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Annette B. Ramírez de Arellano
University of Puerto Rico, annette@ramirezdearellano.com

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Abstract

Although Edward Bliss Emerson's life had unusual promise, his death was quite ordinary: he died of pulmonary consumption, which accounted for one in five deaths in the 1830s. He went to the West Indies in search of a more healthful climate, and sought it in St. Croix and Puerto Rico. But his quest was short-lived, and he died in 1834 at the age of 29. Because there was no consensus on the cause of consumption, treatment for the condition varied widely, and included a number of nostrums and therapies that may be considered "self-care." Edward adopted a series of practices that he documented in his journal, therefore providing us with the range of lifestyle interventions and other therapies that were seen as desirable, and the belief systems informing these at the time. These practices ranged from the medically-sanctioned to the highly personal and idiosyncratic, and suggest a variety of holistic approaches to addressing an illness for which there was no "magic bullet."

Keywords

Tuberculosis, Medical Practices, Narrative Medical Record, Puerto Rico, St. Croix, Edward Bliss Emerson

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Ideology and Etiology in the Treatment of Edward Bliss Emerson's Pulmonary Consumption¹

Annette B. Ramírez de Arellano
 University of Puerto Rico, San Juan, Puerto Rico USA

Although Edward Bliss Emerson's life had unusual promise, his death was quite ordinary: he died of pulmonary consumption, which accounted for one in five deaths in the 1830s. He went to the West Indies in search of a more healthful climate, and sought it in St. Croix and Puerto Rico. But his quest was short-lived, and he died in 1834 at the age of 29. Because there was no consensus on the cause of consumption, treatment for the condition varied widely, and included a number of nostrums and therapies that may be considered "self-care." Edward adopted a series of practices that he documented in his journal, therefore providing us with the range of lifestyle interventions and other therapies that were seen as desirable, and the belief systems informing these at the time. These practices ranged from the medically-sanctioned to the highly personal and idiosyncratic, and suggest a variety of holistic approaches to addressing an illness for which there was no "magic bullet." Keywords: Tuberculosis, Medical Practices, Narrative Medical Record, Puerto Rico, St. Croix, Edward Bliss Emerson

Edward Bliss Emerson's life was filled with unusual intellectual opportunities and promise, but ended in a death that was quite ordinary at the time. He died of pulmonary consumption, a broad rubric that included illnesses now variously labeled as asthma, lung cancer, and tuberculosis, among others (Ott, 1996). In the 1830s, pulmonary consumption was the principal cause of mortality in the United States and accounted for one in every five deaths (Rothman, 1994).

Emerson's journal provides an eyewitness account of how the condition was dealt with by well-trained physicians and educated patients during the first half of the 19th century. Journals have been called "letters to oneself" and Emerson's is certainly that. In addition to jotting down his activities and the topics which he would describe more fully in his letters, Edward described his symptoms and health, and how he addressed these. The journal can therefore be read as a narrative medical record, providing insight into the prevailing etiological views at a time "when the disease seemed to threaten the well-born and the gifted" (Hays, 1998, p. 157). And because Emerson had access to the best physicians in New York and Boston, we can track what these doctors prescribed for the condition. These sources therefore illuminate belief systems and how they translated into medical practice among both practitioners and patients.

Interestingly, Edward never uses the word "consumption" to describe his condition. Perhaps because of the stigma attached to the illness, he writes of a "bad cold" or a "cough" and pain on the side, and never self-identifies as a consumptive even when he assigns the label to others. Still, the measures he took against the condition were identified with the

¹ Edward B. Emerson's Caribbean journal and letters can be accessed online at <http://bibliotecadigital.uprrp.edu/cdm/ref/collection/librosraros/id/1701>. Unless otherwise specified, his letters from that period can be found in that text. Permissions to quote from Edward Emerson's journal and letters have been granted by the Ralph Waldo Emerson Memorial Association and Houghton Library, Harvard University, and the Massachusetts Historical Society, and are gratefully acknowledged.

treatment of consumption, and illustrate some of the prevailing treatments used to cure or assuage the condition.

Belief Systems and Medical Interventions

Emerson's life preceded the era of the germ theory and specific etiology, when each health condition was expected to have a single agent that could be addressed through an effective specific intervention or "magic bullet." What we now label as tuberculosis was then a condition of unknown cause and uncertain diagnosis. Symptoms included weight loss, fever, coughing and expectoration (Ott, 1996). Many factors were seen as causing, contributing to, or exacerbating the condition, and these gave rise to a number of equally varied interventions. With no effective or definite cure, patients had an array of treatments from which to choose. The sick could therefore cobble together their own regimens. "Every man his own doctor" (Tennent, 1734) was not only the title of a popular health manual, but a reality for most: self-care was the most prevalent way to cope with illness and disease.

Despite this patient-centered regimen, it was the individual's context rather than his/her body that was the main focus of treatment against consumption. Therapies addressed the environment in which patients lived, how and where they worked, and a number of habits or factors that would now be grouped under the rubric of "lifestyle." Edward kept good accounts of these interventions, allowing us to examine both the causal explanations of the illness and the strategies to deal with it.

Blistering

Edward, like his brothers, had suffered previous episodes of "chest weakness," and had experience with the customary treatments for acute illnesses. Among these was blistering. Deliberately causing a blister on the skin was a broad-spectrum remedy, used for many purposes and conditions. Blistering operated as a general stimulant; it acted to remove fluid directly from the body into the blister fluid, and to "relieve torpor" by diverting blood from the affected part to the part where the blister was applied. It also acted as a counter-irritant, to reduce the irritability of the blood vessels in patients with severe fevers, or to stimulate the vascular and nervous tissues in adjacent anatomical areas (Estes, 1990). In New York, Emerson had been blistered by a physician (letter from Charles C. Emerson to Ezra Ripley, 4 December 1830, Bosco & Myerson, 2006, p. 131) and later self-medicated. But whereas his doctor had used cerate, a poultice made of lard or oil and wax, as a dressing, now Edward Caribbeanized the treatment to use a local product: the blister was dressed after 10 hours with a banana leaf. This he described as "more painful in first application, more easy after a night's continuance than the cerate dressing" (Journal, 5 January 1831).

The "Climate Cure"

The prevailing medical orthodoxy was that consumption was associated with cold, harsh climates and that milder temperatures and greater access to the outdoors was salutary (Rothman, 1994). But physicians' opinions varied, as did their prescriptions. Some recommended leaving densely-populated cities for the countryside, in the belief that distance from the putrefying effect of miasmas would benefit the patient. Samuel Sheldon Fitch, (1850), owner of a patent medicine company and author of a treatise on lung diseases (among other books on subjects related to invalids), felt that it was the change of place itself that made a difference. Henry I. Bowditch (1869), first president of the Massachusetts State Board of Health and president of the American Medical Association, advised: "Whenever in doubt

... always go out” (p. 90). Voyages were considered to be healthful and ocean journeys were considered particularly promising (Bowditch). The sea was seen as “magical and medicinal” (Rothman, 1994, p. 34): high winds, the briny sea air, and the rocking motion of the waves were all regarded as invigorating (Fitch, 1850). The Transcendentalists, who believed that there were spiritual lessons to be learned from nature, were particularly wedded to the idea of consumptives moving to open areas in which they could meditate on nature’s gifts and be protected from cold weather (Ott, 1996).

Among the Emersons, there was no clear consensus about where Edward should seek care in 1830. Although some thought he should travel, the family’s resources were strained, and a trip represented a major expenditure. Writing to his brother William, Ralph Waldo expressed his misgivings: “It would be a pity to send him alone and friendless to a place where he shall be embarrassed by what he will think unreasonable charges” (Letter from Ralph Waldo Emerson to William Emerson, 3 December 1830, in Rusk, 1966, p. 312). Instead, Waldo recommended that Edward remain in Massachusetts, where his mother and siblings would be able to “roll him up in a hot blanket... to hibernate in a chamber by a coal fire” (Letter from Ralph Waldo Emerson to William Emerson, 5 December 1830, in Rusk, p. 312). Waldo convinced his mother and siblings that Edward should not go south, and she traveled to New York to stop him from embarking to the West Indies. But she encountered bad weather and arrived too late to intervene in her son’s plans: Edward’s ship sailed half an hour before she arrived in New York (Letter from Ralph Waldo Emerson to Ezra Ripley, 15 December 1830, in Rusk, 1966, p. 313).

Edward’s “voyage for health” was part of a trend. In the United States in the early 1800s, invalids tended to go to Florida and to several mineral spas. For consumptives from New England, however, health-seeking often meant traveling to the Caribbean (see Géigel, 2014). In the words of Rothman (1994):

By the 1830s it was as simple to arrange to sail from Boston to Havana as from Boston to Portland. Nor was it difficult to find accommodations on ships heading to the West Indies... (p. 32)

St. Croix, where Edward first settled, was a favored destination, because the bustling sugar trade required frequent trips between Boston and what was then the Danish West Indies (see Géigel, 2014; Rigau, 2014). Moreover, St. Croix provided relatively easy access to other islands in the Caribbean, where the presumed benefits of trade winds and tropical weather were assured. Indeed, in the West Indies Edward found the “purity of atmosphere” (Journal, 4 September 1831) he was seeking. He thus described the difference in the climates and lifestyles in the two places:

The art of living is a nice one, but a less laborious art by far in this climate than in the north, consisting here rather in preserving the even tone and natural temperament of the system, while there we are called upon to resist attacks & to repair the battered frame. (Journal, 4 September 1831)

Months later, when his brother Charles fell ill with symptoms similar to his own, Edward suggested that he join him in Puerto Rico to benefit from the salubrious environment where he could “warm himself by nature’s fires”(Journal, 26 November 1831):

It is a medicine of such a generous and pleasant as well as potent nature, the passage from a cold to a warm atmosphere, that if the system be not rotten & totally unstrung, restoration appears to be probable. (Journal, 17 November 1831)

Occupational Health

In addition to climate, the patient's immediate occupation and social environment were also subject to intervention. Consumption was associated with excessive work or study, and choosing the proper trade or profession was considered an important element in "the future weal or woe of the youth just commencing life" (Bowditch, 1869, p. 69). Occupations that cramped the chest or that produced inaction of the entire body were therefore to be avoided (Bowditch). Certain careers were considered "irritating" to the body and soul and therefore disease-promoting; these included the law, ministry, and teaching (Rothman, 1994), precisely the areas in which the Emersons toiled. Moreover, they tended to overextend themselves, a trait that Ralph Waldo called "ill weaved ambition" and the family's "leprosy" (Bosco & Myerson, 2006, p. 115). And Edward, who was high-strung and whose intellectual ambition "scared his elders," (Bosco & Myerson, p. 53) was particularly susceptible to the family malady.

In marked contrast to the Emersons' expectation of academic striving and success (Emerson, 1949), some physicians cautioned against encouraging youths to over-achieve in school, believing that the stimulus of "prizes to be won" and "honors to be carried off" would affect a child's nervous system and deplete his body (Bowditch, 1869). The result of such striving, warned one, would be "men... in the ranks of the melancholy sermonizers, or dyspeptic lawyers" (Bowditch, p. 80). Edward, who had suffered an episode of severe mental illness while he was preparing for a career in the law (see Rabionet, 2014), now deliberately sought to avoid any mentally-challenging work; in his words, he had developed an almost-constant "aversion to intellectual labor" (Journal, 6 March 1831).

In the West Indies, the New England networks into which the Emersons were tied most likely facilitated Edward's finding employment in Puerto Rico; the transplanted sick often had letters of introduction to American consuls and other compatriots (Rothman, 1994). Edward met Sidney Mason, who offered him a job as an accounting clerk and legal copyist in San Juan (Bosco & Myerson, 2006). Mason was part of the merchant and political aristocracy of Gloucester, Massachusetts (*Biographical Sketches*, 1908). He had left for Boston at the age of 12, found a job from which he could advance, and was promoted to an important clerkship. In 1820, at the age of 21, he went as supercargo to the West Indies, settling in San Juan the same year. Over the next decade, he acquired a wife and family as well as extensive property that allowed him to lead an "opulent lifestyle" (Worley, 1980). By the time Edward arrived in Puerto Rico in 1831, Mason owned a luxurious house in San Juan and had interests in large sugar plantations elsewhere on the island (Baralt, 1992). In 1829 he had been appointed US consul in San Juan by President Andrew Jackson. Emerson became Mason's secretary, the young man agreeing to carry out both consular and business duties in exchange for food and lodging over the course of six months, after which the contract would be renegotiated (Journal, 10 May 1833).

Emerson's job in Puerto Rico was the type that would now be labeled "low demand, high control," thus minimizing stress. He translated, wrote letters, and handled accounts. Because he had trained to be an attorney, Edward was somewhat apologetic about the downward mobility his new job entailed. But it was part of his therapy, and he found the "mercantile profession" less exhausting than his previous work because it did not require the "strain and effort" of the legal profession (Letter from Edward B. Emerson to William Emerson, 17 July 1831).

Emerson had a flexible schedule and time to care for himself. He attended social functions, played chess, took Spanish lessons, and taught English. He made a variety of

excursions on foot and horseback, read much, and was a diligent correspondent, thus providing us with good accounts of his self-care.

Lifestyle Prescriptions: Diet, Exercise, Smoking, Friction, and Creature Comforts

Because consumption was a constitutional disease (i.e., it involved the whole body), its treatment was similarly holistic. Many aspects of lifestyle, from calisthenics to clothing, were involved. Diet, exercise, smoking, and “friction” (massage) were all part of Edward’s routine. He had been a methodical youth, with a regular schedule and stringent habits (Bosco & Myerson, 2006), and he now followed those practices that he considered good for his health.

Consumption was a wasting disease characterized by weight loss. Patients were therefore usually urged to adopt a high-calorie diet to replace their losses; fats and creams were considered desirable. Physicians also counseled patients to eat plenty of fruits and vegetables, as these would regulate bodily functions. While Edward followed the latter recommendation, he put himself on a relatively strict diet with minimal calories. He saw other patients recover as a result of “the climate and by abstemious living” and decided to follow their lead. Emerson was intent on doing everything in moderation and not taking undue advantage of the islands’ bountiful nature:

We have only to guard against excesses either in exercise or sleep or meats or fruits or drinks. These three latter are so abundant, & the appetite so good, that doubtless caution is necessary, still nature seems to me to help us through our slight imprudences more easily here than in the cold country. (Journal, 4 September 1831)

One of Emerson’s symptoms was painful spasms on his right side, and he felt these were exacerbated when he ate a heavy meal. While in St. Croix, he began restricting his food intake:

I have thought myself better for the experiment of 8 or 9 days, taking nothing with my cup of tea in the morning & so eating only at 12 a light lunch and a pretty good vegetable & fruit dinner at 4 & omitting the old indulgence of tea & taking a glass of sugar & water instead at 7 or 8 [...] I look to my side as the regulator of my diet, having found that a very hearty meal was followed by a greater sensitiveness or positiveness of pain in that quarter. (Letter from Edward B. Emerson to William Emerson, 19 February 1831)

In fact, Emerson was so concerned with overeating, that he adopted “Cornaro’s rule,” which limited daily intake to 12 ounces of solid foods and 14 ounces of liquid. This diet had been prescribed by an Italian nobleman and writer whose life straddled the 15th and 16th centuries (Cornaro, 1916). Cornaro, who advocated these restrictions as a pathway towards a long and healthy life, made concessions to invalids, for whom the amounts of food and drink were increased to 16 ounces of solid food and 24 ounces of liquid. Although lacking a scale with which to weigh his food, Emerson estimated his intake in an attempt to follow Cornaro’s recommendations:

I am trying a more regular system of diet [...], banishing ... articles which though very palatable to me are universally condemned by the medical writers --- such as pastry, preserves, fried vegetables, even my favorite rice cakes, etc., also beans and peas (when potato and bread can be had), taking much less

sweet, molasses, etc. and more bread than heretofore. At breakfast I am trying a boiled egg with bread or toast, making about 2 to 3 oz. in all --- then luncheon of bread and fruit say 2 to 3 oz. with a cup of gruel --- then dinner of about 6 to 8 oz. of solid bread or vegetable or the solid fruits like banana & I consider as liquid the juice of a bit of shaddock or orange or a little thin soup. (Journal, 1 March 1831)

Despite this restrictive diet, Edward gained 10 pounds during his first 10 months in Puerto Rico. Because he had started out at a mere 97 pounds, the gain represented a significant increase to his body weight (Letter from Edward B. Emerson to William Emerson, 11 February 1832). Moreover, he later benefited from the dozen bottles of sherry and Madeira wine sent by his brother Charles, who apparently saw these as healthful “restoratives” (Letter from Charles C. Emerson to Edward B. Emerson, 6 March, 1834, Houghton Library, bMS Am 1280.226 (19)).

Emerson was as disciplined about exercising as he was about diet. He followed medical advice which counseled that “the consumptive’s [...] main object must be to improve his general health by active exercise in the open air, and a complete abstinence from all drugs and nostrums” (*Stranger in the Tropics*, 1868, p. 30). Edward favored horseback-riding, which was recommended for consumptives because it aroused their vitality (Ott, 1996). He also took long hikes and walks, and stayed on a regular schedule, which some physicians favored (Fitch, 1850). On rainy days, he practiced gymnastics in his “little cell” (Journal, 5 July 1831).

He maintained this routine, even when it was not favored by his physician in Puerto Rico. Emerson talked to a Dr. Jorro about disorders of the chest, only to learn that the doctor considered walking and horseback riding to be very bad for chest complaints, recommending hammock-swinging and sailing instead. With a hint of exasperation, Edward could only say “Oh how Doctors differ!” (Journal, 11 December 1831).

Smoking was another habit to which Emerson paid attention, although he was quite idiosyncratic in his consideration of the practice. Although more than 120 years would elapse before research documented the causal links between smoking and a number of diseases, especially lung cancer, some physicians in the early 19th century were already sounding the alarm against smoking. Benjamin Rush, the most influential medical practitioner in the United States during Edward’s early years, was a forceful enemy of tobacco, which he called a “vile weed” (1806). Edward, however, regarded smoking as possibly beneficial, and indulged in the habit, albeit with limits.

He had smoked intermittently and resumed the habit when he arrived in St. Croix, considering cigar smoking “rather serviceable in some respects” (Journal, 18 April 1832). But he recognized the practice also had serious disadvantages and decided to abstain from cigars for a month to test if this might “be useful to [his] mind and body.” He found the experiment worth doing, but was not convinced that “smoking [was] a foolish or pernicious thing” (Journal, 18 April 1832). He returned to smoking cigars, and tried to repeat the abstinence experiment two months later. This trial was short-lived: after not smoking for one day, he resumed the habit (Journal, 21-25 July 1832).

Another element of Emerson’s health routine was “friction” or massage. In keeping with the belief that any kind of massage would be stimulating and revitalizing to consumptives, Edward gave himself a rubdown twice daily, for 15 minutes each time (Journal, 1 March 1832). This routine was part of hydrotherapy, or the use of water for healing. Consumptives were advised to rub their chests well with a cotton or linen towel using cold water, which was supposed to impart its ‘tonic power’ to the patient (Fitch, 1850).

In Puerto Rico, Emerson discovered the medicinal uses of bay rum, which he felt “remove[d] all chilliness and probably prevent[ed] a severe cold” (Journal, 17 December 1831).

These health routines were accompanied by two key comforts: proper clothing and a good mattress. Edward requested that his brothers send him these items, both of which were part of his therapy. With respect to clothes, the general rule was that looser and lighter was better (Bowditch, 1869). Too much clothing was “inclined to debilitate the system and lead to effeminacy;” it was therefore desirable “to wear as little as possible consistently with comfort” (Fitch, 1850, p. 52). Similarly, the surface on which consumptives slept was recommended to be “firm and hard,” luxurious feather and down being seen as strength-depleting (Fitch).

The Outcome in Question

Despite these treatments, or perhaps because of them, Emerson was not able to conquer his illness. Towards the end of 1833, Edward gave his brother Ralph Waldo a brief report on his condition. He continued to cough, and feared that (from his words in French) “the angel’s arrow” had “pierced too deeply” (Letter from Edward B. Emerson to Ralph Waldo Emerson, 1-3 November 1833). By June 1834, Edward wrote that his health was the same as it had been “for years” (Letter from Edward B. Emerson to Ralph Waldo Emerson, 3 June 1834). Three months later, Edward’s condition worsened; no longer able to self-medicate, he saw a physician summoned by Sidney Mason (Bosco & Myerson, 2006). The doctor relied on one of the basic tools of the medical armamentarium at the time, bleeding, which was believed to calm the body when the patient had an accelerated pulse (Estes 1990). Edward died the following day, October 1, 1834.

Because history has no control groups, we do not know if a different set of interventions would have prolonged or shortened Emerson’s life. Although some patients overcame the disease, consumption most often resulted in death. The therapies Edward adopted were a combination of the physician-sanctioned and the quirky and counter-intuitive. While we do not know if they were effective, they most likely had a placebo effect, enhanced his self-efficacy, and added life to years, if not years to life.

Almost 50 years after Edward Bliss Emerson’s death, consumption would be attributed to bacilli and the disease would be relabeled as tuberculosis. But the discovery of a specific agent and scientific proof that the disease was transmitted from person to person did not end the arguments concerning causality, nor did they provide clear guidelines with respect to treatment. The idea that the disease was contagious was rejected by sanitarians who remained committed to multicausal explanations of disease and comprehensive measures that addressed what we now call the “social determinants of health.” Contagionism also clashed with the interests of political authorities. If the disease was contagious, those afflicted would have to be isolated in order to avoid general outbreaks. Who would decide, and who would pay? In addition, contagionism threatened the interests of the medical establishment, as key decisions would be made by public health officers rather than private physicians (Hays, 1998). For all these reasons, the earlier ideas of disease causation undergirding Emerson’s therapies continued to be discussed and enacted for some time. Emerson’s diary therefore sheds light on issues that involve the intersection between ideology and etiology. And Edward’s holistic yet patient-centered approach to illness has once again gained currency, as “magic bullets” remain elusive for some of the major causes of mortality and morbidity that afflict us today (Spector, 2011). Broad-based, multi-pronged approaches therefore still resonate in deciding what interventions are worth pursuing, and for whom.

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Author Note

Annette B. Ramírez de Arellano is a graduate of Mount Holyoke College (political science), Yale University (city planning), the University of Puerto Rico (health planning), and the Mailman School of Public Health, Columbia University (health policy). She has worked in academe and with public health organizations, and is the author of books and articles on health policy and the history and practice of public health.

Institutional affiliation: University of Puerto Rico Graduate School of Public Health

Correspondence concerning this article should be addressed to:

annette@ramirezdearellano.com

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