Diagnosing the Physician : Patients' Evaluation of Nineteenth Century Medical Therapeutics

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In "'Consumption, Heart-Disease, or Whatever': Chlorosis, a Heroine's Illness in *The Wings of the Dove*," Caroline Mercer and Sarah Wangensteen note that contemporary readers cannot fully understand certain nineteenth century medical concepts, such as the syndrome known as chlorosis. To that, we may well add other obsolete diagnoses: cerebrasthenia (brain exhaustion), for one, or railway spine. Furthermore, the authors add, the Victorian patient's "blind acceptance of a doctor's therapy without explanation [is] equally foreign to modern society."[2]

One example of such a patient is Milly Theale, the heroine of Henry James's *The Wings of the Dove*, and the focus of Mercer's and Wangensteen's study. Milly gratefully accepts the diagnosis, prognosis, and prescription offered by her famous physician, Sir Luke Strett, who treats her after hardly questioning her and without performing a physical examination.

According to Mercer and Wangensteen, Sir Luke is the very model of the authoritarian physician, empowered because of his specialized training, his social status, his association with the scientific community, and, not least, the hopes and fears of his vulnerable patients. That power is most evident in the physician's penetrating gaze, which, as Athena Vrettos and others have noted, exposes, judges, and manipulates the patient's body and mind. Physicians, Vrettos writes,

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1 This article is the extended version of the paper Linda Simon read at the International Conference of the Henry James Society, "Henry James Today," July 5-9, 2002, American University of Paris, France.

2 Caroline G. Mercer and Sarah D. Wangensteen, "'Consumption, Heart-Disease, or Whatever': Chlorosis, a Heroine's Illness in *The Wings of the Dove*," *Journal of the History of Medicine*, Vol. 40, July 1985: 262.

serve as "privileged interpreters" of embodied stories "about an individual's life, habits, heredity, or emotions. . . ."[3]

Yet as James presents him, Sir Luke draws his conclusions from a finely-honed sense of intuition, of which clinical observation is only a part. In Milly's first, brief interview with him, he does hold her in his gaze as if he were mesmerizing her, and she were surrendering to his power.[4] He looks deeply, and also listens deeply, and he persuades his patient that he understands deeply. "He knows all about me, and I like it," Milly tells her friend Kate Croy after the visit. "He asked me scarcely anything—he doesn't need to do anything so stupid . . . . He can tell. He knows . . ." (*WD* 160). What he knows leads him to offer a moral prescription: he instructs Milly to live, fully and well.

Although Vrettos concludes that Sir Luke's few questions "*reduce* Milly to her spiritual and anatomical essence" (Vrettos 115. Italics added). Milly leaves the consultation feeling enhanced, rather than diminished, as if she were in possession of a "special trophy [. . .] a new resource altogether" that strengthens her, physically and emotionally (*WD* 159). Although it may seem that Milly does display "blind acceptance" of her physician's mode of therapeutics, her reaction to Sir Luke involves more than deference to a medical authority: she evaluates her physician according to his compassion, his willingness to serve as confidant, and his interest in her as a person. These criteria for evaluating a physician are more congruent with our own than Mercer and Wangensteen imply, and also more consistent with the criteria that other Victorian patients brought to the examining room.

We can examine these criteria by considering the medical practice of the man who served as a model for Sir Luke: Henry James's own physician, William

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[3] Athena Vrettos, *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford: Stanford University Press, 1995) 8. Among feminist critics who argue that male physicians required such "blind acceptance" of their female patients, see Caroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (Oxford: Oxford University Press, 1985) and Ann Douglas Wood, "The Fashionable Diseases: Women's Complaints and their Treatment in Nineteenth-Century America," *Journal of Interdisciplinary History* 4 (1973), 25-52. See also Arthur Kleinman, *Rethinking Psychiatry: From Cultural Category to Personal Experience* (New York: Free Press, 1988) and *Patients and Healers in the Context of Culture* (Berkeley: University of California Press, 1980) for discussion of ways in which physicians' assumptions shape diagnosis.

[4] Henry James, *The Wings of the Dove* (New York: Signet, 1999) 159. Subsequently referred to as *WD*.

Wilberforce Baldwin.[5] As we can see from Baldwin's correspondence, rather than accepting a physician's therapeutics blindly, patients evaluated medical treatment according to three criteria: first, they noted whether the physician himself had experienced the same symptoms or illness that afflicted them; second, they compared the physician's diagnosis with their own diagnosis, based on previous experience or knowledge gained from other patients; and third, they responded positively to their physician's empathy, particularly affirmation that their psychological pain was as real as physical pain. These criteria suggest that in the nineteenth century, patients evolved strategies that allowed them to feel as if they were sophisticated consumers of medical care, rather than blind receivers of that care.

W. W. Baldwin, an American physician who practiced medicine in Florence, London, and Rome from the 1880s until his death in 1910, treated patients ranging from Italian peasants to some of the most notable men and women of his time: Henry James, his brother William, and his sister Alice; financier J.P. Morgan; William Waldorf Astor and his family; Massachusetts Senator Henry Cabot Lodge; writers Edith Wharton, Constance Fenimore Woolson, Violet Paget, and Sarah Orne Jewett; the wives of writers William Dean Howells, Booth Tarkington, and Mark Twain. Besides these and many other patients, Baldwin treated various members of European royalty, including Queen Victoria and Mary, Duchess of York. Patients recommended him to their friends; physicians recommended him to patients traveling in Europe: he was, in short, popular and esteemed.

Letters from many of his patients, nearly a thousand of which are at the Pierpont Morgan Library in New York,[6] allow us to reconstruct something of his personality and therapeutics, and offer us insights into the physician-patient relationship at a time when physicians came to their practice with such spotty

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5 Athena Vrettos, in *Somatic Fictions* 212, n. 44, and Jean Strouse, *Alice James* (Boston: Houghton Mifflin, 1980) 299, suggest that Sir Andrew Clark, the noted British physician who diagnosed Alice James's breast cancer, is a likely candidate as a model for Sir Luke, but Alice's disdain of Sir Andrew contrasts markedly with Milly's adoration of Sir Luke; and Sir Luke's diagnostic abilities, empathy, and authority concur more with what we know of Baldwin. I agree, then, with Lyndall Gordon, *A Private Life of Henry James* (New York: Norton, 1999) 310; Leon Edel, ed. *Henry James Letters*, vol. iii (Cambridge: Belknap Press of Harvard University Press, 1982) 299-300; and Mercer and Wangensteen, 276-279, that Baldwin contributed to the portrait of Sir Luke.

6 I thank the Pierpont Morgan Library for facilitating my reading of these letters (Accession # MA 3564). Unless otherwise indicated, all citations come from this unpublished correspondence.

and inadequate training that they could not depend on medical expertise alone to earn the respect of their patients.[7] Their relationship to the scientific community was tenuous, and sometimes non-existent. Not until 1871, for example, did admission to Harvard Medical School require an undergraduate degree; and even the best medical schools did not offer a course in physiology, much less in psychotherapeutics or even psychology, which was not yet a discipline separate from philosophy. Until the middle of the nineteenth century, physicians were likely to begin their own practice with no clinical experience. After their medical education, physicians might or might not inform themselves about experimental laboratory research and innovations in drug therapy. Some physicians, who saw laboratory research as threatening to their authority, preferred to rely on their own clinical results in diagnosing and prescribing.

Throughout the century, physicians encountered shifting assumptions about causes of illness, which influenced both their investigation of symptoms and their diagnosis. For the first half of the century, most physicians believed that illness was caused by an excess of bodily fluids—blood, for example, or urine—and they often resorted to "depleting" measures such as bleeding or purging. By the middle of the century, the body was seen not so much as a system of hydraulic fluids, but as a network of muscles and nerves working together much like the parts of a machine; like machinery, then, the body could become worn out, the muscles too weak to function, the nerves apt to misfire. This model led to treatment that might strengthen or stimulate: S. Weir Mitchell's rest cure, during which a patient ate fat-laden foods and engaged in no exercise, found many adherents; tonics were popular, as was electrotherapy, which, physicians and their patients believed, could infuse the human body with the "life force" of electricity.[8]

As theories of disease changed, patients responded to whatever set of questions the physician thought appropriate, and they endeavored to present symptoms in ways that their physician could understand. Sometimes—as in rheumatism, constipation, or heart palpitations—physical symptoms were rela-

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7 For an overview of nineteenth century medical practices, see Morris J. Vogel and Charles E. Rosenberg, eds. *The Therapeutic Revolution* (Philadelphia: University of Pennsylvania, 1979); and John S. Haller, Jr. *American Medicine in Transition, 1840-1910* (Urbana: University of Illinois, 1981).

8 See Haller, *American Medicine in Transition, 1840-1910* and John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Princeton: Princeton University Press, 1997).

tively uncomplicated to explain. But when symptoms resulted from, or exhibited themselves as emotional distress, patients could not draw upon a publicly shared vocabulary to convey the emotional or psychological pain that they suffered—either as illness in itself or as a consequence of physical illness. We see, then, patients responding to their physicians' assumptions that distress resulted from muscle-nerve fatigue by describing depression as exhaustion; by claiming to have specific weakness in an arm, a leg, or an eye; and by exhibiting, with uncommon frequency, the symptom of paralysis.[9]

Besides evolving theories of physiology and shifting models to account for the mind/body connection, physicians also faced a burgeoning movement in holistic and homeopathic medicine that attracted many patients: all of these changes challenged the physician's authority. As John Haller notes,

> doctors in the period from 1840 to 1910 were profoundly self-conscious about themselves and their profession. This uneasy self-consciousness was a fundamental reality of the age and reflected the bifurcated nature of their business and ethics, their hatred for and absorption of sectarian ideas, their clinging to old drug theories and their uneasy marriage with modern science.[10]

Baldwin responded to challenges to his medical authority by adopting a strategy of personal candor and intimacy, by allowing his patients to voice their opinions about diagnosis and treatment, and by showing active empathy for their emotional distress.[11]

We learn from the correspondence that besides sharing his views on art, literature, and politics, Baldwin disclosed details of his own suffering from such ailments as Graves Disease, gout, heart disease, pneumonia, influenza, and, significantly especially for the Jameses, the blackest depressions. These revelations served to fuel his patients' confidence in him: because they knew that Baldwin suffered as they did, they believed he could better understand their pain.

Baldwin allowed patients to collaborate in the process of making a diagnosis by suggesting causes of their illness and treatment, to share with him

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9 See Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: The Free Press, 1992).

10 Haller, *American Medicine in Transition*, xi.

11 M. Faith McLellan, "Images of Physicians in Literature: from Quacks to Heroes," *The Lancet*, 348:9025 (17 August 1996) 458-61, points out that, like Baldwin, George Eliot's fictional physician, Lydgate (in *Middlemarch*), accepts his patients as partners in their own medical treatment.

previous diagnoses and their evaluation of them, and to provide an ongoing evaluation of any treatment that he prescribed. In addition, because Baldwin himself admitted despondency, his patients believed that he would not trivialize or dismiss their own feelings of depression and anxiety. As one patient wrote, Baldwin was "the only Doctor who has not laughed at me or thought that nerve exhaustion was a trifle which needed no attention."[12] Most important, because he overcame his psychological problems through a determined optimism and passion for his work, he served as exemplar, as model of what they, perhaps, also could achieve. "Indeed," a patient wrote to him, "I think that your optimistic disposition has often served you a good turn in critical moments of which you have had not a few."[13]

Baldwin was born in Walton, New York, on February 28, 1850, into a family whose religious beliefs, he would admit later, left him haunted and tormented by "hideous Calvinistic spectres."[14] He earned his medical degree from Long Island College Hospital in 1876, after studying for two years at the Detroit College of Medicine. From 1878-81, he studied at the University of Vienna, where he continued to take summer courses until 1890. His European education was consistent with other American physicians' training; in Vienna and Berlin, for example, special courses were offered for groups of visiting Americans.[15] When Baldwin was thirty-one, he married Roby White Colburn in Connecticut, where he set up a practice. By 1883, he had moved to Florence with his wife, where, although he was only in his thirties, his practice thrived.

His patients' letters, taken as a whole, give us a portrait of a warm, charming, even charismatic man: a man who possessed an artistic temperament and, as William James put it, "genuinely social genius [. . .] and gallant personal

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12 Constance Gladstone to WWB, n.d.

13 E. L. Corning to WWB, 21 June 1904.

14 E. L. Corning to WWB, 30 December 1904. For biographical details about Baldwin's life, I thank Toby Anita Appel, Historical Librarian at Yale Medical School, for sending information from AMA's Directory of Deceased Physicians, 1804-1928; and Jack E. Termine, Archivist at the Medical Research Library of Brooklyn, for sending information from the Long Island College Hospital Alumni Directory, 1899. Baldwin has never been the subject of any biographical study.

15 For discussion of nineteenth-century American physicians' education, see William G. Rothstein, *American Medical Schools and the Practice of Medicine* (New York: Oxford, 1987).

pluck."[16] Patients and colleagues noted the difference between Baldwin and other physicians—even physically. "[C]ompared with the rest of us, he was in fact a rather striking personality," one colleague remembered; "a fine forehead, extraordinarily penetrating and intelligent eyes, a remarkable facility for speaking, very winning manners."[17] But besides being handsome and urbane, Baldwin was an excellent listener and doggedly hard worker who took pains to give his patients devoted attention. When Edith Wharton went to a spa at Salsomaggiore for a regimen of inhalations to relieve a severe cold, she complained that the doctors there did not come to see their patients and did not even bother to give adequate instructions to their assistants, who administered the treatment. Although she found the inhalations "almost miraculous," the lack of attention annoyed her.[18] Baldwin was markedly different. He considered it a privilege, he said, to care for "literary men" and their families, and once scolded a colleague for sending Mark Twain an inflated bill. "Should Mr. Clemens and his family ever require my services they will be welcome to my best efforts without a fee of any kind," he wrote. "I shall think myself amply repaid by the honor & glory."[19] Baldwin, said William James, had a "passion for helping you," "a good heart and a gallant way of not sparing himself when the strain comes."[20]

Like James's Sir Luke, Baldwin traveled in the same social circles as many of his patients; he often received invitations for dinner or tea, and he reciprocated with invitations of his own; his patients sought his advice on matters other than health (such as traveling, hiring a cook, buying real estate, and finding good schools for their children). We find Baldwin meeting his patients during their travels; he accompanied Henry James on several trips; and when William was a patient at Nauheim, Baldwin nearly persuaded him to renounce his physician there, leave the spa, and live at his home while he recovered.

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16 Grace Ellery Channing-Stetson to WWB, 5 July [n.y.]; William James to Henry James, 1 Jan. 1901. *Correspondence of William James*, Vol. 3, ed. Ignas Skrupskelis and Elizabeth Berkeley, (Charlottesville, University Press of Virginia, 1994), 154. See also William James to WWB, 12 August 1893.

17 Axel Munthe, *The Story of San Michele* (New York: Dutton, 1929) 370.

18 Edith Wharton to WWB, 27 April 1903.

19 WWB to Dr. G. W. Kirch. 25 June 1904. Mark Twain Papers, Bancroft Library, University of California at Berkeley. This letter *from* Baldwin is one of only a few that I have found in archives.

20 William James to Henry James, 1 January 1901, *Correspondence*, Vol. 3, 154; William James to Henry James, 25 January 1901, *Correspondence*, Vol. 3, 160.

This ease of sociability reflected his patients' trust. Many of Baldwin's patients had been diagnosed, or described themselves, as neurasthenic, and they resented the condescension they felt from some physicians. When George Beard first began to publicize the term *neurasthenia* in 1869, he applied it to a long menu of physical and psychological symptoms, including headache, insomnia, palpitations, impotence, feelings of hopelessness, tinnitus, nerve pain, and various gynecological irritations; those individuals who suffered from these assorted ailments, he explained, were overworked and overtaxed by the assaults of the modern world (telegraph, railway, and machines in general).[21] But their nerve exhaustion was a result not merely of outside pressures, but also of their refinement and sensitivity. Because they were well-educated, intellectual, creative—in short, because they were more advanced than others in their culture, according to Beard—they were particularly vulnerable to neurasthenia. Although this underlying assumption seems to imply esteem and respect for neurasthenics, physicians often treated such patients with the same impatience and disdain that they accorded hysterics: a diagnosis of neurasthenia carried with it a suspicion of malingering and hypochondria. Patients, sensitive to their physicians' attitudes, responded unhappily.

When Constance Fenimore Woolson, for example, once was recovering from influenza, she was left with a severe and persistent headache and, following that, an earache. "The doctor here thinks it is purely 'neurotic,'" she announced to Baldwin, a conclusion that distressed her. She preferred to think that by "neurotic" he really meant "'neuralgic,' [. . .] I (with American conceit) take the liberty of differing—a little. No doubt it is neuralgia. But behind the neuralgia, I think there was inflammation of some sort."[22] In making the distinction between "neurotic" and "neuralgic" Woolson was differing with her physician more than a little. A diagnosis of "neurotic" placed blame squarely on the patient. According to many physicians, lack of will-power or moral weakness or desire for attention caused some patients to imagine all manner of ailments; "neuralgic," on the other hand, acknowledged the patient's severe nerve pain and allowed for an organic cause, not implying blame or guilt. Baldwin, unlike other physicians, affirmed his

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21 George M. Beard, "The Question of the Existence of Neurasthenia," *Medical Record*, 1886, 29: 185-86; *A Practical Treatise on Nervous Exhaustion (Neurasthenia): its Symptoms, Nature, Sequences, Treatment*, 2nd ed. (New York, 1880); *American Nervousness: its Causes and Consequences* (New York, 1881)

22 Constance Fenimore Woolson to WWB, 5 February [n.y.].

patients' experience that depression and fatigue often resulted from organic illness, and that pain, whatever its cause, was real.

The sense of kinship that patients felt for Baldwin extended to illnesses other than neurasthenia. When Henry James was diagnosed with a case of gout (a recurrent ailment for him), his brother William suggested that Baldwin would give him the best advice. "Being gouty himself," he wrote to Henry, "he has probably studied the subject rather carefully."[23] William James, debilitated by heart trouble, felt encouraged to know that Baldwin had achieved some measure of recovery from his own cardiac afflictions: "it inspires me with rivalry," he told Baldwin, "as well as hope."[24]

Some patients not only felt validated by Baldwin's confession of illnesses, but even went so far as to offer him medical advice based on their own experiences. In 1901, when Baldwin described pain and weakness in his right arm and side, his correspondent suggested massage with "hair mittens manufactured by Dinneford & Co. of London. I rub myself with them every morning," he told Baldwin, "and have derived the greatest benefit from this rather trying exercise."[25] Baldwin's interest in this advice flattered his patients, persuading them of their own authority to evaluate therapeutics and take an active role in the quest for health.

Baldwin's medical advice, for the most part, was not unusual. Like other physicians at the time, he emphasized strengthening and stimulating measures for whatever ailed his patients. He prescribed tonics: Hazeline, hyrastis viburna, Horsford's phosphates, Parish's chem-food; sometimes he prescribed red wine, even going so far as to recommend particular kinds (Riesoli, Barolo). When needed, he recommended stimulants, such as strychnine. He sent his heart patients to the popular German spa, Bad Nauheim. He suggested relaxation and an ocean cruise for others. Sometimes, his advice was nothing more than common sense: when William James was suffering from insomnia, Baldwin suggested that he might sleep better with a higher pillow. It worked. But Baldwin's ability to respond to the unstated emotional needs of his patients offered them something more significant and less tangible than conventional therapy. "He evidently possessed the inestimable gift of inspiring confidence in

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23 William James to Henry James, 7 March 1893, *Correspondence of William James*, Vol. 2, ed. Ignas Skrupskelis and Elizabeth Berkeley (Charlottesville: University Press of Virginia, 1993) 258.

24 William James to WWB, 1 January 1900.

25 E. L. Corning to WWB, 13 May 1901.

his patients," remarked Swedish physician Axel Munthe, who practiced in Rome at the same time as Baldwin; "I never heard his name mentioned except with praise and gratitude."[26]

This apparent compliment, however, masked professional jealousy. Munthe saw Baldwin as an upstart who had little use for other physicians; occasionally, Baldwin would call in another man for a consultation, but usually he proceeded alone. This show of independence from his medical community irritated Munthe and fueled his estrangement from Baldwin. When Munthe once visited a nursing home that Baldwin had established outside of Rome, he discovered there a former patient, a rich American whom Munthe had diagnosed as a hysteric. Baldwin, on the contrary, had diagnosed her malady as *angina pectoris* and treated her with "hypodermic injections of unknown drugs several times a day," sleeping potions, and a delicately managed diet. Although the woman seemed to thrive under the ministrations of Baldwin and his solicitous nurses, Munthe saw the situation differently. "Luckily for her she was as strong as a horse and quite capable of resisting any treatment," Munthe noted. And he added with disdain, "She told me my colleague had saved her life."[27] Munthe's assessment of Baldwin's therapeutics clearly differed from the patient's; but the patient, like Milly Theale, applied different criteria for evaluation.

Those criteria are evident in a moving letter from Mark Twain's, pleading for Baldwin's complicity in saving his wife:

> "Tell her that you want to make a more thorough examination by the light of the last few days' regime, and then tell her there is nothing the matter with her heart that need alarm her [. . .] Medicine has its office," Twain added, "but without hope back of it, its forces are crippled and only the physician's verdict can create that hope when the *facts* refuse to create it. You can lift the patient up again where she was before and I want to see you come and conspire with you to drive her fatal imaginings out of her head."[28]

Baldwin knew first hand the impact of "fatal imaginings." His own success did not prevent recurring depressions, nor a feeling of discontent that made him restless in Florence. In the late 1890s, we find that he was practicing in Harley Street in London; later, he moved to Rome; in 1904, he coveted an appointment

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26 Munthe, *The Story of San Michele*, 370.

27 Munthe, *The Story of San Michele*, 373.

28 Mark Twain to WWB, [1903-04]. Mark Twain Papers, Bancroft Library, University of California, Berkeley.

to a professorship of hygiene at the Harvard Medical School. Besides depression and assorted transitory ailments, Baldwin also suffered from heart disease. The treatments that he prescribed for his heart patients were those he underwent himself: baths at Nauheim, for example, or an experimental treatment that caught the imagination of many patients: the Roberts-Hawley lymph serum, derived from the lymph glands, and probably sexual organs, of goats.[29] Baldwin's "arterial" problems apparently became serious in 1898, when he was forty-eight, and continued for the rest of his life.[30]

Baldwin had a busy practice that sometimes exhausted him, left no time for research and little for writing. Although the correspondence suggests that Baldwin was writing a memoir (his friend Grace Channing-Stetson, who encouraged his efforts, refers repeatedly to his showing her his manuscript),[31] he published only a few articles in the *Lancet*: two calling for improvement of the dismal state of sanitation in Florence—articles for which he was commended by his reform-minded friends; and one on Graves Disease, which he both treated and suffered himself.[32]

In 1907, Baldwin returned to Pennsylvania, where his mother was seriously ill; she died in 1908, but Baldwin apparently stayed on, ill himself, and died just two years later of a cerebral hemorrhage, at the age of sixty.

Baldwin's relationship with Henry, William, and Alice James offers useful evidence for understanding his reputation. William James spoke for his siblings when he remarked that Baldwin had "no more exact science in him than a fox-

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29 See "Treatment of Neurasthenia by Transfusion (Hypodermic Injection) of Nervous Substance," *Boston Medical and Surgical Journal*, CXXVI, No. 11: 273-74, for discussion of a similar substance, promoted by Brown-Sequard, at a meeting of the Paris Academy of Medicine in 1892. Injections of "testicular liquid" from "the gray matter of a sheep's brain" allegedly had the effect of "a general tonic [. . .] characterized by increase of strength, appetite and weight, restoration of spirits and *bien-être*, disappearance of pain, sexual impotence and insomnia."

30 E.L. Corning to WWB, 28 October 1898.

31 See Grace Ellery Channing-Stetson to WWB 28 April [n.y.] and other letters. Also see E. L. Corning to WWB, 20 September 1904: "I am delighted that your literary efforts are succeeding so well."

32 "The Sanitation of Florence and Sir Douglas Galton's Report," *The Lancet*, 1891: 1414; "The Present Sanitary Condition of Florence," *The Lancet*, 1893: 1391; "Graves Disease, Succeeded by Thyroid Atrophy," *The Lancet*, 1895: 145. In this article, Baldwin's own experience of Graves Disease helps him to make a diagnosis of an Italian adolescent male who is brought to him for treatment.

terrier,"[33] but it was not scientific expertise that the Jameses sought from him; they believed that he was capable of the kind of knowledge that Sir Luke had of Milly: deeply intuitive, morally certain, and congruent with their own sense of self.

The Jameses were sophisticated patients who consulted, throughout their lives, a wide range of traditional and homeopathic physicians. Henry James suffered from digestive, rheumatic, and nervous illnesses; William, who studied but never practiced medicine, sought physicians' help for assorted ailments, including depression, insomnia, and heart disease; and his sister visited physician after physician for the many emotional and physical problems that plagued her throughout her life. Except for William James's consulting his medical school classmate James Jackson Putnam, the Jameses were not loyal to any one physician, nor did they privilege those trained at medical school over alternative practitioners.

All three Jameses experimented with assorted therapies, including gymnastics, electrical massage, galvanism, rest cure, baths, mind cure, and various dietary regimens, such as Fletcherism, to alleviate their ailments.[34] No fad eluded them. Neither did the gnawing anxiety that all their illnesses were, at base, psychosomatic. They desperately did not want to be at fault, however, and when physicians implied their own culpability in their pain, they became deeply depressed. Alice's exclamation of joy at her physician's diagnosis of breast cancer reflects her longing, as she put it, "for some palpable disease, no matter how conventionally dreadful a label it might have. . . ." Until she received that diagnosis, she felt condemned "to stagger alone under the monstrous mass of subjective sensations, which that sympathetic being 'the medical man' had no higher inspiration than to assure me I was personally responsible for, washing his hands of me with a graceful complacency under my very nose."[35] Baldwin was among the few physicians who did not make her, or her brothers, feel guilty for their sufferings.

Henry was the first of the family to consult with Baldwin, perhaps on the recommendation of his friend Constance Fenimore Woolson. In 1887, James, in London, sent Baldwin, in Florence, a long letter detailing a pain that he thought was in his kidney, and feared was caused by inflammation. The pain led to "an

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33 William James to Alice Howe James, 28 August 1900. Houghton Library.

34 Horace Fletcher, a businessman turned diet expert, advocated the excessively thorough chewing of food and also a low-fat, low-protein diet.

35 Alice James, *The Diary of Alice James*, ed. Leon Edel. Introduction by Linda Simon (Boston: Northeastern University Press, 1999) 206-07.

outrageous neuralgic headache," which in turn made him feverish. Uncomfortable from the fever one night, he threw off his blanket, opened his bedroom window, and caught a chill. The "general cold" that resulted "lodged [. . .] particularly in the legs (which ached, rheumatically), in the intestine—which ached also—& the lower part of the back."[36] A few days after reporting the symptoms, in response to a letter from Baldwin, he rushed two urine samples to the doctor. But strangely enough, by the time he sent the samples, his symptoms had been alleviated: "the day after I had written to you," James told Baldwin, "I began to feel better & the day after that felt quite well—which has continued."[37] This syndrome of severe inexplicable pain, followed by complications, followed by inexplicable relief was familiar to all of the Jameses, and puzzling to their various physicians. Baldwin's unquestioning sympathy earned Henry's trust.

The two men, James the older by seven years, became friends. When Baldwin visited London, or passed through on his way to America, he stayed with James, often for several weeks. One summer, James recalled sharing "a very hot Italian railway-carriage, which stopped and dawdled everywhere. . . ." with a physician that scholars assume was Baldwin. His contribution to the conversation was to tell James about

> A wonderful American family, an odd adventurous, extravagant band, of high but rather unauthenticated pretensions, the most interesting member of which was a small boy, acute and precocious, afflicted with a heart of weak action, but beautifully intelligent, who saw their prowling precarious life exactly as it was, and measured and judged it, and measured and judged *them*, all round, ever so quaintly; presenting himself in short as an extraordinary little person. Here was more than enough for a summer's day even in old Italy—here was a thumping windfall.

The windfall, for James, was the seed of his tale "The Pupil," with its young hero, Morgan Moreen.[38] Although most critics see in the story an echo of James's own childhood in Europe, when he was a precocious and often ill boy, taken here and there by a family of "high but unauthenticated pretensions," it is also likely that Baldwin would have been consulted by an American family, especially about a child's heart problems. Baldwin was known as a specialist in cardiology with a special interest in treating children. For James, this sharing of an anecdote was a

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36 Henry James to WWB, 8 March 1887.

37 Henry James to WWB. 13 March [1887].

38 Henry James, *Novels and Tales*, Vol. 11 (New York: Scribner's, 1922) xv.

treasured gift, reciprocated by James's esteem. When Baldwin, in 1893, told James that he was depressed, the novelist replied: "who shall heal the great healer when the great healer is depressed about himself?" James, perhaps, by reminding Baldwin of his "genius and fame & prosperity & the power to face the elements."[39]

Similar enthusiasm came from Alice James, who had no kind words for most medical men. Here is her description of one disappointing visit, as she reported it to her brother William:

> My doctor came last week & examined me for an hour with a conscientiousness that my diaphragm has not hitherto been used to. When he came to the end he was as inscrutable as they always are & the little he told me I was too tired to understand. He is coming next week when as there won't be as much percussing & stethoscoping to be done I can get more out of him. . . . I think he takes the gout as a foregone conclusion simply & is deciding what other complications there are. Meanwhile he has left me a pill of which he thinks all the world & I am to have my spine sponged with salt-water. I was much disappointed by his lack of remedial suggestions, all great doctors are chiefly interested in the diagnosis & don't care for anything else apparently. They ought to have a lot of lesser men, like tenders, to do their dirty work for them, curing their patients, etc.[40]

The doctor's return visit proved no more enlightening, and Alice complained again about his lack of interest in giving her useful advice about "climate, baths or diet [. . .] The truth was," she wrote to her aunt, "he was entirely puzzled about me & had not the manliness to say so."[41] Alice attributed his lack of interest in her to his fame as a doctor: the greater the reputation, she was certain, the less interest a physician had with the trivial maladies of each patient.

"It requires the strength of a horse to survive the fatigue of waiting hour after hour for the great man," she wrote to William late in her life, "and then the fierce struggle to recover one's self-respect."[42] But Baldwin's four visits in 1891, after Alice had been diagnosed with cancer, generated a far different response. "He appears to have been almost the only doctor that she has ever *liked* to see," Henry James wrote to William, adding that Baldwin had a "joyous" effect on their

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39 Henry James to WWB, 25 July 1893.

40 Alice James to William James, 23 Dec. 1884, *The Death and Letters of Alice James*, ed. Ruth Bernard Yeazell (Berkeley: University of California Press, 1981) 100.

41 Alice James to Catherine Walsh, 31 Jan. 1885. *Death and Letters*, 101-02.

42 Alice James to William James, 3-7 January [1886], *Death and Letters*, 107.

sister.[43] In a letter of gratitude to Baldwin after his visits, Alice depicted herself as "a humble spinster to whom you upon a day of sore necessity brought hope, comfort & help." She signed the letter, "your limp & shadowy but sincerely grateful friend & patient."[44]

William, the last of the Jameses to put himself under Baldwin's care, began consulting him in 1893, when he settled in Florence during his sabbatical from teaching at Harvard. His comment after a visit with Baldwin reveals the significance to a patient of a physician's intimate revelations. "What a magician you are!" William's wife wrote to Baldwin. "You *cured* my husband of the morbid depression which has been weighing on him for many days, and how greatly! After you had gone he said to me 'How Baldwin has cheered me up by that talk about himself, it seems almost as if [he] knew how I was feeling.'"[45]

It was rare, indeed, for James to acknowledge empathy from anyone. Growing up, he believed his symptoms were misinterpreted and misunderstood by his mother, who dismissed his complaints as self-absorption, and his father, who tended to explain his son's anguish as having a theological or philosophical basis. James succeeded so well in presenting to his friends an image of hale and hearty healthfulness that few realized how ill he often was. Only his wife knew, and James often thanked her for "recognizing" him, a term that punctuated his love letters to her both before and after their marriage. Baldwin, too, James believed, was capable of this "recognition."

Although William James thought that Baldwin was not an impressive intellectual, he identified two important traits in him: his preference for "superior" types of people, which affirmed his patients' sense of superiority; and his "artistic fibre," by which James, and others who noted a similar quality, meant sensitivity, good taste, and a cosmopolitan affinity for fine living.[46] He also manifested a sense of irreverence and daring that emerged both in his conversation and in his prescriptions. James, who advertised the benefits of the Roberts-Hawley lymph serum among his friends, admitted to Baldwin that of all the physicians he knew, only James Jackson Putnam, his Boston colleague and close friend, was "bold (!)

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43 Henry James to William James, 31 July [1891], *Correspondence of William James*, Vol. 2 (Charlottesville: University Press of Virginia, 1993) 181.

44 Alice James to WWB, 16 November 1891.

45 Alice Gibbens James to WWB, 1 November 1892. For further references to James's relationship with Baldwin and health during this period in Europe, see Linda Simon, *Genuine Reality: A Life of William James* (New York: Harcourt, 1998) 247, 290-299.

46 William James to WWB, 12 August 1893.

enough" to consider prescribing it; but even Putnam was "influenced by hearsay reports of both Roberts & Hawley both being 'scoundrels'," reports that did not dissuade Baldwin from taking the serum himself and prescribing it freely to patients.[47] Clearly, for James, Baldwin's personal testimonial was worth more than other doctors' wary investigations. So, of course, was James's own belief in the "magical" effects of the serum for "little by little abolishing the feelings of morbid fatigue with which I have been so affected."[48]

Friends and colleagues of James had an equally positive response to Baldwin. Geologist Nathaniel Shaler, a Harvard professor, consulted Baldwin in Rome in 1904, and, James told Baldwin, said that "he would rather be killed by you than cured by anyone else he knew of. (I agreed)"[49] James assured Baldwin that if he ever wanted to return to America, he would be guaranteed "quick success."[50] According to Boston physician Morton Prince, James reported, Baldwin's prospects were excellent: "in a year, if you came, you would have the biggest practice in Boston. . . ."[51]

Perhaps no patient was more articulate about her feelings for Baldwin than Constance Fenimore Woolson, who was his patient from 1886 until her death in 1894.[52] In letters, they discussed literature (he recommended that she read Ibsen and even sent her a collection of plays), they gossiped (he about "the wise, little red-faced Queen [Victoria]"[53] and she, often, about her friend Henry James), and they shared their thoughts about health and illness, notably the depression that both suffered. "I think—(I have always noticed it—)," she wrote to him,

> that we have a good many moods in common. More than once you have outlined phases of thought, which, word for word, I have recognised as also mine. Particularly is this true when you allude to depression; the "amazing wilderness of gloom," of which you speak in this last letter, brings the tears to my eyes.—For how often am I too lost in the same dark land. And your next remark—that your

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47 William James to WWB, 11 June 1903.

48 William James to WWB, 11 June 1903.

49 William James to WWB, 30 September 1904.

50 William James to WWB, 12 August 1893.

51 William James to WWB, 4 November 1894.

52 Lyndall Gordon explores Woolson's relationship with Baldwin in *A Private Life of Henry James*.

53 Constance Fenimore Woolson to WWB, 7 October [1889?], quoted in Gordon, *A Private Life*, 205.

> only relief has been a "grim and desperate will to be resolute,"—and to do your best day by day, waiting for the light which will surely come—how that spurs me![54]

In effect, Baldwin helped many of his patients by inspiring them with the force of his own personality. He gave them permission to reveal symptoms and concerns that they preferred not to reveal to less sympathetic and perhaps more judgmental medical men. He gave them a way to understand and articulate their symptoms in terms that he affirmed as accurate in conveying the depth and complexities of their feelings. His patients saw in him a man who loved life, felt passionate about his work, and believed in his own powers to recover. "'What you have to do,' 'do it with your might' is a verse which you always have in mind," a grateful patient wrote to him, "and I often think that it is really the hinge on which the door of success turns."[55]

The hinge of his own success also turned on his sensitivity to his own power over his patients and his ability to enhance that power by allowing his patients to have a voice in the medical process.

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54 Constance Fenimore Woolson to WWB, 15 June [n.y.].

55 E. L. Corning to WWB, 21 June 1904.

56 I am grateful to Skidmore College for a Faculty Development Grant, which funded research for this essay.