Midwifery and Medicine in Boston

Amalie M. Kass

Published by Northeastern University Press

Kass, Amalie M.
Midwifery and Medicine in Boston: Walter Channing, M.D., 1786-1876.
Project MUSE. muse.jhu.edu/book/68424.

For additional information about this book
https://muse.jhu.edu/book/68424

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=2436285

This work is licensed under a Creative Commons Attribution 4.0 International License.
Chapter 6

The Education of Physicians

I am such a true lover of lecturing that I should miss much pleasure if I did so divide my labours.

—Walter Channing to James Jackson, Jr., November 22, 1832

CHANNING gave his initial introductory lecture on the theory and practice of midwifery promptly at 9:00 A.M. on the first Wednesday in November 1815. It was an occasion he would repeat annually for the next thirty-eight years.¹ When he began to teach, the medical school was still quartered above White’s Apothecary store, but construction of a new building was already under way. The new medical college, inaugurated in the autumn of 1816, was on Mason Street, not far from the Boston Common, where cows still grazed in summer and young Bostonians sped along a snow-packed sledding track in winter.²

The new building offered many amenities not found in previous locations of the school. Channing, Bigelow, and Jackson lectured in a spacious room furnished with mahogany tables and warm carpets, the aspiring physicians seated before them on circular raised tiers. In the nearby chemistry laboratory, Gorham and his successors performed simple experiments, not always successfully. The floor above was Warren’s domain: an anatomical theater adorned with replicas of the Apollo Belvedere and Venus de Medici, two dissecting rooms, and an anatomical museum. The students may have hoped that the statues were intended to illustrate the lectures, but a life-sized skeleton hanging from the ceiling gave greater reality to the human form and to the business before them. Skylights set in the roof dome illuminated the theater and distinguished the college from buildings around it.³ There was also a library, which
initially held about five hundred volumes, primarily texts donated by the professors to supplement their lectures.4

The students were intrigued by the Professor of Midwifery. According to a student in the early years, Channing “popped up through the side door . . . mounted the rostrum . . . gave a pretty good introductory and ended precisely at ten of the clock.”5

William Wellington, a student in 1835, described a similar scene. “He came fresh from his morning’s drive, bright, cheery, and in the best of spirits. The first impression was a favorable one. He was a fluent, at times an eloquent speaker. He graphically described the bones of the female pelvis, and clothed them with flesh and blood; he was full of fun and anecdote; his manner was pleasant and interesting. The lecture reminded one of a refreshing easterly breeze, in a dry, hot, summer’s day. The hour passed rapidly away; he briskly put on his coat, and disappeared as suddenly as he came, leaving us almost spellbound.”6

That Channing was a good speaker should be no surprise, given the talents of his two brothers, one Boston’s most popular preacher and the other the Boylston Professor of Rhetoric.7 That he could be eloquent is equally plausible, for he was a keen student of poetry and the classics, especially Shakespeare, and understood the importance of cadence and literary style. That he enjoyed the limelight of the podium could also be expected. When Fanny Kemble, a famous British actress, came to Boston on one of her many dramatic tours, Channing read Macbeth to her Lady Macbeth in a public performance.8 Later

Massachusetts Medical College (courtesy of the Francis A. Countway Library of Medicine)
in life, he occasionally conducted the service and delivered the sermon at the Church of the Disciples, which he joined when William Ellery Channing ceased his active ministry at the Federal Street Church.

But Wellington discovered that the initial éclat of Channing’s lectures began to fade. “[T]he promise of this first lecture was hardly fulfilled in the sequel. As the course proceeded, the lectures were apt to be discursive. The doctor was rarely tedious; but he was erratic, and not always edifying.” In his publications and letters, too, Channing had a tendency to stray from the immediate subject, and used such convoluted sentences the reader was often left to puzzle meaning from verbiage. His students quickly learned that “he could be easily diverted from his main subject, and use up his time in speaking of some recent theory.” They also came to admire his “profound acquaintance with the older obstetrical writers.”

The Professor of Midwifery was appreciated for his wit as well as his erudition. According to another anecdote, he was fully engaged in a description of puerperal convulsions when an organ-grinder appeared beneath the open window. Presently the strains of a popular air began to mingle with Channing’s words. “For a while the battle was evenly contested, the honors going first to the organ-grinder and then to Dr. Channing who, completely drowned out, at last sat down and said, ‘Gentlemen, Apollo was the god of music as well as of physic.’”

The students recognized that Channing was totally committed to their instruction. “This afternoon attended an extra lecture by Dr. Channing exhibiting some important operations in his branch of the profession,” one student noted in his diary. “Dr. Channing . . . has invited us to call at his room where he will answer any questions or discuss any subject relating to his branch of the profession,” another told his preceptor, adding, “His hour never drags—not fails to interest.” However, Channing did not invite them to his home to celebrate the close of the academic session, as was the custom with some of his colleagues. Bigelow served “wine, brandy, nuts & fruits,” and Warren provided “an entertainment . . . a pretty splendid treat.” A student who arrived late at Warren’s Park Street residence regretted that he could enjoy only “a small portion of the conviviality of the evening.” Channing’s family situation and his persistent concern for his pocketbook were not conducive to such hospitality.

There were a few students with money to spend on the theaters and other entertainments that Boston offered, and their sometimes riotous behavior became the stereotype of medical student life. For most, however, the cost of their education and the seriousness of their pursuits prevented much indulgence. Despite what now seem low fees, the young men who came to the
Massachusetts Medical College from the small towns and farms of New England found that the total expenditure for three (later four) months of instruction, room, board, books, and transportation to and from Boston was quite high. Tickets for the five sets of lectures came to seventy dollars; board was about three dollars per week, with extra charges for firewood and laundry. Additionally, the students were simultaneously under the tutelage of a preceptor whom they also paid for instruction. Some cynically accused "Medicine, Doctors, & everything connected with them" of being interested only in the fees. The seventy-dollar fee in 1825 would equal about one thousand dollars in year 2000 dollars. There were additional charges for the diploma, and if a student left Boston at the end of the term in March, there was the further expense of returning to Cambridge in August for the graduation ceremonies.

Most of the students were purposeful, not only because their education was costly but because they fully expected that their studies would enable them to contribute to society. "Feeling the responsibility which I am soon to take upon myself, it being no less than the lives & health of my fellow creatures & the necessity of being prepared to discharge my duty to my fellow beings with propriety, I have been so deeply & so constantly occupied with my scientific pursuits that I have neglected concerns of eternal importance to myself," William Workman confided to his diary as he assessed his progress on his twenty-seventh birthday. Workman allowed himself time on Sunday to attend morning and afternoon church service, and thus looked after those "concerns of eternal importance," but for the most part he stayed close to his books. Others, equally imbued with the significance of their ambitions, found that the study of medicine could be perplexing. John G. Metcalf complained that the student "will often find himself lost or bewildered among the mazes and labyrinths of the half an hundred of fantastic or visionary hypotheses, or turn with disappointment and disgust from the fruitless endeavor of reconciling two opposite and incontrovertible theories." These difficulties, he added, "can only be surmounted by years of tedious and unremitting application."

Channing encouraged the notion that continuous study was required of physicians in practice as well as of students preparing for a career in medicine. Channing took his teaching duties seriously. Just as there is a stereotypic nineteenth-century medical student, be he boisterous and irreverent or heartless and cynical, who is belied by sober and earnest men like Workman and Metcalf, so there is a stereotypic nineteenth-century medical professor, interested only in the fees he would collect, repeating his lectures year after year and scorning new ideas. There is some truth in this picture because the fees were an important part of Channing's income and little new obstetrical knowledge was produced during these years. However, it is equally true that Chan-
ning boasted of the pleasure he derived from lecturing and reworked his notes annually.

Occasionally, he found himself torn between a patient in the final stage of labor and the students awaiting his appearance in the lecture room. Called to a case in which a fetal arm presented, he solved the dilemma by turning the fetus and rapidly delivering it, "thus arriving on time at the medical school." Another day a potentially serious accident failed to prevent his appearance. Inexplicably devoted to fast, unwieldy horses, Channing was unable to control a runaway beast that was pulling his sleigh down the steep incline of Beacon Hill en route to Mason Street. Horse, sleigh, and driver were upturned. In his own words, he was "soon extricated from this helpless situation by several gentlemen, and walked to deliver his lecture at the medical college." Once again, his students did not miss instruction (we do not know what happened to the horse).

Over the years, the sequence and content of the lectures did not change very much, and Channing regularly repeated some of his favorite anecdotes. This was rather boring for students forced by degree requirements to sit through a second year of instruction that did not differ markedly from the first. One complained that Channing and Gorham "go on pretty much after the old sort," and that a story illustrative of the importance of midwifery "was not much improved since last year." It was not until the 1870s that a graded curriculum was introduced, with courses designed to build one upon another. Nonetheless, Channing updated his lectures with references to recent cases in his own and his colleagues' practices and with citations from articles in the latest British and American medical journals. If he disagreed with any of them, he said so. If he had no preference, he might describe the opinions of several writers.

The class met three times per week. Channing usually introduced the course with a simple declaration: "Midwifery is that branch of medicine which treats of conception and its consequences." This was followed by an explanation: though a branch of medicine distinct from surgery and physic, midwifery includes aspects of both (anatomy, physiology, pathology, and therapeutics). He emphasized the need to understand conception, pregnancy, and delivery "in the healthy and the diseased state," in ordinary and in abnormal situations. Finally, he made extensive remarks about the importance of the knowledge he was about to impart and exhorted the students to pay careful attention.

There was no textbook. Instead, Channing recommended significant writers from William Smellie through William P. Dewees, and included the two Frenchwomen, Madame Boivin and Madame LaChapelle, whom he credited with having greater empathy with parturient women than men could have.
Denman, Hamilton, Burns, Merriman, Conquest, and Ramsbotham were also suggested, as well as Baudeloque. Though familiar with French obstetrical teaching, Channing was more comfortable with the British school, in which he had trained. Thus, his students were expected to learn Denman’s categories of labor: natural, laborious, preternatural, and complex, but did not have to memorize Baudeloque’s six classifications of the position of the fetal head or his rationale for aggressive use of forceps.23

Throughout the course Channing attempted to provide historical context to his lectures. He gave the full story of the use of forceps from their earliest development by Peter Chamberlen and his descendants. He summarized theories about conception or menstruation from the ancient Greeks to the present, though it was obvious that much remained obscure. His explanation of the mysteries of conception reveals the state of contemporary medical science: “at a certain time after the congress of the sexes, the precise one however we are ignorant of, an ovum, containing an embryo, a mere speck in existence, is found in the cavity of the uterus.”24

Over the many years of Channing’s professorship, the medical school term was extended from thirteen to seventeen weeks. This allowed him to embellish the course with additional examples, but the general outline remained the same. About half the lectures were devoted to the anatomy of the female pelvis and fetal head, the physiology of conception and menstruation (as then understood), and the pathologies associated with female reproductive organs, including menstrual problems, tumors, and cancers. These lectures were meant to prepare his students to treat “diseases of women” as best they could, given the limitations of knowledge and therapy.

Around the midpoint in the lectures, he began to discuss pregnancy and some of its possible complications, including spontaneous abortion, or miscarriage. Thereafter came a series of lectures on labor, the conduct of the physician during labor, and the many possible interventions that might be needed. He could not offer a complete explanation of labor: neither he nor anyone else understood anything about the hormones that initiate labor and cause the uterus to contract. He could only describe mechanical changes. “Labour begins because and when the cervix is obliterated by the growth of the foetus or for its accommodation . . . because the os at the moment when the obliteration is perfect begins to open or . . . has become dilatable.” As for the second stage of labor, “Force drives the foetal head downward.”25

The final sessions were devoted to rupture of the uterus, inversion of the uterus, hemorrhage, convulsions, puerperal fever, and phlegmasia dolens (thrombophlebitis causing swelling of one or both legs, called milk leg when it appeared in a recently delivered woman). He indicated his personal prefer-
ences for various styles of forceps and other instruments, even specifying the name of the designer. He recommended prescriptions for specific situations. He also called attention to advice offered in British and American texts. The lectures were highly practical, intended to prepare beginning physicians to expect an uneventful delivery but be able to meet any complication that might occur. 

The course was almost entirely didactic, which was expected in an era when professors were meant to provide a comprehensive overview of medical theory and practice and preceptors were expected to introduce the students to patient care. But Channing understood that the students’ interest was heightened by visual examples. He illustrated the lectures with wax models of the external and internal parts of generation, the different stages of pregnancy and labor, and the organs associated with the female pelvis. Some of these models he had ordered from Italy, where the art of medical moulage was best developed. Others came from Paris. As pathological anatomy became more widespread, he also showed specimens of diseased reproductive organs, the placenta and cord in various states, and fetuses “from as large as a fly to last month of pregnancy.”

John Bernard Swett Jackson, a nephew of James Jackson who later became the first Professor of Pathological Anatomy at Harvard, frequently saved autopsy specimens for him. Channing referred to this collection of wax models and specimens as “his museum of midwifery,” and he was eager to have the items properly displayed at the medical school. In 1835 there was talk of creating a midwifery museum in conjunction with increased space for Warren’s anatomical collection. When Channing realized that he personally would have to meet the expenses involved, he decided to “forego this most important want in my department.” As always, the fear of spending more money than he thought he could afford kept him from realizing a potential benefit.

Clinical instruction in midwifery was out of the question. As Wellington recalled, “Once or twice . . . we were treated to a little practical midwifery. A female pelvis was placed upon the table. The head of a rag baby was thrust into it. It was our duty to ascertain the presentations, and to deliver with the forceps.” According to Channing’s lecture notes, he used “a machine,” presumably a female pelvis with gravid uterus to demonstrate labor and delivery, and he showed the students how to use various instruments needed “for overcoming difficulties.” Channing allowed two lecture periods for this exercise, dividing the class so that each man had a chance to “acquire manual skill sufficient for all practical purposes.”

Outside the medical school, preceptors occasionally entrusted childbirth cases to their students. There might also be a chance for observation or real
experience if a student was well connected with a Dispensary physician, or, as had happened to Channing himself, with a physician at the House of Industry. In his other teaching role, as a preceptor, Channing advertised “clinical opportunities” to students genuinely interested in obstetrical practice, but there is no evidence that such instruction occurred.

Subsequent commentators have been critical of the inexperience of new physicians when they had to face the reality of labor and delivery in their first case of childbirth. However, conservative Bostonians would hardly have condoned a violation of female modesty by allowing students entry into the birthing chamber of a “respectable” patient, and the Boston Lying-in Hospital refused to permit midwifery students to observe its patients. There was a tacit assumption (or fear) that young, unmarried men would take a prurient interest in such scenes and might even be sexually aroused by them. John Collins Warren had to assure Harvard’s President Kirkland that “we will cover the female parts” when Dr. Channing’s wax preparations arrived from Europe.

Instruction was somewhat more liberal at the Obstetrical Institute of Philadelphia, organized in 1837. There, anatomical models were used throughout the course, and after eleven weeks of instruction each student was assigned a woman to follow from the final weeks of her pregnancy through delivery and postpartum visits.

By the middle of the century reform was under way. In 1850 Dr. James Platt White flew in the face of conventional mores by holding the first clinical demonstration in midwifery at Buffalo Medical College in New York. The patient was a recent immigrant, unmarried and pregnant for the second time, who was brought from the poorhouse to the medical school to live with the family of the janitor several days before her estimated confinement. When labor began, twenty students examined the patient, listened to the fetal heart, and witnessed the delivery. News of the event produced an uproar. A local physician wrote angrily to the local newspaper about the “salacious stares” and “meretricious curiosity” of the medical students, condemning a precedent “set for outrage indiscriminate.” To protect his reputation, White sued for libel but lost the case when he could not prove the identity of the author. Other physicians were equally disapproving of clinical instruction. A committee of the American Medical Association argued that a physician had to learn to work by touch alone and was otherwise unfit to practice.

White did have his champions, including Austin Flint, editor of the Buffalo Medical Journal, who commended the propriety of “better preparing those soon to become practitioners of medicine for the responsible duties of the accoucheur.” The editor of the Boston Medical and Surgical Journal also supported “demonstrative midwifery,” as White’s innovation was called, pointing
out that most European lying-in hospitals had permitted such instruction for many years; he urged "the use of all legitimate and appropriate means of acquiring that skill upon which our happiness and hopes may in a great measure depend."39

Demonstrative midwifery was not incorporated into Channing's course. Though he had benefited from clinical experience in London and Edinburgh, he acquiesced in the refusal of the Massachusetts General to admit midwifery cases and submitted to the policy of the Lying-in Hospital that forbade medical students. Instead of opposing conventional mores, he stressed the importance of book learning, insisting that study of the texts provided the essential foundation of medical knowledge and that a student must be well prepared intellectually before he could benefit from observation. "Where does he acquire that knowledge? From books . . . from books alone. We claim for our profession that it is an intellectual one, that it is the mind and the whole mind that is to be devoted to it, in order that it may be worthy of our highest nature. A man who discourages reading, hard & laborious study in our profession, is not of us."40 This, of course, is the way Channing had studied medicine with James Jackson.

The controversy over demonstrative midwifery continued in the decades following White's revolutionary act, with many physicians and laymen remaining adamantly opposed, primarily on grounds of morality and the preservation of female modesty. Channing was more open to change after his retirement from the faculty in 1854. Belatedly recognizing the deficiencies of didactic instruction, he urged his obstetrical colleagues to promote clinical training.41 He gave his wholehearted approval to the obstetric clinic that Dr. Gunning Bedford had created at University Medical College in New York and to Bedford's weekly clinical lectures. By innuendo he even criticized the Boston Lying-in Hospital for not allowing students to observe there. "[T]his, so-called, respect for the feelings of patients did not preserve this institution from dissolution," he wrote in 1862, referring to the closure of the hospital when it had been unable to attract sufficient numbers of patients.42

MEDICAL jurisprudence occupied a secondary role in Channing's teaching, as it did in the curriculum of all medical schools.43 There was neither sufficient time nor sufficient demand to warrant more attention. Examination in medical jurisprudence was not a requirement for graduation, and students could not be expected to devote themselves to a course that had no immediate rewards. Channing did not offer it every year, but when he did he scheduled additional hours for eight lectures on the subject.44 They did not produce additional fees. Few people seem to have objected until 1851, when David Humphreys Storer,
soon to succeed to Channing's chair, lamented the absence of methodical instruction in medical jurisprudence. Storer was reacting in part to the increase of crime in mid-century Boston, "caused in a great measure by the vast hordes of ignorant and abandoned foreign paupers who are daily swarming to our shores." Storer must have assumed that the study of medical jurisprudence would produce physicians better equipped to testify against the immigrant criminals and well-trained medical examiners who could reveal their dastardly acts.

Perhaps Channing remembered listening to Benjamin Rush's lectures on medical jurisprudence when he prepared his own course, but he gave little credit to the Philadelphian. Rush had divided the subject into forensic medicine (criminal injuries, poisons, accidental deaths, and aberrant sexual situations) and public health (epidemic diseases, safe water and healthy foods, and the sources of harmful air). Colleagues at other medical schools included medical ethics in their syllabi. Channing was more concerned with protecting his professional colleagues from embarrassing and awkward legal situations, especially when they testified in court. "The medical witness must study books on medical jurisprudence," he once commented. "He must attend lectures about it, as a branch of his professional education." Channing assumed that physicians would be impartial, that their knowledge and experience uniquely fit them to reveal "the Truth." He worried about the implications of their testimony, because they would be dealing with the life or death of the accused. "What we may say in court is treated with sacredness, and with beauty," he wrote in a fit of idealism. It took several personal experiences as an expert witness himself for Channing to realize that the adversarial justice system often renders "truth" a questionable and relative notion.

He has been described as "an insightful and effective professor who maintained strong interests in and commitments to research in medical jurisprudence through his entire career." His lectures showed that he had studied strictly legal texts, such as Glassford's *Principles of Evidence* and Reid's *Inquiry*, as well as the literature on medical jurisprudence. He relied heavily on a two-volume text, *Elements of Medical Jurisprudence*, published in 1823 by Theodoric Beck, Professor of the Institutes of Medicine and Lecturer in Medical Jurisprudence at the College of Physicians and Surgeons of the Western District of New York. Reprinted twelve times, Beck's tome remained the standard in American medical schools for more than thirty years. Channing also quoted freely from the European masters of medical jurisprudence, especially the French school, which was particularly noted for contributions in toxicology and insanity.

He divided his lectures on medical jurisprudence into four broad areas:
first, legal issues that relate to human reproduction (what he called “continuance of the species”), for example, age of puberty, marriage, divorce, impotence, sterility, legitimacy; second, insanity, described by him as the incapacity of the individual to conduct himself responsibly and manage his affairs properly; third, acts of violence such as homicide, suicide, and infanticide; and fourth, “all those not in the above,” which included death from apoplexy or lightning, drowning, and unexplained instances of sickness or death where the physician had to examine the victim and decide on cause. The students must have found these lectures fascinating, with the shocking tales of illegitimate birth, abortion, incest, seduction, and rape that illustrated them. There were graphic stories of poisoning, hanging, murder, feticide, infanticide, and accidental death, even death from spontaneous combustion. Channing had examples for every crime. He recounted trials in which he had appeared as a witness and retold the legends of great murder trials in England and early Boston. Among his favorites, repeated many times over the years, were the trial of John Donellan, Esq., for the willful murder of Sir Theodosius Edward Alloesley Boughton, Bart., in London in 1781, and the trial of T. A. Selfridge, Esq., charged with killing a Harvard student, Charles Austin, on the streets of Boston in 1806.

Channing wanted to prepare his students for the courtroom, where he feared they would be placed at an unexpected disadvantage. He warned that daily practice, when “the physician can expect to be in control,” was no preparation for the tensions of a criminal trial, where his authority and competence would surely be questioned and he could be intentionally provoked or submitted to abusive inquiries. Channing urged his listeners to prepare carefully for evidence that could be presented by the opposing lawyers and to take plenty of time when responding to questions. He even suggested dropping names of well-known physicians to impress a jury and other ploys to protect themselves on the witness stand.

Malpractice suits were another topic to which he gave much attention. Jacksonian notions of democracy and equality promoted distrust of all elite institutions, including the medical profession, during the 1830s and 1840s. One result was an increase in medical malpractice cases. Channing was naturally protective of professional colleagues who had to defend themselves in court. His views echoed those of a Pennsylvania jurist who had ruled that the legal responsibility of the physician is limited by the personal responsibility of the patient. As Channing explained, the physician possesses “a reasonable degree of professional skill which he exercises with reasonable care and diligence.” He is expected to use his best judgment, but he cannot guarantee the outcome of his ministrations. Too many variables, from the conduct of nurses
and other attendants to the actions of patients themselves, produce unwanted results and lead to outcomes for which the physician has no responsibility. “The patient,” Channing taught, “must be responsible for all else; if he desires the highest degree of skill and care, he must secure it himself.” To further shelter the profession, Channing urged that physicians accused of malpractice be judged by other physicians, much as members of the clergy or the military are tried by their peers.

In addition to giving practical lessons in midwifery and medical jurisprudence, Channing used the lecture podium to inspire the young men seated before him with his own vision of the profession they had chosen. He liked to quote Cicero: “In nothing does a man so nearly approach to the immortal Gods, as in giving health to mortals.” But the public image of physicians was less exalted. Though the number of medical schools proliferated during the nineteenth century, many were proprietary enterprises with minimum standards for admission, poor instruction, and lax graduation requirements. Since they were competing for students, their managers feared losing business if their schools were too demanding.

Admittedly, requirements at Harvard were more stringent than at the smaller schools, but that did not always guarantee high performance. Channing usually gave a brief oral test partway through his course. No one was reported to have failed. Final examinations were perfunctory and superficial. Candidates for degrees appeared one at a time before the assembled professors and were asked a few questions relative to each specialty. Their responses in these brief interviews were taken as an indication of their knowledge and fitness for medical practice. They then wrote a dissertation “on some subject connected with medicine,” submitted it to the appropriate professor for approval, and read it in public. Each student was allowed ten minutes for his oral presentation, so the papers cannot have been long. They were based entirely on secondary sources and usually summarized current theory on a particular medical issue. The students did not engage in experimentation or research, as would later be required in academia. There had been little change since Channing’s years as a medical student.

Apart from the skepticism caused by poorly educated physicians, the public was increasingly disenchanted with harsh medical therapies that often made the patient miserable and just as often did not cure. Jackson and Bigelow might urge milder therapeutics, but they had nothing specific to offer in place of heroic medicines, and patients expected something. A number of unorthodox medical sects, including homeopathy, hydropathy, and botanic medicine, gained popularity by offering alternative treatments. The Massachusetts Med-
ical Society had never had the power to prevent nonmembers from practicing. Now botanics and homeopaths as well as men with degrees from unknown medical schools were competing with Fellows of the society. Even acknowledged charlatans could call themselves physicians.

The confusion and suspicion led Channing to address the problem in one of his concluding lectures to the midwifery course. "I am not standing here in defense of medicine as a certain science," he asserted. "We have too often occasion to acknowledge to ourselves if not to others how ignorant we are, and death is too often the termination of disease to have it for a moment a question whether medicines will always cure or no." But he feared that doubt and skepticism would "spread over the whole & fair domain" of the profession. Channing was determined to have his students share his own pride in a profession that seemed to him to be unjustly maligned.

Embedded in his lectures were eloquent words about the physician's role in the promotion of individual happiness and "the general good." There was praise for the "observer of nature, trained and prepared to understand human activity . . . his researches after truth are . . . wider and deeper than those of other men." And there were exhortations to pursue medical studies beyond graduation. "To secure to our profession a true place in our own respect & confidence . . . let us give to it our nights & our days. Be true to it & to those who place . . . their lives in our hands."

Every five years or so, Channing had an opportunity to deliver the general introductory lecture that initiated the academic session. It was an honor that rotated among the medical faculty on a more or less regular basis. Practicing physicians and laymen were in the audience along with the students. The speaker was expected to fire the students with enthusiasm for the profession they were entering and to espouse the highest ideals of medicine for the general public. It was not easy to find new and different ways of saying the same thing. Channing relied on frequent allusion to past masters, Latin quotations, and lines from Shakespeare to inspire lofty purposes and convey his personal pleasure in the profession he had chosen.

His comments bore a strong autobiographical character. Medicine, he insisted, has been "the means of doing good, much good to others." He emphasized professional duty. "The physician must be a self-denyer," cheerfully sacrificing his time and energy for his profession and its obligations. With great sincerity, he urged the neophytes to "carry sunshine to the dark chambers of sickness & if it beam not from our countenances, it must be in our hearts, and come out with our words." Would that the medical profession might always exemplify similar values.

There was a spiritual quality and an idealism in some of these lectures.
not found in those of his colleagues. Thus, when speaking of Matthew Baillie (1761-1823), an eminent London physician, he referred to “exalted dignity . . . celestial brightness . . . the divine in him.” In urging students to “love thought” that they might do something “to remove the charge of a mechanical age, deprive the external of some of its power and minister widely to the upwakening and outward showing of the spiritual,” he was revealing his own view of man as well as his distaste for mechanistic views. “The physician studies Life—that mysterious essence or principle which in himself and in all other living beings constitutes and is the distinguishing circumstance between them and all other existences.” These words from lectures delivered in the later years of his teaching career hint at the influence of the Transcendentalists and coincide with his personal involvement in liberal religious groups.

CHANNING’S teaching commitments extended well beyond the academic term at the medical college. He had offered private instruction in midwifery during the few years between his return from England and his appointment at Harvard; in subsequent years, still recognizing the need and having space available at the medical college, he again gave a summer course for physicians’ private pupils and others who might want to augment their knowledge of “the obstetric art.” Sometimes his course included “diseases of children.”

He was also a preceptor, as was common with all the faculty. Acquisition of the medical degree still required, in addition to two years’ attendance at lectures, three years of tutelage with a physician who provided exposure to daily practice, instruction in the preparation of drugs, and supervision for reading medical texts. This, of course, is the same scenario as Channing’s pupillage with Jackson and Barton. During the 1820s and 1830s, however, medical education in urban centers like Boston became relatively more sophisticated. As some physicians acquired knowledge and experience in particular aspects of medicine and as the demand for clinical instruction became more acute, it was difficult for a single physician to provide all the training that an ambitious young man might desire. The preceptor system began to change.

Channing and Jackson were quick to realize that their affiliation with the Massachusetts General Hospital gave them access to clinical facilities that most other preceptors lacked. In 1825 they began what Channing later described as “a private school for professional education . . . the first school at the time amongst us.” The primary attractions were the opportunity to use Channing and Jackson’s joint collection of medical books and plates, which were kept at Channing’s house, supervision of students’ reading by experienced teachers, and hospital visits during the eight or nine months when the medical school was not in session. Over the first five years, fifty young men enrolled, and
there was a steady stream of students thereafter. Many listed Jackson and Channing as joint preceptors when they matriculated at the medical college. Some were not affiliated with the college, for it was still possible to spend three years with a preceptor and submit to examination by the Massachusetts Medical Society. A few young men who did not reside in Boston may well have spent only a few months with Channing and Jackson and had a local preceptor.

The success of Jackson and Channing's "private school" was not lost on other physicians with similar advantages to offer. By 1830, John Collins Warren, George Hayward, and Enoch Hale, Jr., were offering a medical course that emphasized anatomy and surgery, an area in which Jackson and Channing were deficient. Their students too had access to the hospital. Not to be outdone, Channing and Jackson added three colleagues to their roster: John Ware, George W. Otis, Jr., and Winslow Lewis, Jr. Ware had recently been appointed an assistant physician at the hospital along with Channing. Otis, who had briefly served as an assistant surgeon at the hospital, taught surgery; Lewis, who had studied for several years in London and Paris, offered instruction in anatomy. Channing added chemistry to midwifery and diseases of women and children. Thus, the private school mimicked the curriculum offered at the medical college.

Channing, Jackson, and their colleagues charged a hundred dollars for nine months of private instruction, more or less the same amount individual preceptors usually received. To avoid being undercut by the Warren group, who asked twenty-five dollars less, they persuaded their competitors to raise their fees to the same level. Students without family in Boston or surrounding towns were at a disadvantage, because they had additional expenses for board. This helps explain why men such as William Workman and John G. Metcalf, who lived many miles from Boston, returned home to their local preceptors after the session ended in March.

Many of Jackson and Channing's students were destined to become well known in Boston's medical circles. Over the years, there were two representatives of Jackson's family (John B. S. Jackson and James Jackson, Jr.) and three of Channing's relations (Charles Stedman, Francis J. Higginson, and Francis Dana, Jr.). Oliver Wendell Holmes and Henry Ingersol Bowditch, each a prominent figure in the next generation of physicians, studied with them, as did Edward Hook during the months prior to his appointment as first resident physician at the Lying-in Hospital.

In 1835 the editor of the *Boston Medical and Surgical Journal* paid tribute to "two of the best private schools for medical instruction . . . the one conducted by Dr. Channing and his talented associates and the other by Dr. Hale.
in conjunction with gentlemen of acknowledged acquirements." Their success quickly bred imitation. More private schools sprang up, also offering a complete course of study and clinical instruction at a variety of venues—the Chelsea Marine Hospital, the Eye and Ear Infirmary, the Dispensary, and the House of Industry. The last claimed to offer special instruction in diseases of the heart and lungs.

After passage of the Anatomy Act in 1831, Channing and his associates were able to give increased emphasis to instruction in anatomy. Until that time, only the bodies of executed murderers and men who had engaged in fatal duels could legally be procured for dissection. The public considered "anatomizing" to be a sinful desecration of the body. Warren was often threatened with personal attack and sometimes feared that the medical college might be damaged by an irate mob bent on stopping the practice. The university disclaimed any association with the teaching of dissection, although the fact that it occurred was common knowledge. It had taken years of public education and persistent lobbying by the Massachusetts Medical Society before the legislature was persuaded to enact the new law, the first anatomy act in the nation. It permitted the transfer of unclaimed bodies that would otherwise have to be buried at public expense to medical institutions for teaching purposes. Thereafter, cadavers were more readily available to medical students, and the private medical schools were better able to provide demonstrations and practical instruction in dissection.

After 1834 Jackson was no longer associated with the school, which by then was quartered in Winslow Lewis's house. George Cheyne Shattuck, Channing's longtime friend, a popular practitioner, and president of the Massachusetts Medical Society, joined the group in 1838. By adding his name to the school, Channing and his associates may well have been trying to meet emerging competition. Channing continued the management functions, receiving inquiries and applications.

In September of that year, another private medical school appeared that was destined to outshine all that had come before. The Tremont Street School was founded by Jacob Bigelow, Edward Reynolds, David H. Storer, and Oliver Wendell Holmes. Already fifty years old, Bigelow was Channing's contemporary, but the other three represented the next generation, ready to take a more active role in Boston medical circles and impatient with a system that perpetuated the same leadership decade after decade. Instead of teaching at home, as Warren, Channing, and Lewis did, they rented rooms above an apothecary shop at 33 Tremont Row, available to the students from 6 A.M. to 10 P.M. for reading, recitation, and examination. They also had a private dissecting room
in the rear of a nearby savings bank. Through Bigelow and Reynolds, the students had access to the hospital for clinical teaching.

The Tremont Street School flourished. Fifteen students enrolled the first year; by 1855 there were fifty-two, about one-third of the Harvard medical class. The faculty also expanded and the course offerings became more diverse, matching the new medical science being imported from Europe. Students had opportunities for instruction in comparative anatomy, diseases of the skin, pathological anatomy, surgical pathology, and diseases of the eye. Holmes gave lessons on auscultation and percussion (diagnosis by listening to sounds of internal organs), as well as microscopical anatomy. Storer provided lectures in midwifery and offered instruction in the application of obstetrical instruments, using a machine and models similar to Channing's.81

The Tremont Street School had a great appeal to the current crop of medical students and rapidly eclipsed the other private schools. Its faculty were energetic and ambitious, familiar with the medical theories and techniques that had made Paris the medical center of the Western world. By 1840 Ware and Shattuck had given up private instruction and Winslow Lewis was teaching anatomy by himself.82 Channing and Otis continued their collaboration for a few more years but eventually they, too, abandoned private teaching.

The Tremont Street School soon became an adjunct to the Harvard Medical College. From the end of March to the beginning of November (the so-called summer term), the teachers reinforced and elaborated on the lectures regularly delivered at the medical school. When the medical school was in session, they offered intensive tutorials to supplement the lectures and quizzed the students regularly. Over time, several from the Tremont faculty, notably Holmes, J. B. S. Jackson, and Storer, received appointments at the Harvard Medical College.

The success of the Tremont Street School inspired still another group of young physicians. The Boylston Medical School, incorporated in 1847, offered a graded, three-year course of instruction patterned on the European model. This was a true innovation, as it eliminated the repetition of lectures and substituted a well-planned succession of courses that built one on the other. After seven years of successful operation, it applied to the legislature for degree-granting privileges. The Harvard faculty argued against their petition, but this time they did not prevail. However, the Boylston School never conferred a medical degree. Responding to the possibility of competition, Harvard made modest reforms by increasing the term and absorbing the most promising young teachers from the Boylston School into its own faculty. The Boylston Medical School also disappeared from the scene.83
WITH an expanded student body, faculty, and curriculum, it was obvious that more space was needed at the medical college. Equally apparent was the importance of clinical instruction and the advantage of proximity to the hospital. Therefore, rather than enlarge the building on Mason Street, the faculty accepted an offer from George Parkman, a graduate of Harvard College and of the medical school who had abandoned medicine for real estate, of land adjacent to the Massachusetts General Hospital. The school moved into a new building on Grove Street in time for the 1846 academic session. It was rumored that the building on Mason Street was to be refitted as an infirmary for children and infants, but instead the Boston Society of Natural History acquired it to house its ever-growing collections. It cannot have been a coincidence that John Collins Warren was a leader of the Society of Natural History.

Channing witnessed these changes philosophically. Within a year he resigned as dean, having served almost three decades as faculty scribe. Oliver Wendell Holmes, recently named Parkman Professor of Anatomy and Physiology, succeeded him. Thus Holmes, and not Channing, was on the spot for the extraordinary scandal that rocked the medical school and the city of Boston in 1849, when the same George Parkman was brutally murdered. Holmes also had to lead the faculty through two disturbing challenges from outsiders seeking admission to the school. During Channing’s deanship there had been no dramatic issues to be dealt with. Most serious often seemed to be the choice of color for the admission tickets sold each year to the students.

By 1854 Channing was ready to retire from the faculty as well. Many years previously, when it was rumored that John Collins Warren might accept a professorship in New York, Channing had asked Warren to use his influence if “the chair I fill here” was also vacant in New York. If so, he went on, “I shall certainly ask to be appointed to it.” Warren did not accept the offer from New York and Channing’s idea of moving became moot. He did not pursue it on his own. It is difficult to take his remark seriously, just as it is difficult to imagine that Warren would have considered the move. Both were deeply rooted in Boston society, attached by family, friends, and colleagues to teaching, medical practice, and good works in the comfortable environment they knew so very well.

When Channing submitted his resignation in September 1854, he and Bigelow were the only remaining members of the intimate group they had joined in 1815. Though the school term had been lengthened to seventeen weeks, he was receiving the same fees as he had for thirteen weeks, thirty years before. His course was now called “Obstetrics and Medical Jurisprudence.” The lectures included reference to the use of ether in difficult labors and advocated greater caution against puerperal fever, but little else had changed.
The conclusion of Channing's teaching career brought praise from the *Boston Medical and Surgical Journal*, which remarked on his "fluent and pleasant teaching [that] will be long remembered by many who have received their medical education at this College."⁹¹ The president and Fellows of the university expressed perfunctory appreciation for his "long and faithful services." He did not receive the usual accolades from his colleagues. There was no farewell dinner, no flattering speeches. When Jacob Bigelow resigned the following year, David Humphreys Storer, Channing's replacement, was effusive in his tribute to "the most distinguished member of this school—who possessed our undivided esteem, in whose judgment we all confided, of whose varied attainments we are all proud."⁹²

Channing's almost forty years' dedication and loyalty to the medical college, his steadfast commitment to teaching, and his unfailing interest in his students remained unacknowledged. Not having written a textbook, his name would not be permanently affixed to midwifery instruction. Yet the generations of men who listened to his lectures and observed his demonstrations were as well prepared for practice as any in this country, and better than most. One can teach only what there is to learn; Channing did it well.