The Material Culture and Culture of Medicine in 19th Century Middletown, Connecticut

by

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Preface

For this project, I created two databases of archival materials using Microsoft Access. The first database uses Middletown City Directories between the years 1868 (when the directories first were printed) and 1900 (with the exception of years 1873, 1881, 1883, and 1893, which were either missing from the collection or I was unable to obtain). These were accessed from Wesleyan University’s Olin Memorial Library Special Collections and Archives, the Middlesex County Historical Society, and Russell Library’s Middletown Room. In this database, for each year I included (if available) the resident’s name, occupation, residential address (house number, street name, address abbreviations), contemporary address, and business address, along with any additional notes. I am using a version of this database from 11 March 2015, which includes 1965 entries. The intention of this database was to include all residents living on the Beman Triangle, Middletown druggists, and Middletown physicians. Because of historic address changes and discrepancies, the database contains more than just the residents living on the Beman Triangle but all residents on Cross Street, Vine Street and Park Street.

The second database was of newspaper advertisements related to medicine or healthcare. This included the newspaper’s name, publication date (days, month, year), issue number, volume number, druggist or advertiser’s name and address, product category (e.g. medicinal, hair product, paint/oil...), exact text, and a section for additional notes. Historical newspapers were accessed online through NewsBank, Inc. and on microfilm in Wesleyan University’s Microforms Center. Online digitized
newspapers were available of Middletown’s *The Constitution* between 1841 and 1879 (However, 1876 through 1879 only include a few digitized issues per year). Using the digitized newspapers, I entered advertisements from *The Constitution* from the second week of January, April, July, and October of the years 1868 (the year the directories begin), 1870, 1872, 1874, and 1876. Via microfilm, I accessed various issues of *The Constitution* from 1880 and *The Penny Press* from 1885, 1890, 1895, and 1900. Because of the great wealth and repetitive content in these newspapers, I limited my entries to those issues, as my goal was to collect a substantive sampling, not to catalog all advertisements from the entire period. I am using a version of this database from 9 March 2015, which includes 749 entries. Most of the newspapers advertisements were reprinted in multiple issues and therefore were cataloged multiple times, each given a unique catalogue number specific to the publication date of that particular issue. In footnotes, however, I only include the date of the first time the advertisement appeared in print.

A third database contains the cataloged artifacts excavated from the Beman Triangle. This follows the Sonoma Historic Artifact Research Database (SHARD) system, which was designed by the Anthropological Studies Center at Sonoma State University specifically for artifacts from mid-19th to early-20th century archaeological sites. The Beman Triangle cataloged artifacts database uses Microsoft Access and, in addition to a unique identification code, includes the following categories: artifact group, artifact type, artifact category, artifact description, condition, material, mark, maker, origin, begin date, end date, marked or datable, references, whole count,
fragment count, minimum number of items (MNI), weight, remarks, % complete, and date entered.

Cataloging materials from this site is ongoing at Wesleyan University’s Cross Street Historical Archaeology Laboratory. Because of this, the figures I use do not represent the all of the materials excavated from every season. I am using a version of this database from 7 March 2015, which includes 351 entries. All of the materials from Unit 10/C, context 3001 have been cataloged, along with most materials from contexts 1004 and 1006 2/A and a few items from 1007 2/B. Many materials from Unit 4 have been cataloged, including 2001 and 3002 (Unit 4), 2013 (4/C and 4/B), 2014 (4/B and 4/C), 2015 (4/A), and 2016 (4/A, 4/B, and 4/C). Because this is only a partial catalog, the calculations are not representative of all excavated artifacts. For this study, I utilize only the materials cataloged from Unit 2 (contexts 1004 2/A, 1005 2/B, 1006 2/A and 1007 2/B) and Unit 10 (3001 10/A-10/D, 3002 10/A, and 3002 10/A and 10/C), which included 86 whole objects, 11,868 fragments, and 299 (MNI). My analysis is a more qualitative evaluation of artifacts, rather than quantitative. In the archaeological analysis chapter of this thesis, I include all figures (whole count, fragment count, MNI) related to materials in footnotes.

Following SHARD’s system, the Beman Triangle Community Archaeology Project’s cataloging method uses a conservative minimum number of items (MNI) count. Objects receive an MNI count based on the following: each whole artifact receives an MNI of 1; each cross-mended or reconstructable item receives an MNI of 1; fragments that do not cross-mend but are likely from the same object (e.g. a ceramic dish fragments with the same material, curvature, thickness, glaze, and
decoration) receive an MNI of 1; fragments with unique decorative patterns or forms are each given an MNI of 1; each fragment with maker’s marks that cannot be associated with the other items in the feature receives an MNI of 1; artifacts that exhibit form, color, material or function unique to a feature each receive an MNI of 1; unmarked or diagnostic fragments do not receive an MNI. For specific artifacts within this assemblage, MNI counts of slate and bricks were determined by assigning four corner or edge fragments an MNI of 1. For this thesis, I use “(MNI)” to designate MNI counts.

Throughout all contexts, large amounts of coal and slag were uncovered and collected from the site. When cataloging, coal fragments were separated into groups based on size (and the smallest and largest pieces in each were measured in order to provide a size range for each group), weighed, then discarded. Of the coal cataloged thus far from Unit 10, 1,835 fragments of coal and slag were counted, weighing 7.656 kg. From Unit 2, 1,582 fragments have been counted with a weight of 12.071 kg. These materials were given an MNI of zero as there are no unique identifiers. For this study, coal and slag are not included in the fragment count when comparing cultural materials in order to provide a less skewed analysis.

In 1890, the numerical addresses of residences and businesses changed throughout the city. I will make note of which address I am referring to for a site (pre-1890 address, post-1890 address, or modern address). Similarly, the names of the historic streets changed sometime in the 1900s, which is beyond the time frame of this study. Historic Cross Street refers to the same present day Cross Street. Historic Vine Street refers to present day Knowles Avenue. Historic Park Street
refers to present day Vine Street (Figure 1). This is important to understanding which streets I am referring to throughout this thesis. For example, I will refer to the property with Units 2 and 10 where the medicinal materials were uncovered as “21 Vine Street,” the present day address, instead of the historic address, 21 Park Street (which was the post-1890 address. Pre-1890 entries did not include a numerical address).¹

![Diagram of streets bounding the Beman Triangle. Street names change in the early 20th century. Not to scale.](image)

**Figure 1** Diagram of streets bounding the Beman Triangle. Street names change in the early 20th century. Not to scale.

This project was intended to have a geographic information system (GIS) component however, since there was so much data gathered and analyzed from the archival and archaeological records alone, a GIS analysis was outside the scope of this study. The type of information historical documents and maps provided did not prove to be readily beneficial in a GIS system. In addition to the numerical address

¹ Further discussion on residences lacking numerical addresses is included in the methodology section.
changes that occur in 1890, Middletown’s addresses changed at least once more in the 20th century—a period of time beyond that of this study. Because of this, numerical addresses, particularly those in Middletown’s business district, do not correlate with present addresses or buildings. Charting these changes and pinpointing locations would be a substantive undertaking. Spatial and geographical analyses still inform this study but without the use of GIS.

This thesis uses a hybrid citation style. References for published studies, books, any other secondary sources will follow the in-text citation format with a works cited page at the end. Primary source materials like the city directories, census data, or newspaper advertisements will be marked as footnotes (in addition to footnote commentary).
Chapter One: Introduction

When excavations first began at the Beman Triangle—a historical site related to a 19th century free-African American planned community—researchers sought to uncover details about the everyday lives of its residents. According to previous reports regarding the site’s history (Cunningham and Warner 2002; Nasta 2007) as well as local oral histories, the Beman Triangle was a residential neighborhood. As such, archaeologists expected to uncover typical 19th century household materials related to the everyday lifeways of residents—kitchen or serving vessels like ceramic bowls or plates; personal articles like clothing adornments (beads, buttons, shoes) or toys; materials related to social activities like clay pipes; bones from food remains; and perhaps some glass bottles. All of these items were uncovered, but in addition to these materials that are typical of 19th century domestic trash pits and deposits, was a mass of materials that were quite unexpected, both in type and quantity. In Unit 2 behind 21 Vine Street, over 69 percent ($n=140$) of the total MNI of catalogued objects were glasswares related to medicine and pharmaceutical production—an impressive majority of the assemblage at large. In addition to the overwhelming number of over 266 glass medicine bottle fragments,$^2$ more than 600 fragments of glass tubes, pipettes, funnels, syringes, and vials were uncovered from Units 2 and 10 in the backyard of 21 Vine Street.$^3$ Further, 40.061kg of metal fragments ($n=6952$) from deteriorating paint buckets were found in both units behind 21 Vine Street. The presence of these materials, especially in such high quantities, provided archaeological

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$^2$ 46 (MNI) glass medicine bottles.

$^3$ 86 (MNI) glass medicine bottles.
evidence clearly indicating a druggists’ assemblage dating to about 1880-1900. This raised a new set of questions, which this thesis hopes to uncover and expand upon. Why were these materials at a domestic site? Who did they belong to or who were they used by? How do they connect to the shifting nature of pharmacy in the late 19th century? What were perceptions of healthcare like in Middletown at that time? How were those shifts specifically affected or enacted by residents living on the Beman Triangle?

**History of the Beman Triangle**

The ‘Beman Triangle’ refers to a triangular piece of land located between Vine and Cross Streets and Knowles Avenue in Middletown, Connecticut. This is the site of a 19th century neighborhood that was formed by free African Americans from the 1820s onward. The property, currently on Wesleyan University’s campus, was the “first known residential subdivision in the state, 1847, to have been laid out by a free black man for black homeowners” (Cunningham and Warner 2002:1). The historical neighborhood is referred to as the “Beman Triangle” from an 1847 survey commissioned by Leverett Beman (Figure 2).

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4 The importance of the Beman family comes from a map surveying the Triangle of land that was commissioned by Leverett Beman in 1847. Because he is named on the map, it is assumed that he was one of the main, if not the sole person responsible for the community’s planning. However, this name still may be too focused on the Beman Family alone and excludes other neighborhood residents. With regards to the name of this neighborhood, Croucher (In prep.) states, “Although Leverett’s name is on the survey, it seems likely that there was wide community support for developing the neighborhood. Other activist members of the church trustees, some of whom owned property in the Triangle, were almost certainly involved in envisaging this as a neighborhood of Black property owners” (Croucher In prep.). Throughout this thesis, I refer to this piece of land by various names including “the Beman Triangle,” or “the Triangle” without the “Beman” designation.
In 2002, Janice Cunningham and Elizabeth Warner published a survey on the history of Middletown, *Experiment on Community: An African American Neighborhood, Middletown, Connecticut, 1847-1930*. The report used the standing buildings on the site, property records and census data to recreate the mid-19th century community. This allowed the site to be placed on the state register of historic places in 2003, when its name was designated as the “Leverett Beman Historic District” (later known in a shortened version as “The Beman Triangle”). In 2007, Jesse Nasta wrote an undergraduate honors thesis through Wesleyan’s History Department: ‘*Their Own Guardians and Protectors*: African American Community in Middletown, Connecticut, 1822-
1860. His work discussed antebellum black life in Middletown, focusing primarily on the settlement on this triangle of land (Nasta 2002:4).

Both works emphasized the importance of the A.M.E. Zion Church as a vital part of constructing and maintaining community from the time of the neighborhood’s formation until the mid-1800s (Nasta 2007:57). The A.M.E. Zion Church of Middletown was second of its denomination in the state and third in the country. In 1829, the church was originally located about 200 meters uphill to the east of the Triangle neighborhood. In the 1920s, as Wesleyan University expanded, the church site was moved to the Triangle neighborhood on Cross Street. In the early 2000s, Wesleyan acquired the church’s property on the Triangle, trading it for a plot of land on Long Lane, where the current A.M.E. Zion Church of Middletown is located. Additionally, both Cunningham and Warner (2002) and Nasta (2007) identified the Beman family as being tightly linked to both the church and the Triangle’s formation and history.

Cesar Beman, Leverett Beman’s paternal grandfather, served in the Revolutionary War and gained his right to be a free man in 1781. Under his own manumission, he chose the surname “Beman,” explicitly claiming his right to “be a man” (Cunningham and Warner 2002:4). His son, Jehiel Beman, moved to Middletown and became the church’s first pastor in 1830 and was “concerned not only with the spiritual elevation of his community but also with the social, political, and economic advancement of African Americans” (“Beman Triangle: Middletown Connecticut”). During Jehiel’s time as pastor, the Church served as a platform for

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5 In 1981, this building burned down in a fire and was rebuilt in the same location.
social and political activism. Leverett Beman, Jehiel’s son, a shoemaker by trade like Cesar and Jehiel, commissioned a survey of the neighborhood in 1847, which subdivided the area into lots, many of which were owned by trustees of the church. The Triangle allowed for the creation of a neighborhood where African Americans could own property, build homes, and live in a self-sufficient, supportive community (Cunningham and Warner 2002: 4-6). In 1840, the piece of land that formed this neighborhood was home to the majority of Middletown’s African Americans (Nasta 2007:16). The community thrived for much of the 19th century and many of its residents engaged in local and national socio-political activism and various projects aimed at community uplift. However, the racial demographic began to change at the end of the century as some of the black homeowners and residents were replaced by working-class European immigrants who came to the city as Middletown industrialized.

**Middletown in the 19th Century**

From the mid-18th century until the early years of the 19th century, Middletown flourished as a bustling river port, connecting to larger networks of trade in the West Indies and Europe and providing raw materials such as lumber and lead

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6 After Jehiel Beman took over the leadership at the church in the 1830s, it became known as “Freedom Church” for its abolitionist activity. Clarissa Beman, Leverett’s wife, founded the Colored Female Anti-Slavery Society in 1834. Amos Beman, Leverett’s brother, became the pastor of the Temple Street Congregational Church in New Haven and was considered one of the most influential leaders in the black abolitionist movement. Reverend Jehiel Beman was one of the founders of Middletown’s Anti-Slavery Society and moved to Boston in 1838, where he became active in the church and temperance movement (“Cross Street A.M.E. Zion Church: Struggle, Jubilee, Vision”; Cunningham and Warner 2002:11). Jehiel was also a delegate to Colored Conventions, “a democratic platform for the disenfranchised African American community” and in addition to abolitionism, supported the suffrage movement. (“Beman Triangle: Middletown Connecticut”).
as exports (Warner 1990:20). This economy provided careers for people as sailors and a variety of laborers along the docks. Increasing trade and jobs prompted a population growth that began in 1784. By 1790, Middletown was the largest city in Connecticut and functioned as the United States Customs port for the Connecticut River (Warner 1990:33). However by 1800, support for the exceeding number of poor and lower working class individuals that emerged from this economy became Middletown’s largest expense and with President Jefferson’s Non-Intercourse Act of 1807, the Great Embargo, Middletown was no longer able to function as a port or trade city (Warner 1990:33). Middletown’s economy suffered for more than 20 years but began to turn around in the 1830s, when a new wave of industrialization occurred in Middletown, making it a profitable center for commercial manufacturing (Warner 1990:37).

Figure 3 1877 "Bird's Eye View" map of Middletown, facing west. Main Street and the downtown business district lie at the bottom of the image, just above the Connecticut River. The Beman Triangle is at the top center of the image (O.H. Bailey & Co. 1877).
Slavery had ended in Connecticut by 1830 and many free blacks came to Middletown from rural regions in search of employment, which they found in Middletown as it struggled to regain its economy after the fall of the river trade (Warner 1990:59). In 1830, there were 208 Americans of African descent in Middletown, most of which were working as laborers both on farms and the riverfront (Warner 1990:60). Businesses like the Portland brownstone quarries or Russell Manufacturing Company’s textile factories required cheap labor, but employment for these residents was unstable. Factories, driven by racist hiring practices, were hiring Irish or other European immigrants, displacing the African American laborers. In 1850, Irish immigrants came to constitute about one quarter of Middletown’s population while the black population had decreased to 149 people (Warner 1990:60,38). This change had its effects on the Triangle neighborhood, whose residents changed from a community of free African Americans connected to the A.M.E. Zion Church, to one that also included Irish and other European immigrants as householders and residents. I explore this more in Chapter Four, using city directories, property records, and censuses.

**Research Goals and Methodology**

Like many cities that underwent industrialization over the course of the century, Middletown and its residents were no exception to the diseases and illnesses that were known to accompany rapid urbanization. Industrialization caused overcrowding and new levels of poverty in many cities, as the number of people far exceeded the resources and space available (Leavitt and Numbers 1985). Additionally,
diseases like typhoid, typhus, yellow fever, and cholera plagued the 19th century (Brakemyre 2012). The combination of poor sanitation and an even poorer understanding of the course of diseases created an American populace that wanted a cure. To find it, they sought a variety of medical authorities and treatments that claimed to relieve their ailments and restore their health. As it happened, medicine in the 19th century had many cures to offer and even more attempts to obtain them.

Over the course of the century, modes of healthcare and perceptions of medicine underwent drastic shifts. An understanding of the shifting nature of medicine over the course of the 19th century provides a framework with which to analyze the medicinal artifacts from a given assemblage. In turn, this analysis allows us to understand the larger social implications represented by those objects and how those affected the daily lives of the people that owned or interacted with the materials.

Although the broad transition of medicine and treatment trends are seen in histories that cover all of America for the entire 19th century, what this macro-narrative lacks is an understanding of the course of these changes on a micro scale. Using historical archaeologist, Eric Larsen’s (1993) study of health and medicine at Harper’s Ferry as a model, I hope to create a “local health history” of Middletown in the late 19th century (Larsen 1993:11.1). Because this project is a social historical archaeology, I use cultural artifacts as a way to understand the activities and consumption patterns of the residents of 21 Vine Street. By analyzing material remains, historical archaeology has the potential to understand the humans who used those objects and gave them meaning. I seek to identify what objects people were
using and interacting with and, in turn, how those objects constructed and expressed their social and cultural values, identities, and lifeways. I am drawing from Meredith Linn’s (2008) methodological approach of a “visceral historical archaeology.” Linn’s approach focused on lived and embodied experiences, particularly perceptions of healthcare and types of medical treatments through a combination of archaeological findings, historical newspaper advertisements, and city directories (Linn 2008:5).

Analysis of an archaeological assemblage related to medicinal drug production and potential consumption at 21 Vine Street on the Beman Triangle will further focus the lens of 19th century medical practices and perceptions to understand the health history of residents within this particular neighborhood. Over 41 (MNI) medicine bottles and 2,536 fragments of glass objects related to chemistry activity including test tubes, pipettes, beakers, flasks, syringes, and funnels, were uncovered in Units 2 and 10 from behind 21 Vine Street. These materials point to an assemblage related to intensive and professional pharmaceutical production. Additionally, this suggests that Middletown residents were actively addressing concerns regarding illness and health during the late 19th century, using scientific tools and processes to do so. Chapter Three will analyze archaeological materials excavated from Units 2 and 10 on the property of 21 Vine Street. To exemplify how this druggist’s assemblage differs from a more typical domestic deposit, I will also refer to other units from the Beman Triangle: Unit 3, which is in the backyard of 21 Vine Street, and Unit 4, which is in the backyard of 19 Vine Street. Although the

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7 7 whole and 258 fragments of medicine bottles.
8 105 (MNI) chemistry glasswares.
materials from Unit 4 date to an earlier time (around 1840), a brief discussion of this unit is necessary to broaden our understanding of what types of materials residents on the Triangle were using. Additionally, much of my analysis of these materials will be in dialogue with reports and findings from comparable archaeological sites that are temporally, materially, or historically similar.

As previously stated, cataloging materials from the site is ongoing at Wesleyan University’s Cross Street Archaeology Laboratory. Because of this, not all of the excavated artifacts are included in this study. The quantities discussed throughout this thesis are based on the most updated version of the cataloged materials as of 7 March 2015. Additionally, many of the artifacts are unmarked and therefore undateable. For instance, clear glass objects, specifically fragments of chemistry materials related to drug production, are relatively impossible to date, as they contain no embossing or features that indicate a specific manufacturer or range of production. However, identification of clear glass objects related to drug production was done via the Whitall, Tatum and Company Catalog because a Whitall, Tatum and Company flint glass prescription bottle (1870s–1890) was found within the assemblage. The Whitall, Tatum Company was a wholesale glass manufacturer and because materials from the site are linked to them, I rely on their product catalogs from those years to identify and analyze the other glasswares related to chemistry. This is not to say that the materials exclusively came from this manufacturer, but rather, the catalogs from this manufacturer give a clear way to identify the types of materials and how they were used.

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9 BEM000002, 1004 2/A. This bottle is discussed in more detail in Chapter Three.
Another difficulty in dating and researching these materials arose from finding credible sources that referred to specific drugs, companies or products that were at the site. The world of bottle identification is not exclusive to archaeologists or historians: the majority of work concerning these objects is undertaken by antique collectors, sellers, and enthusiasts. Although I try to not rely on information from these blogs or forums, I make a note of instances where it was the only information available.

As Cunningham and Warner (2002) and Nasta (2007) demonstrated, this was a community that was connected by familial and social ties. Even after it was not solely an African American community of the A.M.E. Zion Church’s congregation and European immigrants began to settle on the Triangle, city directories and censuses show that there was still a lot of fluidity in who was living where over the decades and ties (whether familial or otherwise) were still maintained between houses across the neighborhood. Therefore, I have built upon previous research in order to identify who lived in different houses in the neighborhood beyond 21 Vine Street. This study hopes to expand what is known about the Beman Triangle by tracking how the neighborhood developed socially in subsequent decades after 1860. As such, Chapter Four seeks to establish who the residents of the Beman Triangle were during 1868 and 1900.

Another driving question concerns why this assemblage was at this site. If the materials belonged to a Triangle resident, did that imply the necessity for a more localized purveyor of medicines than the medical professionals working near Main Street? Conversely, if this assemblage was not associated with Triangle residents, can
it be connected to a known and advertising druggist or apothecary who was operating in Middletown at the time? Either question can be explored by identifying who the druggists were in Middletown between 1868 and 1900 (with the most important years being 1880-1900) and where they were said to be living and operating. Both of the previous inquiries benefit from understanding how many druggists were in Middletown at the time, where they were clustered, and how far they were located from the neighborhood. Because this study also hopes to understand more broadly what the perceptions of healthcare were in this period of the 19th century, I also include a section detailing the physicians who were advertising and operating. Middletown had a range of medical professionals, including both homeopathic and more ‘traditional’ or ‘orthodox’ practitioners. Identifying these practitioners will elucidate what kinds of formal medical professionals and resources were available to Middletown residents. In this way, it will also shed light on what types of healthcare practices and treatments residents were utilizing during the last quarter of the 19th century.

I ran into many challenges in charting the occupants of the Beman Triangle over time. In Middletown’s city directories, the majority of the Beman Triangle lacks specific numerical addresses for residents and residences. Instead, the residences are listed generally as “Vine near Cross,” “Cross cor. Park,” “Cross above Park,” etc.10 However, pairing the directories to census data, charting familial ties, and tracking

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10 Any of the “corner” addresses are easy to locate along the Triangle. Houses that were not near an end of a street, however, were not as easy to place. In certain years, some houses were entered with a numerical address, however those were inconsistent from year to year.
the residents, year by year, I was able to reconstruct an extremely close representation of who was living in the neighborhood during 1868 and 1900.

In 1890, all of the numerical addresses in Middletown changed. For certain residences on the Triangle, this did not pose much of a problem, however, because there was always a number of short term boarders at a residence at any given time, I was unable to place some of these individuals after that change. For the druggists and physicians, this was a fairly easy transition to chart, as most resided and worked at the same residence consistently throughout the years they practiced. Additionally, the 1890 Federal census burned in a fire in 1921 that destroyed the most informative and precise record of who was living at the 21 Vine Street residence. Another reality of 19th century archives arises in inconsistencies and differences in information from one source to the next. Property records only include the formal owners of the houses and do not reflect who actually was living in the houses. Many of the Triangle residents were boarders or renters, so property records are limited in showing the social makeup of the neighborhood. Censuses did not focus on individuals but were rather used to count the population at large. They were conducted via door-to-door inventorying by an ‘Enumerator’, who only marked residents who were at the house at the time of his recording, if someone was not home, they were not counted. If no one was home, the residence would be added later, creating a disjointed account of the city. Further, what content was included in census data in this part of the century changed dramatically, as these were some of the formative years in census taking in America. For example, the census of Middletown in 1870 lacked a section for street names but included a section on the value of a person’s real estate and value of
personal estate. In 1880, the values section was removed and sections including street name, resident’s health (‘blind,’ ‘deaf and dumb,’ ‘idiotic,’ ‘insane,’ ‘maimed, crippled, bedridden, or otherwise disabled’), education (‘attended school within the census year,’ ‘cannot read,’ ‘cannot write’), and nativity (place of birth of individual and place(s) of birth of individual’s mother and father) were added.

Along with this material record, the archival record allows an additional perspective. In chapter Six, I explore advertisements in Middletown city directories and in newspapers from 1868 to 1900 in order to better understand perceptions of healthcare in Middletown in the late part of the century. These provide an insightful and interesting lens into what people in Middletown were consuming—both literally, through what types medicine people chose to use, and intellectually, though what they read about sickness and healthcare in written media. Advertisements in the 19th century did more than just publicize a product; they also ‘informed’ readers about the diseases or ailments themselves. An analysis of the products, messages and motifs promoted in these advertisements during this last quarter of the 19th century will allow us to further understand the history of healthcare in Middletown.

This project places great value in synthesizing various sources, both material and archival, and uses an interdisciplinary approach, drawing from archaeology, anthropology, and history, with the goal to produce a social historical archaeology. Historical archaeology has the great ability to bring these elements together and thereby provide more nuanced understandings of people in the past. Both the material and archival sources give clues as to how Middletown residents dealt with illness and perceived healthcare at this specific moment in the 19th century. Seeing
these elements in conjunction may help us understand how residents of the Beman Triangle fit into a larger social network within Middletown. In turn, this allows us to see how the health history of Middletown’s residents fits into a national narrative of the shifting nature of medical practices and perceptions over the course of the 19th century.

**Comparable Studies in Historical Archaeology**

In the field of historical archaeology, there are several sites where the healthcare practices of a particular community have been investigated through medicinal artifacts. My study of healthcare in relation to the Beman Triangle and to Middletown, Connecticut between 1868 and 1900 will be largely in conversation with the analyses and interpretations about materials excavated from comparable sites.

Eric Larsen’s (1993) study of Harpers Ferry, a 19th century manufacturing town, explores the social effects of industrialization through a lens of healthcare using archaeological materials excavated from privies at Harpers Ferry National Historical Park. Larsen’s approach provides a local health history within the larger national trends of medicine over the course of the 19th century, which is particularly germane to this study. He uses a number of medicinal bottles to understand perceptions of healthcare within the community. However, the study is quite different from a professional healthcare assemblage in the community-based neighborhood of the Beman Triangle, as it compares an assemblage from a boarding house to a familial household to explore the differences in healthcare practice.
Other historical archaeologists have focused on understanding the significance of medicinal artifacts within historically marginalized communities. Five Points in New York, a dense slum in the late 19th century, with many Irish immigrants present, has been the focus of multiple studies examining Irish immigrants and healthcare (Bonasera and Raymer 2001; Brighton 2008; Linn 2008; etc.). Meredith B. Linn’s (2008) study argues that the residents’ experiences with disease and healthcare were shaped by Irish traditional healing practices, namely in the form of over-the-counter medicinal seltzer. In addition to building her research from archival sources (Irish folk remedies and recipes, hospital and patient records, etc.), she uses the material record to compare the ratio of prescription medicine bottles to proprietary medicine bottles. She argues that the greater number of over-the-counter, proprietary, medicine bottles (seltzer bottles) points to self-medicating as a response to social disenfranchisement based on prejudice against Irish immigrants. Brighton (2008) analyzed similar materials from the tenements of poor Irish immigrants and also argues that large numbers of proprietary medicines point to self-medication and disenfranchisement based on discrimination, as they were unable to receive medical attention from doctors, dispensaries, and charity hospitals.

Both studies raise important interpretations for sites in the late 19th century related to Irish immigrants, access to healthcare, and solutions by self-medicating through proprietary medicine consumption. Because there is evidence of Irish immigrants living on the Beman Triangle at the end of the 19th century, these are particularly insightful in describing experiences of immigrants and their healthcare strategies. My study, however, pertains to a more diverse group of residents, as it is a
predominantly African American neighborhood throughout the late 19th century with only a few European immigrants moving onto the Triangle in the last few years. Because of this, this paper does not attribute traditional healthcare practices to the residents in the same way that Linn does, but rather, elaborates more widely on the perceptions of both Beman Triangle residents and Middletown Residents, at large, concerning healthcare and the medicinal resources available. Additionally, her analysis compared the ratio of prescription to proprietary medicines at Five Points. Since analyses of the 21 Vine Street assemblage on the Beman Triangle are more influenced by the presence of the pharmaceutical production materials, this study will not rely solely on the comparison of prescription and proprietary medicine bottles.

Studies of healthcare in relation to African American communities are also relevant (Cabak et al. 1995; Howson 2013; Landon and Bulger 2013; etc.). A study at the Wayman African Methodist Episcopal Church in Bloomington, Illinois (Cabak et al. 1995) during the late 19th to early 20th centuries (with a majority of materials dating between 1880 and 1916) aimed to understand the “multifaceted role of the black church” (Cabak et al. 1995:55) within the lives of community members. Archaeological excavations on the church’s property uncovered medicinal artifacts like medicine bottles and healthcare equipment. They interpret these to suggest that the church functioned not only as a center for religious services by also provided healthcare services for the congregation and local community. Additionally, they argue that the greater number of prescription bottles compared to proprietary bottles suggests that healthcare at the church was perhaps administered by a physician with better knowledge of scientific pharmaceutical production. This site also provides
insight into healthcare of an African American community in relation to an African Methodist Episcopal Church, something foundational in the history of the Beman Triangle.

David Landon and Teresa Bulger (2013) present another study on Boston’s African Meeting House concerning the relationship of African American community and healthcare in the first half of the 19th century. The site at the African Meeting House yielded large numbers of beverage bottles and pharmaceutical bottles that were “largely professionally prepared medicines from apothecary shops and doctors, which little evidence of the many alcohol and opiate-filled patent medicines common in the late nineteenth century” (Landon and Bulger 2013:129). Although this is before my period of study in Middletown, the focus on community, notably, an African American community connected to a church, and evidence of pharmaceutical production at the site, is similar to that of the Beman Triangle project.

For almost all of these studies, namely those done by Linn (2008), Cabak et al. (1995), and Landon and Bulger (2013), a major point of analysis is drawn from a comparison of prescription bottles and proprietary bottles to determine which type of healthcare treatments residents practiced. However, my research suggests that the binary between these two categories (prescription versus proprietary) was not as distinct as one would imagine—by the late part of the century, many proprietary medicines were being produced by druggists who had a working knowledge of science and chemistry, and prescription medicines were still filled with many highly poisonous mineral and chemical compounds that did not yet abide by the strict regulations brought on in the 20th century.
What all of these comparable assemblages lack, and what may be unique about the these units at the Beman Triangle among sites that have yet been studied, is the density of materials related to late 19th chemistry activity and pharmaceutical production (along with what I interpret as a druggist’s assemblage) at a domestic residence. Many studies (Larsen 1993; Cabak et al. 1995; Brighton 2008; Linn 2008; Howson 2013; Landon and Bulger 2013; etc.) make claims of healthcare or medicinal production based on comparisons of prescription to proprietary medicine bottles. However these materials only make up a fraction of the assemblage, at large, which is not the case in the materials from 21 Vine Street. Additionally, other studies, even those that claim on-site medicinal production, lack the materials of actual chemical manufacture like tubes, flasks, or funnels, which can more definitively make that claim. With an understanding of the other materials within those comparable contexts and considering the interpretations made at sites that yielded similar materials, I hope to be in productive dialogue with these studies in order to further analyze the significance of these materials at Middletown’s Beman Triangle.
Chapter Two: Historical Background

Medicine in the Early 19th Century

Understandings of medical science and approaches to healthcare underwent many shifts during the 19th century. In the early part of the 1800s, “heroic medicine,” which claimed to be based on science, was the dominant trend (King 1991). The heroic regime began in the 1780s and referred to the extreme and harsh treatments administered by men, such as Benjamin Rush (1746-1813), who are considered today as the founding fathers of scientific medical theory (Cassedy 1991). During this time, physicians and patients viewed the human body as a balanced system in constant interaction with its environment, where illness resulted from any imbalance in the equilibrium. The physician’s primary role was to regulate the emissions from the body by bleeding, perspiration, urination, and excretion to restore a person’s balanced, normal state, a remedy coined “bleed, blister, puke, and purge” (King 1991). Although bleeding and purging had been used as treatments for centuries, men like Rush and other heroics utilized these techniques to an excessive degree. He and his disciples, who practiced across the nation, bled the ill and ailing to heath, but more often than not, to unconsciousness or death. In addition, they prescribed toxic doses of highly mercuric compounds, like calomel, or other poisons, as purgatives (Rutkow 2010:32). The medicines they prescribed produced severe effects (purging, blistering, sweating, etc.), which in some way, seemed to confirm the physician’s ability to understand the physiological processes because something indeed was being done, no matter how detrimental (Rosenberg 1979:9). However, these ‘scientific’
treatments did not abide by any rigorous standards and were largely ineffective in treating patients.

Medicines, for these physicians, were tools for adjusting the body’s equilibrium by regulating the products of the body. Drugs were specified for particular diseases, but were categorized by the physiological effects they produced, rather than by categories of disease (Rutkow 2010:34). One mid-century materia medica, for example, was organized by mechanical remedies (bloodletting, leeches, cupping), imponderable remedies (light, heat, cold), and pharmacological agents (Biddle 1865). Additionally, most of the compounds themselves were listed as diuretics (promotes urination), cathartics (laxatives), narcotics (pain-relievers), emetics (causes vomiting), or diaphoretics (produces perspiration). Thinking about drugs in terms of the effects they produced instead of diseases they would treat never fully disappeared. Instead, they were appropriated by other medical authorities like druggists or apothecaries, whose mass-produced cure-alls were intended to treat myriad afflictions rather than specific diseases.

Despite the fervor with which many physicians supported heroic therapy, there were critics among the medical establishment and the public. Skeptical physicians doubted their ability to intervene and change the course of diseases and began to advocate a medical doctrine of caution and moderation (Murphy 1991). Similarly, most Americans became frustrated by the inconsistent, intrusive, and ineffectual remedies (Rosenberg 1979:14). The supposedly learned profession of medical doctors came into question. This was for good reason, as there were almost no rigorous certifications for professional doctors: requirements were sparse and the
A typical curriculum consisted of six months of reading about medicine with no clinical experience (Rutkow 2010:40).

By the 1830s, criticism of Rush and other heroics undermined the status of American physicians. Support of the heroic approach declined in conjunction with an increasing acceptance of the idea that diseases were distinct entities, each with their own causes, courses and sets of symptoms. This change was important in the way the public approached sickness, resulting in a more egalitarian approach to healthcare. This became termed the “Era of the Common Man” where experience, not ‘schooling,’ was valued (Young 1961:55). A new upsurge of self-help medicine took hold, and an increasing number of self-help medical volumes were published so that families could take control of their own doctoring (Leavitt and Numbers 1985). Gunn’s Domestic Medicine: or Poor Man’s Friend, in the Hours of Affliction (1853), for example, promoted that its contents laid out “in plain language, free from doctor’s terms, the diseases of men, women, and children, and the latest and most approved means used in their cure and is expressly written for the use of families” (Gunn 1853). This self-help regime did not completely replace the role of medical professionals, and people still looked to authorities outside the house to treat their illnesses. Mistrust in heroic medicines created openings for other nontraditional or alternative medicine practitioners who sought to treat illnesses in their own way.

**Alternative Medicine**

The mid-19th century saw the rise of homeopathic, hydropathic, and botanic remedies as alternatives to scientific medicine (Rosenberg 1987:155-159). Instead of
the ‘science’ that heroics promoted, this other side of the medical spectrum was dominated by lay practitioners of alternative medical practice and quacks who promoted treatments like water cures, herbal remedies, or mystic aromas (Haller 1981; Murphy 1953, Salmon 1984). While also largely ineffective, these gained enthusiastic followings and for decades remained a preferred choice in healthcare practice.

Homeopathy was the most mainstream among the alternative medicines (Wrobel 1987, King 1991). These practices, termed ‘quackery,’ which was usually used as a pejorative term for one who practiced alternative healthcare practices and was used interchangeably with nostrum medicine (Young 1992; Helfand 2002). Menominee Miami, one of the residents of the house at 21 Vine Street during the early 1860s, was registered as a “quack doctor” in the 1860 census.11 Technically, this implied that he lacked the proper licensure, however, “quack” was most prominently used as a derogatory term to refer to medical practices that were thought to deviate from orthodox or professional practice (Helfand 2002). Although sects like homeopathy were mostly comprised of a mixture of folk wisdom and the doctor’s own intuition, these reactionary movements are also based on induction and observation, which seemed to have greater claims to empiricism than orthodox medicine did at that time. Homeopaths focused on an inductive process called ‘proving’—testing the effects of drugs and curatives and charting the symptoms or changes in the patient’s health (Wrobel 1987). Homeopathy is of particular

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11 Miami’s occupation of the 21 Vine Street house predates the materials, therefore he is not considered responsible for the medicinal materials within the assemblage.
importance for this thesis, as many of the Middletown physicians in the later half of the 19th century and onwards publicized their status as homeopathic physicians, like William Bell or Florence Taft. Beginning in the early 1880s through the end of the century, a period of particular importance to this study, the number of physicians practicing homeopathy increased both generally and in relation to the number of physicians who identified with more orthodox medicine (Wrobel 1987).

Druggists, Apothecaries, Pharmacists

Both the expense and distrust of the medical profession of the heroics led to an explosion of proprietary medicine in the second half of the 19th century (Young 1961:155-159). Physicians were not the only players operating in the realm of 19th century healthcare. The practice of medicine and pharmacy, rather, was in the hands of a variety of functionaries—the physicians who, in addition to diagnosing, compounded and directly dispensed medicines; the druggist, who, though a wholesaler nevertheless also ran a retail pharmacy; the pharmacist, who ran a retail establishment concerned largely with compounding and dispensing drugs (increasingly on a doctor’s prescription) and with the sale of related and often unrelated items; and the general merchant, who carried medicines along with other goods and sometimes evolved into a pharmacist (Cowen et al. 2002; Gassmann 2008).

Prescribing, producing, and purveying fell under all of these categories and the appellations druggists and pharmacists functioned more as synonyms, losing any real distinction in field and practice (Haller 1981; Cowen et al. 2002). In Middletown,
this was clearly the case, as the fluid identities of “pharmacist” “apothecary” and “druggist” were blurred and used interchangeably over the decades. The cause for this fluidity arose from the fact that the beginning of American pharmacy came from four roots: the traditional apothecary’s shop; the doctor’s shop; the general store; and the wholesale druggist (Cassedy 1991; Higby 2003). For instance, in newspaper advertisements in Middletown, Collins and Pelton claimed that they sold the “best supply of patent medicines and goods” usually carried by all “druggists and apothecaries.”12 D.C. Tyler, the most prominent proprietor at Middletown’s McDonough House Drug Store was listed as “David C. Tyler, apothecary…”13 in an issue in The Constitution from 1880 but under the header of “Druggists” in the Middletown City Directory of the same year.14 For the first time in 1890, the city directories began listing all of the sellers of drugs, formerly listed as “Druggists” in a new section entitled “Apothecaries”, with a note underneath stating: “See also Druggists.”15 The druggist section contained no names and only a redirection to “See Apothecaries.”16 This continued until 1898 when the category of “Apothecary” no longer appeared and the “Druggist” section, which had for 7 years only contained the redirect statement, was once again listing the sellers of drugs in Middletown.17

Nationally, druggists were perhaps the smallest group compared to the other medical functionaries, but in Middletown, they made up almost half of the businesses related to healthcare in between 1868 and 1900. Regardless the size, they were

13 The Constitution 6 January 1880:3.
14 Middletown City Directory 1880.
15 Middletown City Directory 1890.
16 Middletown City Directory 1890.
17 Middletown City Directory 1898.
perhaps the most influential in the development of pharmacy in America. Druggists operated in a specialized field that walked the line of chemist, medical authority, and salesperson (Cowen et al. 2002). In the 19th century, they were not limited to the sale of drugs, but rather supplied both wholesale and retail service (Cowen et al. 2002; Aronson 2014). In the early 1800s, several stores designated as wholesale drug establishments combined with retail and dispensing prescription businesses. In addition to making drugs, the knowledge of chemistry also allowed them to expand into other markets that required a knowledge of mixing chemicals like paints, dyes, and varnishes (Cowen et al. 2002; Higby 2003). In Middletown, this was clearly the case. By the 1870s, the larger druggists such as Collins and Pelton, Henry Woodward, and David C. Tyler were also the premier sellers of paints and oils. Henry Woodward, for instance, offered “extraordinary inducements in paints & oils. English B.B. Lead, Atlantic Lead, The Best in the country. Hall, Bradley & Co.'s Lead, New York's Lead, Central Park Lead… at bottom prices,”18 and similar statements were made by all three businesses.

In various accounts, as in Drugstore Memories (Cowen et al. 2002), a collection of testimonies of drugstore practitioners, pharmacists themselves often differed as to whether theirs was a trade or a profession. This distinction was important to recognize, as a trader was defined by ownership of material commodities, whereas the mark of the profession is a claim to a possession of socially valued knowledge, usually in the form of schooling or formal training (Cowen et al. 2002; Buhai 2012). This became increasingly significant at the end of the century, as medicine once again

shifted to value and necessitate formal scientific education and licensure. As the late 19th century shifted again to push for scientific knowledge, practitioners who wanted to continue in business needed to have at least some understanding of chemistry (Higby 2003; Gassmann 2008). Whatever the name or whatever position these medicine men occupied, the prominence of the drugstore and druggist coincided with the rise of patent and proprietary medicines that emerged in the 1830s and continued throughout the rest of the century.

**Proprietary and Patent Medicine**

In the 1830s, as Middletown and other cities across the country industrialized and urbanized, the American populace turned to proprietary medicines to cure their sicknesses and treat their ailments. The peak era of production and use of proprietary medicines was between 1850 and 1900 (a period that directly corresponds with the date range of archaeological materials from the Beman Triangle Site), when cures were sold by the bottle and perfect health was just the pop of a pill or a sip of syrup away (Fike 1987:3; Young 1992; Heetderks 2002).

Though the terms are often used interchangeably, ‘patent medicines’ refer to mixtures protected through patent law and necessitated “a product to be new and useful and required the disclosure of formulas and contents” (Fike 1987:3). Proprietary medicines (which included patent medicines) are a more correct term for most of these medicines, describing products sold through proprietors and their agents. ‘Nostrums,’ as they are most frequently termed today, refer to medicines that are essentially ineffective in treating illness and prepared by an unqualified person
(Young 1992; Helfand 2002). Most druggists and physicians during the 19th century used the term “patent medicines” in their advertisements, which was often the case for Middletown’s medical professionals.\(^\text{19}\) However, during this period, most medicine manufacturers did not disclose their formulas for patent registrations or list ingredients on their medicine bottles. Instead, they chose to register distinctive bottle shapes, brand names, or trademark designs (Torbenson et al. 2000:56). They would opt for secrecy rather than a recipe patent as the best way to protect their concoctions (from both competing manufacturers who would steal their formula and from the public who would question the effectiveness or safety of the ingredients they contained) (Fike 1987). Another way to protect their product from competing businesses was to post advertisements that warned consumers to “not be deceived by worthless imitations.”\(^\text{20}\)

Medicines marketed by proprietary companies were widely used by the American populace to self-medicate and were even prescribed by some doctors for a variety of complaints from consumption to pimples. Further, most of these proprietary and patent medicines, of questionable content and effectiveness, claimed to cure ten or more unrelated ailments with a single product. The line between potion and poison was hazy at best, and the only difference between what could cure and what could kill was in the dose. Typically, the main ingredients of these tonics,

\(^{19}\) E.g. “McDonough Drug Store! Drugs, Chemicals, Patent Medicines, Toilet and Fancy Articles, Pine Tar Soap, A Medicated soap for the toilet, making a splendid Toilet Soap and curing all irritation of the skin, eruptions, Salt Rheum, &c. Forming a good shaving soap and unrivalled in all cutaneous diseases. This soap is warranted No Humbug. The healing properties of Tar are known to all. Store open Sundays from 8 a.m., to 1 p.m., and 5 to 9 p.m., Prescriptions carefully prepared from best materials. D. C. Tyler, Successor to L. C. Vinal” (The Constitution 5 January 1870:4).

\(^{20}\) The Constitution 10 January 1872:3.
sarsaparillas, and bitters, were alcohol, sugar, and water. Other common ingredients were more immediately harmful, including radium, methane, sulfuric acid, lead, and mercury, or addiction-forming substances such as opium or cocaine (Torbenson et al. 2000:61). Many proprietary medicine producers promoted their concoctions as cures for a list of both general symptoms and specific diseases, including dozens of symptoms, which might occur, even in the healthiest person (Young 1961:68; Heetderks 2002). Minor symptoms like weakness, headaches, irregularity, weight loss, or nervousness were exaggerated to become the alarming signs of pain and death.

The efficacy of proprietary medicines opposed to prescribed ones is not the difference between the two. By the 1860s, professional and proprietary medicines were not very different—physicians prescribed cures that mostly contained alcohol or narcotics, similar to those of the proprietary medicines (Heetderks 2002). The proprietary medicines often contained the same active ingredients as the prescribed, although they had a reputation for being more palatable (Young 1961:61-62). Manufacturers offered sugarcoated pills to hide the repugnant taste of the substances hidden inside. Weeks & Potter, wholesale druggists from Boston, published a catalog of the drugs and products they offered (and claimed to be comparable to, if not better, than any druggist operating at the time), including “soluble chocolates for druggists use” to mix with liquid preparations.21 Fraser’s Tablet Company’s 1890 catalog was a price list and guidebook to tablets, tinctures, herbal extracts, elixirs and more for physicians and druggists across the country, providing “an easy, economical, and accurate method of dispensing medicines in a compact and palatable

21 *Weeks & Potter Company Catalog* 1890:82.
form.” Their volume, which contained an alphabetical list of ingredients for compounding pills, offered to chocolate coat anything from arsenic to zinc phosphide for about ten cents more per batch.

Although these patent and proprietary medicines were mostly associated with druggists and an ethos of self-medicating, quacks and physicians in the mid-19th century began prescribing and selling them as well (Wrobel 1987; Cowen et al. 2002).

In almost any general store, drugstore, apothecary shop, or even physician’s office there would be a supply of proprietary medicines available for purchase (Cowen et al. 2002). Some druggists created their own lines of proprietary medicines, trying their hand at something economically savvy by ordering ingredients from regional distributors (like Fraser’s Tablet Company in New York) and compounding pills or mixing elixirs and reselling them to their local customers (Francesco 1939; Salmon 1984; Wrobel 1987). Mass-producing these cure-all drugs widened the number of consumers that could be reached. Some druggists further increased the potential for profit by creating diluted dosages with common herbs and alcohols (Young 1992; Donohue 2006). Most of proprietary medicines, however, did not originate from local manufacture, but rather were part of larger national brands that were distributed across the country (Heetderks 2002). These relied on the image, brand, and effective marketing, which came to shape one of the most iconic forms of advertising in

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22 Fraser’s Tablet Company Catalog 1890:1.
23 For example, tablets containing 1-100 grams of acid arsenic and 1-60 grams of strychnine (prescribed at “one tablet after eating, three times a day; as a general tonic or alternative, especially in obscure malarial affections”) were 75 cents per thousand and 85 cents per thousand if chocolate coated. Other pills were offered in a “pink coated” option, which implied “sugar coated” (Fraser’s Tablet Company Catalog 1890:18).

However, the nature of proprietary medicines began to change in the last quarter of the century. Most of the leaders in proprietary medicines “had never mixed a formula” and were instead “promoters who bought and sold medicines as other men might buy and sell mills or railroads” (Young 1961:108). Medicine and drug production had become a big business that relied on advertising as the main means for acquiring the capital it needed to survive in such a way. Because of this, advertisements, which the nostrum business had been reliant on throughout the century, became even more attractive and abundant, and in addition to newspapers, anything from magazines to cook-books became venues for proprietary ads (Young 1961). But orthodox physicians and alternative medical societies alike were critical of these medicines, especially in the last quarter of the 19th century (Wrobel 1987; Young 1972; Helfand 2002). They warned against the cheap and easily accessible proprietary medicines and urged them to seek the advice of a medical practitioner as professionalism once again value in the medical field. Medicine based on the scientific method reemerged at the end of the 19th century and pharmaceutical production was limited by formalized restrictions and regulations concerning drugs (Abraham and Smith 2003). Proprietary medicines continued to sell in drugstores or apothecary shops, however, never to the same degree as they had before.
Professionalizing of the Field

The American Medical Association (AMA) was formed in 1847 and grew out of a movement to professionalize the field through increasing education standards and reinstating licensure (Shryock 1966:154-155). Medical schools were forced to abide by new guidelines created by the AMA and a new medical profession emerged that used science to treat illnesses and prescribe medications specific to individual needs (Haller 1981; Abraham and Smith 2003). This was based on a sense of medical intelligence that successfully portrayed their competition as “quacks” who lacked their training and knowledge of medicine. With the close of the 19th century, a new respectability came to be associated with professional medicine which would continue in the 20th century and set the foundation for medical practice in the present day (Abraham and Smith 2003). The application of scientific knowledge within the medical field began to take hold just before the turn of the century and became the irrevocable trajectory for medical practice when the Pure Food and Drug Act passed in 1906. As with most changes, this was no immediate switch, but there is no doubt that this last part of the century reflected new understandings and applications of science in the production of medicine. A new reliance on chemistry emerged at this time, creating drugs that aimed to abide by the regulations and standards that were enforced at the turn of the century.
Chapter Three: Archaeology at the Beman Triangle

Cunningham and Warner’s (2002) report concerning the Beman Triangle recommended additional research be performed on the site, stating explicitly that “an archaeological investigation may reveal more about the daily lives of the people in this neighborhood” (Cunningham and Warner 2002). In 2005 Wesleyan’s Anthropology Department and Archaeology Program contracted Jarrod Burks of the Ohio Valley Archaeology, Inc., to conduct geophysical surveys of electrical resistivity and magnetometry in the backyards of 19 and 21 Vine Street with the objective of locating features and outbuilding remains associated with mid-1800s houses (Burks 2006:22). These tests detected differences in electrical conductivity, resistance, and variations in the earth’s magnetic field in order to locate features. These features would stand out as anomalies among a more constant background and suggest areas of archaeological interest (Burks 2006:2). Burks gridded the backyards of 21 and 19 Vine Street in 20x20-meter blocks (with 10x10-meter blocks to fill in the edges) (Burks 2006:2-3). These houses are two of the nine historic houses still standing out of the at least 16 which were built between 1840 and 1890 (Cunningham and Warner 2002; Burks 2006). In total, an area of 1,200 square meters was surveyed on the Triangle.
Behind 19 Vine Street, two 20x20-meter blocks were surveyed. Topographically, the unpaved, open area behind the house lies at one of the lowest points in the neighborhood and frequently collects water, evident in low resistance readings that suggested the area is poorly drained (Burks 2006:22). The readings for this area suggested that a number of “interesting subsurface remains are present just behind the house and along the northern lot line” (Burks 2006:9). Additionally, Anomalies 1, 2, and 5 were “in the appropriate location and of the right size and shape to perhaps be cisterns, wells, or privies” (Burks 2006:7-8). Behind 21 Vine Street, these can be identified in Figure 4 as Anomalies 3, 4, 10, 11, 12, and 13. Feature number 6 on the plan represents a cement pad from a small garage that was covered by decaying plywood and a metal cover at the time of the survey which produced “some very distinctive (strong) magnetic readings” (Burks 2006:22).
Street, another 20x20-meter block was surveyed. Burks describes the findings as “a jumble of geophysical anomalies,” suggesting “a lot of historic fill and numerous potential features in the area” (Figure 4) (Burks 2006:9).

In 2006 and 2007, members of Wesleyan’s Anthropology Department and Archaeology Program conducted two seasons of excavations on the site of 19 and 21 Vine Street. Under the direction of Professor Douglas Charles, nine test-pits were opened behind the two house lots with the intent to identify archaeological potential of features identified by the geographical survey. These units were only excavated through topsoil and no artifacts have yet been analyzed. The materials uncovered suggested that further archaeological research and excavations should be pursued.

The next phase of research began in 2012 when Wesleyan hosted a community archaeology symposium entitled: Digging Together Community Archaeology: Practice and Potential. The project was created to have foundations in community archaeology, and throughout the fall of 2011 and spring of 2012, Professor Sarah Croucher consulted with the A.M.E. Zion Church and other community members about project directions. Together, project goals were identified and developed to place academic and archaeological research in tandem with community needs. The initial research goals developed included: investigating what the role of faith was within the community, exploring the lives of women on the Triangle, identifying

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25 At the time of the survey and for many of the excavations, a shed blocked a large portion of the backyard, close to where the property met Knowles Ave. This shed was knocked down in 2013 and replaced with a smaller shed, just north of the original location.

26 Behind 19 Vine Street, a 2x1-meter test pit was opened in the area of Anomaly 5 on Burks’s survey. Behind 21 Vine, another 2x1-meter unit was excavated, overlapping with Anomaly 7 from Burks’s survey.

27 This symposium included presentations by Cheryl LaRoche (University of Maryland), Stephen Silliman (University of Massachusetts Boston), Whitney Battle-Baptiste (University of Massachusetts Amherst).
aspects of life related to the abolitionist movement or the Underground Railroad. As a community project, excavations were collaborative and publicized throughout the city, inviting anyone to join in digging or to be led on a tour of the site. During various field days, excavations included a mix of Wesleyan students, volunteer archaeologists from Connecticut’s Friends of the Office of State Archaeology, Inc. (FOSA), graduate student volunteers from various colleges, congregation members of the current Middletown A.M.E. Zion Church, and other community member volunteers of all ages and experience levels.

The third season of excavations at the site occurred over two weekends in April 2012. Volunteers continued to excavate at the site of 19 and 21 Vine Street, continuing with Units 2 (behind 21 Vine) and 4 (behind 19 Vine), which had first been test-pits opened by Charles in 2006 and 2007.

*Figure 5* Photograph of 1008 2/A&B, 19 June 2013, showing excavated trash pit at natural soil.
In June of 2013, the first full summer field school session was conducted on the site. These continued excavations at Unit 4 and through to natural soil at Unit 2 (Figure 5, 6). Unit 10 was also opened at the back of the property of 21 Vine Street, on the western side of the Triangle, near Knowles Avenue. Over two weekends in September, the Middletown Materials archaeology class at Wesleyan finished excavating unit 4 behind 19 Vine Street, continued on Unit 10 at the far end of the property of 21 Vine and opened a new unit, Unit 3, that overlapped with Anomalies 14 and 17 on Burks’s 2006 survey map. Excavations in a second full summer field school in 2014 finished excavations at both of the 21 Vine Street units, Unit 10 and Unit 3. In the fall of 2014, a Wesleyan Archaeology class conducted five days of excavations. Units 11 and 12 were located at the southwest tip of the Triangle at 170 Cross Street, on the corner of Cross Street and Knowles Avenue. Units were excavated by natural context changes, identified by changes in fill or soil type or any
other physical features (e.g. structures such as walls) and represented in Harris Matrices. Soil was screened through 1/8-inch mesh and all cultural material was collected. All material discussed here relates to the 2012 and subsequent excavations.

<table>
<thead>
<tr>
<th>Description</th>
<th>Total whole count</th>
<th>Total frag. count</th>
<th>Total MNI</th>
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<td>3,756</td>
<td>202</td>
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<tr>
<td>Paint buckets (Fe)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Misc.</td>
<td>1</td>
<td>1,802</td>
<td>22</td>
</tr>
</tbody>
</table>

Table 1 Distribution of cataloged artifacts from Unit 2 (not including coal/slag).

The artifacts related to medical or chemical pharmaceutical production were concentrated in two units (Unit 2 and Unit 10) in the backyard of 21 Vine Street, which is near the northern corner of the Beman Triangle. Unit 2 was located directly behind the house at 21 Vine Street. This unit overlapped with Anomaly 7 on the 2006 survey grid (Burks 2006). The 2006-7 excavations opened a 2x1-meter unit (Unit 2A) in this spot on the grid. Because excavations in that year pointed to a fairly large trash-pit deposit, 2012 excavations extended it into a 2x2-meter unit (2x1-meter

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28 It is also important to note that throughout all contexts (and at all units in all backyards at the site), a large amount of coal and charcoal were uncovered. As our cataloging method uses a conservative minimum number of items count, the coal was given an MNI of 0. By context, coal was cataloged by separating the fragments into groups based on size (and the smallest and largest pieces in each were measured to provide a range of each group), weighed, and discarded. For most of the figures, percentages, and ratios that follow, coal and slag are not included in the fragment count. This is not to discount the presence of these materials, but rather to provide less skewed analyses concerning the type of cultural material I hope to analyze. In certain contexts (namely in Unit 4 from 19 Vine St. and Unit 6 from the middle of 21 Vine St.) are ash lenses or washes. Coal was not collected from ash lenses.

29 Referred to most frequently as the “Menominee Miami” house after one of the residents that lived there when the neighborhood was most closely associated with the A.M.E. Zion Church.
Unit 2/B was added to the north of 2/A. This unit had a relatively thick layer of silty topsoil that contained several roots from a nearby tree but archaeological features were still intact. Excavators in 2012 removed the backfill from the 2006-7 digs, which had been marked by a layer of sand. Contexts 1004, 1005, 1006, and 1007 contained the trash pit fill that contained a dense deposit of materials. Within the dark reddish-brown clay-like soil (60% silt to 40% clay), a mix of cultural materials was uncovered. The fill contained a mass of window glass, brick, slate, metal, drain/pipe remnants and other building materials. These structural materials were interpreted as part of a remodeling event that took place at the turn of the century when an extension was added to the original house at 21 Vine Street.

<table>
<thead>
<tr>
<th>Description</th>
<th>Total whole count</th>
<th>Total frag. count</th>
<th>Total MNI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicinal bottles</td>
<td>6</td>
<td>201</td>
<td>40</td>
</tr>
<tr>
<td>Chemistry materials</td>
<td>1</td>
<td>1,243</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 2** Distribution of cataloged medicinal glasswares from Unit 2 (see Table 3 for further distribution of chemistry materials).

<table>
<thead>
<tr>
<th>Description</th>
<th>Total whole count</th>
<th>Total frag. Count</th>
<th>Total MNI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubes</td>
<td>0</td>
<td>134</td>
<td>65</td>
</tr>
<tr>
<td>Beakers/ flasks/ vials/ funnels</td>
<td>0</td>
<td>1,106</td>
<td>31</td>
</tr>
<tr>
<td>Stirring rod</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Syringes</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Stopper</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Table 3** Distribution of cataloged chemistry materials from Unit 2.

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30 In site notes and in this paper, Unit 2 is separated into two sub-units, 2/A and 2/B. This is an arbitrary division and does not designate different features. Since the unit was extended in the second round of excavations, it was easier to continue calling the part opened in 2006 as “2/A” and the part that was added in 2012 to the north as “2/B”. Contexts within these separate units therefore were given different numbers when recording but should be analyzed as the same contexts across both units.

31 1000 Unit 2/A & 2/B

32 5YR3/3 on Munsell’s scale
An overwhelming majority of cultural materials were glass objects related to chemical and pharmaceutical production along with many whole medicine bottles, both prescription and proprietary. The glass fragments related to chemistry activity and medicine production consisted of tubes, test tubes, stirrers, funnels, flasks, vials, beakers, and syringes. This was an unanticipated find, as it differed from any type of typical household assemblage expected. Although the contexts related to the fill (1004, 1005, 1006, and 1007) included some domestic or personal materials like ceramic serving vessels or ball-clay pipes, these made up 3.08 percent (n=116) of the total number of artifacts uncovered and cataloged thus far from this unit. Many of the medicine bottles were whole and densely packed within the same context. This indicated that the fill was from a single dumping event, rather than one of continuous or extended use. The 2013 summer field school completed excavating this 2x2-meter unit, bringing it down to sterile soil.

<table>
<thead>
<tr>
<th>Description</th>
<th>Total whole count</th>
<th>Total frag. count</th>
<th>Total MNI</th>
</tr>
</thead>
<tbody>
<tr>
<td>All objects (w/o coal)</td>
<td>76</td>
<td>8,112</td>
<td>97</td>
</tr>
<tr>
<td>Medicinal glasswares*</td>
<td>1</td>
<td>349</td>
<td>6</td>
</tr>
<tr>
<td>Structural</td>
<td>66</td>
<td>37</td>
<td>67</td>
</tr>
<tr>
<td>Personal/domestic</td>
<td>2</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>Ceramics</td>
<td>2</td>
<td>42</td>
<td>6</td>
</tr>
<tr>
<td>Paint buckets (Fe)</td>
<td>3</td>
<td>6,949</td>
<td>8</td>
</tr>
<tr>
<td>Misc.</td>
<td>2</td>
<td>710</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 4 Distribution of cataloged artifacts from Unit 10 (not including coal/slag).

33 Total does not include coal/slag fragment count. There are 1,582 fragments of coal weighing 12.071kg from Unit 2 and 1,835 fragments of coal weighing 7.656kg from Unit 10.
Unit 10 was located close to Knowles Avenue to the rear of 21 Vine Street. This unit was located outside of the 2006 geophysical survey grid (Burks 2006). A historic paving stone was visible on the surface to the north of the unit, suggesting that the road line had remained stable. As middens are commonly located on property lines, a 2x1-meter unit (10/A and 10/B) was initially opened to investigate the area. Topsoil was very deep, and in the summer of 2013, excavations revealed the top of a mass of iron objects with other artifacts (ceramic vessels, glass bottles), suggesting another possible dump or midden. In fall 2013, the unit was extended into a 2x2-meter excavation unit (meter square units 10/C and 10/D were added to the north of 10/A and 10/B). Much like Unit 2, Unit 10 yielded a large number of materials related to pharmaceutical production, which dated to the same period as the other unit’s materials. This unit also yielded more domestic materials than the contexts in Unit 2. For instance, in Unit 10/C, context 3001, domestic materials made up 11.74 percent (n=64) of the context.34

<table>
<thead>
<tr>
<th>Description</th>
<th>Total whole count:</th>
<th>Total frag. count:</th>
<th>Total MNI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicinal bottles</td>
<td>1</td>
<td>57</td>
<td>1</td>
</tr>
<tr>
<td>Chemistry materials</td>
<td>0</td>
<td>292</td>
<td>5</td>
</tr>
</tbody>
</table>

*Table 5* Distribution of cataloged medicinal glasswares from Unit 10.

In addition to the pharmaceutical production glasswares, Unit 10 also yielded an overwhelming number of ferrous paint cans and buckets. These paint cans further

34 This includes both the ceramic category and personal/domestic categories from 3001 10/C. This figure does not include coal or the 4.005kg ferrous paint cans and buckets (n=951).
indicate that this was a druggist’s assemblage, as their knowledge of chemistry allowed them to mix and sell paints in addition to medicine. Owing to the depth of deposits and density of the material, this unit was only partially excavated in fall 2013, with the remainder of the unit completed (down to sterile subsoil) in the summer of 2014.

Figure 7 Context 4014 of Unit 3, 22 July 2014, showing flagstone foundation.

The third unit excavated on the property behind 21 Vine Street was Unit 3. In the summer of 2013, a 2x2-meter unit excavated (2x1-meter Unit 3/A was extended into a 2x2-meter unit, adding 1x1-meter units 3/B and 3/C to the east of 3/A). Although this unit was in the same back yard as Units 2 and 10, which contained the druggist’s assemblage, and was less than 5 meters away from Unit 2, Unit 3 no materials related to pharmaceutical production were uncovered. It contained a number of ashy fills, which contained many iron fragments and occasional small glass
or ceramic artifacts and included a flagstone foundation for an unknown structure (Figure 7).

Figure 8 Unit 4/B&C. Top image (Figure 8a) of rubble layer, context 2008 4/B&C, 24 June 2014. Bottom image (Figure 8b) of ashy fill below rubble, context 2013 4/B&C, 3 July 2014.

Unit 4 was located in the backyard of the 19 Vine property, directly behind the house structure. It overlapped with Anomaly 5 on the 2006 geophysical survey (Burks 2006). The 2006-7 excavations opened a 2x1-meter unit (Unit 4/A), which
was extended into a 2x2-meter unit in the 2013 summer field school (adding 1x1-meter units 4/B and 4/C to the east of 4/A). This materials uncovered in unit also contrast sharply with the medicinal materials found in Units 2 and 10 on the neighboring property. Under a thick ash layer with burnt material (Unit 4/B, context 2006) was a rubble layer containing rocks and bricks (Unit 4/B and 4/C, context 2010) (Figure 8a). Under this rubble were many ash lenses and cuts through many of the contexts (Figure 8b). Contexts 2007 through 2016 were interspersed with typical early-to-mid-19th century cultural material, like fragments of ceramic and glass and some pieces of animal bone and leather. Unlike the materials from the trash pits behind 21 Vine Street (Unit 2 and Unit 10), most of the materials were broken and scattered, not densely clustered, indicating a gradual fill from an extended period of time. The ash lenses in different soils between contexts seem to verify this, as it points to repeated dumping of ash and coal waste into the same spot over a number of years with soil build up in between. The materials from this unit date to the early-to mid-19th century, 1830s-1840s, a period predating the materials from Units 2 and 10.

**Discussion of Materials: Unit 2 and Unit 10**

For this study, I focus on Unit 2 (contexts 1004 2/A, 1005 2/B, 1006 2/A, and 1007 2/B) and Unit 10 (3001 10/A-10/D, 3002 10/A, and 3002 10/A and 10/C) from the property of 21 Vine Street. By far, medicinal glasswares comprise the majority of artifacts excavated from both units, making up 49 percent ($n=146$) of the total MNI of artifacts so far cataloged for both units. The medicinal bottles and
pharmaceutical production materials from both units are extremely similar. Marked and datable bottles and ceramics indicate a date range between 1870 and 1900. The presence of these materials in such significant quantities shows that this was a collection of objects associated with an intensive focus on healthcare. More specifically, large quantities of materials that were not only related to medicinal consumption (which medicinal bottles alone may imply), but were also related to medicinal production (the tubes, funnels, flasks, etc.), indicate an assemblage related to large-scale medicine manufacture and potential distribution. Additionally, context 3001 and 3002 from Unit 10 contained more than 40.061 kg of ferrous materials and paint remnants from a number of paint cans and buckets that had been discarded in the trash pit.\textsuperscript{35} The presence of both the medicine production materials and the paint buckets strongly suggests that this was a druggist’s or apothecary’s assemblage, as they were known to be the mixers of chemicals for both drugs and paints in the 19\textsuperscript{th} century, as I outlined in Chapter Two.

Because of the similarities between the two units, we can interpret these as relating to the same household and/or dumping event. As such, I will discuss these materials together from this point onward. From the types of medicinal glasswares that will be discussed in this chapter, it becomes clear that this assemblage provides a snapshot of a very specific period in the late-19\textsuperscript{th} century when healthcare practices and perceptions were shifting from relying on proprietary medicine cure-alls and

\textsuperscript{35} There were 6,952 fragments of ferrous materials. The buckets were given an MNI of 8, determined by the number of easily identifiable bucket bases.
transitioning into science or chemistry based and prescriptive medicines.36 What follows is a descriptive catalog of materials that will provide a foundation for this study based on the archaeological record from the Beman Triangle. Further chapters will interpret these materials in relation to historic records.

**Medicine Bottles**

![Image of medicine bottles]

**Figure 9** Various medicine bottles from Unit 2 at 21 Vine Street (BEM000093 from 1004 2/A; BEM000157 from 1006 2/A; BEM000155 from 1006 2/A) (Photographs, Bill Burkhart).

The units behind 21 Vine Street yielded 41 (MNI) medicine bottles: 40 (MNI) from contexts 1004 and 1006 from Unit 2/A and 1007 from Unit 2/B and 1 (MNI) from context 3001 10/C.37 These include both proprietary and prescription medicine bottles, ranging in colors, styles, makes, and, presumably, content (Figure 9). The

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36 As I previously discussed in the section on comparable archaeological studies, other sites (Howson 1993; Brighton 2008; Linn 2008; etc.) related to healthcare in the late-19th century do not have this strong presence of chemical manufacturing materials at a domestic site.

37 6 whole and 201 fragments of medicine bottles from Unit 2. One whole and 57 fragments of medicine bottles from Unit 10.
date of manufacture for these artifacts spans between the 1840s and 1920, however, using later artifacts as a *terminus post quem*, it is clear that the artifacts cluster together with a date of use ranging between the 1870s and 1900. For this descriptive catalog, medicine bottles have been separated into various categories based on type or function, namely proprietary medicine bottles and prescription medicine bottles.

**Proprietary Medicine Bottles**

A sizable number of medical glasswares included fragments of colored bottle glass. Colored glass was often used as an external signifier to indicate the bottle’s contents. Colors could easily be associated with products, and in this way, became a learned and engrained knowledge to those consuming them (Lindsey 2015).

Olive greens and amber olive glass, for example, were commonly used for a relatively limited range of functions: to contain mineral water, “especially in the Saratoga types,” (1880s and before), medicinal beers (1860s and before), and ales (prior to 1910) (Lindsey 2015). Around 40 fragments of olive and amber glass were uncovered from Units 2 and 10.

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38 The Carter’s Ink Bottle, for example, is an outlier in the date of material manufacture (1880s-1930s) and was one of the latest artifacts deposited.
Six of these olive or amber glass fragments were shards of an amber tonic bottle, BEM000156, from 1004 2/A (Figure 10). These belonged to a “cabin-shaped” bottle with an applied finish. These bottles were “a very popular product during the 1860s, 1870s, and 1880s” and were used to contain bitters or tonics (Lindsey 2015). Bottles were formed in the shape of log cabins, but molds varied between makers, differing in shades of olive or amber and the number of “logs” or stepped grooves were in the molding on the shoulders of the bottles. The most common and iconic use of this bottle was for “Drake’s Plantation Bitters”. Named for their proprietor, Patrick Henry Drake of New York, this specific bottle design was patented in 1862 and his company lasted until the early 1880s, when it was taken over by Lyon Mfg. Co in 1884 but still used Drake’s company’s name for products (Fike 1987:33). A paper label would have covered the original bottle that read:
“Alcohol 38.2%. Contents from St. Croix Rum from the Caribbean, Calisaya Bark Roots & Herbs. An effectual Tonic, Appetizer & Stimulant” (Fike 1987:33). Despite the high alcohol concentration, they were advertised as a medicine, not a beverage. This same product was frequently promoted in Middletown’s Constitution, including an advertisement from Collins and Pelton in 1868, which will be further discussed in Chapter Six.

The site also yielded fragments of wine bottles. Yellowish-green olive bottles were typically manufactured between c.1790 and 1830 but continued to be manufactured after this peak (Lindsey 2015). A fragment from 1004 2/A did not have side seams and is thicker on one side than the other, suggesting it was possibly mouth blown, indicating that it was probably from the late 19th century, fitting with the rest of the assemblage. Wine bottles were rarely embossed but more usually had paper labels identifying the maker or contents (Lindsey 2015). Wine bottles are generally ubiquitous and because of this, they are extremely hard to date with certainty, especially if not wholly intact. In the decades following the Civil War, wine liquor and other alcohols were used commonly as medicinal beverages. After the harsh heroic treatments and highly mercuric medicines, alcohols like wines, usually containing other herbs, provided a “drug that had clear results but obtained them in a pleasant fashion” (Williams 1980:536).

Ten fragments of blue or deep green-blue glass relating to a minimum number of four vessels were excavated from Unit 2. These are referred to as the “true blues,” distinct from the aqua tinted clearer glasses or the olive or emerald hues green glasses sometimes displayed. Three (MNI) of these were cobalt blue bottles.
Cobalts were typically manufactured between c.1840 and c.1900 (McKearin and Wilson 1978). Though there is a wide range in the type of products that these blues would be used for, they were most commonly contained poisonous substances. In Whitall, Tatum & Co.’s 1880 catalog, poison bottles were described as:

… especially useful, not for prescriptions, but for Liniments, and the various poisonous articles, as Laudanum, Corrosive Sublimate, Oxalic Acid, Oil of Vitriol, etc., which are likely to be kept in the family medicine closet.

The frequent accidents in the use of POISONS have made a demand from well-appointed apothecary stores for a bottle which shall protect patients from danger of mistake both night and day - by the touch, as well as by sight - in the use of poisonous preparations.

We have met this demand by a new line of bottles, of a deep cobalt blue color. The surface is also covered with sharp diamond-shaped points, tastefully arranged. It would not be easy to make any mistake with these bottles in use. (Whitall, Tatum & Co 1880).

The successful use of these bottles was in the consumer’s ability to easily associate the color of a bottle with its contents, registering “blue” as “poison” and therefore as “do not consume”. However, these cobalt hues were also sometimes utilized in seltzers, mineral waters, catarrhs and cosmetics and were both sold in drugstores or apothecary’s shops (McKearin and Wilson 1978). Because of this, a
consumer would have needed to be conscious of what bottle contained what product.

Two (MNI) emerald green glass bottles from 1004 2/A and 3001 10/C were uncovered. Medium to dark emerald green glass was distinctive to mineral water bottles. Bottles these colors were most commonly associated with medicinal products, including mineral waters. The most popular variation of these emerald green proprietary bottles was “Congress Water” from the Congress Spring Co. of Saratoga, New York (Fike 1987:243). Fike notes that the Saratoga and Congress Springs in New York were discovered in 1792, and in 1823, John Clarke and Thomas Lynch established the Congress Springs Co (Fike 1987:243). Prior to 1867, the bottles were a dark olive green color, however, after 1867 until they ended manufacture in 1921, they were made in a more emerald green hue, like the fragments from the 21 Vine Street units.

Fragments of opaque white glass, or milk glass, are also present in both units \((n=18)\). Milk glass was used for medicines and specialty items most commonly in the 1890s (Fike 1987:13). Also referred to as “opal glass” or “white glass,” it was “most commonly used in cosmetic and toiletry bottles (primarily between the 1870s to about 1920) and ointment/ cream jars (1890s to the mid 20th century)” (Lindsey 2015).

Although largely incomplete, these colored bottle fragments link primarily to proprietary and patent medicines or products that were for sale from purveyors of medicine like druggists or apothecaries. These would be mass-produced containers
filled with mass-produced contents, specifically including mineral waters and toiletries.

Much of their allure and success would be in their presentation — using bright colors to catch the attention of consumers and potentially allow customers to associate certain hues with certain uses and cures. Bottles made with colored glasses were less common than clear or aqua glass bottles and were usually not associated with prescription manufacture (Lindsey 2015). These commercial aspects also led many medicine manufacturers to emboss or mark bottles with the company’s name or contents, as discussed in the next section.

Many of the medicine bottles from Units 2 and 10, contained markings or embossed text on the body or base. Embossed logos were one type of emblematic mark used by companies to link themselves as manufacturers to medicines or medicine bottles (Fike 1987:3). Many proprietary medicines would use distinctive bottle emblems or shapes to ensure that their product was protected from supposed impostors (Torbenson et al. 2000:56).

![Figure 11 BEM000004 "JSP" embossed “Leopold Hoff's Malt Extract” bottle from 1004 2/A.](image)
BEM000004 was a green glass mouth blown bottle with side embossing from Unit 2/A, context 1004. It has a tooled finish with no base mold seams. The embossed monogram on the side depicted the letters “JSP” intertwined together (Figure 11). At the time of manufacture, it would have had a paper label that read “Leopold Hoff’s Malt Extract, a dietetic healing remedy, manufactured in Hamburg, Germany—Imported by Tarrant & Co.” (Fike 1987:168). The malt extract was advertised as “the beer for health,” emphasizing its medical and curative abilities. “Malt bitters, for instance, were made from malt, hops, quinine, phosphates, and iron, all common tonic drugs” (Estes 1988:12). Hoff’s and many other markers of malt drinks during this time advertise their products not as alcoholic beverages for social activity, but rather as tonic food supplements that would cure all forms of debilitating illnesses. All of these bottles had an 8 3/4 in x 2 1/4 in diameter and most of them, including the one found on the site, were usually made of green glass, but later variants used amber glass. The “JSP” monogram links the bottle to “Joseph S. Pederson” (Fike 1987:168). He took over the company in 1868 and while the company continued to produce medicine until 1935, the tooled finish narrows the period of manufacture from 1868 to 1900 (Fike 1987:168; Lindsey 2015).

A rectangular, aqua glass bottle, BEM000330 from 3001 10/C was embossed with TARRANT & CO/ DRUGGISTS/ NEW YORK. This bottle dates from the late 1880s and 1915-1920 (Lindsey 2015). Tarrant & Company was established in 1834 operated from New York City where they manufactured many different proprietary medicines for national distribution and retail, such as “Tarrant’s
compound extract of Cubebs and Copaiba” or “Tarrant’s Seltzer Aperient.” This seltzer was one of their most popular products which claimed to cure by “assisting not outraging nature” while being “pleasant to the taste and gentle in its action,” unlike the medicines of the heroics in decades before. These were frequently advertised in Middletown’s newspapers and I will discuss these further in Chapter Six.

**Figure 12** BEM000387 from 1007 2/B. "Lister’s Antiseptic Liniment" bottle by J.A. Vaughan, Brooklyn, New York.

Bottle BEM000387 was embossed with “LISTERS/ ANTISEPTIC LINIMENT/ J.A. VAUGHAN/ BROOKLYN. N.Y.” from 1007 2/B. 12-sided aqua glass bottle dates from c.1880-1910 (Figure 12). Joseph Lister (1827-1912) (or

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39 The Constitution 9 October 1872:3
40 The Constitution 8 July 1868:3
41 The Constitution 14 October 1876:2
42 I could not find mention of this bottle in any historical newspapers or archives and there are no academic studies on the company. This date comes from a collector’s website (cmog.org/artwork/bottle-919), which is not a credible source and does not use historical documents to verify sources. However, I have decided to include this information because much of their information concerning other objects is credible.
“Lord Lister”, as he was commonly referred) was the pioneer in antiseptic medicine and treatment. He was greatly influenced by Pasteur’s 1861 germ theory, and developed surgery and healing methods using antiseptic dressings (containing carbolic acid) to treat wounds. His theories and practices of an “antiseptic system” originated in England between 1865 and 1867 and were adopted in America in the late 1870s. Lister did not manufacture this bottle, himself, but another company, J.A. Vaughn used his name and medical authority to create and sell this product.

![Image](image.png)

**Figure 13** BEM000003 from 1004 2/A. "Giles & Co. Iodide Ammonia Liniment."

BEM000003 was an aqua panel bottle for “Giles & Co. Iodide Ammonia Liniment” was recovered from 1004 2/A (**Figure 13**). *Dr. Chase’s New Receipt Book* (1889), a “book for everybody, with remarks and explanations which adapt it to the every-day wants of the people” (Chase 1889:1), provided the ingredients for this concoction, which included “iodine, 15 grs.; camphor gum, 1/4 oz.; oils of lavender and rosemary, each 1 dr.; alcohol, 1/2 pt; strong aqua ammonia, 1 oz.” (Chase
1889:27). This liniment appeared in a variety of advertisements and medicine books in the last decades of the 19th century and was manufactured until 1910 (Fike 1987:134). Henry Woodward was the only local druggist to advertise this medicine, which claimed to be able to treat almost any condition or illness, with the “cure guaranteed.”

Both these embossed bottles and colored glass shards show that proprietary medicines were present within this assemblage. Maker’s marks and colored glass helped consumers recognize products and increased their appeal.

**Prescription Bottles**

Clear or aqua bottles are most commonly associated with prescription medicines and contents that were locally manufactured. Clear, unmarked bottles were mass-produced by chemical glassware manufacturers, ordered in large quantities, and distributed without contents to local druggists or physicians, who would then fill these bottles with their own concoctions (Cowen 2002; Higby 2003). Manufacturers of chemistry supplies or druggist wares, like Whitall, Tatum & Co., the Agnew Co., C.L. Flaccus Glass Co., and Illinois Glass Co., list these objects in great variety and quantity in their yearly catalogs. They sold to druggists, chemists, and physicians who mixed their own chemicals and drugs. More than 80 percent of bottles used in this way were made of flint, aqua-tinted, or clear glass (Lindsey 2015).

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44 Proprietary medicines were not exclusively sold in colored or embossed bottles and could be found in plain, clear, or aqua glass bottles as well. Most of these would have been covered in a paper label with the product or manufacturer’s name.
The ratio of aqua or clear glass artifacts excavated from the site coincides with a trend that began to transition into favoring prescriptions or druggist manufactured medicines. More than 71 percent ($n=189$) of the fragment count of glass medicine bottle shards from 1004 and 1006 2/A, 1007 2/B, and 3001 10/C, are clear or aqua glass. Many of the fragments are plain, un-embossed body or shoulder fragments. Glassware catalog books from the late decades of the 19th century depict most prescription bottles as plain and unmolded. For proprietary medicines, many of the bottles were designed and manufactured with a particular product and company in mind. Because locally manufactured prescription medicines did not function in this way, the majority of these were plain in shape and not embossed (Fike 1987). Additionally, these bottles were commonly reused to contain different contents, so plain containers seemed to anticipate these reuses (Busch 1987:67). Many of those bottles were larger than the proprietary bottles, holding greater quantities of a druggist’s or pharmacist’s concoction that would be then poured into smaller vials for patient or consumer use (Cowen et al. 2002). Because these materials were most associated with druggist or pharmacy use, the presence of these within Units 2 and 10 further imply that this was a druggist’s assemblage representing local medicine manufacture and drug production. This is important to note, as it complicates other scholars’ interpretations of prescription versus proprietary medicine use at comparable sites. As I will discuss in future sections, both types of materials were

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45 As previously mentioned, dating these types of materials is difficult as there are no distinct characteristics to narrow the period of production.
typical of druggists in the late 19th century and prescription bottles were not always filled with prescription contents.

However, it is important to note that in the late part of the 19th century, local medicine manufacture did not necessarily imply medicines that abided by legally defined standards or that were filled with safe products in regulated doses. These prescription medicine bottles also may not have been exclusively used to contain prescription medicines. In addition to the national brands, many local druggists procured their own proprietary medicines and cure-alls, recognizing the economic potential in such endeavors (Helfand 2002:43). These mimicked the larger national brands and created general treatments for complaints, rather than physician-prescribed, case-specific treatments.

Some druggists opted to use and distribute bottles that included their name and location embossed on the bottle. The majority of these seem to only state the druggist’s business information. For example, a bottle marked with “WILLIAMS & CARLETON” (diagonally top left to bottom right) “//HARTFORD, CONN” was uncovered from 1004 2/A. Williams & Carleton were based in Hartford, Connecticut and worked as co-partners from 1880 to 1925.

Many druggists or physicians would order cases of empty bottles from glassware manufacturers with their company’s name and location embossed in the glass, then fill them with their own prescriptions and mixes. The bottle does not include any indication (in the form of embossing) as to what medicine or drug it contained, suggesting that it was locally produced and consumed unlike the more mass-produced national proprietary medicines.
The assemblage also included bottles that advertised for local Middletown druggists. At least two of the bottles were embossed with Henry Woodward’s name. One aqua oval panel bottle with vertical seams, a tooled finish, and mold seams along the based from 1007 2/B was embossed with “HENRY WOODWARD/ MIDDLETOWN/ CONN” cross the body. The begin date of manufacture dates to 1861, when Woodward began operating in Middletown. As I discuss in more detail in Chapter Five, Woodward was a druggist operating in the later half of the 19th century and according to local advertisements, sold a wide range of goods, among which were his own prescriptions and mixtures.

Figure 14 Various types of Flint Prescription Bottles offered in the Whitall, Tatum & Co. 1888 catalog (1888:16-17).

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46 1004 2/A and 1007 2/B.
Many glassware manufacturing companies that sold to local druggists or physicians would include their company’s own embossed logo on the bottles. These usually were on the bottle’s base, so they were not seen or confused as the makers of what the bottles contained. Other times, these may have been located on the body of the bottles, but would be covered with a paper label stating the bottle’s contents or the druggist or company that was producing the medicine inside.

Whitall, Tatum & Co., for example, was a large wholesale glass supply manufacturer whose factories were located in New Jersey and had three main distribution centers (Philadelphia, New York, and Boston) that sold to regional druggists, pharmacists, physicians or chemists. These bottles and other chemical or medical related glasswares were primarily used for prescription medication production and bottles were to be filled by local medical or pharmaceutical production authorities (Figure 14). Many of the bottles from the site can be identified in the Whitall, Tatum & Co. wholesale glass catalogs from the last quarter of the 19th century.

**Figure 15** BEM000002 from 1004 2/A. Flint glass "High Oval" prescription bottle with embossed "W.T. & Co." mark on base (WTC 1880:13).
A large flint glass bottle, BEM000002 from 1004 2/A, was embossed with a maker’s mark of “W.T. & Co.” on the bottom (Figure 15). This variation of Whitall, Tatum & Co.’s mark was only used between the 1870s and 1890 (Lockhart et al. 2006: 3). This bottle was a mouth-blown ovular bottle and was either the “Union Oval Prescription” or the “High Oval Prescription” (Whitall, Tatum & Co 1880:13). These were much like other “round prescription” bottles the Whitall, Tatum & Co. manufactured and were described as “in use by some of the first pharmacists and is much liked for its symmetry and neat appearance” (Whitall, Tatum & Co. 1880:14). These were intended to contain large quantities of a druggist’s medicine or mix that would then be poured into smaller vessels and sold to customers.

**Chemical Glasswares**

In addition to supplying medicine or prescription bottles, Whitall, Tatum & Co. carried a wide variety of chemical production materials for pharmacists, druggists or chemists. Catalogs from the 1880s refer to these as “Chemical and Philosophical Glasswares” (Whitall, Tatum & Co. 1889:65). They advertised:

> Our glassware for chemical use contains no lead, zinc, or other metallic flux, and is made after a formula recommended by the best authorities for resisting the action of chemical sand safety under fire.

> Through increased experience and extended facilities, we have succeeded in introducing many improvements in material workmanship, and claim our product to be equal, and in some respects, superior, to any in the market.
Our graduating of flasks, jars, burettes, and pipettes, is done with the aid of apparatus specially devised and controlled by ourselves, and by methods through which accuracy is insured. A comparison of our fine graduating work with the best imported goods is cordially invited.

Having unusual facilities for filling small orders from stock, we solicit with small academic and private laboratories, believing that buying at first hand will be found to the interest of purchasers (Whitall, Tatum & Co. 1898:65).

At the Beman Triangle, fragments of tubes, funnels, vials, flasks, syringes and other similar items, with an MNI of 100, were uncovered from contexts 1004 and 1006 from Unit 2/A. Unit 10/C, context 3001, yielded 292 fragments of the chemistry materials. This is a surprisingly high quantity of these types of materials for a 1x1-meter square, especially from a domestic site. What follows is a descriptive discussion of these chemical glasswares from the Beman Triangle site.\(^7\)

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\(^7\) I use glassware manufacturing company catalogs to identify the archaeological materials. Glasswares, especially the fragments of chemical production materials, are almost impossible to attribute to a specific manufacturer or time period. I rely most heavily on the catalogs from Whitall, Tatum & Co. between 1876 and 1900 because of the large flint glass bottle that also had their maker's mark embossed on the bottom. I supplement those descriptions with information from the Illinois Glassware Company's catalogs.
Figure 16 Various tubing (curved tube to funnel/bulb, bulbous closed end tube, closed end with pointed re-shaping) and syringe from 1004 2/A. All of these materials are listed under the “Lamp Work” category in the “Chemical and Philosophical Glasswares” section of the Whitall, Tatum & Co. 1898 catalog (Whitall, Tatum & Co. 1898).

Tubes comprise the largest group of the chemical wares in Units 2 and 10 (Figure 16). Over 153 tube fragments with an MNI of 68 were excavated from unit 2/A, contexts 1004 and 1006, and Unit 10/C, context 3001. In catalogs, these materials were considered under the category of ‘Lamp Work’. Lamp Work, as noted in “A Handbook of Laboratory Glass-blowing” (Bolas 1921) is described as the ideal technique for working glass rods and tubes by applying localized heat to sections of the tubes for easier manipulation, with tools such as tongs or forceps, to gain the desired shape. All of these tubes could be requested as a certain thickness, diameter, size, or shape and prices would vary accordingly. Catalogs included sizing charts,
which depicted the variations possible and would fill orders according to those requests (Figure 17).

Figure 17 Glass tube sizing chart. Customers would indicate which size and variety for each order (Whitall, Tatum & Co. 1898:71).

All of these cylindrical glass fragments from Units 2 and 10 range in diameter between 3mm and 5mm. Most of these pieces are broken at one or both ends, which presumably occurred during or after the dumping event. As a result more than 42.48 percent ($n=65$) of the tubes are straight tubes and lack any features like curved ends or funneled mouths, which would help to distinguish to what these tubes were connected. It is impossible to therefore distinguish where these fragments were situated within a larger tubing structure. Instead of trying to piece together more elaborate structures, I broadly group them into categories of tubes that share similar characteristics—curved tubes, open end tubes, closed end tubes, and modified or
altered tubes (post manufacture)— and identify what kind of larger structures those were connected to and how those may have been used.

There were 54 curved tubes included in the assemblage from contexts 1004 and 1006 2/A and context 3001 10/C, making up 35.29 percent of the total number of tube fragments. Many of these tubes are relatively straight but curve to create a rounded joint that leads to another straight section. These were not freestanding tubes, but were used as intermediary connectors. Many of these can be seen in the tubing used to connect various funnels (Whitall, Tatum & Co. 1888:63). Under “Miscellaneous Lamp Work” in the Whitall, Tatum & Co. Glassware catalog (1888), these also appear as the glass pieces on syphoned with suction tubes (Whitall, Tatum & Co. 1888:63). Both of these funnels and siphons were sold in the dozens and ranged between $2.50 and $10 in price in 1888.

Two “U-Tubes” from 1004 2/A were in the assemblage. Unlike the other curved tubes that served more as corners between straight tubes, the curved portion of these artifacts connected two parallel straight arms of the glass tubes, creating an exaggerated “U” shape. These were sold per dozen by the inch and ranged between $1.60 and $7.50 in 1888. For an additional 50 percent of the cost, these u-tubes could be upgraded to include a foot (so that they could act as freestanding vessels) or could be turned into “Side Neck U-Tubes” (which added two perpendicular extensions on each side of the “U” so it could be propped up on a stand) (Whitall, Tatum & Co.
1888:64). The Whitall, Tatum & Co. catalog exclusively depicts these as intermediary portions, connecting larger tubing structures.48

Sixteen open-end glass tubes were uncovered from the units. Open-end tubes refer to tubes that are not body or middle section tube fragments, but rather are the intended end points yet do not end with a closed finish. These have an opening at the end, usually narrower than the top opening or body, so that whatever is contained inside, can be released through this end. Because of this, these were not used to store their liquid contents, but were used to control the amount being added to another container by regulating how many drops could be released. Some of the tubes have exaggerated conical points that lead to a narrow opening, while others have blunt,

48 It could also have been part of a nasal douche, as depicted in the Illinois Glass Company’s catalog (1906) but these were usually larger than the ones from the site.
rounded ends. These open-end tubes could have been connected to the tubing of
funnels, glass pipettes, droppers, or feeding tubes. All of these materials are listed in
the chemical ware or medicine section of the catalogs and were clearly use to either
administer treatments or to aid in the chemical production of them.

Thirteen of the tubes from these units have rounded closed ends. Whereas
open-end tubes were used to transfer certain amounts of a substance to another
container or location, closed-end tubes were used for holding set amounts of a
substance. These were often found on medicine or test tubes. Three of these closed-
end tubes had rounded, bulbous ends that created a circular base at the bottom of a
straight tube, which were typical of medicine tubes or thermometers.

Many tubes at the site showed signs of being altered or reshaped by the user,
post-manufacture. Fifteen were reheated and reformed, presumably to better serve
the user’s need. Any chemist or druggist could perform a crude, at-home version of
the lamp work that first formed the tubes, by breaking the tube at a chosen point,
reheating the end and shaping it using metal tools such as tweezers or pliers. Four of
the tubes were reshaped to have pinched ends, making a sloped conical point with an
opening that allowed for liquid to escape but in a way the user, not the original
manufacturer, fashioned. The other pinched-end tubes were modified to be shut at
the end, creating a closed container. It is clear that both styles were modified post-
manufacture and presumably by whoever owned the assemblage from the Beman
Triangle site, as they follow no consistent or advertised form. Instead, they have a
bumpy and uneven texture that doesn’t end with the typical smooth finish or point.
Over 691 fragments of larger curved glass were also uncovered from the two units. The diameters of these shard range between 6mm to 12mm in diameter. These differ from the previous tubes (which had diameter between 3 and 6 mm) in their size and volume of content possible. Rather than being part of a larger tubing structure, these were more independent rubes that would have been used to hold chemicals of pour them into other containers. Burettes, test glasses, test tubes (with or without feet), hydrometer jars, beakers flasks, the conical mouths of funnels, and other larger tubular containers all shared the wider-angle circular features of these fragments. All of these objects were listed in catalogs as “chemical ware” that were sold to chemists, druggists, or physicians who made their own prescriptions and were sold alongside bottles intended to store chemicals for mixing and storing larger prescriptions.

**Figure 19** Larger “Chemical Wares” from the “Chemical and Philosophical Glasswares” section of the Whitall, Tatum & Co. 1898 catalog (Whitall, Tatum & Co 1898:61).
There were at least 13 (MNI) larger curved vessels from the assemblage (Figure 19). Some of these rims have protruding “pour-out” spout openings, which manufacturer catalogs describe as an optional feature on most of the beakers flasks, precipitating jars, and other containers. These would aid in pouring the contents of the vessel into another container.

BEM000257 from context 3002 10/A was a beaker found embedded within a mass of dried paint in the bottom of an iron paint can. This beaker had a diameter of 160 mm. The deposition of this chemical glassware and the paint bucket together further emphasizes that this assemblage relates to a druggist, as both of those materials were typical of 19th century druggists.

Two whole vials were excavated from context 1004 of Unit 2. The first vial has a diameter of 12mm and is 45mm tall. This most closely resembles a homeopathic vial, which were sold by the drachm and were most commonly made of flint glass. While most commonly associated with homeopathic medicine, as the name implies, these were used ubiquitously by all druggists and apothecaries, alike, to hold smaller quantities of a chemical or compound. The vial from 1004 2/A closely resembles the one or one and one half drachm short vial. Whitall, Tatum & Co. advertised that “These vials possess the following advantages: Weight—extra weight and thickness. Mouths—mouths formed by ‘patent tools’, uniform in diameter, and always round. Lips—thick, well shaped, regular and strong. Annealing—carefully annealed, and thus not liable to break from sudden changes in temperature” (Whitall, Tatum & Co. 1898:38). These vials could have acted as vessels during the process of

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49 Whitall, Tatum & Co. 1989:38
making compounds (in the way beakers, flasks, or larger standing tubes were intended) but could also be closed with a stopper or cork and used as a container to distribute a certain amount of medicine to a consumer.

Two solid glass stirring rods were excavated from the 21 Vine Street units, one from 1004 2/A and the other from 3001 10/C. These were considered “miscellaneous articles” in the medicinal items and chemical manufacture section of catalogs. These both had a 4mm diameter and the one from Unit 2 measuring 14.3 cm and the one from Unit 10 was 12 cm in length. These would have been used to stir powdered chemicals or mixtures that had varying densities or consistencies in order to attain the desired commixture.

![Figure 20](image.png)

**Figure 20** Various types of syringes (male and female) in "Druggists' Sundries" section of Whitall, Tatum & Co. 1898 catalog (WTC 1898:92).

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50 Illinois Glass Co. 1906:92
Context 1004 2/A also yielded two syringes, both, which are broken at the tip. Syringes were characterized by the style of tip and opening (Figure 20). They were grouped into two anthropomorphized categories: male and female. Male syringes had cylindrical bodies that ended with a protruding tip. Female syringes had similar cylindrical bodies but ended with a rounded, blunt end with no protruding tip.\textsuperscript{51}

A glass stopper was uncovered from 1006 2/A. Griffenhagen and Bogard (1999) note “although most prescription bottles were closed with corks, Whitall, Tatum urged pharmacists in the 1870s to use glass-stoppered prescription bottles for the convenience of “their best class customers,” as well as for elegance. The glass stopper was to be tied down, or the bottle closed with a cork, leaving the glass stopper tied to the neck of the bottle until it reached the patient” (Griffenhagen and Bogard 1999:36). This was considered a significant innovation in prescription ware and gained popularity over the rest of the century.

**Non-Medicinal Materials**

**Domestic Materials**

Of the 11,952 artifacts cataloged thus far from Units 2 and 10,\textsuperscript{52} only about 1.56 percent, relate to domestic ceramics ($n=187$). There are 67 sherds of whiteware ceramics within the cataloged assemblage of 21 Vine Street. Whiteware was developed in England after the 1780s and by the mid 19\textsuperscript{th} century, it had become the

\textsuperscript{51} Whitall, Tatum 1898:96.
\textsuperscript{52} Coal and slag from Units 2 and 10 are not included.
most widely-used earthenware in America and remains common through the present
day (Miller 1980). Many of these materials were used as tablewares, serving vessels, or
household domestic wares. Most of the fragments from contexts 1004 and 1006,
Unit 2/A and context 3001, Unit 10/C, are plain, unmolded plate and bowl
fragments that are glazed on both sides and were typically used as simple serving
vessels pro there household domestic vessels (Miller 1980). Rim fragments of bowls
and plates show that most were between 6 and 9 cm and 25 and 30 cm in size. Until
1850, plain, undecorated whitewares were the cheapest form of ceramic service
vessels (Miller 1980:14). After 1850, whitewares with color transfer prints declined in
price, implying that they became more common in household assemblages for the
mid-to-lower socio-economic classes (Miller 1980:14). Many of the whiteware
ceramics from units 2 or 10 have colored transfer prints, which help narrow the date
range. One has brown geometric motifs on the ivory ceramic, a style which peaked in
production between 1873 and 1895, with mean production dates from 1881 to 1888
(Samford 1997:20). Whiteware ceramics with red transfer prints, like the fragments
from Unit 2, context 1004, with red floral designs, most commonly ranged in
production between 1829 and 1850 (Samford 1997:20).

Eight fragments of a whiteware vase or jar with a mark reading “STONE
CHINA/PANKHURST & CO./HANLEY” were found in context 3001 10/C. J.W.
Pankhurst & Co. was a ceramic company from Hanely, Staffordshire, England, This
mark dates this object to between 1852 and 1891 (Godden 1991:481).
Porcelains were also common in the 19th century and make up 16 percent ($n=24$) of the cataloged domestic ceramic fragments from Units 2 and 10. Porcelains are given a broad date or production beginning in the mid-18th century and continue in production in the present day. Miller states that “porcelain rarely occurs undecorated” (Miller 1980:4) and that “teaware appears to have been available in porcelain more often than flatware and bowls” (Miller 1980:14). Miller’s economic scaling of these ceramics using potter’s catalogs and other documents, “porcelain appear to represent the top of the line in price,” implying they less common goods in socioeconomically mid-to-lower-class households. BEM000017 was a bone china teacup with a diameter of 7cm was decorated with green, pink, and brown floral rose decal prints and lettering in gold from 1004 2/A (Figure 21).53 Bone china was a type

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53 The writing is illegible but resembles “HE GIRER” on the exterior.
of porcelain that was extremely high fired and created a smooth, thin and almost translucent fabric.

![Figure 22 BEM00013 from 1004 2/A. Norwich Pottery Works gray stoneware vessel with blue stencil eagle design.](image)

Stoneware ceramics made up 8.55 percent \((n=17)\) of the total ceramic sherds cataloged from Units 2 and 10. These were used mostly for utilitarian and food storage containers or structural pipes, as they tended to be thicker than other ceramics. Fragment thickness for the sherds from Units 2 and 10 for serving vessels ranges between 6 and 7mm and up to 16.55mm for structural pipes. Eight of the fragments were American Blue and Gray wares, which were dark gray and had an extremely heavy salt texture on the exterior. These had a long period of production from 1775 to roughly 1900 (Brown 1982:2). A few of the fragments from contexts
1004 and 1006 2/A, also had cobalt blue stenciling labels stamped on, typical of early to mid 19th century factory production. BEM000013 from 1004 2/A has an incomplete mark that reads “WICH/WOR” over the symbol of an eagle, likely a gray stoneware container from Norwich Pottery Works (Figure 22). This would date the vessel to between 1883 and 1895. A few other fragments are Albany Slip Stoneware. Unlike the previously mentioned salt glaze stoneware, the Albany slip “was a hard, chocolate brown glaze produced by natural clay” (Stelle 2011). This style was produced between 1825 and 1940 but was most popular from 1825 to 1900 (Stelle 2011).

Fragments from five yellowware tableware vessels were also present in both Units 2 and 10. Over half have a clear lead glaze that tended to “crackle” and ranged in popularity between 1830 and 1900. These were generally used as utilitarian wares, kitchen wares, and toilet wares (Brown 1982:15). One of the vessels from 1005 2/B has a raised molded design on the outside body, along with ovular feet, indicating

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54 There are no published academic sources for Norwich Pottery Works. However, Russell G. Handsman’s paper “New London County (CT) Stonewares and Mashantucket Pequot Pottery from the Late 18th Century (2014) (a paper prepared for “Stoneware from Sites in the Northeast” a session organized for the 2014 meeting of the Conference on Northeast Historical Archaeology, Long Branch, New Jersey) details the rise of domestic stoneware production in Norwich and Stonington, CT, stating that their potting industry emerged in the late 18th century. He also states that “to date, no account books of the Norwich potteries have been found and detailed studies of Norwich stores have not been completed” (Handsman 2014:10). However, many local histories have been compiled through blogs (“East Knoll Pottery” http://www.eastknollpottery.com/history.html, “This Day In Pottery History” https://thisdayinpotteryhistory.wordpress.com/category/people/sydney-risley/, etc.). The Norwich Bulletin seems the most credible site, as it used information from their local historical society’s documents. Their 2014 account on “Risley Pottery” states that Sidney Risley, the company’s founder died in 1875 and his son, George L. Risley died in an explosion at the factory after he “lit a fire beneath the upright boiler [and] something when horribly wrong and the force of the explosion caused the 1,500 pound boiler to pass completely over a fifty-foot elm tree at the rear of the pottery and roof of the building to land in the cove over 120 feet away” (from an account of this was printed in the January 1882 issue of “Scientific American”) (Fishbone 2014). Fishbone states that the business was thereafter known as Norwich Pottery Works (instead of Risley’s) and was taken over by Benjamin Cartwright Chance between 1883 and 1886 and Otto Sudaberg between 1887 until its close in 1895 (Fishbone 2014).
that it was a serving vessel of some kind. Another vessel from 3001 10/C was a yellowware mixing bowl with a diameter of 34 cm.

Eleven sherds of unglazed redwares were found in 3001 10/C. These ceramics almost impossible to date but were popular for the entire 19th century (Brown 1982:21). Most of these ceramics were probably flowerpots, but could have been heavy utilitarian wares like kitchen, storage, or toilet wares.

![Figure 23](BEM000006 from 3001 10/C. Pressed glass drinking vessel (Photograph, Bill Burkhart).)

Domestic glass vessel shards make up 0.15 percent of the total assemblage cataloged from contexts Unit 2 and Unit 10 so far, at 18 out of 11,952 fragments. Three drinking vessels were excavated from 3001 10/C: a clear wine glass with stem and body fragments (BEM000308), a clear glass cup (BEM000327), and a pressed glass drinking vessel (BEM000006) (Figure 23). The first two are difficult to date

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55 Total includes ferrous materials but does not include coal or slag. A total count including coal and slag would equal 15,368.
with certainty as they were manufactured throughout the century and continue to be in the present day. The third pressed glass vessel has a more defined period of manufacture. Pressed glass was invented in 1827, became common in American households by 1845, and became popular in the 1880s (Lorraine 1968:39). Therefore, the other vessels likely have a similar period of manufacture.

A mustard jar found in Unit 10, 3001, has an embossed mark on the body, which reads: “CHAS GULDEN/ NEW YORK/ 5” This was made by Charles Gulden, the first and oldest purveyor of mustard in America. It was manufactured in the 1880s (Zumwalt 1980). 56

**Personal Items**

There were extremely few personal items recovered from the trash deposits in Units 2 and 10. One unmarked pipe stem was found in 3001 10/C. It is made of ball clay and measures 7.4 cm in length. 57 Two ink bottles were uncovered in the trash pits at 21 Vine Street. One from 1004 2/A, BEM000001, is made of aqua glass with an embossed mark of “CARTER’S” across the body (Figure 24). Carter’s was the largest producer of ink in the United States between 1858 and 1976 (Lindsey 2015). This bottle type was referred to as a cylindrical “cone ink” and dates from the 1880s.

56 In 1883, Charles Gulden filed for a patent for a new “cap for mustard bottles” (US Patent No. 271,237) and the mustard bottle depicted is the same as the one from 3001 10/C at the Beman Triangle. I could not find a patent for that particular bottle, but it must have begun manufacture in that year or a few years before.

57 Although the materials relate to a much earlier time period (1830s-1840s), this is a strikingly low number in comparison to the quantity found in the backyard unit behind 19 Vine Street. A total of 49 ball-clay pipe fragments, relating to a minimum of nine pipes were found in contexts 2014, 2015, and 2016 of Unit 4. Overall, Unit 4 was more typical of a 19th century domestic site. From the artifacts cataloged thus far, especially from contexts 2014, 2015, and 2016 from Unit 2, out of 137 fragments (not including coal or unknown accretions), 78 of those are of domestic materials (like ceramic tablewares or glass drinking vessels), at 56.93% and 38.69% are personal objects (pipes, a vulcanized rubber comb, a porcelain doll’s arm, etc.).
to 1910s (Lindsey 2015) but was also manufactured in a similar variation into the 1930s. The other inkbottle is a stoneware container marked with “VITREOUS STONE BOTTLES/ J. BOURNE & SON/ PATENT/ DENBY POTTERY/ NEAR DERBY/——/ P. & J. ARNOLD/ LONDON” stamped into the lower part of the bottle. This brown stoneware bottle has a base diameter measuring 9.1 cm and a height of 24 cm. Unlike the Carter’s inkbottles, these were considered “bulk” or “master” inkbottles and held larger amounts of ink a had a small lip for pouring their contents into smaller containers. These were manufactured in Denby, a city near London, but were imported throughout the later half of the 19th century and frequently found in North American sites. The J. Borne & Son mark was in use for Denby pottery from 1850 to the 1880s (Lindsey 2015).

Figure 24 BEM000001 from 1004 2/A. Carter’s Ink bottle, aqua glass (Photograph, Bill Burkhart).

Personal adornments were extremely sparse in these contexts from Units 2 and 10. One 0.4-inch circular bone button came from 1004 2/A. A jet-black bead with geometric diamond cuts on its face and two holes on each side was obtained
from the same context. Both of these objects are very difficult to date because they
have no specific features to narrow the range.

**Structural Material**

Of the artifacts cataloged thus far, over 438 structural material fragments
were found in the two trash pits from contexts 1004, 1006 2/A and 3001 and 3002
10/C. Unit 10 yielded more than 51 nails. Those cataloged all have rounded heads
and range in size between 5mm and 9.5mm in diameter and 20mm and 70mm in
length. Combined, both units have 183 fragments of window glass cataloged. All of
these structural building materials suggest that perhaps a reconstruction event
happened at the time of the dump or was what instigated the dumping event. The
house currently on the lot of 21 Vine Street is still the original house, however, it
shows signs of begin remodeled at some point, as an extension was added to the
back of the house at some point. The most likely explanation is that the property
changed hands in the beginning of the 20th century, the house was remolded and the
structural materials of the old wall were dumped into the pit along with the contents
of the house’s previous inhabitants.

**Discussion**

As previously stated, the trash pit fills from Units 2 and 10 from the backyard
of 21 Vine Street represent single dumping events. These were not used for extended
periods of time or gradually built up, as would be suggested from a more fragmentary
unit with more natural context changes between artifacts. Instead, the artifacts from
these units were found in great frequencies within the same contents, including many
whole objects, indicating that the objects were intentionally trashed during a short period of time.

Considering these artifacts as a whole, this assemblage clearly differs from those usually associated with typical 19th century domestic sites. Low frequencies of personal artifacts and domestic objects are the first striking difference between this assemblage and normal domestic trash pits. However, those ceramics and personal artifacts present are objects typical of a lower to middle class family in the late 19th century.

The medicinal glasswares define this assemblage. Hundreds of fragments of glasswares related to chemistry activity and pharmaceutical production were uncovered in both Units 2 and 10 of 21 Vine Street. These include tubes, pipettes, syringes, beakers, flasks and other production materials. In addition to the production materials, Units 2 and 10 yielded 41 medicine bottles, including both prescription and proprietary bottles. Many of the bottles are embossed and were manufactured between 1880 and 1900.

The presence of these pharmaceutical production glasswares clearly depicts items that were associated with druggists and apothecaries in the late part of the century. Scholars at other sites like the Wayman A.M.E. Zion Church (Cabak et al. 1995) or the Boston Meeting House (Landon and Bulger 2013) have argued that the presence of prescription bottles signify medicinal production at sites, however, these comparable sites lack the pharmaceutical glassware production materials that are present at 21 Vine Street. Historical understandings of druggists in the late part of the century indicate that these materials were would have been part of a druggist’s
assemblage. As discussed in Chapter Two, druggists were known to be both sellers of national proprietary medicines and producers of prescription medicines. High frequencies of iron paint buckets and paint remnants, especially from Unit 10, further implies that this was a druggist’s assemblage, as their knowledge of chemistry allowed them to mix and sell paints in addition to medicine (Figure 25).

![Figure 25](image_url)  

**Figure 25** Iron Buckets within trash pits. Top image from context 1004 2/A. Bottom image from 3002 10/A. In the bottom image, the glass neck of a beaker (BEM000257, 3002 10/A) is embedded in the bucket base to the right of the north arrow.
The presence of structural materials, like slate roofing fragments and iron nails, indicate a construction event that occurred around the same time as the trash pit disposal and possibly was what instigated the large scale dumping event. These materials suggest that when an extension was added to the house at 21 Vine Street, the contents of the house, namely concerning the druggist’s materials, were cleared and discarded.

Archaeological analyses have established that these materials are related to professional and intensive medicinal production and possible consumption in Middletown in the late 19th century. However, what remains unclear is who was involved in such production. Because these were from a household site in a primarily residential neighborhood, understanding who the inhabitants were at the site in the late 19th century is of great importance.

The nature of the assemblage points to a trained druggist or medical professional in the late part of the century. As such, identifying who the known medical professionals were in Middletown, namely the druggists and physicians, will help to further understand the significance of these materials.

Historical newspaper advertisements concerning medicine and healthcare will further contextualize the artifacts in this study. These will help elucidate how medicines were advertised and how residents of the Beman Triangle and Middletown perceived, or were made to perceive, medicines.
Chapter Four: Beman Triangle Residents

(1868-1900)

In the late 19th century, there were 11 houses standing on the triangular piece of land, then bounded by Vine Street to the west, Park Street to the east, and Cross Street to the south. Between 1868 and 1900, these 11 houses were the homes and residences of a number of occupants. Some of these occupants were members of the Triangle’s founding families, some were new to Middletown, and some, still, were new to America. Establishing who was living on the Beman Triangle during the late 19th century is necessary, as it provides a greater understanding of the networks that existed among residents and how those residents were potentially related to the pharmaceutical materials.

My analyses will be in conversation with Cunningham and Warner’s 2002 survey of the site, which focused on the architectural structures standing on the site in the present day, and Nasta’s 2007 thesis, which detailed the African American community between 1822 and 1860. The materials excavated from Unit 2 and Unit 10 from 21 Vine Street, however, date to a period of manufacture and use in the later half of the 19th century, a time when relatively little is known about the Beman Triangle residents. Although Cunningham and Warner (2002) and Nasta (2007) have

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58 Today, there are 20 buildings on the property, including the Neon Deli (modern address 130 Cross), which was constructed a bit to the west of the original Beman house location, and the former AME Zion Church building which was moved to 160 Cross Street, now occupied by Wesleyan’s Cross Street Dance Studio.
researched the history of the Beman Triangle community, their studies focus primarily on first half of the 19th century and end in 1860.

From available Middletown City Directories, I compiled an extensive database including any resident listed as living on or associated with the Beman Triangle. City directories are invaluable repositories for reconstructing social histories for the 19th century. Peter Knights’ (1971) book, *The Plain People of Boston*, used city directories and cross tabulations with censuses to track mobility and residential change in order to create a social history for Boston between 1830 and 1860. His detailed research makes prominent use of directories and enables him to create a vivid representation of the data included about people that are usually considered common or “plain” in most historical documentation. In a similar way, I have used city directories to track residences and residents in Middletown.

Censuses from the years 1870, 1880, and 1900 supplement the data gathered from directories. These censuses supplied additional details about residents that city directories lack. However, these come with a set of flaws and limitations that must be acknowledged. As Steckel (1991) points out, “enumeration is often selective” and “the poor, the unskilled, ethnic minorities, the very young, residents of large cities… are more likely to have been uncounted” (Steckel 1991:581). Additionally, Steckel details how poorly trained enumerators or changes based on migration within the enumeration period also led to omissions or false information. Steckel suggests one way of improving the accuracy when using census records is to perform consistency methods and applying information on a household or individual peel and matching
them with other sources of information such as successive censuses, or in this study’s case, city directories.

Property records also add to our understandings of people involved with the Beman Triangle residences and real estate. However, property records depict owners, not residents. As Cunningham and Warner’s report (2002) state, “by 1875, outside investors began to purchase property in the neighborhood. As a result there are fewer owner-occupied houses and an increase in rental properties” (Cunningham and Warner 2002:13). Therefore, property records do not provide a perfect understanding of who was actually on the Triangle at the time, as a majority of renters and boarders occupied the houses, but help to establish the dynamics between people at the site.

It is also important to note that, although the assemblage and main research questions pertain to only one of the houses (21 Vine Street), I believe that there were larger social and spatial ties linking the households within the neighborhood. A study that ignores these other residents and residences would lack an understanding of the relationships that existed between residents on the Triangle during the time of the assemblage and, additionally, what networks existed between the Triangle residents and Middletown residents, like druggists or physicians, at large. Much like Cunningham and Warner (2002) and Nasta (2007), I consider this plot of land and the people residing on it, to be part of a community, even if this was not the same

59 However, I use the term “community” with caution, because I do not want to impose a wrongly subsuming category onto residents that may not have self-identified as such during their lives. Conceptions of community have been central to the Beman Triangle project and scholarship—Cunningham and Warner's An Experiment in Community (2002) report, the Beman Triangle Community Archaeology Project, an exhibit of Beman Triangle archaeology materials by members of Wesleyan University at the
community that founded the neighborhood around the Church or one that was united by social activism and uplift. Because these residents shared common racial and socioeconomic backgrounds, they faced similar experiences in terms of access to resources.

This neighborhood can also be considered a community based on spatial proximity. Drawing from Molotch, Freudenberg, and Paulson’s (2000) discussion of how “place” formulates a community’s “character” and thereby connects unlike elements within that same place (Molotch, Freudenberg, and Paulson 2000), I view the Triangle, as a place that allowed for the construction of community based on geographic proximity. Within the bounds of Vine, Cross, and Park, residents lived on a piece of land within a few hundred feet of each other. In turn, this piece of land was more than a mile away from the downtown business center of Middletown, near Main Street. In this way, their experiences concerning access to resources, not just socially, but physically, would have been similar — requiring a mile long commute to the grocers, clothing shops, or druggists that were clustered around Main Street, and an even greater distance to the docks or manufacturing factories located near the Connecticut River, where many residents worked as laborers.

There are also strong methodological reasons for charting community residents during these years (1868-1900). As previously outlined, city directories and

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Middlesex County Historical Society entitled Unearthing Community, etc. Although I do carry on with this theme, I hope to establish my hesitations in doing so, understanding that it may imply a more cohesive or intimate relationship than that which was truly present. Instead, I emphasize spatial proximity, similar socio-economic status, and what both of those meant in relation to Middletown’s society centered on Main Street and the business district, as indicators of “community.”

60 This is in reference to many of the social issues like the abolitionist movement, suffrage movement, temperance movement, etc. that Beman Triangle residents were known to be active in (Cunningham and Warner 2002; Nasta 2007).
censuses, though invaluable to this study, have a number of issues in providing clear information about residences and their occupants during this part of the 19th century. Because of those flaws, it is necessary to cross-examine city directories, censuses, property records, and work done by previous historians (Cunningham and Warner 2002; Nasta 2007), in order to ascertain who was part of this community and who specifically was living at each residence. This section, therefore, provides an inventory detailing the occupants of each of the households present on the Triangle between 1868 and 1900.61

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61 My study begins in 1868, the year Middletown City Directories are first published. The archaeological materials discussed in this thesis relate to a period of manufacture between the 1880s and 1890s. Although the materials may have been deposited after 1900 (as discussed later in relation to property transactions), the artifacts were clearly manufactured and used in the late 19th century.
Figure 26 1874 Map of the Triangle Neighborhood. Reproduced from the *Beer’s Atlas of Middlesex County*, 1874. Middletown, Connecticut (Cunningham and Warner 2002:10)

**Cross Street**

**64 Cross (pre-1890), 136 Cross (post-1890), 130 Cross (modern)**

On the corner of Cross and Park Street, at 64 Cross Street, was the home of Leverett Beman. The Bemans were well known throughout Middletown and the larger New England area, as they were active in various social and political
movements during the 19th century. Leverett Beman (1810-1883) was the son of Reverend Jehiel Beman and his wife, Fanny, who moved to Middletown in 1830 when Jehiel became pastor of the A.M.E. Zion Church (Nasta 2007:29). He was a shoemaker by trade, like his father and grandfather, and his house on the Triangle functioned both as his residence and place of business. When Leverett commissioned the 1847 survey to be taken of the neighborhood, his house was located on Lot K of the map, a parcel measuring 40 square meters. He also owned Lots I and J, which he rented out to other community members over the decades. His wife Mary Ann Beman, and his son, Charles, lived with him at 64 Cross until his death in 1883.

Charles, who worked as a printer for Middletown’s local newspaper, The Constitution, lived at the residence with Mary Ann for one more year until 1884. For the rest of the century, he moved several times to various residences closer to Main Street, where he worked. Leverett’s widow, Mary Ann, continued to reside at this

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63 70, male, black (Census 1880).

64 The 1880 Census lists that he owned real estate valued at $2,500.

65 Cunningham and Warner’s report (2002) details how after Leverett’s death in 1883, Edwin B. Fall became the administrator of this estate. In 1888, Charles inherited the property and sold it to Rufus Baker, a local (white) physician who held it as part of his estate until 1904 (Cunningham and Warner2002:31). Though Rufus Baker was a physician, he is not considered to have been associated with the assemblage of medicinal materials at 21 Vine Street.

66 32, male, black (1880 Census). In the 1876 City Directory, Charles Beman is listed as living at 33 Cross Street, Leverett Beman does not have a numerical address, and an Edward Bywater, a metal worker, is listed at 64 Cross. There are no other 33 Cross Street entries pre-1890 (before the addresses change), so I believe that this may have been an entry error. Edward Bywater’s entry was also an error, as he lived at 94, not 64 Cross Street.
house until 1887. In the last year, she took on her first boarder, a farmer by the name of David Wheaton.67

By 1889 the house was no longer occupied by the Bemans and instead housed many short-term boarders for the rest of the 19th century. The first of these were two widows, Jane R. Davis and Mary J. Snell.68 They left the next year, after which, John MacLean, an employee at the Goody Rubber Co., moved into the house between 1890 and 1896. Charles Deyo and Nelson E. Perkins, both laborers, took up residency at the house for only a year in 1897. Finally, from 1898 into the 20th century, Charles Johnson, a laborer and his brother, George, an employee at Wesleyan University, occupied the house.69

94 Cross Street (pre-1890), 168 Cross (modern)

The Beman family’s next-door neighbor was Isaac H. Jackson, a laborer from Virginia. He lived at 94 Cross Street, the house that was on “Cross near Vine” and “above Park”70 until 1890 with his wife, Mary, his son, John, and a 12-year-old girl from Connecticut named Helen Foster.71

67 Though there is no numerical address for David Wheaton in the 1887 directory, this residence was the only one described as “Cross cor[ner] Park”.
68 Listed as “Cross cor[ner] Park” in the 1889 directory. Rufus Baker owned the property and rented it out to Jane Davis and Mary Snell (Cunningham and Warner 2002:31).
69 In 1890, the address changed to 136 Cross, which I was able to identify when the Johnsons moved into the house, as it was listed with both the numerical address and “Cross c Park”. There are multiple other Johnsons who were living at various addresses on the Triangle, however, I was unable to tell if any were related to Charles or George, who were the only two clearly living in the “corner” house.
70 It is first listed numerically as 94 Cross Street in the 1870 Middletown City Directory. Before, in 1868 and after 1882, it is listed as some variation of “Cross near Vine” or “Cross above Park”.
71 I use the 1870 Federal Census to identify these people. Cunningham and Warner (2002) include the following: “Born in Virginia, Isaac was a laborer and he lived there with his wife, Mary, John Jackson, age 26, and Robert Foster, age 12. In 1880, when Jackson was a peddler, his household included his wife and their son, John H. age 13, Alicia Lane, 60, widow of Jacob Lane, and Laura Franklin, his granddaughter, age 10. H. N. Foster owned this house in the 1880s. Born in 1832 in Louisiana, he worked as a barber. He and his wife, Mary, had two children, Charles A., born in 1856, and Helen, born in 1858.” However, the
In 1880, a year before his death, Isaac switched occupations from working as a laborer to working as a peddler, a move that would have increased his income and been less physically demanding. In the same year, his granddaughter, Laura Franklin, and a 60-year-old, Alice Lane, both from Virginia, moved into the Cross Street residence. When Isaac died later that year, his wife and son moved away from the Triangle, but Alice Lane continued to live at the residence until 1882.72

The year Alice left the Cross Street residence, however, was not the year she left the Triangle neighborhood. Alice, continued to live on the Triangle for at least 10 more years. She moved in with Melinda Beecher,73 the widow of Dempsey Beecher, who lived at a house on Park Street until 1891. Together, Alice and Melinda moved back to Cross Street at 148 Cross, where they remained for the rest of the century.

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1870 census shows that Isaac Jackson (48, male, black, from Louisiana) lived with his wife, Mary (38, female, mulatto, from CT), their 3-year old son, John (male, mulatto, from CT), and a 12-year-old Helen Foster (female, mulatto, from CT). In 1880, the census lists that Isaac Jackson (black, male, 60, a laborer, from Virginia) was living with his wife, Mary (black, female, 47, from CT), their son, John (black, male, 13), his granddaughter Laura Franklin (black, female, 10, from Virginia) and an Alice Lane (black, female, 60, from Virginia), who may have been a relative. It is unclear what sources they used to ascertain the post 1880 information about this Foster person. Future research may wish to pursue these connections further.

72 After Alice left in 1882, there is no clear picture as to who lived in the house, because there are no people listed at the same numerical address. When the addresses change in 1890, there is no way to tell what number signified this house (1882 Middletown City Directory) as there are no known continuous residents during that period.

73 Melinda Beecher was the widow of Dempsey Beecher, a gardener, farmer, and laborer. They lived at a house not on the Triangle but a bit north of it at 14 Vine Street (listed as “near Park”, or “below cemetery”). Dempsey died in 1884 and in 1886, she moved to 5 Park Street on the Triangle. In this year, Jacob’s widow also moved to 5 Park (9 Park Street, post 1890 address change), and they moved again together to the 148 Cross Street location. It is unclear if 148 Cross Street was on the Triangle or further north on Cross. She is listed at 5 Park Street in 1889, 11 Park in 1890, and 9 Park in 1891. The 11 Park was an error, as we can trace Melinda as living at 5 Park then 9 Park after 1890 (Middletown City Directory 1885-1900).
“Cross corner Vine” (pre-1890), 154 Cross (post-1980), 170 Cross (modern)

Emily Dingle\textsuperscript{74} lived at the southwestern tip of the Triangle, in a house on the corner of Cross and Vine and “near the Cemetery.”\textsuperscript{75} Emily was a widow, whose husband, Amster Dingle, had died in 1865 as a volunteer in the Civil War, 29\textsuperscript{th} regiment (Cunningham and Warner 2002:23). She lived at the house until her death in 1888.

Her daughter, Mary, was a dressmaker, who continued to reside at the house after her mother’s death and used that location to operate her business. Mary married Thomas Sparks in 1892, when he also moved into the house, then numbered 154 Cross. He took up residence at this house on Cross Street until 1896 and held a different occupation each year: joiner, employee at Schuyler Electric Co., employee at the McDonough Café, launer, and cook.\textsuperscript{76}

The Dingle-turned-Sparks household took on boarders over the years. When Emily was still alive, she lived with her daughters, Elizabeth\textsuperscript{77} and Mary,\textsuperscript{78} in addition to John Peters,\textsuperscript{79} John T. Franklin,\textsuperscript{80} Mary Ann Hitch,\textsuperscript{81} Alice A. Brooks,\textsuperscript{82} and Caroline\textsuperscript{83} and Harriet Smith.\textsuperscript{84} After Emily’s death, Mary and her husband continued to take on various, short-term boarders. James Jackson, a joiner, lived there from

\textsuperscript{74} 30, female, black, real estate $1,500, personal estate $300 (Census 1870).
\textsuperscript{75} There is no numerical address pre-1890. The post-1890 address is 154 Cross Street.
\textsuperscript{76} Middletown City Directory 1892-1896.
\textsuperscript{77} 13, female, mulatto (1870 Census). Emily Dingle dies sometime before 1880.
\textsuperscript{78} 11, female, mulatto (1870 Census)
\textsuperscript{79} 37, male mulatto, coaster (1870 Census). Peters is also listed as living at the residence in 1876, when he worked as a cook.
\textsuperscript{80} He is listed as a carpenter in the Middletown City Directory 1875.
\textsuperscript{81} 57, female, black (1870 Census).
\textsuperscript{82} 36, female, mulatto (1870 Census).
\textsuperscript{83} 35, female, mulatto, cook (1870 Census).
\textsuperscript{84} First name is unclear, closely resembles Harriet. 16, female, mulatto (1870 Census).
1889 to 1891; Isabella Monk stayed for a year in 1894; in 1897 through 1899, John and Martin McLean, employees at Goodyear Rubber Co., Wilcox, Crittenden, & Co., W. Cycle Mfg., and Russell Mfg., all large manufacturing companies, resided at 154 Cross; and in 1900, Patrick McLaughlin, an employee at the Middletown Coal Company, lived at this house, 154 Cross.\(^{85}\)

**Vine (Historic)/ Knowles (Modern)**

**“Vine near Cross” (pre-1890), 8 Vine (post-1890), 10 Knowles (modern)**

In 1863, Orrice M. Smith,\(^{86}\) the wife of George Oliver Smith, bought Lot H on the 1847 Triangle survey from Amster C. Dingle and William Woodward\(^{87}\) (Cunningham and Warner 2002:27). By 1870 only George lived at the house on “Vine near Cross.”\(^{88}\) During this time, George worked as a laborer and lived with a baker, Robert Sullivan and his wife.\(^{89}\) George underwent a series of occupation changes in the 1870s. He began as a laborer, became a flocker in 1874, and by 1878, he was an ice-cream seller. He advertised in the local papers, soliciting all Middletown “societies, parties, festivals, hotels, restaurants, and families” to purchase the purest ice creams at the lowest prices, either from his house at 8 Vine Street or from C.A. Pelton’s or Henry Woodward’s drugstores (Figure 27).\(^{90}\)

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\(^{85}\) Middletown City Directory 1889-1900.

\(^{86}\) Orrice Smith was originally “Orrice Brooks,” the daughter of Herod and Abigail (Jefferys) Brooks, and had lived from 1855 to 1863 at the Smith & Brooks house on Park Street at modern day 9 Vine Street.

\(^{87}\) William Woodward is of no known relation to Henry Woodward, but future studies may wish to pursue a connection, as the name was not common.

\(^{88}\) Middletown City Directory 1868.

\(^{89}\) Robert Sullivan 26, male, mulatto; Elizabeth Sullivan 26, female, mulatto (1870 census).

\(^{90}\) In the 1880 census, he is listed as “ice cream seller” and in 1882 Middletown City Directory, is listed just as “restaurant”.

102
Orrice passed away before 1880, and by then George was living with Martha Siegnior, a widow. Following George’s death in 1883, Martha continued to live at the 8 Vine Street residence for the rest of the century. In city directories, she was listed with the surname “Smith” and described as the “widow of George”. In 1890, Martha lived at the residence with a number of boarders, such as Clarissa Senior, widow of John Senior, from 1890 to 1896, and her sons, William, a clothing agent, and Bert.

91 35, female, black (1880 census).
92 Middletown City Directory 1883-1900.
93 Martha would have been 45 years old in 1890, as the 1900 census lists her as 55, black, female.
94 Listed as “Clara” in 1890 Middletown City Directory. It is also likely that John and Clarissa Senior were Martha’s relatives (as ‘Senior’ may be a variation of her last name before Smith, ‘Siegnior’).
95 24, male, black (1900 census).
96 13, male, black (1900 census).
97 The Cunningham and Warner report states that “by 1900 Smith is no longer listed in the directories or census, and this house is occupied by Charles Warmsley and his wife, Merula V., who was born in New York.” This is not true, as Martha Smith is still listed in the 1900 census, although her listing is not clustered with the rest of the residents of the triangle. Perhaps, on the 1st day of June in 1900, when the Enumerator was going door to door, the Smiths were not home and that is why they are not listed on sheet 2 along with the rest of their neighbors. They are, instead, recorded on the 14th of June in 1900 on sheet number 15 which includes odd entries from streets all over the city, in no logical progressive order (e.g. West, Washington, Vine, Court, Washington, Court, Main Pearl, Washington) showing that it was a
Charles Morgan’s home site was next to the Smith’s, located on Lot D of Beman’s 1847 survey map. This house was located on “Vine near Cross”98 at 10 Vine Street.99 Charles100 was a laborer who first moved to the site in 1870, where he lived with his wife, Nancy.101 Charles, who had retired from his job in 1880, died five years later in 1885. Nancy continued to live at the site until she passed away in 1894.

Between 1895 and 1898, two widows, Emma Smith, whose late husband was Simeon Smith, and Susan Padree, whose late husband was Samuel Pardee, were listed in the city directories as the house’s occupants. After them, between 1898 and the close of the century, the Warmsley family began residing in the house. This included Charles Warmsley,102 his wife, Merula,103 and his brother, Bert.104

**12 Vine (pre-1890), 126-28 Knowles (modern)**

Asel DeForest, a laborer by trade, lived at a house on the other half of Lot D. At 12 Vine,105 Asel106 lived with his wife, Abigail.107 Over the decades, the DeForests housed a number of boarders who rented rooms in their house. In 1868, William

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98 Middletown City Directory 1868.
99 10 Vine Street pre-1890 and 14 Vine Street post-1890.
100 48, male, black, owned real estate valued $1500 (1870 census).
101 40, female, black, illiterate (1870 census).
102 33, male, black (1900 census).
103 33, female, black, from New York (1900 census).
104 Middletown City Directory 1878.
105 12 Vine, pre-1890 address; 18 Vine, post-1890 address.
106 Sometimes spelled “Asahel”; listed as a farmer in the 1870 Middletown City Directory and a coaster in the 1870 directory; 62, male, mulatto (1870 census).
107 43, female, mulatto (1870 census).
Price lived at 12 Vine, and in 1869, Albert Steward did, as well.\(^{108}\) In 1870, Cornelius Brooks,\(^{109}\) John C. Snipes,\(^{110}\) Susan Snipes,\(^{111}\) Frank Morgan,\(^{112}\) Samuel Evans,\(^{113}\) Mary Evans,\(^{114}\) and Oliver Pease\(^{115}\) were all residing at the house. By 1880, at 52 years old, Abigail was a widow. She lived with her adopted daughter, Miriam E. Robinson,\(^{116}\) widow of John H. Robinson, and her one-year-old grandson, Enoch Robinson, for the rest of the century.

**Park (Historic)/ Vine (Modern)**

*“Park near Cross” (pre-1890), 7 Park (post-1890), 7 Vine (modern)*

To the north of the Beman’s house lived George Snipes,\(^{117}\) a tailor, who was originally from New York. The house on this property was built in 1875 and by 1879, George was living at that house on “Park near Cross”.\(^{118}\) He lived there with his wife

\(^{108}\) Middletown City Directory 1868-1869.
\(^{109}\) 9, male, mulatto (1870 Census).
\(^{110}\) 7, male, mulatto (1870 Census).
\(^{111}\) 24, female, black (1870 Census).
\(^{112}\) 31, male, black, laborer (1870 Census).
\(^{113}\) 29, male, mulatto, barber, from Maryland (1870 Census).
\(^{114}\) 43, female, dressmaker, mulatto (1870 Census).
\(^{115}\) 26, male, mulatto, barber (1870 Census).
\(^{116}\) 28, female, black (1880 Census).
\(^{117}\) 42, male, black (1880 Census). The Snipes living here were probably related in some way to the John and Susan Snipes that lived at the DeForest house at 12 Vine (pre-1890 address).
\(^{118}\) 1880 Middletown City Directory.
Margaret, sons, George Jr., John, Benjamin, Walter and Steward and his daughters, Esther and Violet.

5 Park (pre-1890), 9 Park (post-1890), 9 Vine (modern)

Next to the Snipes family on historic Park Street, was a house originally built in 1840 and owned by the Cambridge family after Ebenezer DeForest sold it to John Cambridge in 1855 (Cunningham and Warner 2002:33). John and his wife, Emma, lived at the house, along with James and Orrice Brooks, the 19 year-old children of Heron and Abigail (Jefferys) Brooks. In 1870, James had married Jeanette Cambridge, John’s daughter, and was a laborer working down by the docks near the Connecticut River (Cunningham and Warner 2002:33). His sister, Orrice, had married George Oliver Smith, the laborer-turned-ice cream maker who lived and worked on Vine Street.

Truman Camm had been working as a painter on a house on Vine Street until 1869. In 1870, Truman, his wife, Catherine, and their son, George, moved east across the Triangle into the Park residence with the Brooks family and a boy.

\[\text{References}\]

119 41, female, black (1800 Census).
120 21, male, black (1880 Census).
121 14, male, black (1880 Census). In 1894 and 1895, John Snipes was listed as living at a “9 Park Street” though I am unable to trace which house this was connected to with certainty.
122 14, male, black (1880 Census).
123 7, male, black (1880 Census).
124 3, male, black (1880 Census).
125 16, female, black (1880 Census).
126 3, female, black (1880 Census).
127 See section on 10 Knowles (modern address).
128 38, male, black, real estate valued at $300 (1870 Census).
129 30, female, mulatto (1870 Census).
130 14, male, mulatto (1870 Census).
named William F. Chatfield. In the same year, Truman Camm worked as a barber from that location.

In 1880, the Warmsley family was living at this residence. George Warmsley, a laborer, was the head of the household, where he lived with his wife, Elizabeth, and their five children: Clarissa, George Jr., Charles, and Gracie.

“Park near Cross” (pre-1890), 11 Park (post-1890), 11 Vine Street

Isaac B. Truitt, a laborer and custodial worker employed by Wesleyan University, lived next to the Smith-Brooks property, at a house built in 1840. In 1870 Isaac lived at the house with his wife, Eliza A., and his children, Harriet, Emily, and John. Also living at the residence were a number of boarders, including a young boy from Pennsylvania named James Holt, and the Hall family.

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107, black, male (1870 Census), relation unknown to either family.
50, male, black (1880 Census).
20, female, black (1880 Census).
18, male, black, working as a waiter (1880 Census).
14, male, black (1880 Census).
6, female, black (1880 Census).

Cunningham and Warner state, “on the 1874 map, the house is identified with Smith & Brophy” (2002: 33). This is not true, as the map instead identifies Smith & Brooks with the house. They continue to discuss how Brophy also owned a house on the west side of Knowles Ave. (previously Vine) and that his partner may have been George Smith. Because Brophy was not related to the house on Park Street and modern day Vine Street, I believe that his house on the western side of modern day Knowles was the only site he occupied. The true owners, as listed on the 1874 map, were “Brooks and Smith.” The Cambridges had originally owned the property, living there with James and Orrice Brooks. James married the Cambridge’s only child, Jeanette, so when her parents died, the property was split between her (a now Brooks) and Orrice (Brooks) Smith. Because we don’t know when Orrice dies (just sometime before 1880), it is unclear to know if the Smith listed on the map refers to Orrice or her husband, George, who would have inherited the property.

50, male, mulatto (1870 Census).
40, female, mulatto (1870 Census).
17, female, mulatto (1870 Census).
13, female, mulatto (1870 Census).
11, male, mulatto (1870 Census).
4, male, mulatto (1870 Census).
from New Jersey, including William Hall, his wife, Mary, and their four children, Sarah, Anna, Laurie, and Mary. A man named Alfred Powers also lived at the site between 1871, when he worked as a driver, and 1892, when he worked as a cook at the McDonough House, a local hotel.

In addition to Alfred Powers, there were a number of other residents living at the house in the 1890s. These included James Mann, Martin Hanson, and August Ahlberg.

Cunningham and Warner (2002) state that by 1900, the property, then part of Christopher Collin’s estate, was sold to Martin Hanson, and it shifted hands multiple times over the course of the 20th century (Cunningham and Warner 2002:35).

“Park near Cross” (pre-1890), 19 Park (post-1890), 19 Vine (modern)

Archaeological excavations have been conducted at the site of 19 Vine Street (Unit 4). Bartholomew J. Murphy lived at the historic house on Lot A of Beman’s survey map, just north of the Truitt family’s home. Murphy had lived at a different location in Middletown before 1872 at 4 Huber Avenue. He owned and lived in the

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144 29, male, mulatto, born in Delaware (1870 Census).
145 27, female, mulatto, born in New Jersey (1870 Census).
146 8, female, mulatto, born in New Jersey (1870 Census).
147 3, female, mulatto, born in New Jersey (1870 Census).
148 2, female, mulatto, born in New Jersey (1870 Census).
149 2 months, female, mulatto, born in New Jersey (1870 Census).
150 Middletown City Directory 1871 and 1892.
151 James Mann was an employee at W, Cycle Mfg. Co. (Middletown City Directory 1894-1898).
152 Hanson was a joiner at Robinson & Abell (Middletown City Directory 1898).
153 Middletown City Directory 1899.
154 Cunningham and Warner (2002:37) date the building to c. 1870, however, I would place it between 1871 and 1872, since it is not listed in the 1870 census. In 1871, the city directory places Bartholomew Murphy at 4 Huber Avenue, and the first time he appears at a house on “Park near Cross” is in 1872.
house on Park Street in 1872, but by 1879 was living at Huber, once again.155 Charles Carter156 was a laborer who moved to the residence the next year in 1880. He lived at the house with his wife, Annie,157 and their sons, Charles Jr.158 and Eugene.159

In the 1890s, they also lived with George Jackson,160 Edward Freberg,161 Charles Anderson,162 Aleck Elander,163 and Albert Olsen.164

“Park near Vine” (pre-1890), 21 Park (post-1890), 21 Vine (modern)

In the last part of the 19th century, there was only one more house in the neighborhood, located at the northern tip of the triangle.165 21 Vine Street is the site on the Beman Triangle where the trash pits related to medicinal production were excavated. This house is located on Lot A of the 1847 survey map and was purchased from Beman by Robert Huntington, who then sold it to Elizabeth Henry166 in 1848. She mortgaged the property to Sarah Spencer in 1852 (Welch 2006:46). In 1862, property as well as the house was sold to Menominee L. Miami, a quack doctor, who

155 Bartholomew J. Murphy was there until at least 1874, when he appears on the F. W. Beers map, which listed the owners of the properties. He does not appear in the directories in 1873 through 1878, and reappears in 1879 at a house on Huber Avenue. There potentially was a house that was here before the construction of Bartholomew Murphy’s, as all of the archaeological materials from the house predate 1870. The 1847 Beman survey map shows a semi-complete house in this spot. As this also pre-dates my study, future research may wish to pursue who the original house was owned and occupied by. Cunningham and Warner posit that Abigail Stanton was a possible tenant, however there is no link between her and any residence on Park Street in the directories. From 1868 to 1870, she is listed at 37 Cross Street and from 1872 to 1876 at 39 Cross Street, neither of which were on the Triangle.

156 35, male, black (Census 1880).
157 24, female, black (Census 1880).
158 6, male, black (Census 1880).
159 1, male, black (Census 1880).
160 Barber at 472 Main (Middletown City Directory 1890).
161 Laborer (Middletown City Directory 1894-1895).
162 Teamster (Middletown City Directory 1895).
163 emp W. Mylcreest (Middletown City Directory 1895).
165 Today, this house is the second to last house on the Triangle, which was constructed in 1904 (Cunningham and Warner 2002:39).
166 Elizabeth (Condol) Henry married Abiather Rodman Henry of Lyme in 1814. She was Leverett Beman’s aunt (his mother’s sister) (Welch 2006:45-46).
had already been living on the property with his wife,\textsuperscript{167} Francis.\textsuperscript{168} In 1864, they mortgaged the house to Christopher Collins.\textsuperscript{169} In 1868, the mortgage was taken over by Charles T. Dixon, who turned it back over to Collins and the house was forfeited in 1871. Collins sold this house on “Park near Vine” to Bartholomew J. Murphy that same year for $600. A year later in 1872, Murphy sold it to Patrick and Bridget Sullivan,\textsuperscript{170} Irish immigrants, who appear here on the Beers 1874 map in this location and are listed in the 1880 census. However, Arthur Sullivan and Michael Sullivan, black laborers, lived here in 1875 and 1880, as well, according to city directories.” (Cunningham and Warner 2002: 38).

![Figure 28. Photograph of modern house at 21 Vine Street.](image)

\textsuperscript{167} Menominee assumed that the mortgage was owed to Elizabeth Henry, but it was really deeded to the Miamis from Sarah Spencer for $132 (Welch 2006:46). Elizabeth Henry was 69 years old and widowed in 1860 and continued to live with the Miamis (Welch 2006:46).

\textsuperscript{168} Frances Williams was actually Elizabeth’s daughter-in-law. Frances’ first husband, Levi, was Elizabeth’s son. After Levi’s death, she remarried a man named Moray or Mosey. Her third husband was Menominee Miami. Frances had probably been living at the house since her marriage to Levi so it is not surprising that the property was passed to Miami.

\textsuperscript{169} Collins was a druggist in Middletown until 1880 and worked as a banker until 1890. It would be possible to suggest that the materials were associated with him, however, he was out of the drug business by the time most of the materials were manufactured, making this seem quite unlikely. Additionally, since he forfeited the property in 1871, it does not seem like he was associated with the house after. Collins, however, later owned until his death in 1900, the property of present day 11 Vine (Cunningham and Warner 2002:38). A more detailed account of Collins is in Chapter 5.

\textsuperscript{170} 68, male, white, laborer, from Ireland; 58, female, white, from Ireland (1880 Census), also listed in the 1872 Middletown City Directory.
After Patrick Sullivan’s death in 1882, the property was sold to John J. Walsh, who, four days later, turned the property back over to Bridget Sullivan, Patrick’s widow. In 1884, she sold the property to Ann Barber, who sold it back to Bridget Sullivan in 1886. By 1886, Bridget was an elderly widow and sold the property to Middletown in an agreement that the town provide “such reasonable assistance from said town, as her necessities may from time to time require.”

In 1890, the address changed to 21 Park Street. In that year, William Murray, a hostler for Carrier & Harris Co., became a boarder. In 1891, Andrew Bengtson, a Swedish immigrant who worked at Rogers & Hubbard Co., and his wife, Annie Bengtson, bought the house from the city. Alfred Bengtson, who also worked at Rogers & Hubbard Co., Nils A. Bengtson, and Charles Anderson, an employee at Schuyler & Electric Co., lived there as well. Charles Anderson continued to board with the Bengtson’s at this house for the rest of the century. In 1902, the house was sold to Albert Olson, a carpenter, who had been living as a boarder at the house by 1900.

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171 24 December 1882.
172 Middletown Land Records Manuscript 1886:212.
173 Middletown City Directory 1890.
174 35, male, white, from Sweden (1900 Census). An online exhibit by the Middlesex Historical Society, courtesy of an ancestor, Warren Bengtson, tells a slightly different version. Anders (Andrew) Bengtson left Smaland Sweden in about 1882 and married Ann Bengtson, also from Sweden, in New York. They moved to Connecticut “where Anders worked in the Portland Brownstone quarries.” Supposedly, “as was the case with many immigrants, they stayed with family for several years while saving for their own home” and “in 1894, 12 years after immigrating to the United States, Anders Bengtson was able to buy a farm for his family on Bear Hill Road” (Middlesex County Historical Society 2009). From the census data, this farm was probably why the house was mortgaged in 1894 and after, their Bengtson relatives continued to live for a time at the Triangle residence.
175 Middletown City Directory 1890.
176 Cunningham and Warner (2002) state that by 1935 the house was owned by Peter J. Anderson. This Anderson may have been a relative to Charles. A future researcher may wish to pursue that connection.
177 Census 1900.
Discussion

This chapter sought to establish who was living on the Triangle in the late part of the 19th century. As Nasta (2007) discusses in his study on the Beman Triangle between 1822 and 1860, the formation of this community was largely based on a connection to the A.M.E. Zion Church and familial ties between residents. As my research has found, many of these institutional and relational connections were present in the later part of the century, as well.

However, by the early 1880s, residential patterns shifted and many of the residences were used to house many short-term, impermanent boarders. Houses were being mortgaged, bought, and sold to people who were not related to original residents of the Triangle. Many of these new homeowners were white businessmen who rented the properties out to boarders for profit. Despite ownership, for the duration of this century, what remained constant were the demographics of the residents. By 1900, the majority of the Beman Triangle’s known occupants were African American. The only known white European residents were the Sullivans, who were Irish immigrants, and the Bengtsons, who were from Sweden, who, much like their African American neighbors, were working class families.178

What my research on the Beman Triangle residents makes clear is that there are no records indicating a connection between healthcare and medicine to occupants during this part of the century. None of the residents had occupations as druggists or physicians but were rather mostly laborers. Instead, the majority of the known

178 This statement is based on census records. However, there are many Triangle residents who are listed in city directories, which did not include notes on race, age, or gender, as censuses do.
operating and advertising druggists and physicians practiced in the business district of downtown Middletown and this assemblage on the Triangle was over a mile away from where those medical professionals were clustered. Because none of the Triangle residents had occupations that match the type of assemblage at 21 Vine Street, a study of Middletown’s known medical professionals during this time may help to clarify understandings of this assemblage. With this in mind, the following chapter will identify Middletown’s medical professionals between 1868 and 1900.
Chapter Five: Middletown’s Medical Professionals (1868-1900)

In addition to identifying the Beman Triangle residents, this study identifies the medical professionals who were operating in Middletown between 1868 and 1900. Considering the mass of pharmaceutical glasswares and the paint buckets in the assemblage, the archaeological record suggests that this was possibly connected to a druggist or apothecary. Recognizing who the druggists were in Middletown and where they were said to be operating will allow us to narrow down who was responsible for this assemblage of materials present in the backyard units of 21 Vine Street. Additionally, understanding how druggists presented themselves in advertisements or directories can help to further our understandings of what was typical of these druggists, including what goods and services they offered.

If these materials were not related to a known Middletown druggist, however, it is still important to recognize who the medical professionals were in Middletown in the late 19th century in order to understand what types of resources were available to residents. Because of this, in addition to the druggists, I include a survey of the physicians that were advertising and operating between 1868 and 1900. If Triangle residents did not have access to formal healthcare, whether because of spatial proximity, or social limitations based on racial, national, or economic factors, this may indicate that there was a local need for these resources to serve residents of that neighborhood as Cabak et al. (1995) suggest in their study of the Wayman A.M.E. Zion Church. Further, identifying who these people were and what type of medical
science or practice they ascribed to, connects back to the shifting nature of medicine in the later part of the 19th century, and helps to provide the local health history of Middletown’s residents. Understanding what types of physicians and medical authorities were operating and advertising sheds light onto local perceptions about healthcare at that time.

**Middletown’s Physicians**

Middletown’s Main Street is located just over a mile to the east of the Beman Triangle. By the last quarter of the 19th century, Middletown’s downtown was developing into a fine business district centered on Main Street, just above the Connecticut River. Between 1868 and 1900, the city boasted more than 17 druggist’s shops, 17927 druggists, and 58 practicing physicians, with countless more offering their products and services from Portland, Meriden and other surrounding cities. Main Street functioned as the hub of the city’s businesses and it was from there, where almost all necessities were sold or serviced. In terms of healthcare, at-home treatments were commonly the first line of defense for illnesses, but for certain ailments, residents sought outside medical attention (King 1991). It is clear from Middletown’s city directories that formal medical care was clustered around Middletown’s business district on Main Street or on streets nearby.

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179 Many of the druggists worked as business partners in various years and co-operated shops, so the exact number is unclear.
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**Table 5** Physicians names and years of operation between 1868 and 1900.

In the late 19th century, these medicine professionals were physicians and druggists. Many of Middletown’s physicians doubled as local surgeons—performing operations, helping deliver children, and setting broken bones. Gideon and Alfred
Sweet,\textsuperscript{180} for example, were in the bone-setting business. They worked as physicians who specialized in reducing joint manipulation and were predecessors to modern chiropractors, osteopaths, and physical therapists (Meeker 2002:217). The physicians, who did not specialize like the Sweets, were split into two groups. The first of these groups consisted of practitioners of orthodox or regular medicine. Middletown’s orthodox physicians in the late 1860s to 1870s included men like J. W. Alsop,\textsuperscript{181} Dr. Andrus,\textsuperscript{182} Joseph Barratt,\textsuperscript{183} John Blake,\textsuperscript{184} William Casey,\textsuperscript{185} J. H. Churchill,\textsuperscript{186} E. Griswold,\textsuperscript{187} B. D. Maguire,\textsuperscript{188} George Robinson,\textsuperscript{189} James Synnott,\textsuperscript{190} and Charles Woodward.\textsuperscript{191} These physicians were descendants of the heroics and continued to administer treatments that were founded in that practice. These treatments generally

\textsuperscript{180} Gideon H. Sweet (marked wrongly as “Gideon F. Sweet” in Middletown City Directory 1870 and 1872) started the family practice in 1870 at 14 Crescent Place. He worked and lived at that location until moving a few buildings over to 29 Crescent in 1877. In 1882 his son, Alfred N. Sweet, who would have been about 24 at that time (since he was 22 in the 1880 census), joined the business with his father. After Gideon’s death in 1890, Alfred continued the practice throughout the rest of the century.

\textsuperscript{181} Joseph W. Alsop Jr. operated as a physician between 1872-1877. His office was located on Washington Street (140 Washington in 1872 and 142 Washington from 1874-1877) (Middletown City Directory 1872-1877).

\textsuperscript{182} Dr. Andrus (there is no first name listed) was a physician in 1877 and worked from his house on the corner of Church and Main (Middletown City Directory 1877).

\textsuperscript{183} Joseph Barratt (spelled “Barratt” 1875-1880) worked as a physician at 62 Main Street. He lived at the same location until 1872, when he moved his residence to 88 Main Street while still practicing from 62 Main. He moved his residence to 56 Main Street in 1877 and his practice to 52 Main Street, where he stayed until 1880. (Middletown City Directory 1868-1880).

\textsuperscript{184} John Blake lived and worked at 201 Main Street but presumably ended his practice in 1868, as that is the only year he is listed in the directories. (Middletown City Directory 1868).

\textsuperscript{185} William Casey worked from 26 Washington Street, “at the first house east of Main” (The Constitution 8 April 1868:4). He ends his practice in 1868 (Middletown City Directory 1868).

\textsuperscript{186} J. H. Churchill practiced for a short time between 1874 and 1875 from his residence at 144 Main Street (Middletown City Directory 1874-1875).

\textsuperscript{187} E. H. Griswold had an office on Main Street near Church in 1879 (Middletown City Directory 1879).

\textsuperscript{188} B. D. Maguire practiced from 276 Main Street in 1874 and 1875. He is only listed in the business section of the directory, so it is unclear where he lived (Middletown City Directory 1874-1875).

\textsuperscript{189} George Robinson practiced for a year from 42 College Street in 1874 (Middletown City Directory 1874).

\textsuperscript{190} James T. Synnott worked between 1871 and 1872. He was a boarder at McDonough House and worked at an office at 242 Main Street (Middletown City Directory 1871-1872).

\textsuperscript{191} Charles R. Woodward was both a druggist and physician who lived and worked from 66 Court Street and presumably retired in 1868, which was the last year he is listed in directories (Middletown City Directory 1868). His son, Henry Woodward, continued his business as a druggist throughout the rest of the 19th century.
became less extreme as those that were performed in the early part of the century, yet there were still many inconsistencies among these practitioners in terms of standards and effective procedures (Mohr 2013:20). Although the American Medical Association was formed in 1847, it endorsed therapeutic bleeding until 1881 and it was not until 1904 when the AMA’s Council on Medical Education mandated a minimum standard of schooling for physicians (Mohr 2013:20; Starr 1982:117).

Figure 29 Various physicians’ advertisements in Middletown's The Constitution (The Constitution 4 April 1876; The Constitution 10 October 1878).

Between 1880 and 1889, there were 23 orthodox physicians practicing in Middletown. Most of these physicians practiced on Main Street for the entirety of
their careers. These included P. V. Burnett,\textsuperscript{192} Frank L. Burr,\textsuperscript{193} H. E. McIntire,\textsuperscript{194} Clarence W. Kellogg,\textsuperscript{195} Michael D. Murphy,\textsuperscript{196} John Morgan,\textsuperscript{197} and A. M. Tracy.\textsuperscript{198} Others, like Rufus Baker,\textsuperscript{199} John Bailey,\textsuperscript{200} George W. Burke,\textsuperscript{201} Arthur Campbell,\textsuperscript{202} and Francis D. Edgerton,\textsuperscript{203} began working on Main Street, but by the end of their careers, had moved to other locations. The remaining physicians began and ended

\textsuperscript{192} Burnett worked from an office at 266 Main Street from 1878 to 1879. Between 1880 and 1887 he moved to various locations on Main Street: 250 Main in 1880, 248 Main in 1882, 246 Main in 1885. (Middletown City Directory 1878-1887).

\textsuperscript{193} Burr lived and worked from 20 Main Street between 1871 and 1884. (Listed as “South Main” in 1872) (Middletown City Directory 1871-1884).

\textsuperscript{194} (Middletown City Directory 1886-1887).

\textsuperscript{195} Kellogg operated between 1889 and 1890 from Main Street (117 Main Street pre-1890, 189 post-1890). (Middletown City Directory 1889-1890).

\textsuperscript{196} Murphy was a physician who worked from 306 Main Street (554 Main Street post-1890) from 1885 to 1890. (Middletown City Directory 1885-1900). He appears to be of no relation to the Murphys in the Beman Neighborhood.

\textsuperscript{197} John Morgan (who was of no relation to Edward or Ely and presumably no relation to Charles Morgan who lived on the Beman Triangle) worked as a physician and surgeon from Main Street. He started out at 122 Main Street, moved to 23 Main in 1872 and again to 24 Main Street in 1875. In 1886, for the last year he practiced, he moved his office to 252 Main Street. He advertised in \textit{The Constitution} from 1872 to 1874: “J. Morgan, M. D. Physician & Surgeon, Office over Mitchell's store. 123 Main Street, Middletown, Conn. April 20, 1872” (\textit{The Constitution} 1 October 1872; Middletown City Directory 871-1886).

\textsuperscript{198} A. M. Tracy operated between 1884 and 1887 from a location at 106 Main Street (Middletown City Directory 1884-1897).

\textsuperscript{199} Rufus Baker, a member of the State Medical Society, worked from 165 Main Street in 1868 and 1869. He moved his practice and home to 22 Court Street (74 Court Street, post-1890) in 1870, advertising the move in \textit{The Constitution}, stating that the house was formerly occupied by C. W. Bradley. In 1891, he moved again to 224 College Street, which was the last place he practiced (Middletown Connecticut 1868-1891).

\textsuperscript{200} John E. Bailey was a physician who operated his practice from 196 Main Street between 1886 and 1889. Much like Baker, he left Main Street and moved his office to 153 Washington Street in 1890 and a few buildings over to 66 Washington in 1897, where he worked for the rest of the century.

\textsuperscript{201} Burke was a member of the State Medical Society, who practiced from 39 Main Street until 1889. He was also a debt collector between 1871 and 1874. In 1890, he moved residence and practice to 93 College Street, where he stayed for the rest of the century.

\textsuperscript{202} Arthur J. Campbell worked on Main Street (246 Main Street pre-1890, 412 Main Street post-1890). In 1895, he moved to 148 Washington Street, where he stayed for the duration of the century. He was a member of the State Medical Society (Middletown City Directory 1888-1900).

\textsuperscript{203} Francis D. Edgerton operated continuously throughout the century, beginning before 1868 through the rest of the century. He started out at 201 Main Street, boarding at the same location. He then moved to offices and residences to 26 Washington (which changed to 88 Washington in 1890), advertising the move in \textit{The Constitution}: “Dr. Edgerton has removed his office and residence to Washington Street, first floor east of Main St., the residence of the late Dr. Casey.” (\textit{The Constitution} 10 July 1872:1). He was a member of the State Medical Society and held office hours from “8 to 9 a.m., 1 to 3 and 6 to 8 p.m.” (Middletown City Directory 1878). In 1894, he moved his office to 115 Broad Street and held “office hours 8 to 9 a. m., 2 to 3 and 7 to 8 p. m.” (Middletown City Directory 1894-1900).
their practices on streets other than Main Street: Francis J. Calef,\textsuperscript{204} Daniel A. Cleveland,\textsuperscript{205} Frank B. Look,\textsuperscript{206} Edward B. Morgan\textsuperscript{207} Ely Morgan,\textsuperscript{208} Sidney E. Morgan,\textsuperscript{209} Elisha B. Nye,\textsuperscript{210} and C. R. Taylor.\textsuperscript{211}

Although the greatest number of businesses and stores were located on Main Street, the entire area functioned as a business district. The physicians that moved away from Main Street did not move far. Most of the streets they moved to were still within the business district, many of which intersected with Main Street. One may believe that these may have been economically motivated since Main Street was the busiest location for business and perhaps they were not able to afford such prime real estate. However, city directories show that most of the moves correlated with the physician’s residential status. When they lived on Main Street, most of these physicians were boarders who shared houses or apartments with other Middletown residents. Once they moved to another location, though, they were no longer listed as boarders but as the main occupants of houses. Additionally, on other streets, which were not as densely packed as Main Street was, they were able to treat patients

\textsuperscript{204} Francis J. Calef worked from 115 William Street from 1882 to 1884. In 1894, he is listed as working from 171 Broad Street where he remained for the rest of the century. He was a member of the State Medical Society and listed his office hours as “1 to 3, 6 to 8 p.m. Special appointments 9 to 11 a.m. Telephone call 35-5” (Middletown City Directory 1882-1900).
\textsuperscript{205} Daniel A. Cleveland (sometimes spelled “Cleaveland”) was a physician who operated between 1871 and 1895. He started at 22 Court Street (misprinted as “24 Court Street” in 1872). In 1874, he moved his office to 53 Broad Street. He was noted as a member of the State Medical Society and in 1874, he was first listed as both a physician and surgeon (Middletown City Directory 1871-1895).
\textsuperscript{206} Frank B. Look was a physician who operated at 53 Broad Street from 1886 through 1895. He was a member of the State Medical Society (Middletown City Directory 1886-1895).
\textsuperscript{207} Edward Morgan worked from 34 Broad Street in 1885 (Middletown City Directory 1885).
\textsuperscript{208} Ely Morgan worked as a physician from 1895 to 1897 at 53 Rapello Avenue (Misprinted as “58 Rapello Avenue” in 1895) (Middletown City Directory 1895-1897).
\textsuperscript{209} Sydney Morgan practiced in 1897 from 53 Rapello Avenue (Middletown City Directory 1897).
\textsuperscript{210} Elisha B. Nye practiced in Middletown from 39 William Street continuously between 1868 and 1888 (Middletown City Directory 1868-1888).
\textsuperscript{211} Taylor worked as a physician for one year in 1888 from 62 Washington Street (1888).
in larger rooms of their houses instead of sharing rented office spaces as they had before. This also allowed them to reach potential patients who lived further to the west of Main Street, who may not have wanted to travel all the way downtown to seek a physician.

Between 1890 and 1900, there were 26 orthodox physicians practicing on or around Main Street. 15 of these had been practicing in the preceding decades, but 11 of them began their practices in the last ten years of the 19th century, including, Frank Coudert,212 Roger C. Downey,213 John Koplitz,214 John Loveland,215 David Maitland,216 Kate Campbell Mead,217 Ely Morgan,218 Sydney E. Morgan,219 George Rouse,220 William H. Wilson,221 and Charles B. Young.222

The other group of professional physicians practiced alternative medicine. In the early 1830s there were three non-regular, or alternative medical sects—

212 Frank E. Coudert worked in Middletown as a physician between 1895 and 1899 from 149 Main Street. He was a member of the State Medical Society and held office hours “from 8 to 9 a.m., 1 to 2 and 7 to 8 p.m.” (Middletown City Directory 1895-1899).
213 Roger C. Downey practiced from Main Street, from 581 Main in 1896 and 534 Main in 1899. He was a member of the State Medical Society (Middletown City Directory 1896-1900).
214 John Koplitz began practicing in Middletown in 1894 from 531 Main Street. In 1897, he briefly worked from 195 Court Street, but moved back to Main near Elm Street in 1899. In 1896, he is listed as a member of the State Medical Society but is not any other year (Middletown City Directory 1894-1900).
215 John E. Loveland began working as a physician at 109 Broad Street 1894. He was a member of the State Medical Society (Middletown City Directory 1894-1900).
216 David L. Maitland was a member of the State Medical Society who worked from 220 Main Street between 1896 and 1899. In 1900 he moved his practice to 48 Broad Street (Middletown City Directory 1896-1900).
217 Mrs. Kate Campbell Mead was a physician who worked from Broad Street. She first worked from 99 Broad Street then in 1899, moved a few buildings down to 165 Broad Street. She was a registered member of the State Medical Society (Middletown City Directory 1894-1900).
218 Ely Morgan worked as a physician from 1895 to 1897 at 53 Rapello Avenue. (Misprinted as “58 Rapello Avenue” in 1895) (Middletown City Directory 1895-1897).
219 Sidney E. Morgan practiced in 1897 from 53 Rapello Avenue (Middletown City Directory 1897).
220 George E. Rouse was a physician who worked from 188 Court Street in 1894 (Middletown City Directory 1894).
221 William H. Wilson was a member of the State Medical Society who worked between 1896 and 1897 from 118 Broad Street (Middletown City Directory 1896-1897).
222 Charles B. Young was a physician who first began working in 1900 from 36 Pleasant Street (Middletown City Directory 1900).
The Thomsonians, who advocated an every-man-his-own-physician ideology and the administration of a few easily gathered herbs; the Botanics, who also championed herbal medicines but trained physicians to identify and administer a far wider variety of them; and the Hydropaths, who claimed to restore health by administering water in various ways at various temperatures. (Mohr 2013:13).

However, by 1861, two other medical groups emerged as the most influential alternatives to orthodox medicine: the Homeopaths and the Eclectics (Mohr 2013:13). In Middletown, alternative medicines came in these two forms.

There were three eclectic physicians practicing between 1868 and 1900: Leonard Bailey, C. C. Clark, and Noah Cressy. Physicians who practiced eclectic medicine were, as their name implied, open to many types of treatments, save one: any and all therapies that produced results, something that starkly contrasted the orthodox regime (Salmon 1984). Instead they promoted botanical remedies and forbade the use of mineral or chemical concoctions that orthodox physicians or

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223 Leonard Bailey enjoyed the longest career as an eclectic during this period, practicing for more than 30 years. He is listed in every city directory between 1868 and 1900, so presumably he was practicing before and/or after as well. He began his practice on Main Street at 254. In 1874 he moved his residence and practice to Court Street where he remained for the rest of the century. In 1872, he is listed at 252 Main Street, which may have been a misprint of where he is listed in all other pre-1874 city directories at 254 Main Street (Middletown City Directory 1868-1900).

224 C. C. Clark was another of the eclectics who also operated his business on Main Street at office number 85, “over Smith’s drug Store”. He also doubled as a druggist, being listed as such in the 1870 directory. He had been a surgeon for the U.S. Army and practiced eclectic medicine in Middletown from 1870 to 1875. (The Constitution 4 October 1872:2; Middletown City Directory 1870-1875).

225 Noah Cressy practiced as an eclectic until 1872 from his office and residence at 161 Main Street. In 1870 he was listed at 164 Main Street, 1871, he was listed at 163 Main Street and in 1872 he was listed at 165 Main Street. I believe these were entry errors as it is difficult to imagine him moving so close in such a short amount of time. In 1868, he advertised his business to the public seeking new patients. “Dr. N. Cressy, Office 161 Main Street, Middletown, Conn. Office Hours, 8 to 10 A.M., 1 to 3, and 7 to 9, P.M. Middletown, Oct. 6th 1868” (The Constitution 14 October 1868:2; Middletown City Directory 1868-1872).
proprietary medicines manufacturers used (Waters 2000:34-36). The Eclectic movement was founded by a Connecticut man by the name of Wooster Beach around the 1820s (Haller 1993:26-29). He and his followers were influenced by botanists and natural remedies and spread their teaching through a number of eclectic schools and textbooks like Beach’s “The American Practice of Medicine” (1833). This book was the first material medica for eclectic medicine and included detailed discussion of the uses of hundreds of botanical medicines. Though eclectic movement was not as popular relative to other kinds of doctoring at the time like orthodox medicine to homeopathy, it had many followers nationally in the 19th century and variations still exist in the present day (Mohr 2013:14).

Homeopathy was the other branch of alternative medicine in Middletown in the late 19th century. As briefly outlined in Chapter Two, homeopathy emerged in America as a separate school of medical practitioners in the 1820s and gained popularity in response to the harsh treatments of the heroics. The first school for homeopathy in America was established in 1835 and by 1844, the American Institute of Homeopathy, the first national medical association in the United States appeared, preceding the AMA by three years. Homeopaths were similar to the eclectics in many ways, but differed in that along with botanical remedies, they also used small doses of mercury or arsenic. Homeopaths’ therapies were based on a theory that “like cures like”—administering substances to sick people that would evoke symptoms similar to what they were experiencing in a person who was well.226

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226 Mohr states, “Hot peppers, for example, might be used against fever” because both induce sweating (Mohr 2013:13).
In the late 1860s to 1870s there were five Middletown physicians who practiced homeopathy, including men such as William Bell, Julius Gnadinger, Frank Maine, John Sawyer, and E.A. Towne. In the 1880s to 1890s that number increased with a total of seven practicing, six of whom had begun their practice in those two decades: A.S. Osborne, Frederick H. Sage, Florence M. Taft, Louise A. Griffin, Elizabeth M. Lawrence, and J.H. McDougall.

227 William C. Bell was a homeopathic physician who operated from 106 Main Street until 1876. The next year, he moved to 117 Main Street, where he stayed until he stopped practicing in 1891 (189 Main post 1890) (Middletown City Directory 1868-1891).
228 Julius Gnadinger was a homeopathic physician who operated from 303 Main Street, at the corner of Ferry (Middletown City Directory 1875-1877).
229 Frank D. Maine operated for one year from 175 Main Street, in an office that was located upstairs “in the Roberts House” in 1872 (The Constitution 7 October 1872:3; Middletown City Directory 1872).
230 John M. Sawyer was a homeopathic physician who began operating in 1871 from a location on Pearl Street near Spring Street where he also resided. In 1874 he moved his home and practice to a location on Staddle Hill in Middletown where he practiced for three years until 1877 (Middletown City Directory 1871-1874).
231 E. A. Towne was a homeopathic physician and surgeon. His office at 73 Main Street: was “two doors north of Mansion House” The Constitution stated he “may be consulted at any hour of the day or night when not engaged in making professional calls. Middletown. May 16, 1870” (The Constitution 13 July 1870:3).
232 A. S. Osborne was a homeopathic physician who first began practicing from a location on Main Street. In 1874, he began boarding and working from 98 Main Street until he moved to an office at 106 Main Street in 1876. He moved his office again in 1880 to 73 College Street where he stayed until he finished his career in 1891. He lived a short distance away at 169 College Street. He was a member of the Connecticut Homeopathic Medical Society and held office hours “until 9 a.m., 1 to 2 and 7 to 8 p.m.” (Middletown City Directory 1888). In 1874, he placed an ad in Middletown’s The Constitution publicizing his services as a homeopathic physician and surgeon. It also included that he would be “associated with Dr. W. C. Bell in practice with a separate office No. 98 Main Street” (The Constitution 8 April 1874:3; Middletown City Directory 1882-1891).
233 Frederick H. Sage was a homeopathic physician who operated his practice from 20 Main Street (later 43 in 1890 and 64 Main Street 1891-1900). He was a member of the Connecticut Homeopathic Medical Society and began working in 1885 and continued into the 20th century (Middletown City Directory 1885-1900).
234 Florence Taft was a homeopathic physician who operated between 1887 and 1890. In 1887, she started working from 62 College Street. In 1888 she moved to a location a few buildings over to 80 College Street, where she remained until 1890. In 1890, her address at 80 College changed to 198 College. In the personal (non-business) section of the directory, her address is misprinted as 193 College. Middletown City Directory 1890. In the same year of her move, the directories began printing if a physician was affiliated with any national medical organizations and Florence Taft was noted as a registered member of the Connecticut Homeopathic Society, implying that she was fully credentialed and recognized in that community.
235 The year after Florence Taft ended her practice, Louise A. Griffin took over her homeopathic practice, operating from the Taft’s old location on College Street (numbered 198 College post-1890) where she stayed working into the 20th century. She practiced homeopathy and was registered as a Member of the Connecticut Homeopathic Medical Society (Middletown City Directory 1891-1900).
However, homeopathy stood out in Middletown for the number of female practitioners operating in the later part of the 19th century. In general, the practice of homeopathy was popular among women in the 19th century. The American Institute of Homeopathy estimated that in 1869, about two-thirds of homeopathic patients were female (Whorton 2002). However, women were not just limited to the role of patients and a large number became practitioners. In 1848, the first women’s medical college in the world was created in America as the Homeopathic Boston Female Medical College (Abrams 1985:100). Through homeopathy, Florence M. Taft became the first female medical professional in Middletown. By 1894, there were three more female physicians working in Middletown. Two of which, Louise A. Griffin and Elizabeth M. Lawrence, who were registered members of the Connecticut State Homeopathic Society. The national organizations of homeopaths began to admit women much earlier than orthodox medicines did, beginning in 1873, as opposed to the AMA which did not start inviting women until 1915 (Abrams 1985:101).

In Connecticut, however, it seems that women were invited into the state’s orthodox medicine society at least two decades before that. Kate Campbell Meade

236Elizabeth M. Lawrence was another member of the Connecticut Homeopathic Society who practiced from 292 William Street for three years between 1894 and 1897 (Middletown City Directory 1894-1897).
237J. H. McDougal was a homeopathic physician who worked from 169 College Street. He was registered as a member of the Connecticut Homeopathic Medical Society. In 1900 he moved to 124 Broad Street (Middletown City Directory 1894-1900).
238In 1852 it became the New England Female Medical College. In 1873 it merged with Boston University, which was also a homeopathic college (Abrams 1985:100).
239The year after Florence Taft ended her practice, Louise A. Griffin took over her homeopathic practice, operating from the Taft’s old location on College Street (numbered 198 College post-1890) where she stayed working into the 20th century. She practiced homeopathy and was registered as a Member of the Connecticut Homeopathic Medical Society (Middletown City Directory 1891-1900).
240Elizabeth M. Lawrence was another member of the Connecticut Homeopathic Society who practiced from 292 William Street for three years between 1894 and 1897 (Middletown City Directory 1894-1897).
was the third female physician practicing in Middletown in the last part of the 19th century. She was a member of the State Medical Society and worked as an orthodox physician from 1894 throughout the rest of the century.

The number of both orthodox and alternative medical practitioners provided Middletown residents with options when it came to whom they chose to consult and treat their illnesses. Middletown exemplifies the national trajectory of medical thought in terms of practicing medicine, as the number of alternative medicine physicians was greatly overshadowed by the number of regular orthodox physicians. This fit with the broader national dialogue at the time. In over a century of shifting natures in medical thought and practice, the second half of the century, specifically 1870 through 1900 proved to be the most dynamically progressive. The Civil War (1861-1865) identified many flaws and inconsistencies in the practice of medical science, showing there were no standard with which treatments were administered and no uniform methodologies backing them. With the close of the war, physicians backing the AMA pushed for professional status and standardization by turning to legal reforms that would only allow physicians trained in science to practice (Cassedy 1991; King 1991; Mohr 2013:20).
Druggists occupied the other formal category of healthcare operating in Middletown during the later part of the 19th century. Products like drugs and medicines that were mass-produced and sold as cure-alls in stores and shops across America largely influenced healthcare at this time. This harkened an era of patent and proprietary medicines and most of America became addicted, both figuratively and literally, to the cures manufacturers offered. Advertising facilitated this rise in popularity spreading the benefits of thousands of these mass-produced miracle drugs.

As Chapter Six demonstrates, Middletown residents consumed the content of these advertisements through newspapers and other print media. These medicines, with their questionable content and grand claims, had been around since before the 19th century. But by 1868, the traveling medicine hawks of the earlier part of the
century, who had roved between towns and peddled their snake oils and nostrums, were becoming obsolete and were being displaced by the readily available supply of proprietary medicines sold in stores. Druggists rose as the primary distributors of these goods to the public, keeping aisles stocked with the colorful bottles and boxes.

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<td>1900</td>
<td>Woodward, Charles</td>
<td>1868</td>
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Between 1868 and 1900 there were over 27 druggists in Middletown, all operating around the Main Street area. In Middletown, there were 14 druggists practicing in the late 1860s and 1870s: Flavel N. Bliss, William E. Burr, C.C.

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241 Flavel Bliss lived at 55 Union and operated his drugstore from 76 Church Street. In 1868 and 1869 he partnered with Robert Mathison and moved their store to 76 Church Street. However, in the next year, Bliss ended his partnership with Mathison and instead entered into one with Leon Vinal in 1871, becoming Bliss & Vinal. They moved to a store located at 154 Main Street where John R. Pitt Jr. worked for a year with them, as well. Bliss left Middletown after 1874 but reappears in 1902 as a druggist operating in Greenwich, Connecticut (Middletown City Directory 1868-1874; Greenwich City Directory 1902).

242 In 1868 and 1869 William E. Burr lived and worked at 83 Main Street. Though not listed as a 'druggist', his occupation is described as dealing in “drugs and chemicals” (Middletown City Directory 1868-1869).
Clark,243 Christopher Collins,244 Robert Mathison,245 Addison McKee,246 George Miller,247 Charles A. Pelton,248 John R. Pitt,249 Gardiner Smith,250 David C. Tyler,251 Leon C. Vinal,252 Charles Woodward,253 and Henry Woodward.254

243 C.C. Clark was an eclectic physician who also worked as a druggist from 85 Main Street in 1870 (Middletown 1870). It is assumed that he used different materials in his medicines, however, his was affiliated with the eclectics, who only used botanical remedies.

244 Christopher Collins was a druggist who lived at the corner of Broad and College Street until 1868. In 1869, he moved to 81 College Street (pre-1890 address). Along with his business partner, Charles A. Pelton, Collins & Pelton ran a drugstore from 52 Main Street until the early 1870s, when Collins presumably retired. For about ten years in the city directories, he is listed with no occupation. In the 1880 census, he is described as a retired merchant. However, in 1881 through 1890, he worked as a banker at the Western Loan Agency from an office on Main Street (135 Main pre-1890; 228 post-1890). In 1890, when the rest of Middletown’s street addresses changed, his house on 81 College was renumbered 251 College. In 1891, his widow, Susan, is listed as living at 201 College, where she remained for the rest of the century. (It is impossible to know if Susan moved in 1891, the year after her husband’s death, to 201 College or if it was the same residence that was either misprinted in 1889 as 251 instead of 201 or was just changed from 251 to 201) (Middletown City Directory 1868-1890).

245 Mathison worked as Flavel N. Bliss’ partner in 1868 and 1869 but their partnership was dissolved in 1870 (The Constitution 13 July 1870:3; Middletown City Directory 1868-1869).

246 Between 1872 and 1876, Addison G. McKee (1843), a New Yorker, worked as a drug clerk for C. A. Pelton. During that time, McKee moved many times, boarding for short spurts at various addresses. He lived at 34 Court Street in 1872, 40 Crescent Street in 1874, 38 College Street in 1875, 76 Court Street in 1880, 68 College Street in 1888, and 150 Broad Street in 1890. The 1880 census lists a 37-year-old McKee lived with his wife, Kate (30, white, female, 1870). After the four years he worked as a clerk, in 1877 he began advertising as a druggist. From 1877 to 1899, he worked from the same store on Main Street (154 Main pre-1890; 264 post-1890). After 1900, he no longer appears in the druggist section of the business directory, but by his personal entry, there is a parenthetical that states “McKee Medicine Co.” In the 1900 census, additionally, his occupation is summed up as “Mfg Cough Medicine” (Census 1900).

247 In 1878 and 1879 a druggist by the name of George Miller was advertising in Middletown. He had been working as a drug clerk for some time and was a boarder at Dr. John Morgan’s house and physician’s office in 1872. In 1874-1877, he continued as a clerk and lived at 1 Liberty Street. When he became a druggist in 1878, he lived and operated his business at 85 Main Street (Middletown City Directory 1874-1879).

248 Charles Pelton, Collins’ old partner, continued in the druggist business on his own after the partnership between Collins & Pelton dissolved. He still operated from the Collins & Pelton storefront at 52 Main Street (which became 88 Main Street in 1890). In 1871, he moved residences from 62 College to a house at 6 Pearl Street (later 20 Pearl street after 1890). He continued as druggist and proprietor of this shop throughout the rest of the century. After Pelton died in the 1900s, his business changed hands multiple times and moved locations over the 20th century but lasted until around 2009 after a larger national pharmacy company bought it out.

249 John Pitt worked as a druggist from 1870 into the 1900s. He was partnered with Flavel N. Bliss for a bit in 1870 at a store located at 154 Main (pre-1890) and he lived at 24 William Street. He left Pitt in 1872 to work on his own at 220 Main and lived at 214 Main.

250 Gardiner B Smith was a druggist who worked from 1870 to 1877 at 85 Main Street. In 1870 he was 26 years old and in the census he is listed as living with his father, Henry B. Smith (66, male, white 1870) and his sister, Maria L. (20, female, white, 1870). In 1871, they moved from 91 Williams to 34 Crescent. He is of no relation to the Smiths that lived on the Triangle.

251 In 1872, D. C. Tyler was the main druggist at McDonough House, 151 Main Street. In 1890, the address of McDonough House changes to 257 Main, but Tyler continues as the druggist/ apothecary for the remainder of the century. Until 1875, he both worked and boarded at McDonough House, but by
In the 1880s, there were eight druggists operating in Middletown, three of which had begun working in those years: Archie M. Campbell, John T. Madison, and John T. Wall. By the 1890s to 1900, there was a total of 15 druggists and drugstores working in Middletown, eight of whom started their businesses within

1887, he moved to Crescent Street (56 Crescent pre-1890, 79 Crescent post-1890). In addition to being McDonough House’s druggist, in 1890, he also began working at John T. Madison’s drugstore at 454 Main (previously 264 Main). Since 1887, John T. Madison had worked from that location with F. Dickerson as the manager. Madison ceases to appear in the directories after 1890, when he presumably dies. In 1891, however, Dickerson (also listed: F. Dickson in 1890, and F. W. Dickinson in 1891) is still listed as manager for what continued to be called “The Madison Drug Store” at 450 Main Street. It is difficult to determine if the location of the store changed or if it was merely a misprint in 1890 when it changed numbers, as it is only in 1890 when the address is “454 Main”. In all other years, it is “450 Main”. The latter is more likely. The next year, in 1892, the 450 Main Street drugstore was no longer called “Madison’s Drug Store”, but was taken over by McNulty and Murphy. In that same year, Tyler, while still working at McDonough House, stopped working at what was previously Madison’s Drug Store and worked exclusively as the proprietor at the McDonough House store. In 1895, the McDonough House Drug Store officially began advertising as “Tyler’s Drug Store”. In 1896 Tyler is listed as working at a 257 and 259 Main Street address, though both are named “Tyler’s Drug Store”. Perhaps, in that year, 257 Main Street used to refer to McDonough House and the drug store bottom floor was given another number of 259. He continued to operate this store through the close of the century.

Leon Vinal was the main proprietor at 154 Main Street between 1872 and 1876.

In 1868, Henry Woodward was working as a druggist from 124 Main Street. His older brother Charles also worked as a drug clerk from this store. In the 1870 census, Henry’s personal estate was estimated to be $10000. From before 1868 to 1872, Woodward lived at 66 Court Street with his mother, Ellen (65, f, 1870), sister Eliza (39, f, white, 1870) and his brother, Charles (36, m, white, 1870). Between 1873 and 1874, Charles and the rest of their family moved to live at 87 College where Henry joined them in 1875. Henry continued to reside on College (address 124 pre-1890 and 217 post-1890) with his family until 1894 when they moved to 121 Broad Street, where he lived throughout the rest of the century. His business also consistently operated from a store on Main Street (124 Main pre-1890 and 206 Main post-1890), opposite the Court House. Woodward is listed as a druggist and an apothecary throughout that time and offering both wholesale and retail products. By the 1900s Woodward was still living at 121 Broad Street with his siblings, Charles and Eliza, as well as, Mary Murphy, a 39-year-old servant who had immigrated from Ireland, and Mary Flynn, a 48 year old woman who was born in Connecticut to Irish immigrant parents.

See Henry Woodward note.

In 1884, Archie M. Campbell is noted as a druggist living at 24 Union but there is not mention of him in the business directory section of the volume. The 1880 census notes that at 18, Archie (white, male, 18, 1880) worked in a lock shop.

See note about D.C. Tyler and McDonough House.

John T. Wall was a druggist who was in business from 1880 to 1899. His store was located at 248 Main Street, which changed to 414 Main Street in 1890. In 1880, John was 26 and lived on Court Street with his Irish parents, Thomas (65, white, male, 1880) and Margaret (60, white, female, 1880), and his siblings, Margaret (27, white, female, 1880), Kate (23, white, female), and Nellie (21, white, female, 1880). In 1881, the family moves to 5 Elm Street (3 Elm in 1890). John died in 1899 but his sisters, Kate and Nellie, continued to live at the Elm Street residence into the 20th century.
those years: the Bergquist Bros,\textsuperscript{258} William Brainerd,\textsuperscript{259} Buell and Blatchley,\textsuperscript{260} Randolph Mathewson,\textsuperscript{261} Edward McNulty,\textsuperscript{262} John J. Murphy,\textsuperscript{263} John H. Nolan,\textsuperscript{264} and Howard Parker.\textsuperscript{265}

\textbf{Figure 31} Period of time each druggist was in operating in Middletown.

\textsuperscript{258} Bergquist Bros Drugstore opened in 1898 at 588 Main Street. John Bergquist resided in New Britain with his brother, Sven. They were in business into the 1900s.
\textsuperscript{259} Brainerd worked from 380 Main Street as an apothecary between 1894 and 1895.
\textsuperscript{260} Buell and Blatchley worked from 246 Main Street as partners between 1894 and 1900.
\textsuperscript{261} Mathewson worked as a druggist on Main from 1894 to the end of the century.
\textsuperscript{262} McNulty & Murphy, the druggists who took over Madison's Drug Store in 1892 were partners at 450 Main Street. In 1893 John J Murphy was a boarder at 76 Ferry Street and moved to 167 Liberty in 1894. In 1893, Edward McNulty lived at 539 High Street and moved to board at 91 Grand in 1895. In 1897, however, Edward McNulty is listed at the business alone. He continued the business throughout the close of the century and into the 1900s.
\textsuperscript{263} See above McNulty footnote.
\textsuperscript{264} John F. Nolan began operating from 414 Main Street in 1900.
\textsuperscript{265} Howard Parker worked for a year at 380 Main Street in 1897.
Many of these worked at partnership stores like the Bergquist Bros, Bliss and Pitt, Bliss and Vinal, Buell & Blatchley, Collins and Pelton, and McNulty and Murphy. As evidenced with Bliss, these partnerships shifted between druggists, usually when one member left the business. Advertisements in the local papers would announce the forming or dismantling of these partnerships:

Middletown June 1st, 1870. The firm of Mathison & Bliss was this day dissolved by mutual consent. Bills to the 1st of April may be paid to either member of the firm. R. Mathison or F. N. Bliss. The undersigned have this day formed a co-partnership under the name of Bliss & Pitt, as successors to Mathison and Bliss, at 154 Main Street, to carry on the Drug Business. The patronage of our friends and the public generally is solicited. Respectfully, F. N. R. Pitt Jr.  

Despite the popularity of cure-all medicines, which largely defined this era, druggists did not simply function as merchants of proprietary medicines. They were practical chemists who mixed substances and made their own compounds. Many of them trained in the back rooms of drugstores as apprentices, like George Miller or Addison McGee, and worked as drug clerks at those locations before becoming druggists themselves. These druggists and apothecaries also filled prescriptions written by local physicians. Although, the ingredients in those were largely the

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266 The Constitution 13 July 1870:3.
267 Henry D. Ferree (1872), William Guy (1872), Frank Harris (1871-1874), Charles Leonard (1874), Joel O. Loomis (1871), Burt S. Rogers (1871), and William Upson (1872), F. W. Dickinson (1874-1875) are just a few of the drug clerks that worked at the other druggist’s shops.
268 The Middlesex County Historical society has three volumes of written prescription notes by Middletown physicians that were filled by an unknown druggist or apothecary. This study does not include
same substances in the national mass-produced medicines, druggists had a working knowledge of chemistry that allowed them to have more of a controlled handle on quantities and ratios. Their knowledge of chemistry complimented their business endeavors, as well. They are able to expand from medicine mixing into paint mixing, which required a similar understanding of chemical substances. In the last part of the century, this scientific chemical understanding became a necessity as medical practice progressed towards becoming a regulated and standardized field.

By the close of the 19th century, physicians were not the only group of medical authorities that began to professionalize, as druggists were pushed to meet the new standards as well. Professionalization of the druggist’s occupation seemed to be derived from the parallel professionalization of pharmacy and doctoring and simultaneous downfall of proprietary medicines from the push towards regulated products and drug content. More frequently near the close of the century, druggists emerged who advertised the “pureness” of their trade, in contrast to those who had sold out to the retail market. Before, druggists had functioned as a mix of apothecary, pharmacist, businessman and merchant, but by the close of the century, the fields of medicine became specialized and distinct categories. By taking strides toward what would become the modern pharmacist, some druggists opted to no longer sell anything that was not related to medicine or drugs that they mixed and compounded themselves, including the paints that had been such a defining part of their business before, for example, advertised:

any of that material, but one thing to note is that many of the physician prescription notes included a reference to a suggested pharmacists or druggist to go to for the drugs, implying some sort of relationship or business transaction existed between them. Future research should focus on those volumes.
Everyone knows where Pitt's Pharmacy is and the reason is that my stock is the best and freshest the market can furnish as I buy in small quantities and often. That is the reason why all doctors are willing to have their prescriptions compounded here. This is a strictly First Class Prescription Store. Paints, Oils, and confectionery have no place in our store. By the way have you heard of Daniel's Pile Cure. If not, come in and we can tell you about it. It is the best on the market and warranted to cure

Respectfully, John R. Pitt. (The Penny Press 2 April 1900:5)

However, as this advertisement displays, the line between prescription medicines and proprietary medicines was still blurred. Pitt’s ironic claim advertising that his pharmacy was a “First Class Prescription Store,” is contrasted with a continued use of the rhetoric of the “cure” by offering Daniel's Pile Cure, a proprietary medicine.

**Discussion**

As the late 19th century was historically known to be a period of many shifts in medial perceptions, this study will help to elucidate what types of professional medicine perceptions and treatments were available to community members. The types of physicians available in this part of the century help to demonstrate the variety in medical perceptions. The presence of the two most popular types of alternative medicine implied that a number of Middletown’s residents had shifted away from the harsh heroic treatments offered by orthodox physicians in the early part of the century. They were presented with new approaches to healthcare and treatments through these physicians, which they were more receptive to. Historically,
these alternative physicians were no more effective in treating illnesses than the heroics had been. More often than not, their treatments produced no effects other than the placebo. However, no effects were usually better than negative effects.

The orthodox physicians cannot be merely written off as a contrast to the alternatives. Many of the local practicing orthodox physicians had departed from the heroic practices and were instrumental in bringing about the change that medicine underwent at the turn of the century. These practitioners were the ones who advocated for a medical practice that was founded in scientific thought and methodology. In this way, these orthodox physicians can be credited with bringing on the foundations for modern medicine and medical practice.

Figure 32 Advertisement of "Pure Drugs & Medicines" as well as "Patent and Proprietary Goods" from "Henry Woodward's Column" of *The Constitution* (4 October 1874).

Druggists occupied an even more complex field of medicine. Druggists and apothecaries, as they were synonymously referred to in Middletown, were not defined solely by medicine manufacture but rather existed on a spectrum between pharmacist and retailer. They were simultaneously the makers of medicine, merchants of national proprietary medicines, and merchants of non-medicines. These medicine men had a
great wealth of knowledge and skill, having the ability to understand both business management and chemical manufacture.

When proprietary medicines peaked around the 1860s to 1880s, many druggists in Middletown primarily advertised themselves as sellers of those national, mass-produced pills and potions. However, by the last decade of the 19th century, more frequently, they would emphasize their skill in making prescription drugs with the purest of contents. This later transition matched the shift in medical perceptions with pushed standardized healthcare practice based in science and regulated medicinal content.

This archaeological assemblage depicts this transitional period, as well as the range in ability typical of druggists in the late part of the 19th century. At 21 Vine Street, the presence of proprietary medicine bottles alongside prescription medicine bottles and pharmaceutical production materials represent a period in the late 19th century when druggists were both medicine manufactures and merchants of proprietary medicines and other goods.

A study of what those products were and how they were advertised will elaborate on the role of druggists and medical professionals through the types of goods and services they offered. Further, advertisements will provide insight into if and how medical perceptions were physically manifested in the archaeological assemblage.
Chapter Six: Middletown’s Historical Newspaper Advertisements

By the late 19th century, almost all of Middletown’s medical professionals were using newspapers to advertise their goods and services. These goods included both medicines made in their stores and medicines from national proprietary brands. Analysis of these advertisements explores the role of druggists as medical professionals in Middletown between 1868 and 1900. Advertisements allow us to make connections between druggists and the materials related to healthcare that were found at 21 Vine Street. Through this analysis, it becomes clear that druggists were associated with a variety of products: although they were professionals in chemically compounding medicines, they also sold proprietary drugs. Analysis of these advertisements also helps to animate understandings of artifacts within the assemblage. The ways in which these products were marketed provides an understanding of how Middletown residents perceived and practiced healthcare.

In the late 19th century, medicine was no longer solely a business between medical professionals and their patients. Through proprietary medicines and their subsequent marketing, medicine itself became a business—and a successful one at that. Because of the lack of regulation on the medicine and drug making business, the 1850s through 1900 was a time when “shrewd opportunists took advantage of the lack of federal drug control,” resulting in a peak era for fraud and the misrepresentation of products and their advertising (Fike 1987:3).
A declining trust in the heroics and their harsh treatments helped facilitate the rise in alternative healthcare and proprietary medicines. As discussed in Chapter Two, the heroic regime consisted of extreme treatments that aimed to address illnesses by inducing effects: purging, bleeding, and excreting to rid the body of its maladies. The ineffectiveness of those treatments prompted the public to look for cures elsewhere, preferably in a more pleasant, or at least, palatable, form. Proprietary drugs seemed to offer this, as they emphasized the mild nature of drugs to contrast the harshness of mercury and other such agents previously used by orthodox physicians (Helfand 1987).

Another factor contributing to the rise in proprietary medicine was the fact that most of the American population did not have the economic means needed to seek help from a physician or to receive specialized treatments (Young 1961). Most of the residents of Middletown, especially on the Beman Triangle, were of the poor working class. Most had jobs as unskilled laborers, working at factories or the docks during Middletown’s boom of industry. They lived in multi-family homes, and most moved from house to house as impermanent boarders. Multiple studies have focused on health in industrializing urban areas, especially for African American or immigrant communities (Larsen 1993; Brighton 2008; Linn 2008; etc.). All of these studies state that the massive influx of working class people led to overpopulation and insufficient living conditions. This, in addition to a poor understanding of sanitation and germs (as Pasteur’s germ theory was not introduced until 1861), led to multiple outbreaks of disease and sweeping numbers of the sick and ailing.
The promise of a cure-all, miracle drug that was pleasant to the taste, effective for multiple ailments, and readily available for purchase, seemed too good to be true—and more often than not, it was. By the late 1850s, over 1,500 “proclaimed-to-cure” patents were issued in the United States (Rosenberg 2007:89), with thousands more that never received patents. The category of mass-produced medicines came to cover an infinite amount of concoctions, each claiming to cure a wide array of illnesses.

National markets for proprietary medicine began in the 1830s when transportation of medicines as well as ideas about healthcare were easier to circulate across the country (Helfand 1987). Young (1961) notes “the great expansion of the press between the day of Jefferson and that of Lincoln from some 200 to 400 papers is both an evidence and a cause of the nostrum boom that accompanied it” (Young 1961:39). Because of this, a mutual dependency developed between medicines and the press: medicines needed the papers to spread word of their cures and newspapers relied on their advertising as a source of income. With the rise of literacy rates among Americans, print advertisements of these miracle drugs became unavoidable.

Much like the drugs themselves, print advertising was largely unregulated and advertisements often used hyperbolic language promising to cure an array of unrelated illnesses often with a single product (Lears 1995; Young 1972). Repetitive advertising was the most utilized strategy for marketing medicines. Within a single issue of The Constitution, for example, Ayer’s Preparations could appear as many as five times on a single page. Within the ads themselves, manufacturers utilized extravagant phrases or catchy imagery to attract the attention of the public. Many of
the advertisements used a rhetoric that positioned products as a substitute for professional medical care. In Middletown this proved to be especially true, as druggists’ advertisements positioned medicines as wonder cures, listing illnesses, diseases, and symptoms in extended article-like advertisements, beginning and ending with a certain medicine or miracle drug that would cure. Advertising created brand and name awareness and enticed the public to buy the products or elicit their services, using extravagant claims to do so (Rosenberg 2007:14).

Newspapers profited from these advertisements, charging both local and national companies for space in their columns. In Middletown’s Constitution, a four-page weekly newspaper, more than half of the content consisted of advertisements related to drugs. In 1870, for example, each issue contained at least 45 advertisements for drugs, druggists, physicians, and cures, a trend that was prominent for most papers across the country (Young 1961).

To understand medicine in the last half of the 19th century, it is difficult, if not impossible to separate proprietary medicines from the way they were advertised. A study of the local health history of Middletown’s residents at this time, therefore, necessitates a survey of these advertisements in order to understand proprietary medicines and what products were available for the populace. More importantly, advertisements provide a glimpse into perceptions of medicine in the later 19th century, when proprietary medicines reigned. It is important to note, however, that these are the words of business people who were operating and contending with other companies within a lucrative economy of retail medicine. Despite that, they are

the words, images, and ideas that these residents were presented with and consumed. As such, this section will identify types and trends of drug related advertisements, using Middletown newspapers between the years 1868 and 1900.²⁷⁰

“I was cured…and you will be too!”

Testimonials and enthusiastic reassurances were some of the most apparent devices used by proprietary medicine manufacturers in the late 19th century. Consumers of these products wanted assurance that the product would do what it claimed. There were many ways in which manufacturers attempted to reassure the public of their products’ usefulness. These ranged from humorous “photographs” depicting “before and after” treatments (Figure 33), to product names, such as Wishart’s Reliable Cure for Dyspepsia²⁷¹ or Dr. Sweet’s Infallible Liniment.²⁷² These emphasized that with one product, a sure and speedy cure was attainable.

![Before and after photograph](image)

**Figure 33** Before and after "photograph" for Hall's Vegetable Sicilian Hair Renewer (19 January 1879:2).

²⁷⁰ See technical notes and methodology section for more detail on newspapers and databasing.
Simply stating that something would provide a cure was not enough and to reassure potential customers, manufactures would devote columns in newspapers to reiterate assurances. One of the most frequent and effective ways of doing so was through claims of authority and accounts of “tired and true” experiences written in product testimonials.

Personal testimonials gained authority by claiming that average citizens had used products with extraordinary results. These emphasized that I had this illness and I was cured by doing this and that, therefore I can tell you how to do the same. If a cure worked for an ordinary citizen, someone who Middletown and Beman Triangle residents could identify with, it seemed indisputable that the cure would work for them as well.

Advertisers used physicians and medical professionals as another way to claim authority and reassure audiences. Helfand (1987) states “although [testimonials] could come from anyone, those most preferred were signed by well-known physicians whose imprimatur was certain to be reflected in increased sales” (Helfand 1987:37).

Edward Dixon, M.D., for example provided the following testimonial:

“Edward H Dixon, M.D. Mrs. Dr. Lozier, Dean of the Faculty of the New York Medical College and Hospital for Women and Children, writes: It gives me great pleasure to add my testimony to the healing properties of the Missisquoi Spring Water. I have at present about thirty patients using it. Three well-defined cases of uterine Cancer have been cured by it… As yet I have never prescribed the Missisquoi
Spring Water without good effects resulting from it." C. S. Lorie, M. D., 361 West- fourth-street, New York.  

Many of the advertisers would appropriate medical language in “medical advice” columns to “diagnose” the public and “prescribe” proprietary remedies to them. Advertisements demonstrate that the populace still generally viewed physicians as authorities, in some way, and many of the testimonials used physicians’ reviews or the title of “doctor” to bring credence to a medicine. Newspapers also contained advertisements publicizing when local physicians were available for appointments or were hosting a lecture or event. Many of these advertisements were for popular, out of town doctors who had gained a sort of celebrity status and would go on “tours” from town to town, giving consultations along the way. In this way, physicians were still viewed with respect in the field, even when the drugs they offered were not the primary or preferred treatments of the time.

Yet, while proprietary medicine makers appropriated the authority of the physicians, many used the weaknesses of orthodox medicine as a way to gain their own prestige. Many would claim that their remedies had the ability to “cure cases given up by physicians.” Some would even advise readers to “Avoid Quacks!,” as the author had been a “victim of early indiscretion” after seeking such a practitioner. Instead of professional practitioners, advertisers touted products as the surest way to a cure.

273 The Constitution 8 July 1874:2.
274 The Constitution 13 July 1870:2.
276 The Constitution 12 October 1871:3.
“Cures All Ailments—Guaranteed!”

The era of proprietary medicines seemed to be the era of the “cure.” Whereas the heroics were associated with treatments and physicians offered prescriptions, proprietary medicines claimed to cure. Throughout this thesis and in almost all works by previous scholars, these medicines are described as “cure-alls.” Advertising most clearly demonstrated why, as they would claim products could “cure all humors; from the worst scrofula to a common blotch, pimple, or eruption,”\textsuperscript{277} or “has cured, does cure, and will cure”\textsuperscript{278} any other variety of ailments.

Gile’s Liniment of Iodide of Ammonia, one such cure-all, was found within the archaeological assemblage at 21 Vine Street. This was advertised in Middletown for sale by Henry Woodward who proclaimed it to be “one of the greatest discoveries of the period for rheumatic, neuralgia, sore throat, paralysis, rheumatism, pains of all kinds--cure guaranteed.”\textsuperscript{279}

Companies would guarantee cures and instill so much confidence in their products, that if their medicine did not work, they would offer a “$500 reward for an incurable case. No cure, no charge, a reality.”\textsuperscript{280} With those promises and that kind of reassurance, the concept of a cure sold, and Middletown residents were ready to buy—usually for 25 cents a box,\textsuperscript{281} 50 cents a jar,\textsuperscript{282} or $1 a bottle.\textsuperscript{283}

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{277} \textit{The Constitution} 10 April 1872:4.
\item \textsuperscript{278} \textit{The Constitution} 9 October 1872:3.
\item \textsuperscript{279} \textit{The Constitution} 21 October 1874:4.
\item \textsuperscript{280} \textit{The Constitution} 14 January 1874:4.
\item \textsuperscript{281} \textit{The Constitution} 9 October 1872:3.
\item \textsuperscript{282} \textit{The Constitution} 10 January 1872:3.
\item \textsuperscript{283} \textit{The Constitution} 8 April 1868:2.
\end{itemize}
\end{footnotesize}
Many of these cure-all advertisements would emphasize one disease or symptom in particular, either in the product’s name or as the targeted ailment. Multiple diseases meant multiple drugs, which led consumers to buy multiple products. More often than not, these contained the same ingredients as the other drugs, but manufacturers were able to increase their profitability by offering “specialized” medicines.

Pain killing medicines were one such specialized product and made up a large number of the advertisements concerning health. An advertisement for Wolcott’s Pain Paint began with “Kill the demon of Pain” and was said to treat not only
external ailments, but colds and catarrhs as well. Renne’s Pain Killing Magic Oil claimed to do the same, treating “headache, toothache, chilblains, ague in the face and jaws, lame shoulders, rheumatism, bruises, cramps, croup, sore throat, or any pains of this nature.” Pain remedies tended to come in the form of pills or salves but frequently, they appeared in the form of a liquid that was usually full of opiates or alcohols.

Within the assemblage from 21 Vine, many of the bottle fragments were from seltzers. Seltzers and curative waters constituted a fairly large number of the medicines that were advertised in Middletown’s newspapers. Much like Linn (2008) claims, residents used seltzers as a cheap and readily available means to healthcare. Tarrant’s was one of the largest names in seltzer during this time (Figure 35). Their

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284 The Constitution 14 October 1868:2.
Seltzer Aperient was said to have no equal among medicines and they asserted seltzer was used by “rational people as a means of relieving all derangements of the stomach, liver and intestines, because it removes obstructions without pain and imparts vigor to the organs which it purifies and regulates.”285 Other medicinal waters and springs claimed to impart remarkable cures for restoring health, cleansing blood, and curing cancer.286 Pelton and Woodward, of Middletown, advertised for decades that they carried products like “Congress Water, boxes of the Excelsior Spring Water, Vermont Spring Water,”287 and more, always in constant stock.

The emerald “Congress Spring Co.” bottles of mineral waters, like the ones found behind 21 Vine Street, were billed as therapeutic, purifying, and soothing in consumption (Fike 1987:243). The products became so popular nationally, that the hue of the emerald bottles became known as “Congress green,” after both their place of origin and their contents (Lindsey 2015). Collins and Pelton advertised these extensively:

Congress water, fresh from the empire spring, Saratoga. 25 dozen quarts and pints of this sparkling water just received. The proprietors take the water in a tubing fifty-six feet from the surface of their spring direct into bottles, thus they obtain the water in its greatest purity and excellence, and with it a large amount of carbonic acid gas, hence its superiorities over all other water in the market. For sale by Collins & Pelton, Druggists. (The Constitution 8 January 1868:4).

285 The Constitution 9 October 1872:3.
Seltzers and congress waters were some of the most frequently advertised products. Unlike many of the other proprietary medicines, these did not contain any harsh or alcoholic contents. However, their use as cures and healing beverages were questionable, as the contents were carbonated water and minerals. Much of their supposed success rested in the placebo, believing that these liquids had healing properties received from the natural environment.

![Advertisement for "Hartshorn's Bitters" in The Constitution (10 April 1872:3).](image)

**Figure 36** Advertisement for "Hartshorn's Bitters" in *The Constitution* (10 April 1872:3).

Bitters bottles were also found within the assemblage from 21 Vine Street. In advertisements, these medicines were promoted as useful in most cases of stomach or digestive irritation. Dr. Langley’s Root and Herb Bitters was intended first to treat
liver complaints, but emphasized its ability to cure dyspepsia.\footnote{Hartshorn Bitters claimed the same and offered, “If it does not relieve every bilious dyspeptic symptom, the cost shall be refunded.”\footnote{The amber “log cabin” shaped bottle from context 1004 2/A at 21 Vine Street, was advertised that it “acts as a specific treatment in every species of disorder, which undermines the bodily strength and breaks down the spirits” (Figure 36).\footnote{Figure 37 Advertisement for Drake’s "Plantation Bitters" from The Constitution (14 April 1870:3).}} The amber “log cabin” shaped bottle from context 1004 2/A at 21 Vine Street, was advertised that it “acts as a specific treatment in every species of disorder, which undermines the bodily strength and breaks down the spirits” (Figure 36).\footnote{Figure 37 Advertisement for Drake’s "Plantation Bitters" from The Constitution (14 April 1870:3).}

However, many of these bitters, like Drake’s Plantation Bitters, contained extremely high amounts of alcohol, steeped with herbs to impart a medical quality (Young 1961:126). These drinks, advertised as medicines and not beverages, did not necessarily cure of the patient’s complaints but rather, with the use of alcohol, would suppress debility or nervousness for periods of time (Figure 37). Because these would eventually return, customers would become trapped in cycles of consumption,
using the product over and over as the effects were suppressed then seemed to reemerge. Young (1961) posits that the rise in popularity of bitters owed much to the temperance movement, which emerged around the same time. Bitters were able to pass as “medicinal” during a time when opponents to alcohol deemed it immoral and pushed to make it illegal (Young 1961:131).

**Discussion**

The era of patent medicines became an era of self-medicating, as cures were stocked and ready for purchase and individuals could administer any medicine at any dose and at any time. However, this cannot be considered self-sufficient healthcare. Proprietary medicines and their successful advertising projected ideas of healthcare and medical practice that the public accepted by the bottle or the box, seeking the cure-all miracle drug.

Although many of the advertisements included the address of the manufacturer or distribution center, many also listed local druggists or apothecaries who would be proprietors and sellers of these goods. In the early part of the century, snake-oil salesmen went door to door pushing their goods onto individuals at their residences (Heetderks 2002). However, by the late 19th century, these peddlers became obsolete as druggists would keep their shelves stocked with the colorful bottles and labels of proprietary drugs. Druggists, historically, were known to offer a larger variety of goods in addition to the medicines, and within the same advertisements for pills and potions, were paints, hairdressings, cigars, and other confectionary supplies.
Figure 38 Advertisements for paints, oils, and varnishes from "Henry Woodward's Column" in *The Constitution* (13 April 1870:4).

However, as the 19th century approached its end, the medicines and their content were brought into question. While advertisements continued to be printed and published using hyperbolic language, the medicines they advertised were dealt a fatal blow with the onslaught of regulations, solidified in 1906 with the Pure Food and Drug Act, which controlled the movement of medicine across state lines (Rosenberg 2007:107) and required them to be accurately labeled, including the list of ingredients. Around this time, many of the druggists stopped selling or advertising as purveyors of proprietary medicines or paints, and rather veered into the population of pharmacists who claimed to compound only the purest of drugs.
Conclusion

Archaeological excavations at the Beman Triangle in Middletown Connecticut sought to further understandings about what life was like for the community members in the 19th century. However, excavations in backyard trash pits, Unit 2 and Unit 10, uncovered extremely high amounts of glasswares related to healthcare and pharmaceutical production, including 41 (MNI) medicinal bottles291 (both prescription and proprietary), and 105 (MNI) chemistry activity glasswares292 (like tubes, pipettes, flasks, beakers, syringes, stirring rods, etc.). These made up the overwhelming majority of the content of the units’ fill, with very low frequencies of domestic or personal objects that are more typical of domestic sites. Until these archaeological materials were found, there was no indication that this house or any on the Beman Triangle had any associations to healthcare or medicine in this part of the century. As such, using this archaeological assemblage as a foundation, this study has intended to gain a better understanding of medicine in Middletown in the late 19th century by identifying what medical resources were available and how those shaped perceptions of health.

Nationally, medical theories and methodologies underwent many shifts over the course of the 19th century. In Middletown, two main types of medical authorities occupied the field of healthcare: physicians and druggists. Between 1868 and 1900, there were 58 physicians in total, including practitioners in both orthodox and alternative medicine. These 42 orthodox physicians were descendants of the heroic

291 7 whole and 265 fragments of medicine bottles.
292 1 whole and 1,536 fragments of chemical materials.
regime of the early part of the century. By the late 19th century, however, many of these physicians no longer practiced the harsh treatments and instead were credited for bringing about the push towards science-based medicine, standards on education and training, and regulations on medical production (King 1991).

There were 14 physicians who practiced alternative medicine in Middletown between 1868 and 1900, mostly clustered around Main Street. Their practices and perceptions on medicine emerged in response to the heroic regimes earlier in the century. The two most popular groups nationally were also the only two types of alternative medicine styles practiced in Middletown in this period: homeopathy and eclecticism (Wrobel 1987). The 11 homeopaths and three eclectics in Middletown offered milder treatments than their orthodox counterparts and used mostly botanical ingredients in their medicines.

However, the 1850s through 1900 was the era of patent and proprietary medicine in America, which offered different access to healthcare. Advertisements promoted these mass-produced medicines as “cure-alls” and miracle drugs and perceptions on medicine changed as the public trusted products rather than practitioners to handle their health. Advertising, especially in newspapers, facilitated the boom in their popularity, using iconic imagery to capture their audience’s attention and persuasive rhetoric and testimonials to gain their audience’s trust. In Middletown, advertisements took up more than half of the content in the Constitution’s weekly issues, making these products and their promises impossible to ignore.
Druggists occupied Middletown’s other group of medical professionals. Between 1868 and 1900, there were 27 druggists operating drugstores. Most of these druggists owned shops that were in the downtown business district of the city. During this part of the century, druggists were both medicine makers and merchants. Because of this, they offered both prescription medicines, which they compounded locally, and proprietary cure-alls, which they kept in stock from national manufacturers. Their knowledge of chemistry also allowed them to expand their business into the paint mixing business. Increasingly, their knowledge of chemistry and science regarding medical practice was necessary, as the turn of the century caused another shift in medicine, leading to standardizations in practice and regulations on pharmaceutical production.

Considering this, the materials excavated from the backyard units of 21 Vine Street, Units 2 and 10, clearly represent a druggist or apothecary’s assemblage in the last few decades of the 19th century. The presence of proprietary medicine bottles, prescription medicine bottles, glasswares related to chemistry activity and pharmaceutical production, and iron paint cans and buckets, are all indicative of druggists as opposed to other medical practitioners operating in Middletown.

Multiple studies in historical archaeology have investigated healthcare practices at sites of historical marginalization (racially, nationally, and socioeconomically) in the later part of the 19th century. Many of these sites argue that the presence of medicinal bottles are evidence of healthcare practice and medical treatments in response to discrimination based on social factors that usually limited access to resources like healthcare.
Five Points in New York, a late 19\textsuperscript{th} century Irish immigrant community, has been a site of multiple studies concerning healthcare. Linn (2008) and Brighton (2008) interpret medicine bottles, namely seltzer bottles, as self-medicating through proprietary medicine because of limited access to more formal healthcare practices.

Cabak et al.’s (1995) study of the A.M.E. Church in Bloomington Illinois presented another site related to healthcare. The great number of prescription bottles compared to proprietary bottles at the site was argued to imply that healthcare was administered by a trained physician and that more scientific medical practices took place at the church. Similarly, Landon and Bulger’s (2013) study of Boston’s African Meetinghouse interpreted large numbers of beverage and pharmaceutical bottles to mean that these were “professionally prepared medicines from apothecary shops and doctors, with little evidence of the many alcohol and opiate-filled patent medicines common in the late 19\textsuperscript{th} century” (Landon and Bulger 2013:129).

These interpretations are insightful for this study, but analysis of the assemblage from 21 Vine Street in Middletown departs from those interpretations. The presence of pharmaceutical production materials, tubes, vials, beakers, flasks, etc., in such great quantities within the trash pit fill of 21 Vine, clearly shows that these were materials related to a professional and occupational medicinal authority. This is so far unique in historical archaeology. The presence of these materials at a domestic site complicates interpretations as all of the known druggists were operating near Middletown’s Main Street.

As previously discussed, the known medical professionals were all operating in Middletown’s business district, located over a mile away from the Beman Triangle.
Residents of the Beman Triangle had historically been connected to the A.M.E. Zion Church and throughout the century, as census records and city directories have demonstrated, the community continued to be predominantly an African American neighborhood. Near the close of the century, this began to change, as a few working class European immigrants became boarders. Between 1880 and 1900, the residents of 21 Vine Street, where the materials related to pharmaceutical production were found, were Irish immigrants, Patrick and Bridget Sullivan, African Americans, Arthur and Michael Sullivan, William Murray, and the Bengtson family, who had immigrated from Sweden. However, because the inherent flaws in the historical documents, there could have been many more unnamed residents occupying the site at the time.

None of the aforementioned residents of the neighborhood were explicitly related to healthcare or pharmaceutical production, but rather were all lower socioeconomic, working class residents. Because the assemblage cannot be unequivocally connected to any of these residents, it seems more likely that the assemblage was connected to a known or operating druggist who would have had access to the glassware manufacturing companies that made the chemical production materials. Additionally, the high quantities of these chemistry activity glasswares and ferrous paint buckets suggest a much larger scale production and distribution operation and not simply materials of at-home self-medication. In this way, I am arguing that these materials were connected to one of the known operating and advertising druggists in Middletown between 1880 and 1900. Although there is the possibility that the site was used as a place of manufacture and distribution, what is
more likely is that it was simply a place to store materials and was connected to a druggist operating on or near Main Street.

However, this druggist was not solely responsible for these materials. Their presence at the Triangle indicates that there was some connection between a Beman Triangle resident and a professional druggist, particularly because the druggist’s wares were mixed with domestic materials. Because it is spatially within the community, and somehow associated to 21 Vine Street in the last few decades of the 1800s, community members likely came into contact with the person who owned them or with the materials themselves.

The inventory of Beman Triangle residents demonstrates the presence of nuanced relationships between other Triangle residents, as well as, between the Triangle and Middletown, at large. Since none of the operating druggists or physicians working in Middletown at the time were known residents or owners of the property, one possibility is that there were undocumented relationships and networks connecting one or many of the residence’s occupants and a druggist who was operating at the time. It is clear from this account that this neighborhood was by no means solely a domestic space but rather, interacted with larger economies within the community and city. Many residences doubled as places of businesses for many of the occupants, such as Leverett’s shoemaking business at 130 Cross, Mary Dingle’s dressmaking business at 170 Cross, or George Oliver Smith’s ice cream business at 10 Knowles. This causes us to reevaluate aspects of the home-space as the private domain. Instead, the archaeological and archival records demonstrate that the Triangle was also a place of public interaction.
Additionally, this account proves that the Beman Triangle and its residents were not completely marginalized from Middletown society because there are clear connections between residents and professionals working in downtown Middletown. Christopher Collins, one of Middletown’s physicians in the 1870s, owned property on the Triangle. Although it is unlikely that he ever lived there and the materials post-date any occupation he would have had, it shows that there were connections between residents and Middletown’s medicine professionals. Similarly, George Oliver Smith, another Triangle resident, had a business relationship with some of the town’s known druggists, Henry Woodward and Charles Pelton, selling his ice cream in their drugstores. Because these social ties exist between Triangle residents and other Middletown residents, there remains the possibility that the residents living in 21 Vine Street during the late 19th century were also connected to one of Middletown’s medical professionals.

Perhaps the fact that the residents were predominantly African American or European immigrants and socioeconomically of a lower working class are in and of itself the reason why there is no documentation explicitly connecting residents to a medical production economy. At this time, the field of medicine was professionalizing which implied stronger regulations on who was allowed to be involved in the process of production and what type of person you had to be. This may not have stemmed exclusively from a racial or national discrimination, but one based on formal and recognized professionalism and authority. All of the drugstores had drug clerks, managers, and apprentices working in the shops; however, only a few are listed during the early 1870s. This may be linked to who was considered “of
note” for these businesses, using ownership of the business or level of education as a way to determine who was considered a professional. In the later part of the century, physicians and druggists were increasingly required to obtain certain levels of schooling or else be considered unfit to practice. In this way, medically untrained laborers living on the Beman Triangle would not have been able to explicitly be connected with that business.

In addition to this site’s importance for local history, it also contributes to academic conversations within the field of historical archaeology concerning healthcare in the 19th century. For almost all of the comparable studies, namely Linn (2008), Cabak et al. (1995), Landon and Bulger (2013), and Larsen (1993), a major point of analysis is a comparison of the ratio of prescription bottles to proprietary bottles, determining then that the greater number of prescription bottles implies that consumers were seeking more professional healthcare treatments. However, my research has shown that binary is not necessarily true and rather a comparative approach to prescription and proprietary medicine bottles fosters a false dichotomy concerning medicine production at this part of the century.

As the assemblage dates to the last decades in the 19th century, this was still a few years shy of the onslaught of legal and professional regulations. During this time, the boundaries between prescription and proprietary medicine were blurred: many proprietary medicines were produced by druggists who had a working knowledge of chemistry and prescription medicines were filled with many highly toxic mineral and chemical compounds obtained from the same source.
Most analyses from comparable archaeological sites have only considered medical science from two healthcare practitioners: the physicians, represented as the prescription bottles; and the nostrums or “quacks,” represented by the proprietary bottles. However, this analysis lacks another vital role within late 19th century medical practice: the druggist. The assemblage from the Beman Triangle at 21 Vine Street included all materials typical of a druggist’s assemblage from the late 19th century. As discussed throughout this study, the druggist was a dynamic character who functioned in a variety of ways, ranging from medical authority to merchant. Druggists do not fit neatly into either side of the prescription versus proprietary division because they were producers, purveyors, and promoters of both. Other studies (Larsen 1993; Cabak et al. 1995; Linn 2008; Landon and Bulger 2013) imply that prescription medicines signal the consultation of a medical professional, usually a physician, and proprietary medicines were bought elsewhere, usually from a nostrum peddler. However, my research on druggists has shown that customers were able to obtain prescription and proprietary medicines from the same source, indicating the presence of both professional and non-professional healthcare practices.

What this study emphasizes is that these materials from 21 Vine Street on the Beman Triangle in Middletown, Connecticut, exemplify a druggist’s assemblage in the late 19th century. Analysis of archival and archaeological record makes clear is that the national and broad historical trends and transitions in medical perceptions and practices were at play in Middletown and affected the residents of the city and the Triangle community. A wide array of healthcare options was available for residents,
including, orthodox physicians, practitioners of alternative medicine, druggists and apothecaries, and national proprietary medicines.

It is important to understand that the transitions in medical thought and healthcare practice did not happen in segmented successive steps. Like all change, rather, these occurred as a series of small and overlapping transitions, emerging at different times in different places and in variety of ways. For these materials behind 21 Vine Street, then, it is imperative to recognize that these exemplify a specific instance in the shifting nature of healthcare perceptions and medical practices in the late 19th century.
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