion Tree, a large elm near the Yard", where "Emerson shared the emotions of his classmates and joined them in plucking a twig from the Rebellion Tree and swearing to resist 'Lord Bobo' (President Kirkland) until the suspensions were lifted." Cf. Allen, *op. cit.*, note 21 above, pp. 45–6. On the Adams of Boston cf. *Diary of Charles Francis Adams*, vol. 8, (until February 1840) ed. Marc Friedlaender, Robert J. Taylor, Celeste Walker, and Richard Alan Ryerson, Cambridge, Mass., Harvard University Press, 1985.

³⁴ CFPL, letter, 32 Norfolk Street, London, 22 July 1860.

³⁵ CFPL, letter, King's College Library, London, 18 July 1860.

³⁶ CFPL, Edward Jarvis Papers, safe shelf 6, item 9.

³⁷ CFPL, letter, Great Malvern, Thursday eve. 19 April 1860.

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generation of reformers and social statisticians, by the hurricanes of the Paris Commune and the echoes of social conflict in the cities of Europe between the bourgeoisie and that “common people” which Jarvis, recalling Dickens, had sought in St Giles in London and in the Paris *faubourgs*. From Brussels, on 28th August 1871, Guillaume Joseph Auguste Visschers wrote to say that:

L'affreuse guerre qui a sevi presque à nos portes a eu un retentissement dans toute l'Europe et a arrêté bien de travaux scientifiques. Nous commençons à nous apercevoir combien la vie est courte et combien nous laisserons de travaux inachevés.

Alfred Legoyt wrote from Paris on 30th August that the Bureau De Statistique had been suppressed.³⁸

This old generation looked at the new times with detachment; they were different and violent. Ten years had passed since the “time on the cross”, and since William Farr had written to Jarvis not only about statistics but also to ask him to find out whether among the dead or wounded of the battle of Gettysburg and Rappahannock there was an English boy, his son, who had enlisted as a volunteer for the Union cause. In Jarvis’s description “Frederick, a boy of 19 left his father’s house in London secretly in March 1863 and came to Portland to gratify his intense sympathy with our cause and enlisted in the Main regiment in which he served under the assumed name of Clark . . .”³⁹

By a tragic irony, Frederick Clark died of “fever” (typhoid?) in a Confederate prison at Richmond, Virginia, in 1864. The new form of conflicts and social problems was perhaps incomprehensible to these men of a romantic, and innocent, generation.

VITAL STATISTICS AND MEDICAL KNOWLEDGE (1820–1880)

If the Jarvis “self image” is transparent and easily decoded, the coded norms Jarvis had to deal with are more complex.

In professional terms, Edward Jarvis did not mask his scepticism: ipecac, antimony, epsom salts (= magnesium sulphate), rhubarb, calomel (= chlorine + mercury), syrup of senna, and laudanum (= opium) cannot cure better than the famous Rush “tranquilizer chair” or “gyrator”. Of the mass of people arriving in the American Jerusalem, some would end up as drunkards, or suicides.⁴⁰

Opium-therapy, in particular, imported from Europe in spite of the “moral-therapy” that avoided it, was dangerous. Although in François Boissier de la Croix de Sauvages’s (1706–1767) treatise written in the early eighteenth century, opium is classified among the poisons, the use of opiates for therapeutic purposes was normal and widely practised in Britain. There is an account of it in *An inquiry into the nature and properties of opium*, 1793, by the English doctor Samuel Crumpe. It had an equally valued place as a universal panacea in popular medicine. Between 1830 and 1860, imports of opium more than quadrupled from the 1830 figure of 22,000 lbs. In the United States, both homeopaths and

³⁸ CFPL, Edward Jarvis Papers, safe shelf 6, item 9. In this bundle is also included a short letter of thanks from Quetelet, 25 November 1873, to “Mademoiselle Melicet Jarvis”, probably for some statistics she had sent him.

³⁹ BCLM, Dorchester, 17 November 1866, E. J. to Clara Barton, Washington.

⁴⁰Cf. Howard I. Kushner, *Self-destruction in the promised land: a psychocultural biology of American suicide*, New Brunswick, Rutgers University Press, 1988; Roy Porter and Mikulas Teich, eds., *Drugs and narcotics in history*, Cambridge University Press, forthcoming.

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qualified doctors imitated the popular European example with few reservations, and made widespread use of opium alcoholic solution or laudanum (Sydenham's solution) even after François Magendie (1783–1855) isolated morphine. William Stewart Halsted (1852–1922), the eminent surgeon at the Johns Hopkins Medical School, took opium in regular doses of 3 grains a day, and after the age of forty-six, 1 grain a day. The generation of physicians brought up on the *Manual of psychological medicine* (1858) by Daniel Hack Tuke (1827–1895) and J. C. Bucknill or on Tuke's *Illustration of the influence of the mind upon the body* (1872), learned and experimented with a whole pharmacology of toxins taken from their experience of anaesthetics. This tradition was fairly normal until the time of Sigmund Freud (1856–1939) (and Freud himself made wide use of it). It also had a role in the treatments of Jean Martin Charcot (1825–1893) at La Salpêtrière, though the extent of its use is unknown.

However, this was also the generation whose crisis opened the way in America for William James's (1842–1910) *Principles of psychology*. During the working lifetimes of these physiologist-psychiatrists the fact that biology and chemistry were of secondary importance in hospitals and medical courses may have left more scope for this risky pharmacology and perhaps for the phrenology of Franz Joseph Gall (1758–1829), a very controversial figure in Paris, to flourish. Historians have commented on the "money making mania" of these years, which affected something as apparently unsalable as phrenology. Energetic publicists and showmen such as the Fowler brothers "turned phrenology into a household word as well as into a profitable business", and they "perceived very early that the United States, with its great variety of races and nationalities, offered an unusually good milieu for the study of phrenology."⁴¹

But gradually between the 1850s and the 1860s there occurred a transformation in notions of the body (which William James was to call "the material self") and of disease, due to advances in the physiology of the nervous system, and especially to the critique made by Paul Broca (1824–1880) of the school of Louis Joseph Desiré Fleury (1818–1872). The discoveries of bacteria, protozoa, or micro-organisms responsible for diseases, brought back the "germ theory" of the 1830s and 1840s and radically changed not only the conception of disease but also that of the body. The body became an aggregate of cells vulnerable to attack from other cellular bodies, a very different body from that of previous anatomical physiology. None the less, the parameters of the normal and abnormal embodied and codified in medical practice lasted a long time, for they were deep-rooted in the classification of diseases and in pathological anatomy, and they were considered more fundamental than biology, chemistry or experimental physiology. Many of these parameters were imported by American medical institutions, particularly for concepts of mental and physical health.

In addition, for doctors like Charles Caldwell, for the phrenologists, for the hygienists in general, these parameters tended to be ideological tenets. A portrayal of the "normal body" as healthy and American was becoming common precisely in the years when the immigration of innumerable unvaccinated men and women from the old continent was starting dramatically to alter the structures and mentality of the former colonial society. There was a tendency to see the new arrivals as a threat to native American health. But

⁴¹ J. H. Casedy, *American medicine and statistical thinking, 1800–1860*, Cambridge, Mass., Harvard University Press, 1984, pp. 159, 149.

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Puritan morality, with its obsession with the body as a potentially abnormal object to be exorcised, soon lost its sway and in its place came an ethic of a body to be trained, nourished, and organized, no longer by religious morality, but rather by the treatments of hygienists and social reformers. This can be seen in the idea of the “victorious body” which was the result of an “experienced mind”, which was itself the symbol of the new mythical generation of Americans:

In this country, such is the nature of our free institutions—I mean the boundless facility and encouragement they afford to ambition and enterprise of every description, with all their concomitants (our social condition being in perfect harmony with them)—that the human brain experiences, among us, vastly more of excitement and exercise, than it does among any other people on earth. And that excitement and exercise, I say, adds to the size and strength of the brain, and augments its excellence, as the organ of the mind, with as much certainty, as does a like condition of action increase the size and strength of the blacksmith’s arm, and of the lower limbs of the pedestrian, and the opera dancer. Of actual necessity, therefore, if the mind of the United States be not, by nature already superior to that of any other nation (which I believe it to be), it must become so, in the progress of time. It may be erected into a maxim, and safely regarded and acted on as such, that, all other things being equal, the greater amount of national freedom which any civilized people enjoy, the greater will be the strength, the wider the grasp, and the higher the tone and standing of their minds. I mean, of course, their minds, as fashioned by the hand of nature, independently of the effects of education. And being, like all other constitutional qualities, hereditary, native mental superiority becomes, in time, a settled and permanent national characteristic.⁴²

This quotation illustrates well the gap which separated Charles Caldwell from Edward Jarvis’s scepticism and lack of enthusiasm for national-phrenologies, for drastic treatments and for dogmatic diagnostic models. In this, as in other things, Jarvis was a pupil of Jacob Bigelow.

Jarvis was an unassuming student of medical science, but one who was careful and little tempted by ideology; he tended to stress the importance of environmental and educational factors. No doubt this would have gained him no more recognition than that accorded to Bigelow. He expressed his doubts about drastic forms of treatment by intuiting their highly toxic character. He also saw that adequate food and a decent environment were necessary and that culture was an indispensable means of emancipating people from wretchedness.

In his first medical practice in Northfield: “He furnished his office with all the drugs that would probably be needed . . . In his practice he gave these as prepared by the authorities, yet in very small, the smallest apparently allowable quantities” (see *Autobiography*, p. 31).

Jarvis’s interest in psychiatry was carried on in relative isolation, notwithstanding some correspondence with men like Thomas Story Kirkbride who were not hygienic propagandists or noisy self-promoting phrenology scholars. Some of Starobinski’s remarks (on body perception and concern with physical shape as the last refuge against technology) are not out of place in this period of American history when immigrants from different cultures were forced to re-identify themselves.⁴³ The various proposed cultural

⁴² Caldwell, *Autobiography*, op. cit., note 2 above, p. 46.

⁴³ Jean Starobinski, *A history of medicine*, New York, Hawthorn Books, 1964; *idem*, *L’oeil vivant. Essai*, 2 vols, Paris, Gallimard, 1961; *idem*, *Les mots sous les mots. Les anagrammes de Ferdinand de Saussure*, Paris, Gallimard, 1971; *idem*, *Jean-Jacques Rousseau. La transparence et l’obstacle*, Paris, Plon, 1958.

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models, soap and “hygienic” concerns included, were not explicitly xenophobic, but in practice they often became so. The objective of a society of healthy, clean and educated individuals was a profoundly democratic one. But if soap was cheap, education was less so, and indeed could often be very expensive. Therefore, self-education was often the only option open to those struggling against the prejudices of established Americans who were unwilling to accept all that the industrial revolution, if unplanned, signified: poor immigrants, crime, drunkenness, urban slums, and the Irish, the Irish, the Irish . . .

This conflict partly explains why many doctors who in the first half of the nineteenth century were more or less directly affected by the climate of European positivism or evolutionism were so interested in research into the morphology of either the human or the social body; and why they were so fascinated by objects which could be dissected, catalogued and classified, and finally managed and directed, with the help of that analytical tool, supposedly oriented to the amelioration of life, social statistics, especially those vital statistics where every disease appears as “zymotic” (William Farr). In the disputes between schools, disagreement over the normative model often simply signified dissent about the uses to which the norm was put. But since the experience of being faced with the negation of the norm, the abnormal or the event which contradicted the norm, became, during the course of the century, more and more disturbing, not a few doctors chose to act as social reformers and in part succeeded.

Ironically, this success was accompanied by a parallel clinical failure. Even in the case of non-contagious, and hence curable, alcoholism, the cure very often consisted in the prescription of laudanum, with the result that those leaving the hostels would not only return to alcohol but also become drug-addicted. Ironically too, the bacteriology and microbiology revolution came at the end of the century from the laboratories of people like Louis Pasteur (1822–1895) and Robert Koch (1843–1910), rather than from medical and social statistics. However, it was undoubtedly the extent and number of the cholera outbreaks of 1826, 1832–34, 1848, 1853, and 1866, measured more precisely thanks to statistics, and the quasi-normality of tuberculosis, which shook Edward Jarvis’s faith in medical practice and in pharmacological treatment, and led him towards social statistics and psychiatric research.

With the exception of the important innovation of ether used as an anaesthetic (first used at Boston General Hospital on 16th October 1845 by John Collins Warren, assisted by his son, John Collins), this was a period of relatively few clinical innovations, but one in which statisticians and social reformers flourished. If we look a little deeper—and autobiographies and diaries are very useful here—we can measure this rather effective form of compensation used by a medical profession which was experiencing a crisis of identity. The same was true of William Farr, who was not tempted by psychiatry; and it would still be true later for Cesare Lombroso (1835–1909), who initiated an ideology which subsequently followed various tortuous paths on both continents. Whether they admitted it or not, they were aware of the crisis in medicine, and felt that, if it was to become a science, it would have to be a social science. Perhaps this “measurement of uncertainty”⁴⁴ which spread rapidly through both continents by the calculus of liberalism,

⁴⁴ Stephen M. Stigler, *The history of statistics: the measurement of uncertainty before 1900*, Cambridge, Mass., Belknap Press of Harvard University Press, 1986.

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was the last refuge in the flight from scientific and clinical failure: the “zymotic” interpretation that William Farr gave to Filippo Pacini’s researches is a significant example.

The idea of pathogenic bacteria or pathogenic action of bacteria was Filippo Pacini’s discovery. He had been working on microscopical research since 1833; he sought more and more precise instruments, and in the end, with the help of his friend Amico, constructed a microscope himself (now in the Florence Museum of Sciences). In 1854 he discovered, described, and drew “vibrio cholera”. In spite of the fact that he was an anatomist who taught Comparative Anatomy at the Institute of Human Anatomy at Pisa, Italy, he was convinced of the importance of the biological sciences and that they ought to have an important place in the curriculum of medical studies. This was a very innovative view which earned him violent hostility. The discovery was outside all the established parameters of thought and practice, and was ignored.⁴⁵ Perhaps it was due to the controversial and sometimes perverse character of these kinds of issues that medicine in general stagnated to the point where it was not able to renew its identity for fear of losing its previous one.

The failure of medicine also brought with it a great loss of human life. The advocates of statistics, who were the only people to measure the dire consequences of the ineffectiveness of medicine, had a role, although a less important one than they imagined, in developing models of social control, ways of organizing public and private institutions, public assistance and preventive medicine, and of verifying how well these functioned. They did this with admirable civil and political commitment, often in the face of opposition. Nevertheless, if the achievements of medical statisticians are compared to those of their contemporaries which were too innovatory to be recognized, they do not seem very important. Progress did not come via statistics, but from a science which the reformers were not familiar with and did not understand. But statistics created the possibility of an acceptable critique of society and its dogmas, laying bare geographical and distributional patterns, and it also opened up paths of social reform and encouraged the setting-up of institutions like the institutes of social hygiene, which were supposed to investigate, analyse and experiment with new areas of reality.

Involvement in philanthropy seems to have been more common in the United States than in Europe. Perhaps this greater social commitment on the part of American physicians compared with their European contemporaries is related to the status of the

⁴⁵ The only scientific recognition which Pacini received was in an area quite different from that of cholera, the discovery of the neural ganglia. Their existence was confirmed experimentally in 1844 by A. Koelliker, who called them “Pacini’s corpuscles”. This fame was later disputed, when in 1862 the Viennese anatomist Carl Langer claimed that Abraham Vater had discovered them previously, since he had written about corpuscles in 1741. Twenty years or so later, it was Koch’s turn to have the priority of his discovery contested. On Filippo Pacini see Aurelio Bianchi, *Relazione e catalogo dei manoscritti di Filippo Pacini esistenti nella R. Biblioteca nazionale centrale di Firenze*, Rome, 1889. Cf. F. Pacini, *Osservazioni microscopiche e deduzioni patologiche sul colera asiatico*, Florence, 1854; *idem*, *Sulle cause specifiche del colera asiatico* [. . .] Florence, 1865; *idem*, *Della parte extravascolare della circolazione del sangue scoperta*, Florence, 1875; see *Dictionary of Scientific Biography*, 16 vols, ed. C. Coulston Gillispie, New York, Scribner’s, 1970–1980, vol. 10, p. 266–68. See also L. Castaldi, ‘Filippo Pacini nel quarantesimo anniversario della sua morte’, *Rivista di Storia delle Scienze Mediche e Naturali*, 1923, 14: 182–212; A. Koelliker, *Ueber die Pacinischen Körperchen des Menschen und der Säugethiere*, Zurich, 1844. Cf. WIHM, 3 autograph letters of Filippo Pacini to Giovanni Battista Pieri, 1847–1855, 5 pp. in 4. Cf. obituary, *Lancet*, 1883, ii:128.

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medical profession in America, which was not a particularly privileged one. As previous research has noted, and as the *Autobiography* and other writings of Edward Jarvis confirm, being a doctor in America gave no guarantee of financial success,⁴⁶ and it was certainly a less prestigious position than in Europe. It was much easier to rise up socially in business, banking, commerce, etc. in America than it was in the Old World, and the social value of the educated or cultured man was less. The social origin of doctors, on the other hand, was not very different. William Farr did not come from a cultural elite any more than Edward Jarvis did; the same was true of John Snow (1813–1858), the man who discovered that water was the medium of contagion in the spread of cholera. More important figures, such as Claude Bernard (1813–1878), Pasteur and Koch, members of the new generation of doctors who followed on from Flaubert's pathetic doctor Bovary (1857), were also men of the middling bourgeoisie. However, it would be an over-simplification to explain the difference between the medical class in America and Europe and their varying levels of involvement in social and political reform in terms of social status. In his chapter on Jacksonian Democracy and medical pluralism J. H. Cassedy has caught some of the components of this complex generation which had to live in difficult times and had at its disposal only antiquated forms of treatment, the inadequacy of which was obvious to at least the best doctors.

The medical counterculture brought together many who were privately or publicly dissatisfied with the conventional medicine of the day. It included physicians frustrated by the crudeness and ineffectiveness of regular therapies, along with a variety of individuals whose passion for abolition, Sunday Schools, penal reform, or some other social goal somehow spilled over into medical reform. It included many who, having been swept up by the ideal of educating the democracy, found that improving the people's knowledge of hygiene was as essential as other kinds of instruction. It incorporated some who were being influenced in one way or another by revolutionary concepts in health care, as well as in politics, economics, and social ideas from abroad. A number of the members of the counterculture were middle- or upper-class intellectuals who were swayed by the Romantic outlook which gave the individual as much responsibility for his own health as for his spiritual and intellectual destiny. A much larger proportion was composed of humbler folks—antimonopoly democrats, antirent agrarians, and others who resented accumulations of wealth, privilege, or authority . . . The medical and social worlds of the Jacksonian common man were as far removed as could be from those of the foreign-educated clinicians. For those who were illiterate, ignorant, or gullible, neither science nor statistics meant very much. For those accustomed to follow old wives' tales and folk remedies, the extensive formal medical progress of the Enlightenment might as well not have happened.⁴⁷

The attack on homeopathic medicine, "Huzza for the Regular Doctors, Calomel and the Lancet", was part of this moment of crisis of identity in the medical profession and its search for social, if not scientific, usefulness. A lack of confidence affected both the practice of medicine in everyday life and the institution, inside which there were a few, though only a few, who attempted a critical analysis of interpretative paradigms and

⁴⁶ P. 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.

⁴⁷ Cassedy, *op. cit.*, note 41 above, pp. 92–3.

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dogmas. These were not secondary figures, but men like Edwin Chadwick (1800–1890), twelve years younger than Thomas Southwood Smith (1788–1861) and, like him, a Benthamite, who expressed doubts and unease which were even more radical than those felt by Jacob Bigelow (1786–1879), of whom Edward Jarvis was a pupil. As Margaret Pelling observes in her work on Victorian medicine, Edwin Chadwick's attitude to the profession was ultimately impersonal. It was formed at a time when he was benefiting from close contact with the physicians Neil Arnott, James Kay-Shuttleworth, and Southwood Smith, and was based on the entirely justifiable conclusion that the methods, contents and style of evaluation of English medical education were inadequate, unsystematic, antiquated, and corrupt, and compared unfavourably with those of France, even in cases, such as clinical teaching, where the English supposed themselves to be most advantaged. "It followed, as a corollary, that eminence within the profession was regularly determined not by merit, but by influence and privilege . . . Even his dismissal of medical therapeutics was characteristic of the context of the 1820s and 1830s."⁴⁸

Other doctors such as William Lawrence and Thomas Wakley took up more or less similar positions, and their influence was felt during the period when Jarvis was studying and beginning his career. The concern of a clinician of the stature of Jacob Bigelow, whose scepticism about pharmacology was far from unscientific,⁴⁹ should also be seen in this context. Bigelow's theory of self-limited disease has recently been reevaluated giving him an importance well beyond that of a critic of Benjamin Rush's "heroic therapy", the only contribution he has usually been seen as having made. "The idea that most diseases were self-limiting whether treated or not," was first formulated by "Bigelow in 1825 and even then tended to be forgotten, and recovery from illness attributed to psychological factors as often as to many remedies now proved useless."⁵⁰

In the decades of the 1850s and 60s which followed this medical impasse, an important series of events occurred which had economic (the depression of 1837–1842), and psychological implications. For, like other American cities, Boston felt threatened by the arrival of masses of unvaccinated Irish fleeing from the Great Famine of 1845–47, and of other European immigrants who, it was believed, had a high chance of becoming drunkards, joining the mass of unvaccinated blacks, and coca-chewing Indians who also provided a good market for the poison of alcohol. For the following thirty years, the medical establishment remained paralyzed in a virtual incapacity to control the situation.⁵¹

Also the germ theory which emerged out of the cholera fungus controversy of 1849 in Britain had its parallel the other side of the Atlantic with John Kearsley Mitchell (1793–1858), father of the future neurologist S. Weir Mitchell (1829–1914), in the form of his *On the cryptogamous origin of malarious and epidemic fevers* which appeared in 1849. This work brought to America the discussion surrounding John Snow and his theory of "contaminated waters" which opposed the belief that air was the infecting agent, held by

⁴⁸ M. Pelling, *Cholera, fever and English medicine, 1825–1865*, Oxford University Press, 1978, pp. 12–14.

⁴⁹ Jacob Bigelow, 'On self-limited diseases', *Medical Communications of the Massachusetts Medical Society*, 1830–1836, pp. 319–46.

⁵⁰ E. M. Thornton, *Hypnotism, hysteria, and epilepsy: an historical synthesis*, London, Heinemann Medical, 1976, p. 182.

⁵¹ On immigration in Boston, S. Thernstrom, *The other Bostonians: poverty and progress in the American metropolis*, Cambridge, Mass., Harvard University Press, 1973; Oscar Handlin, *Boston's immigrants, 1790–1880*, New York, Atheneum, 1969.

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William Farr among others. The cholera epidemic of 1854, of course, confirmed the geographical pattern of polluted pumps. But even after this, and after he had got to know John Snow, Farr continued to believe that air (in this case “affected by the altitude”) was the agent, not the water.⁵² He continued to argue the question with Florence Nightingale and Edwin Chadwick until about 1866 when the next great cholera crisis in London converted him to the germ theory.⁵³

These debates would certainly have been familiar to Edward Jarvis, even through his writings do not refer to them. The part of Farr’s work which interested him was that which had interested Lemuel Shattuck (1793–1859): nosology, which had already been imported to the United States by the pupils of Pierre Charles Alexandre Louis (1787–1872). Certainly this type of statistic was a important innovation, and a major way of checking clinical practice, in the sense that it measured the success rate and could show how much this was affected by medical intervention by comparing statistics of disease with statistics on medical institutions. A generation of American doctors was influenced by this model of diagnostics. William Wood Gerhard (1809–1872) of Philadelphia was one of the first to introduce it to America, ensuring that “medical observers who in an earlier generation would have turned to the authority of a Hoffman, Cullen, Rush or Broussais now looked for authority in assembled collections of data”.⁵⁴ Their number included names like Francis Peyre Porcher (1825–1895) and Edwin Samuel Gaillard (1827–1885) in Charleston, doctors of the “deep South” like John Y. Bassett and Josiah Clark Nott (1804–1873); Gasper Wistar Pennock (1761–1818), Alfred Stille (1813–1900) in Philadelphia; Alonzo Clark and Valentine Mott (1785–1865) in New York; and in Boston, Henry Ingersoll Bowditch, James Jackson Jr. (1811–1895), Oliver Wendell Holmes (1809–1894) and George Cheyne Shattuck (1813–1893).⁵⁵

The medical statistics of the British school had the biggest influence on physicians like Edward Jarvis and the “Jacksonians” inspired by the English Public Health Act of 1848, which had been enacted partially in response to Edwin Chadwick’s *Report on the sanitary condition of the labouring population of Great Britain* (1842), and to the efforts of the Benthamite physicians who worked with him, like Southwood Smith, Neil Arnott, J. Kay-Shuttleworth and (indirectly) John Snow, and later John Simon, the figures with whom William Farr identified.⁵⁶ Edward Jarvis imbibed this tradition through the influence of Lemuel Shattuck and his well-known work of 1841 which demonstrated the worsening of health conditions in Boston.⁵⁷

⁵² Pelling, *op. cit.*, note 48 above, p. 189.

⁵³ *Ibid.*, p. 215. On William Farr see John M. Eyer, *Victorian social medicine: the ideas and methods of William Farr*, Baltimore, Johns Hopkins University Press, 1979.

⁵⁴ Cassedy, *op. cit.*, note 41 above, p. 65.

⁵⁵ *Ibid.*, p. 61. See also, Whitfield J. Bell, Jr, *The College of Physicians of Philadelphia: a bicentennial history*, Canton, Mass., Science History Publications, 1987.

⁵⁶ G. Melvin Howe, *Man, environment, and disease in Britain*, New York, Barnes and Noble Books, 1972, p. 184; S. E. Finer, *The life and times of Sir Edwin Chadwick*, London, Methuen, 1952; R. A. Lewis, *Edwin Chadwick and the public health movement, 1832–1854*, London, and New York, Longmans, Green, 1952. See an environmental analysis and bibliography by Anne Hardy, Gerry Kearns, and Martin Daunton, in *Living and Dying in London*, eds W. F. Bynum and Roy Porter, *Medical History*, Supplement No. 11, London, WIHM, 1991; and Christopher Hamlin, *A science of impurity: water analysis in nineteenth-century Britain*, Bristol, Adam Hilger, 1990.

⁵⁷ Cassedy, *op. cit.*, note 41 above, p. 197.

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In spite of the significant influence which doctors committed to social reform had in America, the lively debates and polemics imported from Europe often had no effect, or only very late, on the strictly medical and scientific understanding of problems: for example, the chemical discoveries of Justus von Liebig (1803–1873), who in France had been a pupil of Louis Joseph Gay Lussac (1778–1850), were accepted by William Farr only with many reservations as “useful hypotheses”. He remained undecided as to how significant they were, and was in any case too absorbed in the attempt to construct categories of “zymotic diseases” to realize the importance of the concept of “contagious molecular action”, or that of “actions called catalytic” introduced by Justus von Liebig and later developed by Jacob Berzelius (1779–1848).⁵⁸ The most striking paradox of the codified medical norms and of mental and cultural resistance was the case, already referred to, of Filippo Pacini. In 1854 his theories, describing and sketching what was to be the cholera “vibrio” rediscovered by Koch in 1884, were considered abnormal. William Farr refers to Pacini as an adaptor of his zymotic theory, as though his work verified it. The more heart-rending side of the affair can be found among Pacini’s unpublished papers held in the Biblioteca Nazionale in Florence. Pacini translated the whole of Farr’s article, made notes in the margins, and added a bitter dedication indicating that he realised he was being completely misunderstood. Pacini’s two handwritten and glossed manuscripts are entitled *Mathematical theory of Asiatic cholera as expounded by Dr. William Farr in the Report on the cholera epidemic of 1866 in England*, and are conserved at the Florence National Library, Carte Pacini, vol. 17, IX, fasc. 1 (6 folios), fasc. II (23 folios). The name of Pacini only began to be heard when recognition was being given to Koch’s discovery, and doubt was cast on whether he was the first. The norm takes its revenge on that which is no longer abnormal, but merely different, and the parameters of the dominant schools ensured that “nineteenth-century bacteriology is seen as a deviation from the norm of substituting physico-chemical for special biological explanations”.⁵⁹

It is my contention that Edward Jarvis felt, or intuited, the medical gap and that this is the reason he turned to statistics as a tool of social criticism (where axiology was itself not a single concept, or a “zymotic” dominant preoccupation), and to psychiatry as a clinical instrument.

In the first field, he followed the logic of a liberalism rooted in English Utilitarianism. His best work here is that which Gerald N. Grob has recognized as such in his publication of an updated edition of Jarvis’s 1855 statistical survey *Report on insanity and idiocy in Massachusetts, by the Commission on Lunacy*.

In the second field, on the other hand, there are many elements whose importance historians have overlooked because they are difficult to investigate, being part of his practical activity as a therapist, which Jarvis describes still less than his clinical research, in which he had ceased to believe: “He, Dr. Jarvis, thought we were doing no better than

⁵⁸ Pelling, *op. cit.*, note 48 above, pp. 120–1.

⁵⁹ Also Pasteur’s “claim that disease in an animal or plant was caused by another independent species, by means unknown, was contrary not only to the established trend of chemical explanation, but also to mainstream germ theory. . . . If the bacteriological discoveries of the 1870s and 1880s are to be regarded as ‘scientific’, then the complex biochemical and physiological explanations of disease characteristic of earlier decades can hardly be less so.” Cf. Pelling, *op. cit.*, note 48 above, pp. 1, 304.

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the fathers”, he wrote, “and he feared this dullness would only follow their course in new and useless invention”.⁶⁰

However, the model of psychological therapy employing decentralized “guest-institutions” organized into family-group environments, which Jarvis adopted, was based on sound intuition, which he certainly did not take from the “moral therapy” tradition.

Thomas Story Kirkbride was able to devote his whole life to creating new institutional models for a better understanding of what is different in those who do not conform to the norm. In contrast, Edward Jarvis, notwithstanding the success he had in his battle for a system of public health welfare, worked in relative isolation. He was hindered by too many problems, and in the prime of his life he was greatly held back in his career. In the end, when he finally established himself in a steady position at Dorchester, he had to do so at the cost of losing twenty years of strictly clinical experience, and of having to resort to private practice which was profitable precisely because it was private. As a final irony, the superintendency of the new hospital, which had been founded due to his strenuous efforts, was assigned to another man who, I believe, had the support of the Freemasons’ Lodge which presided over the inauguration.

Being cut off from hospital clinical practice was one of the causes of Jarvis’s spiritual troubles. The other was the structure of a culture which gave him the support he greatly needed but also a system of established norms which were of much less support to him. Over a hundred years later Jarvis’s witness remains interesting for the same reasons for which he experienced it and struggled against its restrictions, which were erected by many “false prophets”⁶¹ to cultural big-wigs of the times in which the Edward Jarvises had to live.

⁶⁰ CFPL, ‘Tradition and reminiscences of Concord, Massachusetts’.

⁶¹ Alexander Kohn, *False prophets: fraud, error and misdemeanour in science and medicine*, New York, Basil Blackwell, 1986.