

House Calls

2nd in the “History of our Homes” Series

By Gregory LeFever

Americans have always put great stock in self-reliance, and nowhere more than in matters of medicine.

For much of our history, nearly all Americans lived on remote farms and in small towns, miles away from anyone with medical training. If you or a loved one caught a serious illness or suffered a bad accident, your chance of getting well was in God’s hands and your own, or maybe with the “granny” down the road, or even with the local blacksmith said to have the “healing touch.”

Over the course of three hundred years, families in need of medical care were often treated in their own homes, a practice known as the “house call.”



Ernest Ceriani, a 32-year-old physician, was featured in the “Country Doctor” photo essay in a 1948 issue of Life magazine. The only doctor for two-thousand residents in and around Kremmling, Colorado, he’s shown here under threatening skies, arriving for one of the several house calls he would make that day. (Photo by W. Eugene Smith for Life magazine.)

In fact, many of us who were children on farms or in small towns in the mid 20th century can still recall a local doctor sitting by our bedsides, using his stethoscope and thermometer before dispensing advice or pills from a black satchel or writing a prescription on his handy tablet, to be filled at the nearest drug store.

The tradition of the house call had a long run in America, from the 1600s to the mid 20th century. It produced two of the most colorful characters in the American folk tradition. One was the “granny,” usually a midwife and herbalist popular in the eastern and southern mountain regions. The other was the country doctor, a trained physician who traveled for miles by horse, buggy, and eventually automobile, to treat patients young and old.

Over time, the nation’s medical landscape changed dramatically as hospitals and clinics with trained medical staffs became common. In 1920, more than half of the nation’s population still lived in rural areas, while 80 percent of the doctors had their practices in cities. By 1980, as millions more moved to the cities, house calls dwindled to less than one percent of doctor-patient contact, leaving patients to seek care in urban and suburban medical offices, clinics, and the more than five thousand hospitals that had sprung up in urban areas across the land.

Homespun Treatment

Going back to the country’s earliest days, most families had some degree of medical knowledge, sort



R. V. Tokar, a company doctor for the U.S. Mine & Coal Company, makes a house call to a miner's remote family homestead in this 1946 photo, taken by Farm Security Administration photographer Russell Lee in McDowell County, West Virginia.

of a rudimentary first-aid approach to illness and injury, using skills passed down through generations of living far from others. Women and men doled out cures from broth to poultices, herbs to alcohol. Many could nurse cuts, sprains, and wounds, and some could set broken bones.

Such temporary treatments were critical during the era of house calls because of the wait involved before the healer arrived. Until the early 20th century, when a family decided real medical help was needed, someone had to fetch the healer, usually by foot or horseback. Then the healer had to journey back to the home to perform the treatment. Understandably, the wait was mercifully shortened in the early 1900s with the coming of telephones and automobiles.

In the close quarters of the home, healers during house calls treated the ill, the injured, those being born, and those dying. They performed while surrounded by the patient's family and friends, who often weighed in on the treatment being administered and often offered their own unsolicited advice and opinions. It was an atmosphere where the healer's "bedside manner" was a vital component of treating the patient.

A New Folk Medicine

In the early 1700s, life expectancy in the colonies was 40 years of age. Adults fell victim to pneumonia, dysentery, smallpox, malaria, yellow fever, scarlet fever, typhoid fever, and tuberculosis. A third of all children died as infants, and the lives of the young survivors were threatened by measles, diphtheria, whooping cough, and tainted cow's milk.

Though sickness was widespread and personal injuries plentiful, few trained physicians came to America in the early years. Colonial Virginia had only four physicians prior to 1700, while New England had a few dozen “ship’s surgeons,” some having served brief medical apprenticeships in England. The colonies did not get their first hospital until 1752 or their first medical school until 1765, both in Philadelphia.

At best, the day’s medical treatments alleviated symptoms but not their cause. At worst, the standard cures could be more harmful than the ailments, involving drawing considerable blood from a vein, inducing vomiting, intentionally blistering the skin, and using powerful laxatives.

Early on, new settlers discovered that Native Americans living in nearby villages along the Atlantic seaboard were skilled in the use of local plants as healing agents. Similarly, in the southern colonies, the importing of Africans also added new treatments and techniques to American medicine, either brought from their homelands or picked up from local Indians.

These different forms of healing contributed much to a new American folk medicine that relied on native herbs, vegetables, roots, spices, and other indigenous ingredients, tending to be gentler than the methods advocated by European-trained medical professionals.

For more than two hundred years, the foremost purveyor of this American folk medicine was a familiar figure known as the midwife or, in some areas, the granny.

“Something Magnificent”

Midwives were necessary fixtures in early American homes due to one simple rule: men were not permitted to have anything to do with childbirth until the late 1700s. Only a few of these early midwives had received any real medical training, most having learned their skills from other midwives.

For the midwife herself, the earliest days of colonial settlement could prove dangerous, as some midwives were suspected of witchcraft, a carryover from the vast European persecution of women healers. In 1648, a 35-year-old midwife and herbalist named Margaret Jones became the first person executed for witchcraft in Massachusetts Bay Colony. She was charged with practicing medicine with “a malignant touch” and was hanged accordingly.



This 1942 photo shows a country doctor attending to a sick young girl in a cramped bedroom of the child’s home in Scott County, Missouri. The photo is by John Vachon, a photographer with the federal Farm Security Administration.

Nevertheless, the demand for midwives rapidly increased. According to the gravestone of one colonial midwife in Massachusetts, she delivered three 3,000 babies, while a midwife in Connecticut claimed to have delivered 1,200 without losing a single infant.

The role of the midwife continued



Dr. Ernest Ceriani takes this patient's temperature in the man's bedroom in a home near Kremmling, Colorado, in 1948. It would be one of several house calls the doctor would make this day. (Photo by W. Eugene Smith for Life magazine.)

to grow as a folk healer through the 1800s and into the 20th century, with the midwife becoming a familiar fixture in many locales. The tradition of the granny was especially popular from the Appalachian hollows to the western frontiers. One of the best descriptions came in 1908 from an American educator named John C. Campbell, who for years studied Appalachian mountain folk.

“There is something magnificent in many of the older women with their stern theology – part mysticism, part fatalism – and their deep understanding of life,” Campbell wrote. “Granny – and one may be a grandmother young in the mountains – if she has

survived the labor and tribulation of her younger days, has gained a freedom and a place of authority in the home hardly rivaled by the men of the family. Though superstitious, she has a fund of common sense and she is a shrewd judge of character. In sickness, she is the first to be consulted, for she is generally something of an herb doctor, and her advice is sought by the young people of half the countryside in all things from a love affair to putting a new web in the loom.”

“Rain, Rain, Drizzle, Drizzle”

By the mid 1800s, the medical scene in America had changed due to growing, migrating families and the influx of immigrants eager to push into unsettled lands. More doctors were willing to set up practices in far-flung towns and villages, willing to travel far and wide to make house calls to rural families.

We can learn much about these early country doctors through the scholarship of Judith Leavitt, professor of medical history at the University of Wisconsin, who studied the journals of two physicians practicing in rural Wisconsin in the mid-1800s. Both often rode thirty miles or more a day on horseback to make their house calls.

If you lived near Watertown, about thirty miles east of Madison, your family may have received house calls from William Brisbane, born in 1806, who ran a ferry and preached part-time in addition to working as a physician. His journals show that in the first six months of 1856, he made nearly 200 house calls, with 156 of them to treat women and children – nine of them to deliver babies – and the remaining 40 to treat men.

Around the same time, if you lived in Arena, about thirty miles the other side of Madison, your doctor could have been Horace Willard, born in 1825. He was busier than Brisbane, making 316 house calls during the first six months of 1852. Of these visits, 236 involved treating women and children – delivering seven babies – as well as treating 80 male patients.

Both of these country doctors cited weather as a big factor in making house calls. “The mosquitoes are so severe that I am apprehensive we cannot do anything here,” Brisbane wrote about trying to reach one patient’s home in Wisconsin’s muggy heat.



Dr. Ernest Ceriani arrives at a patient’s home during a pounding rain in the northern Colorado countryside, in a scene captured in this 1948 photograph. Year-round foul weather conditions always have been hard on country doctors making house calls, especially prior to the automobile. (Photo by W. Eugene Smith for Life magazine.)

His counterpart, Willard, described March of 1857 as: “A month of toil and care, of fearful anxiety – have had much to do, and much mud to do it in.” Of the next month, April, Willard complained, “Rain, rain, drizzle, drizzle, and no cessation. No sunshine, No dry wood. No good roads.”

Both Wisconsin country doctors had ongoing money troubles, not from the lack of patients but from difficulty collecting fees from them. Their journals show they usually charged about \$700 a month total to their patients, but often were able to collect only about a quarter of what they were owed, and even then, many of the payments were in food or other articles the doctors accepted in kind.

“A Heroic Figure”

Continued migration of Americans from rural homes to the cities was intense during the 20th century. Half of all Americans still lived in rural areas in 1920, but by 1980 only 20 percent – or 50 million – remained there. By that time, more than 90 percent of doctors set up practice in urban settings, where the bulk of their patients lived.

Meanwhile, America’s medical schools entered the era of medical specialization – a far more lucrative form of practice – but left fewer doctors trained in the treatment of common sickness and injury. The period from the 1940s to the 1970s was the last hurrah of the general practitioner, or “GP.” After 1970, general practice also

became specialized as “family practice,” involving more schooling and use of advanced treatment techniques.

From the physician’s standpoint, house calls became increasingly inefficient, taking much more time per patient and with virtually no on-site equipment, compared to treating patients in clinic or hospital settings.

But as the practice of making house calls was dying out, a shrinking number of GPs continued making them as a matter of personal dedication to their patients.

Ironically, though house calls were falling off, doctors in the 1900s had the convenience of traveling by automobile instead of by horse or horse-drawn buggy. Although roads often posed a challenge in rural areas, traveling by car greatly expanded the doctor’s geographic range of treatment and eased the effects of bad weather. The spread of telephones into rural areas meant the doctor – or still in many areas, the midwife – could be summoned by a phone call instead of having to be contacted in person, thus saving precious time for treatment.

An excellent portrayal of mid-century house calls appeared in a 1948 Life magazine photo essay called "Country Doctor." It focused on Ernest Guy Ceriani, the 32-year-old sole physician for people living in or around Kremmling in northern Colorado.

"These 2,000 souls are constantly falling ill, recovering or dying, having children, being kicked by horses and cutting themselves on broken bottles," the essay stated. "A single country doctor takes care of them all."

The magazine described Ceriani as: "A heroic figure, selflessly nurturing his patients with a surgeon's clinical focus and the bedside manner of a nurse. He alternates between stoic exhaustion and preternatural focus, and in the absence of other options for health care outside of a 115-mile drive to Denver, he is, quite literally, a savior."

A Role Remains

Today, for some doctors – most of them retired – the old-fashioned house call still holds a personal appeal.

A couple of years ago, for example, a Los Angeles doctor named Michael Oppenheim, 76, decided to come out of retirement to treat people who became ill in downtown hotels in an updated version of the house call. He makes more than three hundred calls a year to the city's hotel rooms, mostly for minor ailments, and refers to himself as the "house-call doctor."

"I enjoy what I do," Oppenheim says. "I don't mind long drives or getting up at night. I don't have to go to an office in the morning."

He acknowledges how the traditional house call is a thing of the past, and doesn't see a large-scale revival. But he believes there's still an occasional role for doctors to provide basic treatment in patients' homes. "If this country ever gets organized with some sort of national health policy, house calls won't be a terribly important part of it," he recently told the Los Angeles Times. "But they will be some part of it."

"You can't really deliver sophisticated medical care in a house call," he says. "But people still call the doctor when they get sick."

And those people will welcome the healer who's willing to show up, day or night, with a traditional black satchel and tablet in hand.



Country doctors treating patients in their homes confronted situations from birth to death and most everything in between. Here, Dr. Ceriani is with a patient's relatives as he summons a priest from Kremmling, Colorado, because an 82-year-old victim of a heart attack likely will not live through the night. (Photo by W. Eugene Smith for Life magazine.)