Chapter 13

Retirement and Repose

An old man will look on the present gratefully and to the future with hope.

—Walter Channing to Lucy Russel, July 21, 1856

ELLERY and Ellen's fourth child, Giovanni Eugene Channing, was born in June 1853. The addition of another baby in a household already strained by Ellery's erratic behavior made the family dynamic more difficult than ever. He despised his home, "the old shed I live in overnight, the rat trap I shelter in with its mouldy boards & rot & decay." The great outdoors, "bravely swept & cleaned," became his "real parlor & kitchen," and he spent most of his time in solitary walks and excursions with Thoreau and Emerson. Ellen recovered slowly from her confinement. Desperately in need of help with household chores, discouraged by her husband's self-indulgence and frightened by his moodiness, she began to consider a separation. She sought advice from Walter but, torn between loyalty to his son and affection for Ellen and the children, he was incapable of helping her make a decision. Her brother-in-law Thomas Wentworth Higginson was a more reliable confidant. He provided Ellen with understanding and support while Mary tried to calm her anxious father.

Ellery became more and more difficult. He berated Ellen for spending too much money, though it was only through her scrimping that they managed at all. He objected when she tried to read Scripture to the children, then accused her of making them hate him. He called her vile names, spoke abusively to his daughters, and spent the nights pacing endlessly about the house. There were threats of violence, followed by retreat to the solitude of his small chamber.
Finally, Ellen felt too anxious for her own safety and the welfare of the children to endure the situation any longer. "My poor heart & brain are lacerated & wearied till I feel that if God would only take me to rest it would be the greatest joy," she sorrowfully wrote to Higginson. Before taking an irrevocable step, she wanted assurance that her father-in-law would continue to help her and the children and that he would never be alienated from them. Wentworth explained the situation to Walter, who unhappily agreed that it would be better for everyone to end the anguish. The older children were sent to Fuller relatives. On November 17 Higginson went to Concord, put Ellen and the two younger children into a carriage, and took off for his home in Worcester, where Mary awaited them. Ellery remained secluded upstairs in his small room as they drove away.

Walter suffered acutely throughout the drama. He found it impossible to face Ellen, though he was well aware of the misery Ellery had caused; he promised the financial support she would need. But his greater concern was for his son, his only son, "how beloved by his mother, how sick in his childhood." It was the end of any hope he had ever had for Ellery's happiness. Everyone sympathized with Ellen, and Walter imagined his son deserted by the rest of society. Who would take care of him? He certainly could not take care of himself. Knowing how unstable Ellery was, Walter was afraid he might go mad. Indeed, some people thought he had been insane for a long time. His extreme moodiness, his irrational conduct toward his wife and children, and his total incapacity for sustained relationships with them seemed too bizarre to admit of any other explanation. A century later, Freudian psychologists might suggest that Ellery's hateful conduct toward Ellen was punishment by substitution of the mother who had abandoned him.

Walter lapsed into melancholy as he viewed "the daily return in new dress of the old sorrow." He could not avoid blaming himself for his son's appalling conduct. Should he have been stricter or more lenient with him? Was it a mistake to have sent him to live with the Forbeses or to Round Hill School? Should he have prevented the marriage? He could think of nothing more dreadful than the separation of husband and wife, father and children. He felt sorry for himself too, for his solitary condition, for the absence of a loving son who might comfort him in his old age, and for his inability to undo the tragedy. A quarrel with Ellery over his annual allowance further soured their relationship. Barbara's absence added to his loneliness. He knew he would have to provide a home, at least a temporary home, to some of the children, but he did not know how he could do it without her help.

Ellen stayed in Worcester long enough to feel safe from Ellery, who for a while threatened to forcibly recover the children. Once that danger had sub-
sided, and Ellery remained alone in Concord visited occasionally by his father, she rented a house in Dorchester, then a village south of Boston, where she reassembled the children and began to look forward to a quiet life. Her health was still precarious.

Channing was worn down by the emotional turmoil. To add to his distress, the tragedy coincided with the beginning of the academic year. It was his turn to give the introductory lecture, which meant he must try to inspire another cohort of medical students with lofty sentiments. He succeeded, somehow and the students asked to have his words published. Channing was flattered but declined the request because “no copy of my lecture exists, but in the mind of its author.”

Then John Ware became ill and Channing had to assume additional teaching duties. After forty years of professional work, he found it depressing to deal day after day with sickness, sorrow, and the complaints of his patients. Living in the boardinghouse was intolerably lonely. Mary, often unwell, had a severe bout of rheumatism. She was so seriously incapacitated that Channing offered to take her to Europe or any other place where she might find help. Barbara’s return gave a temporary respite to his cares, but the prospect of continued obligations was too much. At the age of sixty-eight, it was time to give some of them up. In September 1854 he resigned from the medical school, the Massachusetts Medical Society, and the American Academy of Arts and Sciences. He also ceased attending meetings of the Society for Medical Improvement.

Termination of his responsibilities at the medical school and the medical society was a relief and soothed his spirits, but Channing had no intention of abandoning all his professional activities. When rumors spread that he was planning another trip abroad, he hurriedly wrote a letter to the Boston Medical and Surgical Journal, letting colleagues and patients know that he hoped to remain employable “here at home.” Specifically, he expected to continue practicing medicine for many more years. Though he ceased paying dues to the Massachusetts Medical Society and used his resignation as an excuse for not reading a paper promised for the September meeting of the Suffolk District Medical Society, he continued to attend meetings when it suited him. Indeed, he was a frequent participant and served for two years, 1856–1858, as president of the district society. Similarly, he was named one of the consulting physicians both at the Boston Lying-in Hospital when it reopened in 1855 in an enlarged facility in the South End, and, as already noted, at the New England Hospital for Women and Children in the 1860s.

Increased leisure permitted more time for writing. Initially he kept busy transforming his European journal into a book. Fearful that it might be “excessively dry,” he included everything that seemed interesting to him, which
meant vivid reminiscences of many remarkable experiences and stimulating friendships. He asked Wentworth Higginson to edit the manuscript, but his son-in-law was unable to persuade him to reduce the verbiage or correct his peculiar, sometimes obscure, style. A reviewer praised “a remarkable book of travels,” but he also took its author to task for numerous digressions and disquisitions, “a jerking, broken, and fantastic rhetoric,” and serious errors in usage and spelling. One such misspelling, “St. Goatherd” instead of St. Gotthard, was probably an intended pun on Channing’s part. The author was relieved to have the book completed and in print.

He then embarked on another book, tentatively titled “Autobiography of a Physician,” but he did not get very far with it. Instead, he inundated the *Boston Medical and Surgical Journal* with frequent contributions that ranged from anecdotes of his previous experiences in obstetrics and medicine and notes on contemporary cases to book reviews and tributes to departed colleagues. He seemed to be using the journal as a substitute for the lecture room, sharing years of study and practical experience. Many readers could find wisdom, guidance, and humor in these pieces. They also discovered a man becoming less pretentious, even a bit Rabelaisian. In “A Fragment of Medical Autobiography, or a Case Reported by the Patient,” he described a sudden and severe intestinal disorder that left him, the patient, “as weak as a rag-baby.” No detail was omitted. First the “conflict between wind and water in the whole bowel region,” next the “matter puked up, blacker than thirty crows . . . its taste perfectly horrible; in quantity, monstrous.” And on and on. Concluding that the sickness was some kind of cholera, he then launched into a recital of several cases of Asiatic cholera he had treated more than thirty years previously.

In 1860, when there was a significant increase in the incidence of smallpox in Boston and Channing had several smallpox patients in his practice, he wrote to reassure the public about the safety of vaccination. For many years Boston had not had an effective vaccination program and many people did not have immunity from the disease. Nonetheless, there was fear that vaccinations could be the cause of disease, making it difficult to halt its spread. Drawing on his knowledge of James Jackson’s role in the introduction of cowpox lymph fifty years previously and on his own experiences as a vaccinator, Channing tried to assure his readers that they could trust vaccination to protect them.

In a satirical paper, he warned against spiritualism, which became a popular fad in the years before the Civil War. Believers relied on séances for advice from physicians already in the other world. Channing’s account of cases “for which relief has been sought from dwellers in heaven” included interviews
with several of his departed colleagues, leading him to wonder what “superior knowledge” they had acquired since quitting medical practice on earth.\textsuperscript{23}

He also repeated his warnings about the dangers of “meddlesome midwifery,” pointing to recent consultations in which he had been summoned to rectify mistakes of other physicians. “To examine, in order ’to see what may be done’... without preparation for what we may encounter in our uterine explorations, and especially without such knowledge as will enable us to know what actually exists, may only increase the peril, or lead to efforts which may precipitate a fatal result.” Too often he had arrived too late to save the patient.\textsuperscript{24}

Not content to rest on his laurels, Channing continued to question unexplained symptoms, faulty diagnoses, and unexpected outcomes. The most unusual example was a paper titled “The Bed Case.”\textsuperscript{25} It describes a strange malady, limited to women, that Channing had named for its most prominent symptom: the patient remained in bed, sometimes for years, though no life-threatening organic disease could be discerned. It was the only time in his long career that Channing dealt directly with women’s diseases that were entirely psychological. “The mind had yielded to the body. That absorption into one’s self, which comes of such maladies, was complete. Complaint had become a natural language, and spoke out on all occasions. The mind had weakened in regard to its best uses. Its whole power had come to be directed to the disease, and to a perpetual effort to show how grave it was, and how impossible it was for the patient to be other than she was.”\textsuperscript{26} Some patients appeared to be in excellent health; others exhibited signs of chronic illness or complained of severe pain in various parts of their bodies. Some displayed inert or twisted limbs, still others lay on one side only and refused to budge. Despite varied manifestations, Channing believed the pathology to be the same in all Bed Cases.

Channing attended many such women, often after other physicians, friends, or family members failed to cure them. He also collected case reports from physicians who had encountered similar situations. He decided it was pointless to try to argue the patient out of bed and focused on gaining her confidence. If there were physical problems, pain, lack of appetite, or sleeplessness, for example, he addressed them by changes in diet, fresh air, and drugs. Eventually, but not always, he succeeded when the patient herself recognized change in her circumstances and of her own volition got out of the bed, out of the bedroom, and eventually out of the house.

Channing thought he was addressing a problem that had not hitherto been adequately discussed. This was an exaggeration, since “invalidism” was not uncommon among middle-class and upper-class women and many nineteenth-century physicians had described similar female disorders, usually as-
cribing them to uterine problems. Even diseases of other organs, such as the heart or the stomach, were assumed to be indications of “reflex action” originating with the womb. Hippocrates wrote that a woman is defined by her womb, and many female disorders were classified as “hysteria,” from the Greek for “wandering uterus.” Channing had himself urged that in all chronic female disorders, especially obscure diseases, the physician must consider the condition of “that organ which makes her just what she is.” In The Bed Case (a pamphlet based on his original journal article) he repeated that notion and devoted many paragraphs to diseases of the womb that might explain the patient’s obsessive need to remain in bed.

Where The Bed Case differed, and what makes it a strange essay, was Channing’s attempt to describe a distinct disease, requiring its own etiology and its own cure. He distinguished Bed Case from hysteria, neuralgia, rheumatism, and palsy, as well as from insanity or monomania. Bed Case, he concluded, is “an imaginary affection,” a mental phenomenon, a disease of the mind, sometimes but not always preceded by organic disease. He recognized that it could be “a refuge from a thousand annoyances,” a sort of “moral and intellectual hibernation.” Ultimately, the cure resided in the patient. When she had regained the will to leave the bed and resume the habits of daily life, the disease would have been conquered.

It is a rambling paper but an indication that, in these later years, Channing was more overtly influenced by views of women as defined by the uterus than he had previously demonstrated. For a variety of reasons, some traceable to the growth of gynecology and others to the same societal changes that produced opposition to birth control and abortion, many physicians shared a similar view. Though Bed Case, if there is such a disease, could be attributed to psychosocial causes, Channing’s treatment distinguished him from colleagues who attempted to cure “hysterical” or “neurasthenic” women by gynecological surgery, mesmerism, galvinism, electricity, even confinement in insane asylums. His certainty that Bed Case was a disease of the mind is not very different from subsequent psychiatric interpretations.

THE retirement years brought unexpected honors, including a substantial legacy. A chance meeting on the street one day in 1858 prompted a physician friend to ask if he had heard about “the will.” Channing had not. Whereupon his friend explained that he had been present at the deathbed of Dr. Hildreth’s widow and that her will named Channing as heir to half her property. Channing was incredulous, for though he remembered his colleague Charles Hildreth well enough, he had only a vague memory of the widow, who had been a patient many years before. She, however, remembered that Channing saved
her life during a hazardous delivery and that, because her husband was a professional colleague, he had not charged for the visit. The legacy was a belated expression of gratitude. Her other legatee was the Reverend Theodore Snow, who had married one of her friends. Her property was estimated to be worth between fifty and sixty thousand dollars.

Elizabeth Hildreth had not included her relatives in the will, as retribution for their opposition to her marriage. Now they offered not to contest the legacies if Channing and Snow would grant them a portion. Channing was unwilling to compromise, arguing that Mrs. Hildreth “had not meant to leave a dollar of her fortune to her relations” but had bequeathed the whole estate (with the exception of certain small legacies) to him and Snow and their heirs forever.

Everyone soon knew about Channing’s good fortune. Even the *Boston Medical and Surgical Journal* reported it, undoubtedly hoping that other grateful patients would be similarly inspired to honor their physicians. Channing was tremendously pleased. Part of the legacy was in real estate, yielding an annual income. Channing was reputed to be a poor businessman, although he had been a meticulous treasurer for the Massachusetts Medical Society. He admitted that he did not keep good records of fees or debts due to him, relying instead on the honesty of his patients and friends. He once lost several hundred dollars through a forgery he refused to prosecute. Despite his apparent nonchalance, over the years he made good investments in bank and railroad stocks; although he relied on Barbara, his nephew Charles Channing, and the lawyers to manage his money, by old age he was very pleased with himself for accumulating a modest estate.

Retirement elevated Channing to the rank of a “venerable” member of the profession, as is often the case when gratuitous praise is bestowed on elders. He was toasted at annual dinners of the Massachusetts Medical Society—though perhaps not entirely as he would have wished. One year, botanical imagery suffused the citation: “Our friend, Dr. Walter Channing—Though somewhat ‘fallen into the sere and yellow leaf,’ we are glad to find that he has not yet taken his place in the genus *Gualtheria procumbens*.” At a subsequent dinner, he was saluted in an obstetrical idiom. “We see before us to-day, one who has been in labor for more than fifty years; protracted, tedious, however may have been his travail, he exhibits no symptoms of *nervous exhaustion*, he presents no appearance of *puerperal mania* but displays the same vivacity and other peculiarities, which characterized him when we listened to his instructions thirty-five years ago. We rejoice to see him here and rejoice to know that he still labors, well.”

More unexpected was his election in 1860 as an Honorary Fellow of the Obstetrical Society of London. The society had been recently founded and
Channing was proud to be recognized as one of two Americans worthy of membership. The other was Fordyce Barker, an outstanding obstetrician in New York who later became the first president of the American Gynecological Society. Shortly after the news of Channing’s honor became public, a small group of Boston physicians interested in obstetrics and diseases of women began discussions that led to the creation in 1861 of the Boston Obstetrical Society, the first of its kind in the United States. It would be too much to claim a direct relationship between the events, but the Bostonians were aware of the London society and recognized its potential benefits. Channing readily attended the preliminary meetings. He had already decided that “it would be exceedingly pleasant to me to meet with a few of those with whom I could enjoy free conversation upon matters of professional interest,” recognizing that “such exercise of thought and uses of observation would be mutually pleasant and useful.” The Obstetrical Society could fill a void left in his life by his resignation from the Society for Medical Improvement.

Channing attended the organizational meeting December 7, 1860, but had to leave early when he was called away to a case of labor. He also missed a lively debate at the next meeting. Since the Society for Medical Improvement and the Society for Medical Observation had fared well without elected officers, there were doubts about the necessity for a president and two vice presidents in the new organization. When a vote was taken to accept the plan for officers, it was with the understanding that they “would enable us to honor distinguished men of the profession” and provide the éclat needed to bring the society to national attention.

Not unexpectedly, Channing was elected president, David Humphreys Storer and Charles Putnam the vice presidents. In his acceptance remarks, Channing referred to the encouraging results “already obtained by a kindred Society in the city of London.” He urged the members to aim to “bring together facts and data in regard to obstetric medicine so that disease might be the more readily and certainly diagnosed and treated,” pointing out that obstetric phenomena were not being approached with the same clarity and knowledge as other parts of medical science. In that spirit, he offered to prepare a paper himself for delivery at the following meeting.

When the society next convened Channing explained that he had been unable to complete the promised paper, which he had intended to be a discussion of puerperal convulsions. Instead, he gave a brief sketch of the points he planned to present and then led a dialogue in which the members gave their ideas about the subject, especially in regard to the connection between edema, albuminous urine, and convulsions. There was little agreement among the responders, who had seen convulsions with and without edema, with and
without albuminous urine, in strong, robust women and in weak, delicate women. Some treated with chloroform, others with ether, some hastened the labor and others were decidedly against such a course. If Channing hoped the society would clarify obstetrical knowledge, it was going to take a long time.

At this same meeting, a subsequent debate about delivery of the placenta gave Channing the chance to describe “two cases which he had seen when the children had lived for a length of time independent of respiration of the lungs.”46 First, he recounted the story of the child he and John Shelby had saved when they were students in Philadelphia. It was one of Channing’s favorite anecdotes, repeated here and several other times, always with details of the immersion of the newborn in warm water while the placenta was still attached. The second case concerned a woman who delivered without any assistance, the child and placenta still encased in the membrane.

Some of the younger men present did not enjoy Channing’s style. One later wrote,

Our first president was a peculiar man,—a genius; learned, and at times eloquent in speech; and not unlike others in his specialty, somewhat unbalanced and rather erratic. He promised freely, with the fullest intention; not unfrequently coming short in fulfilment. We did not get the promised paper! Instead, we had an interesting impromptu discussion among the members, supplemented by an animated harangue by the President, with some of his “remarkable cases,” on a subject incidentally brought before the meeting.47

Channing was better prepared in July when he read a paper titled “Concealed accidental hemorrhage at the close of Pregnancy.”

During its early years, the society could do little to promote obstetrics within the larger medical discipline, but those who attended had a chance to inform colleagues about interesting cases and seek their reassurance or advice. The minutes of the meetings disclose a broad array of topics, everything from peritoneal tears, internal hemorrhage, and milk leg to the appropriateness of abortion in a case of excessive nausea. Puerperal convulsions continued to receive a lot of attention.48

Membership was limited to twenty-five, but there were seldom more than ten men present at any meeting. In addition to the small number of physicians willing to devote their time to obstetrical discussions, the overwhelming distraction of the Civil War nearly put an end to the society. It was resuscitated by the decision to shift the meetings from the rooms of the Massachusetts
Medical Society to the homes of members, where refreshments and sociability enlivened the evenings. 49

Channing was reelected president in January 1864, but at the following meeting he announced his intention to resign the post. Acknowledging the “sense of advantage . . . derived from a name everywhere held in honor,” the society then elected him emeritus president. He continued to attend from time to time, recalling cases from the past, offering insights gleaned from current cases, always asking his colleagues for their ideas. He made his final appearance in October 1865, when he described a case of retained placenta he had seen in Edinburgh and another he had recently attended with Dr. David Humphreys Storer.

The Boston Obstetrical Society grew slowly over the next decades. 50 As physicians became more research-oriented, there were occasional papers based on original findings, but most of the discussion came from clinical experiences. 51 New York had its first obstetrical society in 1864, Philadelphia in 1868. The American Gynecological Society was founded in New York in 1876 and the American Association of Obstetricians and Gynecologists in 1888. Thus, at the end of Channing’s life obstetrics and gynecology were acquiring sufficient status to merit their own organizations, but medical specialties such as we have today, with hospital residencies in obstetrics and gynecology and certification by a specialty board, did not emerge until 1930. 52 Throughout most of the nineteenth century, specialism was frowned on. With the exception of surgeons, it was assumed that physicians should be generalists, capable of caring for all diseases and medical conditions other than those of the eye, ear, and skin, and venereal disease. 53

In 1864 Channing was made an honorary member of the Edinburgh Obstetrical Society, a tribute for which he could thank his friend James Y. Simpson, who had created the organization in 1840 and dominated it for many years. 54 He was also named an honorary member of the Boston Gynecological Society, a more dubious honor, since it was the creation of Horatio Storer and thus had acquired some of the opprobrium with which he was viewed in Boston medical circles. 55

CHANNING practiced medicine and obstetrics for another ten years following his retirement from the faculty. Some things did not change. He continued to adhere to professional standards, staying with the patient as long as needed, exercising caution when the diagnosis was uncertain, relying on past experience and contemporary information to make decisions. He remained an advocate for anesthesia in difficult labors, in operative obstetrics, and for control of convulsions. 56 James Jackson was still his “master in medicine,” respectfully
deferred to, continually admired. "How pleasant it is to see him in his old age," Channing wrote when Jackson was eighty-four years old, "walking the streets slowly but surely . . . to give aid and relief where they may be given." Despite Jackson's advanced years, Channing occasionally asked him to consult and together they rode the horse-drawn streetcars if a patient lived too far for them to walk.57

Though he acknowledged that heroic medicine was less popular than it had been, he had not completely relinquished his faith in its therapeutic value and did not hesitate to prescribe strong drugs in some situations. In 1854 a male patient asked about the side effects of pills Channing had given him. "I have a perfect confidence in yr judgment in these things & wd not mind a still greater amount of unpleasant sensations if I am to be benefitted in the end." The unpleasant sensations included dizziness, headache, stupor, throbbing in the ears, stiffness about the neck and throat, lameness of the jaws, bursting of the eyes from their sockets, lassitude, and loss of appetite.58

Although Channing's belief in "active treatment" extended to other situations, he was not oblivious to newer ideas and adapted when he thought it appropriate. He no longer prescribed cathartics immediately after delivery, accepting John Collins Warren's warning against unnecessary disruption of the system.59 He rarely bled his patients. He recommended ice as an effective treatment for pain. Newly designed forceps and innovative enema tubes were added to his instrument kit.60

As he aged, he had few new patients and relied on consultations for most of his practice. There were more gynecological cases than earlier, although this may only be an artifact of the papers Channing published after retirement, since no casebooks exist. He wrote twelve papers on gynecological problems not directly related to pregnancy or delivery (though often a delayed consequence thereof) and used recent cases as illustrations. Diagnosis and treatment of these disorders required vaginal examinations, by sight as well as by touch. Channing used a speculum with a fenestra, or window, in the tube, insisting, "when an examination of the diseased part is made, the discovery of the nature of the malady is at once made. The sight and the touch should be both employed."61 Although the Committee on Obstetrics of the AMA endorsed the speculum as early as 1849, many physicians continued to criticize its use as unnecessary and an improper affront to female modesty.62

Some of the increase in the number of his gynecological cases can be attributed to the availability of anesthesia, which could ease the woman's shame and reduce the pain of the procedure. Women who had learned about their reproductive system from self-help manuals or lectures at the Ladies' Physiological Institute might decide that some female conditions were not necessarily
inevitable or irremediable. The pioneering work of Marion Sims, Thomas Addis Emmett, and Edmund R. Peaslee in New York was known to the profession and helped encourage Channing as he tried to assist some of his own patients. Channing had met Peaslee during a trip to New Hampshire, where they discussed methods of reducing uterine inversions. In Boston, Horatio Storer was leading the fight for acceptance of more drastic gynecological surgery. Nonetheless, Channing continued to shy away from the more dramatic surgical procedures being undertaken by the new generation of gynecologists.

Overall, though, his practice was diminishing. Channing nevertheless continued to respond with his customary energy. At the age of seventy-five he struggled to save the life of a woman who had been neglected by the midwife who delivered her and maltreated by the botanic and homeopathic doctors called when complications developed. Channing observed severe vomiting, difficult breathing, and a weak pulse. He diagnosed retained placenta and suspected that additional problems might be the result of previous abdominal disease. He remained until midnight, administering stimulants at first and opiates later, struggling to stop the bleeding, waiting for expulsion of the placenta. He was there early the following morning and again in the afternoon, four times the next day, 6:00 A.M. and 5:00 P.M. the fourth day, and early the morning of the fifth day, when the woman died.

Three years later, at the age of seventy-eight, he was called around 4:00 A.M. to a woman living nearby on Mt. Vernon Street. She was well past her due date and had begun to hemorrhage. Recognizing the limitations of his years and thinking he might need help, Channing quickly sent for one of the younger men, Dr. Francis Minot, who assisted him in turning and delivering the child.

Channing’s final major public appearance was an address on Asiatic cholera delivered at the 1866 annual meeting of the Massachusetts Medical Society. Another cholera epidemic was threatening Boston and physicians were once more debating the fundamental questions of contagion and prevention. Most concluded that cholera was not contagious, often for the same reasons that made it hard to accept puerperal fever as contagious. Channing’s manuscript shows how closely he followed the debate and how profitably he used his leisure time.

He recounted the history of the disease from its earliest known appearance in India and transmission across Europe to the succession of epidemics in the United States. Channing was familiar with John Snow’s demonstration of the relationship of cholera to polluted water, and with Pettenkofer’s theory that land saturated and fermented by polluted water produced the cholera toxin, but, like many others, he had doubts about their applicability in all instances.
Though he cautioned that people living in the Back Bay section of town, where damp cellars rested on filled land, might be among the first to get cholera, he continued to believe that poisoned air “filled with morbid processes” was more likely to cause diseases such as cholera.

Channing urged prevention to forestall another epidemic. A nutritious diet and clean, well-ventilated neighborhoods were essential. But he did not neglect the issues of wealth and poverty that continued to concern him. Citing statistics and information he had gathered from British and American journals, he demonstrated that cholera was less likely to strike among the rich, who lived in the higher parts of the city, which had more salubrious air as well as better water and less polluted land. The poor, lacking decent food, water, and housing and confined to marshy areas of the city, were certain to be disproportionately affected.

CHANNING might have spent the final decades of his life as befitted an elderly and respected physician: gradual loss of patients, slow withdrawal from professional activities, and quiet years in a peaceful environment. The reality was different. In 1856, at the age of seventy, he found himself responsible for five grandchildren, an unexpected event that simultaneously brightened and complicated the remaining years of his life.

Ellen’s decision to separate from Ellery seemed irrevocable when made in 1853. The pleasant atmosphere surrounding her little house in Dorchester provided “repose and peace from the terrible tempests” that had made the previous years unbearable. Financial assistance from her father-in-law, supplemented from time to time by Wentworth Higginson and her brothers, kept the children clothed and fed, while moral support tenderly provided by her mother and by Mary Higginson and Barbara sustained her determination to remain apart from Ellery. There were frequent visits back and forth between the children and their grandfather and long periods when the oldest child, Marnie (Margaret Fuller Channing), lived with the Higginsons.

Yet the initial attraction Ellen felt for Ellery was not completely quiescent. As the months passed, she began to experience “a little feeling that there was still some life somewhere in my system . . . and the tho’t of Ellery forced itself more & more upon me, day or night he would not leave me.” In the summer of 1855, when she realized that she loved him “tenderly as when l stood by his side & received the nuptial benediction,” she wrote to tell him so. Though the problems that had caused the separation, Ellery’s inability to accept responsibility, uncertain income, noisy children, and a sickly wife, had not disappeared, Ellen recognized that she was “his only friend to whom he had ever unfolded himself.” She wanted to “take care of him like a mother,” and to ask
him to “lay your head on my heart.” If he could behave himself, it would be preferable for the children to have their father living with them, and she was certain that he would be a happier man. More letters were exchanged, Ellery began to visit, and by October he was living once more with his wife and children.

Neither the Channings nor the Fullers thought it was a good idea, but Ellen was as headstrong as she had been when she decided to marry Ellery. However, she was not so foolish as to ignore the need to protect herself and the children should the marriage revert to its previous perilous state. A legal document was drawn up guaranteeing custody of the children, the household goods, and half her husband’s income to her. Ellery signed reluctantly, as did Higginson, who acted as trustee on Ellen’s behalf, though he had serious misgivings about the whole business.

To everyone’s amazement, Ellery seemed quite reformed. He attended church regularly, was kind to the children, and, mirabile dictu, had a steady job as assistant editor of the New Bedford Mercury. He rented a room in that city less than sixty miles to the south, but regularly visited his family. Another child, the fifth, was born prematurely on June 15, 1856. It was, as Barbara quite aptly put it, “a much to be deplored event.” She was herself badly conflicted by a desire to help Ellen and her obligations to her father, whom she could no longer leave for an extended period. “It leaves him so lonely,” she reminded Lucy Russel, “and, you know he is older than he was.”

Ellen remained weak. Her chronic cough worsened and there were undiagnosed problems ascribed to internal inflammation. She spent the summer quietly with various members of the Fuller family, and on September 19 came to Walter and Barbara, who had moved to a small house at 45 Bowdoin Street, still close to the top of Beacon Hill. Marnie was with her, the other children having been sent to relatives. On Sunday Ellery visited and then returned to New Bedford. Everyone realized the gravity of her condition but, unable to accept the inevitable, they hoped she would live a few months more. The following evening, while Barbara was helping her into bed, she began to struggle for breath. Walter came quickly. They held her close, applied hot towels to her chest, gave her sips of brandy, and did everything they could to relieve her distress. All their efforts were futile. Ellen’s strength dwindled and she died “very gently.” Walter turned next to comfort Barbara, who was overcome by the suddenness of the death and distraught by thoughts of the immense loss the children would have to endure. He was as tender toward her as he had been with Ellen.

Whatever memories the scene may have reawakened for Walter, the coincidences were uncanny. The deaths of two young women who had suffered
for years from consumption, motherless children—the youngest in each case but a few months old—and a father unable to face his responsibilities. Ellery was hastily summoned. Barbara met him in the basement and assisted him to her room where he remained secluded from everyone but the older children. The house was thronged with mournful family and friends. James Freeman Clarke conducted a service that assuaged some of the grief. Then the children, Ellery, Barbara, and Walter rode in the lead carriage to Mt. Auburn Cemetery, where Ellen was buried, surrounded by flowers, in the Fuller family plot. She was thirty-six years old.

It took several months to sort out plans for the children. At first Ellery indicated that he wanted them with him, but the notion quickly dissipated. His father felt totally incapable of making plans. Higginson had been designated as trustee for the children, so he negotiated with the Fullers. He hoped they would share the responsibilities and expenses that lay ahead. They found many excuses for not doing so, insisting they could accept only a supervisory role. They expected Walter to assume the financial burdens. “They are his only grandchildren, he has adequate means; the law imposes upon the father, and, if he fails, upon the grandfather, the support of grandchildren.” In the end, Walter Jr. lived in Wayland with his uncle Richard Fuller, Marnie in Worcester with the Higginsons, and Caroline and Eugene on Beacon Hill with Walter and Barbara. The baby, named Edward for his great-uncle Edward Tyrrel Channing who had died a few months before, boarded with a family in Abington until he was old enough to return to his grandfather’s house.

Channing often found the five children, all less than thirteen years old at the time of Ellen’s death, more than he could deal with. He complained about noise, commotion, and unruly behavior. At times he was so weary from it all that he feared for his health and begged relief from others in the family. Barbara received the brunt of his exasperation. He blamed her for taking time away from the house for good works. She was so busy “with church and with a Home for fallen women and a Home for fallen men, she literally has no time for the un[allen],” he grumbled. Barbara’s obsession with abolitionism, her support for an end to union with slave states, and her fervid admiration for John Brown added to her father’s aggravation.

At other times, he was paying for new skates, helping with Marnie’s expenses, and admiring Eugene, who he thought resembled William Ellery Channing “in the delicacy and beauty of his face.” He wrote loving notes to “Walty” with dollar bills enclosed, and signed them “Grumpa.” He worried that Carrie lived too much alone with no chance for “moral, intellectual, or physical development.” By deed and example, he tried to teach them the importance of hard work, lessons he had been unable to impart to his son. When
any of the boys showed the slightest sign of repeating Ellery's ways, he inter­
vened to prevent it. He knew he had no choice but to support "all these chil­
dren," and ended up hoping "they may be made better by what I do." In truth,
he loved them deeply. He also had to admit that Barbara was extraordinary in
her devotion to the children.

In the midst of these burdens, Channing continued to send an allowance
to Ellery, who had resumed his solitary life in Concord. His friendship with
Thoreau flourished. During the final months of Thoreau's life, Ellery was so
attentive to the dying man his biographer charged him with "solicitude [that]
exceeded anything he had ever accorded his own family." There was little
contact with the children, who grew up almost without his realizing it. His
father continued to yearn for Ellery's companionship and love.

AFTER so much turmoil, Channing's final years were relatively uneventful.
He had always been nostalgic for Newport. He visited from time to time but
never as enthusiastically as in August 1859, when the city hosted a reunion
for its sons and daughters who now lived elsewhere. It was a splendid occa­
sion. Several thousand Newport natives returned from all parts of the country
for a full day and evening of festivities. There was a grand parade, a booming
artillery salute, flags representing the states from which the visitors had come,
fireworks, two immense tents, an elegant dinner, multiple toasts, and effusive
speeches. As one of the prominent guests, Channing had been invited to reply
to the first toast on behalf of the "returned sons and daughters" of Newport.
With characteristic passion, he reminisced about his childhood and his abid­
ing love for "home, the place of our birth, the land of our fathers . . . where in
a word we were made, and from which no new birth can remake us." His
exhilaration did not quickly subside after his return to Boston. There he
amused himself with thoughts of "a house near the sea" where he could "pass
what of life remains for me in my native place."

Channing might never have given up medical practice but for a decision
he made to move from the city to Dorchester. Yet it was time for full retire­
ment. Edward Channing, whose admitted tinkering with facts renders his
memoir questionable, despite his illustrious career as a historian and professor
at Harvard, wrote that his grandfather was ready to abandon practice when he
was no longer certain which drugs were poison and which were not. Walter
gave other reasons for leaving his patients. "I am quite tired of roaming about
Boston, with its bricks & pavements for green pastures—its horizon the width
of a street, & its firmament as large as a french pocket handkerchief," he com­
plained to Mary Higginson. "Is it to be wondered at that we are here in Boston,
our 180,000, in a spot just 3 by 1, & not a foot bigger. I am sick—dead sick
at this imprisonment."

He also resented Boston’s tax rates.

The house on Tremont Street had been rented out for many years, but in
1866 Channing sold it to Harvey D. Parker for $65,000. Parker owned a hotel
around the corner on School Street that had gradually expanded until it abutted
Channing’s house. By combining the properties, he had access to and from
a major thoroughfare. Parker added several more floors to his buildings, in-
cluding what had been Channing’s house, and for many years thereafter the
Parker House was considered Boston’s most elegant hotel.

Dorchester was still the uncrowded, rural town that had earlier attracted
Ellen. Channing purchased a house on a hill overlooking Dorchester Bay,
which promised the sight and sounds of the ocean. It was surrounded by an
orchard and a garden, a special delight for Barbara, who spent much of her
time outdoors. The grandchildren could play in the bucolic surroundings,
though they were expected to harvest the fruit and help with other chores.

Channing was reinvigorated by country life. He was no longer bothered by
neighbors whose proximity impinged on his privacy. Instead, he spent his days
in his quiet “book room,” where the sound of the wind was like a “harp of a
thousand strings,” interrupted only by the occasional bark of a distant dog.

His eightieth birthday celebration was marked by gifts of books, pictures, deli-
cacies, and “beautiful flowers from beautiful ladies.”

Occasionally, he attended meetings of the Norfolk District Medical Society.
Requested to talk about his experiences, he decided to discuss dysmenorrhea,
which, as he put it, “was looked upon as almost the despair of medicine.”

Channing described several treatments, including a remedy that women fre-
quently used for relief from painful menses: gin and black pepper, sometimes
taken in strong enough doses to produce drunkenness. His own preference
was a pill he had often prescribed that included quinine sulfate, extract of
belladonna, and extract of coniine (coniunt). He reported that it had been very
successful.

Dorchester was close to Milton, where George Channing, his only surviv-
ing sibling, lived with his four daughters. Walter and George dined together
on a regular basis, renewing a relationship that had lapsed in recent years.
Edward Tyrrel Channing had died in 1856, surrounded by his books and other
academic accouterments, and Lucy Russel in 1863. Walter had never made
the long-promised visit to his sister in New York.

Professional colleagues were also gone. George Cheyne Shattuck, who had
preceded him as a student at the University of Pennsylvania, died in 1854,
John Collins Warren two years later, and George Hayward, another prominent
surgeon, in 1863. When John Ware died the following year, Channing wrote
“some men can afford to lose such a friend, I could not.”

Finally, James Jackson, mentor, friend, and consummate physician, died in 1867, just before his ninetieth birthday. Jacob Bigelow was the only notable physician of Channing’s generation to outlive him.

Yet he could look with confidence on the next generation of medical men, which included his eldest grandson and namesake. Channing was especially
fond of Walter Jr., and encouraged him to follow whatever career he chose. It was a compliment to his grandfather as well as an indication of the young man's talents that he settled on medicine. His grandfather was elated, and began addressing letters to "W.C. Dr. to Be," advising him to recopy his notes into a blank book after each lecture, a practice that had served him well in Philadelphia.\textsuperscript{94} Remembering the debts with which he had been saddled when he was a young man, Channing cheerfully paid for Walter's education at Harvard and for an additional year of European training.\textsuperscript{95} In the 1870s Germany and Austria attracted bright, ambitious American physicians, just as Paris had
been the medical mecca of the 1830s and 1840s and as Britain had appealed
to Channing and the men of his generation. 96

Channing met old age with equanimity. To commemorate his eighty-sec-
ond birthday, he composed a poem that began,

And I have made my last, last journey now,
And the long voyage of Life is nearly oer,
I come with withered locks upon my brow
To lay me weary on life’s welcome shore.

The next verses celebrated his youthful years, full of promise, with dreams of
friendship, love, beauty, and fame. He continued,

And whither now has fled that happy dream?
Where, where that spring that never had a cloud!
O, sad the story of life’s troubled stream!
With shipwreck everywhere, and death and shroud!

In the next stanza he denied having known relief from past suffering but con-
cluded with a thought that “spreads a calm” and “whispers peace”:

It is the promise of Immortal Youth.—
The Resurrection of Life’s earliest spring,
Which in its work of ever living Truth,
A solace for all woe doth daily bring.

Then come again to me that youth’s bright hour,
Oh give me to that age and spring again!
I’ll yield myself to their prophetic power,
And in the present, find their endless reign. 97

After living contentedly in Dorchester for five years, Channing was dis-
mayed when the town lost its independent status and was annexed by Bos-
ton. 98 Rather than resubmit to the tax collector, he sold his house and moved
to Brookline, where the Perkiness and Higginsons had owned estates in his
younger years. The town was contiguous with the western edge of Boston and
boasted a refined atmosphere of gracious homes and open space. Channing’s
granddaughter Caroline had married Follen Cabot and was already living
there. Marnie, now more properly called Margaret, was engaged to Thacher
Loring. Channing provided the money for her to purchase a home on High Street, close by the Cabots. 99 Shortly thereafter, he rented a house just a few doors away. It was his final home. 100

He should have been content. He had earlier admitted that the grandchildren were his “chief joy.” 101 Now there were frequent visits with Caroline, Margaret, and their growing families. His younger grandsons were affectionate and good company. On occasion they even provided nursing care. Other relatives and old friends were in close proximity. 102 Barbara was unfailing in her devotion. But the idiosyncracies and infirmities of old age crept up. Channing bitterly regretted having left Boston, where there were “libraries—men & women . . . matters for interest & thought,” and criticized Brookline, “nothing but a receptacle for flies and bugs.” 103 He fretted about money, especially after the disastrous Boston fire in 1872, which destroyed hundreds of buildings and ruined many businesses. A series of falls, bad headaches, and gastrointestinal attacks added to his woes. He became more erratic and disorganized.

In October 1874 the family obtained a probate court order naming a legal guardian to administer Channing’s financial affairs. Perhaps he had become so overwrought about money the family feared he might do something foolish with his assets. 104 Perhaps Barbara needed to be relieved of an additional responsibility when she was already fully occupied caring for an irascible old man. In any case, the lawyer specified as guardian had already been designated by Channing as executor of his will and trustee for his children and grandchildren of the estate they were to inherit after his death. 105

Occasional visits from George brightened the dreary days. The brothers took turns reciting familiar passages from Scripture that gave comfort to each. On Walter’s ninetieth birthday, April 15, 1876, visitors found him alert and relatively cheerful. He marked the occasion by reading aloud one of his favorite chapters from the Epistles. 106

Channing died of “old age” on July 27, within weeks of the centennial celebration of the signing of the Declaration of Independence. 107 It was a fitting departure for a man who had grown up in the shadow of the Revolution. His friend and pastor, James Freeman Clarke, officiated at a funeral service at his home and at the burial in Mt. Auburn. In a sermon preached shortly afterward, Clarke compared him to Luke, the beloved physician, rewarded by the “affection which gathers around him” for the toil and anxiety of a medical life. 108

In his old age, Channing often pondered the lessons of his years in medicine. He had not lost his fascination with the profession he had chosen. It satisfied his great need to be useful. He had helped bring new lives into the world, he had given relief to the sick and the dying, and he had endeavored to
prevent disease. It satisfied his hopes for the future as he conscientiously instructed several generations of young physicians. And it was intellectually challenging. Medicine asked perplexing questions: "What is life? What is growth? What is this perpetual motion and how [is it] sustained?" Channing never found the answer to those questions, but he did know what living is. "It is action, action of a man's whole nature, the moral, the intellectual and the physical." Thus had he struggled to live.