Ellis P. Townsend, New Jersey doctor, Amazon explorer and American West pioneer, gave the Garden State its first respectable journal of medicine.

by Sandra Moss, M.D., M.A.
When Dr. Ellis P. Townsend died in Montana in 1907, the *Journal of the American Medical Association* noted in his short obituary that he had been “at one time editor of a medical journal.” Between 1879 and 1881, while practicing as a physician in rural Burlington County, New Jersey, Townsend edited and published a unique and long-forgotten monthly journal called *The Country Practitioner; Or New Jersey Journal of Medical & Surgical Practice.* The preeminent historian of New Jersey medicine, David L. Cowen, characterized Townsend's journal as “lively,” and indeed it was. Copies of the *Country Practitioner* are not easy to find today. The only complete run known to exist in New Jersey is a photocopy at Special Collections at the University of Medicine and Dentistry of New Jersey, which also owns an original first issue.

As urban America expanded rapidly in the nineteenth century, the country doctor became more clearly distinct from his urban counterparts. Increasingly, American medical progress was linked to a rising contingent of elite urban specialists, many of whom held prestigious posts in medical colleges, dispensaries, and medical academies. These men dominated the American medical literature and transmitted the latest medical knowledge to general practitioners across the country.

When he founded the *Country Practitioner,* Townsend saw his audience as underserved rural and small-town physicians across the nation. He believed that his journal, in addition to transmitting new medical knowledge, would give motivated country doctors a forum in which they could contribute to the national medical literature.
Townsend’s journal lasted for just twenty-seven monthly issues. He brought to his writing and editing his own experience as a country practitioner, assuring his subscribers that he himself had been “under fire for eighteen years,” and was a practical rather than a theoretical man. The *Country Practitioner* addressed a surprisingly broad range of contemporary issues. In articles and editorials, Townsend championed his favorite medications, gave forthright opinions on issues related to managing a medical practice, and spoke out on perennial problems such as licensure and quackery. Physicians of the period did not shy away from strong opinions and tart prose. In the words of one subscriber, the *Country Practitioner* had “snap.”

Townsend’s professional life was also marked by “snap”—his years as a New Jersey country practitioner were bracketed by professional adventures in locales ranging from Gettysburg to the deep Amazon and finally to a Cheyenne reservation in rural Montana.

**American Medical Journalism: A Place for New Jersey?**

New Jersey, which had no medical schools, large hospitals, or medical academies, was also woefully lacking in medical journals. As of the Centennial year of 1876, New York State had been, at one time or another, home to over fifty medical journals, as well as eleven current journals. Thirty-one medical journals originated in New York City. Pennsylvania had over twenty-five journals prior to 1879. The most important and prestigious American Journal in the 1870s was Philadelphia’s *American Journal of the Medical Sciences,* founded in 1820.4

New Jersey physicians, both rural and urban, saw themselves as participants in, or at least beneficiaries of, a new scientific medicine. Insisted one leading New Jersey physician in 1888, “There is no medical wilderness between New York and Philadelphia.”5 Wilderness or not, New Jersey’s contribution to the national medical literature was modest in the extreme and strictly provincial. In 1847, the *New Jersey Medical Reporter* was edited and published in Burlington County. In 1858, all operations were transferred to Philadelphia, where the journal continued as the more prestigious *Medical and Surgical Reporter.* In 1859, the *Transactions of the Medical Society of New Jersey,* a collection of unedited essays and case reports, notes of county correspondents on prevailing diseases, and society business, began annual publication.

**Early Years in Beverly: The Burdens & Rewards of General Practice**

Southern New Jersey’s sprawling Burlington County was sparsely settled and predominantly rural. Members of the Burlington County Medical Society, scattered across the county, numbered twenty-three in that year. For comparison, populous Essex County claimed fifty-three members.6 The town of Beverly, some fifteen miles up the Delaware River from Philadelphia, was just a few miles south of the city of Burlington, former capital of West Jersey.

Ellis P. Townsend, M.D., aged twenty-nine, arrived in Beverly in 1864. Townsend, who descended from a long line of Pennsylvania Quakers, was born May 25th, 1835, in Kennett, twenty-five miles southwest of Philadelphia.7 He served a medical apprenticeship with his father, William W. Townsend, M.D., and graduated from the two-year course at
University of Pennsylvania School of Medicine or Jefferson Medical School in Philadelphia in 1863. Shortly after earning his medical degree, Townsend served one year in the Union army as an assistant surgeon. He was posted to Camp Letterman at Gettysburg, a massive tent hospital set up to care for thousands of Union and Confederate wounded. By Civil War standards, it was a properly organized, if overtaxed, facility. How much latitude Townsend was given in attending to patients is unknown, but many young medical graduates were plunged into Civil War work with little preparation.

Townsend’s reason for choosing Beverly is unknown, but several factors may have played a role in his choice of the small town on the Delaware. His father had served during the Civil War as an assistant surgeon at a makeshift military hospital housed in a former industrial building in Beverly. The hospital treated sick and wounded soldiers transported from hospitals closer to the front. It is also possible that the Townsends had relatives in Burlington County, as many Pennsylvania Quakers had family connections in southern New Jersey. Townsend had married Almira “Jennie” Johnston, a former schoolteacher from Lancaster, Pennsylvania, in 1861, the year he entered medical college. One, and possibly two, children were born during the Civil War, neither of whom survived infancy. Townsend’s need to make a living was pressing.

Beverly, ideally situated for a country retreat for well-to-do Philadelphians and Burlingtonians, was a town set to grow in
the decade after the Civil War. Townsend was characterized by a local historian as a “colorful figure in Beverly’s history.” He later wrote a pamphlet entitled *Suburban Homes*. Apparently something of a booster and real-estate promoter, Townsend sought to attract wealthy citizens from Philadelphia to the bucolic town graced with elegant homes. Citing his ten years of medical practice, he praised the pure water, paucity of mosquitoes, and healthy climate of Beverly, where many invalids were “almost invariably” restored to health.

From the outset of his civilian medical career, Townsend enthusiastically participated in the intellectual life of the professional community in which he found himself. Most Burlington County physicians were graduates of the University of Pennsylvania or Jefferson Medical School, both in Philadelphia. At a meeting of the Burlington County Medical Society on July 12, 1864, a motion was made by one of the nine members present to invite Townsend to “take part in the discussions and partake of dinner with the society.” At the next meeting, he was elected to membership. Perhaps recognizing his energy and enthusiasm (and their own small numbers), the members elected him vice president in January, 1865. A year later, he was elected president and subsequently served for many years as secretary, charged with conveying annual reports on the health of the county and the activities of
member physicians to the state medical society.15

Townsend presented a number of interesting case reports at society meetings. The isolation of small town practice was nowhere more evident than in the reports of physicians forced to cope with the most terrifying malady of pregnancy, puerperal convulsions (eclampsia or toxemia). Townsend reported several such cases. Despite his best efforts, he was helpless to prevent the death of one young mother. Some years later, he wrote in the *Country Practitioner*, “What physician that has stood by the bedside of a patient, writhing with puerperal convulsions, surrounded by frightened friends and attendants, does not shudder, as his memory dwells upon it.” In a paper published in the *Transactions of the Medical Society of New Jersey*, he called for boldness in the face of such life-threatening disease, even if departure from familiar remedies opened the physician to “criticism and censure.”14

**The News from Brazil: Adventures in the Amazon**

At an October 9th, 1877, meeting of the Burlington County Medical Society, Townsend announced that he was resigning as secretary and anticipated a three-year absence from the state. A colleague “expressed the regret of the Society at the departure of Dr. Townsend from among us after so many years of pleasant and profitable association.
Dr. Thornton wished Dr. Townsend a safe passage and hoped that he might be well delivered.\textsuperscript{15}

The good wishes of his colleagues for a safe passage were appropriate. For reasons that are not clear, Townsend signed up as a physician on a railroad-building expedition in the deep interior of South America. Named for one of the organizing engineers, the Collins expedition sought to build a railroad around unnavigable portions of the Madeira River, a major Amazon tributary, on the Brazilian-Bolivian border.\textsuperscript{16}

The \textit{Beverly Weekly Visitor} for November 10, 1877 carried notices to the effect that Dr. Townsend was offering for sale a "good family horse, a new sleigh, buffalo robe, blanket, and food chest . . . and a new set of carriage harness." Beverly residents, continued the notice, were losing a "physician of skill and experience," while gaining a man with "glowing recommendations from the citizens of Burlington." H.M. Harvey, M.D., had already moved from Burlington to Beverly to take over Townsend's practice.\textsuperscript{17}

Townsend's long-term plans are unknown. Perhaps he anticipated substantial remuneration, either from salary or a share in the profits, sufficient to support his family for some years. A trip of three years to the interior of the Amazon seemed like a risky venture for a young physician with a dependent wife and children left behind in Beverly. Over two hundred American personnel, among them Townsend, sailed from Philadelphia on January 2, 1878. A two-month voyage by way of Barbados and up the Amazon and Madeira Rivers brought the expedition to the falls near San Antonio, close to the Bolivian border. Previously abandoned by British
adventurers, San Antonio was a pestilential outpost with no amenities. It would serve as expedition headquarters and the center of medical operations. By the time vessels bearing additional personnel, equipment, and medical supplies arrived in San Antonio, the crude settlement was short of food and vital medications such as quinine. Each day saw deaths due to disease and debility.

Almost all expedition members suffered from malaria, dysentery and other diseases endemic to the region; scurvy was also diagnosed as food supplies became inadequate. A mere three months after their arrival, invalids from the chief engineer down to workmen were being sent home by the medical officers. It is unlikely that the physicians themselves escaped attacks of fever, whether from contaminated drinking water or infected mosquitoes. In late June, Townsend announced that close to two hundred men at San Antonio were unfit for further service in the Amazonian climate. The final death rate was over twenty-three percent. It is not known exactly when Townsend returned to Beverly or the state of his health when he arrived. However, by January, 1879, he had resumed his medical practice.18

While in Brazil, Townend visited hospitals and physicians in the port city of Pará and observed diseases and medical practices of the indigenous river travelers. A year later, upon founding his journal, the *Country Practitioner*, he published some brief personal observations of Brazilian health and medical practice.

*The Country Practitioner Launches ‘The Country Practitioner’*

In 1879, with the Brazil adventure behind him, Townsend founded *The Country Practitioner; Or New Jersey Journal of Medical & Surgical Practice*, a publication that reflected his interests and filled a void in the literature of American medicine.
medicine. Townsend was sole owner, editor, business and circulation manager and, very often, contributor. The journal was a pamphlet with a sewn binding, eight by six inches in size. The cover, printed on grayish-green paper, bore the title of the journal, the name of the editor, and the price (“$2.50 per annum, 25 cents single number”). Townsend sent out “specimen numbers” (free copies) of the first issue to every regular physician in the state, or, more likely, every member of the county medical societies. Some revenue came in from advertising (a full page for one year was $100) and there were several regular advertisers. The printer was the local Banner Steam-Power Print of Beverly. Each issue included invited and submitted reports and commentaries, extracts and reprints of
articles borrowed from other publications, and regular features such as “Notes on Country Practice.” The articles were followed by short editorials, unsigned though clearly written by Townsend using the editorial “we...”

Townsend saw his potential national readership as large and geographically diverse—the base of the pyramid of American medicine. In the third issue, he wrote: “Our columns are at the disposal of County Societies and physicians from Maine to Texas, and from the Atlantic to the Pacific.” He took his editorial duties seriously: “I shall also reserve the right to criticize any or all articles that I may accept, and hold the author of the article responsible for the defense of his views.”

In twenty-seven monthly issues published between June, 1879, and September, 1881, a number of important themes emerged from the wide-ranging topics that filled each thirty-to-forty-page issue. Townsend missed no opportunity to extol the virtues of veratrum viride (American hellebore), classified as an arterial relaxant. The use of such drugs was a refinement on the hallowed practice of phlebotomy or bloodletting. Physicians were taught to quiet the fast pulse and pounding heart commonly found in inflammatory conditions such as pneumonia and diphtheria. Townsend believed that it was much wiser to administer veratrum than to bleed the patient; both measures quieted the circulation, but blood-letting left the patient weak and debilitated during recovery. Careful monitoring of the patient was essential; used recklessly, veratrum caused vascular collapse and death, a fact well known to Townsend and his contemporaries.

One of Townsend’s favorite themes was the misdiagnosis of diphtheria. During periodic epidemics, family physicians spent hours at the bedsides of dying children. Several siblings—all the children in a family—often died within days of one another, in some cases virtually strangled by obstruction of the upper airway. In 1876, Townsend informed the Burlington County Medical Society that diphtheria was infrequent and overdiagnosed in his area. Many cases labeled “diphtheria” were in fact scarlet fever or other less ominous throat inflammations—and thus much more likely to resolve with any therapy (or no therapy).

Townsend used the Country Practitioner to conduct surveys, seeking the opinion of his readers about vexing medical questions. He posed the following question in the third issue of his journal: “Is diphtheria primarily a local or constitutional affection?” Unfortunately, the response was dismal. Townsend grumbled in the following issue: “Among the thousand and more recipients of our August number, no one seems to have any opinion in regard to the question asked... or if so, they are too busy, too indifferent, or too lazy to answer.”

Obstetrics was an inevitable and often onerous part of general practice. Many graduates of American medical schools had little or no training in obstetrics; some had never delivered a baby prior to entering practice. Obstetric practice, in all its aspects, made frequent appearances in the Country Practitioner. In the course of his career, Townsend attended over twelve hundred obstetrical cases. The potential for censure from professional colleagues and friends of the patient, together with his own anxieties about the choices he made as an obstetrical crisis unfolded, weighed heavily on Townsend. He wrote, “Death at all times is terrible, but nowhere so much as in the lying-in chamber, and in country towns and villages, where every one is acquainted far and near, and the physician who attends must prepare to guard well his actions, and see that no room is left when all is over to reflect upon his treatment.

In addition to the medical challenges of pregnancy, the country practitioner was forced
to cope with interfering neighbors who cluttered up the lying-in chamber and sick-rooms in general, offering ill-informed advice and undermining the expertise and authority of the physician. In his younger days, when he had yet to acquire backbone, Townsend claimed to have had “frequent cases of puerperal [childbed] fever brought on by half a dozen women gossiping in the lying-in chamber. That time is past, and the visitor that enters such a chamber under my control at the present time never cares to repeat the offense.”

The View from Beverly: The Business & Ethics of Medicine

From the first issue, the *Country Practitioner* tried to define the proper code of conduct for physicians and provided a forum for addressing troubling aspects of the business of medicine. The status of organized medicine, particularly with respect to state licensing, was a topic upon which New Jersey physicians expended much ink during the course of the nineteenth century. Townsend’s *Country Practitioner* predictably took the American Medical Association line, denigrating the lay practitioners and healing cultists who practiced medicine, often quite successfully in terms of income, without a proper medical school degree. In the absence of licensing laws (instituted in New Jersey in 1890), the educated physician faced stiff competition for clients.

Medicine was hailed as a noble calling, but it was also the major source of income for the physician and his family. In the nineteenth century, medical practice paid poorly and often erratically for all but the most elite urban consultants. The collection of professional fees was a touchy issue. Waiving fees for other physicians, and often their families, was routine and unquestioned. Men of God presented a more difficult challenge. Townsend took on, none too delicately, the delicate issue of professional courtesy to clergymen, intoning: “Indeed, it is a reproach to our civilization to have a privileged class whose only claim to consideration in financial matters is that they are ministers of the gospel.” Physicians, after all, supported churches and ministers with tithes and contributions and, as a profession, provided free care for charitable cases.

Worse yet, clergymen were often a positive menace in the sick room, offering advice contrary to medical orders. Included in the same class as busybody clergymen were busybody know-it-all neighbors in the sick room. Townsend editorialized: “Every physician who values the lives of his patients, or his own reputation, should constitute himself the sergeant-at-arms of the sick room, issue his positive orders and see that they are carried out.”

In Townsend’s view, country doctors did little to help themselves in the matter of income. Soft of heart and restrained by the “sympathy they acquire at the bedside of the suffering,” physicians were, in general, “miserable book keepers and cowardly collectors.” Office patients should be made to pay on the spot! There was, moreover, no excuse for lack of payment of obstetric fees. After all, argued Townsend, the new father “has known for nine months that the services would be required and the customary fee should be ready” to hand the doctor before he leaves the house where he has provided obstetric services. Townsend suggested that doctors might learn something from “the legal fraternity” in setting prices and making collections.
The Professional Brotherhood

Townsend was an organization man when it came to the professional brotherhood of regular physicians. He was a member of his county and state medical societies, as well as the American Medical Association. He did not hesitate to express his low opinion of their meetings and publications. The 1880 meeting of the Medical Society of New Jersey was held in Princeton. In Townsend’s view, the “regular essays were hurriedly read to almost empty seats, a number of volunteer papers were crowded out, and no time was had for questions or discussions on the papers presented.” In 1881, the meeting was held in Long Branch, where the seaside hotel was “a disgrace to the proprietors and to Long Branch, the tables were badly served, the material deficient in quantity and quality and the prices outrageous.” Attendees claimed it was “the poorest meeting held by the Society for thirty years.” In 1881, he held forth on the American Medical Association, “this great unwieldy body,” and the “ponderous edition of its transactions.” Its scientific session “accomplished nothing of value.” Further, “the majority of the papers presented are of such a character that they would be consigned to the waste basket of a medical publisher.”

The Threat of Specialization

One of the problems facing country doctors, whose stock in trade was general practice, was the rise of specialists in nearby cities. Generalists such as Townsend felt themselves
increasingly under siege. Not only was it impossible to keep up with advances in every field of medicine, but patients were coming to expect (or demand) referrals to specialists. While some saw specialization as an opportunity, others saw it as a threat to reputation and income. It seemed as if there would soon be no organs or diseases left for the general practitioner! Townsend grappled with this thorny issue in the pages of the *Country Practitioner*.

A contributor to *The Country Practitioner*, mysteriously signing himself “Watson,” commented that in his forty years of general practice, he had “known specialists to come to the country and make mistakes of diagnosis which would be a disgrace to an intelligent country physician sufficient to destroy his practice.” Particularly irritating to Townsend was the patient or family who demanded referral to a specialist when the general practitioner felt he had the situation well in hand. A woman under Townsend’s care for intestinal complaints insisted that a specialist be called in to examine her for anal fissures. The surgeon came, performed an unnecessary minor surgical procedure, collected his fee of one hundred dollars, and left Townsend to deal with a prolonged convalescence.

**Caring for the Patient**

Townsend’s primary concern as editor was the care of patients. The country doctor relied on his patients and their families to follow directions between medical visits. The “Domestic Department” of the *Country Practitioner*, an ongoing series of practical guides to be shared with patients, covered such issues as home remedies, household perils, rules for the care of the eyes, quack remedies, and popular fallacies. There were also proto-psychology articles such as “Sleeplessness from Thought.”

Townsend seems to have been a kind-hearted man, sympathetic to the plight of hard-working homemakers. He included articles on practical psychology in the “Domestic Department.” From *Sanitary Magazine*, he borrowed “Weary Woman,” a short piece which attributed weariness to overwork. The solution was simple: “for the sake of humanity, let the work go.” In a second article, reprinted from *Good Health*, the issue of “Why Women Fade” was taken up. Briefly, the culprits were improper rest, drudgery, fretfulness, and want of fresh air.

Townsend did not shrink from the mundane. An editorial plea for public toilets framed the issue in terms of public
Every physician knows that a great number of the physical ailments of mankind—male and female—are produced by inattention to these calls [of nature]." Whether a matter of health or convenience, the problem of public toilets remains unsolved over a century later.

An Editor's Woes

The opportunity to air his well-considered views and the slight prestige that the *Country Practitioner* brought him were Townsend's humble rewards. The solo editing and publishing of a monthly medical journal is a merciless task. Like other medical editors, Townsend suffered from a chronic dearth of contributions. In the course of the two-year life of *The Country Practitioner*, he resorted to suggestion, flattery, and chastisement to whip up enthusiasm among potential contributors. In the third issue, he gently lambasted his subscribers, noting that only one in three hundred physicians communicates with a medical journal:

Do you believe you have any right to practice medicine for a lifetime, gain a fund of valuable experience, die, and leave your family nothing but a worn out medicine case, your obstetric forceps, and a rusty old pocket case [surgical kit] by which to prove your usefulness in the profession? Or shall they point with pride to the record of your good works, as given in your communications to a "medical journal."

Townsend went so far as to badger his aged and ailing father. The senior Townsend responded to his son's insistence that he give "so much of his experience as his enfeebled health and impaired eyesight will permit" and submitted an article about a drug for rheumatism.

Townsend took up his restless editorial pen again in the sixth issue to prod his reluctant country brethren to make some account of themselves: "Unfortunately," he wrote, "the majority of [county doctors] have as great a dread of pen and ink as a rabid dog for water." Helpfully, he pointed out that the long winter evenings were a "good time for those who are accustomed to writing to send in a little of their work."

Townsend was soon appealing for subscribers as well as contributors: "There is not a country doctor in New Jersey or any other State worthy of the title he claims, who cannot afford to invest two dollars, to support the only journal that
advocates his interests exclusively.” Despite the irritating lack of contributors and readers, Townsend’s spirits were buoyed by “many letters of commendation and encouragement from all parts of the country.” Commenting on the first issue, a writer from Danville, Kentucky, congratulated Townsend on his “chaste and manly salutatory.” A year later, Townsend was pleased to quote the Therapeutic Gazette: “The snap with which Dr. Townsend permeates his little journal makes the paper very readable.” Townsend noted with pride that “[q]uite a number of the leading physicians of Philadelphia are subscribers and speak well of the journal.”

With the third issue of the third volume, published in September 1881, the Country Practitioner, with no word of explanation, ceased publication. Townsend had clearly expected to continue publication, for he included a request for information from readers about their experience with vaccination for smallpox.

The immediate cause of the decision to close the Country Practitioner may have been ill health in the family. Townsend’s wife bore four living children and three other children known to have died in early childhood or infancy. It is possible that she suffered from chronic ill health and required her husband’s time and attention, making it impossible for him to devote the necessary hours to both his practice and his journal. Although the nature of her illness is unknown, the most common fatal illness among young adults was tuberculosis. Family lore suggests that she indeed suffered from consumption.20

Medical Life in the Big(ger) City

Townsend left Beverly for Camden, New Jersey, directly across the river from Philadelphia, in late 1882 or early 1883. The reasons for Townsend’s move to Camden are unknown. His income may have been insufficient or, perhaps, he found small town practice too confining. Perhaps Townsend sought more expert medical advice for his ailing wife or a more remunerative practice to provide for her nursing or sanitarium care. She died at age forty-four in Camden in January, 1884.

Camden, with close to forty-two thousand residents, had a thriving medical community with long-standing ties to the medical colleges and leading physicians of Philadelphia. Townsend joined the Camden County Medical Society in 1883, rising to the office of vice president in 1892. For a number of years, he directed the eye and ear clinic at the Camden City Dispensary.21 In the mid-1880s and again in the late-1880s, his name disappeared from the roster of the county medical society; there is evidence that he may have worked in Philadelphia or Washington during those years.22

The Country Doctor Goes West

In 1893, within a year of assuming the vice-presidency of the Camden County Medical Society, Townsend left Camden to begin medical life anew in Billings, Montana. Some years earlier (1886), he had remarried to a much younger woman named Edith Jeannette Sleeper. A son was born to the couple in 1889. The extended Sleeper family had lived in Billings for some time, and the move to Montana was almost certainly for family reasons. The two eldest sons and a daughter of Townsend’s first marriage remained in Pennsylvania when their father’s second family moved west. One adult son of Townsend’s first marriage
traveled with the family to Billings, where he died within the year. Townsend’s last child, Edith, was born in 1897 in Montana, when her father was sixty-two years old. Townsend had his share of sorrow, outliving his first wife, several infant children, and three adult sons from his first marriage.

Townsend arrived in Billings just a few years after Montana statehood. The new state was still very much on the frontier, and statehood marked the beginning of a period of rapid growth. Billings, located in south central Montana in the Yellowstone Valley, was founded with the coming of the Northern Pacific Railroad in 1877. Montana physicians were a hearty breed. Dr. Dennis Parker from Vermont established a practice in Billings in 1882; on one occasion, he rode seventy miles to a ranch in Wyoming, treated the rancher’s gunshot wounds, and rode back to Billings within forty-eight hours. Dr. Rosten Redd came to Miles City near Fort Keogh in 1881. It was said that he would ride a hundred miles to attend a patient, operating on the kitchen table under whiskey anesthesia with a butcher knife and common saw.

The first hospital in Billings was not established until 1899, when the Sisters of Charity of Leavenworth, Kansas, opened St.
Vincent’s Hospital. Townsend was one of six regular physicians practicing in the city in 1896. In 1898, he was listed in the state gazetteer as “physician and coroner.” At some point in his first few years in Montana, Townsend became surgeon of the Burlington Railway in Billings, a part-time post that entailed the provision of medical services for train workers and building crews. Townsend also took on some military duties in 1898, perhaps examining local Montana recruits during the Spanish-American War or attending men on army posts. In his decade of practice in Montana, Townsend built statewide connections in the medical community and was lauded as “one of the oldest and most successful practitioners in Billings.”

In 1901, Townsend was appointed government physician to the Crow Agency, a reservation about forty miles east of Billings. His subsequent appointment to the Lame Deer Indian Reservation, an agency of the Northern Cheyenne administration located about one hundred miles east of Billings, was made in 1901, when he was sixty-six years old. The Billings City Directory for 1903-4 lists Townsend, with no local address and a note that he had “moved to Lame Deer, Mont.”

It is not difficult to imagine the hardships faced by a lone physician—an elderly man at that—in remote areas during the Montana winter. Townsend’s death on July 30, 1907 at the age of seventy-two was indeed tragic. Amputations for frostbite were a familiar theme in Montana’s medical history. The headline in the Billings Daily Gazette for July 31, 1907, told the story: “Dr. Townsend Answers Call: Death Summons Well Known Billings Physician—Exposure Was To [sic] Much—Had Both Feet Frozen Last Winter While Making a Call to Lame Deer Agency and Shock Following Caused Gradual Decline.”

The exact nature of Townsend’s decline was unclear, but it is probable that he died of the debilitating effects of gangrene and chronic infection in his feet and legs—a painful and difficult death. In the local newspaper, Townsend was hailed as a “pioneer resident” and “one of the ablest physicians and surgeons in the state.” He was eulogized as a doctor who had “sacrificed his life in allaying the sufferings of others.” The old New Jersey doctors would have called Townsend a “martyr to his profession.”
Afterword

In the two years of its existence, the *Country Practitioner*, Ellis P. Townsend’s brave little journal, addressed many of the themes of nineteenth-century American medicine and medical practice. Townsend lived a quintessentially American medical life—perhaps a bit longer on adventure that most physicians. Though long forgotten and difficult to find in libraries and archives, the *Country Practitioner* has earned a place in the history of medicine and American medical journalism. In a state with few medical publications, the *Country Practitioner; Or New Jersey Journal of Medical & Surgical Practice*, shone brightly, if briefly.

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References

2. Precise volume, issue and page numbers for references to the *Country Practitioner* included in this article are available upon request from the author.
10. Documented Townsend family genealogy courtesy René Delaney.
15. *Burlington County Medical Society Minute Book: 1869-1893*. Burlington County Medical Society Records, University of Medicine and Dentistry of New Jersey Special Collections, Newark, NJ (entry, October 9, 1877).

16. Unless otherwise noted, all information about the Brazil expedition is from Neville B. Craig, *Recollections of an Ill-Fated Expedition to the Headwaters of the Madeira River in Brazil* (Philadelphia: J.B. Lippincott, 1907).


20. Personal communication, René Delaney.


23. Courtesy René Delaney.


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