

A portrait of the colonial physician. Bell WJ Jr. PMID: [PubMed - indexed for MEDLINE] Publication Types: Physicians/history United States.*

Benjamin Rush painted by Charles Willson Peale , Rush was a leading proponent of heroic medicine. He firmly believed in such practices as bloodletting patients [35] a practice now known to be generally harmful but at the time was common practice , as well as purges using calomel and other toxic substances. I have bled twice in many, and in one acute case four times, with the happiest effect. I consider intrepidity in the use of the lancet , at present, to be necessary, as it is in the use of mercury and jalap , in this insidious and ferocious disease. Even Rush acknowledged the failure of two treatments, sweats in vinegar-wrapped blankets accompanied by mercury rubs, and cold baths. In reviewing the case of Henry Moss, a slave who lost his dark skin color probably through vitiligo , Rush characterized being black as a hereditary and curable skin disease. Rush wrote that "Whites should not tyrannize over [blacks], for their disease should entitle them to a double portion of humanity. He wanted to find out why Native Americans were susceptible to certain illnesses and whether they suffered from higher mortality rates as compared to other people. Other questions that he raised was whether or not they dreamed more or if their hair turned gray as they got older. His fascination with these people came from his interest in the theory that social scientists can better study the history of their own civilization by studying cultures in earlier states of development, "primitive men". In his autobiography he writes "From a review of the three different species of settlers, it appears that there are certain regular stages which mark the progress from the savage to civilized life. The first settler is nearly related to an Indian in his manners. In the second, the Indian manners are more diluted. It is in the third species only that we behold civilization completed. It is to the third species of settlers only that it is proper to apply the term of farmers. While we record the vices of the first and second settlers, it is but just to mention their virtues likewise. Their mutual wants produce mutual dependence; hence they are kind and friendly to each other. Their solitary situation makes visitors agreeable to them; hence they are hospitable to stranger. Thomas and Andrews, Library Company of Philadelphia Rush published one of the first descriptions and treatments for psychiatric disorders in American medicine, Medical Inquiries and Observations, Upon the Diseases of the Mind In these cases I have succeeded, by sprinkling a few grains of calomel daily upon a piece of bread, and afterwards spreading over it, a thin covering of butter. For this reason, some aspects of his approach could be seen as similar to Moral Therapy , which would soon rise to prominence in at least the wealthier institutions of Europe and the United States. It has been remarked that the maniacs of the male sex in all hospitals, who assist in cutting wood, making fires, and digging in a garden, and the females who are employed in washing, ironing, and scrubbing floors, often recover, while persons, whose rank exempts them from performing such services, languish away their lives within the walls of the hospital. Furthermore, Rush was one of the first people to describe Savant Syndrome. In , he described the abilities of Thomas Fuller , an enslaved African who was a lightning calculator. His observation would later be described in other individuals by notable scientists like John Langdon Down. He developed the conception of alcoholism as a form of medical disease and proposed that alcoholics should be weaned from their addiction via less potent substances. He is quoted to have said "Terror acts powerfully upon the body, through the medium of the mind, and should be employed in the cure of madness. The choice of Rush for the seal reflects his place in history. By these practices were considered erroneous and abandoned. Rush, however, was the first American to study mental disorder in a systematic manner, and he is considered the father of American Psychiatry. His students included Valentine Seaman , who mapped yellow fever mortality patterns in New York and introduced the smallpox vaccine to the United States in Cartwright , later a Confederate States of America surgeon charged with improving sanitary conditions in the camps around Vicksburg, Mississippi , and Port Hudson, Louisiana. Ever the controversialist, Rush became involved in internal disputes over the revised Book of Common Prayer and the splitting of the Episcopal Church from the Church of England, as well as dabbled with Presbyterianism, Methodism which split from Anglicanism in those years , and Unitarianism. Without this there can be no

virtue, and without virtue there can be no liberty, and liberty is the object and life of all republican governments. From that time on I have never doubted upon the subject of the salvation of all men. His wife, Julia Rush, thought her husband like Martin Luther for his ardent passions, fearless attacks on old prejudices, and quick tongue against perceived enemies. In his autobiography, Allen wrote: By this time we had waited on Dr. Robert Ralston, and told them of our distressing situation. We considered it a blessing that the Lord had put it into our hearts to wait upon They pitied our situation, and subscribed largely towards the church, and were very friendly towards us and advised us how to go on. Rush did much for us in public by his influence. I hope the name of Dr. Benjamin Rush and Mr. Robert Ralston will never be forgotten among us. They were the two first gentlemen who espoused the cause of the oppressed and aided us in building the house of the Lord for the poor Africans to worship in. Here was the beginning and rise of the first African church in America. She died before their scheduled wedding. They had 13 children, 9 of whom survived their first year: Richard later became a member of the cabinets of James Madison and James Monroe. In , Rush helped reconcile the friendship of Jefferson and Adams by encouraging the two former presidents to resume writing to each other. At the site, a small plaque honoring Benjamin Rush has been placed. However, the box marker is next to the plaque on the right, with inscriptions on the top.

Chapter 2 : List of works by Joseph Blackburn - Wikipedia

The Indonesian medical profession in the Dutch East Indies actively participated in political affairs by joining and leading nationalist associations, by publishing in newspapers and magazines, and by becoming members of city councils and the colonial parliament.

Breaking the Colonial Hypnosis: This week, we are pleased to bring you an extended essay by the author himself. Nurturing Indonesia will be launched at the University of Sydney on Thursday 27 September , followed by a Betawi dance performance and refreshments. Physicians working in the colonies first looked after the health of soldiers, who were necessary to maintain colonial rule. After that, they treated high colonial administrators and, if time permitted, traders and other Europeans. After the turn of the twentieth century, these physicians also looked after the health of indigenous plantation workersâ€™ after the colonial economy started to emphasise plantations rather than trade, the health of the colonised became an important factor in generating European profits. Colonial medicine consistently followed the monetary and political interests of the colonisers. Cambridge University Press, In my book, Nurturing Indonesia , I present a different perspective on the role of medicine in the colonies. I analyse how medicine inspired anti-colonial sentiment, how it was useful articulating political arguments, and how it accelerated decolonisation. I investigate the ideas and activities of Indonesian physicians in the Dutch East Indies, many of whom were actively involved in the Indonesian nationalist movement. They were initially motivated by the discrimination they experienced within the colonial medical service. In a fascinating twist, their training in medical science helped them to interpret and articulate their discontent politically. After the s or so , political ideas were increasingly phrased using organicist, anatomical, and evolutionary metaphors in diagnosing the ills of the social body. Social Darwinism was applied to both Western and colonial societies. The diagnoses and cures they proposed varied, but their political engagement remained consistent throughout the colonial period. The microscope assisted students to develop a new perspective on health and disease: Microscopy practicum at Batavia Medical School, Image collection of the author. Budi Utomo is well known as the first nationalist association in the archipelago. The Museum of National Awakening in Jakarta. They incorporated both in their clothing. This photo was taken in Almost all youth organisations Young Java, Young Sumatra, Young Minahasa, Young Maluku , which were founded in the s, were founded and led by medical students. These organisations brought Indonesian students together to discuss politics, and engage in social and cultural activities. In the s they established boy scouts and girl guides groups to prepare cadres for the future independent nation. Notice the student on the front row demonstratively holding up the periodical of Young Java. Several Indonesian physicians became well-known because of their political engagement. Physician, journalist, and physician Abdul Rivai argued that Indonesians would only be able to survive in the struggle for existence if they could benefit from the fruits of science, medicine, and technology through modern education. The Association of Indies Physiciansâ€™the place where Indonesian physicians expressed their discontent about remuneration and career prospectsâ€™became a group where political ideas were discussed. In the late s, Abdul Rasjid, physician, parliamentarian, and president of this association, formulated the principles of his medical nationalism, which led to an unprecedented level of activity among Indonesian physicians. According to him, physicians were natural leaders within the organic communities of the archipelago. Its anonymous author s criticised a reactionary lecture given by P. Travaglino, the superintendent of the mental hospital near Surabaya, to a conservative political group. Not surprisingly, primitive natives had primitive minds, and probably, primitive brains. According to Travaglino, the colonial administration should take this basic insight into account in its benevolent rule. For example, repressive measures were necessary to prevent opportunistic agitators gaining influence over the unwashed masses. Such agitators should be imprisoned or interned to ensure that the masses remained happy, peaceful, and industrious. To their dismay, a very similar lecture was held in The Hague for the august Indies Association Indisch Genootschap â€™a progressive colonial think tank guided by the principles of the Ethical Policyâ€™by a second colonial psychiatrist a few months later. Theories of what is normal, acceptable, and preferred are necessarily coloured by social, cultural, and political ideas. I had found

two colonial psychiatrists who explicitly expressed opinions about these matters in medical and psychiatric terms. According to the advocates of the Ethical Policy, the prominent Dutch colonial ideology from until the early s, Dutch and Indonesian minds were essentially alike. It was due to unfavourable circumstances only that Indonesian minds lagged behind. While Dutch minds inhabited the modern present, Indonesian minds were still stuck in the Middle Ages. However, Ethicists believed that with education, irrigation, medicine, and technological innovation, Indonesians would eventually catch up with Dutch assistance. The moment this would happen was always just around the corner, and it always stayed that way. In the s, however, conservative and even reactionary ideas became dominant among Dutch colonialists. Most of them came to believe that European and Indonesian minds were inherently different. This was part of a wider distancing of Dutch achievements from Indies cultures which were now characterised as pre-modern and pre-logical , communities ruled by customary rather than rational law , and economies see, for example, J. These views inspired a range of colonial policies. Colonial life was best organised according to the principles of association a euphemism for apartheid: It was best not to interfere in indigenous life, although it was still considered acceptable to force Indonesians to work on plantations and in mines at starvation wages. After finding the presentations by two colonial psychiatrists and critiques of their ideas, I located an obscure pamphlet entitled Writ of Defence. Its authors systematically and humorously destroyed the views of both colonial psychiatrists. The pamphlet was published by the Netherlands Branch of the Association of Indies Physicians in . Several of them were members of the increasingly radical Indonesian student association Perhimpunan Indonesia Indonesian Association. The main author was psychiatrist J. He knew both colonial psychiatrists well: The second author was Mohamad Amir, a Theosophist with strong interests in spiritualism and politics. He had been chairman of the student association Young Sumatra and continued to be its main ideologue. He quit the Perhimpunan Indonesia under duress after the Dutch Theosophists threatened to discontinue his stipend. Sukiman probably participated in writing the pamphlet as well, as did Sitanala, Sardjito, Sjaaf, and Kaligis all physicians. Indonesian nationalists, in particular the physicians among them, reacted vocally to the views of the two colonial psychiatrists. At the same time, the Indies Society Indische Vereeniging a club established in by Indonesians studying in the Netherlands to organise lectures, outings, and social events was becoming a radical and outspoken anti-colonialist political group named Perhimpunan Indonesia. In , when Sutomo became its president, its members became more interested in politics. It was at this crucial moment that the two colonial psychiatrists presented their political views. The opinions of both psychiatrists, and the rebuttals formulated by Indonesian physicians, came to play a crucial role in the radicalisation of this student group. Members of the board of the Perhimpunan Indonesia in Sitting, from left to right, Subardjo, Soekiman Wirjosandjojo president and physician , and Nazir Pamontjak. The ideas of the Perhimpunan Indonesia guided the Indonesian nationalist movement after . The policy of non-cooperation, which it formulated in , became highly influential. It entailed refusing to participate in the quasi-democratic political institutions set up by the Dutch and establishing social institutions to serve the needs of Indonesians. The authors also underscored the psychological damage of colonialism. Mohammad Hatta revisited these arguments frequently in his later writings. In addition to the colonial army, the police force, and the intelligence services, argued the authors of the article, mass suggestion and hypnosis played a central role in maintaining colonial rule: One of those means [to maintain Dutch supremacy] is mass suggestion: No longer, they argued, should Indonesians ask the Dutch for favours, and wait patiently for them to be granted. At this point, it was clear that such favours would only be granted sparingly, if at all. Instead, Indonesians needed to organise themselves to obtain whatever they needed through their own initiative. They needed to establish shops, clinics, schools, banks, and unions by themselves. Only by taking such initiative could Indonesians cure themselves of the inferiority complex that the Dutch colonial powers had bestowed upon them. Non-cooperation was the only way to break the spell of the colonial hypnosis. This is a highly original set of ideas. Although Karl Marx had called religion the opium of the people, he never mentioned mass hypnosis. Nor had progressive Dutch politicians. Dutch physicians had published a few articles about hypnosis in medical journals while hypnotic stage shows were occasionally advertised in newspapers. From to , physician Salomon Koster instructed advance medical students at the University of Amsterdam in the theory and

practice of hypnosis. This provided Indonesian medical students studying in the metropole an opportunity to acquaint themselves with both. I do not know who subsequently applied medical ideas about hypnosis to the analysis of colonial society, but the intense discussions among the members of the Perhimpunan Indonesia provided ample opportunities for intellectual experimentation and creativity. The critique of colonial hypnosis demonstrates that Indonesian nationalists took the medical and psychiatric ideas that justified the repression of the nationalist movement in the colonies and transformed them into arguments for decolonisation. It was a bold and subversive project. Other medical concepts were put to novel use to analyse colonial society as well. For example, Indonesian nationalists subverted ideas about indigenous organic communities by highlighting the damage colonialism had inflicted on them. Ki Hadjar Dewantara who had been a medical student several years earlier, when he was called Suwardi Suryaningrat drew on similar arguments to establish his independent Taman Siswa schools in the s. He became known for his efforts establishing Indonesian schools, clinics, trade unions, shops, and banks. Tjipto Mangunkusumo and Indo-European activist E. Douwes Dekker, who had, in , led the Indies Party with Suwardi Suryaningratâ€”the first political party in the Indies explicitly advocating independenceâ€”founded the General Study Club in Bandung. Its periodical should publish the research conducted by its members to demonstrate that they were in no respect inferior to their Dutch colleagues. His colleagues agreed, and the Association changed accordingly. The political speeches given by the two Dutch colonial psychiatrists had unintended and long-lasting effects, provoking a critique of colonialism and the formulation of the policy of non-cooperation.

Chapter 3 : A portrait of the colonial physician.

Portrait of the colonial physician John Redman, medical preceptor () Philadelphia medical students in Europe, Thomas Parke, physician and friend James Hutchinson (): physician in politics Benjamin Franklin and the practice of medicine James Smith and public encouragement of vaccination Lives in medicine.

August 20, Last week , I summarized the medical issues of a military and political figure in the American colonial period: George Washington. Despite a rapidly expanding urbanization in the American colonies, virtually nothing was known about food, aerosols, close contact, fleas and mosquitoes as the sources of contagion. Without any protective measures or effective treatments, any day could bring a debilitating and often fatal illness to anyone, and sometimes to a whole family. Life in a word was tenuous. We tend to think of medical practice during the 18th century as barbaric, and in a sense it was. It was not because physicians and other healers were reckless; rather they were guided by a time-honored concept of illness that happened to be wrong. It held that an imbalance of body fluids made people sick in various ways; treatment, therefore, meant getting rid of whatever fluid was mischievous. They accomplished this end by causing vomiting, diarrhea, blisters, sweating and the most enduring of all treatments the removal or letting of blood. Childhood We can assume that Washington had the ordinary childhood infections since contact with them throughout his life did not cause an illness. These include mumps and measles, each capable of causing serious complications and, particularly for the later, sometimes death. For these and the other common illnesses of childhood, treatment almost certainly included household remedies. Popular staples of the time were honey and extract from boiled onions. Home grown for medicinal purposes were pepper, sage, horseradish, lavender, dill marjoram and spearmint. Rhubarb made an effective laxative. The well-stocked household medical cabinet also contained more exogenous herbals such as cinnamon, cloves, ginger, and nutmeg. Diphtheria produces a membrane in the pharynx that obstructs breathing. Profound malaise along with damage to the heart and nerves are commonly associated. The death rate from diphtheria is particularly high among children. Here, more aggressive treatment may have been tried, such as ipecac. Ipecac, from the root of an Amazonian plant and given as a syrup, was stronger than rhubarb for inducing vomiting. Certainly malaria, symptoms of headache, general pain, disabling fever and malaise were suffered in the extreme. The severity of symptoms likely brought out more than the usual home remedies and probably included laxatives and emetics to cause vomiting. Salicin, an herbal prototype of aspirin was probably available for easing pain. Obtained from the bark of the willow tree, salicin was used extensively by Native Americans to ease pain, particularly headache. His father died probably from tuberculosis when George was still a boy, and the infection later on proved rife within the family. Red sores become pustules, then scabs, then turned into permanent scars, most on the face. His portraitists would leave the pock marks out. Most likely, Washington was treated with cold compresses, ointments, and laudanum. Laudanum, from the poppy seed of Asia Minor, was an unrefined form of opium, and therefore helpful for the relief of pain. It was shipped worldwide and during the 18th century was an enduring product for any well-stocked medicine cabinet. It was useful not only for pain but also for anxiety, insomnia, and perhaps a flagging well-being. In overdose, however, laudanum could cause drunkenness, difficulty breathing and death. We do not read of addiction being a problem in the same sense that it connotes today. Numerous bouts of pleurisy, bronchitis, and pneumonia continued to dog Washington for the remainder of his life. At least some of these setbacks surely were reactivations of pulmonary tuberculosis. Ipecac, primarily used as an emetic to cause vomiting , was also an expectorant. It is highly likely that Washington took ipecac to promote production of sputum from the lung infection. Otherwise, treatment recommended for tuberculosis was rest and clear air, eventually leading to development of the TB sanatorium in the latter part of the next century. Recovery was full but only after a protracted and sapping illness. In , Washington, now 23 years old, became an aide to the British commander on a march to confront French forces in the Pennsylvania frontier. The diet commonly prescribed for such morbid illnesses consisted of diluted barley water, flaxed tea and watery gruel. The medicine, it turns out contained a phosphate of calcium lime and oxide of antimony. Repeated exposure to antimony, we now know, can cause abdominal

pain, diarrhea, vomiting and intestinal ulcers as well as toxic effects on other organs. Two years later, in 1757, it seemed that dysentery and tuberculosis had recurred and this time simultaneously. Ipecac, by convention, was again recommended to induce vomiting and expectoration. Of course, blood-letting was performed in parallel, inadvertently adding to the problem of malaria-induced anemia and dehydration. On recovering but left Washington weakened from the illnesses as well as from his treatments. He decided to exchange army life for that of his plantation. A Virginia Planter Symptoms of malaria again appeared in 1758. Slowly over a period of about six months, he recovered. At this point, another remedy "calomel" is introduced into the story. It is not known just when and in what quantity Washington took calomel for his many ailments but likely it was common enough and in strong doses. Calomel was probably the most extensively used medicinal of the time, used as a purgative, a diuretic, and an anxiety-allaying agent. Reputedly, calomel scoured the intestine of harmful matter. So extensively used and with such utility, it appears to be the Tylenol, Valium, and Motrin of the day. Side effects with prolonged use caused inflammation of gums, loosening of teeth, various gastrointestinal symptoms, weakened bones and tremors. Commander-in-Chief The eight years of the Revolutionary War sorely tested the mettle of its army commander. Despite his several major illnesses before, General Washington remained in good health throughout the duration of the war. This fact, unquestionably, had a crucial impact on its outcome. His only severe illness was at the terrible deprivations during winter encampment at Morristown, New Jersey in 1778. The illness was enough to weaken him with fever and to doubt his ability to continue his leadership. We can also assume that the troops "including Washington" had some degree of scurvy owing to the scarcity of fresh vegetables, especially during the winter months. During his service as Supreme Commander of the Continental Army, Washington noticed progressively decreasing vision, particularly the ability to read close up. Increasingly stronger reading glasses solved the problem but "at a time" wearing spectacles was considered a rather humiliating admission of a physical deficiency, hardly suitable for an army officer. A toothache in the 18th century was treated with one good yank. Washington was particularly prone to dental decay, losing his first tooth at the age of 22 and subsequently losing about one tooth a year. One gum abscess eroded out through his left cheek, requiring opening and drainage. By the time he turned 50, Washington had only one tooth left. Always self-conscious about his appearance, Washington was keenly aware of his sunken cheeks, hollowed voice, and indistinct speech. Ill-fitting dentures made for him were, it seems, for cosmetic purposes, not for improving chewing or speaking. None, incidentally, were made from wood. The bulging lips and cheeks in the portrait by Gilbert Stuart are likely from cotton padding. She spent five of the wartime years close by. Believing in good diet, rest and avoidance of tobacco and excessive wine, Washington set the example with mixed results for his troops. The major threat to the Continental Army was small pox. Soldiers dying from small pox greatly outnumbered those killed by British gunpowder and bayonets. Indeed, the casualties may have been an early form of germ warfare. Washington suspected that the British covertly distributed blankets "always welcomed by bivouacking soldiers" that were infected. Stringent dictates imposed for prevention of small pox and quarantine of those infected with it did not quell the recurring massive outbreaks. Reluctantly, Washington decided that all troops should receive the current immunization available. The procedure of transferring matter from the pustule of a sick person to a well person usually caused a mild case of small pox, having an inherent mortality of 2 to 5 per cent. Nevertheless, the odds were highly favorable compared to the nearly 50 per cent fatality of contracting the disease directly. A Gentleman Farmer Having retired from public life in 1783, Washington returned to manage his large estate at Mount Vernon. There, he maintained his personal physician, Dr. James Craik, Scotland trained and a Continental Army doctor throughout the war. Examining his now-famous patient, Dr. In 1789, Washington again developed symptoms of malaria. This time he was treated with an effective drug: The bark was obtained from the cinchona plant of Peru and prescribed along with a cathartic. It is noted that Peruvian bark was available for the army during the Revolutionary War but was in extreme short supply, perhaps given only to officers "and not to Washington. Indeed, cinchona bark was widely taken by the general public for any febrile illness, although it is effective only against malaria. By 1796, the symptoms of arthritis had become a problem. Washington found himself unable to raise his arms to his face. One drug available at the time was colchicine that was effective only in acute gouty arthritis, not the likely

cause of his symptoms. Of course, that limitation did not prevent wide-spread use of colchicine for all types of arthritis. Another problem emerged in prominence during this period: If there was a tangible solution to presbyopia, there was none for deafness. By , he was embarrassed from difficulty hearing the spoken word.

Chapter 4 : Benjamin Rush - Wikipedia

No medical school was founded in New Jersey in the colonial period, but New Jersey doctors formed the New Jersey Medical Society in an attempt to professionalize the practice of medicine in the colony.

Gold silk damask likely Chinese; ca. She is interested in trade and craftsmanship under European colonial governance and imitative material practices inspired by encounters with foreign cultures. Painted at the turn of the eighteenth century, that of Isaac de Peyster, the son of an affluent Dutch-American mercantile family, presented both his physical features and a luxurious silk robe patterned with rocks and spindly vegetation. Isaac de Peyster Looking out from within an oval frame, de Peyster appears in the sort of loose-fitting, kimono-like robe commonly referred to as a Japone rok in contemporary Dutch and Dutch colonial inventories. In the Dutch-speaking world, Japone rok eventually became a generic catchall for both genuine Japanese robes, typically made of silk and padded with silk wadding, and their Western imitations. An example of the latter is an early eighteenth-century robe made of a gold silk damask from China and lined with a red silk brocade from Persia. Padded with wool, a material rarely used in Japan, the robe was likely made in Europe, likely in the Netherlands. That each component came from a different place speaks to the extensive reach of Dutch trade as well as demand for European tailors who could make this type of fashionable garment. Michiel van Musscher Rijksmuseum, Amsterdam, on loan from the Koninklijk Oudheidkundig Genootschap. Its status as a luxury item made the Japone rok a popular choice for dress seen in Dutch portraits. For example, Michiel van Musscher painted Johannes Hudde, director of the VOC, burgomaster of Amsterdam, and a respected mathematician, wearing one in Hudde gazes confidently at the viewer, surrounded by exotic objects that recall his various professional duties and skills. A carpet, likely from Kashmir or Lahore, is draped on a desk strewn with papers. A symbol of erudite sophistication in addition to wealth, cosmopolitanism, and global trade, his Japone rok is made of an elaborately-patterned silk. Amsterdam, along with Spitalfields in England, were important centers for their design and creation. Perhaps this gesture encouraged Isaac to commission his own portrait from a colonial artist who drew on conventions of Anglo-Dutch portraiture and looked to Europe for fashion cues, including the silken dressing gown. Taken together, their robes, wigs, and the portraits themselves express their status as respectable, successful men in. Colonel Gerardus Beekman, M. In colonial New York, portraits of men wearing silk Japone rokken emphasized family prestige in addition to affirming their relationships to an international trading empire centered in Amsterdam. Zara Anishanslin has noted that patterned silks like the bizarres were uncommon in colonial portraiture. De Peyster, however, opted for a pattern. In light of this, it is perhaps possible to interpret his portrait as more than a record of momentary fashion or grand display of wealth. Rather, both the portrait and the robe might be seen as a self-conscious performance of Dutch-American identity, legible as markers of power and prosperity in a former Dutch colony. They underscored continued affinity for Dutch antecedents, rather than an abrupt, unthinking, or forced adoption of Anglo-American customs. Portrait of a Man. Oil on wood panel. In this way, the genre of portraiture and the donning of both patterned and unpatterned silk robes continued to connect colonial New Yorkers to trends that communicated a developing American identity whose Dutch roots ran deep. Donning the Japone rok grounded de Peyster and his peers in a specific moment of Dutch-American history. The cut of their robes linked them to Japan and the Dutch international trading empire; their materiality and design connected them to a European textile industry and the height of European fashion; and the style of painting, visually distinct from metropolitan Dutch portraiture, placed them in colonial America. Perhaps unknowingly, Dutch-American elites were in the process of communicating an emerging American identity that linked New York to global trends, marking its inception as an international fashion capital. The culture of luxury in the Golden Age, ed. Yale University Press, Maurice Bloch and Robert L. The Dutch Presence in America, ed. Brill, Yale University Press, 8.

Chapter 5 : Founding Martyr by Christian Di Spigna | calendrierdelascience.com

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Chapter 9 : In Touch with the Dutch, or, Fashioning Colonial New York's Merchant Elite - The Junto

Colonial "physicians" practiced medicine, surgery and apothecary together as needed. As the colonies grew and prospered, some could afford to be trained at the universities abroad and earn their medical degree.