

**Five Lives of Mollie Fancher:  
19<sup>th</sup> Century Curiosity, Clairvoyant, Hysteric, Care  
Recipient, Invalid**

BY

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THESIS

Submitted as partial fulfillment of the requirements  
for the degree of Doctor of Philosophy in History  
in the Graduate College of the  
University of Illinois at Chicago, 2015

Chicago, Illinois

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For Pete

## ACKNOWLEDGMENTS

I am incredibly grateful to have this opportunity to thank all of the people who have supported me through this project. Thanks to Katrin Schultheiss, in whose class this dissertation started as a short paper, for sparking my interest in the history of medicine and to Robert Johnston for his model of collegiality and his encouragement to begin my “second book” first. Norma Moruzzi helped me envision a model of work that was interdisciplinary yet grounded in my discipline. The thoughtful feedback of Sandy Sufian and Lynn Hudson helped open up parts of the dissertation that had been sticking points. I would especially like to thank my advisor, Sue Levine, for supporting the project from the outset and for being a constant advocate. Her extensive comments over the years have pushed me to be a better writer and historian and have had such an impact on my thinking that I now hear her in my head as I work. Her suggestion that I restructure the dissertation by character was the catalyst for a massive structural overhaul that turned this dissertation into something I’m extremely proud of. I am truly grateful for her thoughtful engagement in this work.

I have been very fortunate to receive support from the American Association of University Women, the UIC Graduate College, Robert Remini, the New York Academy of Medicine, and the Schlesinger Library. Together they made travel for research possible and gave me time to write the dissertation. I am particularly grateful for the support of all of the librarians in the archives, especially the help of

Arlene Shaner at the New York Academy of Medicine who helped me find crucial texts for this dissertation and was excellent company to boot.

A lot of life happens in the decade it takes to complete school, and I feel incredibly lucky to have shared it with a cohort of such smart and creative people who simultaneously challenged my thinking and provided unconditional support. Thank you to Lara Kelland, Theresa Christiansen-Caballero, Amy Sullivan, Greg Wilson, and especially Libby Hearne. I would never have made it through this program without you, and I definitely wouldn't have had so much fun along the way. May we continue to sink or swim together—no matter what paths we pursue. Thanks to Anne Parsons, Emily LB Tworog, Katie Batza, Cat Jacquet, and Sarah Holmes for keeping me on track with the writing and helping me through the final edits, and to Leah Neiderstadt and Amy Bocko for support, shared dinners, and childcare. Thank you also to Marie Burrage, Dan Willig, Drew Lipman, and Emily Fridlund for a lifetime of support and encouragement and for helping me imagine all the directions this dissertation could take in the future.

To my parents, Renee and Jim Phelps, for never treating me like a weirdo for loving history as a little girl and for offering unconditional support when I embarked on this PhD. Thank you for your encouragement and for talking through these ideas with me. Thanks to my dad, especially, for asking great questions that helped me figure out how to articulate ideas clearly. Special thanks to my mom, who came for a week to care for my baby-who-never-slept so that I could hash out Chapter 2 and whose own caretaking experiences were the inspiration for Chapter 4. My in-laws, Frank and Martha Coco also deserve special thanks. Frank helped me understand

medical issues from a doctor's perspective, and Martha joined me at the Schlesinger Library and later scoured the Internet for obscure documents about Mollie. The childcare they provided was invaluable. Thank you so much.

I am also beyond grateful to Leni Phelps-Coco for her patience and her willingness to spend time at Gran and Papi's house so I could work. She keeps me grounded and makes me laugh every day, especially with her own "purple, purple, purple" dissertation. I am such a lucky mama to have a kid like her.

Finally, I dedicate this dissertation to Pete Coco, my partner on this journey. I am incredibly grateful for the hours of conversations, the support in moments of doubt, and the crucial gift of time to complete this project. But on an even more fundamental level, I'm grateful for his infectious love of narrative, which has shaped this project in such an essential way that I cannot imagine it existing without him. Thank you does not say enough.

APC

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## Introduction: The Five Mollies

*I am told that there are five other Mollie Fanchers, who together make the whole of the one Mollie Fancher, known to the world; who they are and what they are I cannot tell or explain, I can only conjecture.*

—*Mollie Fancher, A Brooklyn Enigma (1894)*

Before there were five Mollie Fanchers, there was one. She was born in 1846 in Attleboro, Massachusetts and was eighteen years old when a streetcar accident set her on the path to international celebrity that lasted until her death in 1916.

By the time Mollie died, variations of her story had been repeated dozens of times in newspapers throughout the Atlantic world. The tale they told was this: On June 8<sup>th</sup>, 1865, Mollie set out on a routine shopping excursion in her hometown of Brooklyn, NY in preparation for an upcoming trip to Boston. She purchased an armload of goods and began her trip home aboard the Fulton Street Car, a forty-passenger, horse-drawn vehicle that had been in operation since 1854.<sup>1</sup> Mollie was a smart and pretty young woman. Her dark eyes contrasted with her pale complexion, and she wore her dirty blond hair just below her shoulders. She was recently betrothed to a respectable young man named John H. Taylor, and though they had not yet set a date for their wedding, they expected a short engagement. Mollie had been a hard working student and was near the top of her class at Brooklyn Heights Seminary when digestive troubles forced her to leave school just before graduation. Her nineteenth-century biographer, Abram Dailey, described her as a “universal favorite” among her peers. “Probably no young lady of her time was more widely

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<sup>1</sup> Edwin G. Burrows and Mike Wallace, *Gotham: A History of New York City to 1898* (New York: Oxford University Press, 1999), 719.

known in the city than Mollie Fancher,” he wrote—with perhaps a hint of exaggeration.<sup>2</sup>

When the streetcar neared Mollie’s home and she signaled the driver to stop, she could not have known that her life was about to change. But as she stepped off the back of the car, her crinoline skirt tangled on an iron hook. The driver, unaware of the predicament at the rear, urged the horses forward and Mollie fell to the ground. Instead of ripping free, her skirt tore in a spiral like an orange unpeeling in a single strip. It twisted into a rope and dragged Mollie across cobblestone pavement for nearly a block before the screams of bystanders signaled the driver to stop. By this time Mollie was bloody, unconscious, and had broken several ribs. Witnesses to the accident recognized her and carried her to a nearby butcher shop before they summoned her physician and her aunt. Over the course of the next several months, Mollie’s health deteriorated: she developed permanent paralysis in her legs, became blind, and lost her hearing in her left ear and occasionally her right. At times she lost her senses of smell and touch and her ability to speak. She took to her bed on February 3<sup>rd</sup> of the following year and never left it again alive.<sup>3</sup>

As Mollie’s disabilities increased in severity, she claimed to acquire the mystical *abilities* that in 1878 propelled her to international celebrity. Several months after becoming blind, Mollie claimed to develop her “second sight,” which

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<sup>2</sup> Abram Dailey, Mollie Fancher, *The Brooklyn Enigma: An Authentic Statement of Facts in the Life of Mary J. Fancher, The Psychological Marvel of the Nineteenth Century, Unimpeachable Testimony of Many Witnesses* (Brooklyn: Eagle Book Printing Department, 1894), 11.

<sup>3</sup> Dailey, *Brooklyn Enigma*, 16–17. There is an interesting parallel between Mollie’s story and that of Frieda Kahlo whose life changed as a result of a bus accident in 1925 when she was a teenager. Like Mollie, Kahlo’s accident had permanent consequences on her body and health but also served as a catalyst for identity production that would springboard her into public consciousness.



allowed her to read letters in sealed envelopes or books hidden beneath her bedclothes. She distinguished the colors of worsted yarn with her hands and embroidered it into elaborate floral patterns. She predicted her visitors at the ring of the doorbell and told people where they had been when they were across the city. In trance states, she communicated with her dead mother and friends. She survived for nine years—or fourteen depending on the account—eating and drinking next to nothing.<sup>4</sup> The combination of her disabilities and mystical powers fascinated the public and made her an international sensation whose story would be repeated in papers for decades.

Mollie's childhood had been relatively unremarkable for her era. Her family moved from Massachusetts to Brooklyn when she was two years old and lived comfortably as part of the emerging middle class in the city. Middleclass residents of Manhattan began moving into the new style apartment houses in the latter half of the nineteenth century, which offered residents a lower cost alternative to a single-family home but still allowed them to maintain the privacy of their own kitchen and dining facilities in a way that boarding houses or hotels did not. But in Brooklyn, single-family homes were still affordable to the middle class, allowing them both the benefit of "garden" living and relatively easy access to transportation such as the Fulton Street Car. The early 1850s saw a building boom in the city, with twenty-six hundred new row houses and single-family balloon frame houses built in 1851

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<sup>4</sup> Dailey, Brooklyn Enigma.

alone.<sup>5</sup> Mollie was one of many new residents in a city that more than quadrupled in size in the first half of the nineteenth century, creating a vibrancy in both the cultural and economic life. The population explosion also made the city a hotbed of disease, however. By 1863, New York City had one of the highest death rates in the country, with one in thirty-six people dying each year as opposed to one in forty-four in both Boston and Philadelphia.<sup>6</sup>

Mollie's father, James, was a businessman and may have commuted to work in nearby Manhattan via the Fulton Street Ferry, the dominant form of transport between the two villages before the Brooklyn Bridge opened in 1883, as many of his peers did. Mollie's mother, Elizabeth, gave birth to five children, of which Mollie was the eldest. Two of them did not survive childhood: Willie died at the age of four in 1852 and Georgianna died as an infant in 1851. Surviving records give no account for what happened to them; Mollie never mentioned them even though she would have been old enough to remember both. But infant mortality rates in New York City were high. In 1840, 190 out of every 1,000 babies born did not survive their first year.<sup>7</sup> The names of Mollie's siblings survive only as part of the Fancher headstone in Green-Wood Cemetery in Brooklyn where they share the monument with relatives. Mollie's sister Elizabeth (named after her mother) was a strong-willed and independent child. She lived until 1884 and, because she is not buried

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<sup>5</sup> Edwin G. Burrows and Mike Wallace, *Gotham: A History of New York City to 1898* (New York: Oxford University Press, 1999), 728-729 and 972-973.

<sup>6</sup> David Rosner, "Introduction," in David Rosner, *Hives of Sickness* (New Brunswick: Rutgers University Press, 1995), 2-3.

<sup>7</sup> Gretchen A. Condran, "Changing Patterns of Epidemic Disease in New York City," in David Rosner, *Hives of Sickness* (New Brunswick: Rutgers University Press, 1995), 33.

with the rest of the Fancher family, it is likely that she married and lies with her husband. Mollie's youngest brother James (named for their father) was a sickly infant, deemed unlikely to survive by his mother. He surpassed her expectations, however, and became Mollie's closest sibling. He remained a frequent visitor and partial financial supporter of Mollie until he died in a railway accident in 1894.

Mollie's mother died in 1855 after a long illness. It is likely that she suffered from tuberculosis, or consumption as the disease was known before the discovery of the tuberculosis bacillus by the German physician Robert Koch in 1882.

Consumption was the leading cause of death in the nineteenth century, claiming one out of every five lives between 1800 and 1870.<sup>8</sup> The disease also claimed multiple members of the same family so frequently that doctors believed that it was hereditary rather than a contagious disease. Instead, this was likely do to hygienic conditions within households. The tuberculosis bacillus is transmitted in spittle, but unlike most bacteria, the bacillus does not die when it dries. Thus if an infected family member spat on the floor of house (a common practice until public health anti-spitting campaigns sought to alter people's behaviors), the bacterium stayed infected. When someone then swept the floor, it threw the infected bacillus into the air where others could breathe in the disease. Elizabeth's brother Isaac was consumptive as was Mollie herself. It is therefore likely that Elizabeth also suffered from the illness.

After Elizabeth's death, her sister, Susan Crosby, moved into the Fancher family home and acted as a surrogate mother for Mollie, Elizabeth, and James. The

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<sup>8</sup> Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore: Johns Hopkins University Press, 1995), 2.

children's father remarried and began another life with his new wife, leaving Crosby in Brooklyn to care for his children. He left them the house, and, because the family continued to retain its middleclass standing without Crosby working for wages, it is likely that he also continued to support them financially, at least for a time. Crosby continued living with Mollie into Mollie's adulthood and, after the streetcar accident, acted as her caretaker until Crosby's death in 1893. In return, as an adult Mollie acted as financial supporter for Crosby through a combination of paid employment, the sale of handicrafts, a small settlement from the streetcar company, and the charitable donations she received from supporters charmed by her miraculous abilities and "cheerful patience."<sup>9</sup>

Mollie's supporters were numerous. A guest book—sadly lost to history—logging the names of visitors who had made pilgrimages to see her contained thousands of entries. Mollie's closest allies hailed from the upper strata of Brooklyn society and had a very different take on her story than we, as twenty-first century readers, tend to see through our post-Freudian worldview.<sup>10</sup> The most striking example of this difference is the fragmentation of Mollie's personality. There was not one but five Mollies sharing the same body. The Mollie who appeared during the day and is the primary subject of this biography referred to herself as "Sunbeam" in the context of her multiple personalities. When Sunbeam went to sleep at night, the other four Mollies emerged. There was "Rosebud," who gestured, spoke, and sang

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<sup>9</sup> The phrase "cheerful patience" is taken from the epitaph on Mollie's tombstone, Green-Wood Cemetery, Brooklyn, NY.

<sup>10</sup> Dailey, *Brooklyn Enigma*, 191.

like a young child; shy “Idol;” sweet “Pearl;” and brassy “Ruby.”<sup>11</sup> As a modern reader, it’s difficult not to understand this facet of Mollie’s story through the lens of Dissociative Identity Disorder (DID), the mental illness often referred to colloquially as multiple or split personalities. The diagnosis is controversial, but those twenty-first-century psychiatrists who support it view DID as the result of severe childhood trauma. In an effort to retain the illusion of safety in otherwise unbearable circumstances, the child develops what psychiatrist Richard P. Kluft describes as “ingenious and resourceful fantasies that undo or modify what the mind cannot accept.”<sup>12</sup>

Mollie’s contemporaries had no such concept as the fragmentation of the psyche, nor did they view her multiple selves as a product of mental illness. While the idea of an unconscious existed before Freud, it was more of a literary trope than a psychological premise.<sup>13</sup> Instead, the public saw the fragmented personality as a wondrous phenomenon. Mollie was not the only person to achieve fame for having multiple selves. There was the “Lady of Belise” who had a double personality and Lurancy Vennum, the “Watskea Wonder,” who absorbed the spirit of her next-door neighbor’s insane daughter.<sup>14</sup> Physicians who set out to debunk Mollie’s powers did

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<sup>11</sup> Dailey, *Brooklyn Enigma*, 78.

<sup>12</sup> Richard P. Kluft, “Diagnosing Dissociative Identity Disorder,” *Psychiatric Annals*, Vol 35, Issue 8 (August 2005), 633.

<sup>13</sup> Edward S. Reed, *From Soul to Mind: The Evolution of Psychology from Erasmus Darwin to William James* (New Haven: Yale University Press, 1997), 127.

<sup>14</sup> Anthony A. Walsh, “Mollie Fancher ... The Brooklyn Enigma: The Psychological Marvel of the Nineteenth Century,” *Newport—The Magazine of Newport College* (Vol. 1, No. 2), 1978, reprinted online.

not tangle with her multiple personalities, which they saw as a sign of fraud but not as a symptom of illness unto itself.

The culture in which Mollie lived was a period of great flux in popular understandings of science and mysticism. After the advent of electricity—an invention so revolutionary that it appeared to be nearly magical—many people had enormous faith in the potential for science to discover rational underpinnings for seemingly miraculous feats. This context is crucial to understanding Mollie’s fame. While Mollie’s story was a sensation in the nineteenth century, it did not have the same degree of implausibility that it would have had it happened today.

We can see the difference in our cultural understanding of mysticism in the contrast between Edgar Allen Poe’s 1845 story “The Facts in the Case of M. Valdemar” and its twenty-first century remake, *The Mesmerist*, a straight-to-DVD comedy co-starring Neil Patrick Harris in his post-*Doogie Howser*, pre-*How I Met Your Mother* days. What was a horror story in the nineteenth century became a screwball comedy in the twenty-first. Edgar Allen Poe’s tale is narrated by a mesmerist who embarks on an experiment to prolong life and uncover the secrets of the afterlife by hypnotizing his friend M. Valdemar on his deathbed. Throughout the story, Poe portrays the mesmerist as a serious man of science. He articulately describes Valdemar’s medical condition, the lung disease phthisis, in as great a detail as any physician could: “The left lung had been for eighteen months in a semi-osseous or cartilaginous state, and was, of course, entirely useless for all purposes of vitality. The right, in its upper portion, was also partially, if not thoroughly, ossified, while the lower region was merely a mass of purulent tubercles, running into one

another.”<sup>15</sup> He shows all of the hallmarks of nineteenth-century professionalism as he documents his study and has it witnessed by dispassionate observers. The experiment still goes horribly wrong, of course, leaving Valdemar in a state of suspended life for months. When the mesmerist finally wakes him from his trance—sitting on top of him and shaking his limp form—Valdemar finally dies. With the mesmerist still sitting atop, his corpse enters a time-lapse of decomposition, which Poe narrates in such gruesome detail it could have been the inspiration for *Evil Dead*.

2. The mesmerist’s folly was his attempt to manipulate the natural order through scientific experimentation. And the tale was believable enough that many people thought it a horrifying journalistic account rather than a work of short fiction.<sup>16</sup>

The twenty-first century remake of the story could not be more different. Rather than a professional, the mesmerist (Jason Carter) is a buffoon of a man. He prances around Valdemar’s dying body shaking a rain stick and chanting. Acting as a “magical,” nonwestern shaman, it seems, is more believable to a twenty-first century audience than a traditional physician employing mesmeric practices. Skeptical Benjamin (Neil Patrick Harris), who, like the audience, is witness to this event, rolls his eyes. Throw in a subplot about Valdemar’s daughter, Daisy (Jessica Capshaw), who has pledged her chastity to her father while her fiancé Benjamin waits for the old man to croak so he can finally get laid, and the tale turns from horror story to comedy. The mesmerism works, but Valdemar’s body is suspended for only a few

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<sup>15</sup> Edgar Allen Poe, “The Facts in the Case of M. Valdemar,” *The Tell-Tale Heart and Other Writings* (New York: Bantam Classic, 2004), 52.

<sup>16</sup> Silverman, Kenneth. *Edgar A. Poe: Mournful and Never-ending Remembrance* (New York: Harper Perennial, 1991).

hours before Benjamin (rather than the mesmerist) climbs on top of his body to shake him out of his trance. When he is released from his state of suspended animation, he breathes his soul into Benjamin's body, which he then promptly uses to sleep with his own daughter—a horrifying end to be sure, but not one related to the manipulation of the natural order through occult sciences. Mesmerism, rather than something real and powerful, has become nothing more than a silly backdrop to an over-the-top sex plot.<sup>17</sup>

One of the challenges of a story like Mollie's is to approach it through the eyes of a nineteenth-century reader rather than a DVD viewer of the twenty-first century. It would be easy to write off stories like Mollie's as wacky products of a benighted age that has little relation to our own and therefore is not worthy of sustained historical study. But this misses the crucial lessons that her story can teach us about American cultural history. Mollie's fame occurred at the onset of a period in which her story *became* wacky, the time when the dominant culture shifted from viewing powers like Mollie's as sublime to seeing them as a hoax or worse—a joke.

Antebellum America had an ethos of democracy that made a story like Mollie's both believable and interesting fodder for speculation. Near-universal suffrage for white men giving had given rise to the two-party system, and the Second Great Awakening of the late eighteenth and early nineteenth centuries instilled in people a similar sense of power of ordinary lay people as Protestant ministers preached a personal relationship with Jesus as the path toward

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<sup>17</sup> *The Mesmerist*, directed by Gill Cates, Jr. (2002, Los Angeles: Roxbury Films), DVD.



salvation—removing layers of hierarchy between people and the divine. Showman like PT Barnum created a culture of curiosity that enticed people to spot truth from humbuggery. In this culture, stories like Mollie’s were a welcome entertainment.<sup>18</sup>

This culture underwent drastic change toward the end of the nineteenth century, as a rising culture of scientific professionalism promoted systems of licensure, professional guilds, the development of social sciences as people attempted to reform society by first empirically analyzing its ills. The democratic spirit of populism lasted well into the twentieth century, however. As Robert Johnston has demonstrated in his analysis of antivaccination movements in early-twentieth-century Portland, there was still a “populism of the body.”<sup>19</sup> The heated public debates about Mollie were proxy wars in this larger cultural shift.

Asking why Mollie made the claims that she did, and—even more importantly—why so many people believed her, therefore offers insight into late-nineteenth-century understandings of the body and of the power of disability narratives in this era. Drawing on the framework of Michel Foucault, I view the body not as a timeless, biological mass but as a site of conversation for discourses of biopower.<sup>20</sup> Debates over Mollie’s body and the veracity of her abilities and disabilities were not just about her own flesh. Her extraordinary body was a

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<sup>18</sup> Bluford Adams, *E Pluribus Barnum: The Great Showman and the Making of U.S. Popular Culture* (St. Paul: University of Minnesota Press, 1997).

<sup>19</sup> Robert Johnston, *The Radical Middle Class: Populist Democracy and the Question of Capitalism in Progressive Era Portland, Oregon* (Princeton: Princeton University Press, 2003).

<sup>20</sup> For more on biopower see Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1995 [1977]) and Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception* (New York: Pantheon Books, 1973).

metaphor for larger causes.<sup>21</sup> Spiritualists, who were searching for a scientific basis for the seemingly miraculous, declared that she was proof of human ability to connect with the beyond. Physicians, who were in the process of professionalizing and asserting their own expertise over the human body, saw her as nothing more than a sick fraud who should be diagnosed with a disease known as hysteria. Mollie was not a passive bystander in her own life story, however. She actively courted controversy and sought to shape the versions of her metaphorical self in ways most beneficial to her. She and her fellow invalids had their own bodily narratives that benefitted them. Through Mollie's life story, this dissertation will examine the variety of ways that disability narratives were used to champion larger social causes in the late nineteenth century.

I came to this project and to disability studies in general from the perspective of a caregiver. Before I began grad school, I worked as a supervisor at an agency that provided supported community living services for people with intellectual disabilities in Iowa City. The idea behind supported community living is to empower people with disabilities to live as independently as possible, integrated into the everyday life of their community. Prior to this movement, many people with intellectual disabilities had been warehoused in institutions or at the very least group homes where their actions were dictated by the facilities they lived in and they were removed from friends, family, and the larger community—or else they had remained with their parents into adulthood.

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<sup>21</sup> For more on cultural interpretations of disease and the metaphorical language used to describe sickness, see Susan Sontag, *Illness as Metaphor and AIDS and its Metaphors* (New York: Picador, 1989).

One guy who lived in the home routinely introduced me to people as his “staff”—a term that smacked of domestic service—and another always introduced me as his “friend.” Both terms are correct in their own ways and both are problematic. They highlight the difficulty of the caregiver/care recipient relationship, which I will grapple with further in chapter 4. On the one hand, I did consider these men my friends. I enjoyed hanging out with them and regularly invited them to parties with people from other parts of my life. They listened to music with my boyfriend and played with my puppy. They met my mom and came to my house for coffee on Sundays. And yet our relationship was not equal. I managed their finances and communicated with their doctors. More often than not, when we hung out I was paid.

At the same time, I was very much their staff. Even when they were capable of cleaning their house, they frequently chose not to. I was left either letting them live with the mess or cleaning it myself and instructing the rest of the counselors working in the house to do the same. And so we did: cleaned toilets, scrubbed floors, washed clothes. I was on call twenty-four hours per day. At night, they knew they were only supposed to call in case of emergency. But often this “emergency” would amount to nothing more than a misplaced package of paper towels. I ended up emotionally exhausted and left to go back to school. But though the experience was difficult, it was also incredibly rewarding. Not only had I developed close relationships with these guys, I had also begun to develop a political awareness of disability and was curious to learn more.

Over the course of researching and writing this dissertation, however, my relationship to Mollie and her unusual body changed in ways I hadn't predicted. I got really sick and thought I had some nasty flu. Over the next two weeks, moving through the fog became increasingly difficult. By the end, I couldn't grip my deodorant bottle well enough to open it. I'd moved two and a half hours from the doctor covered by my student health insurance so I was reluctant to go. By the time I finally did, all of my symptoms had disappeared. The doctor chalked the strange bought up to stress, which made no sense to me, but I let it go.

Over the next year and a half the strange symptoms periodically returned and then disappeared again. Doctors said it seemed likely I had rheumatoid arthritis and if I waited three months a specialist would confirm the diagnosis. (She did not). They said I did too much gymnastics as a kid. They said, *hmm, that is strange*. Finally they diagnosed me with fibromyalgia, an illness my mom and grandma have both lived with for decades but whose symptoms are so varied I didn't recognize them. Like the hysteria diagnosis that Mollie grappled with, fibromyalgia sits in a liminal space between physical and mental illness. The symptoms felt real but the etiology was unclear. Drawing on Foucault, scholars such as Martin Sullivan have argued that the moment of diagnosis is the first step in the taming of the unruly body by the medical profession. It is often the moment when people with disabilities feel themselves to be at their least powerful because the authority of the doctor over the body is so great.<sup>22</sup> For me, the diagnosis was useful as a linguistic tool more than anything else; it gave me a name to put with the symptoms. It didn't cure anything—

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<sup>22</sup> "Subjected Bodies: Paraplegia, Rehabilitation, and the Politics of Movement," in *Foucault and the Government of Disability*, ed. Shelley Tremain (Ann Arbor: University of Michigan Press, 2005), p. 31.

though time and yoga have largely gotten rid of my symptoms in the years since then—but it afforded me the chance to move on. Rather than thinking *What’s wrong with me?* I was able to redefine a new normal. This is not me sick. This is just me.

Living with a chronic condition does not make me a person with a disability. As scholars like Rosemarie Garland-Thomson have argued, it is not the unusual body itself that is disabling but rather the relationship between the body and society. Disability is in the way others stare or, alternatively, the way they avert their gaze in an attempt to be polite. It’s in architectural designs that prevent access to buildings, pity for kids on telethons, and discrimination in hiring. Disability stems from prejudice or exclusion, not from a medical condition.<sup>23</sup> For all intents and purposes, my body passed for “normal,” whatever normal may be.

And yet it does make me an ally. The line between chronic illness and disability is blurry. In fact, one of the aims of this project is to detangle the two from each other in the nineteenth-century context. Despite her disabilities, Mollie looked “normal” too. In fact, she looked so normal that her previous biographer, Michelle Stacey, concluded that near the end of her life, Mollie was likely no longer blind—an argument she based entirely on a photograph in which she appears to be looking at the camera.

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<sup>23</sup> For more on disability theory, see Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997), Paul Longmore, *Why I Burned My Book and Other Essays on Disability* (Philadelphia: Temple University Press, 2003), David T. Mitchell and Sharon S. Snyder, *Narrative Prosthesis: Disability and Dependencies of Discourse* (Ann Arbor: University of Michigan Press, 2000). Douglas C. Baynton, *Forbidden Signs: American Culture and the Campaign Against Sign Language* (Chicago: University of Chicago Press, 1996), Kim E. Nielsen, *The Radical Lives of Helen Keller* (New York: New York University Press, 2009), and Sue M. Schweik, *The Ugly Laws: Disability in Public* (New York: New York University Press, 2010).

I have taken this segue into my relationship to this project because the narrative that lies beyond is as much my story as it is Mollie's. Like all biographical subjects, Mollie Fancher's life story requires interpretation but, more than most, her story begs questions about the knowability and constructed nature of historical scholarship.

What, after all, is the truth in a madcap story like Mollie's?

I have come to think of the difficulty in sorting out Mollie's story as the "bed sore problem." Never mind the clairvoyance and other supernatural powers, if Mollie really spent fifty years in bed, why did she not suffer from festering bed sores? There are two obvious answers to this question. One requires distance and objectivity. Anyone with a basic knowledge of modern medicine knows that people who lie in the same position for too long develop bed sores. It follows then, that Mollie did not actually spend fifty years lying prone in her bed, that she is some type of fraud. Feminist biography theorist, Liz Stanley, refers to this type of knowledge as "everybody knows" knowledge. Everybody knows, for example, that people don't survive for nine years (or fourteen) without eating. Not eating, in our contemporary culture, is a symptom of the disease anorexia nervosa, and people with anorexia nervosa who do not receive effective treatment eventually starve to death. Therefore Mollie ate. Following this path, this dissertation should be a debunking of both Mollie's supernatural abilities and her physical disabilities.

I could instead focus on knowledge gained from archival sources, with all of their flaws and subjectivities.<sup>24</sup> Mollie's personal physician, S. Fleet Speir, listed her lack of bed sores as a "remarkable" feature of her case, along with her ability to see "out of the top of her head" rather than through her eyes.<sup>25</sup> For Speir, Mollie's lack of bed sores did not call into question the authenticity of her story. They simply were what they were (or were not as the case may be). The truth as he saw it was remarkable because Mollie was a remarkable woman. Taking documentary evidence like Speir's at face value, however, leads to a dissertation that promotes the authenticity of superpowers, a claim I'm certainly not willing to make. Rejecting it as the mistaken interpretation of a man with incomplete scientific knowledge, however, denies the reality of Speir's experience, a dismissive approach I am also unwilling to take.<sup>26</sup>

So rather than following these paths, I have decided to turn in a different direction. From my alternative path, the choice between "everybody knows" knowledge and evidentiary knowledge is a fallacy—or at least not very interesting. At best, these two choices lend themselves to a debate about Mollie herself, whether she was or was not telling the truth. And, frankly, that's not a particularly interesting

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<sup>24</sup> For a concise overview of archival subjectivity and the process of archive creation and curation, see Francis X. Blouin, Jr, William G. Rosenberg, *Processing the Past: Changing Authorities in History and the Archives* (New York: Oxford University Press, 2011).

<sup>25</sup> Statement of Dr. S. Fleet Speir, July 16, 1893, published in Dailey, *Brooklyn Enigma*, 215.

<sup>26</sup> I am by no means the first biographer to take this approach toward biographical subject with claims to the supernatural. See for example, Lynn M. Hudson, *The Making of 'Mammy' Pleasant: A Black Entrepreneur in Nineteenth-Century San Francisco* (University of Illinois Press, 2003), a biography of African American abolitionist and capitalist Mary Ellen Pleasant whose success may—or may not—in part be attributed to a voodoo practice. For more on her decision to write the biography without providing definitive answers, see Lynn M. Hudson, "Lies, Secrets, and Silences: Writing African American Women's Biography," *Journal of Women's History*, 21.4 (Winter 2009), 138-140.

historical question. It's a lot like trying to parse the motives behind whatever the latest Kardashian stunt may be at the time you're reading this dissertation. It has, no doubt, caused great speculation in the tabloids, but in the end, who cares?

Rather than heading toward irreconcilably different interpretations of Mollie's life, I'm choosing a different approach. This dissertation will view Mollie's life from multiple perspectives rather than offering a singular narrative. This approach is heavily influenced by the work of feminist biographer Liz Stanley who points out that the modern biography—with its strict chronological approach to narration—was born in the age of Victorian positivism in much the same way as the modern novel.<sup>27</sup> While the novel has moved on to more experimental forms, the biography has largely remained rooted in its positivist past. But, she argues, it doesn't have to be that way. A biography does not have to be a grand narrative of history in miniature. And biographers do not have to make definitive claims about their subjects' lives.

Stanley outlines a vision for other possibilities: 1) the researcher should approach knowledge as "knoweldges," 2) the relationship between the researcher and the subject should be evident in the research project, and 3) the materials used for research should be presented as transparently as possible so that the readers have the option of creating their own interpretations. The idea of "objective knowledge," she writes, "is an oxymoron."<sup>28</sup> Mollie was born, she lived, then she

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<sup>27</sup> Liz Stanley, *The Auto/biographical I: The Theory and Practice of Feminist Auto/Biography* (Manchester: Manchester University Press), 8.

<sup>28</sup> Liz Stanley, "How Do We Know About Past Lives? Methodological and Epistemological Matters Involving Prince Philip, the Russian Revolution, Emily Wilding Davidson, My Mum, and the Absent Sue,"



died. That is the positivist version of her story. But the meaning of her life was very different to different people. And it is these multiple meanings—in all their messy contradiction—that give us insight into nineteenth-century meanings and uses of disability as a trope and its impact on the history of medicine, gender, and Spiritualism.

This dissertation is therefore the story of five Mollies. Not the five Mollies that her contemporaries knew, but five interpretations of Mollie's life story, with Mollie cast by turns as curiosity, medium, hysteric, care recipient, and invalid woman. They contradict each other, and there will be no *deus ex machina* swooping in at the end to tell you which one is the Real Truth. They are all the truth—depending on how you look at it. As biographer, I am an active agent in molding Mollie's life story; it is as much my creation as it is hers. Sources on Mollie are scarce and sensationalized, and I have bolstered my research by studying the culture around her, following every lead I could think of. There are, I am sure, other avenues that could be explored. In the hands of another biographer, this story would be very different.

And, in fact, it was. There are two previous biographies of Mollie Fancher. One was published in 1894 by Judge Abram Dailey, a personal friend of Mollie's. She was heavily involved in its creation, and much of it is her first-person narration of her life. It remains the definitive source on Mollie, and you will find it quoted throughout this dissertation. Chapter 1 will analyze this source in detail. In 2001, journalist Michelle Stacey published a second biography, *The Fasting Girl: A True*

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in Pauline Polkey, *Women's Lives into Print: The Theory, Practice, and Writing of Feminist Auto/Biography* (New York: Palgrave Macmillan, 1999), 17.

*Victorian Medical Mystery*. Stacey's book explains Mollie's disabilities and miraculous powers by placing them in the context of existing historiography on hysteria, medicine, and the rapidly shifting urban culture of the late nineteenth century. She argues that Mollie's life story was not so strange in the context of the hysteria "epidemic" and the widespread unease that people faced as the city modernized around them and life began to take on a faster pace. What Stacey fails to examine is the moments when Mollie's story does not match the standard historiography on the period. Why was Mollie never officially diagnosed with hysteria, for example, when she manifested all of the symptoms of the disease? Why did she resist this diagnosis and why did doctors William Hammond and George Beard care so strongly that she was diagnosed? Why did anyone believe her story, and how did they make the case that it was legitimate? How did Mollie survive day-to-day, and what role did she play in the propagation of her tale? And most importantly for my research, what role did narratives of disability play in the propagation and interpretation of her story?<sup>29</sup>

It is these moments when Mollie's life story alters our understanding of nineteenth-century culture that I plan to focus on. That the biography of a forgotten tabloid celebrity could impact our understanding of cultural history is not as obvious as traditional Great Men biographies, which are far more prolific for their obvious ways in which their subjects were history-makers and therefore crucial to historical periodization. There is no lack of biographies of Abraham Lincoln, for

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<sup>29</sup> Michelle Stacey, *The Fasting Girl: A True Victorian Medical Mystery* (New York: Penguin Putnam, Inc.), 2002.

example. In the spring of 2012, The Ford Theater Center for Education and Leadership compiled fifteen *thousand* unique texts on the president and stacked them into a tower reaching several stories high.<sup>30</sup> As feminist biographer Kathleen Barry points out, however, women's biographies can have a profound impact on our understanding of American history as well, and not just for the ability of "everywoman" biographies to illuminate domestic life. Positioning women's biographies in their larger historical context actually alters our understanding of the historical period in which they lived.<sup>31</sup> The juxtaposition of the five Mollies demonstrates the myriad ways in which narratives of disability were harnessed towards larger—and at times seemingly unrelated—movements, and the role that people with disabilities such as Mollie therefore played in the propagation of these movements.

Chapter 1, Mollie as Curiosity, will set the stage for the rest of the dissertation by exploring the ways that freak shows and sensationalized media coverage in the years preceding Mollie's rise to fame in the 1870s popularized promoted disability as a category begging for interpretation and therefore made disability narratives ripe for imbuing with larger social meaning. In this chapter, I will argue that Mollie's nineteenth-century biographer, Abram Dailey, chose her as a subject because her extraordinary body allowed him to champion the cause of

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<sup>30</sup> "A Staggering Tower of 15,000 Abraham Lincoln Books," *Colossal: Art and Visual Ingenuity* ([www.thisiscolossal.com](http://www.thisiscolossal.com)), February 14, 2012.

<sup>31</sup> Kathleen Barry, "Toward a Theory of Women's Biography: From the Life of Susan B. Anthony," in Teresa Iles, *All Sides of the Subject: Women and Biography* (New York: Teacher's College Press, 1992), 33.

Spiritualism, the belief that human beings could communicate with the dead, in a way that he believed readers would find persuasive.

Chapters 2 and 3, will take this approach a step farther argue that disability narratives such as Mollie's played a crucial role in the debates over the professionalization of medicine in the late nineteenth century as both orthodox doctors and alternative medical practitioners analyzed case studies of people with disabilities and chronic conditions to champion their own side of the issue. Chapter 2, will explore this issue from the perspective of Joseph Buchanan, a doctor from the Eclectic school who studied occult "psychical" sciences. It will also explore the power that patients such as Mollie had in this debate in choosing whom they would allow to study them and therefore how there story could be used for science. Chapter 3 will take the perspective of two orthodox doctors, William Hammond and George Beard. It will argue that narratives of women with hysteria, in particular, were crucial to how orthodox doctors promoted their views of the human body to the general public and were therefore important to lay understandings and buy-in for the professionalization of medicine. I will argue that physicians used definitions of hysteria as a way to promote their professional expertise, but that the rigid and patronizing definitions they created paradoxically opened up a space for female patients to resist a diagnosis of hysteria.

Chapters 4 and 5 will turn inward and explore the role that narratives of illness and disability played on the private lives of people with disabilities like Mollie. Chapter 4 will focus on Mollie's aunt Susan Crosby who was her lifelong caregiver after the death of Mollie's mother when she was a child. It will argue that

white, middleclass caregivers like Crosby differentiated between care for people with short-term ailments and long-term disabilities or chronic conditions. Chapter 5 is Mollie's story from her own perspective. I will argue that the invalid persona—like many other disability tropes of the era—was actually a magnification of discourses of gender, class, and race, which explains why this persona was “unavailable” to people of other races and classes. It will also argue that productivity was as central to the persona cultivated by white, middleclass invalids as quietly wasting away was. I will argue that the labor they engaged in such as household management was in keeping with class, gender and racial norms.

## 1. Mollie the Curiosity: Disability, Sensation and the Soul

*Through the story of [Mollie Fancher's] life, new lessons will be learned of the strange and mystic relations of mind and soul to the houses we live in—these bodies of ours. What it can yield in the accumulation of knowledge upon subjects imperfectly understood, it is her desire, by this book, to place within the easy reach of all. A thousand times during the long years that she has been confined to her bed, subject to tortures, from the very contemplation of which the mind will naturally recoil, she has said it is impossible to understand why she should be kept here to endure such sufferings, being of no comfort to her friends, but an object of constant care and solicitude .... She has been answered times without number, that her life was prolonged for some wise purpose, and that in the end the reason would be made manifest. It would seem that if the facts of her case, which are so strong and startling, are for the instruction and enlightenment of humanity, and if lessons in human life are to be learned at such a cost of pain and anguish—such a sacrifice of the choicest privileges vouchsafed to most of us, and if her sufferings are being prolonged to the end that the facts may be recorded, humanity, at least, would dictate that the work be done as speedily as possible.*

*It is my purpose to state the facts clearly, concisely, and without unnecessary verbiage; and whatever comments may be made, will be in such form as to leave the reader free to understand the history of her sickness, and the strange things which she has done and is constantly doing, so that he may form his own conclusions, irrespective of the opinions of others.*

*—Abram H. Dailey, The Brooklyn Enigma*

For Abram Dailey, Mollie's nineteenth-century biographer, the central facet of her life story was its mystery. He dubbed her "The Brooklyn Enigma," and opened his biography with a series of questions on the nature of the soul to pique his readers' interest: What is the soul and where does it reside? What is its relationship with the mind? With the brain? Upon death is the soul severed from body? What then? Dailey didn't answer these questions directly, but, he opined, "the story of the life of Mollie Fancher cannot fail to cause speculations and strange thoughts in the minds of all thinking persons upon these and kindred subjects."<sup>32</sup>

Like many of his contemporaries, Dailey was an avid proponent of Spiritualism, the belief that living human beings had the ability to communicate with the dead. In Mollie, he found a sensational story that could serve as a vehicle for spreading his personal beliefs. He employed tactics straight out of the playbook of PT Barnum to tantalize readers and guide them to make their own judgments about Mollie's story. As I will argue in this chapter, it was her unusual body that made her an excellent candidate for Dailey's mission because disability in this period carried with it connotations of extraordinariness, thereby giving it meaning to non-disabled people and increasing the plausibility of Mollie's ability to communicate with the dead. The discourses that linked together disability with extraordinariness in the nineteenth century therefore made disability narratives a vehicle for championing social causes like Spiritualism.

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<sup>32</sup> Dailey, *Brooklyn Enigma*, 4.

In order to understand how disability became used as an instrument for promoting larger social causes like spiritualism, it is important to understand the culture of disability in the decades preceding Mollie's rise to fame in the 1870s. As disability scholar Rosemarie Garland-Thomson has written, the bodies of people with disabilities have been imbued with meaning throughout history, but the particular meanings associated with them are bound by the culture in which people with disabilities lived. She writes, extraordinary bodies "become politicized when culture maps its concerns upon them as meditations on individual as well as national values, identity, and direction."<sup>33</sup> Historian Rachel Adams echoes this sentiment when she writes that freak is "a performative identity that varies depending on the particularities of cultural and historical context."<sup>34</sup> Understanding the importance of the freak show, she argues, relies not only on understanding the performances and the meaning of these performances to those enacting them, but also an understanding of the reception of these performances. It was the reaction of non-disabled audiences that gave freak show broader cultural significance, and this significance is rooted in the historical time and place of the freak show.<sup>35</sup> Freak shows were not the only arena for cultural debates about the meanings of disability. As Douglass Baynton has argued, debates over whether deaf schools should teach sign language or oralism were proxies for the meanings of deafness for hearing

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<sup>33</sup> Rosemarie Garland-Thomson, "Introduction: From Wonder to Error—A Genealogy of Freak Discourses in Modernity," in *Freakery, Cultural Spectacles of the Extraordinary Body*, ed Rosemarie Garland-Thomson (New York: New York University Press, 1996), 1-2.

<sup>34</sup> Rachel Adams, *Sideshow U.S.A.: Freaks and the American Cultural Imagination* (Chicago: University of Chicago Press, 2001), 4.

<sup>35</sup> Adams, *Sideshow U.S.A.*, 5-6.



people. In the early nineteenth century, the anxiety for the hearing population was the deaf people were ungodly because they had no access to the gospel. In this context, sign language proved to be an excellent solution. By the late nineteenth century, the anxiety had shifted from ungodly to un-American because sign language was both a “foreign” language and considered a primitive, almost pre-linguistic form of gesturing. The push from the hearing community was therefore about oralism.<sup>36</sup> What matters here for Mollie’s story is that the meaning of deafness, like the meaning of other disabilities was culturally bound and changed over time.

Antebellum America, the period preceding Mollie’s rise to fame, had been rife with mysteries for public speculation. Scientific topics were curios, causing marvel and delight, and spectacles of disability were central to the sideshows and dime museums that were popular entertainments of the era. As the historian David Chapin has written, antebellum America had a “culture of curiosity” where people delighted in uncovering mysteries and debunking hoaxes.<sup>37</sup> And in this culture, claims to the miraculous like Mollie’s were welcome entertainments, and disability developed the connotation of extraordinariness that was crucial for Dailey to use Mollie’s story as a vehicle for Spiritualism.

While the exhibition of freak show performers who represented an “other” for the audience to gape at and compare themselves to was nothing new, it became particularly popular in antebellum America. Historian James W. Cook has chalked

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<sup>36</sup> Baynton, *Forbidden Signs*, 8-14.

<sup>37</sup> David Chapin, *Exploring Other Worlds: Margaret Fox, Elisha Kent Kane, and the Antebellum Culture of Curiosity* (Amherst: University of Massachusetts Press, 2004). For more on dime museums see Andrea Stulman Dennett, *Weird and Wonderful: The Dime Museum in America* (New York: New York University Press, 1997).

up the delight patrons took in making their own conclusions about performers to the anti-establishment and anti-expertise strains of Jacksonian democracy. He also argues that as the market economy developed in this era, the types of questions people asked of a freak show or dime museum resembled the questions they asked themselves in a market filled with misrepresentations and adulterated products: How do I know if what is in front of me is genuine? How much am I willing to pay to find out? A faked freak or curio object was not cause for outrage, but a game audiences could play. Barnum never sought to hide his trickery, and even dropped questions about the veracity of his shows in his own pamphlet materials. He took pride in his moniker as the “prince of humbugs.”<sup>38</sup>

When freak shows marketed people with disabilities as the wild men of Borneo or, after the 1859 publication of Darwin’s *Origin of Species*, as the missing link between humans and apes, asking whether these tales were empirically provable missed the point of their appeal to many people. For spectators, the pleasure of the museum was in evaluating the mystery. Nineteenth-century author of juvenile literature, Lucy Lillie, captured this ethos in a recollection of her visit to Barnum’s American Museum as a child, which she published in *Harper’s Young People* in 1884. “There never was, never could be, a museum like it, and even the elders who smiled with calm superiority over some of the wonders, and some of the

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<sup>38</sup> James W. Cook, *The Arts of Deception: Playing with Fraud in the Age of Barnum* (Cambridge: Harvard University Press, 2001).

plays enacted in the lecture-room, or theatre, had to admit that it was a place well worth visiting, well worth spending a holiday in.”<sup>39</sup>

The experience, of course, was very different for performers than it was for spectators. Historian Robert Bogden has argued that freak show performing was a legitimate profession available for people whose extraordinary bodies might have made other paid employment difficult to attain. There were, he argues, even “self-made freaks,” such as tattooed people who sought out the lifestyle. Most performers, after all, did consent to their work.<sup>40</sup> On the contrary, history David A. Gerber argues that the “consent theory” does not really hold water when it comes to freak show performers. How can a performer truly consent when there are “social inequalities that limit [the] range of choices” they have available?<sup>41</sup> For a performer to have *freely* entered into employment in a freak show, he or she must have had other meaningful options—and this was something that many performers lacked.<sup>42</sup> This question of consent is a crucial one for Mollie as well as for the performers who set the stage for her rise to prominence and will be something that we revisit further in chapter 5.

Mollie wasn’t living in the antebellum period, however. When she came to prominence in the late 1870s, the cultural approach to the unexplainable was

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<sup>39</sup> Lucy C. Lillie, “Mrs. Tom Thumb at Home,” *Harper’s Young People*, March 4, 1884, from the Circus World Museum and Library Archives, Box 5, Folder 40 17-2-2, Sideshow Clippings, 1880-94.

<sup>40</sup> Robert Bogden, *Freak Show: Presenting Human Oddities for Amusement and Profit* (Chicago: University of Chicago Press), 1988.

<sup>41</sup> David A. Gerber, “The ‘Careers’ of People Exhibited,” in *Freakery, Cultural Spectacles of the Extraordinary Body*, ed Rosemarie Garland-Thomson (New York: New York University Press, 1996), 40.

<sup>42</sup> Gerber, “‘Careers.’”

already in flux. The U.S. was in the midst of the worst economic depression to the United States had seen, set off by the panic of 1873. Despite the widespread bankruptcies and high levels of unemployment, the pervasiveness of laissez-faire ideology made it difficult for charity reformers and the general public to understand poverty as anything other than the failure of individual people to contract out their labor for wages, leading to a “tramp crisis” that led to widespread restrictions in the way that charity was doled out in the U.S. for fear that people might fraudulently claim an inability to work. As disability scholar Sue Schweik has demonstrated, the fear of people fraudulently presenting themselves as disabled in an effort to induce bystanders to donate spare change, became widespread. The author of an article from the *London Standard*, for example, claimed to have infiltrated a circle of crippled beggars and learned the secrets to their self-induced disabilities. “One of this class of beggars that I saw had the tips of his ears seared away by frequent touches of the tap-room poker heated red hot,” he wrote. “Another would bare his calves and run half a dozen pins into them to the heads; a third would strike his knuckles with all his force against a wall; a fourth was given to suspending himself in a halter by the chin for minutes at a time, and there were others who would bear to be half roasted, doubled up into excruciating positions, or to have poisonous drugs poured down their throats,” all for the sake of inducing gullible and sympathetic pedestrians to donate a few pennies. The widespread anxiety about the counterfeit disability of beggars speaks to the unease associated with the rapid urbanization of the late nineteenth century. In a rapidly expanding urban culture, people no longer knew their neighbors and could not easily determine who was

worthy of their aid. The fear of being tricked by a crafty mendicant became widespread and humbuggery like Barnum's lost some of the cultural appeal that it had held in the antebellum period.<sup>43</sup>

By 1910, six years before Mollie's death, the era of curiosity had nearly passed. That year, the *New York Times* reported that Barnum, "would not have employed his methods so successfully in this age. Much of his advertising was fraudulent ... The superlatives he employed with such effect upon the minds of parents and children would bring him little revenue now."<sup>44</sup> Humbuggery had been written off as profiteering, mendicancy or trickery, and the sense of play associated with it was replaced with distaste.<sup>45</sup>

When Mollie came to prominence, this transition was by no means complete, however. One of the most interesting places where spectacle and science continued to intertwine in a singular movement was Spiritualism.<sup>46</sup> Spiritualism in the United States grew out of the antics of two young sisters, Maggie and Kate Fox. In March of 1848, the Fox family began hearing a series of unexplainable rapping sounds in their

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<sup>43</sup> "Tricks of Beggars," *Chicago Tribune*, January 17, 1880, 3. For more on fraudulent disability and the ugly law see Schweik, *Ugly Law* and Phelps Coco, "Diseased, Maimed, Mutilated." For more on the tramp crisis see Amy Dru Stanley, "Beggars Can't Be Choosers: Compulsion and Contract in Postbellum America," *The Journal of American History* 78, no. 4 (1992), 1273 and John Williams-Searle, "Charity: Manhood, Brotherhood, and the Transformation of Disability, 1870-1900," in *New Disability History*, ed. Paul K. Longmore and Lauri Umanski (New York, 2001), 164. For more on the free labor ideology, see Amy Dru Stanley, *From Bondage to Contract: Wage Labor, Marriage and the Market in the Age of Slave Emancipation* (Cambridge, 1998).

<sup>44</sup> *New York Times*, July 7, 2010, p. 6.

<sup>45</sup> For more on the evolution of natural history museums see Stephen T. Asma, *Stuffed Animals and Pickled Heads: The Culture and Evolution of Natural History Museums* (New York: Oxford University Press, 2003).

<sup>46</sup> For more on spiritualism as theater, see Amy Lehman, *Victorian Women and the Theater of Trance: Mediums, Spiritualists and Mesmerists in Performance* (Jefferson, NC: McFarland and Company, 2009).

home in Hydesville, NY. At first, they huddled together throughout the night listening to the knockings echoing through their home. By the end of the month, however, the family had grown tired of their fear and decided to try a different approach. Twelve-year old Kate began snapping her fingers when she heard the raps, and—amazingly—the raps echoed her rhythm. Fifteen-year-old Maggie then began counting out handclaps, and the raps counted along with her. Their mother got involved. She began asking questions of the raps. *Can you count to ten? How old are my children?* When the raps answered correctly, she devised a system of asking yes or no questions, expecting raps only on affirmative answers. *Was the rapper a human being?* No response. *Was it a spirit?* Yes.<sup>47</sup>

The Fox family summoned their neighbors to hear the miraculous happenings in their home. The neighbors summoned more neighbors. Soon the press was involved. Over the next several years, spirit communication—Spiritualism—grew to an international phenomena.

Maggie later confessed to creating the noises that launched the Spiritualist movement, a prank the girls were playing on their mother. In 1888—broke and suffering from severe alcoholism—she offered a paid confession to the *New York World*, in which she said that she had made the rapping noises that made her famous by cracking her toe joints. A year later, she recanted the confession, claiming that she had only made it out of desperation. Her economic circumstances never

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<sup>47</sup> Barbara Weisberg, *Talking to the Dead: Kate and Maggie Fox and the Rise of Spiritualism* (New York: HarperCollins, 2004), 17–19.

improved. In 1893—one year before Mollie’s first biography was published—Maggie died, destitute and alone.<sup>48</sup> She was buried in a pauper’s grave.

Spiritualism, however, continued to grow. As it grew, the movement consisted largely of people who attempted to connect with the beyond through communication between a medium and the spirit world. These communications could take a variety of forms: séances, unidentifiable rapping noises, tables shaking and spinning—to name a few.<sup>49</sup> And many Spiritualist mediums charged people for connecting to the beyond or put on performances to demonstrate their abilities.

Mollie’s ability to communicate with the dead tapped into the same aspects of the culture of curiosity as the paid mediums. Without the buzz generated by these paid clairvoyants, the public would likely not have been nearly as fascinated with Mollie’s story as they were. The performances of mediums often reached grand proportions. Anna Eva Fay, for example, was a successful late nineteenth-century medium who tapped into the culture of curiosity to draw in audiences and made a considerable living for herself. Fay had performed before the Czar of Russia and the British royal family where she received a diamond locket as a personal gift from the Prince of Wales. In 1879, she came to New York and began giving exclusive parlor shows for \$50 a piece and group shows in posh uptown residences for upwards of a hundred people whom she charged \$2.00 a head. She quickly became a New York sensation, and fashionable spectators hurried to attend the show, the women

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<sup>48</sup> Chapin, *Exploring Other Worlds*.

<sup>49</sup> Howard Kerr, *Mediums, Spirit Rappers and Roaring Radicals: Spiritualism in American Literature, 1850-1900* (Urbana: University of Illinois Press, 1973).

adorned with jewels and lavender gloves, the men in sealskin jackets and tortoise-shell glasses. Skeptics mingled with believers in the audience.<sup>50</sup>

Miss Fay (which she called herself despite the presence of her husband as an integral part of the show) tantalized her guests by asking them to prove her a fraud. When the show began, she remained hidden behind a pink curtain into a vast ballroom adorned with gilded mirrors, damask curtains, fresco of cupids. Mr. Fey, clad in “a swallow-tailed coat and an excess of elocution” bid the audience to sit in a semi-circle around the stage in front of a table of musical instruments and other accouterment. He chose a committee of three audience members to “prevent the possibility of fraud,” making the audience active participants in investigating the veracity of the show.<sup>51</sup>

Miss Fay, a small and attractive woman with long fingers, presented herself to the audience and asked the committee to secure her to the wall to ensure that she acted only as medium to the spirit world rather than a manipulator of the objects on the table. She sat on a campstool in front of two iron rings fastened to a door jam. Mr. Fay provided the committee with strips of strong, inelastic cotton cloth and instructed them to tie Miss Fay to the wall in any manner they chose. On one night, an old sailor was on the committee and he tied Miss Fay’s wrists so tightly with “inexplicable knots” that her circulation was nearly cut off. The knots were then sewn together, stamped with sealing wax, and fastened to the lower ring. The committee then tied a cloth around Miss Fay’s neck and secured it to the upper ring,

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<sup>50</sup> S. S. Baldwin, *Spirit Mediums Exposed*, (Melbourne: M’Carron, Bird & Co., 1879), 3–4.

<sup>51</sup> Baldwin, *Spirit Mediums Exposed*, 5.



forcing her into a rigid posture that allowed her to neither move her body or head. The committee declared her secure, and Mr. Fay placed a guitar, a whistle, and a bell in her lap. The lights dimmed, Mr. Fay drew a curtain in front of Miss Fay.<sup>52</sup>

Without warning, the bell began to ring. The guitar strummed and then floated about the curtain. The whistle blasted a single note. A tambourine flew out into the audience. When Mr. Fay lowered the curtain, Miss Fay sat in the same position as before but with the bell in her mouth. Upon inspection, the committee concluded that the knots had not been breached. Whether the audience members left the show feeling like they had been witness to miracles or whether they assumed Fey had employed some sort of slight of hand, they had witnessed a tantalizing and extraordinary performance. For many people, the real appeal of the show was in the mystery of whether Fay's body and soul were actually able to breach the norms we ascribe to the human form or whether there was some time of trick. Like the freak show, performances of Spiritualism like this one relied on the participation of audiences to ask questions about the possibilities of human potential.

Historians have offered numerous explanations for the popularity of the spiritualist movement. Bridget Bennet has argued that Spiritualism acted as forum for the collective unconscious guilt Americans felt about slavery and the genocide of Native American peoples.<sup>53</sup> Molly McGarry saw it as an optimistic belief in the

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<sup>52</sup> Baldwin, *Spirit Mediums Exposed*.

<sup>53</sup> Bridget Bennett, *Transatlantic Spiritualism and Nineteenth-Century American Literature* (New York: Palgrave Macmillan), 2007.

potential for science to mediate the distance between this world and the afterlife, a subject we'll explore further in the next chapter.<sup>54</sup> Ann Braude has argued that spiritualism had a special appeal for women because it became a forum for women's rights as it gave female mediums a professional status.<sup>55</sup>

Most scholars agree with Howard Kerr, who wrote the foundational book *Mediums, Spirit Rappers, and Roaring Radicals*, that Spiritualism reached peak popularity in the late 1860s and early 1870s due to the high death toll of the Civil War. By the mid 1870s, however, the association of the movement with the feminism and free love of Victoria Woodhull had marred its reputation and the movement began to wane.<sup>56</sup> The 1875 Katie King Scandal only made things worse. After attending forty séances in which the spirit Katie King appeared, the intellectual Robert Dale Owen wrote a testimony in favor of the Spiritualist movement in the *Atlantic Monthly*. Owen made a careful study of King, ensuring that she was a real tangible being who was distinct from the medium herself. He was fully convinced of her existence when he wrote his piece. Soon before publication, however, he learned that she was, in fact, a *real* tangible being—a woman named Eliza White who had been playing the part of a spirit. He attempted to retract his essay, however, the *Atlantic* decided to publish it in its original form followed by an

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<sup>54</sup> Molly McGarry, *Ghosts of Futures Past: Spiritualism and the Cultural Politics of Nineteenth-Century America* (Berkeley: University of California Press, 2008).

<sup>55</sup> Ann Braude, *Radical Spirits: Spiritualism and Women's Rights in Nineteenth-Century America* (Boston: Beacon Press, 1999).

<sup>56</sup> Kerr, *Mediums, Barbara Goldsmith, Other Powers: The Age of Suffrage, Spiritualism, and the Scandalous Victoria Woodhull* (New York: Knopf, 2011).

addendum in which Owen admitted he had been duped.<sup>57</sup> Kerr argues that this embarrassment led to a long period of decline for the movement until World War I again brought it back to public prominence as people attempted to contact their deceased loved ones.

The late nineteenth century is therefore often overlooked by historians of Spiritualism. Many works on the movement such as Bridgett Bennett's *Transatlantic Spiritualism and Nineteenth-Century American Literature*, Sarah O'Dowd's *A Rhode Island Original*, and David Chapin's *Exploring Other Worlds* focus solely on the movement in this earlier period. Other books such as Howard Kerr's *Medium, and Spirit Rappers, and Roaring Radicals: Spiritualism in American Literature, 1850-1900* argue that Spiritualism in the late nineteenth century held little interest for the public because it had largely been debunked.<sup>58</sup> Mollie's story presents another picture, however. As the media frenzy, which we'll talk about later in this chapter, demonstrates, the potential for people to communicate with the dead was still a source of mystery and fascination for enough people that newspapers sought to out-scoop each other to bring the latest in Mollie's story. Spiritualism too held appeal to occult scientists who believed they might be able to unlock the mystery of life and death—a subject I'll cover extensively in chapter 2. And were it not for Abram Dailey's use of Mollie as a champion of the Spiritualist cause, few records would survive on Mollie at all.

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<sup>57</sup> Robert Dale Owen, "Touching the Visitants From a Higher Life," *Atlantic Monthly* 35 (January 1875).

<sup>58</sup> Bennett, *Transatlantic*. Braude, *Radical Spirits*. Chapin, *Exploring Other Worlds*. Kerr, *Mediums*.

Abram Dailey was a judge and avid proponent of Spiritualism. In 1853, at twenty-two years of age, he moved from Sheffield, Massachusetts to Brooklyn, New York and soon after began his legal career. He was a founding member of the Legal Aid Society in New York, earning him the moniker of the “poor man’s lawyer.” Over the next several decades, his law practice took him into the realms of politics where he held several offices from Justice of the Peace in 1863 to Kings County Surrogate in 1877. His political career was a rocky one as he shifted party allegiances to whichever he deemed most politically advantageous from the Know Nothings to the Republicans to the Liberal Republicans and finally to the Democratic party. He did not always win elections and at times cited voter fraud and ballot stuffing as a cause of his losses. These charges were not entirely unfounded. In 1876, he lost to Walter Livingston, in an election fraught with suspicious dealings. He sued. And on May 11, 1877 the Board of County Canvassers awarded Dailey victory and he began his job as surrogate.<sup>59</sup>

Though his legal career brought him to prominence in the city, it was not his primary passion. By the time he befriended Mollie, his main interest was in promoting the Spiritualist movement, which he saw as a modern phenomena and an agent of progress. “We are living in an era of astounding discoveries,” he said in his opening speech of Medico-Legal Congress of New York in 1895.<sup>60</sup> “Let all freely strive to fathom and solve the mysteries of the nature of man,” he added later that

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<sup>59</sup> “Mr. Dailey Declared to Be Surrogate,” *Brooklyn Daily Eagle*, May 12, 1877.

<sup>60</sup> Abram H. Dailey, Medicine and Law: Address at the Opening of the Medico-Legal Congress,” Bulletin of the Medico-Legal Congress Held in the City of New York September 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup>, 1895 (New York: Published Under the Auspices of the Medico-Legal Journal, 1898), 19.

day. "Let no class of men assume that they can be more safely trusted with these investigations than any other, for class legislation is an abomination to a liberty loving people."<sup>61</sup> As president of the New England Spiritualist Camp Meeting Association in East Northfield, MA and founder of the First Spiritual Church of Brooklyn, he likewise drew on this spirit of democracy to encourage believers to come to their own conclusions about the ability for humanity to connect with the beyond.<sup>62</sup>

Dailey was not a scientist and made no effort to empirically prove the existence of the spirit world. Instead, with a lawyer's mind, he attempted to use his reasoning skills to dissuade disbelievers. When asked, for example, why a spirit claiming to be Shakespeare wrote second-rate prose, Dailey offered two explanations: First, the spirit world—just like the material world—was full of pranksters. A spirit looking to have a little fun might well impersonate a famous person and use the medium as a means to carry out his practical joke. Second, mediums were imperfect go-betweens. A beautifully worded message sent from a spirit might become garbled by the medium. Using a metaphor that says as much about racial attitudes of his era as it does about Spiritualism; he argued that sending a dispatch via medium was much like sending a message via "colored boy." No matter how carefully dictated the original was, when the boy sat down to write it

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<sup>61</sup> Abram H. Dailey, "The Hypnotic Power—What is It?," *Medicine and Law: Address at the Opening of the Medico-Legal Congress*, "Bulletin of the Medico-Legal Congress Held in the City of New York September 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup>, 1895 (New York: Published Under the Auspices of the Medico-Legal Journal, 1898), 130-134.

<sup>62</sup> "Ingersoll to Spiritualists," *Brooklyn Daily Eagle*, August 25, 1895, 8. "Ex-Judge A. H. Dailey Found Dead: Founded Spiritualist Church of Which Mrs. Pepper-Vanderbilt is Pastor," *New York Times*, Nov 3, 1907, 9.

out to the recipient, he would “muddle the message, leave out whole sentences, and write it from his uneducated standpoint.”<sup>63</sup>

For Dailey, Spiritualism was an exercise in faith as much as reason. He co-founded the Church of the New Spiritual Dispensation, which combined Christianity and a connection to the beyond. The church stood on Adelphi Street in Brooklyn and regularly advertised its services in the Brooklyn Dailey Eagle along with more traditional religious venues.<sup>64</sup> Decked out with flowers, international flags, and an enormous “Welcome” banner, it could easily hold the large crowds that came to hear prominent speakers from the Spiritualism movement lead sermons. In April of 1885, for example, the church welcomed Leah Fox Underhill, older sister to Maggie and Kate who had heard the spirit rappings that launched the Spiritualist movement. Though her speech was primarily a lecture on the history of the movement and the courses it had taken in the previous decades, she ended with a call for the spirits to prove their existence by rapping on her podium. When three knocks rang out through the church, the audience cheered.<sup>65</sup>

When Abram Dailey wrote his biography of Mollie in 1894, he dedicated it “to the memory of the noble men and women who in all ages have boldly proclaimed their convictions of the truth, regardless of the consequences to themselves.”<sup>66</sup> This

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<sup>63</sup> “Concerning Spooks,” *Brooklyn Daily Eagle*, June 20, 1899, 5.

<sup>64</sup> See, for example, *Brooklyn Daily Eagle*, January 23, 1886, 2.

<sup>65</sup> “Anniversary of Spiritualism,” *Brooklyn Daily Eagle*, April 1, 1885, 2.

<sup>66</sup> Dailey, *Brooklyn Enigma*, iii.

assertion of truth-seeking pairs nicely with his legal profession and echoes the democratic sentiments he expressed when he spoke to the Medico-Legal Society. It is tempting to attest the structure of Dailey's biography to his judicial background. The book is no straight forward narrative of Mollie's life from birth to the time of its writing in 1894, though it does contain the requisite overview of Mollie's family and childhood. Instead, it offers a multitude of documentary evidence in support of Mollie's case: over twenty pages from her aunt's diary; testimonials from nineteen of Mollie's friends; several of Mollie's personal letters and other writings, including a facsimile of her handwriting; a statement from her personal physician; an interview Dailey conducted with all five of Mollie's personalities; transcripts of nineteen newspaper articles; six photographs; and Mollie's own account of her life story. The introduction reads like an opening argument. "It is not my purpose here to advance theories of my own," Dailey wrote, "The facts must stand by themselves for the unbiased judgment of the reader."<sup>67</sup> It was no accident that Dailey gave the text both the subheading "an authentic statement of facts" and "unimpeachable testimony of many witnesses."<sup>68</sup>

While Dailey's biography reads like a legal brief, the conventions that he used when crafting the book followed another genre as well—the True Life narrative, a freak show staple in the nineteenth century. Although True Life pamphlets claimed to be biographical sketches of particular performers, they often boasted exaggerated claims to entice audience members to the show, adding pounds to fat ladies, for

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<sup>67</sup> Dailey, *Brooklyn Enigma*, 5.

<sup>68</sup> Dailey, *Brooklyn Enigma*, title page.

example, or subtracting them from living skeletons. Many were outright fabrications. The point of the True Life Narrative was not to represent reality but to entice customers behind the screen and into the show.<sup>69</sup> It existed to serve the purposes of its author, usually a showman, who used it as a way to shape performers into freaks. Literary scholar Christian Flaugh positions identity production of freaks at the “crossroads of culture and bodily ability.”<sup>70</sup> Or, as nineteenth-century showman Clyde Ingalls was said to purport, “Freaks are what you make them.”<sup>71</sup>

For example, the performer Jo-Jo, whose body was covered in a “canine like” hair and whose face resembled that of a Skye terrier, had a True Life pamphlet written about him by his manager Nich Foster some time in the late nineteenth century.<sup>72</sup> Using the technique mastered by Barnum, Foster opened the pamphlet with a series of questions, making Jo-Jo’s extraordinary body a puzzle for the audience to solve. He wrote, “There are of course numerous theories advanced in regard to the matter, but theories and practical facts are widely different things, and whether he is the last representative of some race of people whom history has failed to make a record, or whether he is simply an ordinary freak of nature, is a question

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<sup>69</sup> Bogden, *Freak Show*.

<sup>70</sup> Christian Flaugh, *Operation Freak : Narrative, Identity, and the Spectrum of Bodily Abilities* (Montreal: MQUP), 2012, p. 11. For more on freak show narratives and identity production see also Robert Bogden, *Freak Show: Presenting Human Oddities for Amusement and Profit* (Chicago: University of Chicago Press), 1988 and Rosemary Garland-Thomsen, *Freakery: Cultural Spectacles of the Extraordinary Body* (New York: New York University Press, 1996).

<sup>71</sup> Bogdon, *Freak Show*, 95.

<sup>72</sup> Nich Foster, *Greatest Wonder in the World: History and Life of Jo-Jo the Dog Face Man*, (New York: NY Popular Pub Co.), p. 1-2. From the Circus World Museum and Library Archives, Sm. Colls, Folder Jo-Jo.



which we, at least, are not prepared to solve.” The pamphlet also contained “Opinions of the Press,” with multiple newspaper articles in English and German testifying to the wonders of Jo-Jo’s skills to give it credibility.<sup>73</sup>

People with disabilities were by no means the only people whose bodies were subject to interpretation and mythmaking in this era. Both slave and post-emancipation narratives made meaning of black bodies in ways that often had little to do with the health and well being of black people. As historian Jim Downs writes, “The mere reference to freedpeople’s health spurred debate that reflected American’s ideological position on the polemical subject of emancipation rather than insight into freedpeople’s actual health and wellbeing.”<sup>74</sup> The result was that, to this day, the impact of poverty, epidemic disease, lack of sanitation and starvation faced by freed slaves is downplayed and even made invisible.

While Dailey’s biography seems to offer a multitude of proof for his tale, his presentation of the facts followed the format of the True Life Narrative. Dailey ended his introduction to the book with a call for readers to make their own judgments about Mollie’s life and abilities. He included the materials that he did, he stated, “so that [a reader] may form his own conclusions, irrespective of the opinions of others,” language that mirrored Barnum’s. There is no reason to believe that Dailey manufactured any of the documentary evidence he presented in the text. The testimonials of the press he included were accurate duplications of articles that

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<sup>73</sup> Nich Foster, *Greatest Wonder*.

<sup>74</sup> Jim Downs, *Sick from Freedom: African-Americans Illness and Suffering During the Civil War and Reconstruction* (New York: Oxford University Press, 2015), 7. See also Tera W. Hunter, *To ‘Joy My Freedom: Southern Black Women’s Lives and Labors after the Civil War* (Cambridge: Harvard University Press, 1997).

were in fact printed in newspapers.<sup>75</sup> Many of the friends whose statements he collected were quoted in other sources making similar claims to those they made in the biography, making them a believable source.<sup>76</sup> And though the diary of Susan Crosby, Mollie's aunt, is not duplicated in other source material, Mollie's own descriptions of her care—which Dailey quotes extensively in his text and which are discussed in other newspaper sources—line up with Crosby's journal accounts. I have therefore chosen to read all of these sources as legitimate texts written by a variety of people about Mollie.

That said, these sources by no means tell the whole story. Dailey did not set out to write a biography of Mollie that objectively portrayed her life; he was using her story as a way to make an argument about the potential for the human soul to connect with the beyond. He sought only testimonials that upheld the worldview he was trying to purport. None of the many newspaper articles that questioned the veracity of Mollie's abilities were included in the text. He incorporated no testimonials from those who sought to debunk her. It is clear that he edited down Crosby's diary, for length and repetitiveness if for nothing else. Dailey's True Life version of Mollie was only partial.

This dissertation, of course, is also a True Life Narrative of sorts. Writing five Mollies, instead of one, serves *my* purpose of exploring the impact that narratives of disability had on larger movements such as Spiritualism and the professionalization

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<sup>75</sup> See, for example, "Dead and yet Alive!" *New York Sun*, November 24, 1878, 1, which also appears in Dailey, *Brooklyn Enigma*, 184.

<sup>76</sup> For example, see Henry Parkhurst's account in "Mollie Fancher," *Buffalo Daily Courier*, October 22, 1878, 2, which mirror his descriptions in Dailey, *Brooklyn Enigma*, 177.

of medicine. Mollie, of course, did not live her life in five parts. As blood, lungs, and heart work together to form an intricate bodily system that sustains life, Mollie lived these stories—in all of their complexity—as one. Just the same, the distinction—dare I say dissection—of the stories is useful just as it is useful for medical students to study the hematologic system as distinct from the cardiac so that they can fully understand the complexities of each.

I use this medical metaphor with intention and more than a hint of dis-ease. My aim is to analyze the culture in which Mollie lived, but I know that is not all that I am doing. Writing a history of disability must be handled with care. For centuries people with exceptional bodies have been subject to exclusion and discrimination at the hands of those who cast meaning on them. As disability scholar Rosemarie Garland-Thomson has argued, the exceptional body has been subject to interpretation and “the uneasy human impulse to textualize, to contain, to explain.”<sup>77</sup> Over the course of Mollie’s lifetime, Garland-Thomson argues, the arena for discourse on the unusual body moved, shifting it from “freak show stage into the medical theater,” but the impulse to explain it remained.<sup>78</sup> This dissertation is an examination of that move that medicalized the extraordinary body. But here I am still attempting to textualize and explain Mollie’s body.

And yet, there is a crucial difference, I hope, between my work and the True Life narratives created by the likes of Barnum’s. The difference, as I see it, is in

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<sup>77</sup> Garland-Thomson, *Freakery*, 2.

<sup>78</sup> Rosemarie Garland-Thomson, *Freakery: Cultural Spectacles of the Extraordinary Body* (New York: New York University Press), 1996, 2.

the power relationship between the biographer and the biographical subject. This relation between author and subject is crucial even when the subject is long dead. Barnum's subjects had little control over how their stories were told. They were in his employ, and often subject to overwork, underpay, and other forms of exploitation. Barnum created his True Life stories based on what he believed he could sell to his audience—relating the story to the *body* of the performer but not in any way to the person's actual life story. To complicate matters further, his freaks then had to perform the biographical tale that he had written for them while on stage, his texts therefore dictated both the legacy and the life-as-lived of the biographical subject.<sup>79</sup>

So the question I face is how do I negotiate the power relationship I have with Mollie? For me, this is both a personal and political question. It's political in that it matters to me that this dissertation is not simply another text that denies agency to people with extraordinary bodies. It is my hope that this work resonates with people in the contemporary disability community—not because it celebrates disability history, but because it provides a complex understanding of the importance in understanding how notions of disability affected history. On a personal level, Mollie has been a central figure in my life for a decade now, and though I'll never meet her, she has become my family.

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<sup>79</sup> Flaugh, *Operation Freak*.

And yet, like Barnum's side shows, Mollie's story is sensational. She courted that sensation and actively set herself up as a curiosity.<sup>80</sup> The sensationalism associated with disability, and the links between disability and the extraordinary that were manifested in the freak show were what allowed Mollie to rise to prominence in the 1870s and made her a recognizable public figure. It was these associations that ultimately made her a useful figure for Dailey to make his cause for Spiritualism in the 1890s.

Garland-Thomson has used the word "glare" to describe how people observe those with extraordinary bodies. This chapter is your chance to glare, to relish in the sensationalism of Mollie's story so that we can move beyond Mollie-as-curiosity and get deeper into the meaning of her life, which I hope accords Mollie the respect she deserves as biographical subject.

And so: the spectacle.

The media frenzy about Mollie began quietly in Buffalo, NY in the fall of 1878 after Mollie entered a piece of embroidery into the Art Loan Exhibition. Her work hung in the room for local artists next to a piece of India ink work on silk and some homemade lace.<sup>81</sup> The initial report on the exhibit in the *Buffalo Daily Courier* touched on Mollie's story saying, "Some very fine embroidery is shown which is said to be the work of a blind girl living in New York who has eaten nothing for several

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<sup>80</sup> Can a citation be a thank you? If so, that's what this footnote is. I wrote this section having just finished reading Alison Bechdel's graphic novel *Are You My Mother?*. Though the subject matter bears little relation to this project, her ability to weave together personal narrative with complex theory is astonishingly deft and transformed my understanding of how theory can be presented. I never would have been able to write this section without reading this work, and I owe it (and Bechdel) an incredible debt of gratitude.

<sup>81</sup> "Art's Noble Service," *Buffalo Daily Courier*, October 2, 1878, 2.

months.”<sup>82</sup> Mollie was in no way the focus of the story, however, which did not even mention her by name. Instead, the *Courier* reported that “the curiosity of the room [in which Mollie’s needlework hung] is a little stand made in Buffalo in 1835, when it was little more than a village, and saved from the great fire.”<sup>83</sup> A footstool was more impressive than the work of a blind girl who could sew.

Several weeks later, the *Courier* decided that the footstool could not stand as the exhibition’s greatest selling point and decided to place Mollie herself at center stage. On October 22, it printed an article entirely devoted to detailing Mollie’s life. It reported of Mollie’s handiwork: “the chief interest in this exhibit lies in the history of the worker [of this embroidery] ... This history is so strange, so romantic, so at defiance with all scientific precedents that we should hesitate to publish it did it not come to us backed by the best authority” of Professor Charles West of Brooklyn and “several of the ladies connected with the Art Loan Exhibition.”<sup>84</sup> For the first time, the article publicly discussed the streetcar accident that had made Mollie an invalid, her resulting fasting abilities, and her clairvoyant powers. In short, it set Mollie up as a miraculous spectacle, a position emphasized by the fact that the article next to Mollie’s described the marvelous dancing and acrobatic abilities of two midgets, General Mite and Lucia Zarate, who were performing at the Adelphi that week.<sup>85</sup>

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<sup>82</sup> “Art’s Noble Service,” 2.

<sup>83</sup> “Art’s Noble Service,” 2.

<sup>84</sup> “Mollie Fancher,” *Buffalo Daily Courier*, October 22, 1878, 2.

<sup>85</sup> “Amusement,” *Buffalo Daily Courier*, October 22, 1878, 2.

In November, Mollie's story began to spread to New York City as the *New York Herald* published short piece titled "Hysteria" in response to the *Buffalo Currier's* article. It dismissed Mollie as nothing more than a sick attention seeker. While it did not identify Mollie by name, it spoke of a "woman in Brooklyn who, as reported has lived for twelve years 'virtually' without food."<sup>86</sup> This food abstinence, the *Herald* argued, was so common that it was scarcely newsworthy. Women who refused food suffered from "hysterical mania" and "deception". "Of course," the article reported, "they are always imposters, for when these girls are put in hospitals where they can be effectually watched they get hungry."<sup>87</sup>

Then on November 24<sup>th</sup>, the *New York Sun* devoted a full front page of their Sunday edition to Mollie's story. This time her disabilities, rather than her fasting, took center stage. And unlike the previous coverage in New York papers, the *Sun* supported her claims to the supernatural. Suddenly she was a story. "Dead and yet alive," rang the headline. The nineteenth century may not have had twenty-four hour cable news networks, but they did have networks of newsboys out hawking "extra" editions of New York's many penny papers. By 1850, one paper was printed for every 4.5 New Yorkers; on Sundays, that figure jumped as high as one for every 2.2.<sup>88</sup> These papers were small enough to be read while standing on the street, where they could also be purchased from newsboys in individual editions rather than bought on subscription. They often featured sensational local news that

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<sup>86</sup> "Hysteria," *New York Herald*, November 17, 1878.

<sup>87</sup> "Hysteria."

<sup>88</sup> *Gotham*, 677–679.

appealed to working-class readers. And, as we will see in Mollie's story, they competed with each other and took opposing stances on the hot-button issues of the day.<sup>89</sup> As soon as the *Sun* broke Mollie's story, other papers followed suit. In the next several months, Mollie became a staple of New York's penny papers. The *Sun*, the *Herald*, the *Brooklyn Daily Eagle* and even the *New York Times* printed numerous articles about her. Though it had been over a decade since her streetcar accident and first claims of miraculous powers, she had suddenly become a sensation.

As Mollie's fame increased over the next several months, the persona she cultivated came straight from the playbooks of P. T. Barnum, combining several of his promotional tactics to best serve her interests. Mollie simultaneously sold herself as a shy, middle-class woman uncomfortable with the limelight and a spectacle so curious she could cause speculation on the scale of Barnum's most popular freaks—her disabilities were a crucial part of both personas.

Part of Barnum's continuing success over the course of the nineteenth century was his ability to adapt his shows to portrayals both of respectability and freakery. In 1850, for example, Barnum set up an American tour for Swedish singer Jenny Lind. The tour became a sensation, selling out to audiences across the country. While her voice was frequently compared to an "angel," much of Lind's success was in Barnum's ability to market her as a beacon of sentimentalized middleclass womanhood. She dressed chastely on and off stage, donated portions of the money she made to women's charity organizations in both the U.S. and Sweden,

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<sup>89</sup> Patricia Cline Cohen, *The Murder of Helen Jewett* (New York: Vintage Books, 1998), 20-37.



and overtly eschewed life in the public eye even as she became the most famous woman in America.<sup>90</sup> *Godey's Lady's Book* wrote of her, "We thank her for the lesson she reads to all gifted women, that virtue is their highest glory."<sup>91</sup>

Like Lind, Mollie cultivated a persona of middleclass virtue, which allowed her to become a media sensation without becoming unseemly. The *NY Sun* wrote of her, she "has begged to be allowed to live and die in the retirement of her home, unmolested by strangers, and accessible only to her friends" echoing Lind's assertions that she would prefer that the media not talk about her at all.<sup>92</sup> Both also let men speak for them in the press. Lind's narrative entered the public consciousness through Barnum. In the early years, Mollie likewise had friends, particularly Charles West and Dr. Parkhurst, make statements on her behalf. It was not until Dailey published his book in 1894 that the public got to read Mollie's own accounts of her life. And it is not until the 1910s that she actually talks to reporters. At the same time Mollie asked to be left alone, however, she emphasized her ability to nurture the thousands of people who made visits to see her. Like Lind, she also distanced herself from profit-making ventures, even as both women lived off the financial resources they earned through their celebrity. As later chapters will discuss further, Mollie never charged well-wishers to enter her home, but she did set up a shop with her needlework and wax flowers on her first floor of her home on the off chance a visitor wanted to purchase a souvenir.

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<sup>90</sup> Adams, *E Pluribus Barnum*, 41-50.

<sup>91</sup> Adams, *E Pluribus Barnum*, 46.

<sup>92</sup> "Dead and yet Alive!" *New York Sun*, November 24, 1878, 1.

Respectability was, of course, by no means the only marketing technique employed by Barnum and his ilk. As historian James Cook has written about Barnum's living exhibits, "boundary-blurring images of difference were not simply a common occurrence, they were the very basis of the entertainment form itself."<sup>93</sup> Performers who blurred racial categories such as Albino Negroes or gender categories such as bearded ladies drew the attention and curiosity of crowds.

Mollie never joined a freak show, per se, but it was not from Barnum's disinterest in her story. He sent an agent to her house to try to recruit her, but her friend Sarah Townsend grew "indignant and angry" with him at the door and sent him away before he spoke with Mollie. Mollie found the situation hilarious. "Just think of it, Madam Tom; imagine me exhibiting myself for twenty-five cents," she said to Townsend, "I am glad you were so firm with him."<sup>94</sup>

For Mollie, the boundary blurring that made her famous was not about gender or race but rather the liminal space between body and spirit, the material world and the afterlife. "DEAD AND YET ALIVE!" read the front-page *New York Sun* article on November 24<sup>th</sup>, 1878 that catapulted Mollie from small-time curiosity to a media sensation. In the tradition of contradiction manifested by Barnum's most popular performers, the juxtaposition of Mollie's lively personality and her wasting body made her a wonder to behold. Her disability was central to her persona. The article opened, "In Downing street, Brooklyn, has lain for thirteen years Miss Mary J. Fancher, much of the time in a trance-like condition, with feeble heart pulsations,

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<sup>93</sup> Cook, *The Arts of Deception*, 121.

<sup>94</sup> Sarah E. Townsend to Abram H. Dailey, July 16, 1883, printed in *The Brooklyn Enigma*, 112.

sluggish and almost imperceptible respiration, and the chill of death upon her flesh. At times she has been transformed into a cheerful, vivacious, intelligent, entertaining young woman, and then she has relapsed into speechlessness, blindness, deafness, and entire paralysis of the senses.” Even Mollie’s doctor spoke of her in these terms. When asked to explain her mystical abilities, Dr. Duryea replied, “We know that at the time of death the mind is freed from the body. May it not be partially freed by this partial death?”<sup>95</sup>

The trance-like condition referred to by the *Sun* was one of the most talked-about aspects of Mollie’s remarkable story—on par with her fasting, sewing, and clairvoyant abilities. What her contemporaries actually meant by a trance is difficult to ascertain, however. In Mollie’s biography, Dailey offers a two-part definition of “trance” that he got from Webster’s Dictionary. First, “A state in which the soul seems to have passed out of the body into another state of being, or to be wrapped into visions; an ecstasy.” And second, “(In Medicine.) The total suspension of mental power and voluntary motion, pulsation and breathing continuing, the muscles being flexible, and body yielding to and retaining any given position not incompatible with the laws of gravitation; catalepsy.”<sup>96</sup> Mollie fit both the medical and the spiritual definitions. Crosby’s diary records numerous examples of Mollie entering into trance conditions where she was unconscious and unable to communicate—sometimes for days at a time. It was these comatose trances that the *Sun* described as her near deaths.

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<sup>95</sup> “Miss Fancher’s Friends,” *New York Sun*, November 27, 1878.

<sup>96</sup> Dailey, *Brooklyn Enigma*, 60.

Often, however, Mollie's trances were nothing close to the unconscious state the *Sun* described for her. She experienced what she described as a trance that lasted for nine years. While at times she was comatose, much of this period was actually spent in an active and alert alternative state of consciousness. During this time, she developed relationships with people and engaged in activities that she would later be unable to remember. She continued her embroidery and waxwork, exchanged thousands of letters, and consorted with well-wishers from around the country.<sup>97</sup>

She met her friend Sarah Townsend during this period and grew so close to her and her husband that she refereed to them as "Papa and Mama Tom." In the two-week period before Mollie's awakening from her nine-year trance, she grew distressed and often wept with fear. Then one night her eyes "flashed wide open," though they remained sightless. She began to sing and gesture with her hand as if she were on stage then slipped into unconsciousness, which lasted for three days. When she awoke, she had no memory of Papa and Mama Tom, and from thereon referred to Sarah as "Lady Townsend."<sup>98</sup> She failed to place her brother whom she remembered as a boy of thirteen but was now old enough to sport a full moustache. She commented that her aunt had lost her rosy cheeks and that her bedroom was changed. She had to relearn embroidery skills she had acquired. When she looked at the wax flowers in her hands that she had been working only moments before, they were foreign to her.

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<sup>97</sup> Dailey, *Brooklyn Enigma*, 49.

<sup>98</sup> Townsend to Dailey, July 16, 1883.

When Mollie described the experience in Dailey's biography, she told the story in such a way to best highlight the liminality that had made her famous. She said, "When I looked upon the wax flowers, the work of my hands, I could not realized that they had been done by me. They were repugnant to me. The sensation that I experienced was that they were the work of one who was dead .... I was, and still am, an enigma to myself." To further draw reader into her story, she drew on a common technique of Barnum's by directly asking readers to explain her situation. "If anybody can tell who I am, and what I am, when they have heard of the remaining experiences and features of my life, I would be glad to have them do so," she said.<sup>99</sup>

Mollie's life-or-death limbo allowed newspaper readers to speculate on scientific possibilities for her body that would otherwise be difficult to contemplate. As one reader, C.H.P., wrote into the *Sun* with his theory, "It seems that the greater portion of the body is dead or inert, consequently it requires very little nourishment," and therefore Mollie could gain enough sustenance through respiration.<sup>100</sup> Even some physicians believed that Mollie's abilities could be genuine due to her status on the cusp between death and life. Dr. B. Brown Williams told the *Sun* that Mollie's ability to read letters in sealed envelopes and her knowledge of events transpiring outside of her immediate environment were "as natural, although unusual, as are the mental manifestations of those who see with

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<sup>99</sup> Dailey, *Brooklyn Enigma*, 65-66.

<sup>100</sup> C.H.P., "Does the Air Feed Her?" *New York Sun*, November 25, 1878, 3.

the eyes only” given that her “vital force [was] down to its lowest perceptible activities.”<sup>101</sup>

Mollie, writing as her alternate-personality, Pearl, gave her own account of the birth of her awakening from her trance, which Dailey published in his biography. She wrote, “The moonlight was beamed in upon me, when I first opened my eyes to what? Was it life? Was I living? It will be impossible for me ever to describe the sensations I had when I first found myself here. Where had I dropped from? Where was I? And where was I going and what was my life? What did it all mean?”<sup>102</sup> There is a remarkable similarity in language Mollie uses to describe herself in this passage and the language used by Dailey and the penny papers to describe her. The passage, at least according to Dailey, was from Mollie’s private journals. Had she internalized the liminality that fascinated the public and incorporated into her own view of herself? Was she dictating this persona to the media? Or was she so aware of the importance of her persona that even in a state of altered personality—so she claimed—she was writing with her public in mind?

Because of Mollie’s liminal state between life and death, the anecdotes of her powers seemed plausible enough to the readers of penny papers for them to be worthy of curiosity. In one story, Professor Charles West, the head of the Brooklyn Seminary School and a close friend, told the story of Mollie’s Uncle Ike returning from the gold rush in California. Isaac Crosby (Uncle Ike) had left for California

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<sup>101</sup> “Miss Fancher’s Case,” *New York Sun*, December 9, 1878, 1.

<sup>102</sup> Mollie Fancher [as Pearl], “Light Amid the Darkness,” in Dailey, *Brooklyn Enigma*, 107.

when Mollie was a young girl. On his departure he was “strong, healthy, and robust, with a full face and big chest.” While he was away he developed consumption, and his body had withered to the point that he did not even look like the same man. On that night that he returned, Professor West was sitting with Mollie in her room when the doorbell rang. “Why, it’s Uncle Ike ... how he has changed, how sick he looks,” Mollie exclaimed. Meanwhile, Susan Crosby, Ike’s sister, had answered the door and found her brother “so changed that it required some little talk to convince the sister of his identity.”<sup>103</sup>

Some of Mollie’s supporters even cast her in the tradition of ancient mystics. In an editorial M.H. wrote to the *Herald* in support of Mollie, he asked, “Must we set aside all practical experience, as well as the traditions of Christianity and every other form of religion known to ancient or modern times? Has not fasting, physical suffering, purity and innocence of life, and the entire subjugation or extinction of all animal appetite, ever in the past enabled mortals to burst the ordinary bounds of the senses in the pursuit of spiritual or other truth?”<sup>104</sup> But even in these stories, there are glimpses that what people enjoyed about Mollie’s case was their ability to speculate on it. “It is perfectly that no end of theories should be advanced,” writes the author.<sup>105</sup> Even when they looked to the miraculous past, supporters of Mollie found entertainment in creating their own interpretations of her body and abilities.

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<sup>103</sup> “Dead and Yet Alive!,” p. 1.

<sup>104</sup> M.H., “Miss Fancher,” *New York Herald*, December 18, 1878, 9.

<sup>105</sup> “Hysteria and Its Causes.”

Mollie was not the only woman whose claims of supernatural abilities garnered them attention within their families and their communities and even rose to international prominence in this era. There were women who spoke with dead relatives, lived with their own doppelgangers, were necromancers or “incombustibles,” preached while in trances, or mystically cured others of ailments.<sup>106</sup> In 1846, the French seamstress Angelina Cotton became highly charged with electricity, causing tables to shake and metal objects to fly across rooms.<sup>107</sup> In 1857, the twelve-year-old Welsh girl Sarah Jacob lived without eating or drinking.<sup>108</sup> I’ll talk more about these women and girls in a later chapter.

Mollie refused to work as a paid medium for others, even though people regularly came to her with the desire to have their fortune told. She repeatedly distanced herself from the spiritualist world, saying that “being classed in any manner with clairvoyants or second-sight seers or spiritualists” was one of the things she dreaded most.<sup>109</sup> It was this distaste for profiteering off of her powers that made Mollie believable, according to her friends.

I believe it was more than this, however. Dailey specifically chose Mollie to represent his Spiritualist movement because, as he wrote, “probably there has never been a case so prominently before the public” as she was. Her public distaste for profiteering and her refusal to label herself a medium at a time when they were

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<sup>106</sup> Hammond, *On Certain Conditions*, 74, 77, 81, 125.

<sup>107</sup> Hammond, *Spiritualism and Other Allied Causes*, 21.

<sup>108</sup> Hammond, *Spiritualism and Other Allied Causes*, 270-285.

<sup>109</sup> Testimonial of Charles West, printed in Dailey, 208



considered suspect was certainly a condition of her fame. But without her extraordinary body, it is unlikely that she could have had the credibility that she did, a feature of her case that Dailey capitalized on, whether or not he did so consciously. Throughout the text, Dailey links Mollie's disabled body to her extraordinary powers as if the connection is a given. He repeatedly correlates her clairvoyant trances with her spasms.<sup>110</sup> When explaining her second sight ability, he writes that readers must understand her "present physical condition" in order to explain her abilities.<sup>111</sup>

In the late nineteenth century, both Spiritualism and disability were becoming medicalized and subject to empirical study. Within decades, True Life narratives like Barnum's and like Dailey's would become dinosaurs. By 1903, for example, Frederic W.H. Meyers, a supporter of Spiritualism who relied on scientific evidence in his attempts to prove its veracity, argued that the evidence Dailey provided in his text relied solely on the reputation of the person who dictated it rather than on empirical evidence. Dailey's accounts, he lamented, were "vague in the extreme."<sup>112</sup> He contrasted Dailey's work with his own in which he "tried to give, in text and Appendices, enough of actual evidence to illustrate each step of my argument."<sup>113</sup> Hooking the reader in was no longer enough to make a case.

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<sup>110</sup> See, for example, Dailey, *Brooklyn Enigma*, 83, 103.

<sup>111</sup> Dailey, *Brooklyn Enigma*, 57.

<sup>112</sup> Frederic W. H. Meyers, *Human Personality and its Survival of Bodily Death*, (New York: Longman, Green, and Co., 1903), 352-354.

<sup>113</sup> Meyers, *Human Personality*, ix.

Which is why this is the story of five Mollies and not just one. The next two Mollies—Mollie as clairvoyant and Mollie as hysteric—will explore how concepts of the extraordinary, which both people with disabilities and clairvoyant mediums encapsulated, connected with the shift towards empiricism in the late nineteenth century and how these concepts were harnessed to encourage ordinary people to support the professionalization of medicine.

## 2. Mollie the Medium: Occult Science, Medicine and the Extraordinary Body

*A liberally educated physician should know that Miss Fancher's case is one of a large number of cases of most unquestionable authenticity, in which the deeply interesting correlations of the soul and body are established by a disturbance of their usual relations. In the average man, soul and body are so closely united that the spirit is completely masked by the flesh, and every psychic process can be traced in the transformation of matter, and recorded in some form of excretion. The animal is stronger than the spiritual nature, and the man has no distinct idea either of his brain or of his soul. This is the ideal man of the medical schools. They tolerate no other conception of man than that of a mere animal. They refuse to recognize the soul as an entity, or even an object of scientific investigation. They know no more of the psychic universe than the mole does of astronomy. To ask one of these skeptics who considers mind a secretion of the brain, as bile is a secretion of the liver, his opinion of Miss Fancher's case, would be as profitable as to ask a description of the climate of Cuba from one of the learned monks in the days of Columbus, who denied the existence of the western hemisphere. But the medical profession is not entirely composed of old fogies. There are some thousands who have adopted modern ideas, and who understand that man is more than a physical machine. They know that when the close connection of soul and body is disturbed their powers may be separated—the body lying as if inanimate, while its vital principle, which is spiritual, acts independently of the body, as it must when the body has been destroyed by death.*

—Joseph Rhodes Buchanan, "Miss Fancher's Condition"

When Mollie first achieved fame in the late 1870s, the medical field was a motley crew of physicians from different schools who espoused different philosophies of healing and different understandings of the human body. Some of these doctors referred to themselves as orthodox or “regulars” to distinguish them from practitioners of other branches of medicine—homeopaths, naturopaths, chiropractors, Eclectics, to name a few—whom they collectively dubbed the “irregulars.” Today, we call the regulars simply “doctors,” a testament to their ultimate professional success.

The story of the professionalization of medicine, otherwise known as how the “regulars” became “doctors” is well trod in the history of medicine. Historian Paul Starr, in his seminal work, *The Transformation of American Medicine*, argues that it was not so much that the regulars dominated the other schools of medicine as that they absorbed many of their philosophies and thus the irregulars were left with little way to distinguish themselves.<sup>114</sup> This incorporation was by no means clear to the people who lived through it, however. In *Nature Cures*, a history of alternative medicine in America, historian John C. Whorton emphasizes the bitter rivalry between the different schools. My aim in this chapter, and the next, which serves as a corollary to this one, is to look *less* at how doctors competed with each other and more about their relationships to patients—how they made the case for their own school to the general public who sought treatment from them. This chapter will address this issue from the perspective of irregular physician, Joseph Rhodes

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<sup>114</sup> For more on the professionalization of medicine see Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books), 1982. Ira M. Rutkow, *Seeking the Cure: A History of Medicine in America* (New York: Scribner), 2010.

Buchanan of the Eclectic school and the next will examine it from the viewpoint of two of his rivals, William Hammond and George Beard, neurologists of the regular school. Narratives of patients with disabilities and chronic conditions, I will argue, were crucial to how physicians in both camps made their claims about their view of the human body in sickness and in health in terms that ordinary people could understand—in part because the line between miraculous and scientific blurred after the advent of electricity, an invention so amazing that it seemed almost supernatural but was very decidedly not. Because discourses of body and soul were so intertwined in the narratives of many irregular doctors, I will also argue that occult science—a professionalized version of the Spiritualist movement—was a crucial, albeit fringe, voice in the debates over the professionalization of medicine. Finally, as we will see from Mollie’s case, at the same time as disability was being medicalized, disabled patients retained a modicum of power over physicians who needed their stories to secure their own professional ends.

In order to understand the role that disability narratives played in the professionalization of medicine, we need to understand the state of the medical field in the late nineteenth century. At the time, there were numerous schools of medicine vying for patients’ trust and business. Historian James C. Whorton has argued that two principles of Jacksonian democracy allowed these branches of medicine to thrive so that by the time Mollie rose to prominence in the late nineteenth century they were well established: 1) The anti-intellectualism of the Jacksonian era encouraged the belief that every man could be his own physician and

could make his own choices about his medical care, and 2) The belief that everyone (or at least everyone white, male and Protestant) should be entitled to economic freedom discouraged licensure and standards on who practiced medicine.<sup>115</sup>

Historian Joseph Haller has similarly described the rise of the multiplicity of schools of medicine in the early nineteenth century by comparing it to the sectarianism and democratic spirit of the Second Great Awakening.<sup>116</sup>

Many of the “irregular” schools, Whorton has argued, were rooted in a belief in the healing powers of nature. Homeopaths, for example, thought that, with a little push, the human body had great abilities to heal itself. Homeopathic drugs therefore included infinitesimally small doses of compounds that, in large doses, would induce the symptom the physician was trying to heal, with the goal of encouraging the body’s natural defenses to kick in. Thompsonians preached the power of botanicals to regulate the “heat” in the body. Grahamites—of cracker fame—saw cleansing, simple diets as the source of wellbeing.<sup>117</sup>

On the other hand, Orthodox doctors, who referred to themselves as “regulars,” saw themselves as the torchbearers of Hippocrates. They believed that disease and illness must be fought to be cured, and sought to employ remedies that brought about the opposite effect of the disease, earning them derisive moniker “allopaths,” a term meaning “other than the disease,” from homeopaths and other

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<sup>115</sup> Whorton, *Nature Cures*, 35.

<sup>116</sup> Joseph Haller, *Sectarian Reformers in American Medicine, 1810-1900* (New York: AMC Press, 2011).

<sup>117</sup> For more on homeopathy and Graham, see Joseph Haller, *Sectarian Reformers in American Medicine, 1810-1900* (New York: AMC Press, 2011). For more on Thomsonianism, see John C. Whorton, *Nature Cures*, chapter 2. For detailed descriptions of these and other alternative treatments such as hydropathy and mesmerism, see Erika Janik, *Marketplace of the Marvelous: The Strange Origins of Modern Medicine* (Boston: Beacon Press, 2014).

irregulars.<sup>118</sup> Their drug of choice in the nineteenth century was calomel, a mercury compound that brought about the desired purging effect as they tried to rid disease from a patient's digestive tract, but under prolonged use also caused mercury poisoning.<sup>119</sup>

Some schools of medicine differed from others more in rhetoric than in treatments. Eclectic medicine, for example as historian John S. Haller has described it, was as much an attitude as it was a philosophy of healing. Eclectic remedies often relied on local, botanical resources, but the school primarily distinguished itself by its spirit of reform, which sought to unseat orthodox medicine through good old-fashioned American experimentation. Haller describes the Eclectic's egalitarianism and democratic philosophy as akin to the Protestant religious revival movements of the time. Rather than casting themselves as unqualified experts because of their training and licensure, however, they appealed to a populist spirit of democratic reform.<sup>120</sup>

This democratic streak manifested in both their reform movement itself and in the language they used to describe it, which often employed informal colloquialisms, invented words, and non-standard punctuation. In response to orthodox regulations that sought to deny alternative practitioners access to

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<sup>118</sup> The term allopath was an opposition to homeopath, meaning "the same as the disease." In large doses, homeopathic treatments would provoke symptoms similar to the disease but, practitioners believed, would cure it in infinitesimally small doses. In other words, if a patient had a stomachache, allopaths provided her with a remedy designed to soothe the stomach while homeopaths provided her with a minute amount of a concoction that would irritate a healthy stomach in an attempt to stimulate the body's ability to heal itself.

<sup>119</sup> Whorton, *Nature Cures*, 35.

<sup>120</sup> John S. Haller, Jr. *Medical Protestants: The Eclectics in American Medicine, 1825–1939* (Carbondale: Southern Illinois University Press, 1994), xv–xix.

professional status, Eclectic professor O. Davis, wrote, for example, “Methinks, truth is not partial to station, not begotten by medical sages nor parturated in Colleges, so that its heirship is restricted .... And does it not prove that the spirit of investigation is slumbering, when old and uncurrent ideas are offered as ‘regular’ opinions? those which have had a legitimate succession, in a certain lineage! from time immemorial?”<sup>121</sup> Davis saw the regulars as elitists who were tied to the traditions of European medicine. His anti-authority attitude particularly appealed to people in the western states where Eclectics had their stronghold.

In the latter half of the nineteenth century, the “regulars,” attempted to restrict the legitimacy of alternative medicine by creating organized medical schools and strict licensing guidelines that applied only to their own branch of medicine. Eric Rauchway has argued that the professionalization of medicine began as an offshoot of medical practitioners offering legal testimonies at trials—especially in cases of insanity. This led to questions of who had the legitimate authority to speak on such issues.<sup>122</sup>

But professionalization was also a much larger trend in the late-nineteenth-century America. As Magali Sarfatti Larson has described, professionalization was an “attempt to translate one order of scarce resources—special knowledge and

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<sup>121</sup> O. Davis, “An Address on Medical Reform and Physical Education,” *The Eclectic Medical and Surgical Journal* (Vol. II, No. 5), November 1850.

<sup>122</sup> Eric Rauchway, *Murdering McKinley: The Making of Theodore Roosevelt’s America* (New York: Hill and Wang, 2003). For more on the connections between the law and definitions of insanity, see Charles Rosenberg, *The Trial of Assassin Guiteau: Psychiatry and the Law in the Gilded Age* (Chicago: University Of Chicago Press, 1995).



skills—into another—social and economic rewards.”<sup>123</sup> In his classic work on the culture of professionalism, Burt Bledstein argued that professions began to argue for licensure and a system of higher education as a way of protecting the public from untrained quacks who might do them harm. And yet this public good the professions touted was impossible to separate from their own self-interest. He writes, “numerous professional associations worked for more stringent preparation and higher standards in licensing in order to protect the public from incompetence and quackery. However, this reform also worked to restrict the number of practitioners, thereby raising their incomes.”<sup>124</sup> The process of professionalization was therefore often messy as people sought to untangle who counted as professional and who did not. Paul Starr downplayed this conflict in the professionalization of medicine. He wrote that the process separated doctors further from patients but diminished the separation between doctors as “the profession became more cohesive and uniform.”<sup>125</sup> John Whorton, on the other hand, described the bitter campaigns waged at the time. “Fought,” he wrote of the conflicts over the professionalization of medicine, “is hardly too strong a term.”<sup>126</sup>

One of the most interesting facets of Mollie’s case is that it highlights the reaches of professionalization as a trend in the late nineteenth century. The scientific and the mystical are often seen as opposites, one an engine of progress and

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<sup>123</sup> Magali Sarfatti Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley: University of California Press, 1977), xvii.

<sup>124</sup> Burt Bledstein, *Culture of Professionalism: The Middle Class and the Development of Higher Education in America* (New York: Norton and Company, 1978), x.

<sup>125</sup> Starr, 81, 100.

<sup>126</sup> Whorton, *Nature Cures*, 36.

modernity and other the purview of folk tradition. But many nineteenth-century scientists—particularly practitioners of the Eclectic school of medicine—included the study of the soul and its ability to connect with the beyond in medical discourse. Their vision of the human body and its potentials was one way for them to distinguish themselves from other branches of medicine. Throughout this chapter it is important to note that the occult scientists and irregular physicians that I am talking about are often one and the same people. The last chapter depicted Abram Dailey's view of Mollie as a sensation—a strategy that I argued he employed to promote the Spiritualist cause. But he was not the only person using Mollie's narrative to champion Spiritualism.

Joseph Rodes Buchanan, a physician from the Eclectic school, similarly used Mollie's story as evidence in his research into psychical science, the belief that it was possible to scientifically study clairvoyance and the human soul. Unlike Dailey, Buchanan was less interested in sensation tales and more interested in using case studies of women with disabilities and chronic conditions like Mollie to create arguments he deemed legitimate, thereby promoting the professional status of his research. As Buchanan said in December of 1848, "The case of Miss Mollie Fancher stands in the very center of the battlefield of conflicting forces, where all that is spiritual and all that is grossly material are in an irrepressible conflict, which has religion, hope, philosophy and progress on one side: on the other, materialism, doubt, gloom, and despair."<sup>127</sup>

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<sup>127</sup> "Miss Fancher's Case Considered," *New York Sun*, December 29<sup>th</sup>, 1878, 1.

Buchanan's research into Mollie upholds the assertion that Spiritualism did not disappear in the late nineteenth century as many historians have assumed. Instead, it underwent a process of professionalization, at times allying itself with the alternative medical movement. As Historian R. Laurence Moore has argued, nineteenth and early twentieth-century researchers of psychical science went to great lengths to present themselves as conforming to the standards of objective research and models of scientific publication of their day. As Moore writes, "the unusualness [of their subject matter] did not negate important ties which they had to cultural norms."<sup>128</sup> Moore further argues that parapsychology was crucial to the development of psychology as a field distinct from neurology. In the mid to late nineteenth century, he argues, most physicians believed that mental illness ultimately stemmed from a physical abnormality in either the brain or the nervous system, which made patients susceptible to external causes that would arouse excitement such as an overindulgence in theater. In the decades before Freud, psychical researchers were on the forefront of studying mental illnesses that had no clear physical etiology and "could not be viewed under a microscope," similarly to the divide between neuroscience and neurobiology today.<sup>129</sup>

Joseph Rodes Buchanan was born in Frankfort, Kentucky in 1814 and died in San Jose, California at the close 1899. As the dean of four Eclectic medical colleges and founder of the Buchanan Therapeutic Institutes, he spent his life advocating for an alternative branch of medicine known as Eclectic medicine. Joseph Buchanan's

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<sup>128</sup> R. Laurence Moore, *In Search of White Crows: Spiritualism, Parapsychology, and American Culture* (New York: Oxford University Press, 1977), xiv.

<sup>129</sup> Moore, *In Search of White Crows*, 135-138.

attitude toward Eclectic medicine mirrored Abram Dailey's approach to Spiritualism in many ways.<sup>130</sup>

His success was often thwarted due to his rocky relationship with his peers, however. He spent his life bouncing from town to town, joining faculties of various Eclectic medical schools, only to be asked to leave, and repudiating organizations he had formerly headed. Historian John Haller described him as a "colorful" man who "both enriched and embarrassed" the Eclectic profession. He drew the ire of fellow Eclectics as often as he raised the scorn of orthodox doctors, had to self-fund publishing of some of his most important works, and died in relative poverty. His psychical studies never achieved the prominence he hoped they would, although they developed a strong following among fellow occult researchers. Despite these personal shortcomings, however, he was not entirely out of the mainstream.<sup>131</sup>

Working with sources written by Buchanan is not unlike working with Dailey's treatment of Mollie. The challenge in using Buchanan as a source is less about sensationalism and more about his inflated sense of self and the implications of his research—as well as the grandiose claims that he makes. His seminal work, *Manual of Psychometry*, which he humbly subtitled "Dawn of a New Civilization"—an 1885 work that he published himself—opens like this:

This volume has been somewhat hastily prepared, to fulfill the promise recently made to the public of a Manual of Psychometry—a work to introduce the subject to the general reader....

When a full exposition is required many volumes will be necessary—one for the medical

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<sup>130</sup> Judith A. Weiner, "Buchanan, Joseph Rodes," *Dictionary of Early American Philosophers*, ed. John R. Shook (New York: Bloomsbury Publishing, 2012).

<sup>131</sup> Haller, *Medical Protestants*, 94.

profession, one for the hygienists, one for geologists, one for astronomers, one for ethnologists, one for physiologists, one for historians, one for pneumatologists, one for devotees of religion and duty, and ten for the students of Anthropology.<sup>132</sup>

His work, he believed, would be far reaching.

Buchanan saw himself as a credible researcher who was on the forefront of scientific discourse and his research as revolutionary. He wrote, "In studying Psychometry, mystery disappears and the most cautious inquirer in vital science will feel that he is treading on safe and solid ground."<sup>133</sup> The laws of Nature, he argued, applied not only to the material world that was usually studied by scientists but also to the psychic realm.<sup>134</sup> While these laws of nature were constant, humanity's understanding of them increased over time. A connection to the spirit world was no more marvelous than a floating helium balloon would have appeared to "ignorant peasants" or a cube of ice to the "Asiatic" who lived in a hot climate.<sup>135</sup> What matters in a text like this is not whether Buchanan's studies are scientifically reproducible or even true in any sense. Instead, what matters is how he made the claims that he did and the role arguments like his had in the history of medicine.

Though his interests were similar to those of Dailey's, his approach to his subject was entirely different. While Dailey tried to win support for Spiritualism through sensationalism and storytelling, Buchanan sought to enhance his new field of study by creating hallmarks of professionalism for it. He was elected president of

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<sup>132</sup> Joseph Rodes Buchanan, *Manual of Psychometry: Dawn of a New Civilization* (Boston: Published by the Author through Holman Brothers, Press of Roxbury Advocate, 1885).

<sup>133</sup> Buchanan, *Psychometry*, 10–11.

<sup>134</sup> Buchanan, "Psycho-Physiological Sciences," 65.

<sup>135</sup> Buchanan, "Psycho-Physiological Sciences," 66.

the National Eclectic Medical Association in 1848 and dean of the Institute from 1850–1855. *Buchanan's Journals of Man*, which he edited from 1850–1855 and from 1887–1889, was a method for not only spreading his ideas of psychical science but also a marker of the professional status of his work.<sup>136</sup> A sample issue from January, 1888, for example, contains a round up of the latest publications in psychical research, articles attempting to define such terms as “occultism” and descriptions of applications of occult research for history, archeology, and the current study of the brain.<sup>137</sup>

For Buchanan, the promotion of alternative medicine blurred with his studies in occult sciences, which he viewed as on the forefront of medical research. Body, mind, and soul were intimately connected to each other, and all three should fall under the purview of medicine, he believed. Buchanan sought to become a specialist in the study of the soul. He named his new discipline “psychometry,” the science of soul measuring, though he envisioned its impact as far more reaching.<sup>138</sup> It was “the development and exercise of the divine in man,” a tapping into the psychic powers of the universe that would revolutionize the way people conceived of the world around them. Psychometry could prove that clairvoyance, premonitions, fortune telling, hallucinations, hypnotism, and a host of other occult phenomena were neither miraculous nor fraudulent.<sup>139</sup>

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<sup>136</sup> Coates, *Seeing the Invisible*, Appendix 1, and Haller, *Medical Protestants*.

<sup>137</sup> *Buchanan's Journal of Man*, ed. Joseph Rodes Buchanan (Vol. 1, No. 12), January 1888.

<sup>138</sup> Joseph Rodes Buchanan, *The Manual of Psychometry: Dawn of a New Civilization* (Boston: Published by the Author, 1885), 3.

<sup>139</sup> Buchanan, *Psychometry*, 9–10.

Buchanan's interest in psychical science grew out of his studies in phrenology, the nineteenth-century method for discerning character traits by studying the ridges and valleys of the human skull. Phrenology was the brainchild of early nineteenth-century German doctor Franz Joseph Gall and was adapted by Gall's assistant Christoph Spurzheim who brought the philosophy to the U.S. in August of 1832. Spurzheim classified the brain into thirty-seven sections, each pertaining to a different character trait or ability. The larger the section of the brain, the more developed phrenologists determined it to be, and they believed the size and shape of the brain could be felt on the outside of the skull. Phrenology rightly deserves its reputation as a justification for racist and Imperialist policies in both Britain and the U.S. Because of this legacy, however, it's easy to lose sight of the fact that in the mid nineteenth century, it held widespread popularity. Intellectuals flocked to hear Spurzheim speak at Harvard University and created phrenological societies. Working-class people learned of the theory through widely distributed, mass-produced pamphlets.<sup>140</sup>

How Buchanan made the connection between phrenology and psychical studies became something of a legend within the occult studies community. In 1909, psychic researcher James Coates related this tale of Buchanan's astounding discovery in his own text *Seeing the Invisible*. While Coates' book is a write up on his own research, it is also very much a hymn to Buchanan. The front piece of the text is a portrait of Buchanan and the only appendix in the book is a short biographical

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<sup>140</sup> Haller, *Medical Protestants*, 107–110. See also David D. Guistino, *Conquest of Mind: Phrenology and Victorian Social Thought* (New York: Rowan and Littlefield, 1975).

sketch of Buchanan's life and major works.<sup>141</sup> What matters in this story is not whether Coates got all of the details correct or even whether this was an entirely apocryphal tale, but rather how Coates presented Buchanan's ideas as stemming from independent research, unmired by medical tradition—a key tenant of Eclectic medical thought.

The story that Coates told was this: In 1842, Buchanan was living in Little Rock, Arkansas and practicing phrenology while studying the “impressionability of the brain.”<sup>142</sup> One day, he had the opportunity to examine the head of Leonidas Polk—second cousin to President James Polk—who later went on to become a Confederate general due to his close friendship with Jefferson Davis, despite Polk's complete lack of combat experience. At the time, Polk was bishop of the Episcopal Diocese of Louisiana and was described as one of the “most collected, level-headed men of his day.”<sup>143</sup> Buchanan noticed that the “Sensibility” region of Polk's skull was highly developed and asked him whether he was particularly sensitive to atmospheric, electric, or physical conditions. Polk replied that he was so hyper-sensitive to these conditions that if he touched a piece of brass—even if it was dark and he could not tell what he was touching—he felt its influence throughout his entire body and his mouth tasted of metal. This was the a-ha moment where Buchanan first conceived that some people might have greater powers of perception than most. He dubbed these people hyper-sensitives and spent the rest of his life

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<sup>141</sup> James Coates, *Seeing the Invisible: Practical Studies in Psychometry, Thought Transference, Telepathy and Allied Phenomena* (New York: Fowler and Wells, 1909), front piece, Appendix A.

<sup>142</sup> Coates, *Seeing the Invisible*, 8.

<sup>143</sup> Coates, *Seeing the Invisible*, 9.



studying extra-sensitive perception and its relation to the psychical powers of clairvoyance, telepathy, and thought transference. These studies were the root of psychometry.<sup>144</sup>

Buchanan's own descriptions of these early years mirror Coates' descriptions of theory based in hands-on research. After his experiments with Polk, Buchanan described how he began researching medical applications for extra-sensitive perception, bringing his psychical studies to his teaching at Eclectic medical colleges. He enlisted medical students from the Eclectic Medical Institute of Cincinnati to study whether people could detect the effects of certain medicines by holding it in their hand rather than ingesting it, giving each student an envelope with a different medicine to see if he could identify it by touch alone. Forty-three testified that they could. He then asked these "impressionable" individuals to lay hands on the bodies of patients and see if they could detect where the weakness lied in the body in an attempt to use psychometric tests as an agent of diagnosis.<sup>145</sup>

One of the biggest factors that separated the regular and irregular physicians—aside from the irregulars distrust of calomel and other drugs frequently used by the regulars—was the approach to scientific research typified by Buchanan. As historian James C. Wharton has argued, while the regulars based their practices in theoretical research, which for much of the nineteenth century meant harkening back to Hippocrates, irregulars based their understanding of the body in patient's

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<sup>144</sup> Coates, *Seeing the Invisible*, 9.

<sup>145</sup> Buchanan, *Psychometry*, 20–29.

experience “unbiased by therapeutic laws.”<sup>146</sup> This meant listening to nature rather than fighting against it and paying attention to the spiritual health of patients as well as the physical.<sup>147</sup> As historian Lawrence Moore has argued, this approach to research that was personal rather than rooted in established theory was also a central tenet of occult science. In the 1880s, he argues, William James attempted to promote the American Society for Psychical Research in order to legitimize it as a field of study. James pitted his own definition of scientific inquiry based on personal observation of individual people as antithetical to what he saw in more mainstream science, which, as Moore wrote, “ran the risk of dehumanizing itself by chasing after standards of the impersonal.”<sup>148</sup>

As I will argue in a few pages, narratives of people with disabilities and chronic conditions were important case studies for both irregular medicine and psychical science research. In the last chapter, I argued that disability narratives were ripe for interpretation because of their historical association with sensational carnival and freak show circuits, giving disability nearly supernatural connotations. But in the latter half of the nineteenth century, these displays of people with disabilities moved into the medical arena as doctors began using unique cases of people with disabilities as a way to explain the human body. As Nadja Durbach describes in her book *Spectacles of Deformity*, the people on display in the medical arena were often the same people performing in freak shows. Doctors would even

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<sup>146</sup> James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (Oxford: Oxford University Press, 2002), 11.

<sup>147</sup> Whorton, *Nature Cures*, 14.

<sup>148</sup> Moore, *White Crows*, 145.

visit carnivals in an effort to find a freak “of scientific interest.”<sup>149</sup> Over time, displays such as these served to take disability out of the realm of the wondrous and bring it under the realm of medicine, a subject that I will discuss further in a later chapter.

Sometimes these assertions came from people in the disability community. The association between disability and extraordinary powers were so strong that disability advocates felt the need to explicitly refute them. W. Hanks Levy, who directed the Association for Promoting the General Welfare of the Blind in the 1870s and was himself blind, argued “Telling colours with the fingers is a fallacy, which become widely spread the description of interested persons.”<sup>150</sup> It was impossible, he argued, for the blind to develop extra-sensory perceptions such as those claimed by Mollie and studied by Buchanan. While the blind might become extremely sensitive to variations in the texture of objects and might even begin to sense when they were about to run into something though a means Levy called “facial perception,” they could not “see” colors through their fingers. Facial perception, furthermore, was by no means an extraordinary sense. Everyone had this ability, he argued, but most sighted people ignored it.<sup>151</sup>

Disability was not the only subject that blurred the lines between entertainment and science in this period. When Mollie’s fame began in 1878, the nation was in the midst of one of the most revolutionary technological changes it

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<sup>149</sup> Nadja Durbach, *Spectacles of Deformity: Freak Shows and Modern British Culture* (Berkeley: University of California Press, 2009), 23.

<sup>150</sup> W. Hanks Levy, *Blindness and the Blind: A Treatise on the Science of Typhology* (London: Chapman and Hall, 1872), 59.

<sup>151</sup> Levy, *Blindness*, 59-66.

had witnessed: the adoption of electricity changed the way Americans understood the world around them. The Edison light bulb divorced light from fire for the first time in human history. It was smokeless, required no oxygen, and burned so long it seemed endless.<sup>152</sup> The source of this power was as enigmatic as it was revolutionary, as an inscription from the Union Depot in Washington, D.C. captured: “Electricity: carrier of light and power, devourer of time and space; bearer of human speech over land and sea; greatest servant of man—yet itself unknown.”<sup>153</sup> The changes wrought by electricity were so spectacular that they seemed nearly supernatural. Except they weren’t extra-ordinary, they were scientific. And this distinction was crucial. The advent of electricity, I would argue, provided a important backdrop for the shift from disability as a wondrous phenomenon to a medical one.

As David E. Nye has argued in *Electrifying America*, Americans were so taken with electricity that it became a prime feature of theater performances, fairs, and public events. Advertisers used electrical signs to hawk products, and shopkeepers lit their windows to draw crowds to their stores.<sup>154</sup> Ernest Freeberg has similarly argued that the electric light caused a revolution in the way Americans lived their lives causing both excitement and anxiety.<sup>155</sup>

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<sup>152</sup> David E. Nye, *Electrifying America*, 2.

<sup>153</sup> Nye, *Electrifying*, 138.

<sup>154</sup> David E. Nye, *Electrifying America: Social Meanings of a New Technology: 1880-1940* (Cambridge: MIT Press, 1990), 5, 29.

<sup>155</sup> Ernest Freeberg, *The Age of Edison: Electric Light and the Invention of Modern America* (New York: Penguin Books, 2014).

When Mollie first came to prominence, electricity was enough of a rarity that it was a novelty. As Nye describes, Manhattan did not get its first electric streetlights until 1880 when the Brush Arc Lightening Company erected twenty-three arc carbon lights at its own expense. By 1892, this number had increased to twelve hundred after a push from both Brush and the Edison Companies to electrify the city as quickly as possible. In that year, however, there were still twenty-seven thousand gas streetlamps in the city. In 1886, the Statue of Liberty was illuminated for the first time, allowing spectators to view it across the harbor in the night. Every World's Fair after 1881 was spectacularly lit and contained an Electricity Building with popular showcases.<sup>156</sup> The World's Fair of Chicago in 1894, known as the Columbian Exposition, had a "Scenic Theater" in the Electricity building, which offered a light show that simulated twenty-four hours in a Swiss Village from the dawn to moonlit night complete with a thunderstorm and rainbow.<sup>157</sup>

By the turn of the twentieth-century, displays of electricity had become naturalized in many cities and, as Nye argues, were "hardly worth a glance."<sup>158</sup> But in the nineteenth century, the new technology was beyond the grasp of most people leading to all sorts of rumors and misconceptions. People feared that electric tracks would shock horses in the rain or that electricity would drip out of sockets if the switch were accidentally left on. Nye describes how an electrical room was built in the basement of the U.S. Capital building so that congressmen could literally recharge

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<sup>156</sup> Nye, *Electrifying*, 32–33.

<sup>157</sup> Nye, *Electrifying*, 41.

<sup>158</sup> Nye, *Electrifying*, 57.

themselves after giving a tiring speech. Laborers on the first electric cable in New York believed the devil was in the wire, and Edison had to personally supervise their work in order to quell their fears.<sup>159</sup>

The field of electrical medicine brought hope of cures to nearly innumerable diseases. Doctor Moritz Meyer asserted that it could cure such disorders as paralysis, spasms, tumors, blood diseases, even nocturnal emissions.<sup>160</sup> In addition to these, the physician John Ives asserted that it could be used in labor, as a cure for opium poisoning, or to quell the excessive use of alcohol or tobacco.<sup>161</sup> Alphonso David Rockwell promoted electricity as a tool for surgery.<sup>162</sup> Some texts, such as *Essentials of Medical Electricity*, even gave step-by-step instructions for physicians to build their own batteries for generating electricity if they could not purchase one. It included various types of batteries and directions such as that for the Voltaic Pile, which urged doctors to place a plate of copper on a wooden base and lay on top of it a piece of cloth, saturated with dilute acid, and then a plate of zinc. The physician should repeat these steps until a tower had been built whereon he should connect wires to the bottom plate of copper and the top plate of zinc.<sup>163</sup>

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<sup>159</sup> Nye, *Electrifying*, 152–153.

<sup>160</sup> Moritz Meyer, trans. William Hammond, *Electricity in its Relations to Practical Medicine* (New York: Appleton & Co., 1872).

<sup>161</sup> John Ives, *Electricity as a Medicine and Its Mode of Application* (New York: Galvino-Faradic M'F'G Co, 1887).

<sup>162</sup> Alphonso David Rockwell, *Lectures in Electricity in Its Relations to Medicine and Surgery* (New York: W.M. Wood & Co, 1879).

<sup>163</sup> D. D. Stewart and E. S. Lawrence, *Essentials of Medical Electricity* (Philadelphia: W. B. Saunders, 1892), 33. See also George Vivian Poore, *A Textbook of Electricity and Medicine in Surgery* (London: Smith Elder and Co, 1876).

Doctors from both regular and irregular schools believed in the power of electrical medicine. Buchanan developed a method of treatment he called therapeutic sarcognomy, in which he used electricity to stimulate different regions of the body that he believed corresponded to different psychical or emotional states—a sort of phrenology of the body—thereby stimulating health.<sup>164</sup> His case write-ups read like this:

The positive was placed in front of the ilium (Melancholy), and the negative in the axilla, against the ribs, covering Tranquility and Cheerfulness. The positive was not felt, but the negative disturbed the muscles actively until the current was moderated. [The patient] said: 'I feel like letting the world wag; a sort of relaxing feeling compared to the last ; I feel like taking things easy ; soothing, quieting ; a state of passive enjoyment ; peaceful, with enjoyment of life ; cheerful, contented, satisfied with almost any condition of life,' Time about twenty minutes.<sup>165</sup>

Buchanan's research blurred the lines between medicine and occult science, but medicinal uses of electricity were also in the mainstream. William Hammond—about whom we'll talk more next chapter—did his own research on the subject and translated the major German work, *Electricity in its Relations to Practical Medicine* by Moritz Meyer, into English. Mollie herself as briefly treated with electricity, which she related to Dailey in a catalogue of treatments she believed ranged from ineffective to torture, which will be discussed further in a later chapter. She had

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<sup>164</sup> Joseph Rodes Buchanan, *Therapeutic Sarcognomy, The Application of Sarcognomy, the Science of the Soul, Brain and Body, to the Therapeutic Philosophy and Treatment of Bodily and Mental Diseases by Means of Electricity, Nervaura, Medicine and Haemospasia, with a Review of Authors on Animal Magnetism and Massage and Presentation of New Instruments for Electro-therapeutics*.

<sup>165</sup> Buchanan, *Therapeutic Sarcognomy*, 510.

little to say on the subject: "Then I was treated with electricity for a while," she told Dailey, "a battery was applied for a few days, with no benefit."<sup>166</sup>

The dual nature of electricity as both enigmatic and revolutionary made it an excellent source of metaphor for occult sciences. My examination of Spiritualist text shows how often this metaphor was used. The sense of possibility that inventions powered by electricity afforded researchers were manifest. The Spiritualist W. Stoddert subtitled his manifesto on spirit communication, "The Electric Light of the New Era."<sup>167</sup> Another author, writing under the pseudonym "Sceptic," wrote that there was no need for mediums because "Spiritualism, like electricity and magnetism, lies all around us and within us."<sup>168</sup> In his text, *Scientific Basis of Spiritualism*, Epes Sargent wrote, "Science has to hypothecate the intermediary ether to account for the passage of light, heat, electricity, magnetism, gravity through space. Why may we not quite as reasonable hypothecate an intermediary, partaking both of matter and spirit, through which the Infinite Spirit may act in controlling the universe."<sup>169</sup>

Electricity could explain why clairvoyance was possible. Table shaking, for example, was the product of an imbalance of electricity between two bodies. If a person had more than their natural share of electric charge, then the electricity from their bodies would transfer to the table, drawing it toward them. If there was not

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<sup>166</sup> Dailey, *Brooklyn Enigma*, 22.

<sup>167</sup> W. Stoddert, *The Gospel of Spiritualism: The Electric Light of the New Era* (New York: Hecuitides and Son, 1880).

<sup>168</sup> Sceptic, *An Exposition of Spiritualism; Comprising Two Series of Lectures, and a Review of "The Spiritual Magazine,"* no. 26 (London: George Manwaring, 1862), 86.

<sup>169</sup> Sargent, *Scientific Basis*, 203-204.



enough electric charge to actually move the table, then the table would shake and lift off the ground. The table-shaking staple of a medium's performance was therefore explainable by electric energy.<sup>170</sup>

The telegraph was a particularly prominent metaphor for its ability to engender communication that defied previously held expectations of people's ability to interconnect. A poem by Gerald Maskey, which described a séance, for example, opened, "Gather round the table, when the day is done; Lay the Electric cable that weds two worlds in one."<sup>171</sup> Another psychical researcher, John Ashburner, described communication with the spirits as like "the intercourse between different parts of the world by direct and inverse electric currents."<sup>172</sup> S.C. Hall, author of *The Use of Spiritualism*, wrote "Who will venture to doubt that a time may not be far off when this mystery—for so it surely is—will be as clear and palpable, as universally accepted a truth as is now the telephone or even the telegraph?"<sup>173</sup>

The radio, known at the time as the "wireless telegraph," provided an explanation for how Spiritualism functioned and why it was difficult to study. In the book *Materialization and Other Spiritual Phenomena from a Scientific Standpoint*, L. H. Dalton and J. V. Wallace compared clairvoyant powers to this newfangled contraption. The wireless telegraph was a "source of electrical excitation" that sent out a series of "pulsatory waves" in all directions in the hopes that a "recording

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<sup>170</sup> F.W. Evans, *Spiritualism on Trial* (Cincinnati: Hitchcock and Walden, 1875), 66.

<sup>171</sup> Gerald Maskey, *Daybreak* (No. 768, Vol. XV), December 19, 1884, 1.

<sup>172</sup> John Ashburner, *Notes and Studies in the Philosophy of Animal Magnetism and Spiritualism* (London: H. Bailliere, 1867), xvii.

<sup>173</sup> S.C. Hall, *The Use of Spiritualism* (London: E.W. Allen, 1884), 5.

mechanism” on the other end might receive them. Unfortunately, a great deal of energy went to waste when waves travelled in a direction that had no receivers. This difficulty prompted electricians to experiment (unsuccessfully) with reflectors designed to bounce radio waves in a specific direction just as someone might focus the light from a lamp by placing a mirror behind it.<sup>174</sup>

According to Dalton and Wallace, clairvoyant communication operated like a radio. The brain of every person living and dead continually sent out a series of “intellectual waves” that vibrated into every other brain in the universe. These vibrations were so slight that most people scarcely noticed them. Some people, however, had the capacity to focus their brain waves as if they had a “reflector behind their intellectual light.” They were therefore able to send and receive communiqué from the spirit world that most people were unable to sense and became mediums between the living and dead.<sup>175</sup>

If something as astounding as light shining with the pull of a cord or near-instant communication across the Atlantic Ocean could be scientific, then the possibility that science might grasp such miraculous phenomena as communication with the dead did not seem so far fetched. Research into the occult sciences therefore became a prominent—albeit controversial—field of study.

And yet, the psychical researchers (who were often also irregular physicians) needed subjects to help develop their theories, and this is where patients like Mollie become crucial to the story. Descriptions of Mollie match those of Buchanan’s hyper-

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<sup>174</sup> L. H. Dalton and J. V. Wallace, *Materialization and Other Spiritual Phenomena from a Scientific Standpoint* (Boston: A. A. Perry, 1897), 79–82.

<sup>175</sup> Dalton and Wallace, *Materialization*, 79–82.

sensitives like Leonidas Polk. Just as with Buchanan's descriptions of his own research, there is no way to know whether these stories actually occurred as they were described. I have taken them from a series of testimonials gathered by Dailey as proof of her miraculous abilities. Do they document miracles? Parlor tricks? The antics of a witty woman who kept guests entertained and an audience so enthralled by the fun of it all that they didn't realize their own participation? It will never be possible to tell definitively. Two things are clear from the testimonials: the affection the writers of the testimonials had for Mollie and their willingness to attach their names and addresses to them for Dailey to print in a public forum. Either these friends of Mollie's were true believers or they were unashamed to play along in public.

One letter for instance, written by Mr. H.D. Sisson told the story of an impromptu visit he made to Mollie with Abram Dailey. Years before this visit, Dailey had informed Sisson that Mollie had "seen" him as he was visiting Dailey while she was in a trance state—though the two had never come by to visit. On this particular day, Sisson dropped in on an unplanned visit to Dailey, along with his nephew, E. T. Blodgett. While there, they asked to see Mollie at some point, and, seeing as she only lived a few blocks away, Dailey offered to take them that evening. When Sisson and Blodgett arrived, Mollie recognized Sisson as the man she had "seen" visiting Dailey years before. She even told him that he had a full beard at the time, which he had since shaved. Sisson opened this testimony of Mollie's remarkable second sight ability by saying that he would "certify [the story] over my own signature." And he did. The testimony, as included in Dailey's book, is witnessed by the nephew, E. T.

Blodgett, who added that he had read the statement it knew it to be correct, and by State of Massachusetts Justice of the Peace Edwin Adams who noted that the statement was “subscribed and sworn to this 8<sup>th</sup> day of July, 1893,” before him.<sup>176</sup>

One story often told of Mollie, including in a testimonial by her friend Alice D. LePlongen is that her intricate needlework was reputedly made possible by her ability to sense the color of embroidery floss by touch alone.<sup>177</sup> The ability to perceive the world around her by extra-ordinary means went beyond her physical sense of touch, however.

As Buchanan’s theories on extra-sensitive people predicted, it also manifested as psychic powers. Mollie’s “second sight” at times was quite literal. Her friend and business partner George Sargent related a time when he dropped a piece of jewelry onto Mollie’s bedroom floor and was unable to find it in the low lamplight. Mollie, not only blind but facing the opposite direction, claimed to locate the bauble. She encouraged Sargent to get down on his hands and knees and began a game of hot and cold to help him find it. Sargent crawled one way, and Mollie declared him “freezing.” He changed course, and she said he was getting warmer. By the time he was “very hot,” Sargent spotted the item. He then turned away just to test her, and Mollie laughed “with all the zest of childhood” that he was getting colder again.<sup>178</sup>

Other stories describe how, in trance states, Mollie’s second sight allowed her access to the beyond as her soul separated from her body. She communicated with

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<sup>176</sup> Statement of H.D. Sisson, July 8, 1893, printed in Dailey, *Brooklyn Enigma*, 127-128.

<sup>177</sup> Statement of Alice D. LePlongen, July 11, 1893, printed in Dailey, *Brooklyn Enigma*, 123-124.

<sup>178</sup> Statement of Sargent, in Dailey, *Brooklyn Enigma*, 105.

her dead relations and travelled outside the confines of her bedroom through a kind of astral projection. Sargent related another tale, one in which Mollie spied him in a rather embarrassing situation. As she lay in a trance state in her home in Brooklyn, she caught sight of Sargent singing in front of a large crowd of people—not an activity the businessman was wont to do. When she came out of the trance, she related the story to their mutual friend Herbert Blossom, who assured her she must be mistaken as Sargent was out of town on a business trip. Sargent was in fact away on business but had happened upon a concert in celebration of the opening of the Case Bros. Piano Warerooms. His excitement at the concert was so great that, though he knew no one in town, he gave an impromptu performance in front of the gathered crowd.<sup>179</sup>

For Buchanan and his peers disability was an important factor that made stories like Mollie's believable and excellent case studies offering proof into their own interpretation of the human body. In *Psychometry*, Buchanan sought to explain why some people evidenced these abilities while others did not. He saw a link between nervous disorders and seemingly miraculous phenomena. Mystical claims were not a symptom of illness, rather sensitivity to psychic phenomena could *cause* illness in people who were predisposed to it. When the brain engaged in psychical endeavors, a fever appeared in the temples accompanied by great pain and excitability, he believed. Psychometric abilities could also accompany hysteria. As Buchanan wrote, there were few doctors “who had extensive practice in fevers and in nervous or hysterical afflictions who have not observed that this heat in the

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<sup>179</sup> Statement of George F. Sargent, July 5, 1893 in Dailey, *Brooklyn Enigma*, 103.

temples just behind the eyes is frequently accompanied ... by wonderful acuteness of perception, running into clairvoyance or something analogous.”<sup>180</sup>

Buchanan described a woman named Jane Rider from Springfield who had such experiences in 1834. She developed attacks where her pulse raced, her face flushed, and the left side of her head ached to such an extent that she begged her doctor to cut open her temple. At the same time, she acquired a second sight that allowed her to go about her daily tasks of getting dressed and setting the breakfast table with her eyes closed. She sang beautifully even though she had never studied music, beat an experienced backgammon player though she had only played twice before, read names written on note cards while blindfolded, and described the whereabouts of friends in another city. According to Buchanan, it was this sensitivity that caused her invalidism.<sup>181</sup>

Similarly the Spiritualist James Robertson told the story of a medium who was uneducated due to her “ill health” but who could transcribe scientific works related to her by the spirits.<sup>182</sup> The prominent psychic Epes Sargent (who bore no relation to Mollie’s friend George Sargent) likewise said, “Sometimes the psychical symptoms are more clearly symptomatic of the malady than are the so-called physical symptoms.”<sup>183</sup> He describes a woman named Mary Reynolds who, like Mary, developed a “second self” after developing a chronic illness. At nineteen years

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<sup>180</sup> Buchanan, *Psychometry*, 181.

<sup>181</sup> Buchanan, *Psychometry*, 182–184.

<sup>182</sup> James Robertson, *Spiritualism: The Open Door to the Unseen Universe, Being Thirty Years of Personal Observation and Experience Concerning Intercourse Between the Material and Spiritual Worlds* (LN Fowler and Co, 1908), 127.

<sup>183</sup> Epes Sargent, *The Scientific Basis of Spiritualism*, 235.

old, Reynolds became “insensible” for a prolonged period of time. When she came out of this state, she had developed a “second state”—a fragmented self who had no memory of her previous life and who was “gay, social, jocular, and fond of poetry;” a stark contrast to her the “melancholy, slow of thought, and unimaginative” temperament she had previously displayed.<sup>184</sup>

According to Buchanan, psychic powers could not only cause illness, however; they could also benefit from it. When the body wasted away as it would in disease, invalidism, or hysteria, it freed the soul to experience psychic abilities. In a rather dubious rhetorical question, Buchanan asked, “Who has not observed that sick persons, especially hysterical females ... have predicted future events, and have spoken in languages that they themselves had never learnt but which their parents knew?”<sup>185</sup> He cited the case of an unnamed orphan, who had spent six months of her childhood tending cattle for a family and sleeping next to the room of a highly skilled itinerant fiddler. At seven years of age, she fell into a protracted illness and was taken in by a “benevolent lady” who nursed her back to health and then employed her as a domestic servant. By day, she was a “dull, feeble-minded girl” who had difficulty learning new techniques for keeping the house. In her sleep, however, she displayed great sophistication. She spoke French, conjugated verbs in Latin, and conversed on politics and religion with such eloquence and accuracy that she became the delight of those around her. Most astonishingly, she created beautiful music—not in song but in imitation of the violin. Her performances would begin

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<sup>184</sup> Sargent, *Scientific Basis*, 236-237.

<sup>185</sup> Buchanan, *Psychometry*, 150.

with mumbling noises emanating from her lips as if she was tuning her instrument and then would erupt into elaborate songs with “a sound exactly resembling the most delicate modulations” of the violin. The only explanation, according to Buchanan, was that during the period of her protracted illness, her body had been “cast off” giving her access to psychic powers that she could only retrieve in her sleep.<sup>186</sup>

Buchanan directly equated Mollie’s psychical powers with the illnesses of her body. “The suspension of animal functions in the brain of Miss Fancher,” he wrote, “is sufficient to develop all her spiritual nature and powers.”<sup>187</sup> Mollie’s supporters similarly espoused the idea that nature often compensated for physical disability with extraordinary powers. In an effort to explain Mollie’s clairvoyance, her biographer Abram Dailey compared her to Blind Tom Wiggins, who was “sightless, uneducated, a black son of Ethiopian parentage,” and yet became a musical prodigy. Disability scholar, Christopher Krentz has described Wiggins as both “a Mozart-like child prodigy and like one of P. T. Barnum’s freaks, on display for gawking spectators.”<sup>188</sup> Wiggins was born a slave in 1849 and was both blind and had intellectual disabilities. At a very young age, he began sneaking into his the house of his master, General James Bethune, to play the piano, abetted by Bethune’s two daughters. Once Bethune realized Wiggins’ musical talents, he moved the child out of the slave quarters and into a room attached to the main house where he had

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<sup>186</sup> Buchanan, *Psychometry*, 203.

<sup>187</sup> “Miss Fancher’s Condition,” 1.

<sup>188</sup> Christopher Krentz, “A ‘Vacant Receptacle’? Blind Tom, Cognitive Difference, and Pedagogy,” *PMLA*, Vol. 120 No. 2 (March 2005), 553.



access to a piano twenty-four hours a day. By age four, Wiggins had not only learned numerous songs by rote, he had also composed his first piece of music: a piano rendition of a rainstorm. When Wiggins was eight, Bethune began exhibiting him, and together they toured the country giving as many as four concerts a day. Wiggins became the highest paid piano player in the nineteenth century—earning as much as \$100,000 per year. He saw little of the money, however. After emancipation, Bethune retained his role as Wiggins’s manager and became his guardian after the courts declared him *non compos mentes*. It was Bethune who therefore reaped the benefits of Wiggins’ talents. Wiggins’ public appeal lied in the combination of his genius for highbrow classical music with his dark skin and intellectual disabilities as both race and disability were categories fraught with interpretation and analysis in this period. His story and Mollie’s, while different on the surface, are therefore categorically connected to each other.<sup>189</sup>

Despite his attempts to conduct research he deemed professional and scientifically valid, Buchanan was unsuccessful in his attempts to sell his theories to the National Medical Association in New York, a regular society. In 1877, he approached Dr. Samuel Gross, a surgeon and presiding officer of the association with an offer to speak before the committee and a request that the association formally put his theories to the test. Gross rejected Buchanan because the National Medical Association was exclusive to doctors from the regular school, and they had

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<sup>189</sup> Krentz, “A ‘Vacant Receptacle’?”

no interest in associating themselves with an irregular physician—regardless of any similarities in their methods.<sup>190</sup>

Questions of the veracity of Spiritualism became in essence questions of expertise and legitimacy. Historian Peter Lamont argues that the séance engendered a “crisis of evidence” in Victorian culture.<sup>191</sup> Patrons became convinced that what they saw was genuine and that they had proved it with their own eyes. Those who believed séances to be bogus could offer no plausible explanation for how to account for the seemingly miraculous happenings. Thus the séance through into question the reliability of observation-based evidence.<sup>192</sup>

While formal regular societies refused to engage with works of occult scientists, individual regular physicians spent a great deal of effort debating theories like Buchanan’s. The neurologist George Beard (who we’ll discuss more in the next chapter), for example, wrote several volumes in an effort to debunk occult science including *The Psychology of the Salem Witchcraft Excitement of 1692*. The front piece to the text is an illustrated diagram in which Beard argued that the delusions that most attracted people of any given culture were directly related to the prominent scientific theories of their age. When mankind had only a general knowledge of physiology and pathology, a belief in witchcraft predominated. As people began to understand chemistry, they developed a belief in alchemy. The development of neurology and psychology in the late nineteenth century, led to a belief in animal

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<sup>190</sup> Buchanan, Psychometry, part II, 44.

<sup>191</sup> Peter Lamont, “Spiritualism and a Mid-Victorian Crisis of Evidence,” *The Historical Journal*, Vol. 47, No. 4 (Dec., 2004), 899.

<sup>192</sup> Lamont, “Crisis of Evidence,” 897-920.

magnetism (mesmerism), mind reading, and spiritualism.<sup>193</sup> Spiritualism was therefore a sign of progress for the human race, since it required a greater knowledge of science than that required for simple belief in witchcraft. Nevertheless, Beard argued, the belief in spirit communication would be proved false and therefore was as much a delusion as alchemy or witchcraft. While Beard's work was unreceptive to Buchanan's theories, it was not dismissive of them. He did, after all, write an entire book tracing the history of occult sciences in an effort to debunk Buchanan's beliefs.<sup>194</sup>

Other regular scientists, such as William Carpenter, engaged in active in-print debates with Buchanan. Carpenter argued that researchers of the occult were incapable of detached observation because they relied heavily on the testimony of believers and because the researchers were often believers themselves. The beliefs of séance attendees were so strong, he argued, that they could be duped by the fraudulence of a paid medium out to make a buck or an unpaid clairvoyant desperate for attention.<sup>195</sup> They could even make supposed miracles occur through their own desire for them to happen. He accounted for the séance staple of table turning, for example, entirely by group anticipation. A group of people would lay their hands on a table waiting for it to spin. As the medium called on a traveler from beyond to move the table, it would slowly begin to rotate—just as far as the participants' arms could reach until “miraculously” they felt compelled to stand and

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<sup>193</sup> Front piece to Beard, *The Psychology of the Salem Witchcraft Excitement of 1692*.

<sup>194</sup> Beard, *Salem Witchcraft*, 87–90.

<sup>195</sup> William B. Carpenter, *Mesmerism, Spiritualism, &c: Historically & Scientifically Considered* (New York: D. Appleton and Company, 1877), 96, 108–109.

walk with the turning table, all the while keeping their hands connected so as not to lose contact with the spirit world. As the spinning increased, the participants would begin to run, faster and faster, until, no longer able to keep up, they would let the table slip from their fingers where it would spin wildly for a moment before coming to rest. Participants saw this phenomenon as proof of their connection to the beyond; Carpenter saw it as a group of people running in circles dragging a table with their fingertips compelled by nothing but their desire for it to move.<sup>196</sup> It didn't matter how great an expert a witness of psychic phenomena might be. If he was a believer, the accuracy of his testimony could not be trusted, Carpenter argued, and therefore the entire methodology of occult science was flawed.

Buchanan disagreed with Carpenter's assessment and set out to debunk Carpenter's debunking. With his characteristic bravado and verbosity worthy of a Faulkner novel, he summed up his beef with Carpenter in the following—single—sentence: “The magniloquence of such a proclamation would be amusing enough, even if Dr. Carpenter were as he fancies himself, an expert of great skill; but when he is dealing with a subject of which he knows far less than thousands of the most enlightened people, far less than many men of science who are his peers in intelligence and his superiors in candor and in philosophic habits of thought, his assumptions of superiority and denial of their claims to veracity and intelligence, whenever in conflict with his own theories, are all that his most unfriendly opponent could desire in order to demonstrate his utter unfitness for the task which he has assumed.” In other words, argued Buchanan, Carpenter's skepticism did not

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<sup>196</sup> William B. Carpenter, *Mesmerism, Spiritualism, &c: Historically & Scientifically Considered* (New York: D. Appleton and Company, 1877), 97.

make him a reliable expert. In fact, it limited his ability to open himself to possibilities of new scientific discoveries and pay attention to what was happening in front of him rather than remaining rooted in traditional theories. The trouble, Buchanan believed, was that so many scholars were tied to the entrenched perspectives of their traditional disciplinary knowledge that, just like the seventeenth-century scientists who refused to peer through Galileo's telescope, they rejected evidence that might alter their worldview.<sup>197</sup> Researchers like Carpenter refused to witness tests of psychic phenomena that they could not easily invalidate. If they wanted to see a table spin while no one touched it, Buchanan believed he could arrange such a test. But they did not.<sup>198</sup>

Had these debates remained within the confines of medical journals and texts they might have had limited impact on public perspectives of medicine. But they did not. Issues of expertise were crucial to the media reporting of Mollie's story. Both sides of these debates used unusual case studies like Mollie's as a hook to draw the lay readers of the penny papers in and persuade them of the validity of their own side of the argument. It is in this way that disability narratives became crucial to the professionalization of medicine.

The issue of who had the expertise to define the capabilities of the human body came to bear on Mollie's case after regular neurologist William Hammond issued Mollie a challenge in which he offered to put a check for an undisclosed

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<sup>197</sup> J.R. Buchanan, "The Psycho-Physiological Sciences," in *The Psycho-Physiological Sciences and Their Assailants: Being a Response by Alfred R. Wallace, of England; Professor J. R. Buchanan of New York; Darius Lyman, of Washington; Epes Sargent, of Boston; to the Attacks of Prof. W. B. Carpenter, of England, and Others.* (Boston: Colby & Rich Publishers, 1878), 60.

<sup>198</sup> Buchanan, "Psycho-Physiological Sciences," 60–61.

amount of money into a sealed envelope. If she could tell him the amount of the check and the bank that had printed it, he would donate the money to a charity of her choice. Regular doctors argued that only they had the authority to adjudicate this challenge, and Hammond only agreed to pay Mollie the money if she completed the test under his personal watch.

Irregular doctors and occult scientists took a similar—but opposing—stance on the issue: Yes, Mollie should be judged by an expert authority, they agreed. But neurologists were not proper experts for the task. In an argument strikingly similar to that made by William Hammond, the prominent Spiritualist Epes Sargent argued that it was possible to create solid scientific tests of clairvoyance as it was to study other occurrences, but only if the person conducting the test was an expert in psychic phenomena. No matter how trained a neurologist Hammond was, he did not have the training to study Mollie’s psychic abilities. “The only true experts in such phenomenon as clairvoyance,” he argued, “are those who have studied it experimentally for a long series of years.”<sup>199</sup> Regular doctors could not be experts in this area because they had chosen to ignore facts proving clairvoyance and instead used “arbitrary metaphysical assumptions” to disprove the supernatural simply by saying that the supernatural was impossible to prove.<sup>200</sup> In fact, the hostile attitude that these regular had toward their clairvoyant subjects would so disrupt the clairvoyant’s powers that it would prove “fatal to any satisfactory result.”<sup>201</sup>

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<sup>199</sup> “The Case of Miss Fancher,” *New York Sun*, December 23, 1878, p. 3.

<sup>200</sup> “The Case of Miss Fancher,” p. 3.

<sup>201</sup> “The Case of Miss Fancher,” 3.

Through Mollie's case, he was able to make his case for the research personalized research practices of irregular physicians and occult sciences in the press in a way that people could understand.

Sometimes, however, the goal of explaining Mollie's case in the press was not to make the case for professionalization more accessible, it was simply to demonstrate expert superiority of the physician (regular or irregular). Buchanan particularly liked this tactic. As newspapers reported, he believed that he alone had the authority to understand Mollie's clairvoyance, and in an interview with the *New York Sun*, he spouted inscrutable medical jargon as proof of his expertise. After gaining assurance from the *Sun* that it would print his "exact words," Buchanan offered his diagnosis of Mollie: "I would say that the chief seat of the wonderful intellectual powers displayed by Miss Fancher, independent of the internal senses, is in the in the anterior pillars of the fornix and the septum lucidum—structures which no living physiologist but myself even professes to understand," he said.<sup>202</sup> Buchanan had less interest in actually informing the public about his theories so much as impressing on them his own expert knowledge.

As the debates over supposed psychic phenomena like Mollie's became a proxy for debates between different schools of medicine and doctors debated with each other about who had the authority to test subjects, patients made their own decisions about whom they would let test them. Consent was certainly not a given in the history of medicine and disability, of course. As Mary DeYoung has demonstrated in her book *Madness* doctors in asylums operated under the norms of

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<sup>202</sup> "Miss Fancher's Condition," 1.

their day and experimented with a wide range of “cures,” including such methods as copious blood letting, pulling of teeth and removal of parts of the colon in an effort to cure mental illness.<sup>203</sup> Middle class patients like Mollie, however, had power over the meaning of their own narratives based on who they allowed to test them.

Mollie refused Hammond’s challenge—never even mentioned it in print—but both she and her supporters underwent other tests that they believed would satisfy both public and scientific curiosity about the veracity of Mollie’s claims to supernatural powers and test an alternative vision of the human body that was in line with beliefs of alternative medical practitioners.

One of the most interesting tests was not conducted by Mollie herself. Instead, Dr. Tanner, a member of the Eclectic school, set out to prove that Mollie’s ability to live without food was within the normal range of human experience by testing *himself*. While it was not uncommon for doctors to experiment on themselves in this era, his story is still interesting in that he was explicitly linking himself to Mollie and using his body as a proxy for hers. In attempting to replicate her fasting abilities, however, he did not in any way mimic her disabilities, a distinction since, as we’ll see in the next chapter, regular physicians like William Hammond who believed that Tanner’s study was worthless were also willing to concede that fasting might be possible in states of prolonged invalidism like Mollie’s.

For Tanner, however, what mattered was proving that it was perfectly possible for a human being to live without food or water for an extended period of

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<sup>203</sup> Mary DeYoung, *Madness: An American History of Mental Illness and Its Treatment* (Jefferson, NC: Macfarland & Co, 2010), 182-185.



time. To make this point, he personally undertook a forty-day public fast in which he neither ate nor drank (although he didn't succeed in living without water and adjusted his plan mid-fast—more on this in a minute).<sup>204</sup> A team of Eclectic doctors monitored him the entire time to ensure that he neither ate nor drank anything. Members of the public could also pay to see Tanner, a twist on the “medical exhibitions” that were popular at the time, as Tanner played both the expert authority and test subject on display. At the outset of the test, he supported the gawking attention of the viewers who paid, but it caused him great consternation as his mood deteriorated and he still had to deal with the commentary and cigar smoke of observers.

Tanner had come all the way from Minneapolis with the hopes that he might get William Hammond to observe his fast and therefore alter the perceptions of regular physicians. He contacted Hammond with the proposition, but was less than impressed with his reply. “The proposition to turn me over to the management of a score or more of raw medical students, and to confine me during the test within the walls of a medical college, the atmosphere of which would necessarily be reeking the poison of a dozen or more decomposing cadavers, has convinced me that I am mistaken in my estimate of” Hammond, he wrote in a letter to the editor of the *New York Times*.<sup>205</sup> And so Tanner decided to conduct the experiment on his own terms.

Instead, he turned his test into something of a circus and invited the press. Reporters from the *New York Times*, *New York Sun* and *Brooklyn Daily Eagle*

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<sup>204</sup> “Six Days without Food,” *New York Times*, July 4, 1880, 5.

<sup>205</sup> “Dr. Tanner’s Letter,” *New York Times*, January 18, 1880, 4.

documented the trial extensively. Tanner rented out a room at Clarendon and E 15<sup>th</sup> Street in Manhattan and enlisted a group of Eclectic doctors to watch over him and affirm that he conducted his experiment honestly. He confined himself to a 45 x 35 foot space at the rear of the hall with only a bed, rocking chair, and a small writing stool as furnishings: a barren décor that would ensure he had nowhere to squirrel food away. On the first day of the fast, the doctors strip searched Tanner to ensure that he was free of hidden morsels, and from that point forward he had no contact with other human beings lest someone pass him a snack concealed in a handshake. All packages were searched; even, as the *New York Times* described, the newspaper “was examined as closely as though it were possible to conceal a good-sized ham in its folds.”<sup>206</sup>

He drank water during the first two days and then decided to forego it completely. Instead, he believed, he could absorb enough water to live through washcloths placed on his skin. By the tenth day of the fast, it became clear that this feat was impossible. By that time, Tanner had begun to waste away, losing nearly two pounds per day. He was listless and irritable. Newspapers began to question his sanity.<sup>207</sup> As Tanner’s mental state deteriorated, the strain of his position as medical test subject began to wear on him. One morning, Tanner lay in bed unable to open his eyes while his designated watcher sat next to him reading the newspaper. The watcher, Dr. Price, was one of the few regular physicians who was willing to participate in Tanner’s fast, and perhaps Tanner felt acutely aware of his importance

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<sup>206</sup> “Six Days,” July 4, 1880.

<sup>207</sup> “Unbroken: Tanner’s Fast Still in Tact,” *Brooklyn Daily Eagle*, July 12, 1880, p 4.

as a scientific observer. Suddenly Tanner sprang up in bed saying, “Doctor, you are the most skeptical man in the room. I never saw such a man in my life. You haven’t taken your eyes off me in half an hour.”<sup>208</sup>

On the tenth day, Tanner succumbed to thirst and began to drink water. The last ten days of the forty-day fast were the most difficult for Tanner. In those final days, he began suffering from “violent and persistent” vomiting. By day 35, he was scarcely able to drink water without throwing it back up. But he had survived and planned to break his fast at noon on the fortieth day, just as he had intended when he began his ordeal.

The last day of Tanner’s fast was both the conclusion of a serious medical experiment and raucous public spectacle. William Hammond never gave Tanner the satisfaction of a visit, but several lesser-known doctors of the regular school had joined the Eclectics who were studying Tanner. That day—just like every other day of the fast—they took his pulse (78 beats per minute), his respiration rate (14 breaths/minute) and his temperature (91.4). They weighted him one last time and noted that he had dropped to 121 1/3 lbs., a loss of exactly 36 lbs. from the start of his fast. A microscopist showed up, apparently unbidden, and drew Tanner’s blood for experimental purposes. The present doctors took advantage of the microscopist’s equipment and expertise to study the blood on the scene. They provided results to a journalist from the *New York Times* shared with readers detailed descriptions of the ratio of “colored corpuscles” to white (surprisingly normal for someone in Tanner’s condition) and the shape of those corpuscles

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<sup>208</sup> “Unbroken,” p. 4.

(resembling those of opium addicts who were on the verge of “extreme protestation”).<sup>209</sup>

As Tanner continued to offer his body up for experimentation in the medical arena, he also quite literally set the stage for a spectacle. His associate delivered a banquet table to Clarendon Hall and piled it high with seasonal treats including a dozen bottles of Russian milk-wine and several watermelons delivered all the way from Georgia. As twelve o’clock neared, Tanner sat in the window of Clarendon Hall, slowing peeling a peach with a paring knife—a burlesque of sorts that stoked the anticipation of the gathering crowds. He was in good humors for the first time in weeks, joking with both the doctors who attended him and with the spectators. His face was a “soft pink blush.” Someone fanned him.<sup>210</sup>

At the stroke of twelve, Tanner rose from his seat and made his way to the doorway of the hall to waive at the crowd. Garment workers from nearby factories had been released for their noon lunch and had joined the assembly. When Tanner appeared, the spectators began to cheer, and in their excitement nearly broke down the barriers that surrounded the hall, held back only by the “interference” of police officers. Tanner made his way to the table at the center of the hall. He sat and ate a quarter of the peach he had been paring. Then, as crowd began to cheer, he drank a goblet of milk. One of his attendants, poured Tanner a second goblet of milk. He drank it in a single, prolonged sip as the gathered spectators shouted their approval.

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<sup>209</sup> “The Long Fast Finished,” *New York Times*, August 8, 1880.

<sup>210</sup> “Dr. Tanner’s Fast Ended,” *New York Tribune*, August 8, 1880.

As he drained the milk, Tanner turned to the crowd. “I tell you, that tastes good,” he said. And Clarendon Hall “trembled.”<sup>211</sup>

Despite the ultimate success of Tanner’s fast, he was unable to succeed in altering regular doctors’ opinions on what the human body was capable of because he refused to perform his test under their conditions. Because Tanner had broken from the code of ethics set out by the American Medical Association and had chosen to join the Eclectic school, Hammond treated him and his experiment with contempt, even calling him a “huge Western joke” in reference to his hometown of Minneapolis.<sup>212</sup> Tanner’s fast had little effect on how regular doctors viewed the potential for Mollie—or anyone else—to live without eating. And yet, the press coverage of this event lasted for the full 40 days and beyond. It became a popular enough event that Tanner raised \$3000 in a week by charging visitors a quarter a head for a peek at him.<sup>213</sup>

Mollie herself was choosy about who she would let test her, which, while there is no evidence that she understood this at the time, gave her a certain amount of power over how her story was used in the professionalization of medicine. While Mollie had refused to engage in the experiments proposed by William Hammond, she consented to scientific testing that was arranged by her friends. Her former teacher Professor Charles West of the Brooklyn Heights Seminary kept careful observations on her case and arranged for further study to be conducted by Prof.

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<sup>211</sup> “The Long Fast Finished,” *New York Times*, August 8, 1880.

<sup>212</sup> “The Thirty-Day Fasting,” *New York Times*, January 19, 1880, 5.

<sup>213</sup> “Tanner’s 40<sup>th</sup> Day,” *New York Times*, August 7, 1880.

Wyman of Harvard University who planned to spend weeks studying Mollie. Soon before Wyman was to begin his tests, Mollie fell ill and West postponed the study fearing that she was on her deathbed. Mollie recovered, but by that time Wyman had himself fallen ill. He did not recover and passed away several weeks later.<sup>214</sup> No other long-term studies of Mollie were ever arranged.

Instead, friends of Mollie who were also scientists conducted their own investigations following the model Buchanan used when he tested his hyper-sensitive subjects. Tests of second sight that involved reading without the use of the eyes were particularly common for occult scientists. Buchanan believed that particularly sensitive people could discern someone's character from samples of handwriting held to the forehead. He tested one woman, for example, by handing her a letter from his personal autograph collection of which she had no previous knowledge. The woman held the autograph to her forehead, and within moments, she rose from her chair in excitement, exclaiming that the signer of the autograph was a "man of commanding stature, of immovable firmness and strength of character, and the loftiest philanthropy." It could be no other than George Washington. Her guess was correct.<sup>215</sup> The occult scientist William Denton similarly related the tale of a woman who, with eyes "shut perfectly" could read with her left elbow and transcribe what she had read with her right hand. He attributed

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<sup>214</sup> Testimonial of Charles West, printed in Dailey, 205.

<sup>215</sup> Buchanan, "Psycho-Physiological Sciences," 73.

her abilities to her ailing nervous system, which allowed her brain to access sensations “by other than the ordinary channels.”<sup>216</sup>

Henry Parkhurst, an astronomer and longtime friend of Mollie’s, used this model to conduct a test that he believed offered an alternative to Hammond’s challenge, despite the fact that Parkhurst had conducted it several years prior to Mollie’s rise to fame. Parkhurst was particularly interested in whether Mollie actually had the ability to read the contents of sealed envelopes or whether she was reading the minds of the people who handed her the letter. To test this, he blindly ripped a page out of the bills of the Maryland Constitutional Convention—a document that neither Mollie nor any of her friends had any connection to—and placed it in an envelope sealed with wax. When he gave it to Mollie, she read the words “court,” “jurisdiction” and the numbers 6, 2, 3, 4, and 5. When he opened the envelope Parkhurst found that the bill concerned the Maryland court system, and that it was bill number six, sections two through five. This he asserted as adequate proof of Mollie’s ability to read letters in sealed envelopes.<sup>217</sup> Hammond found this test unconvincing because it lacked objective distance since Parkhurst began from the assumption that Mollie’s powers were genuine, even if it was unclear what those powers were. There could be no true scientific expertise without objectivity, he argued. Parkhurst found the objection preposterous and spat back in the *New York Herald* that Hammond should examine his own expert credentials if he wanted to

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<sup>216</sup> William Denton, *The Case for Spiritualism* (Manchester: The “Two Worlds” Publishing Co. Limited), 7–8.

<sup>217</sup> “Is it Mind Reading?” *New York Herald*, November 30, 1878.

test Mollie. How could he ever expect to conduct a test on whether Mollie could read a check sealed in an envelope when he was not an expert in the proper use of sealing wax?<sup>218</sup>

For many irregular physicians, their view of the human body meshed with their views on occult science, and narratives of people with disabilities like Mollie became an excellent forum for sharing their view with the public. Irregulars were not the only ones to use this tactic. As the next chapter will demonstrate, regular physicians were equally invested in disability narratives—particularly those of women with hysteria—and how these stories could work to help them assert their own views.

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<sup>218</sup> “Miss Fancher’s Case,” *New York Herald*, December 18, 1878.



### 3. Mollie the Hysteric: Unruly Bodies and the Professionalization of Orthodox Medicine

*How far Miss Fancher is responsible for the assertions that have been made in regard to her long-continued abstinence [from food] I do not know. A tendency to deception is a notable phenomenon of hysteria, and if she has led those about her to accept the view that she has existed without food for years, the circumstance would be in no way remarkable. Other hysterical women have deceived in the same or in still more astonishing ways. Or it may be the amount of food taken being very small, carelessness or want of exactness has led to the expression that she lived upon "absolutely nothing," just as we hear those words used every day by those who have little or no appetite, but who nevertheless do eat something. Again, a love for the marvelous is so deeply rooted in the average human mind that it willingly, and to a certain extent unconsciously, adds to any statement of a remarkable circumstance, till the latter grows, whilst being repeated, to fabulous dimensions.*

*But however this may be, whatever the explanation, it is quite certain that if Miss Fancher has lived for fourteen years without food, or even fourteen months, or weeks, she is a unique psychological or pathological individual, whose case is worthy of all consideration which can be given to it, not by superstitious or credulous or ignorant persons, but by those who, trained in the proper methods of scientific research, would know how to get to the whole truth of her case, and nothing but the truth.*

*—William Hammond, Fasting Girls: Their Physiology and Pathology*

Patients like Mollie drew the attention of regular authorities who sought to discredit their unusual powers by drawing them under the professionally delineated rubric of medicine.<sup>219</sup> For neurologists William Hammond and George Beard, Mollie was nothing more than a fraud. She was not your run of the mill charlatan, however, but a victim of the strange malady hysteria, which had reached epidemic proportions in the late nineteenth century and, they believed, made its sufferers prone to wild acts of deception. By diagnosing Mollie and others like her with hysteria—a disease that they argued synonymous with deception—regulars like Hammond and Beard claimed their authority over the human—especially female—body thereby asserting their professional judgment over the interpretations of lay people who believed abilities like Mollie’s to be genuine. The stakes were high. As Beard wrote, if Mollie’s supernatural abilities were legitimate than “all science goes for naught.”<sup>220</sup>

Hammond and Beard’s interpretation of Mollie as a hysterical fraud was crucial to their project of molding medicine into a legitimate profession. The last chapter argued that disability narratives—and the “miracle” of electricity—were important sources for alternative practitioners to claim expert authority and to promote their personal style of research and philosophy of the human body and soul. This chapter will argue that for regulars, popular culture was also a front in this battle, and lay people were active participants in the debates over the possibilities of the human body and the legitimacy of regular medicine. Because the

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<sup>219</sup> William A. Hammond, *Fasting Girls: Their Physiology and Pathology* (New York: G.P. Putnam’s Sons, 1879), 73–74.

<sup>220</sup> George Beard, “The Scientific Lessons of the Mollie Fancher Case,” *The Medical Record*, (Vol. 18, July 1880), p. 448.

disease hysteria had so many unusual symptoms that were subject to interpretation and analysis, I will argue that hysterical patients were crucial canvases on which these debates were painted and that in order to see the impact of hysteria on these debates, it is necessary to distinguish this illness from other nineteenth-century nervous disorders. Just as Dora and other hysterical patients were crucial to the dissemination of Freud's psychoanalytic theories, hysterical patients like Mollie were crucial to the professionalization and widespread adoption of regular medicine.

The strange nature of hysteria as a disease has left historians without a clear consensus for how to discuss and interpret the malady. Even the most fundamental aspect of the disease—the question of whether it was in fact a disease at all—has come under dispute. Was hysteria a disease with a physical etiology or a psychological one? Was it a response to oppression? Was it psychosomatic? Was it performative? Where did it go and why?

The first major historical treatment of hysteria was Ilza Veith's 1965, *Hysteria: The History of a Disease*. The text took a traditional history of medicine approach and traced the illness across cultures and time periods from ancient Greece to the twentieth century. Vieth was not interested in the cultural undercurrents that might have led to hysteria. Instead, she sought to trace the myriad of medical interpretations of the disease as they crept closer to the birth of psychoanalysis. For Veith, the pinnacle of the disease's history was the work of Freud whose revolutionary studies offered the final analysis of the illness, and the

ultimate significance of the disease was its impact on the creation of Freud's psychoanalytic theories.

The work of later historians has sought to decentralize Freud in the history of the disease. Rather than viewing Freud's diagnosis of Anna O. in 1895 and Dora in 1901 as significant because it marked the beginning of the psychoanalytic interpretation of hysteria, the scholars in the collection *Hysteria Beyond Freud*, edited by Sander Gilman, view Freud as the *culmination* of a long tradition of hysteria studies. Freud was not a unique visionary who plucked ideas out of the ether, Gilman argues. Instead he was an excellent synthesizer of the philosophies of his day.<sup>221</sup>

Historians have also argued that symptoms of hysteria are largely culturally determined. Edward Shorter, in *From Paralysis to Fatigue* has argued that the disease was largely psychosomatic and that the physical manifestations of this psychological disorder mimicked cultural expectations for illness. Rather than viewing hysteria as a discrete illness, we should place it on a continuum with such contemporary disorders as Chronic Fatigue Syndrome, he argues. Elaine Showalter echoes this analysis in her answer to why hysteria is largely absent from contemporary American culture: It is not that the disease has disappeared, she argues, it is that the manifestation of the internal psychological disturbance that

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<sup>221</sup> Gilman, Sander L., "Introduction: Destinies of Hysteria," in *Hysteria Beyond Freud* (Berkeley: University of California Press, 19913), x–xi.

causes hysteria has changed. Maybe, she argues, people who believe they have been abducted by aliens are in fact our modern day hysterics.<sup>222</sup>

In the 1970s, historians began to point out that hysteria was never a neutral disease grounded in unusual physical symptoms, but instead was fraught with cultural meanings about gender, class, and race. Carroll Smith-Rosenberg was the first to make this argument in her 1971 essay “The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth-Century America.” In this essay she argued that hysteria was the extreme extension of late-nineteenth-century gender norms on the part of both the patient and the doctor.<sup>223</sup> In an era when many women had few choices about how to live their lives or whom to marry, hysteria and other forms of invalidism allowed women to opt out of their traditional roles within the family by becoming too weak to perform them.<sup>224</sup> Hysteria offered young, middle and upper class women the power to take a modicum of control over their lives, even if it did so by weakening their bodies to the point that they could barely move. Later historians have confirmed this analysis. As Edward Shorter documents, the unruly body of the hysteric, which resisted medical treatment, was such a threat to the power of male doctors that they often resorted to extreme measures to regain their authority. He details the case of a doctor who “cured” his hysteric patient by giving

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<sup>222</sup> Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Media* (New York: Columbia University Press, 1998).

<sup>223</sup> Carroll Smith-Rosenberg, “The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth-Century America,” in *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Oxford University Press, 1985), p. 211.

<sup>224</sup> Smith-Rosenberg, “The Hysterical Woman,” p. 200.

her an enema while she was in a hysteric fit. She became so embarrassed when she soiled her bed that she never had another fit again.<sup>225</sup>

Subsequent historians have modified Smith-Rosenberg's assertions, broadening the spectrum of analysis to include men, working class women and people of color, but the cultural connotations of hysteria have remained undisputed. Laura Briggs has argued that race was a crucial component in the nineteenth-century construction of hysteria diagnoses in that it was viewed as a disease of "overcivilization" (read Anglo-Saxons) who had evolved beyond the "savage" or "barbarian" states of African, Asian, and Latin American people who rarely developed the disease.<sup>226</sup> On the flip side, as historians such as Sharla Fett have argued, many of the connotations of hysteria such as excessive emotion or the propensity to the supernatural were also widely associated with African American people, particularly women.<sup>227</sup> Recent studies such as Mark Micale's *Hysterical Men* have rightly incorporated male patients in the history of hysteria, though they were in the minority of patients.<sup>228</sup> Nineteenth-century physicians imagined generic hysteria patients as female and nearly always used the pronoun "she" to describe them.

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<sup>225</sup> Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness* (New York: The Free Press, 1992), p. 99.

<sup>226</sup> Laura Briggs, "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century Obstetrics and Gynecology," *American Quarterly*, Vol. 52, No. 2 (June 2000), 246.

<sup>227</sup> Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002), 49-50.

<sup>228</sup> Mark Micale, *Hysterical Men: The Hidden Story of Male Nervous Illness* (Cambridge: Harvard University Press, 2008).

When Mollie began experiencing strange and unruly symptoms in 1865, hysteria had reached near epidemic proportions, especially among urban women of the middle and upper classes. In the twentieth century, psychoanalysts following in the footsteps of Sigmund Freud would argue that these women suffered from repressed traumatic experiences (almost exclusively sexual in nature) that the patient was unable to express consciously and so they instead manifested as bizarre physical symptomology.<sup>229</sup> In this pre-Freudian era, however, physicians did not see hysteria as stemming from psychological causes. At the time, psychology was more associated with philosophy than it was with medicine. Doctors who worked with the mentally ill were called alienists, and their role was custodial as much as it was medical. Prior to the mid-nineteenth century, the belief persisted that insanity was caused by demonic possession, and rather than receiving treatment, the insane were stored in madhouses. By the time Mollie developed her unusual symptoms, asylum reform had become a major trend in American medicine and alienists had hope that they could rehabilitate their patients. But psychology was far more difficult to study than other types of medicine—it could not be viewed with a microscope and was difficult to research empirically, therefore the field progressed far more slowly than other branches of medicine. The vast majority of patients who were treated by alienists in insane asylums were poor or working class people who could not afford any other options.<sup>230</sup>

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<sup>229</sup> Micale, *Approaching Hysteria*, 27.

<sup>230</sup> Furst, *Before Freud*, 18.

Middle and upper class patients like Mollie did not obtain alienists for their unusual ailments, instead they sought out neurologists like William Hammond and George Beard who studied nervous disorders like hysteria, which were not considered to be psychological ailments, but instead were seen as physical diseases of the nervous system. A sister nervous disorder to hysteria, neurasthenia, was described by George Beard as akin to anemia: just as anemia was a weakness of the blood, neurasthenia was a weakness of the nervous energy of the body.<sup>231</sup>

Diagnostic criteria for hysteria were a hodgepodge of strange and unruly symptoms. As the historian Roy Porter has aptly stated, “the symptoms [of hysteria] were heterogeneous, bizarre and unpredictable.”<sup>232</sup> In addition to fatigue and a general sense of malaise, Dr. F. C. Skey, a contemporary of Hammond and Beard, listed the most common symptoms of hysteria in his 1867 treatise as “headache, nausea, pain in the back—*globus hystericus* as it is termed—uncontrolled muscular contraction, convulsion of the diaphragm, indication by fits of sobbing, crying, laughing ... violent palpitations of the heart, fixed pain under the short ribs, increased secretion of urine.”<sup>233</sup> Physical manifestations of hysteria could also include paralysis, loss of sensory functions, loss of the ability to speak, slipping into trance states, joint pain, constipation, diarrhea, coughing fits, and a generalized

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<sup>231</sup> Lillian Furst, *Before Freud*, 38. For more on hysteria as a physical illness see Roy Porter, “The Body and the Mind, the Doctor and the Patient: Negotiating Hysteria,” in *Hysteria Beyond Freud* (Berkeley: University of California Press, 1993), 247.

<sup>232</sup> Porter, “The Body and the Mind,” 241.

<sup>233</sup> F. C. Skey, *Remote Causes of Disease in General. Treatment of Disease by Tonic Agency. Local or Surgical Forms of Hysteria, etc. Six Lectures*. (New York: A. Simpson and Co), 1867, 51–52.



weakness.<sup>234</sup> Many patients also suffered from spasms, which could range from rigid muscles to “fits” similar to those of grand mal seizures or in which the patient’s body would contract like a wheel so that only the head and heels would touch the bed while the back arched off the mattress.<sup>235</sup>

Case studies of hysterical women documented by doctors Weir Mitchell and Leonard Corning demonstrate how varied the experiences of disease were. Miss C., for example, a twenty-six year old woman who had developed hysteria after nursing her mother through a case of typhoid fever and then subsequently working as a clerk after her family lost its fortune, simply became tired, pale, and lost weight.<sup>236</sup> Mrs. Y. had extreme pain each month during her menstrual period. After the birth of her first child, she became weak and had difficulty walking around the block or completing her sewing and housework. The household tasks she had previously performed without trouble gave her “hysterical attacks of screams and tears.” Soon after, she took to her bed and remained there for years.<sup>237</sup> Mrs. C., after the death of her husband and a child, grew “haunted” and feeble. She had a tumor on her vagina, no sense of touch or sensitivity to hot and cold from her feet up to her waist, and on some days experienced a lack of feeling in her left breast and armpits. She became flabby and lost her ability to walk.<sup>238</sup> Miss B. developed twitching in her eyelids that

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<sup>234</sup> Porter, “The Body and the Mind,” 241. Smith-Rosenberg, “The Hysterical Woman,” 208.

<sup>235</sup> J. Leonard Corning, *Hysteria and Epilepsy*, 1888, 61.

<sup>236</sup> Mitchell, *Fat and Blood*, 1905, 177-178.

<sup>237</sup> Mitchell, *Fat and Blood*, 1905, 175-176.

<sup>238</sup> Corning, *Hysteria and Epilepsy*, 17-18.

lasted for two years followed by incessant hiccups. She was plagued by a series of digestive problems including loss of a desire for food, nausea, hard bowel movements, frequent urination, and regular vomiting. The blood vessels in her legs spasmed and she experienced pain in all of her limbs. She lost her ability to walk and became sensitive to light.<sup>239</sup> While all of these women received diagnoses of hysteria, their actual experience of disease varied greatly from one and other.

The physical symptoms of Mollie's body mirrored the case studies of hysteria, as did the sporadic nature of her symptoms. The diary kept by her aunt Susan Crosby, and printed by Dailey, reveals how closely Mollie's physical symptoms matched those of hysteria. While it clear that Dailey edited the diary, he explicitly states that he edited it for length and repetition but left the rest "substantially verbatim." The diary itself is a dry catalogue of Mollie's day-to-day symptoms, which do little to support Dailey's Spiritualist cause. There is no reason to believe that he modified it in any way that made its contents unreliable, a topic I will discuss further in the next chapter. As is, it does little for Dailey other than to provide a background on Mollie's physical ailments.<sup>240</sup> The surviving excerpts, from June of 1865 provide a record of Mollie's experiences. Crosby wrote, for example, "Thursday, the 22<sup>nd</sup>, she had spasms very hard from one to two hours, on coming out of which her body appeared to be paralyzed, and she had her senses, but no power to move. After having been rubbed for an hour with alcohol she rallied and saw, heard and spoke for half an hour. On Friday, the 23<sup>rd</sup>, she lost her sense of

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<sup>239</sup> Corning, *Hysteria and Epilepsy*, 25-26.

<sup>240</sup> Dailey, *Brooklyn Enigma*, 29.

smell. On Saturday, the 24<sup>th</sup> her hands closed. On Sunday, the 25<sup>th</sup>, her jaws were locked. On Monday, the 26<sup>th</sup>, her limbs contracted, she still continuing to have spasms twice a day followed by a trance. During intervals she suffered much in her head and spine.”<sup>241</sup> Every day brought a new set of symptoms to Mollie’s body and a new set of challenges for her doctors.

Symptoms of hysteria often appeared without warning in otherwise healthy individuals and, at times, disappeared or moved to another part of the body as quickly as they had appeared in the first place. The erratic symptoms associated with the illness made it a particularly vexing disease for doctors to deal with. They were rarely able to gain complete control over the hysterical body; as soon as they cured a symptom in one part of the patient another would crop up somewhere else. As Weir Mitchell, a leading nineteenth-century expert on the disease, wrote, “Perhaps no cases are more common in general practice, none more annoying, and none more dreaded than those of hysteria in its infinite number of forms and its infinite variety of masquerade.”<sup>242</sup> The frustrations physicians felt towards hysterical patients were marked and often influenced the tone in which they wrote about the disease.

The onset of hysteria also did not have a physical etiology that doctors could pinpoint. They described it as mimicking other diseases and playing “pranks” on patients’ bodies.<sup>243</sup> The ancient Greeks believed hysteria was a uterine disorder, but

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<sup>241</sup> Dailey, *Mollie Fancher*, p. 32.

<sup>242</sup> Mitchell, *Fat and Blood*, 1881.

<sup>243</sup> Mitchell, *Fat and Blood*, 1881, 205.

this view had largely been dismissed by the nineteenth century. (The idea had just enough merit, however, that many doctors explicitly stated that patients did not suffer from uterine or ovarian troubles in their care histories.)<sup>244</sup> Given the lack of physical etiology, doctors often sought the origins of hysteria in some sort of trauma. This trauma could be emotional in nature—the death of a loved one, the breaking off of an engagement, a miscarriage—or it could be physical such as a fall or mishap like the streetcar accident that preceded the development of Mollie’s unusual symptoms. Over time, trauma became a necessary condition for a hysteria diagnosis, and doctors sought one out in the patient’s history if none were apparent. By the end of the nineteenth century, this trauma could be as minor as tripping while walking through a parlor.<sup>245</sup>

When articles about Mollie began appearing in all of New York’s daily newspapers in 1878 touting fantastical stories of a blind seer who managed to survive without ingesting food, neurologist William Hammond publicly denounced Mollie as a “humbug of the most decided kind.” He did not mean “humbug” in the playful sense that Barnum had used the word. Instead, he meant that he believed her to be a fraud. To test the veracity of her powers, as I mentioned in the last chapter, he offered her \$1,000 if she could read a check placed in a sealed envelope under the scrutiny of him and two of his colleagues from the New York Neurological

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<sup>244</sup> Smith-Rosenberg, “The Hysterical Woman,”

<sup>245</sup> Skye, *Six Lectures*, 51. Smith-Rosenberg, “The Hysterical Woman,” p. 202.

Society. “If she fails, as I am quite sure she will,” Hammond, wrote, “I shall not hesitate to continue to denounce her.”<sup>246</sup>

William Hammond’s response to Mollie was not out of the blue. His interest in promoting the professional status of regular physicians began long before his run-in with Mollie, and debunking stories of mystical women as a part of this project had become something of a pastime for him.

Hammond was a brilliant but notoriously difficult man. When Mollie first encountered him, his successful neurology practice in New York City had made him a wealthy, well-respected socialite. His dinner parties were the stuff of legend and his home a such a paragon of gilded age décor that it landed him a spot in the 1883 architecture guide *Artistic Houses* alongside the likes of Marshall Field, Louis Tiffany, William Vanderbilt, and J. Pierpont Morgan.<sup>247</sup> The walls of his drawing room were lined with silk; the wainscoting made from satinwood with ebony inlay work. Matching ebony furniture lined the walls. The room sported a Celtic cross pattern in the ceiling, a reproduction of the Bayeux Tapestry, and two stained glass windows with Saxon princesses. It was stuffed to the hilt with a worldly collection of *objet d’art*: Persian, Moorish, Egyptian, Chinese and Japanese.<sup>248</sup> Hammond’s ostentatious decorating style mirrored his pompous demeanor. His arrogance earned him derision from his enemies but fond amusement from his friends. After Hammond’s death his longtime friend and colleague Dr. D. B. St. John Roosa wrote of him, “I liked

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<sup>246</sup> “Dr. Hammond on Miss Fancher’s Case,” *New York Herald*, December 14, 1878, 9.

<sup>247</sup> Arnold Lewis et al., *The Opulent Interiors of the Gilded Age: All 203 Photographs from ‘Artistic Houses’* (Mineola, NY: Dover Publications, 1987).

<sup>248</sup> Lewis, *Opulent Interiors*, 126.

his enthusiasm and his unwitting exaggerations of what he could do ... He talked as if he thought there were no problems in medicine which he would not ultimately solve.”<sup>249</sup> And, pointed out St. John Roosa, he came closer than most would dare dream.

Before he became the man of status and reputation who took on Mollie, William Hammond was broke, disgraced, and unemployed at thirty-six. Hammond had graduated from University Medical School in New York at twenty years of age in 1848, despite the school’s official rule that graduates must be at least twenty-one, a testament to his quick mind and able skills. After completing his residency at Pennsylvania Hospital in Philadelphia, he joined the army as an assistant surgeon and was sent to the New Mexico Territory where he served on a base in Cebolleta, which stood at the crossroads of two Navajo trails. The desert location made life on the base harsh, and eight months of the year produce was so scarce that many troops fell ill due to nutritional deficiencies. Hammond’s response to this crisis led to the publication of his first article: “On the Use of Potash in the Treatment of Scurvy.”<sup>250</sup>

Hammond retired from the army in early 1860 to spend more time with his family and settled into a position as the Chair of the Anatomy and Physiology Department at the University of Maryland. Six months later, the Civil War broke out. Hammond reenlisted in the army, but because he had resigned, he started out at the

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<sup>249</sup> St. John Roosa, D. B., “Hammond the Man,” *Record of a Memorial Meeting in Honor of Late Surgeon General William A. Hammond* Held at the New York Post-Graduate Medical School and Hospital February 23, 1900, 4.

<sup>250</sup> Bluestein, Bonnie Ellen, *Preserve Your Love for Science: Life of William A. Hammond*, *American Neurologist* (New York: Cambridge University Press, 1991), 20–21.

bottom of the seniority list despite his previous service. He didn't remain there for long, however. In 1862, Hammond was promoted to Medical Inspector of Camps and Hospitals. One month later, President Lincoln made the unprecedented move to appoint a thirty-three year old Hammond to the position of surgeon general from the rank of assistant surgeon, an unorthodox decision that carried great consequences.<sup>251</sup>

As surgeon general, Hammond set out to reform military medical care through both practical and theoretical work. He built hospitals that could house seventy thousand troops, many based on a design he had drafted to maximize both hygienic conditions and comfort for the wounded. At night, he wrote treatises geared towards battlefield medicine. One, aimed at improving hygiene in the camps, helped decrease diarrhea among the troops, a condition that had previously caused considerable casualties. Hammond also attempted to organize ambulances, which were scarce to begin with and also suffered from the “drunkenness and incompetence” of the drivers, by placing them under the direct authority of the Medical Department. His plan was for them to form an ambulance corps to hasten the removal of the wounded from the battlefield through better organization.<sup>252</sup> Hammond's focus on speedy treatment for the wounded was not about sparing the troops from infection. His plan predated the invention of antiseptic surgery, which was first published in 1867 by English surgeon Joseph Lister (namesake to the

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<sup>251</sup> Bonnie Ellen Blustein, *Preserve Your Love for Science: Life of William A. Hammond, American Neurologist* (New York: Cambridge University Press, 1991), introduction. William Hammond, *A Statement of the Causes which Led to the Dismissal of Surgeon-General William Hammond from the Army* (New York: The Author, 1864), 1.

<sup>252</sup> Letter William Hammond to E. M. Stanton, September 7, 1862, found in Hammond, *A Statement of Causes*, 8–9.

mouthwash). Instead, he hoped to avoid much more basic calamities: exhaustion and, horribly, starvation of those left behind on the battlefield. Although Hammond's ambulance corps was not created until after his successor took over (a move that he viewed as political maneuvering on the part of Secretary of War, E. M. Stanton), he still managed to decrease mortality rates of those wounded in combat from 25 percent to 10.<sup>253</sup>

One of the more difficult quandaries Hammond faced as surgeon general was how to deal with irregular physicians in the armed forces. The army had an official policy—one that Hammond supported—that only regular doctors could join the service. In practice, however, keeping irregulars out of the military proved to be far more difficult than it might seem and required active participation from Hammond. There was so much overlap between the medicine practiced by many regular and irregular physicians that military recruiters often failed to distinguish between them. Even more vexing to Hammond, many of his superiors were supporters of irregular medicine. A group of physicians from the Michigan Homeopathic Institute, for example, appealed to Hammond to be admitted into the army because they were “loyal and patriotic men” who wished to practice their art in healing the wounded. If Hammond refused, they threatened to take their case directly to General McClellan whom they noted, “believes in and practices the homeopathic system.”<sup>254</sup> Even worse for Hammond, a Dr. Forsha, whom Hammond described as a nothing

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<sup>253</sup> Bluestein, *Preserve Your Love*, 75–76. Hammond, *A Statement of the Causes*, 4–5. Hammond to Stanton, September 7, 1862, 8–9.

<sup>254</sup> J. J. Hayes to William Hammond, 4 [September] 1862, Box 42, Record Group 112, Records of the Surgeon General's Office, National Archives, found in Bluestein, *Preserve Your Love*, 81.



but a quack, gained the ear of President Lincoln and convinced him of the benefits of his patent balm as a nearly magical cure for wounds. Hammond had to dissuade Lincoln personally from his support of Forsha.<sup>255</sup> Even at this early point in his career, Hammond took his defense of regular medicine seriously.

While the scientific advances Hammond made as surgeon general were great, he struggled with the politics of the job leading to his court martial in 1864. While the official reason for his censure was violation of protocol in the ordering of a set of blankets and in the assignment of several officers, William Hammond, it seems, was primarily court-martialed for his lack of political finesse. Hammond believed that the court martial was a direct result of a vendetta on behalf of Secretary of War E. M. Stanton who, he believed, was sore about Hammond's quick promotion.<sup>256</sup>

Stanton had been something of Hammond's nemesis since he became surgeon general. In Hammond's telling, his relationship with Stanton had soured almost immediately after they met. Hammond transcribed their first conversation thus:

"I want to tell you," [Stanton] said, "that if you have the enterprise, the knowledge, the intelligence, and the brains to run the Medical Department, I will assist you."

"Mr. Secretary," I replied, "I am not accustomed to be spoken to in that manner by any person, and I beg you will address me in more respectful terms."

"What do you mean?" he exclaimed.

"Simply," I said, "that during my service in the army, I have been thrown with gentlemen, who, no matter what our relative rank was, treated me with respect. Now, that I have become Surgeon-General, I do not intend to exact anything less than I did when I was

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<sup>255</sup> Bluestein, *Preserve Your Love*, 82.

<sup>256</sup> Hammond, A Statement of Causes.

Assistant Surgeon, and I will not permit you to speak to me in such language as you have just used.”

“Then, sir,” said he, “you can leave my office immediately.”<sup>257</sup>

Hammond’s relationship with Stanton never recovered from this conversation, and he spent the rest of his tenure as surgeon general embroiled in a battle of wills with the man. Hammond saw his court martial as a direct result of Stanton’s reproach.

When Hammond received his dismissal, he immediately sought to refute the charges and, on Christmas day 1864 sent a petition to the U.S. senate asking that there be a further inquiry into the case. Hammond persisted with the campaign to clear his name—nearly going broke as he self-published the treatise, *A Statement of the Causes which Led to the Dismissal of Surgeon-General William Hammond from the Army*, so the public could read his side of the story. After fifteen years of advocacy, congress reviewed his case in 1879, offering him a vindication, and President Rutherford B. Hayes officially changed Hammond’s military status to “retired.”<sup>258</sup> By that time, he had already picked up the pieces of his life and created the neurology practice that landed him among New York’s elite.

Unlike William Hammond, George Beard was a mild-mannered man whose reputation was as a scientist’s scientist. Even as he was dying at forty-four years of age from complications of an ulcerated tooth, he remained cheerful and alert, wishing only that he could record the thoughts of a dying man for the scientific

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<sup>257</sup> Hammond, *A Statement of the Causes*, 16.

<sup>258</sup> Smith, Joseph, “Hammond the Surgeon-General,” *Record of a Memorial Meeting in Honor of Late Surgeon General William A. Hammond* Held at the New York Post-Graduate Medical School and Hospital February 23, 1900, 38.

record.<sup>259</sup> Beard wrote widely on a variety of subjects from hay fever to seasickness, but his primary interest was in neurology, specifically a nervous disorder he dubbed “neurasthenia” in 1869. Neurasthenia had many similar physical characteristics to hysteria—so much so that historians often use the terms interchangeably. In fact, one commonality between many of these histories of hysteria is the historian’s tendency to conflate the disease with other nineteenth-century nervous disorders. With the exception of Elaine Showalter who argues that hysteria was a feminine disease defined in opposition to other masculine nervous disorders with shifting names to the extent that hysteria became a “pejorative term” for femininity itself, historians rarely distinguish one nervous disorder from another.<sup>260</sup> Laura Briggs calls neurasthenia a “variant” on hysteria and studies cases of the two interchangeably.<sup>261</sup> Many of Micalé’s hysterical men suffer from shell shock. Roy Porter has referred to these other nervous disorders as “euphemistic aliases” for hysteria.<sup>262</sup> But nineteenth century patients and physicians alike viewed them as discrete illnesses.

Like hysteria, the symptoms for other nervous disorders were varied and unpredictable; the similarity between the diagnostic criteria for the diseases is striking, making them easy to conflate with one another. In his treatise *American Nervousness*, the Beard offered a page and a half long list of the possible symptoms

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<sup>259</sup> “Obituary,” *New York Times*, January 24, 1883, 5.

<sup>260</sup> Showalter, “Hysteria, Feminism and Gender,” 292.

<sup>261</sup> Briggs, “The Race of Hysteria,” 292.

<sup>262</sup> Porter, Roy, “The Body and the Mind, The Doctor and the Patient,” in Sander L. Gilman, *Hysteria Beyond Freud* (Berkeley: University of California Press, 1993), 245.

associated with neurasthenia. He listed, for example, “tenderness of the spine, and of the whole body, sensitiveness to cold or to hot water, sensitiveness to changes in the weather, coccyodynia [pain in the tailbone], pain of the back, heaviness of the loins and limbs, shooting pains simulating those of ataxia ... special idiosyncrasies in regards to food, medicine, and external irritants, local spasms of muscles ... cold feet and hands, attacks of temporary paralysis.”<sup>263</sup> Spinal concussions and other spinal ailments could cause such symptoms as paralysis, loss of sensory functions, impaired speech, weakness, spasms, and digestive troubles. These ailments did not always occur immediately in the wake of an accident that impacted the patient’s spine, but could develop slowly over time or appear only intermittently.<sup>264</sup> The bodies of patients diagnosed with these ailments therefore behaved in a similar fashion to those of hysterics. The line between the physical manifestation of these diseases was blurry and often difficult to ascertain.

The experience of disease is only partly based on the physical interaction between the disease and the patient’s body, however. How patients, physicians, and society interpret disease also greatly impacts patient experience. As Susan Sontag has written, illness is metaphorical as well as biological.<sup>265</sup> In the nineteenth century, it was largely *metaphor* that set hysteria apart from other nervous disorders in the eyes of both medical practitioners and lay people. Unlike neurasthenics or people with spinal ailments, hysterics were seen as selfish,

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<sup>263</sup> George Beard, *American Nervousness: Its Causes and Consequences* (New York: G.P. Putnam’s Sons), 1881, p. 7–8.

<sup>264</sup> John Eric Erickson, *On Concussions of the Spine*, 1882.

<sup>265</sup> Susan Sontag, *Illness as Metaphor and AIDS and its Metaphors* (New York: Picador, 2001).

manipulative, whiney, deceptive, and potentially dangerous. Medical texts about hysteria are ripe with metaphors describing these character traits. Doctor Leonard Corning said, for example, “Like many a royal egotist, while heartily despising the ways of the plebian portion of humanity, [the hysterical patient] is eminently anxious to obtain its plaudits and servility.”<sup>266</sup> Weir Mitchell wrote, “A hysterical girl is ... a vampire who sucks the blood out of the healthy people about her.”<sup>267</sup> Doctors dubbed this persona the “hysterical temperament” and saw it as crucial manifestation of the disease.

Other nervous disorders lacked similar judgment about patients’ reputations. Texts on spinal ailments did not include discussion of patient’s mood or character. While neurasthenics were often described as melancholy, their dissatisfaction with life was rarely described as a stamp on their character. In fact, as historian Lillian Furst has written, neurasthenia had a rather positive spin to it.<sup>268</sup> According to Beard, the women who developed neurasthenia rather than hysteria were of “intellect, education, and well balanced mental-organization.”<sup>269</sup> Another physician, Julius Althus, agreed, saying, “Woman whose sensibility is blunt, never become hysterical; while those who are readily accessible to impressions coming from without who feel acutely and are liable to strong emotions, are certain to become

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<sup>266</sup> Corning, *Hysteria and Epilepsy*, 6.

<sup>267</sup> Mitchell, *Fat and Blood*, 1877, 35.

<sup>268</sup> Lillian Furst, *Before Freud*, 38.

<sup>269</sup> Beard, *Practical Treatise*, 103.

hysterical if made to suffer mental agony or prolonged physical pain.”<sup>270</sup> Most striking, the doctor and suffragist Mary Putnam Jacobi wrote, “If the patient is amiable, the disease is neurasthenia.” It’s no accident that highly educated women like Jane Addams and Charlotte Perkins Gilman received diagnoses of neurasthenia.

While many nineteenth-century nervous disorders had similar physical symptoms, only hysteria had implications for the patient’s disposition. Poor character traits—excessive emotion, vulgarity, and deceptiveness—became practically indistinguishable from the hysteria diagnosis itself. If self-sacrifice was virtue *du jure* for white, middleclass women, hysteria was the ultimate mark of selfishness. I would argue that this hysterical temperament became the primary diagnostic criteria that separated hysteria from other nervous disorders.

The doctor Thomas Buzzard, for example, advised physicians to distinguish hysteria from other illnesses by paying attention to patient character. He wrote, “It is notorious that when a girl of highly neurotic temperament complains of difficult in walking, the suggestion of an hysterical cause is very apt.”<sup>271</sup> Corning wrote, “If the patient develops extreme mental irritability in the absence of all exciting causes from without, if she has lost volitional control, if her intellectual faculties are devoid of vigor, if she is morbidly hilarious and lachrymose by turns, if she evidences an abnormal and continuous craving for sympathy, and if she resorts to various modes of deception to obtain the latter, we may be reasonably sure that we have to do with

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<sup>270</sup> Julius Althus, *Hysteria and Ataxy*, 1866, 38.

<sup>271</sup> Thomas Buzzard, *On the Simulation of Hysteria by Organic Diseases of the Nervous System*, 1891, 9.

a case of hysteria.”<sup>272</sup> Mitchell wrote simply, cases where “emotional manifestations predominated ... are then called hysterical.”<sup>273</sup>

George Beard’s 1880 *Practical Treatise on Nervous Exhaustion (Neurasthenia)*, demonstrates the gendered connotations connected with hysterical temperament. “Hysteria is found in those whose emotional natures predominate,” Beard wrote, “hence it is far more common in females than males.”<sup>274</sup> As he described later on, hysterics were “weak-minded, mentally untrained girls.”<sup>275</sup> In an article for the *New York Herald*, Beard wrote that hysteria made “good, pure, and charming” women become “coarse, vulgar, and obscene.”<sup>276</sup> Most prominent was the propensity to deceit that the disease aroused. “There is no keeping pace with the cunning of these girls,” Beard wrote, “They will deceive all with whom they come in contact.”<sup>277</sup> It was these character traits that were the major distinctions between hysteria and other nervous disorders.

Some doctors believed that hysterical women could actually be dangerous as opposed to just irritating. Corning wrote in 1888, “prevarication, false witness, theft, and even murder are the means to which resort is had when milder expedients of constant lamentations and weeping have failed to keep the sympathy

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<sup>272</sup> Corning, *Hysteria and Epilepsy*, 72.

<sup>273</sup> Mitchell, *Fat and Blood*, 1877, 25.

<sup>274</sup> George Beard, *Practical Treatise on Nervous Exhaustion (Neurasthenia): It’s Symptoms, Nature, Sequences, Treatment* (New York: William Wood and Company, 1880), 102

<sup>275</sup> Beard, *Practical Treatise*, 122.

<sup>276</sup> “The Case of Miss Fancher,” *New York Sun*, December 23, 1878, 3.

<sup>277</sup> “The Case of Miss Fancher,” 3.

of family and friends up to desired standards.”<sup>278</sup> He offered the case study of an unnamed hysterical German woman who feared being alone with her children lest she “throw them out the window,” and who asked her husband to remove his gun from the house due to her impulse to shoot him in his sleep.<sup>279</sup>

The mainstream press spouted stereotypes of the unruly, dangerous hysteric in a similar fashion to the medical journals. An article from the *New York Times* argued that women manifested hysteria by “the throwing of things—stove lids and things—at the unfortunate husband” who had stayed out too long at the lodge and angered his wife.<sup>280</sup> In August of 1878, the *Times* reported that a police officer from New Jersey had recently been stabbed to death by his wife who suffered from hysteria. The article stated, hysteria is “by far the most dangerous [disease] on record ... to live in a house with a hysterical woman will henceforth be rather worse than living over a cellar full of dynamite and infested with small-boys.”<sup>281</sup>

I would argue that hysterical temperament was such an important component of the illness that by the mid nineteenth century the word “hysterical” had already acquired the definition of excessive and uncontrolled emotion (not necessarily related to a disease) that is primarily used today. Mitchell, for example, described a patient who had developed paralysis for reasons he could not identify as “anything but hysterical or emotional.” He also quotes a mother who wrote in to ask

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<sup>278</sup> Corning, *Hysteria and Epilepsy*, 6-7.

<sup>279</sup> Corning, *Hysteria and Epilepsy*, 19.

<sup>280</sup> “Improved Hysteria,” *New York Times*, August 8, 1878, 4.

<sup>281</sup> “Improved Hysteria,” 4.



for help in curing her daughter's unruly body as saying that her daughter was, "scarcely ever hysterical."<sup>282</sup> Corning described a woman as "crying in a most hysterical manner."<sup>283</sup>

Hysterical temperament was the main diagnostic criteria used by Hammond and Beard on Mollie. Neither of these doctors had been hired by Mollie to provide treatment; in fact, neither of them had ever met her in person. Their relationship with Mollie consisted solely of verbal sparring matches done via New York's daily newspapers. For both Hammond and Beard, diagnosing Mollie with hysteria had little to do with curing her body and more to do with proving that her mystical claims were outside of the realm of human possibility. Because symptoms associated with hysteria were so bizarre that the public took an active interest in interpreting them, Hammond and Beard used prominent cases like Mollie's to make a case for view of the human body that promoted the status of regular medicine.

Hammond's analysis of Mollie was therefore as much about the profession of medicine as it was about Mollie herself. His book, *Fasting Girls: Their Physiology and Pathology*, which purported to be a text dedicated to discrediting the stories of Mollie's prolonged fast, was a treatise about expert authority as much as it was about Mollie herself. Hammond began by using logical reasoning to disprove Mollie's miraculous fasts: No one can live for fourteen years without eating, he argued. Mollie's claims to do so proved that she was deceptive. And deception was such a common attribute of hysterical temperament to warrant a diagnosis of the

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<sup>282</sup> Mitchell, *Lectures on Diseases of the Nervous System*, 88.

<sup>283</sup> Corning, *Hysteria and Epilepsy*, 53.

disease.<sup>284</sup> Note how different this is from Buchanan's research, which was entirely based in the personalized experience of the patient. As Hammond wrote, "that Miss Fancher was hysterical admits no doubt ... A proclivity to simulation and deception is just as much a symptom of hysteria as pain is of pleurisy."<sup>285</sup> Because Hammond had never examined Mollie personally, he could not back up his theory with empirical proof of her physical symptoms. Yet Mollie's claims of miraculous abilities were enough to win her a diagnosis of the disease.

Hammond attempted to counter the assertion of Mollie's allies that his diagnosis was nothing more than a form of slander on her character by blaming her deceptions on the disease itself rather than on Mollie as a person. He wrote, "that she simulated abstinence and deceived us to the quantity of food she took, is no imputation on her honesty, or questioning her possession of as high degree of honor and trust, as can be claimed by anyone."<sup>286</sup> Hammond was not the only person to make this argument. Another doctor, Dr. Fowler, described Mollie to the *New York Sun* in similar terms. He said, "Hysteria prompts deception. It is a characteristic of the disease. She has probably not will enough to overcome the desire to deceive. But she should be aided in every way to overcome the desire, not assisted in her deceptions."<sup>287</sup> By distinguishing Mollie's character from the character of the

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<sup>284</sup> William Hammond, *Fasting Girls: Their Physiology and Pathology* (New York: G. P. Putnam's Sons, 1879), 72.

<sup>285</sup> Hammond, *Fasting Girls*, 56.

<sup>286</sup> Hammond, *Fasting Girls*, 56.

<sup>287</sup> "Miss Fancher of Brooklyn," *New York Sun*, November 25, 1878, 4.

disease, these doctors made the argument that Mollie was both deceptive and hysterical without overtly defaming her reputation.

Descriptions of white, middleclass invalid women also varied widely depending on whether they were conforming to the “proper” invalid role ascribed to them. If the ideal invalid persona was one of good cheer and patience, the hysterical temperament that I described in chapter 1 was its shadow self: selfishness, deception, drama and weak mindedness. The negative connotations associated with the disease, which became known as the “hysterical temperament,” gave patients cause to resist being diagnosed with the malady. Surprisingly, it simultaneously opened up a space for patients to resist this diagnosis as well because doctors did not have authority over patients’ character and reputations. To do so, however, women at risk of being diagnosed with hysteria often adopted the invalid persona of traditionally feminine values such as selflessness and good cheer that some historians like Smith-Rosenberg have argued caused the nineteenth-century hysteria epidemic in the first place.

Mollie and her supporters employed this strategy. Dr. William Hammond’s logic that Mollie was hysterical because her claims of mysticism made her *de facto* deceptive were unconvincing to many of her contemporaries who countered Hammond by claiming that Mollie was a cheerful, smart, and nurturing person therefore she could not have hysteria. Mollie’s twenty-first-century biographer Michelle Stacey has hinted that the cheerful persona attributed to Mollie may have been created by her friends in an effort to make her look good for the media and bolster her miraculous claims. She writes that Mollie’s symptoms “provide a

template of hysteria as it was then defined (except perhaps for [Jane] Austin's whining invalid persona, which no one—at least not in print, anyway—attributed to Mollie).”<sup>288</sup> While we can never know how Mollie acted in private, we can know that she simultaneously cultivated her cheery persona while offering public justifications (other than hysteria) for those times when she was not so cheerful.

Mollie's friends went out of their way to portray her as a pleasant, intelligent, and capable woman. In one article from the *Commercial Advisor*, Mollie's friend Thomas Townsend, said, “She is full of fun and is always saying bright things ... She is always jolly, even when she is suffering the greatest pain; her cheerfulness is extraordinary.”<sup>289</sup> Another friend, Alice LePlongeon, wrote to Mollie's nineteenth-century biographer, Abram Dailey “She is a gifted and lovable woman, worthy of the esteem and affection of her fellowbeings, and is tenderly regarded by those who know her intimately.”<sup>290</sup> Another friend, Herbert Blossom wrote of her selflessness, “Sometimes when I have been there persons have come to tell her of their own little troubles, and it seemed to me that they were so trifling compared with hers, yet she always endeavored to comfort those who came to her for consolation.”<sup>291</sup>

Because weak mindedness was likewise a prerequisite for hysteria, many of Mollie's supporters believed that her wit, intelligence, and competence precluded such a diagnosis. Her neighbor, Will Carleton, in a letter he submitted to Dailey,

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<sup>288</sup> Stacey, *The Fasting Girl*, p. 49.

<sup>289</sup> “Another Non-Expert Witness,” from *the Commercial Advisor* reprinted in the *New York Sun*, November 28, 1878.

<sup>290</sup> Dailey, *Mollie Fancher*, 124.

<sup>291</sup> Dailey, *Mollie Fancher*, 121.

wrote about her surprisingly good conversational skills. “Here was not a curio—or a mystery—or even an invalid so far as the mind was concerned;” he wrote, “but a large-brained, pure souled woman ... She is sagacious and sparkling in conversation; her remarks are entertaining enough for the most exciting salon.”<sup>292</sup> Another friend, Howard Jones, wrote simply, “She is very clever.”<sup>293</sup> Lest anyone think that Mollie became hysteric in an effort to avoid her traditional female tasks, Charles West, another friend of Mollie’s, told the *New York Sun* that “She controls the family, keeps all the accounts, and is in fact the head of the house.”<sup>294</sup>

Mollie was not the only woman who denied a diagnosis of hysteria and instead offered her own interpretation of her body. One woman claimed that she suffered from hydrophobia (modern-day rabies), preferring a diagnosis of an incurable disease to that of hysteria. Another woman whom Mitchell claimed suffered from hysterical constipation claimed that her rectum had formed a “pouch in front” which prevented her from moving her bowels. As Mitchell wrote in 1877, “I see every week—almost every day—women who, when asked what is the matter reply ‘Oh, I have nervous exhaustion.’”<sup>295</sup>

Patients faced with hysteria diagnoses also had the power to seek second opinions from new doctors. Many physicians had difficulty distinguishing the physical manifestations of hysteria from other nervous disorders or physical ailments, and many case studies of hysterical women began with a recounting of the

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<sup>292</sup> Dailey, *Mollie Fancher*, 253.

<sup>293</sup> Dailey, *Mollie Fancher*, 126.

<sup>294</sup> “Miss Fancher’s Friends,” *New York Sun*, November 27, 1878.

<sup>295</sup> Mitchell, *Fat and Blood*, 37.

previous diagnoses these women had received from a host of doctors. As Mitchell wrote in 1877, “Most of [these patients] have passed through many hands and been treated in turn for gastric, spinal, or uterine troubles.”<sup>296</sup> Like other women diagnosed with hysteria, Mollie repeatedly fired doctors whose advice or treatments she did not like. And while at times her aunt hired them back, she still had control over the type of diagnosis she received based on who she chose to make the diagnosis.

Whether or not Mollie’s cheerfulness was a masquerade, it was an effective strategy for maintaining control over the meaning of her story. As the *New York Sun* reported, “Her intelligent and ladylike bearing, the unquestionable position of those with whom she is surrounded, her unmistakable truthfulness, the abhorrence with which she regards publicity, and the absence of any motive for enriching herself or her friends by the use of her gifts, seem to those who have studied her case to preclude the possibility of intentional deception or imposition.”<sup>297</sup> Because physicians had written a hysteric personality into their definition of the disease, Mollie was able to resist their expert diagnoses and their assertion that she was a fraud by presenting herself as a smart and pleasant person—of course this meant that she adopted the invalid persona.

Hysteria was not only about constructing the patient, however. It was also about doctors constructing themselves. If the meanings of Mollie’s illness had been situated solely within her body and a matter of her own private diagnosis, it is

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<sup>296</sup> Mitchell, *Fat and Blood*, 1877, 7-8.

<sup>297</sup> “Dead and Yet Alive,” p. 1.

unlikely that her story would have aroused the controversy that it did. When the media frenzy that I described in Chapter 1 began in 1878, however, the press pitted the spectacular story of a young woman against the expertise of orthodox doctors. In some ways, Mollie's story is one of competition between allopathic doctors and those from the Eclectic school of medicine; there will be more on this in the next chapter. But the attention regular doctors paid to women like Mollie and to her supporters also demonstrates how much power lay people had over interpretations of the body in this era. As regular doctors professionalized in the late nineteenth century, they not only had to contend with competition from practitioners of other schools of medicine but also with the claims to authority made by lay people who had their own culturally sanctioned interpretations of the human body. The bodies of hysterics became interpretable texts because their symptoms were so strange and varied that they were ripe for analysis. Hammond wrote, "the thoughtful reader will not fail to perceive how important a bearing [hysteria] has on the whole subject of belief without full and free inquiry, and that how all the facts which science has gathered during ages of painful labor, go for naught, even with educated persons, when brought face to face with the hysterical girl."<sup>298</sup> Case studies of hysterical women like Mollie were therefore key to the professionalization of regular medicine in the late nineteenth century in much the same way as there were to the propagation of psychoanalysis in the twentieth.

Because the regular interpretation of hysteria was so crucial to Hammond's project of professionalization, he spent year chronicling cases of women with

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<sup>298</sup> Hammond, *Fasting Girls*, p. 56.

purported mystical abilities whom he believed were instead hysterical. He collected these stories in several volumes: *Spiritualism and Allied Causes and Conditions of Nervous Derangement* published in 1876, *On Certain Conditions of Nervous Derangement* published in 1881, and *Fasting Girls: Their Physiology and Pathology* in 1879. To Hammond, it mattered little whether the women whose stories he collected were his contemporaries (often his personal patients or women who had attracted media attention) or whether they were historical figures that he only knew by reputation or legend. His text slips easily between time periods and cultures, at times making it difficult to ascertain whether these women were Mollie's contemporaries or were from medieval Europe. The slippery chronology of Hammond's work was not due to shoddy craftsmanship. Instead, Hammond sought to prove that women throughout history who claimed supernatural abilities in fact suffered from the recognizable disease hysteria.

Hammond felt assured of his diagnostic capabilities even across centuries and continents because he believed that any person who claimed mystical powers must be *de facto* deceptive and therefore a sufferer of hysteria—personal investigation was not necessary. Some of the miraculous women Hammond diagnosed with the illness were famous historical figures that his readers would have been familiar with. Joan of Arc, for example, received religious visions from the Archangel Michael that led her to the Siege of Orleans and for which she was ultimately burnt at the stake as a heretic. Hammond's description of her uses "ecstatic" as a synonym for "hysterical." He wrote, "We have seen how greatly a weak, hysterical girl can disturb the community in which she lives. The history of



the world is full of examples, in which whole nations and groups of nations have been influenced by ecstasies of both sexes.”<sup>299</sup> He makes similar claims about Bernadette Subirous of Lourdes, France whose visions of the Virgin Mary led to the building of the famed church alongside a grotto known for its healing waters. Bernadette’s vision, Hammond argued was the result of a “cerebral congestion” that occurred when she bent over to take off her stockings. It was nothing more than a hallucination and no different than those seen by over fifty hysterical patients he had in his care at that time.<sup>300</sup>

Many of the strange and miraculous feats Hammond documented and diagnosed had uniquely gendered connotations. While these women often gained notoriety from their supernatural abilities, it is worth noting that they share little in common with fictitious superheroes of the twentieth and twenty-first centuries. They did not fly or leap tall buildings. They never used the unnatural strength attributed to hysteria to fight crime. Instead, they delivered unnatural babies, survived without eating, and, most strikingly, endured horrific abuse without pain or at least without death.

Claims of monstrous births were common among Hammond’s case studies. A Polish woman delivered two fish without scales, who swam about as regular fish do as soon as they were placed in water. A woman from Elsinghorn, gave birth to a dormouse, which leapt out of the hands of the birth attendant and ran into a hole in the wall of the bedchamber never to be seen again. In 1639, a Norwegian woman

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<sup>299</sup> Hammond, *On Certain Conditions*, 131.

<sup>300</sup> Hammond, *On Certain Conditions*, 141-142.

birthed two hen's eggs one of which ended up on display in the museum of the famous physician Dr. Olaus Wormius. In 1726, a woman named Mary Tofts from Surrey, England gave birth to a litter of rabbits after craving rabbit meat throughout her pregnancy. The British royal family was so taken with her story that they sent the secretary to the Prince of Wales to personally investigate her claims. Hammond chalked all of these stories up to the deceptions of hysterical women.<sup>301</sup>

The women who endured violence are most striking, especially for the detached tone with which Hammond relates their narratives. He counted these women among the miraculous not only their ability to withstand abuses without pain but for the very fact of their survival under horrifying conditions. He related, for example, the eighteenth-century tale written by Montegeron of a group of women who inflicted injuries upon themselves outside the tomb of the Abbe Paris. One woman lay flat on a cloth in her bed and had a group of men pick her up and throw her forward two thousand four hundred times. On another day she "caused herself" to be tied to a table with her arms and legs outstretched. Six men "struck her without ceasing" while a seventh choked her. Afterwards, her tongue was so swollen she could not keep it in her mouth and she was "insensible." That she remained alive was her miracle.<sup>302</sup>

At least according to Hammond, this woman—like others of her group—took ownership of her own torture as a form of religious devotion. Yet they were put to even greater abuse in the name of science. Another woman at the abbey "insisted

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<sup>301</sup> Hammond, *Spiritualism and Allied Causes*, 207–212.

<sup>302</sup> Hammond, *On Certain Conditions*, 41.

upon receiving one hundred blows upon the stomach with an andiron.” The blows were so fierce that, on the twenty-fifth strike, they cracked the wall she stood against. Again, she survived and was deemed miraculous. Upon hearing of such feats, a physician set out to test her abilities, believing that it was “impossible that the skin, the flesh, the bones, and the internal organs, could resist such violence.” He struck the woman with multiple blows to the torso with an iron bar, and was himself “struck with astonishment.” Even when he stabbed the woman with the sharp end of the bar, puncturing her flesh, she laughed and told him that he was “doing her good.”<sup>303</sup> Hammond interpreted these women’s incredible survival as a product of their hysterical conditions. Because hysteria caused excessive gas, he reasoned, their intestines and stomachs were “distended with wind” thereby allowing them to avoid injury using a similar technique to a trained prize fighter. He had no comment about the ethics of the doctor who set out to test her.<sup>304</sup>

George Beard also used historical events as a way to demonstrate that hysteria—as defined by expert neurologists—had existed for centuries. The Salem witch trial could have been prevented, he argued, if only city officials had understood that the girls who were accusing people of witchcraft were actually hysterical and therefore fraudulent. These girls experienced convulsions and cried out loudly in pain, which the community understood as a sign that they had been cursed. He gave the account of a Mrs. How who was brought to trial before Judge Hathorne for witchcraft. A mere glance from her sent the afflicted girls into

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<sup>303</sup> Hammond, *On Certain Conditions*, 40.

<sup>304</sup> Hammond, *On Certain Conditions*, 41.

convulsions that could only be ceased by her touch. When the judge asked her to account for this, she replied that she was innocent and could offer no explanation. Mrs. How was chained and jailed for her crimes, based on the testimony—as Beard believed—of “entranced, hysterical, insane girls.”<sup>305</sup> It was hysterical women (and those who foolishly believed them) that led to the witch-hunt at Salem. Beard believed that belief in the supernatural in the nineteenth century, similarly stemmed from hysterical patients. “Out of such persons precisely,” he wrote, “spiritual séances of our present day are made.”<sup>306</sup>

By placing Mollie’s story on a continuum of past mystical events, Hammond and Beard made the implicit case that her supporters were nothing but benighted fools who had not entered the era of modern scientific discourse. For Hammond, these women were ripe for debunking as a bolster for empirical science. He wrote, “There is an inherent tendency in the mind of man to ascribe to supernatural agencies those events the causes of which are beyond his knowledge.” As science advanced and its ability to explain the workings of the world increased, it was Hammond’s hope that humankind could achieve “that condition of ‘healthy skepticism’ which allows of no belief without proof.”<sup>307</sup> A diagnosis of hysteria justified such healthy skepticism of the miraculous.

Because he saw himself as a trained scientist and regular doctor, Hammond cast himself as the unimpeachable expert on hysterical women and on Mollie in

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<sup>305</sup> George Beard, *The Psychology of the Salem Witchcraft Trials*, 21–22.

<sup>306</sup> Beard, *Salem Witchcraft Trials*, 16.

<sup>307</sup> William Hammond, *Spiritualism and Allied Causes of Nervous Derangement*, 1876.

particular. He based his interpretation of Mollie's case on the "teaching of science and of experience" and the fact that no one had been able to subsist without food "to the satisfaction of competent and disinterested investigators."<sup>308</sup> When the *Brooklyn Daily Eagle* reported Hammond's interpretations of Mollie's story, it played up his role as medical authority. "Dr. William A. Hammond is a physician of unquestioned ability," the article opened, "brilliant in that department of exploration to which he has especially devoted himself, namely, neurology and its relations to mental disorders."<sup>309</sup> Hammond believed that there was only one way for Mollie Fancher to prove the veracity of her fasting abilities: if she was studied by people who were "trained in the proper methods of scientific research" so that they could "get to the whole truth of her case."<sup>310</sup>

George Beard likewise used Mollie's case as an opportunity to pontificate on the importance of professional expertise. In *The Medical Record*, he gave a detailed account of all of the well-meaning people whom he believed lacked adequate expertise on Mollie's body. He wrote, "In order to be an expert in cases of this kind, it is not enough to be a man of common sense—which as has well been said, is a synonym for common ignorance; it is not enough to be honorable and truthful; it is not enough to be a man of general scientific attainments or even genius; it is not enough to be a physician of experience and skill; it is not enough to be a specialist in the diseases of the nervous system; it is necessary to have studied both theoretically

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<sup>308</sup> Hammond, *Fasting Girls*, 72.

<sup>309</sup> "'Fasting Girls,'" 4.

<sup>310</sup> Hammond, *Fasting Girls*, 74.

and practically this side of the nervous system.”<sup>311</sup> Only a true expert in neurology—a new field of medicine that few had studied and even fewer could understand—would be competent to assess the veracity of Mollie’s claims. Beard believed that such expert investigations were necessary for proper scientific study. Lay people, or even physicians who had not been trained to conduct research on human beings, could easily be tricked by hysterical women even if they were on the lookout for deception. He compared studying a hysterical woman to going to see the performance of a magician. Even though the audience knew that the magician was performing tricks that appeared to the human eye to be far more complex than they actually were, audience members were inclined to believe that the tricks were real because they saw them with their own eyes. It was not until the magician explained how he performed the tricks that people would “see” how their eyes had deceived them.<sup>312</sup>

Despite Hammond and Beard’s faith in their abilities, they had limited recourse for proving their expertise in the Mollie Fancher case. It was not so easy to set up a test of Mollie’s abilities—particularly her claims of food abstinence—and remain in the good graces of the public. In large part, this had to do with the specter of Sarah Jacob, the “Welsh fasting girl,” who starved to death at the hands of her physician in 1869, which still hung heavily. Jacob was born on May 12<sup>th</sup> 1857, and as a young girl, she—like Mollie—excelled at her studies, often writing poetry and engaging in religious education. Then when she was ten years old, she complained

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<sup>311</sup> Beard, “Scientific Lessons,” 446.

<sup>312</sup> “The Case of Miss Fancher,” *New York Herald*, November 26, 1878, 1.

of stomach pains and awoke one morning with blood in her mouth. Soon she began experiencing spasms and unconscious trance states. Her family doctor worried that she suffered from tetanus because of the way her body bowed during her spasms, but Hammond, unsurprisingly, recast her story as a case of hysteria when he wrote about her. By October of 1867, her appetite disappeared and she reportedly ate no more than a small piece of apple daily. After ten days, she ceased to eat completely and was reported not to ingest anything else all the way to her death in December 1869.

Reports on Jacob's case, like Mollie's, centered on whether she was indeed miraculous or whether she was fraudulent as a result of hysteria. Her parents and the local vicar believed her food abstinence to be truthful and complete. They enlisted the assistance of group of townspeople to sit by her bed and verify her story, which they did. Pilgrims began arriving at her bedside, many bearing gifts of money, clothing, books, or flowers. As Hammond described, "She had a silk shawl, a victorine around her neck, a small crucifix attached to a necklace, and little ribbons above the wrists. She had drab gloves on and her bed was nearly covered in books."<sup>313</sup> The finery, he believed, was more than enough cause for her to lie about having miraculous powers.

As the case grew in reputation, Dr. Fowler from London created a test of Jacob's fasting abilities. His hunch was that "the whole case is in fact one of simulative hysteria, in a young girl having the propensity to deceive very strongly

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<sup>313</sup> Hammond, *Spiritualism and Allied Causes*, 274.

developed.”<sup>314</sup> He set out to test the veracity of her fast by sending four expertly trained nurses from Guy’s Hospital in London to her village. After receiving written consent from Jacob’s father, Fowler devised testing conditions whereby two nurses watched Jacob at all hours of the day. They removed unnecessary furniture from her room and searched her parents and other friends and relatives thoroughly for any hidden food items before allowing them to approach the girl. The nurses were under instruction not to deny Jacob food but to keep careful watch and make sure that no food reached her without their documentation. Though the test was Fowler’s brainchild, he was not actually present for any of the proceedings.

The test began on December 9, 1869. One week later, on December 16<sup>th</sup>, Jacob was cold, pale, and “appeared to be sinking.” The “starvation smell about her” was strong enough to make the nurses ill.<sup>315</sup> That afternoon, they told her parents that they believed her to be dying and recommended they call off the test, a suggestion that the local vicar supported. Her parents refused, still believing her story to be true and adamant that she would rally.

On December 17<sup>th</sup>, eight days after Fowler began his test, Sarah Jacob starved to death. Even the normally stoic Hammond was outraged. He wrote, “The ‘Welsh Fasting Girl’ died, actually starved to death, in the middle of the nineteenth century in one of the most Christian and civilized countries in the world!”<sup>316</sup> The public was outraged, and Jacob’s parents were put on trial for manslaughter for allowing their

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<sup>314</sup> Hammond, *Spiritualism and Allied Causes*, 281.

<sup>315</sup> Hammond, *Spiritualism and Allied Causes*, 283.

<sup>316</sup> Hammond, *Spiritualism and Allied Delusions*, 284.



daughter to starve. Both plead not guilty, but, after a short trial and a half hour's deliberation, a jury found them guilty of the charges because they believed the Jacobs had willfully committed fraud in deceiving their neighbors about Sarah's fasting abilities and had allowed their daughter to die to uphold their fraudulence. The jury recommended that Jacob's mother receive a reduced sentence because she was largely under the control of her husband. Sarah's father, Evan Jacob, received one year of hard labor in prison; his wife, Hannah received six months. Dr. Fowler was let off the hook because he was not physically present at the time of the tests. His reputation, however, was permanently tarnished.

Though Hammond believed he was the ideal candidate to study Mollie's case, he understood that putting Mollie's fasting to the test was out of the question. Even the mere suggestion that he might do so was enough to arouse "bitter indignation" from Mollie's supporters.<sup>317</sup> Hammond himself took an adamant stance against such tests, saying "Upon my word, if that girl over in Brooklyn should die by any of those experiments made with her, I'd have every one concerned with the matter indicted in manslaughter. I would, indeed."<sup>318</sup>

That didn't mean Hammond was above testing Mollie, however, or at least appearing as if he wanted to test her. Instead of testing her fasting, he sought to test her ability to read without the use of her eyes and issued her a challenge printed in nearly all of New York's daily papers. His plan was to place a check for over \$1,000 in a sealed envelope. If Mollie could tell him the amount of the check along its date,

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<sup>317</sup> "Fasting Girls," *Brooklyn Eagle*, March 30, 1879, 4.

<sup>318</sup> "Miss Fancher of Brooklyn," *New York Sun*, November 25, 1878, 4.

serial number, the name of the bank from which it was issued, and the name of the person who signed the check, he would give her the money or donate it to any charity of her choice.<sup>319</sup> Hammond's conditions for this test were that he and his associates had to be present when it was performed, that Mollie could touch the envelope but could never take it out of the testers' sight, and that she must complete the test within half an hour. If she could not complete his challenge, then he would accept that as proof that she was deceptive and therefore suffered from hysteria.<sup>320</sup> While the test seems legitimate enough, the method by which the challenge was made, via newspaper rather than via personal correspondence, and the frequency of insults Hammond hurled at Mollie begs the question of whether he ever had any intention of studying her personally.

Mollie never answered Hammond's challenge. Even in her biography written twenty years later, she only alluded to it and did not address it directly. Her refusal to complete Hammond's experiment prompted a wide variety of reactions. Some people believed that it discredited her completely. An article from the *Brooklyn Daily Eagle*, for example, wrote "All the benefits that might have resulted from a fair trial of Miss Fancher's skill are lost to the world, and the public henceforth will not disturb itself about the case."<sup>321</sup> Others believed that the challenge was unfair and that Mollie was justified in her decision. In retrospect, not answering Hammond's challenge was perhaps the best public relations move Mollie ever made.

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<sup>319</sup> "Dr. Hammond's Proposition," *New York Herald*, December 14, 1878, 6. "Dr. Hammond to Miss Fancher," *Brooklyn Daily Eagle*, December 14, 1878, 2. "Dr. Hammond and Mollie Fancher," *New York Times*, December 13, 1878, 2.

<sup>320</sup> "Dr. Hammond on Miss Fancher's Case," *New York Herald*, December 14, 1878, 9.

<sup>321</sup> *Brooklyn Daily Eagle*, December 28, 1878, 2.

Hammond's repetitive challenging only increased Mollie's fame by keeping her in the public eye. That she refused to comply with his test may have damaged her reputation briefly, but her story and the details of her mystical abilities were so compelling that they were remembered long after Hammond's challenge was forgotten. By refusing to participate in Hammond's test, Mollie was in effect refusing to accept the system of empiricism that he supported and that she would have bought into had she acknowledged Hammond's diagnosis of hysteria.

Mollie's diagnosis, as it played in the media, had little to do with curing her body or improving her quality of life. Instead it was an opportunity for Hammond and Beard to advance their professional status. Public discussions of women with hysterical symptoms were crucial for propagation and ultimately widespread adoption of neurology and regular medicine because the symptoms of hysteria were so strange that they required interpretation. By asserting that this interpretation could only be made by a legitimate student of neurology, Hammond and Beard elevated their own profession. And while Mollie herself was able to resist an official hysteria diagnosis, the extent of the public debates about her body demonstrate the importance of popular culture as a forum for the emergence of medicine as a profession and how important case studies of hysterical women were to advance of professional regular medicine.

One of the most interesting ramifications for Mollie's story is that it helps explain trends in the history of medicine. How did a group of physicians whose remedies and research practices are so far from our own become the "winners" in

the professionalization of medicine? In part, I will argue, this has to do with their vision of the human body—the soul was never able to be proven as a viable factor in medical care. But in part, I believe it was a difference in rhetoric, specifically how the disability narratives they used to make their case to the public were perceived. As the supernatural interpretation of disability fell out of favor, interpretations of stories like Buchanan's version of Mollie as medium began to seem bizarre at best, insane at worst. Hammond and Beard's claim that she did not actually have supernatural powers—despite the misogynistic rhetoric and research based entirely in through experiments and an application of Mollie's story to established theory—began to seem more reasonable.

#### 4. Mollie the Care Recipient: Practices of Care for Short Illnesses and Chronic Conditions

*May 28th. Very feeble, suffering intensely with her head and heart; at two o'clock P.M. went into a rigid state, lasting from one to two hours; then into a trance, being quite rigid, and remained so until eleven-thirty A.M. the next day, when she fell off into relax trances, remaining so until Friday evening. June 1st; on that evening at eight o'clock she rallied with effort; breath almost gone; apparently exhausted. She remained in this state until the following morning. During the days she was in this trance, she was nourished with enema four times.*

*One June 2d gave her chloroform to relax her jaws in order to give her some nourishment. Shortly after she went into very severe spasms which lasted for two hours; she then went into an unconscious state for a short time, when she became sick, and was unable to retain any nourishment; suffered intensely until Saturday June 9th, when her throat closed, and she was unable to take any nourishment. From May 31st to June 28th she was unable to take any nourishment in any way. One pint of sweet oil was used to bathe her chest and bowels between June 2d and June 24th. From May 25th to June 28th the natural functions of nature for relief were very seldom exercised ... her eyes, jaws and hands are closed, her right arm drawn up at the back of her head, her lower limbs are twisted in a three-twist, having the use of one part of her left arm and hand, also the fingers of the hand being closed; the only nourishment she has retained on her stomach from April 4th, 1886 to October 27th, has been four teaspoonfuls of milk punch, two of wine, one small piece of banana and a small piece of cracker.*

*—Records of Susan Crosby*

The first three chapters explored Mollie as a public figure and a symbol for larger social causes. But behind the fame, she was also an ordinary woman who needed assistance to live day to day. It was her aunt, Susan Crosby, who provided this assistance and acted as her caregiver from the time Mollie's mother died when she was a child until Crosby's own death in the 1890s. For Crosby, Mollie was a not proxy for larger social issues or a curiosity in need of explanation; she was a niece in need of care, and Crosby was capable of providing it. Unpaid, female caretakers like Susan Crosby are a crucial, and largely overlooked, component in both the history of disability and the history of medicine. Without aid from someone like Crosby, Mollie could not have survived let alone have gained the prominence that she did.

As the historian Emily Abel has described in her book *Hearts of Wisdom*, unpaid and underpaid caregivers carried out the vast majority of healthcare work in the late nineteenth century. Doctors were expensive and difficult to access because they were often far away, and even when they were available, they did not provide sustained care. Doctors visited patients, made diagnoses, and offered recommendations. It was then up to caretakers to carry out day-to-day healing tasks, to provide personal care such as bathing and food preparation, and to support the social needs of the care recipient. The negotiations between doctor and caregiver for healing authority were often complex, Abel argues, as experienced

healers taught practical skills to new doctors and doctors brought new research to the sick room.<sup>322</sup>

As household and healing technology underwent revolutionary changes in the late nineteenth and early twentieth centuries and professional medical care gained foothold over the body, caregivers navigated the expanded body of knowledge available to them and continued to provide holistic assistance to care recipients in cooperation with burgeoning medical professionals. The “professionalization” of care took a very different path from the professionalization of medicine, however—so much so that I felt the need to put the first in ironic quotations. I will argue that caregivers splintered into three groups with varied and hierarchical levels of professional status: professional nurses, vastly underpaid and often exploited in-home health caregivers, and unpaid family members and friends who to this day provide much of the care for the young, sick, and elderly. That care in and of itself has never achieved the status we accord to activities with professionalism and yet is so fundamental to human existence that none of us could have survived infancy without it, has given care an uneasy position in our culture and left the act of caring open to interpretation. What does it mean to care for

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<sup>322</sup> Because this chapter stems from the experiences of Mollie and her aunt, it focuses on white, middle-class caregivers whose healing duties mirrored their larger gendered and classed experiences. For more on healthcare and women of color see Barbara Blair and Susan E. Cayleff, editors, *Wings of Gauze: Women of Color and the Experience of Health and Illness* (Detroit: Wayne State University Press, 1993), Amy Shulz and Leith Mullings, editors, *Gender, Race, Class, and Health: Intersectional Approaches* (San Francisco: Jossey-Bass, 2006), and Marcia Bayne-Smith, editor, *Race, Gender, and Health* (Thousand Oakes: Sage Publications, 1996). On African American nurses see Darlene Clark Heine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890–1950* (Bloomington: Indiana University Press, 1989) and Susan Muaddi Darraj, *Mary Elizabeth Mahoney and the Legacy of African American Nurses* (Philadelphia: Chelsea House Publishers, 2005). For more on African American women and the domestic work associated with care, see Rebecca Sharpless, *Cooking in Other Women’s Kitchens: Domestic Workers in the South, 1865–1960* (Chapel Hill: University of North Carolina Press, 2010).

another person? What does it mean to be cared for? This is both a historical and a contemporary question.

In this chapter, I will argue that the act of care differed greatly for patients with short-term ailments versus those with chronic conditions or disabilities. As a first step towards historicizing care, I will make three arguments: 1) That care givers distinguished between long and short term care as they provided carried out their healing duties. This is a subject as yet untackled by historians but crucial to the history of people with disabilities. Rather than viewing invalidism or disability as an extended medical event, caregivers understood long-term care giving as a way of life. This kind of care therefore required an adjustment of *domestic* duties—cooking and cleaning in particular. Even as caregivers distinguished between the tasks of caring for people with short and long-term conditions, however, their work was imbued with ideas about self-sacrifice that often resulted in a complex relationship with those they were caring for. 2) I will argue that whether providing short or long-term care, they operated in tension with physicians (of any stripe), sometimes seeking new medical advice, other times relying on women's networks, "old women's advice," and 3) that physicians saw care givers as crucial elements in treatment but most wanted to control the terms of the relationship.

Whether care is or can ever be ethical has been the source of widespread debate among feminist theorists and between feminist theorists and disability scholars. Scholars such as Carol Gilligan have asked whether the act of caring reveals a uniquely female ethic, one that values the relations between human beings and their



obligation to provide for each other through values of trust and empathy.<sup>323</sup> Others such as Nancy R. Hooyman and Judith Gonyea have asked instead whether care exploits female caretakers who have been roped into the act—for which they are frequently unpaid or underpaid—by societal expectations that women are naturally nurturing?<sup>324</sup> And what of the people who are cared for? Disability scholars like Susan Wendell have asked questions whether people with disabilities fail to meet social standards of maturity because they lack autonomous individuality as demonstrated by their continued need for assistance. Or can we, Wendell asks, re-imagine what it means to be a mature adult?<sup>325</sup> Others such as Tom Shakespeare have wondered whether it is even possible to maintain a relationship with a caregiver that is not marked by exploitation, lack of privacy, and dependence.<sup>326</sup> Regardless of whether the act of caring is ethical or exploitive, empathetic or manipulative, caregiving and care-receiving are essential factors of human life. And in the nineteenth century when Susan Crosby was providing care to Mollie, the nature of caregiving, the role of caregivers, and relations between caregivers and physicians were in flux.

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<sup>323</sup> Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge: Harvard University Press, 1993). See also, Margaret Lock and Patricia A. Kaufert, eds. *Pragmatic Women and Body Politics* (Cambridge: University Press, 1998).

<sup>324</sup> Nancy R. Hooyman and Judith Gonyea, *Feminist Perspectives on Family Care: Policies for Gender Justice* (Thousand Oaks: Sage Publications, 1995).

<sup>325</sup> Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (New York: Routledge, 1996).

<sup>326</sup> Anita Silvers, "Reconciling Equality to Difference: Caring (f)or Justice for People with Disabilities," *Hypatia*, vol. 10, no. 1. (Winter 1995), p. 30, and Tom Shakespeare, *Disability Rights and Wrongs*.

Sources on Crosby herself are scarce. She was rarely mentioned in newspaper articles and never mentioned in the medical texts about Mollie. The main source on Crosby is Abram Dailey's biography of Mollie, which was published one year after Crosby's death, and his take on Crosby was full of legend, misfortune, deathbed oaths, and self-sacrifice. Susan Crosby was born in 1821 and was the older sister of Mollie's mother, Elizabeth. According to Dailey, Susan's beauty and refinement left her with high hopes for her future, and at the age of sixteen she drew the attention of a wealthy planter from Mobile, Alabama who soon became her fiancé. No records survive to tell us how she met a man who lived so far from her home or, on an even more fundamental level, what his name was. They set a date for their wedding, and Crosby prepared her trousseau while her beau boarded a ship from Mobile and sailed north to meet her. On the day of his scheduled arrival, she waited anxiously for him on the docks. When his ship reached port, it carried with it news that her fiancé had contracted yellow fever en route and died on board. Crosby was left alone and in shock, unsure how to proceed with her life.<sup>327</sup>

According to Dailey, a second tragedy—the death of Crosby's sister Elizabeth—followed on the heels of the first and set the course for the rest of Crosby's life. As Elizabeth lay dying, she had a premonition of the misfortunes that would befall Mollie later in life. She beckoned her sister to her bedside and said, "Mollie, I can see is a child of sorrow, and will need your care, and I want you should make me one promise, and that is, if anything shall happen to her, that you will look

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<sup>327</sup> Dailey, *Brooklyn Enigma*, p. 7–8.

after and care for her as your own daughter.”<sup>328</sup> Crosby, taking on the role of devoted sister and dutiful woman, accepted Elizabeth’s demands and spent the rest of her life caring for Elizabeth’s children.<sup>329</sup>

When the third tragedy struck—in the form of Mollie’s streetcar accident, which verified her mother’s premonitions—Crosby fulfilled her pledge to her sister and assisted Mollie for the rest of her life. To do this, according to Dailey, she broke off a second engagement so as to avoid burdening a husband with an invalid niece. It was enough to make Dailey gush. “Self-abnegation as Susan Crosby practiced is so rare, as to merit something more than passing mention,” he wrote. “Often that which is regarded as a sacrifice, is robbed of its nobleness by the discovery of a shade of selfishness ... but the reader, I am sure, will agree with me in saying, that few persons would have made so great sacrifices as did she, that she might devote her entire life to ministering to the comfort of her niece.”

In reality, Crosby’s life was far more complex than the string of misfortunes Dailey presented. As records on the Fancher family headstone reveal, eighteen years passed between the death of Crosby’s fiancé and Elizabeth’s death in 1855.<sup>330</sup> By the time Elizabeth passed away, Crosby was thirty-four years old and still unmarried. Elizabeth died after a protracted illness, which may have been consumption—known today as tuberculosis. Regardless of whether she actually suffered from this specific disease, she followed a pattern that many consumptive

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<sup>328</sup> Dailey, *Brooklyn Enigma*, 7.

<sup>329</sup> Dailey, *Brooklyn Enigma*, 7.

<sup>330</sup> This revision of Dailey’s story is based on dates taken from the Fancher/Crosby family headstone in Green-Wood Cemetery, Brooklyn, New York.

women engaged in by arranging for the care of her children in the likely event of her death. As the historian Sheila Rothman has demonstrated, an important task for consumptive women was to prepare their children for their future lives as orphans: They taught them useful skills such as sewing so that they could make a contribution to the household of relatives willing to take them in. They also repeatedly stressed to children the importance of being pleasant and, above all, obedient so that their new families would want to keep them in their homes.<sup>331</sup>

Elizabeth Fancher used a different tactic from the one Rothman describes to ensure the care of her children. Rather than finding relatives with established households who could take them in, she asked Crosby to move into her home and take her place upon her death. When Dailey described Elizabeth's deathbed entreaty to Crosby, he emphasized her prescience of the "shadows" hanging over Mollie's life and her need for lifelong care. Mollie, after all, was the protagonist of his narrative. Yet, even in Dailey's tale of intrigue, it was not only Mollie with whom Elizabeth was concerned. She also asked Crosby to care for Mollie's sister whom she had named Elizabeth after herself and her infant son James.<sup>332</sup>

Although Dailey presented Crosby's care for Elizabeth's children as an unequalled act of selflessness and generosity, the choices she made were not uncommon for unmarried women of her era. Without devaluing the importance of Crosby's choice to become caretaker for the Fancher children and especially for Mollie, it is important to understand that life for an unmarried woman in the

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<sup>331</sup> Rothman, *Living in the Shadow*, p. 90-95.

<sup>332</sup> Dailey, *Brooklyn Enigma*, p. 6.

nineteenth century was fraught with economic difficulties. Unmarried, middleclass women such as Crosby rarely had their own households. Instead, they spent their lives without a permanent residency, bouncing from one relative or friend to the next. As I will discuss further in the last chapter, many of these women felt the need to justify their board and to do so they offered to provide care to children, the elderly, the sick, or people with disabilities. Rather than going above and beyond her call of duty, Crosby was in fact enacting a common pattern that many women engaged in.

Crosby's healing duties began long before Mollie's streetcar accident. When Mollie was in high school at Brooklyn Heights Seminary, she began suffering from stomach troubles and frequent fainting spells. Her doctor diagnosed her with nervous indigestion, also known as dyspepsia, a common disorder among the middleclass. As the physician John Gunn described in 1859, "The greater number of persons afflicted with Dyspepsia are to be found among care-worn speculators, stock-brokers, merchants, and ardent students, with those confined to sedentary habits, who neglect or have no opportunity to take sufficient exercise."<sup>333</sup> The disease was closely associated with luxurious and sedentary lifestyle of the middle classes who engaged in "brain work" rather than manual labor. Doctors blamed heavy food, indulgence in alcohol, lack of exercise, and the stresses of city living for inflaming symptoms. They acknowledged that the disease could be found among

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<sup>333</sup> John C. Gunn, *Gunn's New Domestic Physician: or Home Book of Health* (Cincinnati: Moore, Wilstach, Keys & Co., 1859), p. 254.

the lower classes or country folk, but associated it most often with the urban middleclass.<sup>334</sup>

Mollie's middleclass status and her interest in education (according to Dailey she had excelled in school and was near the top of her class) made her particularly susceptible to dyspepsia. In a story recorded by Dailey in the *Brooklyn Enigma* [that](#) also appeared in many newspaper articles, Mollie's doctor had proscribed horseback riding to aid her digestion so that she would spend less time lost in her books and more time exercising in the open air. Her neighbor, J. J. Field, had recently purchased a horse for his daughter who had not yet begun to ride it. He asked Mollie to exercise the horse for him, which she gladly accepted.<sup>335</sup>

Unbeknownst to both Mollie and Field, the horse had never before been ridden by a woman. Dailey related the story of the first time Mollie took it out: The horse panicked at the fluttering of her dress and bolted, running at a breakneck pace though the streets of Brooklyn while Mollie clung to its back until, suddenly, it halted in front of a fine house. It then proceeded to open the gate with its foot, walk up the steps of a piazza, and stamp its hoof three times in front of the door as if it was knocking. Mollie, unable to coax the horse back to the street, waited with embarrassment for the homeowner to answer. A Mr. Kerrigan answered the door and was shocked to find Mollie sitting atop his former horse. Kerrigan explained that he had trained the horse to do circus tricks such as open gates but had not trained it to be ridden by a young lady. He walked Mollie back to the stable and

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<sup>334</sup> Gunn, *Gunn's New Domestic Physician*.

<sup>335</sup> Dailey, *Brooklyn Enigma*.

advised her never to ride the horse again.<sup>336</sup> Mollie, undaunted, was back in the saddle the next day. She rode without incident for a week when she again lost control and the horse, which bolted back into the barn towards its stall. The barn had such a low doorway that Mollie nearly collided with it, but she flattened herself against the horse's back at the last moment and avoided injury. Still she continued to ride.

Then, as Dailey wrote the story, on May 10<sup>th</sup>, 1864, Susan Crosby, like her sister before her, had a premonition of Mollie's misfortunes. She begged Mollie not to ride "*that horse on that day.*"<sup>337</sup> Mollie laughed off her aunt's fears, and Crosby pushed them aside long enough to let Mollie go. The ride was uneventful until Mollie accidentally dropped the horse's reins. The horse surged forward and bucked, throwing her to the ground. She hit her head and lost consciousness, saved from death by the heaviness of her hat. She also broke several ribs. Someone carried Mollie to a house on St. James' Place and summoned her physician. Later, a friend reached Crosby who was waiting at home, anxious about Mollie's late return. Mollie was bedridden for the next two months.<sup>338</sup>

Crosby left behind no records for how she cared for Mollie and her siblings after accidents like this or during short-term ailments. But we can begin to understand what her duties might have been like by studying the routines of other white, middleclass caregivers of her era who split their time between providing

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<sup>336</sup> Dailey, *Brooklyn Enigma*, 11–17.

<sup>337</sup> Dailey, *Brooklyn Enigma*, 15.

<sup>338</sup> Dailey, *Brooklyn Enigma*, 17.

healing remedies, helping with personal cares, keeping patients entertained, and assisting physicians. I have chosen the following examples, because the caregivers left extensive records about their healing duties, providing a window into tasks often left largely undocumented because they seemed so routine. Mary Channing Wood from Providence, Rhode Island, for example, wrote extensively to her sister Grace about her daily tasks as she nursed her husband, Charlie, through a month-long fever in 1881. Grace was a friend of Charlotte Perkins Gilman who ultimately married Gilman's ex-husband Charles Walter Stetson after his and Gilman's divorce in 1894.<sup>339</sup>

It was in her letters to Grace that Mary described a typical day of care in exhaustive detail. Mary awoke and dressed by 6:00 a.m. at the latest. Immediately upon rising, she went to the sick room she had prepared for Charlie's convalescence and checked in on him while he slept. She then prepared his breakfast of chicken broth and milk and brought it to him by 6:30. For the next hour she assisted him in eating his breakfast before returning to the kitchen to prepare her own. At 8:00 a.m. she took Charlie's temperature and checked his pulse. At 8:30, she assisted Charlie with his "toilet operations," which took approximately half an hour. When this was complete, she took an hour for herself for an "airing." She considered this time spent outside in the open air as essential to her own health and her ability to provide sustained care for her husband.<sup>340</sup>

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<sup>339</sup> This bit of biographical information taken from the Finding Aid to the Grace Ellery Channing collection at the Schlesinger Library at Radcliffe.

<sup>340</sup> Mary Channing Saunders Wood to Grace Ellery Channing Stetson, September 4, 1881. Schlesinger Library, Grace Ellery Channing Collection, Folder 157.



Much of Mary's day passed providing Charlie with treatments that she believed would help cure his ailments, many of which were home remedies and were unlikely to have been specifically prescribed by his doctor. She spent hours kneeling by his bed, for example, rubbing his head or holding his feet, both of which she believed would help break his fever. At times she spread a cool, damp cloth across his forehead to aid this goal. She also fixed a mustard footbath to help him sleep in the evening.<sup>341</sup> Other healing tasks were done in concert with Charlie's physician. Mary administered pharmaceutical remedies that she likely obtained from the doctor, such as quinine mixed with brandy.

The caregivers' duties expanded far beyond healing, however. They also assisted patients with the maintenance of both bodies and environments. Mary provided Charlie with a small meal every two hours. Each afternoon she and another member of the household (either her mother-in-law or her aunt) carried a chaise lounge into Charlie's sickroom and transferred him from the bed to the lounge by wrapping him in a blanket and sliding him from one piece of furniture to the other. This was no small task especially because the lounge was in poor shape: twice it broke when they placed Charlie on it. Luckily it had been on his good days, so he was uninjured and able to laugh it off. They then made his bed with fresh sheets and gave him a sponge bath before helping him back into bed. These holistic tasks were just as essential to the patient's wellbeing and comfort as the medical

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<sup>341</sup> Wood to Stetson, September 4, 1881.

treatments, and they were solely under the purview of caregivers rather than physicians.<sup>342</sup>

Many caregivers kept diaries of medical symptoms so that they could best relay information to the doctor.<sup>343</sup> This practice was encouraged by physicians. Regular doctor Ghislani Durant, for example, argued in 1880 that nurses and caregivers should chronicle all symptoms that a patient manifested. This way a doctor could judge all of the patients' symptoms—even those that appeared to be trivial—and no judgment would be left up to the caregiver.<sup>344</sup> In reality, however, all diary recordings by caregivers were an act of judgment. Even the act of deciding what constituted a medical symptom required interpretation of the body.

Some caregivers had a specific routine for the symptoms they documented while others used their own judgment to decide what to record. Mary stuck to the routine of checking Charlie's pulse and temperature multiple times during the day and recording the information into a ledger. Crosby likewise tracked the symptoms that she believed would be most useful to Mollie's physicians. As I mentioned in the last chapter, it is impossible to tell exactly how Dailey edited Crosby's diary before he published it. It seems extremely likely, however, that the records were in fact Crosby's rather than a complete fabrication on Dailey's part. For one thing, Mollie refers to them as a source for Dailey to check when she can't recall a period of her life. And Dailey specific gives an account of receiving the diary from Crosby, saying

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<sup>342</sup> Mary Channing Wood to Grace Ellery Channing Stetson, August 30, 1881. Schlesinger Library, Grace Ellery Channing Collection, Folder 157.

<sup>343</sup> Dailey, p. 45.

<sup>344</sup> Ghislani Durant, *The Family Physician: A Manual of Domestic Medicine* (New York: Cassell, Petter, Galpin & Co., 1880), p. 614-616.

that she “informed me that she kept this record at the request of Miss Fancher’s physician, in order that a correct statement of her condition, as her case developed from day to day, might be preserved.”<sup>345</sup> Although Dailey makes it clear that he edited the diary to remove dull or repetitive passages, what we do have are sixteen straight pages that seem to be direct quotes from the diary. In this case there are few paragraph breaks or pauses of any kind. In the next chapter, however, Dailey staggered sections from the diary with his own commentary such as, “It is to be exceedingly regretted that Miss Crosby omitted from her records detailed statements of the wonderful powers of Miss Fancher.”<sup>346</sup> The records as they appear in the text show a constant cycle of dramatic symptoms: when Mollie had spasms and how long they lasted, whether they were followed by trance states, whether she was able to retain any nourishment either by mouth or by enema, what medicines Crosby administered. Did Dailey edit out the more mundane days when Mollie was stable? It’s impossible to know.

In any case, as the extended excerpt from Crosby’s diary at the beginning of this chapter makes clear, Crosby made judgments about what aspects of Mollie’s physical and mental health she deemed necessary for her doctors to understand. She appeared to have no set routine for recording symptoms—though this might be a product of Dailey’s editing rather than her own work. The diary also has many

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<sup>345</sup> Dailey, *Brooklyn Enigma*, 45.

<sup>346</sup> Dailey, *Brooklyn Enigma*, 48.

subjective descriptions such as saying Mollie was “very feeble, suffering intensely” on May 28th but “apparently more comfortable,” on September 12<sup>th</sup>.<sup>347</sup>

Care as practiced by white, middleclass women, also required interpersonal skills, such as sitting by the patients’ bedsides and keeping them company, an act that required a great deal of time from caregivers and would not have been possible had they been working outside of the home or completing domestic duties without assistance from servants or friends and family members. Whenever Charlie was awake, Mary was at his side when she was not busy performing other tasks. When he was very ill, Charlie never complained when Mary left the room, but if he woke up to find her absent, the first words he spoke were always questioning her whereabouts. When Charlie slept, Mary arranged for neighbors or other family members to sit with him, giving her a bit of time for herself to take a drive or complete her other household tasks. As his health improved, he slept less, however. The time Mary spent entertaining him therefore increased because she would only seek the assistance of others when Charlie was sleeping. The time she had for herself was reduced to mealtimes and her brief morning “airing.”<sup>348</sup>

Although Mary was grateful for Charlie’s improved health, the increased social duties of his recovery were a mixed blessing. Charlie “craved entertainment,” she wrote, so she read to him from the newspaper and kept him up to date on the latest gossip from their family and friends. The extra time this took could be exhausting. She wrote to her sister, “Did Papa say I looked tired? I haven’t really

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<sup>347</sup> Dailey, *Brooklyn Enigma*, 42, 46.

<sup>348</sup> Mary Channing Wood to Grace Ellery Channing Stetson, September 9, 1881. Schlesinger Library, Grace Ellery Channing Collection, Folder 157.

stopped to think whether I have been or not.”<sup>349</sup> To combat his boredom, Charlie made up songs and nursery rhymes. He wrote a song to the tune of “Oh Where, Oh Where Has My Little Dog Gone?” that he sang whenever Mary left his room.

Although playful, it reveals his expectation that she be at his bedside at all times:

Oh where, oh where has my fat nurse gone?  
Oh where, oh where can she be?  
If she doesn't come soon  
I shall leave the room  
And go right after she!!!<sup>350</sup>

Mary was unsure what to make of this newfound creativity. She wrote that she was “actually almost frightened at his hilariousness” and felt grateful when he calmed down and became “more natural.”<sup>351</sup> The work of entertaining Charlie was a more difficult part of the care process than the actual healing tasks she had performed when he was very ill. For caretakers such as Mary and Susan Crosby, the energy they spent providing social and personal care was as important as their tasks as healers.

The relations between caregivers and physicians were complex. This was not a golden era of caretaking that was destroyed by medical professionals who sought to belittle the knowledge of caretakers. Instead, the healing done by caretakers coexisted with the healing done by physicians. Healers sought knowledge from doctors just as they sought remedies from fellow caregivers. And, while physicians

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<sup>349</sup> Wood to Stetson, September 9, 1881.

<sup>350</sup> Wood to Stetson, September 9, 1881.

<sup>351</sup> Wood to Stetson, September 9, 1881.

did gain more clout as the nineteenth century progressed, they did not eliminate the role of caregivers.<sup>352</sup>

Home remedies consisted of a hodgepodge of techniques and materials such as healing herbs; food, textile, or water-based remedies; and products purchased from a local apothecary. Women's magazines such as *Godey's Lady's Book* and *The Ladies' Home Journal* provided a significant source of healing knowledge and greatly expanded the circle of healers that women had access to. Godey's had a regular column by Dr. Charles P. Uhle where he offered advice on such far ranging topics as wounds, neuralgia and poisonous hair dye.<sup>353</sup> It also frequently offered short informational pieces on different illnesses or remedies such as coughs or the treatment of burns and scalds.<sup>354</sup> The *Ladies' Home Journal and Practical Housekeeper*, founded in December 1883 by Louisa Knapp, also became a significant way for women to share informal remedies with each other. In the early years, the *Journal* consisted largely of entries submitted by readers on topics ranging from fashion and etiquette to housekeeping and healthcare. It became a surrogate meeting place for women around the country who referred to themselves as "journal sisters" and frequently corresponded with each other in the magazine's pages. They exchanged recipes, offered home remedies that they trusted, requested advice for treating afflictions, and shared the satisfactions and frustrations of their

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<sup>352</sup> For more on home remedies see Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Vintage, 1991) and Kathryn Kish Sklar, *Catharine Beecher: A Study in American Domesticity* (New York: W. W. Norton, 1976).

<sup>353</sup> Charles P. Uhle, "Wounds and Injuries," *Godey's Lady's Book*, October, 1871, Charles P. Uhle, "Poisonous Hair Dye," *Godey's Lady's Book*, April, 1870, and Charles P. Uhle, "Neuralgia," *Godey's Lady's Book*, April 1871.

<sup>354</sup> "Treatment of Burns and Scalds" *Godey's Lady's Book*, October 1875.

caring duties. While many women signed their articles with their names, others created something akin to the usernames of a twenty-first century Internet message board, creating such handles as “Young Housekeeper” or “John’s Wife.” Readers grew familiar with these regular contributors and looked forward to hearing from them. They signed off articles with such endearments as “Now good-bye, sisters mine, until opportunity favors another chat,” and chastised women who criticized articles written by others too sharply.<sup>1</sup> When Bell rebuked Thorny Poppy for her advice on feeding beans and coffee to infants by saying that she was “far out of line with the teachings of our best writers on Hygiene as well as [her own experience of] 14 years with five children,” for example, H. M. M. stepped in to remind her fellow sisters that they should “strive to exchange ideas in a Christian spirit” rather than argue with each other too fervently.<sup>355</sup> As the magazine became more formalized in 1890, it continued to offer space for “an interchange of ideas among our band of journal sisters,” in the form of a column titled “Just Among Ourselves” where women asked for and offered advice to each other.<sup>1</sup>

The *Journal* also relied on readers to market the magazine. They included blank subscription forms for women to enlist their friends and neighbors and offered free subscriptions to “club raisers” who were particularly successful marketers. The campaign was so successful that the magazine grew in subscription from twenty-five thousand in 1884, its first full publication year, to one hundred thousand in December of 1885. By 1887, it had a subscriber list of over four hundred thousand. Because so many women shared their *Journals* with their

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<sup>355</sup> Bell, *Ladies’ Home Journal and Practical Housekeeper*, (Vol. III, No. 8) July 1886, p. 3. Ione, *Ladies’ Home Journal and Practical Housekeeper* (Vol. IV, No. 2), January, 1887, p. 8.

neighbors, the magazine estimated that actual readership was closer to two million per issue.

The remedies offered in the *Ladies' Home Journal* consisted of products readily available to most caretakers: particularly water and edibles. Nervous headache, for example, could be cured by placing a cold, wet towel over the eyes and temples while soaking the feet in a bath of hot water.<sup>356</sup> A lukewarm bath could break a fever.<sup>357</sup> A remedy for nervous twitching in children was a cold sponge bath and brisk rub with a flesh brush given first thing in the morning.<sup>358</sup> Food-based remedies included cabbage leaves to soothe bee stings, mustard and salt mixed in warm water to induce vomiting in the case of accidental poisoning, egg whites to heal a burn, black radishes to cure worms, and mashed onions rubbed into the soles of the feet to cure typhoid fever and diphtheria.<sup>359</sup> Columns written in the *Journal* by physicians offered strikingly similar advice to that offered by ordinary women, for example scorched buckwheat could cure red-rash, ham fat could end a

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<sup>356</sup> Mrs. Hattie D. Taft, "Things Worth Knowing," *Ladies' Home Journal and Practical Housekeeper*, (Vol. II, No. 9), August, 1885, 5.

<sup>357</sup> Fanny Fanshaw, "Over-Anxious Mothers," *Ladies' Home Journal and Practical Housekeeper* (Vol. IV, No. 7), June 1887, 5.

<sup>358</sup> Sympathy, "Nervous Twitching in Children," *Ladies' Home Journal*, (Vol. VII, No. 7), June, 1890, 24.

<sup>359</sup> Mrs. Nettie Hays, *Ladies' Home Journal and Practical Housekeeper* (Vol. III, No. 1), December, 1885, 6. Jack's Wife, "True Mothers," *Ladies' Home Journal and Practical Housekeeper* (Vol. IV, No. 7), June, 1887, 5. Mrs. Louisa Knapp, "The Practical Housekeeper," *Ladies' Home Journal*, (Vol. VII, No. 3), February 1890, 23. *Ladies' Home Journal and Practical Housekeeper*, (Vol. III, No. 5), April 1886, 6. Riverside, "Worthy of Mention," *Ladies' Home Journal and Practical Housekeeper*, January 1884, 7.



nosebleed, and a poultice made of horse radish or chopped onions wet with vinegar could end convulsions.<sup>360</sup>

Healing knowledge within the *Journal* was often a direct dialogue among readers from across the country: women seeking to cure a specific ailment wrote into the *Journal* for advice and other readers responded to their queries. In August 1886, for example, Lulu from Livermore, Iowa wrote in for advice on curing her stammering and stuttering.<sup>361</sup> The responses she received demonstrate the variety of sources that caretakers looked to for their healing knowledge. One reader, L. Sterling, responded that holding a pea under the tongue would solve her problem, a remedy she had picked up from a friend.<sup>362</sup> Another reader, Ione, sent in an extensive quote from an article that she had read in *Phrenological Journal* describing a twenty-day regimen of speech therapy focusing on breathing, articulating consonant sounds, and correctly forming vowel sounds.<sup>363</sup> Although for Lulu both of these remedies came from her extended circle of journal sisters, the advice she received originated in a mix of professional and personal advice.

The wide-ranging sources for the remedies offered to Lulu were common in the *Journal*: healers drew from a combination of personal experience, advice from friends and neighbors, items they had read in magazines and journals, and information given to them or their friends from physicians. Several women, for

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<sup>360</sup> A Practical Family Doctor, "How to Cure Red-Rash," *Ladies' Home Journal*, (Vol. VII, No. 3,) February, 1890, p. 15. "How to Stop a Nose Bleed," *Ladies' Home Journal* (Vol. VIII, No. 2), January 1891, 20. Medicus, "Convulsions of Children," *Ladies' Home Journal* (Vol. VI, No. 9) August, 1882, 7.

<sup>361</sup> Lulu, *Ladies' Home Journal and Practical Housekeeper*, (Vol. III, No. 11), October 1886, 6.

<sup>362</sup> L. Sterling, *Ladies' Home Journal and Practical Housekeeper*, (Vol. IV, No. 1), December, 1886, 8.

<sup>363</sup> Ione, *Ladies' Home Journal and Practical Housekeeper*, (Vol. IV, No 2) January, 1887, 8.

example, wrote in with advice on the importance of swaddling babies in flannel, drawing on different sources for their knowledge. E. E. B. reported that a physician who had treated her neighbor's child had said that a mother should "on no account take off the flannel band until [the child is] entirely through teething" because doing so opened the child up to illness.<sup>364</sup> Another woman, E. A. S., drew on her own experience when she offered flannel swaddling as a method for preventing colic. She was hesitant to offer this advice because she was a "young" mother and did not want to "treat as naught the excellent remedies of our mothers and grandmothers."<sup>365</sup>

If caregivers sought advice from a physician but did not have access to one, they could also turn to home remedy guides, which offered a wide range of medical advice specifically for use by caregivers and were often written by doctors. These books offered advice for emergencies such as drowning, poisoning, and clothing that caught fire, which—one hopes—the caregiver had read in advance.<sup>366</sup> Often, they also included specific details about how to cure various ailments. The *Ladies' Indispensable Assistant*, written in 1851, for example, detailed the healing power of plants. Caregivers could, for example, boil carrots in milk and apply the mixture as a poultice to "old wounds" to heal inflammation.<sup>367</sup> Likewise, a half teaspoonful of

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<sup>364</sup> E. E. B., *Ladies' Home Journal and Practical Housekeeper*, August, 1884, 4.

<sup>365</sup> E. A. S., "Hints for Preventing Colic," *Ladies Home Journal and Practical Housekeeper*, 17.

<sup>366</sup> Isaac Shinn, *The Ready Adviser and Family Guide. A New Compilation of Valuable Recipes and Guide to Health; with Directions What to Do in Case of Emergency; Comprising over One Thousand Valuable Rules and Recipes Useful to Every Body* (Chicago: Church & Goodman, 1866), 22-23.

<sup>367</sup> *Ladies' Indispensable Assistant, Being a Companion for the Sister, Mother, and Wife* (New York: 128 Naussau Street, 1851), 61.

syrup made of black alder bark mixed with molasses was useful for curing indigestion and jaundice.<sup>368</sup>

The decision of when and whether to call a doctor rather than rely on a home medical text or another source of information was a crucial one for the caregiver and the doctor alike. It was therefore both a common subject in home remedy guides written by physicians as well as a topic of conversation in the *Ladies' Home Journal*. Rather than wholly rejecting the treatments of physicians, most women sought guidelines for when they should seek a physician's aid rather than treating a patient at home. Historian Emily Abel describes caregivers as choosing between the experiential healing knowledge of "old women" and that of the book learning of professional physicians. She acknowledges, however, that these camps were not always at odds with one another: young physicians could learn from experienced healers, and many women turned to both groups for remedies.<sup>369</sup> Some caregivers actively supported the calling in of physicians. One wrote in 1887, for example, "Nothing could be more misleading than the theory that every man or woman can be his or her own doctor ... Many lives are sacrificed annually to such amateur medical treatment."<sup>370</sup>

The medical treatment Crosby arranged involved a revolving door of physicians from different schools. When Mollie's health turned for the worse, she first turned to a homeopathic doctor, but "the little pills and teaspoonfuls of A and B

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<sup>368</sup> Ladies' Indispensable Assistant, 60.

<sup>369</sup> Abel, *Hearts of Wisdom*, 68-82.

<sup>370</sup> "Avoid False Guides," *The Ladies' Home Journal and Practical Housekeeper*, (Vol. IV, No 10), September 1887, 2.

were useless.”<sup>371</sup> She then tried hydrotherapy, followed by a doctor who prescribed ice treatments. Finally she settled on an allopathic doctor who administered nutritive enemas when she was in a trance.<sup>372</sup> At times she also sought the assistance of a magnetic healer.<sup>373</sup> A major part of Crosby’s job as caretaker was therefore choosing between different types of healing practices and finding appropriate doctors to treat Mollie.

All schools of physicians understood that home medical guides could be useful in emergencies when doctors were unavailable. While transportation did improve towards the end of the nineteenth century—which increased access to doctors especially in cities—there were still many occasions when doctors were difficult, if not impossible, to access. M. Lafayette Byrn, M.D. wrote in 1876, for example, that “where a physician can not be had, or, in cases of emergency, to know what to do before the physician arrives, so as to alleviate suffering or be the means of saving life.”<sup>374</sup> Likewise, George Hope acknowledged that doctors could live far away and might be difficult to reach. Yet he advised caregivers to send for them regardless of how minor the illness or injury they were attending to was. His book was meant, as the title *Till the Doctor Comes* suggested, as a stopgap to fill the time between the onset of a medical event and the arrival of a doctor.

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<sup>371</sup> “A Remarkable Case,” Brooklyn Daily Eagle, June 7, 1866, reprinted in Dailey, Brooklyn Enigma, 144.

<sup>372</sup> “A Remarkable Case,” 144.

<sup>373</sup> Statement of Louis Sherk, November 1, 1893, printed in Dailey, Brooklyn Enigma, 136.

<sup>374</sup> M. Lafayette Byrn, *The Mystery of Medicine Explained; A Family Physician and Household Companion* (New York: Hurst & Co. Publishers), 1876, iiv.

To a large degree, however, whether doctors believed that caretakers should pursue home remedies or call in their assistance varied widely depending on the school of medicine the doctor belonged to. Allopaths were particularly invested in promoting their professional training as their source of expertise. An unnamed physician from Philadelphia wrote in the introduction to *The Family Doctor, or the Home Book of Health and Medicine*, published in 1859:

To treat properly and successfully the various accidents and diseases to which the human body is liable, requires a degree of skill which can only be obtained by years of study, and an entire devotion of the mind to the practice of the healing art. This is the province solely of the regular-bred and scientific physician ... It is believed that by the general diffusion of information on these points, quackery of every species will be most successfully combated, the comfort and success of the regular practitioner aided and facilitated, and the improvement of the healing art greatly promoted."<sup>375</sup>

This passage clearly justifies why physicians should share remedies with people outside their profession. Indeed, increasing caregivers' healing knowledge might actually increase the authority of allopathic doctors, he argued, because caretakers could tell their services apart from those of doctors from rival schools. This would, he believed, "prevent superstitious, inert, [and] dangerous" practices that caretakers often brought to the sickroom with them and which the doctor believed was "more difficult to combat than the disease itself." This doctor's hostile attitude toward caretakers did not prevent him from recognizing them as a necessary component of the healing process. His entire book was devoted to altering the attitudes of caregivers by imparting new knowledge on them. He wanted to change their belief

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<sup>375</sup> *The Family Doctor, or the Home Book of Health and Medicine* (New York: C. M. Saxton, Barer & Co.), 1859, unpaginated preface.

structure and hoped they would defer to his authority, but he did not want to banish them from the sick room.

The vast majority of caretaking texts were written by practitioners of other schools who were far more accepting of caretaker knowledge than allopaths were. While it seems intuitive that practitioners from other branches of medicine should be equally interested in encouraging caretakers to hire their services and thus enhance their own livelihoods, this was actually not the case. Dr. William Porter wrote in 1878, for example, that with the exception of surgery, “doctoring as a profession” should be condemned because it turned medicine into a cash cow rather than an art. Porter believed professional status and its accompanying monetary benefits tempted doctors into proscribing unnecessary or prolonged treatments to milk patients and their families of their finances, and he therefore encouraged caretakers to use their own skills before calling in a doctor.<sup>376</sup> His condemnation of professionalism was a thinly veiled judgment on allopathic doctors whom he viewed as far more of a threat than healing women. As we saw in Chapter 2, antiprofessionalism was an important trend in alternative medicine in this era because medical licensing was only available to people from the allopathic school therefore creating hierarchies between different branches of medicine.

Another allopathic practitioner, Dr. B. J. Kendall, who was a veterinarian in addition to a human doctor, recommended calling a physician only in “grave” cases, which caregivers could recognize because his book did not offer sufficient

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<sup>376</sup> William Porter, *Life and Its Forces: Health and Disease, Correctly Defined* (Hartford: Case, Lockwood & Brainard Company), 1878, p. 38.

information for these illnesses.<sup>377</sup> John Gunn, who described his medical affiliation as “not attached to monopolies of any kind,” believed that caretakers should have a great deal of medical knowledge so that they could choose a physician with “good judgment and common sense.”<sup>378</sup> If caretakers had better medical knowledge than the art of physicians would not seem so strange and marvelous, which would give caretakers more authority to use their own good judgment.

Whether caregivers sought advice in the *Ladies' Home Journal* or in home medical guides, they had to decide whose advice they should trust. This decision-making process was not new—it was similar to the decisions they had to make in evaluating remedies they received from friends and neighbors. This task was not always easy, and occasionally readers wrote into the *Journal* seeking advice about whether they should rely solely on the advice of another journal sister or should get further assistance. In November of 1886, for example, Mrs. J. H. Gallati wrote in to inquire about using Peruvian Syrup (a patent medicine that claimed to purify the blood) as a cure for gallstones, which had been submitted earlier by Lavinia. “Will Lavinia please tell me more particulars?” she wrote, “How large a dose, or whether it should be taken without the advice of a physician?”<sup>379</sup>

As doctors became more available in the later nineteenth century, caretakers had to sort through the professional advice they offered and weigh it against the

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<sup>377</sup> B. J. Kendall & Co., *The Doctor at Home: Treating the Diseases of Man and the Horse* (Edinburgh Falls, VT), 1882, unpaginated publishers' announcement.

<sup>378</sup> John Gunn, *Gunn's New Domestic Physician: Or, Home Book of Health* (Cincinnati: Moore, Wiltach, Keys, & Co.), 1859, 5–6.

<sup>379</sup> Mrs. J. H. Gallati, *Ladies' Home Journal and Practical Housekeeper*, (Vol. III, No. 12), November 1886, 8.

healing knowledge they received from experienced women healers. Home remedies passed between women had a reputation for being something of a throwback to an earlier era. They were often referred to as the domain of elderly women. A woman named H. P. Kendrick, for example, wrote in to the journal with her remedy for croup, which involved braiding two skeins of black sewing silk and tying them around the patient's neck. She admitted that this sounded like an "old woman's notion" but she still advised women to try the remedy as it "costs but a little and can do no harm."<sup>380</sup>

In practice, caregivers sometimes chose the advice of other women over the advice of physicians, especially if they felt the physician had no immediate or practical advice. Many women wrote into the *Journal* with advice they believed would be useful when the remedies of physicians were unsuccessful. Mrs. M. McO., for example, wrote in 1885 that sugar stirred into raw eggs could be used to cure "summer complaint" when given to children before meal times in cases where "drugs will fail."<sup>381</sup> An article from 1891 about seasickness argued that "no malady is so little understood by the doctors." Rather than trying physician-recommended treatments that would prove useless, the author advised that patients just to get sick and get it over with.<sup>382</sup> Vomiting was the only sure form of relief, and that did not require the intervention of a doctor.

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<sup>380</sup> H. P. Kendrick, *The Ladies' Home Journal and Practical Housekeeper*, May 1884, 4.

<sup>381</sup> Mrs. M. McO. *The Ladies' Home Journal and Practical Housekeeper*, (Vol. II, No. 9), August, 1885, 5.

<sup>382</sup> "The Dread of Sea-Sickness," *The Ladies' Home Journal*, (Vol. VIII, No. 6), May 1891, p. 4.



Choosing between the professional advice of physicians, the expert advice of female healers, and the caregiver's own instinct based on her personal knowledge of the care recipient was often a difficult task. Clarissa Potter expressed this dilemma when she wrote into the *Journal* to ask advice on how to cure her child's stomach ailment, which she believed to be worms. She had already consulted both a physician and an elderly neighbor and had found their advice lacking. The doctor dismissed her concerns that the condition was worms telling her that her son suffered from biliousness, a term that she found vague and of little use. At the same time, she did not want to follow the remedies her neighbor suggested which she found folksy and outdated. She laid out her concerns in this way:

It must be our physicians who have given years of study to the diseases of the human frame, their cause, symptoms and cure, must know more about them than we mothers with out ignorance of drugs and tissues, our changeable judgments and our narrow experience; and who of us would dare set aside the authority of a well read physician, and follow the advice of some old woman, who tells us all the ailing child needs is the 'greasy scrapings from the outside of a vegetable dinner pot' or 'a dried bumble bee crushed fine,' to rid it of a 'nest of worms.'

Yet, who so well as us understand the child's constitutional traits and habits, we, who never for one instant since its birth, have lost sight of its care and welfare, or ceased to watch for symptoms of disease? ... 'Indigestion' and 'biliousness' are convenient terms to use to cover a broad range of stomach ailments, sensible terms they are too, but I would like to ask 'Maybelle' and other mothers of experience and sound judgment.<sup>383</sup>

This woman lived in the midst of the transformation of the American medical system. She understood that the physician who was treating her child had clinical knowledge that she and other unpaid female caregivers did not. Yet she also knew that she had personal knowledge about her child that her physician did not. Historian Emily Abel describes this as "empathetic" knowledge, the knowledge

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<sup>383</sup> Clarissa Potter, *The Ladies' Home Journal and Practical Housekeeper*, (Vol. II, No. 8), July 1885, 3.

gained through personal connection and an understanding of the preferences of the person being cared for. Empathetic knowledge required an understanding of the patient as a whole person as opposed to professional medical knowledge that mapped generic textbook interpretations of the human body onto patients. This conflict between professional and personal knowledge is crucial to understanding medicine in this period. Part of the difficulty for caregivers was sorting through the knowledge available to them and deciding whose advice to take.

Caregivers also tended to the soul as well as the body. Susan Crosby called on a variety of experts—both personal and professional—when treating Mollie through a severe attack of consumption in 1870. The resources she turned to were different depending on whether she was caring for Mollie’s body or for her soul. In addition to Mollie’s regular physician and his son (who was an orthodox doctor as well as a friend of Mollie’s), Crosby assembled a team of specialists on lung diseases. She called in doctors Parker, Baker, Ball, and Belden—all of them physicians with national reputations—to jointly examine Mollie’s lungs. They agreed that she would not survive the month. It was then that Crosby turned from caring for Mollie’s body to caring for her emotional and spiritual wellbeing. On two occasions when the doctors thought she would not last the night, Crosby summoned the Reverend David Moore to pray with her. She also assembled a group of Mollie’s friends to sit by her bedside and sing her favorite hymn, “Nearer my God to Thee.” The care that Crosby arranged was therefore much more holistic than medical treatments of her body.<sup>384</sup>

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<sup>384</sup> Dailey, 19.

Despite the chronic nature of consumption, Crosby treated this particular attack as a short-term medical event. She arranged a team of doctors to provide medical treatment in an effort to restore Mollie to health, and when this seemed unlikely, she summoned friends to support Mollie's spiritual transition into death.

Mollie did not die of consumption in 1870, however. She lived another forty-five years and remained an invalid the entire time. By the middle of 1876, she had recovered from her broken ribs after the horse accident, entered into a (short-lived) engagement to a young man named John Taylor who had been calling on her for some time, and was preparing to visit friends in Boston. Before she left for her trip, she decided to check in one last time with her physician who gave her a clean bill of health. This was the moment of her streetcar accident.

After the accident Crosby first treated Mollie as if she was treating any short-term condition. She put Mollie to bed, gave her treatments such as rubbing her body with alcohol to sooth her spasms, kept her mind occupied with "some employment" (most likely needlework), and began a diary recording Mollie's symptoms so that she could best communicate with her doctors. Very quickly, however, it became clear that Mollie's illness would not be short. Her eyesight began to fail and she experienced a variety of unusual symptoms. Still, after six weeks, Mollie got out of bed and began to walk around her room holding onto the back of a chair. The ligaments in her left leg had contracted, and she could not flex her foot enough to get her heel onto the floor, a symptom she attributed to a spinal ailment. In September,

she abruptly lost the use of her left arm while helping her aunt can peaches. Soon after, she took to her bed and never left again.<sup>385</sup>

As Mollie's illnesses and injuries morphed into long term invalidism, the methods Crosby used to care for her shifted. While Crosby still assisted Mollie in attending to her body (even taking over complete care of Mollie's body while she was in unconscious trance states), her duties ceased to be about curing Mollie of her ailments and became more about supporting Mollie with her body as it was. As Mollie's illnesses and injuries morphed into long term invalidism, the methods Crosby used to care for her shifted. While she still attended to Mollie's body (even taking over completely while her patient was in unconscious trance states), Crosby's care shifted from seeking a cure and became focused on supporting Mollie with her body as it was.

When caregivers sought advice for assisting with invalidism and disability they turned to popular domestic management sources rather than home medical guides. Entire cookbooks devoted themselves to invalid cookery and many more general recipe books had sections on this topic. Church groups and even the women's suffrage association published chapters on invalid cookery in their texts. Unlike the home health manuals or the *Ladies' Home Journal*, the recipes for invalid cookery were not tied to a specific ailment; few texts offer any explanation for the particular ailments their recipes addressed. The difference between these texts and the home health manuals can be accounted for by a difference in how caretakers approached patients with short-term illnesses from those with long-term ailments.

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<sup>385</sup> Dailey, *Brooklyn Enigma*, 16-18.

A short-term illness was a medical event and called for the caretaker to seek curative information from medical texts or from her circle of knowledgeable healers. Long-term invalidism or disability, on the other hand, was in essence, a way of life. It did not demand a cure but instead required that the caretaker adjust her life and domestic duties to new and different expectations. For this reason, caregivers sought advice on invalidism in cookbooks rather than a medical guides.

Cookbooks for invalids were written by a variety of authors with various expertise. Some, such as *Food for the Invalid* by J. Milner Fothergille and Horatio C. Wood, were written by allopathic doctors. Others, such Mary Henderson's *Diet for the Sick*, were written by women without formal training in medicine but who had read widely in medical journals and popular science magazines. Some were written by practitioners of alternative medicine, such as the *Health in the Household* by the Grahamite Susanna Dodds. One called *Wholesome Fare*, was written jointly by allopathic doctor Edmund Delamere and his wife Ellen. This text claimed that, "the doctor, unsupported by the cook's material aid, and the cook unguided by the doctor's knowledge, are two powerful agents, half of whose strength is paralyzed or misdirected," a popular sentiment that was quoted in several other cookbooks. Other texts boasted no medical claims at all.

The variation among books written by authors with different levels of medical authority is slight. This might reflect publishing standards of this pre-copyright era when authors frequently copied one another.<sup>386</sup> The same recipes appear in book after book. There were some changes over time, however. In the

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<sup>386</sup> For more on the history of copyright see Ronan Deazley, Martin Kretchmer and Lionel Bentley, editors, *Privilege and Property: Essays on the History of Copyright* (Cambridge: Open Book Publishers), 2010.

1850s, for example, calf's hoof jelly was the number one meal recommended for sick family members. This later fell out of fashion and was replaced by Beef Tea as the top remedy. Every cookbook written between 1870 and 1900, except the ones written by Grahamites who were vegetarians, contained a recipe for beef tea. Often they contained multiple recipes submitted by different people or slight variations such as beef tea jelly. Hildagonda J. Duckitt's recipe book offers a nice example:

Beef Tea.

Cut up the meat in small pieces, putting it in a jar till the juice is extracted. The jar to be corked and kept in a saucepan of boiling water for two hours. A little isinglass increases the nourishment. A teaspoonful at a time.

Another Beef Tea.

Take an ounce of raw beef, from the shin or rump (freshly killed). Mince very fine, put into a cup with a tablespoonful of cold water, let it stand for a quarter of an hour, strain, and give a teaspoonful at a time.

Beef Tea (very strong).

Mince two pounds of lean beef or mutton, out it into a jar without water (closely covered), stand it in an oven for an hour and a half till every drop of gravy is out of the meat. Mix this rich stock with boiling water to the proper strength required.<sup>387</sup>

Whether the cookbooks were written by physicians or ordinary women made little difference in the type of recipes they offered.

Women like Susan Crosby who spent a lifetime caring for invalid family members did arrange for medical care, they also substantially altered the way they performed their tasks of cooking, cleaning, and even serving food to accommodate the needs of their care recipient. Most of the recipes in invalid cookbooks are not specifically curative, but instead were intended to increase overall strength and

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<sup>387</sup> Hildagonda J. Duckitt, *Hilda's "Where is it?" of Recipes: Contain, Amongst Other Practical and Tried Recipes, Many Old Cape, Indian, and Malay Dishes and Preserves: Also, Directions for Polishing Furniture, Cleaning Silk, etc., and a Collection of Home Remedies in Case of Sickness*. (London: Chapman & Hall, 1904 [1891]), 109.

meet the lesser energy needs of a person who did not engage in physical labor and often did not leave her bed. Caretakers were advised to choose the meal plan most appropriate for their individual care recipient, a mandate that required personal knowledge rather than professional medical knowledge. Crosby was responsible for Mollie's nutrition, even when she engaged in her seven-year "fast." While Mollie's food abstinence was one of her claims to fame, we can see from Crosby's records that it was not a total abstinence.<sup>388</sup> She ate bits of fruit, crackers, and brandy. Presumably Crosby offered her this fare on a daily basis, even when she declined to eat it. The goal for caregivers was not to use food to cure patients so much as to nourish them. The difference is in the intent—for short-term illness caregivers used specific food products to cure specific illnesses, for long-term ailments they provided care recipients with a diet they thought was generally healthy. In the first instance, food was medicine. In the second, food was comfort and basic nourishment.

When Mollie was in a trance state or was otherwise unable to eat, Crosby gave her "nutritive enemas" as a way to provide her with sustenance. This method was so common in the late nineteenth-century that invalid cookbooks often simply advised caregivers to prepare them in "the usual way," without giving any explanation of what that might be. Only two texts described what a nutritive enema might entail. According to the British physician Ghislani Durant, a nutritive enema

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<sup>388</sup> For more on nineteenth-century fasting see Joan Jacobs Brumberg, *Fasting Girls: A History of Anorexia Nervosa* (New York: Vintage, 2010), W. Vandereycken and Ron Van Deth, *From Fasting Saints to Anorexic Girls: A History of Self-Starvation* (New York: New York University Press, 1994) and Carolyn Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food for Medieval Women* (Berkeley: University of California Press, 1987).

could take several forms: it could simply consist of milk or it could have a more complicated recipe such as “half an ounce of beef tea, half an ounce of brandy, the yolk of an egg, and a tea-spoonful of raw arrowroot—given at intervals of one to two hours.”<sup>389</sup> Dr. Fothergille offered a more complex variation: “A nutritive enema should be prepared in the usual way—of milk—or of milk with beef tea or eggs—or of milk-gruel. To half a pint of the warm enema a tablespoonful of the liquor pancreaticus, and thirty grains of bicarbonate of soda should be added. The enema can then be administered at once.”<sup>390</sup> It was up to the caretaker to determine when such a treatment was necessary. Like most of the recipes in invalid cookbooks, there was no explanation for when a nutritive enema should be used.

There were a couple of exceptions to the trend of providing recipes that required caregivers to determine the appropriate context for using. Mary Henderson’s book bridged the gap between detailing food remedies for short-term illnesses and offering recipes for a long-term invalid lifestyle. Although she was not a physician, her text offers more detailed medical advice than any of the other cookbooks in an explicit attempt to empower caretakers to perform healing tasks in the absence of a doctor. She devoted one chapter to recognizing and treating various illnesses. Even in Henderson’s text, however, these specific food remedies are a minor part of the book. In a 262-page book she devoted just thirty pages various ailments and the best food remedies to cure them.

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<sup>389</sup> Ghislani Durant, *The Family Physician: A Manual of Domestic Medicine, By Physicians and Surgeons of the Principal London Hospitals, American Edition* (New York: Cassell, Petter, Galpin & Co, 1877), 648–649.

<sup>390</sup> Fothergille, 55.



Only one other cookbook offered advice on which recipe caretakers should use in specific situations, and this text did so for a very different reason than Henderson did. *Food for the Invalid*, written by two allopathic doctors, J. Milner Fothergille, and Horatio C. Wood, asserted that invalid cookbooks should be used as a tool for doctors rather than guides for caretakers. As the authors wrote, “What forms of food are to be given from time to time; and when the patient may proceed to have some solid food; and what this should be; are matters to be decided by the medical man in each case: who can ‘tick’ with a pencil the different articles he wishes the patient to have.” Even within the text, however, there is a hint that the authors suspected that caretakers might take it upon themselves to choose what they were going to cook. They labeled each recipe as suitable for invalids, convalescents, dyspeptics, and the gouty. This labeling indicates that caretakers may in fact have made their own decisions about what to cook and therefore might want to know which recipes would be most useful for their particular patients.

Care givers also believed that meal presentation also constituted an important aspect of nurturing. Mary Henderson, for example, emphasized the importance of dishware that is pleasing to the eye to help stimulate care recipients’ appetites, assuming that her middleclass readers would have a choice of serving dish. She suggested administering fluids to patients who were in a reclined position through a porcelain duck and serving beef tea in a red wine glass “if the patient should become prejudiced against it on account of its red color.”<sup>391</sup> Susan Anna Brown likewise wrote, “The first requisite in serving the meals of an invalid is

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<sup>391</sup> Henderson, *Diet for the Sick*, 87, 101.

absolute neatness. Spread a clean napkin over the salver; use the prettiest dish you have; and, if you can offer nothing better than a toasted cracker and a cup of tea, let everything be good of the kind, and daintily served. A slop of tea in the saucer, a burnt side to the cracker, a sticky spoon, may spoil what might have seemed an attractive breakfast.”<sup>392</sup>

Historians assume that as medical technology advanced in the late nineteenth century, a split developed between caregivers’ traditional folkways and doctors’ increasingly modern diagnostic techniques ultimately wresting the power to heal away from the caregivers. This is demonstrably not true. In fact, the same technological advances that brought allopathic medicine to the forefront in the late nineteenth century also served to make caretaking more scientific. Advances in the field of home economics happened in the wake of advances in medicine, and often times these advances were one and the same. The advent of the germ theory, for example, altered the way doctors understood illness and led to such behaviors as hand washing and the widespread adoption of antiseptics for cleaning instruments. The knowledge that illness spread through germs prompted a different, albeit complementary, reaction from caregivers. Home economists argued that caregivers could improve the health of family members by altering household décor.

Home economics did not lead to a professionalization of care, but the same technology and science that helped advance the professionalization of medicine also altered the way that caregivers went about their work. As the germ theory became widespread, home economists began to warn of the dangers of germs lurking within

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<sup>392</sup> Susan Anna Brown, *The Invalid’s Tea-Tray* (Boston: James R. Osgood and Company, 1885), 11.

the folds of fabric.<sup>393</sup> Tuberculosis bacilli in particular were known to cling to fabric and remain infectious even after they had dried. They therefore advised caretakers to improve the health of the family by reducing the amount of textiles in the home—an application of up-to-date scientific theories to domestic work like caregiving. For much of the nineteenth century, textiles had been an affordable luxury for the middle classes. Middleclass families such as Mollie's therefore adorned their houses with elaborate bedding and draperies.<sup>394</sup> Mollie's bedroom retained its 1860s décor throughout her life, and a photograph of her and Crosby demonstrates just how dense the fabric in the room was. Crosby sits by a table that has a multi-tiered skirt in front of a window framed in thick curtains. Mollie rests beneath a pile of blankets so deep it is impossible to make out the shape of her legs. Behind her, vertically positioned lace pillows towering nearly four feet high stand in place of a headboard on Mollie's bed. Both women wear lace collars over layered dresses. There's another textile product (a pillow perhaps) in the front left hand corner of the frame, out of focus due to its proximity to the camera. The only non-fabric spaces within the frame of the photo are the tabletop, a small triangle of window, and the faces and hands of the two women.

Cookery also became more scientific.<sup>395</sup> For example, in *Food for the Invalid*, doctors Fothergille and Wood argued that in the past, caretakers had approached

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<sup>393</sup> Leavitt, From Catherine Beecher

<sup>394</sup> Sarah A. Leavitt, From Catherine Beecher to Martha Stewart: A Cultural History of Domestic Advice, 41, 66-69.

<sup>395</sup> For more on the history of nutrition see Walter Gratzer, *Terrors of the Table: The Curious History of Nutrition* (Oxford: Oxford University Press, 2005) and Susan Levine, *School Lunch Politics: The Surprising History of America's Favorite Welfare Program* (Princeton: Princeton University Press, 2008).

food for the sick with an eye to “the palate first and the digestion next.” But new sciences of nutrition and physiology changed the way caregivers approached their tasks. According to Fothergille and Wood, modern caretakers should approach their meal planning in a scientific manner, paying attention to the “wants of the organism, the requirements of the tissues, and the effects of modern life upon the viscera.”<sup>396</sup>

These authors had an uneasy relationship with providing caretakers with physiological knowledge that they could use on their own. Rather than selling their book as a means of empowering caregivers with additional training, they argued that they could be used to give physicians more power over what patients ate. They advised doctors to sit down with caregivers and “tick off” with a pencil the appropriate recipes for the individual patient so that what patients ate could be “decided by the medical man in each case.”<sup>397</sup>

Physicians were not the only ones promoting nutrition and other scientific advances as a benefit to housekeeping, however. Toward the end of the nineteenth century, a home economics movement, led by women such as Ellen Swallow Richards, emerged, which did just that. Richards lived her life with a passion for science, and a belief that scientific discoveries could be harnessed to social reform. She also believed that she could further women’s education, and widen their career opportunities by making the home a foundation for social reform. Richards began her own education at Vassar College in 1868. Upon her graduation, she applied to the Massachusetts Institute of Technology, and was accepted as a “special student”

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<sup>396</sup>J. Milner Fothergille, MD. and Horatio C. Wood, M.D. *Food for the Invalid; the Convalescent; The Dyspeptic; and the Gouty*. New York: Macmillan and Co., 1880, 2–3.

<sup>397</sup> Fothergille, 24.

because the school did not want to set the precedent of admitting a woman to its university. At MIT she expanded her interest in applied sciences, and wrote such papers as *The Chemistry of Cooking and Cleaning* and *Food Materials and Their Adulterations*.<sup>398</sup>

Using sanitary science to create “right living” conditions, which included a clean and disease-free environment, and safe food and water supplies, Richards believed that the nation could be reformed.<sup>399</sup> She wrote, “To the women of America has come an opportunity to put their education, their power of detailed work, and any initiative they may possess at the service of the State.”<sup>400</sup> Richards did not distinguish women who answered this call for sanitary science by doing social reforms in the community from those who used domestic science in their own homes. She wrote that the “community cannot rise much above the individual home, and the home rises only by the pull of the community.”<sup>401</sup> Science, Richards believed, could elevate domestic work to professional status. Authors such as Susannah Dodds adapted these ideas “hygienic cookery,” and nutrition to invalid care.<sup>402</sup> She promoted fresh fruits, vegetables, potatoes, whole grains, and oatmeal

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<sup>398</sup> Sarah Stage, “Ellen Richards and the Social Significance of the Home Economics Movement,” in *Rethinking Home Economics*, ed. Sarah Stage and Virginia B. Vincenti (Ithaca: Cornell University Press, 1997), p. 23-28.

<sup>399</sup> Ellen Richards, *Euthenics: The Science of the Controllable Environment* (Boston: M. Barrows and co., 1910), p. x.

<sup>400</sup> Richards, *Euthenics*, p. 11.

<sup>401</sup> Richards, *Euthenics*, p. 59.

<sup>402</sup> Susanna Dodds, *Health in The Household; or, Hygienic Cookery*, 2<sup>nd</sup> Edition. (New York: Fowler & Wells Co.), 1885 [1883], p. viii.

as staples of the diet rather than meat and spiced foods.<sup>403</sup> She classified the nutritive components of food as nitrogenous matter, starch, cellulose, fatty matter, saline matter, and water.<sup>404</sup>

Home economics adopted many of the same markers of professionalism as medicine by creating the American Home Economics Association in 1889, which published a journal and held a yearly conference in Lake Placid, NY.<sup>405</sup> And as caregivers made use of domestic science in their healing and domestic tasks, their work did change along side that of the physicians who were professionalizing and making use of new advances in medical knowledge.

Even as caregiving became more cognizant of scientific methods, self-sacrifice continued to be central to caregiving itself. As Dailey wrote of Crosby, “Self-abnegation such as Susan Crosby practiced is so rare, as to merit something more than passing mention. Often that which is regarded as a sacrifice, is robbed of its nobleness by the discovery of a shade of selfishness. If oral promises were sacredly kept, written obligations would be useless. Because they are not, lawyers thrive in drafting, and fatten in enforcing those, which are broken. Had Miss Crosby not given her word, what her sense of duty would have impelled her to do, may not be positively asserted; that few persons would have made so great sacrifices as did she, that she might devote her entire life in ministering to the comfort of her niece.” For Abram Dailey self-sacrifice was essential to his romanticized image of caretaking. It

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<sup>403</sup> Dodds, 5-6.

<sup>404</sup> Dodds, 12.

<sup>405</sup> Leavitt, Catherine Beecher, 45.

was not enough that Crosby devoted her life to caring for her niece; she had to do so without the slightest hint of regret or thought of herself.

The pressure for caregivers to perform their tasks selflessly and take great pleasure in them came from a great many sources. Mary Hooper's *Cookery for Invalids*, written in 1876, for example, detailed the benefits of cooking for sick family members and friends for caregivers as well as care recipients. She wrote, "The mother, wife, or daughter who trusts these duties to no lower love than her own, will surely receive the dearest reward in the knowledge that the pleasure with which the food is eaten enhances its value in every sense."<sup>406</sup> The caretaker could relish in the fact that food cooked with love was more beneficial than hastily prepared meals or meals prepared by a servant. And the pleasure she gained from watching her charge eat could make her effort meaningful.

While Dailey presented Crosby's self-sacrifice and cheerfulness as a fact of her personality, the relationship between this idealized selflessness and the duties of caregiving were far more complex. Crosby left no records on this subject, but we can begin to understand how she might have felt by studying other women of her era who sent letters in to the *Ladies' Home Journal*. These letters indicate that many female caretakers were torn between trying to achieve the romanticized ideal and their realization that it was often unachievable and unsustainable. Caregivers drew a sharp distinction between care given to cure someone of a short-term illness and long-term care provided for a permanently disabled family member. Helen Ayer, for example, wrote in to say, "When a sharp, sudden disease or accident befalls our

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<sup>406</sup> Mary Hooper, *Cookery for Invalids, Persons of Delicate Digestion, and For Children*. London: Henry S. King & Co., p. xi.

neighbor, we are usually ready with our sympathy and our help, but we grow so accustomed to the weaknesses of the chronic invalid who lives in our midst, and who no doubt is the greater sufferer, that we seldom—perhaps never—think to go to her with cheery words.”<sup>407</sup>

Another article titled “Selfishness” from the *Ladies’ Home Journal*, November 1887 wrote, “The devoted wife, mother, or daughter feels it to be her sacred duty, (as well as pleasure), to give herself up body, soul, and mind, to the invalid. This answers perhaps for a little while, but if the illness be a continued one, the nurse becomes utterly worn out, loses all desire for food or sleep, and rests on the verge of real illness.”<sup>408</sup> Unlike the previous article, this one did not blame caretakers for their inability to be perpetually selfless. Instead, it warned that women who sacrificed too much of themselves in the long-term care of an invalid relative, risked becoming invalids themselves. They needed to accept the help of friends and neighbors if they wanted to provide long-term care. Crosby, it seems did accept such assistance. Sarah Townsend, a neighbor and friend of Mollie’s sat with her one day and one night every week. And when Crosby left town to care for Mollie’s sick brother, Townsend filled in in her absence.<sup>409</sup>

Some women took these mandates to heart and expected them both of themselves and of those who cared for them. Sarah Smith Brown, a seventy-five year old woman, chronicled her final illness of rheumatism and sciatica as she was

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<sup>407</sup> Ayer, “Remember the ‘Shut-ins,’” 13.

<sup>408</sup> “Selfishness,” *Ladies Home Journal and Practical Housekeeper*, November 1887, Vol. IV, No. 12, 8.

<sup>409</sup> Sarah E. Townsend, Letter to Abram Dailey, published in Dailey, 110.



cared for by her daughter, Alice. In one of her last journal entries she praised the work of Alice in grandiose terms not unlike those Dailey used to describe Crosby. "There is such a wealth of sympathy, of sweet affection, of unselfish devotion that I seem to dwell in an earthly heaven. Human nature shows forth and exalted development in the presence of suffering humanity .... Then, ah! then the self-sacrifice of our dear ones is beyond any estimation. No fatigue is too great, no want of sleep is thought of even when it amounts to perfect exhaustion, if any service can be rendered."<sup>410</sup> It is easy to dismiss proscriptive literature such as Hooper's *Cookery for Invalids* as an inaccurate recording of people's lived experience, and in general, the caution is well founded. But it is also important to think about the way that these concepts do creep into people's lives. In her genuine outpouring of love and appreciation, Brown could think of no higher praise for her daughter than to call her self-sacrificing.

While many caretakers bought into the idea that they should approach their own tasks selflessly, they also expected the people that they cared for to show the same degree of cheer and self-sacrifice. A caregiver who wrote to the *Ladies' Home Journal* in 1876 voiced frustration at providing long-term care even though she simultaneously cast herself as the self-sacrificing caretaker. She wrote, "Chronic invalids are wont to lament aloud their uselessness and talk of the trouble they are giving. If they could but realize it, there is a species of selfishness in this, for by it they are adding tenfold to the burdens of those around who are cheerfully bearing

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<sup>410</sup> Sarah Smith Brown, 1884 Journal. Brown Family Collection, box 3, Schlesinger Library, Radcliffe University. October 3, 1884.

the load and not feeling it as such.”<sup>411</sup> Another article written by a caretaker said, “The patient sufferers are those who command most sympathy...At least we should remember that sickness does not excuse everything, and do our best not be disagreeable in so far as we can.... There are few people who have not some cross to bear, let it comfort the invalids to remember that it is not those crosses which are carried in full view, but those which we must at least try to hide, which are heaviest”<sup>412</sup>

Care in the nineteenth century was a complex task that differed depending on the nature of the patient’s illness or condition. And while care in and of itself never professionalized, it did adopt markers of professionalization and adapt to new scientific advances. The ideal of self-sacrifice and good humor continued to play an important role in the relations between caregivers and care recipients, however. As we’ll see in the next chapter, the invalid persona and the caretaking persona are surprisingly similar, and women on both sides of the divide expressed expectation that the other should uphold this romanticized ideal.

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<sup>411</sup> Ladies’ Home Journal and Practical Housekeeper, November 1886, Vol III, No. 12, 8.

<sup>412</sup> Handy, “Bearing Pain,” 9.

## 5. Mollie the Invalid Woman: Placing Disability at the Center of the Invalid Narrative

*My God, O spare me this—  
To lie with empty folded hands;  
I am content to bear my cross,  
And will not murmur at the bands  
That bind; nor count afflicting loss.*

*But spare, O spare me this;  
To lie throughout the livelong day  
And through the watches of the night,  
Counting the hours. Dark though the way,  
With busy heart and hands, it's light,*

*To feel I'm needed not  
To live and lie with folded hands,  
While others are vouchsafed that bliss,  
The need of meeting life's demands;  
Spare me, my God, O spare me this.*

*--Mollie Fancher, "Let Me Not Lie with Folded Hands"*

As we come to the end of this dissertation, it's time to turn to the fifth Mollie Fancher—the Mollie as she presented herself. It would be tempting to view this final Mollie as the “true” person, stripped of the publicity and agendas. But that is not the case. Mollie’s own version of herself—at least in so far as she left records of it—was as much a creation as the other four Mollies. Mollie’s story was her greatest asset. The mysteries surrounding her unusual body and its capabilities were a source of economic support and her ticket to social interaction with people outside of her immediate circle. None of her private records survive, so her story in this dissertation is as mediated as the other versions of her life.

Mollie presented herself as an invalid, a term that now smacks of condescension but that in the nineteenth century was a common term that came with a defined social role. When she described herself in the epitaph that marks her tombstone in Green-wood Cemetery in Brooklyn, she captured the paradoxical nature of the invalid persona: <sup>413</sup> “Mollie Fancher knew the secrets of life,” the epitaph reads. “Half a century in her bed, her dauntless spirit, cheerful patience and unfailing sympathy inspired many with courage to meet life’s problems. Forgetful of her own sufferings, she carried the burdens of hosts of friends. Through a life of industry, God granted her prayer, ‘Let me not lie with folded hands.’” The epitaph sees no contradiction between industriousness and bed rest, suffering and cheer.

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<sup>413</sup> While there is no direct evidence that Mollie wrote her own epitaph, there are records that she planned her funeral and burial in minute detail, down to the type of gloves to be worn by the pallbearers (grey with pearl buttons). Since she was also extremely interested in her legacy, it seems very likely that she crafted the words on her tombstone to reflect the image of herself that she most wanted remembered. I have chosen to interpret the epitaph in this way.

This was the invalid persona in a nutshell: affliction and good spirit, confinement and productivity. Mollie, like many of her contemporaries, saw no contradictions in these terms.<sup>414</sup>

Invalids frequently lived with chronic health conditions or long-term physical impairments, but the term “invalid” was not exactly a synonym for “disabled.” As I will argue throughout this chapter, disability in this era did not have connotations unto itself. Instead, it acted as a magnifying glass, enhancing pre-existing concepts of gender, class, and race until they reached bloated proportions worthy of a funhouse mirror—a metaphor I use with intention. The sentimental persona manifested by Mollie and so many of her white, middleclass invalid contemporaries was, I will argue, the embodiment of this magnification.

This chapter will approach invalidism through the lens of nineteenth-century disability history—placing disability at the center of the story and casting invalidism as a variation on it. Though this approach may seem obvious, it is, in fact, new.<sup>415</sup> Because the historiography of invalidism, which I will discuss in detail in a few pages, began with white women of the middle classes, subsequent historians have

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<sup>414</sup> For more on the invalid persona, see Barbara Ehrenreich and Deirdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (Old Westbury, NY: Feminist Press, 1973), Sandra M. Gilbert and Susan Gruber, *The Madwoman in the Attic: the Woman Writer and the Nineteenth-Century Literary Imagination* (New Haven: Yale University Press, 1979), Diane Price Herndl, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940* (Chapel Hill: University of North Carolina Press, 1993) and Maria Frawley, *Invalidism and Identity in Nineteenth-Century Britain* (Chicago: University of Chicago Press, 2004).

<sup>415</sup> In a book review he wrote in 2006, historian Seth Koven made a call for work that places the history of invalidism in the larger context of disability history. “What sorts of institutions, cultures of caregiving, and modes of representation accompanied and solaced the Victorian invalid and disabled soldier?” he asked. “Did Victorian invalids constitute a class of disabled persons?” To date, I have not found any historical work that answers this call; this chapter is an attempt to remedy this. See: Seth Koven, “Prisoners of Their Beds: Invalids, Injured Soldiers, and Cultures of Convalescence in Nineteenth and Early Twentieth-Century Britain” [a review of Maria Frawley, *Invalidism and Identity* (2004) and Jeffrey S. Reznick, *Healing the Nation* (2005)], *Radical History Review*, Issue 294 (Winter 2006), 233-239.

treated invalidism in other women as if it were a variation on the themes of sentimentality so present in the white, middleclass invalid persona rather than understanding all invalidism as a variation on disability in general. I will argue that when you view the history of invalidism without making white middleclass women the standard from which the narratives of all other women deviate, however, it becomes clearer that the narrative of sentimentality was by no means a given in the history of people with unusual bodies and prolonged illnesses and is therefore not a standard by which invalids of other races, classes and genders should be judged. By viewing invalidism through the lens of disability, I will argue in this chapter that the invalid persona has been so closely tied to white middleclass women precisely *because* it was an amplified version of white, middleclass femininity, just as other nineteenth-century discourses of disability were tied to the class, gender, and race of the disabled people associated with them. Further, as an amplification of white middleclass womanhood, the invalid persona encompassed both the notions of sentimentality that we often hear about and expectations of productivity that were gender, race, and class appropriate, an aspect of the invalid persona that I will argue has been largely overlooked.

The first generation of feminist historians and literary critics in the 1970s wrote about invalidism as if it were predominantly a social construct. Invalid women, they argued, were navigating discourses of white, middle class femininity and therefore were spontaneously wasting away in an act of defiance against the gendered norms of domesticity and separate spheres ideology. As Gilbert and

Gruber wrote in *The Mad Woman in the Attic*, “Such diseases are caused by patriarchal socialization in several ways. Most obviously, of course, any young girl, but especially a lively or imaginative one, is likely to experience her education in docility, submissiveness, self-lessness as in some sense sickening. To be trained in renunciation is almost necessarily to be trained to ill health, since the human animal’s first and strongest urge is to his/her *own* survival, pleasure, assertion.”<sup>416</sup> For them, illness and disability are such powerful metaphors for the experience of female oppression and the tensions that result from it that their index lists “disease/dis-ease” as a single heading, and they call nineteenth-century female (read white, middle class female) invalidism as a “socially conditioned epidemic.”<sup>417</sup> What they dub the schizophrenia of *Villete’s* Lucy Snowe, for example, whose own agency is so suppressed that she can scarcely narrate her own experiences and instead relates the experiences of those around her as a window into her fragmented consciousness becomes, for them, a proxy of the struggle felt by her author Charlotte Bronte—and by extension all English-speaking women of the nineteenth century—to find her own voice.<sup>418</sup>

Barbara Ehrenreich and Deidre English drew similar conclusions in their seminal work *Complaints and Disorders*. They pegged the ill health of women in the nineteenth century on a “morbid cult of hypochondria” that served to “keep a great

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<sup>416</sup> Gilbert Gruber, *The Madwoman in the Attic*, 53-54.

<sup>417</sup> Gilbert and Gruber, *Madwoman*, 55, 704.

<sup>418</sup> Gilbert and Gruber, *Madwoman*, 416-419. See also Phyllis Chesler, *Women and Madness* (San Diego : Harcourt Brace Jovanovich, 1989) and Jane M. Usher, *Women’s Madness: Misogyny or Mental Illness* (New York : Harvester Wheatsheaf, 1991).

many women busy at the task of doing nothing.”<sup>419</sup> Their text is as much a document of second wave feminism as it is a historical source on women and medicine. “In writing this, we have tried to see beyond our own experiences (and anger),” they wrote, “and to understand medicine and sexism as a social force helping to shape the options and social roles of all women.”<sup>420</sup> Their outrage at the nineteenth—as well as twentieth—century medical establishment is apparent throughout the text, however, and it is well founded.<sup>421</sup>

Twenty-first century scholars’ understanding of white invalid women remains strikingly similar to the interpretations Ehrenreich and English wrote a generation ago. As literary critic Allison Piepmeier wrote in 2004, “Heightening many of the nineteenth century’s most troubling demands for the true woman—submission, inactivity, docility—invalidism could provide middle-class women with a useful, although problematic persona. The sentimental invalid was generally the most thoroughly domesticated female body visible in nineteenth-century literature—confined to the home, and often to the most private parts of the home, by her illness. In current critical discourses, she comes to represent the apex of female victimization and lack of agency.”<sup>422</sup> Scholar Diane Price Herndl took this sentiment even further when she wrote in her text, *Invalid Women*:

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<sup>419</sup> Ehrenreich and English, *Complaints and Disorders*, 17, 37.

<sup>420</sup> Ehrenreich and English, *Complaints and Disorders*, 7-8.

<sup>421</sup> In addition to Ehrenreich and English, see Kathy Davis, *Embodied Practices: Feminist Perspectives on the Body* (London: Sage, 1997) and Karen M. Hicks, ed, *Misdiagnosis: Woman as a Disease* (Allentown, PA: People’s Medical Society, 1994).

<sup>422</sup> Allison Piepmeier, *Out in Public: Configurations of Women’s Bodies in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press, 2004), 75-76.



Whereas women in general are characterized as weak and lacking power, better off staying at home, the invalid is specifically recognized as even weaker and more powerless than most women and is required to stay at home. Whereas women have been discouraged from involving themselves in productive work, the invalid has been absolutely forbidden it.<sup>423</sup>

The politicization of invalid women is rooted in the fact that these women have been perceived as the most oppressed of nineteenth-century women—those with the least access to both social and economic power.<sup>424</sup>

In an effort to complicate the invalid narrative, historians and literary scholars have looked beyond white women of the middle class as a way of understanding how race and class played into the invalid persona. In doing so, however, they have left white middleclass invalid women at the center of the narrative and analyzed whether the sentimental invalid persona adopted by these women applied to women of other races and classes. Peipmeir, for example, argues that sentimental invalidism, was not an available persona for women of color or working-class women. She cites, for example, the character of Deb from Rebecca Harding Davis's *Life in the Iron Mills*. Deb's ill body was not coded as beautiful in its wasting glory nor did it serve as a marker of her enlightened spirituality. Instead, she was "a weak, flaccid wretch" who had no choice but to continue working in the mills even as her body deteriorated. As Piepmeier writes, "Only wealthy, white

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<sup>423</sup> Herndl, *Invalid Women*, 2.

<sup>424</sup> Herndl, *Invalid Women*.

women had the option of languishing under a burden of sickness; poor women, like Deb, had to continue to work.”<sup>425</sup>

Likewise Herndl argues that African-American women faced a double bind when writing about black women’s illness in the post-emancipation era. Represent them as ill and face the charge that black women were unfit for freedom, represent them as healthy (or strong despite physical ailment) and uphold the racist stereotype that black women were somehow fundamentally different and less susceptible to pain than their white counterparts. Herndl cites Harriet Jacobs as someone who walked this line. When Jacobs described her own illnesses in *Narrative of a Slave Woman*, she related them as short-term events brought on by the extreme circumstance of being trapped in an unheated/uncooled attic for seven years. Her illness was a result of the circumstance she must face because of slavery. And even then, she focuses more on her spiritual rather than bodily suffering. In a similar argument to that that Peipmeier made about working-class women, Herndl argued that sentimental protracted illness was not an option for women of color.<sup>426</sup>

I would argue, however, that the sentimental invalid persona was not available to women of color and working-class women precisely *because* it was an exaggeration of white, middleclass womanhood. Just as the illness of African-American women was an exaggeration of (or reaction to) stereotypes assigned to post-emancipation women in the ways that Herndl described, the invalid persona of

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<sup>425</sup> Alison Piepmeier, *Out in Public: Configurations of Women’s Bodies in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press), 2004, 74.

<sup>426</sup> Diane Price Herndl, “The Invisible (Invalid) Woman: African-American Women, Illness and the Nineteenth-Century,” *Women’s Studies* (Vol. 24 Issue 6) September 1995.

white, middleclass women was an exaggeration of the cultural norms these women lived with. The question, I believe, is not whether the invalid persona associated with white middleclass women applies to other women, but how race, class and gender impacted understandings of disability in the nineteenth century.

Discourses of disability are crucial to understanding the persona manifested by Mollie and many other white, middle class invalid women of her era. In the late nineteenth century, the notion of physical disability as a solidified category did not exist. Mollie's paralysis did not connect her with railroad workers whose spines had been crushed in accidents or to soldiers who returned from the Civil War without the use of their legs. Cause of impairment was crucial to how nineteenth-century Americans viewed unusual bodies, as was the class, gender, and race of the disabled person. Disability could be revolting or beautiful, a marker of heroism or freakery—all depending on the identity of the person whose body was disabled.<sup>427</sup>

Despite the lack of affiliation between different groups of people we would now call physically disabled, there were some commonalities in their experiences. For one, their bodies were the subjects of inquiry and given meaning beyond their basic flesh. Like the female body and the black body, disabled bodies were—and are—subject to interpretation, metaphor, and analysis. By virtue of their uniqueness and their frequent association with degeneracy, however, disabled bodies engender even greater scrutiny. As disability scholar Rosemarie Garland-

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<sup>427</sup> For more on categories on disability in the nineteenth-century see Adrienne Phelps Coco, "Diseased, Maimed, Mutilated: Categories of Disability and an Ugly Law in Late Nineteenth-Century Chicago," *Journal of Social History* (Fall 2010). Also see Paul Longmore and Lauri Umanski, *The New Disability History: American Perspectives* (New York: New York University Press, 2001).

Thomson has written, if female bodies are subject to the gaze, disabled bodies must contend with the intensity of the glare, a stare laced with both disgust and pity.<sup>428</sup>

And yet, the nineteenth-century interpretation of extraordinary bodies varied widely depending on the status and identity of the person who inhabited the body. The bodies of honored disabled soldiers, for example, tended to arouse curiosity and wonder while the bodies of lowly crippled beggars provoked overt disgust. The *Chicago Tribune* reported that the National Soldiers' Home in Milwaukee, Wisconsin, was "chockfull of human curiosities. Among the wreacked and maimed survivors of the War are some of the most singular specimens of bipeds ever gathered under the sun ... They afford the most extraordinary studies and contrasts in physiognomy and physical development to be witnessed anywhere." The bodies of disabled soldiers were certainly cause for amazement, and the article slipped into a quasi-clinical tone when reporting about them as if they were medical specimens. But the reporter never dismissed the humanity of these disabled veterans. He reported on their occupations, their religion, the places they had traveled, and the battles they had fought in. He even reported that many of these soldiers were immigrants, but, because of their war service, he considered them all good Americans. The bodies of disabled soldiers may have been curious but the reporter never dismissed them as curiosities rather than human beings.<sup>429</sup>

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<sup>428</sup>Rosemary Garland-Thomson, *Extraordinary Bodies : Figuring Physical Disability in American Culture and Literature* (New York : Columbia University Press, 1997). This section adapted from Phelps Coco, "Diseased, Maimed, Mutilated."

<sup>429</sup>"Our Neighbors," *Chicago Tribune*, August 20, 1876, 12. For more on crippled beggars see Susan Schweik, *The Ugly Laws: Disability in Public* (New York: New York University Press, 2009).

In contrast, Mollie's contemporaries openly displayed their abhorrence for the bodies of the poorest disabled people who had resorted to street begging for their survival, and who were widely known as the "cripple beggar." One article from the *Chicago Tribune* dehumanized them until they became nothing more than particularly noisome roadblocks. It said, "The idea of a thoroughfare being obstructed by the hideous monstrosities, which are only half human, begging piteously for alms is disgraceful." Another feared that these bodies might prove too shocking for decent women. After calling crippled beggars an "affront to the public eye," it stated, "The consequences to a lady in delicate health of having a repulsive deformity suddenly presented to her by an abrupt appeal for charity might be serious." This reporter even picked out individual crippled beggars to lambaste. It condemned the woman "who wears brilliant-colored and striped stockings, so as to make the deformity of her legs very conspicuous," and the man frequently found on Madison Street who wore "a tin sign telling of some explosion in which he lost his sight ... [and who] by twisting his head backward he compresses the veins of the neck ... [which] gives him a particularly horrible aspect." The combination of physical disability and unabashed beggary made these individuals particularly loathsome to the public.<sup>430</sup>

Newspaper reports also portrayed crippled beggars as a particularly un-American problem. The *Chicago Tribune*, for example, reported on the crippled beggar crisis in such countries as England, Ireland, France, Germany, Norway,

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<sup>430</sup> "New York Gossip," *Chicago Tribune*, June 18, 1876, 5. "Mendicancy," *Chicago Tribune*, July 25, 1875, 15. This section adapted from Phelps Coco, "Diseased, Maimed, Mutilated."

Sweden, Belgium, Greece, Mexico, and above all Italy. Italy was considered a particular haven for beggars who turned the pitiful look and display of fearful deformities into both a profession and a science. *Tribune* writers asserted that poverty could not be endemic to the United States, but instead was transplanted by the hoards of immigrants coming from Southern and Eastern Europe. “More and more this class of vermin find their way to this country,” the *Tribune* reported in 1875. Not only did these foreign beggars block the streets with their disabled bodies, this article’s author bemoaned, but they did not even understand the English language well enough to know when pedestrians were refusing them aid. “To questionings or the declaration ‘Nothing for you,’ they return the convenient ‘Me no speak Inglis’ or, better still, stand in dumb entreaty,” he wrote.<sup>431</sup> The representation presented in these articles of crippled beggars was therefore an exaggeration of stereotypes of immigrants and the poor.

Though at first glance crippled beggars and sentimentalized invalids appear to have little to do with each other, I would argue that both tropes were extensions of the larger identity-based stereotypes of the disabled people. Just as descriptions of crippled beggars were rooted in classism and xenophobia, literary representations of white, middleclass invalid women emphasized their godly patience in the face of a romantically withering body—an extension of domestic norms associated with these women first described by Barbara Welter in her 1966

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<sup>431</sup> “The Pauper Problem,” *Chicago Tribune*, January 30, 1876, 4. “To the Editor of the Tribune,” *Chicago Tribune*, May 19, 1878, 4. “New York Gossip,” 5. “French Beggars,” *Chicago Tribune*, October 23, 1880, 16. “Mexico,” *Chicago Tribune*, December 22, 1876, 7. “Mendicancy,” 15. This section adapted from Phelps Coco, “Diseased, Maimed, Mutilated.”

essay “Cult of True Womanhood.”<sup>432</sup> In this early work, Welter identified the four qualities womanhood as piety, purity, domesticity and submissiveness and described them as if they were true and natural (and applicable to women in general rather than specifically to Northern white women of the middle classes).

Subsequent historians have complicated and amended this interpretation, which, as Nancy Hewitt has argued, has nearly spawned an entire field of study.<sup>433</sup> In a retrospective analysis of Welter’s article published by the *Journal of Women’s History* in 2002 for example, Mary Louise Roberts, argued that the theoretical frameworks outlined by Foucault and Joan Scott in the years since Welter’s writing demonstrate that the “true womanhood” Welter described not as natural, but as “naturalized.” The discourses of domesticity were societal norms, which lent themselves to both compliance and resistance, she argues.<sup>434</sup>

The white middleclass invalid was an extension of these domestic norms. As literary critic Lois Keith has argued, authors used the invalid in the fiction—which

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<sup>432</sup> Barbara Welter, “Cult of True Womanhood: 1820-1860,” *American Quarterly* (Volume 18, Issue 2.), 1966, 151 – 174.

<sup>433</sup> Nancy A. Hewitt, “Taking the True Woman Hostage,” *Journal of Women’s History* (Volume 14, No. 1), Spring 2002. See, for example, Nancy Cott, *The Bonds of Womanhood: “Woman’s Sphere” in New England*, (New Haven, Conn.: Yale University Press, 1977), John Mack Faragher, *Women and Men on the Overland Trail* (New Haven, Conn.: Yale University Press, 1979), Nancy A. Hewitt, *Women’s Activism and Social Change: Rochester, New York, 1822-1872* (Ithaca, N.Y.: Cornell University Press, 1984), Barbara Epstein, *The Politics of Domesticity: Women, Evangelism, and Temperance in Nineteenth-Century America* (Middletown, CT: Wesleyan University Press, 1981), Evelyn Brooks Higginbotham, *Righteous Discontent: The Women’s Movement in the Black Baptist Church, 1880-1920* (Cambridge, Mass.: Harvard University Press, 1993), Christine Stansell, *City of Women: Sex and Class in New York, 1789-1860* (New York: Alfred A. Knopf, 1986), Amy G. Richter, *Home on the Rails: Women, the Railroad, and the Rise of Public Domesticity* (Chapel Hill: University of North Carolina Press, 2005), Morin, Karen M. *Frontiers Of Femininity: A New Historical Geography Of The Nineteenth-century American West* (Syracuse, NY: Syracuse University Press, 2008), Roth, Sarah N. *Gender And Race In Antebellum Popular Culture* (New York: Columbia University Press, 2014).

<sup>434</sup> Mary Louise Roberts, “True Womanhood Revisited,” *Journal of Women’s History* (Volume 14, No. 1), Spring 2002. See also, Joan Scott, “Gender: A Useful Category of Historical Analysis,” in *Gender and the Politics of History* (New York: Columbia University Press, 1988).

reached archetypal status with Helen from *Jane Eyre*, Beth from *Little Women* and Clara from *Heidi*—to teach lessons in patience and self-abnegation to the heroines of their tales.<sup>435</sup> As Beth from *Little Women* enters her sick room and awaits death, for example, Louisa May Alcott describes her as a near saint: “With the wreck of her frail body,” Alcott wrote, “Beth's soul grew strong, and though she said little, those about her felt that she was ready, saw that the first pilgrim called was likewise the fittest, and waited with her on the shore, trying to see the Shining Ones coming to receive her when she crossed the river.”<sup>436</sup> It was her suffering that gave Beth grace.

Poetry written for invalids upheld these sentimentalized standards. Hymns from *The Invalid's Hymn Book* collected by the non-invalid Rev. Hugh White focused on the ability for invalids to find salvation and beauty in their sufferings, in other words to find purity in their piety. Repeatedly throughout the text, White equates the sufferings of invalids to the sufferings of Christ, such as the following verse.

Though I feel my sufferings painful,  
Worn in body, faint in mind,  
Welcome they will prove, and gainful,  
If they work the end designed;  
Make it, Lord, my hourly prayer  
In thy holiness to share.<sup>437</sup>

Or this one:

Oh! grant me now that will resigned,  
That patient, weaned, obedient heart;  
That loving, peaceful, heavenly mind,  
Thy Spirit can alone impart.

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<sup>435</sup> Lois Keith, *Take Up Thy Bed and Walk: Death, Disability and Cure in Classic Fiction for Girls* (New York: Rutledge, 2001).

<sup>436</sup> Louisa May Alcott, *Little Women*, chapter 40.

<sup>437</sup> Rev. Hugh White, *The Invalid's Hymn Book*, (Dublin: John Robertson, 1854).



Let me not languish e'en for home,  
One wish, one only wish be mine!  
Each hour more holy to become,  
More fully and entirely thine.<sup>438</sup>

Like Beth, White portrays the narrators of these poems as finding salvation in suffering.

While these literary characterizations do not substitute for the actual lived experiences of invalid women, they are still crucial to the story of invalidism. As literary critic Martha Stoddard Holmes has argued, when invalids presented their stories or wrote about themselves, they “habitually located themselves” within the discourses of disability in their culture.<sup>439</sup> This means, she argues, that while people with disabilities did not always agree with the standards cast on them, they did not disregard them. She writes, “from outright resistance or compliance to a complicated position in between—none of these [authors with disabilities that she studied] articulates his or her life ‘outside’ these representations.”<sup>440</sup> In his text *Signifying Bodies*, G.T. Couser makes a similar the case that it is difficult to escape contemporary prejudices about disability in telling stories of people with disabilities. He argues that 1) The extraordinary body in our culture demands explanation and 2) this explanation often attempts to “relieve the audience’s

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<sup>438</sup> White, *Invalid’s Hymn Book*, 182.

<sup>439</sup> Martha Stoddard Holmes, *Fictions of Affliction: Physical Disability in Victorian Culture* (Ann Arbor: University of Michigan Press, 2009), 135.

<sup>440</sup> Holmes, *Fictions of Affliction*, 135.

discomfort.”<sup>441</sup> The extraordinary body is therefore never just an “is;” it is a state of being that requires examination and therefore begins or ends a plot.<sup>442</sup>

This analysis of Holmes and Couser is crucial for understanding sources both about and by Mollie. One of the biggest challenges of this project is analyzing how and whether Dailey has altered or edited his sources. While the testimonials from friends included in his book and his excerpts from Crosby’s diary were written documents that Dailey gathered and/or edited, Mollie’s own account was gathered orally, with the exception of the single poem used as the front piece to this chapter and a short essay. Her sections of the text are therefore the most difficult to analyze.

I believe that Dailey did actually gather the stories from Mollie herself. His ability to interview her about her life is an explicit premise of the book, one which he cites in his opening paragraph as the main impetus for writing the project when he did—to ensure that she was still around to give her testimony and make “any needed corrections.”<sup>443</sup> Large sections of the book are attributed to Mollie and placed within quotation marks to denote it as her story. Every copy of the book that I have seen is personally autographed by Mollie after publication, an indication that she supported what Dailey wrote about her rather than attempting to distance herself from it. My personal copy contains a salutation to Herbert Blossom, a friend of Mollie’s and contributor of a testimonial within the book, inscribed, “With love

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<sup>441</sup> G.T. Couser, *Signifying Bodies: Disability in Contemporary Life Writing* (Ann Arbor: University of Michigan Press, 2010), 18.

<sup>442</sup> Couser, *Signifying Bodies*. See also David Mitchell and Sharon Snyder, *Narrative Prosthesis: Disability and the Dependencies of Discourse* (Ann Arbor: University of Michigan Press, 2001).

<sup>443</sup> Dailey, *Brooklyn Enigma*, 1.

from his old friend.”<sup>444</sup> Another copy, housed at the University of Michigan and scanned into Google Books, contains a full letter from Mollie hand written into the inner cover of the book to a Mrs. Fancher, who it seems was conducting some genealogy research into the family in 1904. Mollie explains that her father was James E. Fancher and says that she has sent along all the other data about her branch of the family that she has. Then, she gives Mrs. Fancher a copy of Dailey’s book for further information about herself, a sign that she found it worthy to represent her life. “I shall forward this book of my life and trust you will find it interesting,” she writes. “The price is \$1.50, due here at your convenience.”<sup>445</sup>

Further, the writing styles between Dailey’s analysis and Mollie’s account differ significantly, with Dailey’s flowery prose contrasting with Mollie’s straightforward accounts of her experiences and emotions. Take, for example, Dailey’s first sentence in the text, “The task I have undertaken is self-imposed, and might well have been committed to abler writers,” as opposed to the first sentence attributed to Mollie, “For six weeks, I was confined to my bed.”<sup>446</sup> Mollie’s sections also deviate in interesting ways from the stock story of her life spelled out in newspaper accounts and promoted by Dailey as the dominant narrative of the text.

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<sup>444</sup> Salutation from Mollie Fancher to Herbert Blossom, February 22, 1898, included in Dailey, *Brooklyn Enigma*, author’s personal copy. I have seen five other copies of the book; all of them were autographed by Mollie.

<sup>445</sup> Letter from Mollie Fancher to Mrs. Fancher, July 3, 1904, included in Dailey, *Brooklyn Enigma*, University of Michigan Library Copy, scanned into Google Books and available at [http://books.google.com/books?id=OMc0AAAAMAAJ&printsec=frontcover&dq=mollie+fancher&hl=en&sa=X&ei=9yd7VLH6GraHsQS\\_3YDICA&ved=0CB0Q6AEwAA#v=onepage&q=mollie%20fancher&f=false](http://books.google.com/books?id=OMc0AAAAMAAJ&printsec=frontcover&dq=mollie+fancher&hl=en&sa=X&ei=9yd7VLH6GraHsQS_3YDICA&ved=0CB0Q6AEwAA#v=onepage&q=mollie%20fancher&f=false).

<sup>446</sup> Dailey, *Brooklyn Enigma*, 1, 18.

One place that Mollie's accounts of her story diverge from the general telling of her life is in her "cheeriness." The word "cheer" nearly always accompanied newspaper articles about her. In Mollie's own accounts, as related by Dailey, this was not always the case. Mollie's own story was a story of resistance rather than a story of cheerful compliance. She related, for example how medical treatments set her into such a rage, her doctors actually diagnosed her as insane. Mollie's doctors tried many tactics to which she objected to cure her of the spasms that made her body disorderly: They shaved her hair and blistered her scalp; shocked her with electricity; made her sit for hours in herbal sitz-baths, in alcohol steam baths that severely burnt her skin, and in ice baths; rolled her in sheets soaked in cold water; compelled her to wear a jacket lined with ice; and gave her medicines that made her vomit.<sup>447</sup> The only treatment they tried that Mollie approved of was lining her bed up with the Earth's magnetic current. "This occasioned me no suffering," she related to Dailey, "and I was satisfied with it, but it produced no open change of condition" so her doctors soon discontinued the treatment.<sup>448</sup>

On three separate occasions Mollie refused to comply with her doctor's orders for what she described to Dailey as completely rational reasons. The first was when she refused to take medicines she thought were detrimental to her health. She kept the medicine in her mouth until the doctor turned away and then she spit it out. She said of the incident, "My doctor thought I was insane but, as a matter of

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<sup>447</sup> Dailey, *Brooklyn Enigma*, p. 22-23.

<sup>448</sup> Dailey, *Brooklyn Enigma*, p. 22.

fact, I was never more rational in my whole life.”<sup>449</sup> Not only did Mollie think that the medicines would increase her suffering, she also believed that if they had their intended effect and ended her trances then she would die. As she said, “My spasms and trances were essential to my living; but this my physicians did not know, nor is it astonishing that they should not.”<sup>450</sup> Mollie found it perfectly rational that she should have expert authority over her own body that contradicted her doctor’s empirical assessments. Her refusal to cooperate with them, so she constructed in her own life-narrative, was logical rather than a symptom of illness.<sup>451</sup>

Despite the diagnosis of insanity after her first medical rebellion, Mollie continued to assert authority over her body. In the second instance, Mollie’s doctors made her lie wrapped up in ice-cold wet sheets. At first she complied with the treatment, but eventually, as she told Dailey, “I could endure it no longer; then I projected my elbows with all my strength, and burst the sheets, and was at once declared to be in another fit of insanity.”<sup>452</sup> Again Mollie was declared mad, however she was able to remove her body from the undesirable situation it was in, even if it meant losing her legitimacy in the process. The last example, which Dailey quoted her as calling an “utter rebellion,” occurred when doctors compelled her to wear a jacket lined with ice.irate, she ripped apart the jacket and threw the ice back at her doctor. “I was pronounced a raving maniac,” Dailey recorded, “Well I was

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<sup>449</sup> Dailey, *Brooklyn Enigma*, p. 22.

<sup>450</sup> Dailey, *Brooklyn Enigma*, p. 22.

<sup>451</sup> Dailey, *Brooklyn Enigma*, 22.

<sup>452</sup> Dailey, *Brooklyn Enigma*, p. 23.

raving. My vocabulary was insufficient to express my feelings, and I positively refused to submit to any further treatment.”<sup>453</sup>

Why did Mollie tell these stories of her resistance to medical care? Was she consciously providing a counter narrative to the “cheerful” moniker she had earned in the press? Was she using the book as a forum for expressing her beliefs on the “tortures” of heroic medicine? Were these simply the parts of the story that sprang to mind the day that Dailey asked her to recount the history of her invalidism? There’s no way to know, but the details of the experience are so rich and the emotions so intense, that they almost certainly came from Mollie herself. There were, however, narrated to Dailey from twenty-years’ remove from the events she was describing, which occurred in the 1870s. They therefore tell us more about the self-narrative 1890s-Mollie wanted presented to the public than they do about the actual medical care she received in the 1870s.

Dailey presented Mollie as an exceptional invalid, in large part due to her productivity. He wrote in her biography, “Miss Fancher is decidedly unlike any other invalid. If the reader has a preconceived idea of her as one of the sanctimonious sort, with long-sleeved, starched night-gown, and ruffled collar and wristbands, lying with hands folded, apparently waiting and listening for the dip of the ferryman’s oar, we must disabuse him or her of that fancy.”<sup>454</sup> Her abilities to sew and manage her household were repeatedly remarked upon in newspaper

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<sup>453</sup> Dailey, *Brooklyn Enigma*, p. 24.

<sup>454</sup> Dailey, *Brooklyn Enigma*, 241.

articles. By all nineteenth century accounts, she defied the stereotype of the romantically wasting invalid women. But how exceptional was she on this front?

It turns out, she was not atypical of her peers. A key aspect of the invalid persona was productivity along side wasting suffering, but this aspect of the persona seems to have been missed both by historians such as those I cited above and by Mollie's contemporaries. In large part, this may have been because of the disconnect between the domestic labor the many white middleclass invalids were striving to perform and the wage labor of the market economy in which they lived. Both disability and unpaid domestic labor call into question the validity of a liberal, autonomous<sup>455</sup> subject for whom wage labor is symbolic of independence and maturity. As Rosemarie Garland Thomson writes, "'Disabled' became in the twentieth-century welfare state, a medical category by which the state could administer economic relief in a seemingly objecting and equitable manner ... Yet the new clinically disabled category defined the person with a disability as a figure excluded from economic opportunities and therefore without free agency, self-determinism, and self-possession, the ennobling attributes of the liberal American individual."<sup>456</sup> In other words, as "clinically disabled" became a medicalized category in the twentieth century, it carried with it assumptions about ability to work. Rather than revamping the physical environments of the workplace to accommodate the bodies of disabled people thereby allowing the access to productive labor, the welfare state offered support for disabled people in exchange

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<sup>455</sup> Garland-Thomson, *Extraordinary Bodies*, 50. Jeane Boydston, *Home & Work: Housework, Wages, and the Ideology of Labor in the Early Republic* (New York: Oxford University Press, 1990), 122-125.

<sup>456</sup> Garland-Thomson, *Extraordinary Bodies*, 50.

for categoric dependence.<sup>457</sup> Likewise, unpaid domestic labor was often seen as removed from the economy, though as historians like Jeanne Boydston have argued, it was essential to the development of the market economy as many families relied on unpaid domestic work to turn products purchased with cash in the early market economy into usable goods, such as the sewing of cloth into wearable clothing.<sup>458</sup>

It should follow therefore that white, middleclass, invalid women should be some of the furthest removed people from the nineteenth-century discourses of productive citizenship as a moral good. Yet, strikingly, they did not see themselves this way at all. While many espoused sentimental notions of suffering as a way of asserting the worth of their humanity, this was not the only strategy they employed. In a culture that valued *laissez faire* ideology and defined subjecthood as liberal autonomy, many invalid women stressed their abilities as productive citizens who engaged in labor appropriate to their class and gender standing—in other words, domestic labor. As we will see, rather than quietly wasting away, many invalid women engaged in labor that was appropriate to their gender, class, and racial status. Defining invalid women primarily by their illness or disability misses the host of other role they assumed in their lives. Mollie was an invalid, but she was also a seamstress, niece, socialite, household manager, poet, public enigma, and—most strikingly—vice president of the Sargent Manufacturing Company.

Poetry written by invalids, as opposed to that written *for* invalids, is filled with this nod toward productive citizenship, a theme that drastically changes the

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<sup>457</sup> Garland-Thomson, *Extraordinary Bodies*.

<sup>458</sup> Boydston, *Home & Work*, 122-125.



meaning of invalidism. This poetry emphasized the need to continue to be productive despite hardship. They are poems about labor. Take Mollie's oft quoted poem, which I used as the front piece of this chapter:

My God, O spare me this—  
To lie with empty folded hands;  
I am content to bear my cross,  
And will not murmur at the bands  
That bind; nor count afflicting loss.

But spare, O spare me this;  
To lie throughout the livelong day  
And through the watches of the night,  
Counting the hours. Dark though the way,  
With busy heart and hands, it's light,

To feel I'm needed not  
To live and lie with folded hands,  
While others are vouchsafed that bliss,  
The need of meeting life's demands;  
Spare me, my God, O spare me this.

In the poem, Mollie equates suffering with Christlike redemption, drawing on the same tradition as the invalid hymns. Her physical ailments are her "cross" to bear, and she makes no mention of trying to rid herself of her ailments. Patience is an underlying and assumed theme within the poem. For Mollie, however, enduring suffering—however Christlike it may be—is not enough. She wants a "busy heart and hands." Likewise, the "invalid singer," Minnie Bateman offers a similar sentiment in her poetry:

So now thou does withdraw thy fealty,  
My Body, trained to do thy master's will  
And all the implements which I have used  
Refuse my bidding? Aye; but think not thou

To hold me fettered with thee to the couch.<sup>459</sup>

Even in *Little Women*, Alcott gives Beth the same spirit of productivity almost unto her death. When Beth first entered the sick room that would be her final bedchamber, she was “busy as ever.” Her “feeble fingers were never idle,” as she made mittens, dolls, and other small gifts for schoolchildren who would pass below her window.<sup>460</sup>

When you view invalid women the context of other people with disabilities in the nineteenth century, this piece of the invalid persona is less surprising. In this era before social safety nets, most people with disabilities often had to engage in gender and class appropriate labor even when this task was difficult if not impossible given the lack of accommodations available to them because there were no viable alternatives. As a result, work was not necessarily seen as incompatible with physical disability. The twentieth-century assumption that many physically disabled people were unable to work without first being cured of their disability through rehabilitation did not hold true in the late nineteenth century. As historian John Williams-Searle has demonstrated, employers in this period did not consider minor physical disabilities incompatible with the ability to work. Accident rates for railroad workers, for example, were so high that a minor disability such as a crushed or missing finger marked a man as an experienced and skilled laborer rather than as an “unable” dependent. Because workers’ slightly maimed bodies proved advantageous in the job market, charity reformers and the public alike assumed that

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<sup>459</sup> *The Invalid Singer: Life and Writings of Minnie D. Bateman*, ed. Mrs. J. C. Bateman (Boston: James H. Earle), 1895, 111.

<sup>460</sup> Alcott, *Little Women*, chapter 40.

people with physical disabilities (even those with more severe disabilities than missing fingers) should be able to find work.<sup>461</sup>

A gap existed, however, between the discursive belief that people with disabilities could be workers and the difficult reality they faced in finding employment. Sample cases from Chicago's Relief and Aid Society's *Annual Reports* from 1884 and 1887 demonstrate this disparity:

No 30260. German family. Five children, 15, 14, 12, 7 and 2 years; intelligent, honest people; man has been disabled for two years; scarcely able to earn anything; wife is very sick with typhoid fever. Were helped in February, March, April. Have not applied since.

No 30426. Bohemian family, six children- 13, 11, 9, 7, 5, 18 mo.; man crippled by an accident when at work; respectable, sober people; never asked help before. Was helped two months, has not applied since.

A Swede family. The father died in 1880, leaving widow and six children aged 13, 12, 8, 7, 5, and 3. The eldest child is a cripple. We have looked after the family and aided them occasionally as needed. The last report on the case December 12, 1884; woman's eyes have failed; cannot sew on pants as formerly, but crippled boy has learned to sew and earns \$2.00 a week at home. The eldest girl lives out at \$2.00 a week. With a little help from us occasionally, and county aid, they manage to get along and in another year or two will probably be entirely self supporting.

While minor disabilities may have aided Williams-Searle's railroad workers in getting jobs, these aid recipients faced greater challenges in supporting themselves.

Blindness prevented the Swedish woman from maintaining her job as a seamstress.

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<sup>461</sup> For more on industrial accidents see John Fabian Witt, *The Accidental Republic: Crippled Workingmen, Destitute Widows, and the Remaking of American Law* (Cambridge, 2004), 2–13, and Julian Go III, "Inventing Industrial Accidents and Their Insurance: Discourse and Workers' Compensation in the United States, 1880s–1910s," *Social Science History* 20, no. 3 (1996), p. 401–402. For more on the free labor ideology, see Amy Dru Stanley, *From Bondage to Contract: Wage Labor, Marriage and the Market in the Age of Slave Emancipation* (Cambridge, 1998); and John Williams-Searle, "Charity: Manhood, Brotherhood, and the Transformation of Disability, 1870–1900," in *New Disability History*, ed. Paul K. Longmore and Lauri Umanski (New York, 2001), 164. Also see Sarah Frances Rose, *No Right To Be Idle: The Invention of Disability: 1850-1930*, unpublished dissertation, 2008. This section adapted from Phelps Coco, "Diseased, Maimed, Mutilated."

The disabled German man was “scarcely able to earn anything.” Yet the crippled Swedish boy did find work sewing, so employment was not unattainable. We can never know why these first two families stopped asking for assistance after such a short period of time. Were they able to get back on their feet after several months of aid? Did they slip further into poverty and resort to life in the Cook County Poor House? Did they leave the city in search of better opportunities? That all of these cases appear in the Relief and Aid Society’s *Annual Reports*, however, presumes that the agency viewed all of these cases as success stories and assumed that these families became self-supporting. For them, the point was not how difficult it was for people with disabilities to find work but how possible it was for them to do so with just a little help.<sup>462</sup>

For white, middleclass invalid women, productivity meant domestic labor. Despite difficulties, many of them contributed to their households in ways expected of their non-disabled peers. They sewed (sometimes selling their projects), managed households and servants, cared for children and elderly or disabled relatives, planned family budgets, and—when they were able—cooked, cleaned, or did other household tasks. They wrote memoirs, songs, and poetry. Some invalid or semi-invalid women worked for wages as teachers or tutors. Others took in boarders. Their bodies often presented them with challenges that they had to accommodate, but they rarely prevented them from at least some engagement in productive labor.

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<sup>462</sup> Thirtieth Annual Report of the Chicago Relief and Aid Society to the Common Council of the City of Chicago For October 31, 1886–October 31, 1887 (Chicago, 1887), 15–17. Twenty-Seventh Annual Report of the Chicago Relief and Aid Society to the Common Council of the City of Chicago For October 31, 1883–October 31, 1884 (Chicago, 1884), 14. This section adapted from Phelps Coco, “Diseased, Maimed, Mutilated.”

Many anecdotes about Mollie's miraculous abilities center around her ability to perform domestic labor under seemingly impossible circumstances. As in other sources on Mollie, I am citing these stories not to assert their truth, but to note how often domestic tasks come up in the discursive construction of her miracles. One story, for example, demonstrates her rather fastidious (to put it politely) management of people she hired to assist in her household. Mollie was in need of a workman to hang a picture in her front hall, and her friend Mr. Sherk arranged for one to come to her home. Since Mollie never left her bed, Mr. Sherk told the workman not to expect anyone to answer the door and to proceed on his own up a flight of stairs into the front room where he would find the painting to hang. Naturally, the workman assumed that this meant that he was alone in the house and would not be disturbed at his work. On the day of his scheduled arrival, he entered the home and began his task of finding an appropriate joist to support the picture. As he tapped on the wall, he heard a voice criticizing his methods. He looked about, found no one present, and assumed he must be hearing things. Nervously, he resumed his work until he distinctly heard the twice-repeated comment that he was not properly centering the painting on the wall. Mollie, whose bedroom was in the back of the house behind a set of sliding doors, was using her second sight to supervise his work and shouting advice from the other room—at least according to the reported story.<sup>463</sup>

On another occasion, the *Sun* reported, Mollie sent a friend out to buy a specific shade of worsted yarn for a “peculiarly delicate effect” she was trying to

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<sup>463</sup> Statement of Louis Sherk, November 1, 1893, Printed in Dailey, *Brooklyn Enigma*, 137.

create in her needlework. Upon the gentleman's return, before he had even taken the worsted out of his pocket, Mollie said, "You've brought the wrong shade. I am sorry to say ... it's a shade too light, and it will not do."<sup>464</sup> The gentleman assured her that he had checked with the clerk who said it was the right shade. But Mollie demanded that he return to the store and ask its expert his opinion. The expert immediately saw that the worsted the gentleman had purchased was indeed a shade lighter than the sample Mollie had requested. The "rare power of her so-called second sight [enabled] her to detect any flaw with greater accuracy than did the natural vision of her friends," the *Sun* concluded.<sup>465</sup>

Productivity was not limited to Mollie and her miracles; *invalids* engaged in all sorts of productive labor, although often not wage labor. The "invalid singer," Minnie Bateman, for example, tutored her siblings, completed Chautauqua courses and taught herself Greek, published children's books and poems, composed dozens of songs, and created embroidery for the festival of her local Mission Band.<sup>466</sup> She won an award for a poem called "Miss Higgins first night in Mississippi," which only used the vowel "i."<sup>467</sup> In 1874, she wrote anthems for the Painesville Temperance Singers with stanzas such as "Our enemies will yield before us, their work of sin and ruin cease, and homes be blessed with love and peace."<sup>468</sup>

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<sup>464</sup> "Dead and Yet Alive!" p. 1.

<sup>465</sup> "Dead and Yet Alive," p. 1.

<sup>466</sup> Bateman, *The Invalid Singer*, 24, 26, and 34.

<sup>467</sup> Bateman, *The Invalid Singer*, 26.

<sup>468</sup> Bateman, *The Invalid Singer*, 93.

Yet for many white, middleclass invalid and semi-invalid women, productivity was crucial to their economic support. Unlike Mollie who owned her own home, many unmarried women (regardless of invalid status) bounced from the household of one friend or family member to the next, exchanging services such as housekeeping or care in exchange for room and board. The invalid Marian Blackwell, sister of the famous physician Elizabeth Blackwell and sister-in-law of the women's rights activist Lucy Stone, left behind a large letter collection chronicling her financial difficulties and her various strategies for economic survival and is an excellent example of an invalid woman who bartered domestic labor for room and board and engaged in some wage labor when she was able.

Blackwell wavered between paid employment and bartered labor as a means of securing her economic survival. At times, she taught French and drawing classes for two hours a day to a thirteen-year-old girl, earning herself twenty-five dollars per quarter. Her self worth was directly tied to her wage-earning abilities. "I cannot tell you how much more self dependent I feel—since I found that I can teach," she wrote. "And if I earn something in supporting myself—it will certainly do something towards making me feel better in health."<sup>469</sup> Teaching for wages was not always easy or even possible for Marian, however. Fulltime employment was more than she believed her body could handle, and that significantly limited the income she could earn. She was dismayed at the prospect of moving with her brother to New York City. "I cannot support myself either by boarders or teaching," she wrote of the expenses of city living, "It is so unfortunately horrid that I get sick directly I

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<sup>469</sup> Letter, Marian Blackwell to Emily Blackwell, October 16, 1851. Schlesinger Library, Blackwell Family Collection, box 3, file 32.

try, and am compelled to give up.”<sup>470</sup> For Marian, health and economic self-sufficiency were intricately linked together.

At times, Marian’s health made paid employment unattainable and so she exchanged domestic labor for the chance to board in a location that she believed would prove restful or even curative. On one occasion, she arranged to summer in the country at the home of a friend. In exchange for teaching his two children, he set her up with two rooms in a cottage occupied by a “respectable” English family whom he employed on his estate. She provided her own furnishings, did her own housekeeping, and was very pleased with the situation. She wrote to her brother, “I have been here but a few days and feel a trifle better already.”<sup>471</sup> On another, her friend Mr. Alafsen paid for her room, board, and travel expenses for a winter excursion to Paris when her health was particularly bad. She “felt rather bound in honour to stay [the following] winter when we should live quietly and I could really be of assistance in housekeeping and teaching Frances” in exchange for Mr. Alafsen’s prior financial contributions to her wellbeing.<sup>472</sup>

While Marian felt obligated to exchange productive work for her room and board, she was not willing to do so under just any circumstances. She found particularly irksome the prospect of moving in with her sister-in-law, the activist Lucy Stone. She wrote, “There is nothing much more repugnant to me than

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<sup>470</sup> Letter, Marian Blackwell to George Blackwell, Date of the month unknown in these backwards parts, Schlesinger Library, Blackwell Family Collection, box 3, file 32.

<sup>471</sup> Marian Blackwell to George Blackwell, date of the month unknown.

<sup>472</sup> Letter, Marian Blackwell to Elizabeth Blackwell, August , 1868. Schlesinger Library, Blackwell Family Collection.



keeping house in another person's house—and that person so particular and so different from me in her habits as Lucy.”<sup>473</sup>

At one point, with the help of investments from her siblings, Marian was able to purchase a house for herself and her mother on a small plot of land in rural New Jersey. She was not able to juggle paid employment with the care of her elderly mother and the necessary housework, however. She opted to care for her mother as no one else in the family seemed able or willing to take on this task. To survive economically, she relied on assistance from her brothers, which she referred to as an “allowance to mother.” In the fall of 1857, she faced a monetary crisis. Her brother Harry had been unable to send any money for two months and she was unsure whether her brother George would be able to provide for them. She wrote to George asking for a clear account of his financial assistance, her desperation marked in her letters: “We really cannot go on much longer without ... It is really necessary that we should know at once [whether he intended to send money]—as we are nearly out of funds.”<sup>474</sup>

Even when she was feeling her most helpless, she still managed all of the finances of the household. “I never expected to reach such a pitch of helplessness, only imagine being compelled to have your feet washed for you, your shoes and stockings put on, being unable to turn in bed, or cover yourself in clothes,” she

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<sup>473</sup> Marian Blackwell to Elizabeth Blackwell, August      , 1868.

<sup>474</sup> Marian Blackwell to George Blackwell, November 19, 1857. Schlesinger Library, Blackwell Family Collection, box 3, folder 32.

wrote.<sup>475</sup> Her physical limitations made housekeeping all but impossible; Marian was particularly disturbed by the overgrowth of weeds in her garden that she was unable to attend to. Still, she managed household accounts to make sure both she and her mother would be cared for. She wrote to George asking if he remembered the payment from Henry from the previous winter. Marian was sure that he had underpaid them, but had not recorded in her ledger whether he had paid \$12.50 or \$25. She wanted to be sure before she contacted Henry about the overdue money.<sup>476</sup> Thus even in the time when her body, she still engaged in an important task that many middleclass women performed as household managers.

How Mollie survived economically remains something of a mystery. As I argued earlier in this dissertation, Dailey's goal in writing his book was to use Mollie's sensational story to advocate for the Spiritualist cause. Likewise, both Buchanan and Hammond used their own writings about Mollie to take a stance on the veracity of her supernatural abilities. The penny papers who reported on all of this were out for a sensationalized story. As a symbol, Mollie was well documented. As a person, the documentation is scarce. No one who recorded Mollie's story in depth was interested in the details of her day-to-day life, including such crucial subjects as how she made and spent her money. I have therefore pieced the following section together from fragments—references made in passing, 3-line newspaper announcements of benefit events for Mollie, accounts of her estate at the time of her death. There are many questions that I cannot answer.

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<sup>475</sup> Marian Blackwell to George Blackwell, June 29, 1862, Schlesinger Library, Blackwell Family Collection, box 3, folder 32.

<sup>476</sup> Marian Blackwell to George Blackwell, June 29, 1862.

Like Marian Blackwell, Mollie survived on a mix of paid employment, sales of her handiwork, donations from her supporters, and the support of family members. Her needlework abilities were the original miraculous talent that brought her to the public eye, but they were also a practical means of income. Dailey describes how a wicker basket that swung over her bed allowed her to reach her sewing supplies and reading materials without standing up.<sup>477</sup> During the years when her fingers were curled into fists, she used scissors specially designed to fit her hands by a professor at Harvard so she could cut petals and leaves for the wax flowers she made.<sup>478</sup> Mollie's friend Alice LePlongeon described for Dailey how her embroidery projects ranged from small patchwork pieces for friends' crazy quilts to elaborate portieres to hang over doorways and block drafts from entering rooms. She made pillows, linens, clothing for herself and others, and lambrequin window treatments. A Mr. L—— who lived on St. James Place, Brooklyn commissioned several works from Mollie. She stitched him a lambrequin with passionflowers to match those he grew in his garden. She also made him a garnet-colored set of portieres embroidered with silk thread of rich gold, white, gray, brown, and emerald green. LePlongeon described the pieces, saying, "The design was elaborate, executed with wondrous skill and taste, the work being perfect and the blending of colors most artistic." Mr. L—— was so pleased with the work that he helped connect Mollie to others who were interested in purchasing large pieces from her.<sup>479</sup> How much

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<sup>477</sup> Dailey, 242.

<sup>478</sup> Dailey, 224.

<sup>479</sup> Letter, Alice LePlongeon to Abram Daily, in Daily, *Brooklyn Enigma*, 123.

money she made off of these sales, how steady the work was, and whether she had assistance from someone like Crosby in creating the pieces, remains a mystery.

Mollie was not only a recipient of new technology designed for invalids, she also became involved in its manufacture. Mollie was a personal friend of George Sargent who ran the George F. Sargent Company, a leading maker of invalid products in the nineteenth and early twentieth centuries, used the tag line “For Invalids, For Comfort Loves, For Brain Workers” to market over 70 styles of wheel chairs (for every budget!), carrying chairs for assistance moving up and down stairs, and specially created desks, bookshelves, and odor-free commodes, among other useful products. Ads for the company appeared in publications aimed at physicians such as Merck’s Index and in general audience magazines such as Lippincott’s monthly, where they appeared alongside ads for corsets, graphite pencils, and stained glass substitute.<sup>480</sup> According to Sargent’s testimonial in Dailey’s text, Mollie took a great interest in the products of the company and bought several shares of stock. He began bringing her products to test out and offer design suggestions. Eventually, Sargent made her secretary—and later vice-president—of the company. She hand addressed thousands of circulars advertising company products each year, and the board held meetings in her room so that she could attend them.<sup>481</sup>

While Mollie never took on boarders per se, she did rent out the bottom floor of her house as a store. In the 1870, when Mollie’s fame was at its height and thousands of people were making pilgrimages to visit her, she primarily sold her

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<sup>480</sup> Merck’s Index, 1896, Lippincott’s Monthly Magazine, April 1887.

<sup>481</sup> Dailey, 224-225.

own handmade goods within the store. It's unclear whether the store was in fact managed by Crosby in this period. In the later years, Mollie rented the space out to other shop owners. In 1890, she opened a bazaar on the first floor of her house, which she managed by communicating with the store's clerk by means of speaking tubes connecting her bed and the shop.<sup>482</sup>

Like Marian Blackwell, it is likely that Mollie also received a certain amount of support from her father and brother, and it's unquestionable that she benefitted from the unpaid care that Crosby provided for her. It is not until after the death of Mollie's father in the mid 1890s followed by the death of her aunt that newspapers begin citing great financial difficulties for Mollie that caused her "much anxiety."<sup>483</sup> She no longer had the economic support of her father and had to hire a paid nurse to replace the care she had received from her aunt. When her brother died, removing a final means of support, the financial troubles reached a crisis point. According to a short article in the *Brooklyn Daily Eagle*, she survived for a time on the income from the little store on her first floor, but by 1896 it was vacant. Mollie failed to pay the taxes on her home and had difficulty keeping up with her mortgage. She was on the brink of losing her house and moving into "some charitable institution" when her supporters stepped in to raise the funds she needed.<sup>484</sup> The Brooklyn Order of King's Daughters, the local branch on a Christian benevolent association based out of Chautauqua, NY, made an appeal in the *Brooklyn Daily Eagle* to raise \$900 for

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<sup>482</sup> "Mollie Fancher's Store," *Brooklyn Daily Eagle*, June 11, 1890.

<sup>483</sup> "Miss Fancher's Euchre Party," *Brooklyn Daily Eagle*, April 16, 1899, p. 8.

<sup>484</sup> "Raise \$900 for Her," *Brooklyn Daily Eagle*, May 4, 1896, p. 4.

Mollie's assistance by holding a "euchre party" for her benefit.<sup>485</sup> Prizes for the party were donated by local business, but Mollie contributed by sewing a "very handsome center piece" that was auctioned off to guests.<sup>486</sup> Mrs. Stotenborough arranged an "Easter offering" by hosting a bake sale, flower sale, and lemonade stand prior to a concert for Mollie's benefit. The sale also included a stand with "little articles" made by Mollie.<sup>487</sup>

Sometimes support came in the form of experience and connection to the outside world rather than in terms of money. In March 1898, she heard an orchestral concert given for her benefit at Plymouth Church from her bedroom via the "many and varied facilities" the New York and New Jersey Telephone Company provided to her *gratis*.<sup>488</sup> The anticipation of hearing a live entertainment after thirty-two years in her bedroom left her "like a child waiting for Christmas to come" albeit a bit afraid that the "excitement might be too much." For the same event, Mollie recorded a speech on a graphophone that was broadcast at the church where she gave her "heartfelt thanks" to the performers and bid the audience good night.<sup>489</sup> The graphophone was later installed in the church to record the sermons of Dr. Abbott so Mollie could listen to them afterwards. "Think of going to church

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<sup>485</sup> "Miss Fancher's Euchre Party," *Brooklyn Daily Eagle*, April 16, 1899, 8.

<sup>486</sup> "For Miss Fancher's Benefit," *Brooklyn Daily Eagle*, April 20, 1899, 12.

<sup>487</sup> "To Miss Mollie Fancher," *Brooklyn Daily Eagle*, April 14, 1897, 7.

<sup>488</sup> "For Miss Fancher's Benefit," *Brooklyn Daily Eagle*, March 6, 1898, 11.

<sup>489</sup> "Mollie Fancher's Benefit," *Brooklyn Daily Eagle*, March 24, 1898.

again after so many years of absence,” Mollie said of the plan, “Why, I shall not know how to act.”<sup>490</sup>

As an invalid, Mollie wasted in bed and contributed through productive labor. She was wracked with suffering. She was cheerful and patient. The only way these terms cease to be oxymoronic is by viewing them through the lens of nineteenth-century disability. The meanings of disability, as I have argued throughout this dissertation, were by no means stagnant, so it no surprise that the aspects of productivity was lost as for Mollie and her invalid contemporaries. As we move toward the epilogue, which jumps us forward into the twentieth century, the focus on productivity is already lost, replaced with a narrative of suffering and survival.

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<sup>490</sup> “Mollie Fancher’s Benefit,” *Brooklyn Daily Eagle*, March 20, 1898.

## Epilogue: A Golden Jubilee

*At the end of fifty years of pain, I have reached my golden jubilee. The thing that has kept me up in this long trial is my faith in the future life and the knowledge that I shall meet my own again. The only message I can give to those like myself, who are prisoners of pain, or to others suffering from unhappiness or poverty of the spirit or of the body is to have courage and more courage. I have borne my cross. Bear yours! Even my life has had its golden hours—the love of friends, the knowledge that the world grows always better.*

*Life has its storms, but look beyond the storm to the rainbow which follows it, for at the end of that rainbow you will find a pot of gold as I have found it—faith in God and love and hope for the human race. And particularly for my sister women.*

--Mollie Fancher, "Mollie Fancher Writes  
Message of Hope for Her Golden Jubilee," The  
Evening World, November 12, 1915.



Mollie was sixty-six years old in 1916 when she decided to throw a party to end all parties—a “golden jubilee” to celebrate the fiftieth anniversary of taking to her bed. Six hundred golden invitations asked members of Brooklyn’s elite to join her for one of two engagements: an afternoon affair that last from 2:00 to 6:00 PM or an evening event that began at 8:00 and continued until midnight. Mollie had decided that her home was not big enough to hold the party that she envisioned all in one go.<sup>491</sup> She counted President Woodrow Wilson among those invited to the soiree.<sup>492</sup> He did not attend, but the regrets letter sent by his secretary still merited a mention in the paper.<sup>493</sup>

The press had long before dubbed Mollie the “cheerful invalid,” and whether this was in fact persona, she approached the party planning with *joie de vive* and not a hint of irony or macabre that you might expect to creep into a party celebrating fifty years of invalidism.<sup>494</sup> It was, after all, the invalidism that made her famous and first brought her into contact with the Brooklyn socialites who were her party guests. It made sense that she would draw on this trope when she resurrected her fame in the twentieth century.

The first decades of the twentieth century had been difficult for Mollie. Her finances were a constant struggle and most of her closest family and friends had passed away. The first interview of her return to fame, conducted by Nixola Greely-Smith of the *New York Word* in November of 1915, betrayed how difficult the years

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<sup>491</sup> “Mollie Fancher Announces Her Golden Jubilee, 1866-1916,” *Brooklyn Eagle*, January 30, 1916, 18.

<sup>492</sup> “Invites President,” *Brooklyn Eagle*, January 23, 1916, 1.

<sup>493</sup> “President Sends Mollie Fancher Note,” *Brooklyn Eagle*, January 26, 1916, 2.

<sup>494</sup> “Mollie Fancher Announces,” 18.

had been. Her loneliness was evident as she described her relationship with her beloved parrots, Joe and Loretta with whom she talked regularly. "You are," she said to the reporter, "the first stranger I've conversed with in years."<sup>495</sup> She talked of the difficulty of paying the \$600 per year taxes on her house and longed for a white dress with fox fur (the latest style) if only she were "not so poor."<sup>496</sup> Her insecurities were manifest. "Do you think anyone will come to see an old forgotten woman like me?" she asked the reporter.<sup>497</sup>

Even in this tough time, however, Mollie's knowledge of current affairs and her sharp wit were on display. When asked about women's suffrage, she said, "I pay taxes on this house and I ought to vote."<sup>498</sup> That didn't make her a radical women's activist, however. She was still rather conservative on women's fashion, for instance. She said of modern women's clothing: "What there is of them is good enough but there isn't enough. You tell them from Mollie Fancher that they give the men too much for nothing."<sup>499</sup>

As the party brought her back into public eye, her spirits improved. The party itself, was a resounding success. Thanks to generous donations from her friends, Mollie bedecked the house with potted golden flowers and garlands of smilax. Vases of roses tied with golden ribbons filled every corner and "overflowed onto tables

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<sup>495</sup> Nixola Greeley-Smith, "50 Years a Martyr on a Bed of Pain, Mollie Fancher is the 'Eternal Feminine,'" *The Evening World*, November 12, 1915, 3.

<sup>496</sup> Greeley-Smith, "50 Years," 3.

<sup>497</sup> Greeley-Smith, "50 Years," 3.

<sup>498</sup> Greeley-Smith, "50 Years," 3.

<sup>499</sup> Greeley-Smith, "50 Years," 3.

and stands” creating, as the *Brooklyn Eagle* described, a “floral Eden.”<sup>500</sup> Japanese lanterns lit her stairwell and miniature electric bulbs climbed all four posts of her bed; the wonder of electricity that had help make her fantastic story plausible in the 1870s had been domesticated into a party decoration. Friends took up a collection for Mollie and at the end of the night, presented her with a basket filled with checks and gold coins.<sup>501</sup> For that one day, at least, Mollie was able to set aside the financial troubles, physical ailments, and isolation that had marked her life in the previous decades and just have fun. She reveled in every minute of it.

As the guest arrived, they were ushered up the stairs and into a parlor where they would await entrance into Mollie’s room for a one-on-one conversation. In the days leading up to the party, Mollie’s friends worried that these personal greetings would prove too taxing for her, but instead she thrived.<sup>502</sup> When guests entered Mollie’s room they found her “propped up on a mountain of pillows” with her pet parrot, Joseph—who had nearly lost his voice from saying “hello” to so many people in the previous days, sitting by her side.<sup>503</sup> Mollie wore a pale blue silk matinee, embroidered with a vine of wild roses made up of thousands of delicate stitches and embellished with pearls. “I supposed many will think it was imported for me by

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<sup>500</sup> “Greetings and Gold for Mollie Fancher,” *Brooklyn Eagle*, February 4, 1916, 5.

<sup>501</sup> “Greetings and Gold for Mollie Fancher,” 5.

<sup>502</sup> “Miss Fancher Will ‘Look’ a Welcome,” *Brooklyn Eagle*, January 28, 1916, 22.

<sup>503</sup> “Parrot, Miss Fancher’s ‘Aide’ Grows Hoarse Crying ‘Hello,’” *Brooklyn Eagle*, February 1, 1916, 22.

some wealthy friend,” Mollie said of the garment, “Nothing could be further from the fact. I made it, every stitch.”<sup>504</sup>

Like Sally Field at the Oscars, Mollie was wowed by the attention she received. “What pleases me most,” she told a reporter from the *Brooklyn Eagle*, “is that everyone who called seemed to love me ... I saw people today who have not been here in years. They had to come—the influence of Mollie Fancher again.”<sup>505</sup> The *Eagle* described her as the happiest woman in America.<sup>506</sup>

In true form of someone who has spent a lifetime using the press for personal communication, after the party Mollie sent a letter to the *Brooklyn Eagle* “giving her heartfelt thanks to the many loving friends” who had helped her with the celebration.<sup>507</sup> She listed a full paragraph of names of friends whose support she was particularly grateful for, ending with a special thanks to Mrs. Theodore Vandenburg who had made a seventeen-pound fruitcake for the party and H. F. Walcott who had donated the electrical lights. She regretted that she was “physically unable to acknowledge” all of the gifts that she had received, but her “most grateful appreciation [was] tendered.”<sup>508</sup>

The day after the thank you ran, she was dead.

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<sup>504</sup> “Greetings and Gold for Mollie Fancher,” 5.

<sup>505</sup> “Greetings and Gold for Mollie Fancher,” 5.

<sup>506</sup> “Greetings and Gold for Mollie Fancher,” 5.

<sup>507</sup> “Mollie Fancher’s Thanks,” *Brooklyn Eagle*, February 10, 1916, 23.

<sup>508</sup> “Mollie Fancher’s Thanks,” 23.

In the end, it was a lung infection—likely contracted from a guest at the party—that killed her. Her final illness was a quick one, with only days passing between the “mild cold” she felt at the onset of the illness and her death.<sup>509</sup>

Mollie had planned her funeral in advance and left wishes that it not be a sorrowful affair. Her plans for the service in many ways mirrored her plans for her jubilee. At a designated time, her family opened the doors of her home for well-wishers to gather. Just as at the jubilee—or one could argue because of the renewed fame she gained from the jubilee—two hundred guests gathered at her home. The papers do not say how many of these were the same guests who had joined her the week before. As at the party, guests were invited into her bed chamber to pay their final respects in private. Mollie had chosen to wear the same blue dress she had embroidered with pearled white roses. The room was likewise decorated with flowers, but the flowers of gold were replaced with lilies of the valley. Mollie rested on the same bed she had spent a life in, with a single white lily draped across her chest.<sup>510</sup>

When the service began, Mollie was laid in a grey casket upon a blanket made of 4,000 sprigs of lilies of the valley. She was framed by a “profusion” of red and white roses. The service itself was simple. Rev. Dr. Shaw from Emmanuel Baptist Church conducted a short ceremony that included Mollie’s favorite Biblical passages

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<sup>509</sup> “Mollie Fancher at Rest at Last,” *Brooklyn Eagle*, February 11, 1916, 1.

<sup>510</sup> “Services on Monday for Mollie Fancher,” *Brooklyn Eagle*, February 12, 1916, 3.

and her favorite hymn, “Lead, Kindly Light.” She was laid to rest a Green-Wood Cemetery in Brooklyn with just a few close friends in attendance.<sup>511</sup>

As much as Mollie’s blip of fame in the twentieth century brought her back to public attention after a long absence, it also served to highlight that her story was of a previous era. The press presented her as a relic of the past. The front-page article of the *Brooklyn Eagle* that heralded Mollie’s return to fame emphasized the passage of time since her original prominence. “Fifty years!” the article wrote. When Mollie took to her bed, the reporter reminded readers, “the Civil War had not long been ended; the Brooklyn Bridge was a dream, the telephone, the automobile, and even trolley cars were things of the future.”<sup>512</sup> The reporter described entering her bed chamber almost as if travelling back in time. The room, he said, “is filled with the atmosphere of a day that has gone—from the ancient bed and antique rosewood bureau, to the chairs and cabinet next to her bedside. Only Mollie Fancher is of the present.”<sup>513</sup>

In the weeks leading up to Mollie’s death, her resurrection of fame gave her a chance to solidify her legacy on her own terms. Gone was the shy girl who was too proper to talk to the press. Twentieth-century Mollie invited reports into her home to photograph as well as interview her. In these photos, Mollie sits propped on her bed with her parrot by her side, looking directly into the camera. Michelle Stacey,

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<sup>511</sup> “Miss Fancher’s Body Rests in Greenwood,” *Brooklyn Eagle*, February 15, 1916.

<sup>512</sup> “50 Years in Bed Mollie Fancher is Cheerful Invalid,” *Brooklyn Eagle*, December 5, 1915, 1.

<sup>513</sup> “50 Years in Bed,” 1.

Mollie's other twenty-first-century biographer cites this stare as evidence that Mollie's sight had returned. Lacking other evidence, I'm not willing to take a firm stance on this argument, but I do believe it shows a newfound confidence. Mollie no longer felt the need to shy away and avoid glaring into the camera as she had in all previous photos—including the one taken before her accident when she certainly had her sense of sight. Not only did she talk to reporters in this era, she joked. She should be known as Mollie Fancher, not *Miss* Fancher, she said, for example. "Miss," she worried, might give people the impression that "I am an old maid," she said, "and that I don't want to be." To another reporter she said, "I had a photograph taken last year and it made me look like an escaped lunatic. You don't really think I look like that, do you?"<sup>514</sup>

Still, the world around Mollie had changed, and with it, the meaning of her story. As Robert Lawrence Moore has demonstrated, Spiritualism had been in disrepute for decades and though it was on the cusp of a resurgence due to the high death tolls of World War I, it had yet to incite the levels of excitement that it had enjoyed in the early years of Mollie's celebrity. Even the occult sciences had fallen out of favor.<sup>515</sup> Likewise, as Andrew Scull has demonstrated, with the publication *Studies on Hysteria* (1895) and *Dora: An Analysis of a Case of Hysteria* (1905), Sigmund Freud had ushered in a new era of thinking about hysterical symptoms. His

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<sup>514</sup> Greeley-Smith, "50 Years," 3.

<sup>515</sup> Robert Lawrence Moore, *In Search of White Crows: Spiritualism, Parapsychology and American Culture* (Oxford: Oxford University Press, 1977).

psychoanalytic interpretation cast hysteria as a result of repressed sexual desire and placed it squarely within the realm of mental, rather than physical ailment.<sup>516</sup>

Most changed of all was the public attitude toward disability in the twentieth century. In the late nineteenth and early twentieth centuries, the meanings of disability shifted towards increased medicalization and assumptions of dependency. As historian James Trent has described, Eugenics, a belief that the way to improve society was through “better births,” meaning preventing “undesirable” or “defective” people from reproducing took root in the early twentieth century. The first mandatory sterilization law for the “feeble minded” was passed in Indiana in 1907. 1912 saw the publication of Henry Herbert Goddard’s influential work *Feeble-mindedness: Its Causes and Consequences*, which linked together degeneracy with moral depravity (as other works had previously) but made a new call to end this problem through marriage restriction, sterilization and segregation of disabled people, giving rise to increased institutionalization of disabled people.<sup>517</sup>

At the same time, as Kim E. Nielsen has argued, in the aftermath of World War I, the idea that the “good disabled person” was one who had undergone rehabilitation which allowed them to return to the workforce became a particularly dominant theme of disability history. Those people who were not able to (or interested in) going through a rehabilitation process and therefore needed public assistance were considered “bad” despite the fact that many disabled people were denied work by employers and race and gender played a significant factor in

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<sup>516</sup> Andrew Scull, *Hysteria: The Biography* (Oxford: Oxford University Press, 2009).

<sup>517</sup> James W. Trent, Jr. *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994), 160-170.



whether the work was available in the first place.<sup>518</sup> In these contexts, Mollie's ceased to be relevant to the public debate. She would be all but forgotten for much of the twentieth century.

Mollie worked to secure her story as much by what she didn't say as by what she did. She made no attempt to entice readers with teasing suggestions about miraculous abilities. Nor did she aim to settle questions of her sanity or whether she had in fact suffered from hysteria. All of the components of her story that had brought her fame as a proxy for larger social issues were absent from her final telling. Instead, she wanted to be remembered for her patience, good cheer, and dedication to helping others. Mollie's message for the world, according to the *Brooklyn Eagle*, is "to consider her life of sufferings and be patient when tried by your own 'puny woes.'"<sup>519</sup> She believed, the reported wrote, that her life might be an example to others that "for those who believe themselves hard-pressed by fortune, their tiny crosses are but a blessing in disguise."<sup>520</sup> Her friend Mrs. Duer sent a letter to the editor of the *Brooklyn Eagle* saying of Mollie's death, "Earth is poorer; a great teacher has been taken. Mollie taught us how to 'bear our cross,' how to 'pass under the rod' by clinging close to the uplifted hand that holds it."<sup>521</sup> Her obituary in the

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<sup>518</sup> Kim E. Nielsen, *A Disability History of the United States* (Boston: Beacon Press, 2012), 128.

<sup>519</sup> "Mollie Fancher Announces," 18.

<sup>520</sup> "Mollie Fancher Announces," 18.

<sup>521</sup> Mrs. J. Duer, "To Mollie Fancher: Tribute to the Brave Invalid that Has Passed Away," *Brooklyn Eagle*, February 13, 1916, 20.

*Eagle* makes not a single mention of the supernatural powers that made her famous.<sup>522</sup> Sentimentality had become the dominant theme of her story.

In the immediate aftermath of her death, the memory of Mollie mirrored the image of herself she had put forward in her final interviews. Her friends set out to honor her by create a Mollie Fancher Memorial that would endow a room for bed-ridden invalids at the House of St. Giles the Cripple in Brooklyn. Mollie had hoped to create such an endowment for some time, but had been unable to secure the funds—she was scarcely able to support herself. But the jubilee had been an unspoken benefit of sorts and many guests had brought monetary gifts, to the tune of \$1,729. After Mollie’s death, one guest requested his \$15 back, but the rest of the money passed to Mollie’s nephew, Claude Heaton, who donated it to her memorial foundation. The *Brooklyn Eagle* soon got involved in the fundraising as a group of Mollie’s friends sought to raise a full \$5000 dollars to endow the room. They met their goal and secured a “warm and sunny” room, decked in white enamel, and opening onto a spacious balcony to be set aside for some “helpless cripple” in Mollie’s name. “It would have given her infinite joy,” reported the *Eagle*.<sup>523</sup>

As time passed, Mollie the woman was largely forgotten and Mollie the curiosity re-emerged. In 1977, Joseph and Edith Raskin wrote her into a book of ghost stories for children, *Strange Shadows: Spirit Tales of Early America*. In their story, Mollie’s clairvoyance takes center stage as she predicts visitors at her door and finds lost objects without the use of her eyes. But was she for real? That’s the

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<sup>522</sup> “Mollie Fancher at Rest at Last,” *Brooklyn Eagle*, February 11, 1916, 1.

<sup>523</sup> “Mollie Fancher Room Dedicated,” *Brooklyn Eagle*, Undated [c. 1917] from Brooklyn Public Library Mollie Fancher Collection.

question at the end of the tale: “Her strange power was so puzzling that she became known as the Brooklyn Enigma. To this day, clairvoyance remains a mystery and its existence is still being debated.” The Travel Channel asked a similar question when it featured an expose on a piece of Mollie’s needlework hanging in Lillydale, NY, a town dedicated to Spiritualism, on its show *Mysteries of the Museum*.

I believe that Mollie deserves better than to be a curious footnote to history. But which Mollie? The hysteric? The clairvoyant? The woman?

As I promised at the start of this dissertation, I will not end with a revelation of which of the five Mollies is the “real” one. They are all real, and they are all constructs. Her role as sensation, clairvoyant, hysteric, care recipient and invalid woman were equally important to her life story, but it is the juxtaposition of these roles that make her story greater than her life itself.

Mollie’s life stories act as a window through which we can see how interrelated concepts of disability, sensation, gender, care, the occult and the professionalization of medicine were for ordinary people living through the upheaval of rapid urbanization and a radical shift in scientific thought in the late nineteenth century. Without the others, each of the stories is incomplete. As Mollie’s story demonstrates, physicians were only some of the players in the conflicts over the professionalization of medicine. Marginalized groups such as hysterical women and believers in the occult also had voices in these debates, and case studies of people with disabilities and chronic conditions were crucial to how different parties championed their side of the issue. Mollie’s story also gives us a view at some of the

more private aspects of disability. It demonstrates the complexity of relationships between caregivers, physicians and care recipients in the era of the professionalization of medicine, and demonstrates the importance of race, class, and gender or the creation of the invalid persona.

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Stanley, Amy Dru. "Beggars Can't Be Choosers: Compulsion and Contract in Postbellum America," *The Journal of American History* 78, no. 4 (1992).

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John Williams-Searle, "Charity: Manhood, Brotherhood, and the Transformation of Disability, 1870–1900," in *New Disability History*, ed. Paul K. Longmore and Lauri Umanski. New York, 2001.

### Film

*The Mesmerist*. Directed by Gill Cates, Jr. 2002. Los Angeles: Roxbury Films. DVD.

## Curriculum Vita

### Education

Ph.D. **University of Illinois at Chicago**, History Department, expected spring 2015.

- Examination Fields: Modern America, Medicine, U.S. Women, Britain.
- Program: Work, Race, and Gender in the Urban World.
- Concentration: Gender and Women's Studies.
- Research Interests: Gender, Medicine, Disability, and Culture in Modern America.

M.A. **University of Illinois at Chicago**, History Department, May 2006.

B.A. **Vassar College**, History Major, Classics Minor, May 2001.

### AWARDS AND HONORS

*American Fellowship*, **American Association of University Women**, July 2010–June 2011.

*Dean's Scholar Award*, **University of Illinois at Chicago**, September 2010–August 2011 (declined).

*Robert V. Remini Scholarship*, **University of Illinois at Chicago History Department**, May 2009.

*University Fellowship*, **University of Illinois at Chicago**, September 2008–August 2009  
and September 2004–August 2005.

*Dissertation Grant*, **Schlesinger Library at Radcliffe University**, May 2008.

*Paul Klemperer Fellowship in the History of Medicine*, **New York Academy of Medicine**, May 2008.

*Provost's Award*, **University of Illinois at Chicago**, April 2008.

*Graduated with Departmental Honors*, **Vassar College**, May 2001.

*Shouse Grant*, **Vassar College**, June–August 2000.

### TEACHING and COURSE DESIGN EXPERIENCE

*Senior Instructional Designer*, **New England Institute of Technology**, February 2013–Present

As the first instructional designer in a newly developed Office of Online Learning at NEIT, I was responsible for creating the structure of NEIT's online courses and helping faculty re-imagine the possibilities for online education.

- Worked in close concert with faculty to design courses that reflect the unique personality, pedagogical philosophy, and learning goals of each individual professor
- Designed, built, and assessed lessons that encouraged students to “do something” rather than simply read and discuss
- Created standardized organizational structure for online courses to ease navigation and provide built-in technical and academic support
- Improved student retention and satisfaction rates through community building, a student-centered approach to learning and ample opportunities for reflection

*Adjunct Instructor, Grand Rapids Community College*, August 2010–December 2011.

Incorporated lecture, class discussion, and group assignments to engage different styles of learners. Guided students through analysis of primary sources including visual and literary materials. Used classroom technology to promote collaborative learning. Graded student tests and papers using clearly delineated guidelines. Nominated for a Gold Star Award for use of blackboard in the classroom. Courses taught:

- Western Civilization to 1500
- American Government

*Teaching Assistant, University of Illinois at Chicago*, August 2005–May 2008.

Taught student-centered discussion sections promoting critical and independent thinking, analysis of primary texts, and writing skills. Prepared and delivered lectures incorporating visual materials.

Courses taught:

- American Civilization Since the Late Nineteenth Century
- American Civilization to the Late Nineteenth Century
- The Middle East Since 1258
- Topics in World History
- History of Chicago
- Western Civilization to 1648

*Literacy Tutor, Anixter Center*, March 2005–January 2007.

Tutored students with intellectual disabilities in reading and writing. Assisted students in creating and achieving personal literacy goals.

*GED Teacher, Poughkeepsie Continuing Education*, September 1997–May 2001.

Taught social studies, English, and math. Developed individual lesson plans for students with varied learning styles. Received an award for outstanding dedication and service.

## PUBLICATIONS AND DIGITAL HUMANITIES PROJECTS

Editor, *Each Moment a Mountain*, a public history and digital humanities project promoting art and thought inspired by freely available digital archives, featured on *History@Work: A Public History Commons from the National Council on Public History*. March 2012–January 2013.

"Diseased, Maimed, Mutilated: Categorizations of Disability and an Ugly Law in Late Nineteenth-Century Chicago," *Journal of Social History*, 44 (Fall 2010), 23–38.

"Fashion" and "House and Home," *American Centuries: The Ideas, Issues, and Trends that Made U.S. History*, vol. 5: The Twentieth Century (Facts on File) ed. Robert D. Johnston, 2011.

"Oliver Wendell Holmes, Jr.," *Encyclopedia of United States Political History*, Vol. 4, 1878-1920, (CQ Press) ed. Robert D. Johnston, 2010.

## PRESENTATIONS

Larry Bouthillier, Adrienne Phelps-Coco and Tom Thibodeau, "Customizing Canvas Using Javascript and CSS," **NERCOMP Canvas Users Group**, February 2015.

Larry Bouthillier, Adrienne Phelps-Coco and Tom Thibodeau, "Supporting Faculty In Transition To Online Delivery," **New England Faculty Development Conference**, Spring 2014.

"Careers in E-Learning and Instructional Design," **Versatile Ph.D. Panel Discussion** (versatilephd.com), October 2013.

"The Contested Body of Mollie Fancher: Lay Authority and the Hysteria Diagnosis," **Newberry Seminar on Women and Gender**, January 2010.

"The Contested Body of Mollie Fancher," **New York Academy of Medicine**, February 2009.

"Health and Nourishment: Susan Crosby and the Late Nineteenth-Century Culture of Care," **Schlesinger Library**, September 2008.

"Diseased, Maimed and Mutilated: Categorizations of Disability and an Ugly Law in Nineteenth-Century Chicago," **Chicago History Graduate Student Conference**, April 2008.

"Unightly or Disgusting Objects: Disability, Poverty and an Ugly Law in Late Nineteenth-Century Chicago," **Missouri Valley History Conference**, March 2006.

## RESEARCH EXPERIENCE

*Researcher*, **University of Illinois College of Medicine**, December 2006–April 2007.  
Commissioned to write "College of Medicine: The Past Thirty Years" in honor of the 125<sup>th</sup> anniversary of the school. Conducted archival research and oral history interviews with prominent doctors and hospital administrators.

*Researcher*, **Chicago Disability History Exhibit**, July 2005–May 2006.  
Acquired material for the exhibit on "ugly" laws, epidemics, disabled beggars, disabled veterans, Cripple Clarence Lofton, and the August W. Christmann Awards through archival research. Wrote content for exhibit posters and placards.

*Research Assistant*, **Vassar College History Department**, September 2000–May 2001.  
Carried out research for professor's presentation on Julia Lathrop, the first head of the Children's Bureau, in Vassar archives.

## UNIVERSITY AND PROFESSIONAL SERVICE

**Quality Matters at NEIT**, *New England Institute of Technology*, 2013-present

**Blackboard to Canvas Transition Team**, *New England Institute of Technology*, 2014

**Learning Management System Selection Committee**, *New England Institute of Technology*, 2014

**Faculty Development Committee**, *New England Institute of Technology*, 2013-2014

*Secretary*, **History Graduate Society**, December 2005–December 2006.

*Organizer*, **History Department New Student Orientation**, August 2005 and 2006.

*Organizer*, **History Department Prospective Student Day**, March 2005.

*Judge, Chicago History Fair, March 2005.*

## **PROFESSIONAL DEVELOPMENT**

*Certificate in E-Learning and Instructional Design, University of California at Irvine Extension, expected Summer 2015.*

*Improving Your Online Course, Quality Matters, 2013*

*Applying the Quality Matters Rubric, Quality Matters, 2013*

*Distance Learning and Instructional Technologies: Online and Hybrid Certification Course, GRCC Center for Teaching Excellence, October–November 2011.*

## **OTHER PROFESSIONAL EXPERIENCE**

*Freelance Copy Editor and Editorial Analyst, Amnet Systems, February 2012–2013.*  
Edited texts for clarity, style, grammar, and punctuation following the guidelines of the Chicago Manual of Style. Provided potential agency clients with initial feedback and determined the editorial level that would most benefit them.

*Freelance Copy, Content, and Developmental Editor, Publication Services, May 2008–March 2011.*  
Enhanced the clarity of texts and ensured that their style was appropriate to their target audience. Corrected grammar, punctuation, formatting, and structural errors according to the guidelines of the Chicago Manual of Style. Identified factual errors and areas requiring further research. Edited children's and YA fiction, adult fiction and non-fiction, memoir, and technical writing.

*Senior Counselor, Systems Unlimited, March 2003–July 2004.*  
Supervised supported community living home for people with intellectual disabilities. Learned the impact that government policy, community programs, and medical knowledge have on people with disabilities.

*Counselor and Advocate, YWCA Battered Women's Services, January–August 2000.*  
Counseled victims of domestic violence in crisis and non-crisis situations. Advocated in court appearances and other relevant situations. Gained an interest in gender issues.

## Appendix A

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