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The Rural Health Physician Narrative: A New Historic Analysis of Appalachian Representation
in Twentieth-Century Rural Physician Narratives

A thesis
presented to
the faculty of the Department of Appalachian Studies
East Tennessee State University

In partial fulfillment
of the requirements for the degree
Master of Arts in Appalachian Studies

by
Ashley Leashea Smith
August 2019

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Keywords: Physician narratives, Appalachian literature, Appalachian stereotypes, rural health

ABSTRACT

The Rural Health Physician Narrative: A New Historic Analysis of Appalachian Representation in Twentieth-Century Rural Physician Narratives

by

Ashley Leashea Smith

The rural health physician narrative is one of the most understudied genres in non-fictional Appalachian literature. Physician narratives are significant in the historical, social, and political contexts of twentieth-century Appalachian representation. These accounts provide insight into the social contexts in which physicians lived as they wrote about healthcare and Appalachian communities. New Historicism is an analytical tool used to better understand the complexity surrounding Appalachian representation, particularly in terms of the politics of representation, gender, and race that influenced these narratives in the twentieth century. I engage in close readings of narratives written by or about rural health physicians who practiced in Appalachian communities during the early and mid-twentieth century. The physicians include Drs. Mary Martin Sloop, Gaine Cannon, A.W. Roberts, and Anne A. Wasson. I provide a nuanced discussion of the emergence and reiteration of Appalachian stereotypes in physician narratives and consider the lessons they provide for current physicians.

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DEDICATION

This thesis is dedicated to the loving memory of my grandfather, Larry Drinnon, and to the memory of my dear friend and mentor, Mark McGinley. Let us always walk the line for our loved ones. May the love we have for them always be.

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CHAPTER 1

INTRODUCTION

Physicians play an important role in U.S. society because they are educated in medicine, health, and caring for others. Education and specialized knowledge put physicians in a position of power inside and outside of the regions in which they practice. Because the medical field is associated with science, individuals often forget that physicians also seek creative means in sharing their stories of medical practice. Doctors often play active roles in portraying the social atmosphere of the communities in which they practice through literary outlets. Health care professionals who have practiced in Appalachia have documented their experiences through unpublished and published narratives. In these accounts, physicians capture the social, historical, and political contexts surrounding Appalachian representation (that is, the ways in which scholarship and media portrays the region) and changes in medical practice. These narratives contribute to the body of literature defined as the rural health physician narrative. Although rural health physicians and narratives about the practice of medicine in rural communities are not unique to Appalachia, the body of non-fictional literature that exists nationally points to its importance.

Despite physicians' significant role in Appalachian representation, the rural health physician narrative is one of the most understudied genres in Appalachian literature. Narratives written by or about rural physicians in the twentieth century are significant in the historical, social, and political contexts in which their narratives are based. In my study, I will apply close readings of Appalachian representation in my chosen narratives. Furthermore, I will apply New Historicism (a critical approach to analyzing fictional and nonfictional literature that emerged in the 1980s out of cultural studies, cultural anthropology, history, and literature) to non-fiction narratives written by or about rural physicians to better understand the historical, social, and political

dynamics in Appalachian representation. However, to sufficiently comprehend social contexts and political dynamics of historical time and place in physician narratives, one must also be familiar with the history of Appalachian representation.

Overcoming Binaries in Discussions of Representation

In his essay “Stereotypes,” David C. Hsiung presents two theories for the emergence of Appalachian stereotypes. Hsiung claims that the most prevalent theory suggests the region’s portrayal in literature by outsiders provides a foundation on which Appalachian stereotypes were formed (103). Henry D. Shapiro provides the foundations for this theory in his 1978 text *Appalachia On Our Mind* in which he argues that portrayals of Appalachia in nineteenth-century and early twentieth-century travel literature and local color¹ pieces distributed to a middle-class readership resulted in distinguishing Appalachia as a place separate from, and at times in opposition to, America (4). Shapiro’s argument, although rooted in reality, depicts representation of the region in a way that makes Appalachia appear to be “a creature of the urban imagination” (Batteau 2). Katherine Ledford, however, contends that Appalachian stereotypes (specifically the hillbilly image)² “predate the appearance of northern journalists in southern Appalachia” (47). According to Ledford, such narratives fall into a general practice of writing about new or unfamiliar landscapes that predates Appalachia or European colonial conquest in America (48). Creating place as William Schumann asserts, is an important human tendency to

¹ For more information on travel literature and local color, consult Kevin E. O’Donnell and Helen Hollingsworth, *Seekers of Scenery: Travel Writing from Southern Appalachia, 1840-1900*. (Knoxville, TN: The University of Tennessee Press, 2004).

² For more information about the development of the hillbilly image see Altina L. Waller, “Feuding in Appalachia: Evolution of a Cultural Stereotype.” *Appalachia in the Making: The Mountain South in the Nineteenth Century*, edited by Mary Beth Pudup, Dwight B. Billings, and Altina L. Waller (Chapel Hill, NC: University of North Carolina Press, 1995) 347-376.

consider in Appalachian studies because the region's "boundaries ... reflect the research objectives, worldviews, and or power positions of the individuals, groups, and institutions making claims about what constitutes the region" (3). These aspects are especially important to consider when analyzing Appalachian representation.

In establishing the complexity of Appalachian representation, scholars must also address Hsiung's second theory about the emergence of Appalachian stereotypes. In his book *Two Worlds in the Tennessee Mountains: Exploring the Origins of Appalachian Stereotypes*, Hsiung argues that residents in specific places, such as East Tennessee towns, who held "greater connections and a broader worldview, described their more inward looking and less connected neighbors in terms of backwardness" (8). According to Hsiung, Mary Noailles Murfree, a popular nineteenth-century local-color author, did not venture into the areas she depicted but "learned about the mountaineers by talking with the residents of the main towns in the larger valleys" (162). Overall, Hsiung argues that the region's "sense of difference" was not solely the fault of travel and local color writers but also the result of how inhabitants within certain parts of Appalachia depicted their neighbors (188). In other words, Hsiung addresses a rural-urban dissonance present in the root of Appalachian stereotypes. Although residents of Appalachian towns cannot be blamed entirely for the distribution of Appalachian stereotypes, Hsiung's argument addresses the complexities present in Appalachian representation.

One theory does not necessarily disprove the other. Researchers must consider not where and when Appalachian stereotypes emerged but how social contexts and political dynamics impacted representation in a historical time and place. Too much scholarship about Appalachian representation focuses on the creation of Appalachia from outside the region. As Rebecca Fletcher states in her essay "(Re)introduction: The Global Neighborhoods of Appalachian

Studies, “Appalachia is not, nor has it ever simply been, about ‘insiders’ versus ‘outsiders’” (284). I argue that scholars must move past this binary in how they read and discuss Appalachian representation in literature. National context and the notion of isolation is especially important. Allen Batteau argues that “the image of Appalachia as a strange land and peculiar people was elaborated at the very same time that the relationships of external domination and control of the Southern Mountain Region’s natural and human resources were being elaborated” (13). Individuals writing about the region, as Batteau notes, contributed “distinctions” such as “a decline public services, increasing poverty, and a high level of crime” to inhabitants instead of surrounding circumstances (15). Wilma Dunaway further notes that individuals portraying Appalachia presumed “that the region had not undergone the ‘normal’ linear advance toward modernity” which served to isolate the area and “freeze” its development (3). Hsiung claims that “the notion of isolation” impacted “explanations” that categorized the mountains as a “determinant of culture” and categorized the inhabitants as “poor white trash” (2). How isolated Appalachian communities were from the rest of the nation is debatable because not all Appalachian communities experience isolation to the same degree.³ Scholars must consider such deeper contexts of Appalachian representation when examining Appalachian literature.

Physician narratives are excellent sources for understanding the social, historical, and political contexts of Appalachian representation, because the genre provides the voices of several physicians within and outside the region. Each narrative provides readers the opportunity to understand how physicians perceived Appalachia through their own social understandings of what differentiated the region from other places. Furthermore, a closer examination of each text allows one to determine how social and historical contexts contributed to physicians' own

³ For a discussion on different forms of isolation and connectedness see Hsiung 3-17.

creation and distribution of Appalachian images. Physicians often perpetuated popular stereotypes associated with Appalachia. Stereotypes, such as the exaggeration of isolation, were rooted in historical portrayal of the southern mountains. These physicians also discussed real concerns in their communities, especially the lack of medical access and healthcare providers. How these physicians portray rural Appalachian communities is important because doctors have a specialized claim to expertise and are often powerful community figures.

The purpose of my thesis is to study the historical, social, and political contexts of Appalachian representation in the autobiographical and biographical literature produced by physicians during the twentieth century. I have chosen to focus on four primary narratives. Issues these physicians discuss and their representations of Appalachia are important because physicians hold positions of power within and outside of Appalachian communities as educated and trusted sources of information. Furthermore, the positions of power that physicians hold in their communities reflect gender roles associated with the work health professionals conduct. These narratives reflect an important intersection of literature and health and represent historical modes of thought regarding Appalachia and its inhabitants. Additionally, these narratives provide the accounts of physicians who lived within and often sought to reform rural Appalachian communities. How doctors portray rural Appalachian communities is as significant in the twenty-first century as it was in the twentieth century. As trusted sources of information, physicians must consider how they present patients and communities to wider audiences. I will not give physicians (or other scholars for that matter) prescriptive instructions or guidelines on how to best present any region, culture, or community. However, I do assert that examining past physician narratives will benefit healthcare providers as well as Appalachian studies scholars because these accounts provide insights into physicians' actions within rural Appalachian

communities and their own perpetuation of stereotypes. To better understand physicians' actions and perpetuations of stereotypes, I will utilize scholarship concerning the development of Appalachian representation to examine the historical, social, and political contexts in time and place through applying New Historicism to rural health physician narratives. The narratives included in my study are Mary Martin Sloop's 1953 autobiography *Miracle in the Hills*; Legette Blythe's 1964 biography about Gaine Cannon, *Mountain Doctor*; Dr. Anne A. Wasson's 2001 memoir *Tincture of Thyme*; and A.W. Robert's unpublished journals from 1913.

Scholarship on Appalachian Representation

According to Henry D. Shapiro, the distinction of Appalachia as a separate region stemmed from "the progress of civilization in America and Americans' self-consciousness of their progress" which in turn made the "persistence of pioneer conditions" in the region seem contrary to a homogenous American identity (xiii). The "civilization" and "American identity" to which Shapiro refers can be understood best in terms of whiteness, especially as it developed at the turn of the century. In her study, *Making Whiteness: The Culture of Segregation in the South, 1890-1940*, Grace Hale argues that an American identity of whiteness intensified during the late nineteenth century through consumer marketed images of race (7). At the turn of the century, southern hostility towards the "middle-class 'new Negro'" and northeastern and midwestern hostility towards Eastern European migrants spurred reconciliation between the North and South based on commonly held ideas of racial separation (Hale 75). Hale argues that this "culture of segregation" served "to maintain both white privilege ... and a sense of southern distinctiveness within the nation" (284). In this context, the evolution of Appalachian conceptualization stems from the development of a distinct South and white American identity, especially its

development in the late nineteenth and early twentieth centuries.⁴ Barbara Ellen Smith notes that much historical scholarship about Appalachia ignores race because the region has such a large white population (42-43). However, as Smith argues, “erasure of the racial content of whiteness perpetuates it as the normative and generic identity of Appalachians (only people of color are racially marked, not whites)” (43). Absence of color in Appalachia is rooted deeply in its literature. According to Allen W. Batteau, for example, writers such as William Goodell Frost and John Fox Jr. presented Appalachian discrepancy from middle-class values “before a backdrop of Anglo-Saxon American civilization” (63). The region’s worth was thus measured by its whiteness. Therefore, the reader must remember that literature concerning Appalachia also contains social contexts on what constitutes white American identity in a certain time and place.

Regional Representation

W.K. McNeil categorizes “four eras of thinking about Appalachian folklife”⁵ in his anthology *Appalachian Images in Folk and Popular Culture* (19). The “eras” McNeil outlines are important in considering the social contexts and political dynamics in which literature is created. The first two phases McNeil defines are Appalachia’s “discovery” era (1860 to 1899), in which Appalachia was represented for its “distinctiveness,” and the period from 1900 to 1930, which is best defined by William Goodell Frost’s controversial essay “Our Contemporary Ancestors in the Southern Mountains” which perpetuated stereotypes of earlier literature to encourage systematic benevolence (McNeil 19). The third era (1930-1950), according to McNeil,

⁴ For more information on whiteness in Appalachia, see *The Journal of Appalachian Studies*, (Spring/Fall 2004), vol. 10, no. 1/2, 2004. For more information on the development of southern regionalism, see Leigh Anne Duck, *The Nation’s Region: Southern Modernism, Segregation, and U.S. Nationalism* (Athens, GA: University of Georgia Press, 2006).

⁵ Whisnant is concerned with the study of folklife as perceived in the creation popular Appalachian images. Life in Appalachia does not necessarily coincide with the portrayal of the region in popular culture.

focused on “change in mountain life” while discourse in the fourth era focused on “the ways in which [folklore] functioned in Appalachian studies” (McNeil 19-20). The ideas that circulated these eras are important to examine individually. However, the contexts in which they were created clarify the purposes behind their creation and distribution. The social and political landscape shaped several misconceptions of Appalachia. Ideas of Appalachia developed before and during the Civil War, during Reconstruction, and during the Progressive era. Racism and Jim Crow policies also prevailed within these periods. Leigh Anne Duck argues that a national “chronotype” of “capitalist modernity” developed in the late nineteenth and twentieth centuries and were “positioned against [chronotypes] of regional cultures, which were understood to be shaped by tradition” (5). The south especially became associated with racism and traditional culture. Duck argues, “While the insistence on regional difference served to disavow southern racism as the archaic remainder of a backward culture—preserving the nation-state’s emphasis on its liberalism and modernization—the romanticization of the southern past served to retain white supremacist conceptions of a national people as a prominent trope in U.S. nationalism” (20).

However, racism was never (and is still not) limited to the south. During the late nineteenth and early twentieth century, xenophobia and the fear of threat to democracy became national concern. Batteau explains that during the Progressive era, “racism was codified” and “ideas of racial classification were systematized” (59). Batteau further notes that proponents and creators⁶ of racial classifications “were active in definitions of Appalachia” and needed to rationalize its inhabitants’ “degraded conditions” despite their supposed Anglo-Saxon ancestry (59-60).

⁶ Batteau identifies John Fiske, Albert B. Hart, Henry Cabot Lodge, and Nathaniel S. Shaler as leading figures of racial classifications (59).

Xenophobia further aided in the establishment of this racial ideology. Batteau states that the popularity of the Teutonic thesis⁷, the rise of immigrant populations in the United States, and the decline of middle-class birthrates resulted in national concern over the state of American democracy (60-61). Shapiro notes that leading figures of the late nineteenth and early twentieth centuries, such as Fiske, Lodge, and Roosevelt argued that Appalachian inhabitants were descendants of criminals and outcasts while scholars, such as Frost and Fox established the more popular belief that Appalachia was a “preserve” of American democracy (97-99). Most stereotypes surrounding Appalachia, and arguably the existence of the region, stem from racist ideologies that reached their height during the Progressive era. Therefore, the reader must consider those ideologies when studying Appalachian portrayal in folklife and popular culture.

For my study, the literature from McNeil’s first two phases are most relevant although some of the narratives take place in the later part of the twentieth century. Literature from both eras are similar in that authors utilize images of poverty, isolation, pioneer sturdiness, and racial purity to create distinct depictions of Appalachia, but literature from the first era is marked by tourist contributions to middle-class magazines (Shapiro 6). During the Progressive era, the literature of scholars, educators, and social workers replaced travel literature and implemented “uplift” literature to encourage systematic benevolence (Shapiro 63). Shapiro argues that early travel narratives and local color literature established Appalachian otherness which was continued in “uplift literature” (5). According to Wilma Dunaway, portraying Appalachia as an isolated and homogenous region helped establish it “as one of the most distinct subregions left in the United

⁷ The Teutonic thesis, as Batteau explains, was the idea that “the germs of American democracy were to be found in the folkmoor of the Saxon forests and were transmitted by lineal descent through the institutions of English government to the New England town meeting and hence to American democracy” (60).

States” (5). In an effort to alleviate the impact of isolation and to assimilate mountaineers into a “national civilization,” home-missions began establishing schools and churches in mountain communities (Shapiro 33). David Whisnant argues that missionary presence established an enterprise that both distributed its own literature about the region and shape its culture⁸ (Whisnant 11). Although Appalachia’s supposed Anglo-Saxon inhabitants supplied a certain amount of motivation for national attentions, reformers still viewed the region with contempt towards a perceived cultural violence. Waller notes that press coverage of Appalachian feuding established “the assumption that Appalachians have a genetic or cultural propensity to family based, extralegal violence has been pervasive in popular culture since the last decade of the nineteenth century” (347). Progressive reformers, as Whisnant argues, participated in “systematic cultural intervention” by selectively portraying and shaping Appalachian communities to reflect romantic misconceptions of Appalachian culture (13). Although it is true that reformers did act selectively in portraying and promoting romantic notions of Appalachian culture, Whisnant fails to consider the historical, social, and political contexts in which Progressive reformers implemented their work.

Representation of Reformers

In a discussion of Appalachian representation, one must also consider representation of the reformer. Scholars in Appalachian Studies have especially turned their attention to how Progressive-era women are portrayed in studies concerning twentieth-century reform. Karen Tice argues that scholars, among them Whisnant, present female reformers “as primarily bent upon a

⁸ Appalachian culture here refers to interpretation of rural and mountain Appalachian communities in popular culture. The Appalachian region itself consists of mountain, rural, and urban areas and does not have a homogenous culture.

limited agenda of cultural replacement and social control” (192-3). In her essay “Maternalism and the Promotion of Scientific Medicine During the Industrial Transformation of Appalachia, 1880–1930,” Sandra B. Barney notes the importance of scholarship, such as work by Karen Tice, that provides accounts of female reformers beyond a “false dichotomy of social control or social uplift” (68). Penny Messinger argues that Progressive-era reformers, such as Jane Addams, were aware of a dichotomy in their work and acknowledged their “motives of social control” (244).⁹ Tice argues that representations such as Whisnant’s are limiting because they do not accurately portray the “ambiguous relationships established in the educational reform process” and further cast reformers as villains and “the poor and marginalized as merely placid-putty in the hands of reformers rather than active agents” (Tice 193). To move beyond such portrayals, scholars must address the historical moment in which reformers acted.

To better understand reformers’ roles in Appalachian social reform, one must consider the social and historical contexts of the Progressive Era. Deborah Blackwell notes three defining characteristics of the Progressive Era. These include 1) “the application of scientific methods to the problems of modern society,” 2) a desire to “clean up” and centralize government, and 3) the participation of “college-educated women who shaped some of the age’s most lasting efforts” (10). Jess Stoddart notes that many female reformers at the turn of the century were part of a social transformation that addressed “basic notions about women’s role in American culture” which extended women’s participation to the public sphere (36). These women, according to Penny Messinger, established and elevated the field of settlement work in rural Appalachian communities to address the need of education and health care in those communities and to define

⁹ For a closer examination of this self-aware dichotomy, see Jane Addams *Twenty Years at Hull House, with Autobiographical Notes*. (New York: Macmillan, 1912) 113-128.

their professional endeavors (244). At the same time, these women embodied and reflected the misconceptions of their era. Blackwell notes that reformers especially took an interest in rural Appalachian communities when “outsiders’ interest in Appalachia blossomed” (20). Blackwell argues that the region’s whiteness, poverty, and romantic portrayals attracted white northern and southern reformers¹⁰ (20). The women and men who traveled to rural Appalachian communities participated in societal reform rooted in an intricacy of twentieth-century racism and classism. Reformers did, however, bring a variety of services to rural Appalachian communities that benefitted impoverished populations.

Deborah Lynn Blackwell notes the criticism towards reformers, especially southern progressives¹¹, “demands that historical actors transcend their own time (18-19). Acknowledging that reformers were a part of their own historical moment do not free them from what Whisnant refers to as “historical judgement” (263). However, readers and scholars must recognize that these reformers are products of their own culture and historical moment. Tice recognizes that “the representations of these educational reformers contributed to reductive readings of the region and its people by furthering a sense of difference and deviancy about Appalachian culture, especially in their portrayals of mountain women and mothers” (217-8). Depictions of

¹⁰ It is important to note that reform work applied in rural Appalachian communities reflects similar reform work applied to Southern African American communities during Reconstruction. See Jacqueline Jones, *Solider of Light and Love: Northern Teachers and Georgia Blacks, 1865-1873*. (Chapel Hill, NC: University of North Carolina Press, 1980). For insights on the shift of missionary work from Southern blacks to mountain whites see James Klotter, “The Black South and White Appalachia.” *The Journal of American History*, (March 1980), vol. 66, 832-49. For insights on African American reformers and reform in African American communities during the Progressive Era, see John Dittmer *Black Georgia in the Progressive Era, 1900-1920*. (Urbana, IL: University of Illinois Press, 1977). Also see David W. Southern, *The Progressive Era and Race: Reaction and Reform, 1900-1917* (Wheeling, IL: Harlan Davidson, 2005).

¹¹ Blackwell notes that southern and southern reformers differed in the “degree and type of limitations on the scope of southern reform” and by the “perceived causes of social chaos” (19).

Appalachian inhabitants as "under-developed people eager for education converged neatly with more damaging descriptions of Appalachian 'otherness' that were and continue to be so prevalent in the popular imagination and understanding of Appalachia" (Tice 218). In my discussion of physician narratives, I will strive not to cast any reformer as a "villain." Nevertheless, it is important to acknowledge that these physicians are at times guilty of presenting the region through reductive depictions. While these negative representations are not unique to rural health physician narratives, their portrayals are significant in that they approach Appalachia through the viewpoint of physicians.

Medicine and Healthcare: 1880-1930

In an analysis of narratives written by rural health physicians, one must also understand how medical providers, nurses, and women's clubs participate in changing conditions of impoverished populations and how these two groups participated in intervening "schemes" during the early twentieth century. In her history of women's involvement in health practice and the social transformation of medicine in Appalachia, Sandra L. Barney outlines the collaboration between middle-class clubwomen aspiring to promote well-being in Appalachian communities and physicians seeking to increase their own professional status. In a national campaign to professionalize medicine in the Appalachian region during the early twentieth century, physicians collaborated with women's clubs and settlement workers to alter Appalachian society by imposing a new medical paradigm (Barney 71). The efforts to professionalize medicine intertwined with national reform efforts carried out by clubwomen. The clubwomen's movement, as Theda Skocpol notes, was part of a national, Progressive era effort to advocate "such maternal policies as mothers' pensions, minimum wage regulations, and the creation of the federal Children's Bureau" (2). Clubwomen often played the role of educators who allied

themselves with male physicians to bring health services to Appalachian communities (Barney 11). Female physicians and nurse-midwives, as Barney notes, also sought professional status and economic stability in Appalachian communities "based on their possession of specialized knowledge and their completion of formal training" (11). Public and state programs, Barney explains, allowed women in healthcare "professional recognition [which] also meant economic stability" (11). Mary Breckenridge, a trained nurse midwife from a wealthy Kentucky family, played a particularly important role in providing scientific medicine to mountain communities. Breckenridge established the Frontier Nursing Service in 1925 in Leslie County, Kentucky, as a public health foundation committed to providing "cost-effective trained medical care in rural areas where physicians were unavailable" (Goan 2). Such programs provided medical services to impoverished populations. Physicians and health care providers, including the nurses of FNS, imposed their interest in scientific medicine on their communities and actively worked to displace traditional healers and traditional midwives (Barney 96). The complex relationships between reformers and Appalachian inhabitants thus intersect with the history of medicine and health care development in Appalachia, which further intersects with representations of Appalachia through literature produced by rural health physicians.

Theoretical Framework

For my study, I rely on New Historicism to provide close readings of the social, historical, and political contexts critical to rural health physician narratives. In 1982, Stephen Greenblatt coined New Historicism as a framework that erodes the boundaries of both criticism and literature by exploring the social contexts that created literature and the scholarly responses to literature (5-6). Greenblatt claims that the historicism practiced at the first part of the twentieth century "tends to be monological: ... it is concerned with discovering a single political vision,

usually identical to that said to be held by the entire literate class or indeed the entire population” (5). Such “visions,” Greenblatt argues, are often considered historical facts and “not thought to be the product of the historian's interpretation, nor even of the particular interests of a given social group in conflict with other groups (5). New Historicism further rejects practices in New Criticism which, as Jan R. Veenstra notes, often “regarded the text as an autonomous entity” (175-6).¹² Catherine Gallagher and Greenblatt claim that New Historicism possesses a “double vision of the art of the past” that acknowledges the social contexts in which a piece of literature was created, how scholars of the past might have responded to a literary production, and how individuals read and respond to the same work (17). This “double vision” reflects the deconstruction of traditional boundaries that separate history and literature. Although Greenblatt does admit that distinctions “between ‘literary foreground’ and ‘political background’” do exist, he argues that these distinctions are not “intrinsic to the texts; rather they are made up and constantly redrawn by artists, audiences, and readers” (6).

One of the most important aspects of New Historicism is what H. Aram Veenser refers to as its “portmanteau quality” (xi). Veenser argues that New Historicism “brackets together ethnography, anthropology, art history, and other disciplines and sciences, hard and soft” (xi). According to Lois Tyson, “new historicism deconstructs the traditional opposition between history (traditionally thought as factual) and literature (traditionally thought as fictional)” (286).¹³ However, it is more accurate to argue that New Historicism challenges a text’s standing

¹² For more on New Criticism see John Crowe Ransom, *The New Criticism*. (Norfolk, CT: New Direction, 1941) and I.A. Richards, *Practical Criticism: A Study of Literary Judgement*. (London: Routledge and Kegan Paul, 1929).

¹³ Tyson’s definition of “traditional opposition” is flawed. She would have been more accurate in stating that this theory deconstructs boundaries defined in positivist historical

as exclusively fictional or exclusively historical. For example, Gallagher and Greenblatt argue that both literary and historical texts are “fictions ... shaped by the imagination and by the available resources of narration and description” (31). Louis Montrose similarly argues that New Historicism approaches “the textuality of history and the historicity of text” (23). Montrose defines the historicity of texts as “the cultural specificity, the social embedment, of all modes of writing – not only the texts that critics study but also the texts in which we study them” (20). Put simply, the historicity of texts is the understanding that literature and responses to literature reflect the cultural and social contexts of a specific historical moment which are best understood in that moment. The textuality of history refers to the circumstance of a present readership. Montrose claims that readers outside of a specific historical moment “can have no access to a full and authentic past” but must instead rely upon “textual traces of the society in question” (20). Overall, New Historicism provides a framework in which historical and literary texts have equal value.

The texts I have chosen work well within a New Historic framework because they cross disciplinary and genre boundaries. For this study, I have chosen an autobiography, a biography, a personal journal, and a memoir. Northrop Frye argues that autobiographical work is fictional because such work is “inspired by creative, and therefore fictional impulse to select only those events and experiences in the writer’s life that do to build up an integrated pattern” (307). James M. Cox describes biographical and autobiographical work as “nonfictional prose” (145). Cox notes that literary nonfiction, especially autobiography and biography, is similar to literary

scholarship and New Criticism. New Historicists are not the only scholars to rely both on literary and historical documents. Other scholars include (but are not limited to) American studies scholars, Women’s studies scholars, and Intellectual historians. On the positivist approach to historical scholarship, see Leopold von Ranke, *The Theory and Practice of History*, edited, with an introduction by George G. Iggers. (New York and Abingdon, England: Routledge, 2011).

fiction because nonfictional pieces have “subject matter which likens them to fiction, which is dependent on characters, that is, representations of persons” (147). However, Cox ultimately argues that literary nonfiction is a “history of a life” rather than a “story of a life” (145). I agree with Cox’s claim that autobiographies are nonfictional prose that share a similar structure to fiction. Although scholars and critics must challenge the authenticity of nonfictional narratives, such texts provide historical, social, and political contexts for the society that created them.

Gallagher and Greenblatt argue that all texts (whether literary or historical) are “fictions” (31). I do not agree that all texts can be considered fictions, but I do argue that fictional and nonfictional texts are equally important in constructing the past. Whether a text is fictional or nonfictional is not a significant issue in New Historicism. Lois Tyson claims that. New Historicists are concerned with “the political agendas and ideological conflicts” behind the culture that produces literary and historical accounts (Tyson 282). Recognizing these “political and ideological conflicts” allows the reader to grasp the dynamics of power in my chosen narratives. For example, when examining Appalachian representation, it is easy to cast Appalachian inhabitants as victims while casting outsiders as two-dimensional agents of change. I analyze accounts of both local and outside physicians, but even though I acknowledge that their status as an “insider” or an “outsider” does impact how they view and depict the region, I ultimately argue that there are other historical, social, and political aspects of their narratives that hold just as much (if not more) merit in their representations of Appalachian communities.

Martha Howell and Walter Prevenier refers to the type of narrative I have chosen as “testimonies of the past” (18). I argue that these “testimonies” are prime material for literary criticism based in New Historicism because like literary fiction, these narratives are also testimonies to the cultural and social contexts in which these physicians experienced

Appalachian culture. In approaching these texts as products of culture, I rely on Stephen Greenblatt's framework in analyzing cultural productions. In his essay "Culture," Greenblatt refers to Western literature as one of the great institutions for the enforcement of cultural boundaries through praise and blame" (226). Greenblatt applies his questions to literary fiction, but they also provide an excellent framework to study Appalachian representation as acts of "praise and blame" that have a particular way of reemerging in literature concerning the region.

Greenblatt lists six questions to consider in analyzing a cultural production:

1. What kinds of behavior, what models of practice, does this work seem to enforce?
2. Why might readers at a particular time and place find this work compelling?
3. Are there differences between my values and the values implicit in the work I am reading?
4. Upon what social understandings does the work depend?
5. Whose freedom of thought or movement might be constrained implicitly or explicitly by this work?
6. What are the larger social structures with which these particular acts of praise or blame might be connected? (226).

I use Greenblatt's questions to formulate my own framework for a literary close reading through New Historicism as they allow one to consider the intrinsic historical, social, and political contexts present in the narratives I analyze in this study. It is my intent in this project to study the web of social contexts and political dynamics in representation of Appalachia through rural health physician narratives by applying the following questions in a close reading of each narrative:

1. What social and historical contexts are important to consider in the time and place this narrative was created? What social and historical contexts are important to consider in an examination of Appalachian stereotypes?
2. What political dynamics are at work? Political dynamics in the context of this study refers to representation of communities by physicians as well as social challenges faced by physicians, Appalachian communities, and minority groups in those communities. For example, how do physicians present Appalachian communities in their narratives? Do physician narratives address health and medical access? Do physician narratives address race and gender?
3. Who is the target audience of the narratives? How does an audience (or the lack thereof) impact how these physicians describe Appalachian communities?
4. How do my own values impact my interpretations of physician narratives?

I have reordered, combined, and rephrased Greenblatt's questions to fit and frame my study. The first question (derived from Greenblatt's fourth and sixth questions) addresses the social settings in which these physicians participated in and wrote about their experiences. The second question (derived from Greenblatt's first and fifth questions) deals with the physicians' own actions in a particular social setting. This question, for example, discusses the physicians' contributions to Appalachian representation and issues of health and medical access, racism, and gender inequality. The third question (derived from Greenblatt's second question) discusses the impact of the target audience (or the lack thereof) upon the narrative. The fourth question (derived from Greenblatt's third question) addresses researcher bias, specifically how my values and social background differ from those depicted in the narratives. I discuss researcher bias in

my methodology section, and I provide an in-depth analysis of my initial readings in my conclusion.

Methodology and Organization

Although I based my theoretical framework in New Historicism, I conduct literary close readings for historical, social, and political contexts in discussions of my chosen narratives. The concept of the close reading was founded in New Criticism (Tyson 135) and is arguably the product of literary techniques implemented as early as 1929 by I.A. Richards and William Empson (North 140-1). New Criticism has fallen out of favor, but the literary technique of close reading is still utilized in the practice of literary analysis (Tyson 135). Lois Tyson defines close reading in the New Criticism's school of thought as "the scrupulous examination of the complex relationship between a text's formal elements (linguistic devices and figurative language) and its theme" (141). In her essay, "Close Reading, Closed Writing," Heather Murray explains that the close reading is "so common that it is taken for granted, so institutionalized that it is invisible" (195-6). The sheer elusiveness of close reading makes the act difficult to describe. To clarify this methodology, I will describe my process of performing a close reading. In performing a close reading, I start in the new critic's realm and examine the text for both its surface content and for details of language. For this study, I particularly examined language for its social, historical, and political dynamics. Language reveals (sometimes subtlety and sometimes directly) the attitudes and prejudices of individuals and societies. Consider, the following quote: "'female' is one of the most horrible words in the English language" (Sloop 13). On the very surface the reader can determine that Sloop does not like the word female. After further analysis, the reader must contemplate the implications behind the writer's disdain for the word. Does she associate it with negative experiences that stem from being a woman? Why is the same disdain not directed

towards the word male? One sentence, one phrase, and even one word in a text can carry several implications. Unlike the New Critic, however, I also consulted other sources to provide clearer explanations of the historical, social, and political contexts surrounding a text in its historic moment. I have included four narratives in this study. My first two texts, Sloop's *Miracle in the Hills* and Cannon's *Mountain Doctor*, fall under Shapiro's description of "uplift narratives." These two narratives allow me to analyze accounts targeted to a widespread audience and working within the concept of Appalachia as a distinct American region. My last two accounts, Wasson's *A Tincture of Thyme* and Roberts' *Physician's Memorandum*, allow me to be more active in my own interpretations as they were intended for personal use or a limited audience.

Researcher Bias

John W. Creswell notes that the qualitative researcher considers "how their role in the study and their personal background, culture, and experiences hold potential for shaping their interpretations" (186). Creswell's approach fits well within my framework because New Historicism, as Veeseer argues, "challenges the norm of disembodied objectivity" (ix).¹⁴ Greenblatt notes that in order to reconstruct the context of a literary text, one must consider the reader's values and the text's values ("Culture" 226). In this study, I analyze and critique texts that reflect early and mid-twentieth-century values. Having experienced less than a decade of the twentieth century, I cannot fully comprehend these physicians' values (especially those relating to race and gender). In order to better understand how my own views and values impact my interpretations of these texts in my concluding chapter, I documented my initial reactions to each

¹⁴ Brook Thomas notes that "progressive historiography" also rejects objectivity and shares several other "assumptions" of New Historicism (195). See Brook Thomas, "The New Historicism and other Old-fashioned Topics." *The New Historicism*, edited by H. Aram Veeseer, (New York: Routledge, 1989) 182-203.

narrative in my notes for each chapter. I further wrote short reflections at the completion of each text to explore my reactions.

I will explore my own values in relation to the texts more fully in my conclusion. For now, however, I will share significant aspects of my social background and values that most impact my responses to the narratives in my study. I am a white woman who was born in the early nineties to a working-class family in East Tennessee. I received a BA in English from a liberal arts college and have completed graduate courses in Appalachian Studies. My social background, my race, and my education impact how I read and respond to these narratives. My values of equality also play a large role in how I react to the texts. As a feminist, I oppose strict twentieth-century gender roles and maternalist values these physicians held and promoted. As an advocate of racial equality, I cannot (and will not) justify how these physicians depict (or ignore minorities) in their communities. Throughout my analyses, I try to balance my own values and consider how the physicians' own backgrounds shape their beliefs.

Section One: Uplift Narratives

I use close reading to identify social, historical, and political contexts in primary sources, I turn to secondary sources in order to provide more information about those contexts. My second chapter consists of a close reading of *Miracle in the Hills* by Dr. Mary Martin Sloop and LeGette Blythe. In her narrative, Sloop outlines the work she and her family implemented in Avery County, North Carolina, during the early twentieth century. Sloop and her husband Dr. Eustace Sloop moved to Avery County in 1908 to start a medical practice and remained in the county until their deaths in the 1960s. In a close reading of Sloop's narrative, I examine the social and historical contexts of her move to Appalachia to provide medical, educational, and missionary services. In considering political dynamics, I provide a close reading of Sloop's portrayal of

health, medical access, Appalachian inhabitants, and minority populations, specifically her portrayal of African American community members. Also, I provide a gender analysis that notes her place as both a physician and educator but also addresses her primary concern with education. I then move to a discussion of her representation Appalachian women and conclude the chapter with a discussion of Sloop's audience and the ways in which the target audience influences her portrayal of the community.

The second narrative I analyze is *Mountain Doctor* by LeGette Blythe. The piece, written for Dr. Gaine Cannon, depicts Cannon's career in rural Balsam Grove, North Carolina during the 1950s and early 1960s. I include this biography because it is obvious that Blythe worked closely with Cannon as is evident in the dialogue Cannon provides throughout the book. Cannon's biography differs from Sloop's primarily in its social context. Cannon is not a "pioneer." Cannon is familiar with his community, but he relies on many stereotypes associated with the Appalachia region during the twentieth century. I examine his representations of poverty and the community's lack of medical care. Especially significant in Cannon's biography is his implementation of Albert Schweitzer's "reverence for life" in his philosophy in treating his patients. Throughout his narrative, Cannon describes this philosophy as the respect for the "desire to live" in all living beings (Blythe 148-149). Schweitzer's philosophy, as presented in Blythe's and Cannon's description of Schweitzer's work in Lambaréné, exposes Schweitzer's racism. Cannon uses racist language when describing African men and further fails to recognize race in his community. I end this chapter with a discussion of Cannon's target audience and a brief conclusion of the significance of his work.

Section Two: Private Accounts

The final part of my study consists of one chapter that encompasses the personal journals of Dr. A.W. Roberts and Dr. Anne A. Wasson's memoir *Tincture of Thyme*. These narratives differ from the uplift narratives in that they were not initially written to be distributed to a wide readership. A. W. Robert's daily journals, which span the years from 1913 to 1915, document his practice in Sevierville, Tennessee. Although all three journals hold significant information, I focus on his journal from 1913 in order to provide a focused reading. I ultimately argue that Roberts works outside of what Shapiro refers to as the "idea" of Appalachia as a distinct region (132). In analyzing these his journals, I interpret something far more personal than any of my other chosen narratives. Furthermore, my own interpretations will be most active in this section as I must determine how my own ideas of Appalachia shape my interpretations of Roberts' journals. I argue that this is not a negative aspect of this project because my background in Appalachian studies will allow me to provide a more in-depth discussion of the provided material.

Dr. Ann A. Wasson's memoir documents her life and medical career from the early twentieth century to the early twenty-first century. Her career path eventually led her to volunteer as a physician for the Frontier Nursing Service during 1969. Like Roberts, Wasson provides journal entries from her first year of practice in the region. However, these pieces were later published in her memoir. Wasson's memoir focuses on her career in medicine. In analyzing the historical, social, and political dynamics of her narrative, I examine her role as single, female physician whose medical career led her to the Frontier Nursing Service. Wasson's piece is especially important in the contrast it provides to Roberts' piece. Both pieces are primarily concerned with medical practice and not Appalachian representation. Roberts' journals document his work in an

entirely rural setting, Wasson's memoir depicts her entire medical career inside and outside the Appalachian region. Both narratives allow the reader to examine the ways in which the region is portrayed in narratives that are not concerned with Appalachian representation to a wide audience.

Rural health physician narratives offer complex readings of Appalachia through an intersection between the history of medical practice and Appalachian representation in literature. Physicians in Appalachia acted as active reformers within their communities, but they also held misconceptions about the Appalachian region that stemmed from their own social misconceptions about Appalachia's place and role in early twentieth-century American society. Conceptualizations of Appalachia are rooted in an intricate web of social and historical factors. These narratives further offer lessons and insights to healthcare providers and leaders who speak for their communities. By applying a framework based in New Historicism to a sample of narratives, I explore the social and historical contexts behind representation. I intend to engage in an in-depth discussion of Appalachian representations and discuss the complexity of the region's medical history and its literature.

CHAPTER 2

MARY MARTIN SLOOP: *MIRACLE IN THE HILLS*

"She is a woman of tremendous faith, both in God and in herself. This combination has proved more than a match for ignorance, poverty, and sickness in the mountains" (Blythe, x)

Overview

Legette Blythe's closing statements in the forward for Dr. Mary Martin Sloop's autobiography *Miracle in the Hills* embodies the tone of the narrative. As one can assume, images of "ignorance, poverty, and sickness in the mountains" are recurring themes throughout the narrative (Blythe x). It is important to prepare for misconceptions present in Sloop's narrative, but the reader must further remember to consider the society in which Sloop acted and wrote about Appalachian culture. On the surface, Sloop's narrative is inflammatory and portrays Appalachia and its inhabitants in terms of middle-class stereotypes. Sloop's role as an outsider does play a part in her portrayal of Avery County, North Carolina. Furthermore, Sloop acted to uplift the community by implementing middle-class standards of education and other reforms. John C. Inscoe, one of few researchers to give Sloop's narrative scholarly attention¹⁵, notes that the Sloops' medical mission "transformed a single community in dramatic ways over the half century in which the Sloops lived and worked in its midst" (317). Sloop's actions and her portrayal of Appalachian inhabitants hold deeper meaning. By considering the social, historical, and political contexts surrounding Sloop's narrative researchers can understand Sloop's own conception of Appalachia.

¹⁵ For more studies that include Sloop, see chapter 15 in Michael C. Hardy, *Remembering Avery County: Old Tales from North Carolina's Youngest County* (Charleston, S.C.: History Press, 2007). Also see Margaret Supplee Smith and Emily Herring Wilson, *North Carolina Women Making History* (Chapel Hill: University of North Carolina, 1999), 266–70.

In *Miracle in the Hills*, Dr. Mary Martin Sloop recounts her work as a physician in Avery County, North Carolina. Published in 1953 and co-written with LeGette Blythe, Sloop's narrative covers an intensive period of change in Avery County from the early 1900s to the early 1950s. In her narrative, Sloop positions herself as an agent of change. On the surface, she appears to be "outsider" and a benevolent source bent upon transforming Avery County. The social contexts in which she understood Appalachia and twentieth-century American society influenced her actions in the Appalachian community in which she practiced. In this chapter, I provide a brief overview of Sloop's life and work in Avery County. I then analyze Sloop's autobiography by consulting the points outlined in my first three research questions. First, I discuss the social and historical contexts of Sloop's account and of Appalachian stereotypes. Then, I move to a political discussion of Sloop's narrative. Political dynamics in Sloop's work include educational reform, medical access, representation of health, race, gender, and representation of women in Avery County. After concluding my analyzation of the political dynamics in this account, I examine Sloop's target audience and its impact upon Sloop's narrative. In the conclusion of this chapter, I discuss the importance of analyzing Sloop's autobiography.

Mary Martin was born in Davidson, North Carolina, on the Davidson College campus in 1873 (Sloop 13). Her father William J. Martin was a former Confederate colonel from Richmond, North Carolina, and her mother Letitia Coddington Costin was born into a middle-class family from Wilmington, North Carolina (Sloop 7). Martin attended Statesville Female College for Women (now Mitchell College) in Statesville, North Carolina during 1890 and graduated the following year (Sloop 13-14). Upon her return to Davidson, Martin cared for her invalid mother and took medical courses at Davidson, secretly hoping to become a medical

missionary (Sloop 14). She faced several challenges in her studies including her mother's disapproval and the institutional policies that prevented her from enrolling in anatomy courses (Sloop 16). Martin "renewed acquaintance with" Dr. Eustace Sloop in 1893 when he enrolled in Davidson as a freshman, but they did not initially express interest in one another due to their age difference (Sloop 17). Eustace Sloop returned to Davidson for medical school in 1902 after a brief teaching career at Pantops Academy in Charlottesville, Virginia (Sloop 18). Due to his "dignified" station, Martin began calling him "Doctor," a name that stuck for the rest of their lives (Sloop 18).

In 1902, Sloop discovered she would not be accepted as a foreign missionary due to her "advanced" age of twenty-nine, and so made plans to transfer to Women's Medical College in Philadelphia (Sloop 19). The Sloops were engaged before Martin's graduation in 1906 (Sloop 19). She completed her internship at New England Hospital for Women and Children at Boston and afterwards was invited to Agnes Scott College in Decatur, Georgia, to be that institution's first resident physician, while Eustace Sloop completed his postgraduate work at Jefferson Medical College in Philadelphia (Sloop 19-20). Martin and Sloop decided that in place of foreign mission work, they would move to Avery County, North Carolina, to serve impoverished inhabitants of the mountains (Sloop 20). They were married at Blowing Rock on July 2nd, 1908, and spent their honeymoon traveling to their new home in the Plumtree community of Avery County (Sloop 21-2).

The Sloops began their practice in Avery County in 1908 and stayed in the mountains until their deaths in the early 1960s. They first settled in Plumtree but soon noticed that their home was "off center" as much of Eustace Sloop's work was in Linville Valley, so they moved to Crossnore in the winter of 1911 (Sloop 46). The Sloops' initially focused on providing medical

services, but they soon turned to securing and providing other services to the rural community. Eustace Sloop became the county's main provider for medical services and often travelled under dangerous conditions on horseback to homes deep in the mountains. Although she was a physician in her own right, Mary Sloop often acted as a physician's assistant. She often treated patients at the clinic while Eustace Sloop went on home visits and at times joined him on his trips. Eustace Sloop primarily attended to the medical needs of the community, especially when their family grew (Sloop 29). The Sloops' practice had a significant impact on the area's access to medicine. Medical operations became a significant factor in the improvement of health in the mountains and in gaining the community's trust and respect due to the lives the doctors saved (Sloop 32-3). For example, the Sloops' first medical emergency (an appendicitis case) attracted a large crowd of community members, and some were opposed to the operation (Sloop 30-1). According to Sloop, the success of that operation contributed to the "growing confidence of [the Sloops] as doctors" (32-33).

The Sloops soon turned to non-medical measures to improve the quality of life in Avery County. For example, Eustace Sloop purchased a spare dynamo (an electrical generator) through the president (who was his brother-in-law) of Davidson College and constructed a makeshift electrical plant that became the main source of electricity in the county (Sloop 78). The Sloops' efforts to bring electricity to the region were soon followed by other actions to help the community further its development. Mary Martin Sloop sought to improve conditions in the community by creating economic revenue and by providing education. Sloop founded the Old-clothes Store after the idea materialized when she aided a young child named Hepsy in relocating to Banner Elk to attend a preparatory school and avoid being coerced into marriage (Sloop 71-4). In order to provide Hepsy with suitable clothing, Sloop wrote to her friends requesting that they

donate clothes but upon receiving all black clothes, Sloop decided to sell them and buy fabric instead (72-3). After requests from several women to buy black dresses, Sloop established the Old-clothes store with Uncle Gilmer Johnson and Aunt Pop as the primary owners (Sloop 75). This shop was significant in that it provided cheap clothing and a source of revenue. The shop's success is further attributed to its utilization of the barter system that provided community members easier access to desired items (Sloop 76-7).

Mary Martin Sloop also strove to provide education for the community. She began campaigning for a graded school system in 1913 (which separated pupils into grade levels), oversaw the construction of Crossnore school and its dormitories, and pushed to hire suitable teachers (Sloop 59). Sloop took great efforts within and outside the community to improve school attendance and provide funding for Avery County's education. One of her greatest successes came in 1924 when the Daughters of the American Revolution added Crossnore to its funding list (Sloop 154). Sloop received several awards for her involvement in Avery County, including North Carolina Mother of the Year and American Mother of the Year in 1951 (Sloop 218-219). Soon after accepting her award, as John Inscoe explains in his essay "Mary Martin Sloop: Mountain Miracle Worker," McGraw-Hill Publishers approached LeGette Blythe to request that he aid her in writing an autobiography (330). Sloop's narrative, though once popular nationally, has not been sufficiently discussed for its contributions to Appalachian representation or the social and historical contexts in which Appalachian and American identity were understood.

Social and Historical Contexts

Sloop contributed to the growth and quality of life in Avery County, North Carolina. However, her autobiography reflects many misconceptions of mountain culture during the early

twentieth century. One must place Sloop's narrative in the social and historical contexts of the Progressive Era to understand their misconceptions and prejudices. In his anthology *Appalachian Images in Folk and Popular Culture*, W.K. McNeil provides a framework that describes four eras of Appalachian conceptualization (19). Chronologically, Sloop's narrative falls into McNeil's second era. According to McNeil, literature on the region produced between 1899 to 1930 portrayed Appalachia in terms of peculiarity (19). This body of literature drew from images portrayed in earlier local color and travel pieces and continued to depict Appalachia and its inhabitants as if they were "arrested in time and thus ... really a world different from modern America" (McNeil 19). William Goodell Frost further perpetuated these misconceptions in his 1899 essay, "Our Contemporary Ancestors in the Southern Mountains." McNeil attributes the success of Frost's piece to its encapsulation of widespread misconceptions, its explanation of Appalachian distinctiveness, and its legitimization of Appalachian homogeneity (Frost 91). Appalachia's Anglo-Saxon heritage through its apparent prevalence in inhabitants' "Saxon arts" and "rude dialect" frequently appears in the literature published after 1899 (Frost 98). During the late nineteenth century and early twentieth century, as Allen Batteau notes, white middle-class families became concerned with immigration and race, especially in their perceived relation to the "breakdown of the family, the corruptions of democracy, and the degeneration of the Anglo-Saxon race" (62). David E. Whisnant explains that as hostility towards non-white populations grew, organizations such as the American Missionary Association (AMA) and the Freedman's Bureau turned their attention away from southern black populations to impoverished southern mountain communities¹⁶ (10). Sloop's description of Avery County community members reflects

¹⁶ For more information about the role of the AMA and the Freedman's Bureau during Reconstruction, see Jacqueline Jones' *Soldiers of Light and Love: Northern Teachers and Georgia Blacks, 1865-1873* (Chapel Hill: University of North Carolina Press, 1980).

widely-held beliefs about Appalachian culture. She claims that the inhabitants descend from “gentle forebearers” and contrast “visions” of “English stone houses, of lords and ladies having tea on broad terraces, of clipped lawns sweeping away to hedges and broad fields” with the “stark reality of a little mountain cabin and the great-great-grandson, perhaps, of one of these venturesome English youths” (25). The imagery of Sloop’s “vision” is remarkable in separating the mountaineer from his “gentle forbearer” and establishing a setting for Appalachian poverty.

McNeil’s framework allows the reader to consider misconceptions about Appalachian folk culture prevalent when Sloop worked in Avery County. However, Sloop’s narrative does not fit into McNeil’s framework. Sloop’s narrative spans the last three eras of the framework.

Furthermore, McNeil’s framework, as he notes, is not definite as later works often “take the viewpoints most prominent in the three earlier eras” (McNeil 20). Other scholars contradict McNeil’s chronological placement of discovery literature. For example, in his essay “Mary Martin Sloop: Mountain Miracle Worker,” John S. Inscocoe claims that Sloop’s arrival in Avery County in 1908 coincided with the region’s “age of discovery and uplift” (317). Shapiro claims, however, that the “wonder which characterized the local color sketches of Appalachia as terra incognita” were replaced by “uplift” literature by 1890 (5). The first issue present here arises from an attempt to place thematic conceptions in a chronological timeline. The language of discovery is not limited by any timeframe. Furthermore, the reader must keep in mind that history is not linear (Tyson 282). Although McNeil’s framework provides structure with which one can categorize some of the most prevalent ideas about Appalachia during the early part of the century, his categorizations are not definite.

That McNeil’s framework is not definite is proven early in the narrative. Sloop utilizes the language of discovery. In reflecting upon the “early days in the mountains,” Sloop states, we

“realize[ed] that we too were pioneers” (86). Upon their move to the region, the Sloops were faced with a life without technological innovations they had become accustomed to. They rode “horseback into the lonely hills” and “improvised” medical work (Sloop 86-7). Sloop’s use of the term “pioneer” in reference to their status as physicians establishes a context of discovery. Sloop uses the image of a country doctor riding “horseback” amongst “lonely hills” to portray an isolated place shut off from technological advances. However, the image of a rural physician on horseback aiding the ill also establishes a sense of adventure (Sloop 86). Sloop describes these conditions as “primitive,” a pejorative term used when describing individuals whose ways of life are significantly different from one’s own (Sloop 21). This language of isolation and adventure depicts the community as an area separate from the advances of mainstream American society. Rural Avery County, according to Sloop, was a place disconnected and isolated from American society.

Sloop’s narrative is best understood in the context of uplift literature written in the early and mid-twentieth century. According to Shapiro, uplift response resulted from establishment of Appalachian “otherness” in travel narratives and local color pieces published during the Antebellum period (5). Sloop’s actions in Appalachia were influenced by several intricate factors, but the establishment of Appalachia as a place of otherness is cemented in her narrative. The reader must keep in mind that Sloop’s portrayal of Appalachian otherness was established in the twentieth century society in which she subsisted. According to Melanie Beals Goan, reformers like Mary Breckenridge were influenced by the beliefs of the Progressive era, including the idea “that society was moving steadily toward an improved state” (5). Shapiro similarly argues that Appalachian otherness “posed a problem” to the conceptualization of “America as a unified and homogenous national entity, and modern American civilization as the

‘natural’ product of inevitable processes of historical development” (31). But what exactly does this “improved state” constitute? Sloop provides a basis for this goal in her articulation of the community’s economic distress. She states, “This little county of Avery ... had a pitifully small total taxable valuation, and how could it build new schools? How could they put up comfortable, cheerful homes? – the strength and security of any community” (120). Here, Sloop provides the basis upon which the reader can interpret the perceived goal of society’s “progression.” While new schools and “cheerful” homes are much more reflective of middleclass niceties, such community attributes are presented as necessities which have not been achieved in the region due to poverty. Sloop’s attempt to address this lack of “community security” in Appalachia was reflected in mission efforts.

Sloop provided uplift services to the region through missionary endeavors. In addressing their willingness to face the isolated landscape of the mountains, Sloop states, “we wanted to be missionaries, Doctor and I, and what could be better than to spend our lives helping to bring to these people of the mountains, these fine, high-principled men and women so capable of great things, a more fruitful, happier manner of living?” (21). Sloop’s interest in mission work to bring about a better “manner of living” reflects a significant movement in the mountains during the early twentieth century. As Inscoe states, “the Sloops’ mission in Avery County was part of that broader movement of those who moved into Appalachia to establish schools, medical services, and other forms of uplift and progressive reform” (317). The rise in these schools and other services took place after 1900 through the efforts of women such as Susan Chester, Frances Goodrich, and Katherine Pettit (Whisnant 7). At the same time, physicians collaborated with women’s clubs and settlement workers to alter Appalachian society by imposing a new paradigm that promoted professionalized health practice (Barney 71). While the services these women

established in the area promoted advancement in education and medicine, problems of representation and cultural intervention surround their work.

David E. Whisnant claims that conscious and programmatic cultural intervention, or “systematic cultural intervention” through cultural schemes shaped mountain culture to outside misconceptions (13-14). Whisnant criticizes female reformers’ role as “cultural intervenors” claiming that their altruistic nature “cannot excuse them from historical judgment” (263). Karen Tice, however, notes the importance of not portraying Appalachian inhabitants as “putty in the hands of reformers rather than active agents,” (193). As Tice explains, Appalachian community members often “embraced the doctrines promoted by educational reformers” and shared many of the same middleclass values (Tice 216). While it is important not to excuse every individual action based on social context, researchers must also realize that reformers were complex individuals who lived in a particular moment in history. Jess Stoddart, for example, notes the female reformers of the Progressive Era were part of a movement that addressed women’s rights and “roles in American culture” (36). Their work, according to Penny Messinger, addressed needs associated with education and healthcare and defined professional endeavors for women (244). Progressive era reformers embodied their era’s misconceptions and prejudices. Deborah Lynn Blackwell argues that romantic portrayals of Appalachia and emphasis on the region’s white inhabitants were contributing factors to reform in the area (20). The Sloops, like other reformers, lived within the historical and social contexts of their time. It is important to note, as John Inscoe claims, that the Sloop’s “operated independently of their many colleagues in the field and of any institutional or denominational sponsorship despite their strong Presbyterian roots” (318). Despite working independently of other organizations, the Sloops were still heavily

influenced by social factors that influenced overarching organizations to conduct change in Appalachia as can be observed in the political dynamics of Sloop's narrative.

Political Dynamics

Education, for Sloop, is the most vital aspect in improving conditions in Avery County. Her efforts to push for education begin in 1913 with the construction of Crossnore School. Education is also the subject that often brings her at odds with the community. Sloop states that many inhabitants wanted to improve the county's educational opportunities, but there was a group who did not wish to change from the traditional schoolhouse. In describing their protests, Sloop falls into a mocking representation of their speech:

Paw and Maw had gone to school in the old building, and they had got along all right, and they themselves had gone there, and it would do for the young'uns. They could get a lot of l'arnin in the old building. There just weren't no use fer them Sloops to be atryin' to start nothin' fancy around Crossnore. They hadn't been alivin' in this country long enough nohow to l'arn that Crossnore folks didn't hanker after no fancy doin's. The old schoolhouse had been aservin' a long spell now, and twon't no good reason why it couldn't keep on aservin'. (57)

Sloop's scornful dialogue acts as a means to present those who disagreed with her idea to build a new school as uneducated and unwilling to provide new opportunities for their children. Vital concerns are present in a closer look at the text. One concern is that the old building has a lot of history and offers the children a place to learn. Another concern is that the Sloops are relatively new and do not understand the financial burden a new school house would place upon the community. Sloop does not completely disvalue community members' input. For example, the community decides to build the new school at the location of the old school and move the old

school to a different location due to the collective desire for the children to receive an education in the same location as that of their ancestors (Sloop 57-8). Furthermore, she considers the value of keeping the older structure as a site for advanced and manual education (Sloop 58). However, her dialogue does reflect disregard of community members' view of the of the school house and its functions.

Sloop asserts that many inhabitants possessed “hunger for learning [and] the desire to obtain for their children a better education than they were getting in the one-teacher schools” (56). The Sloops further pushed the need to “improve” teachers and to improve attendance so that the school could qualify for one additional teacher (56). To Sloop, parents are often at fault for their children’s low attendance. Sloop instructs children to “educate their parents to the value of regular school attendance” and encourages children to beg and cry “not to be kept home to dig potatoes and pick beans” (150). She further claims that children only performed that type of work due to “time honored customs” (150). Sloop’s dialogue is similar to what Tice refers to “class based maternal incompetence” except that Sloop does not specifically blame women in the community (Tice 196). Tice explains that “Education could be used to discredit local wisdom and traditional child rearing practices” (196). Furthermore, a lack of community collaboration led educators to characterize “parents as meddlesome, rigid, defective, or apathetic” (Tice 209) While Sloop’s concern lies with her students’ education, her dialogue reflects that she does not consider the hardships for rural families and that all labor contributes to the family’s success. Although Sloop’s concern for her students is well-founded, she disregards rural chores and depicts the parents as obstacles to their children’s’ education and community growth. It is important to note that several students requested the opportunity to live away from their parents

in order to focus on schoolwork, which reflects some desire to improve attendance (Sloop 140-2). Passing the blame to parents illustrates Sloop's conflict with the community.

Students' desire to live closer to school led to the "boarding-school idea" which eventually resulted in the construction of dormitories (Sloop 143). In the 1920s, a new law "aided [the] efforts to get a high school" (140). Sloop states:

It decreed that any community could have a high school if it had a certain number of pupils in the high school grades, provided the taxpayers of that community would vote on themselves a tax of thirty cents on the hundred dollars; property valuation to supplement the fund the state itself would provide toward the operation of a high school. (104)

Again, many in the community met the tax with resistance, but Sloop campaigned for community members to vote for the tax, which passed. On the day of the vote, she was warned that it may be dangerous for her to go to the polls to vote, but Sloop maintained that, "Mountain men wouldn't shoot me. You all don't respect them like I do. They won't hurt me one bit in the world" (106). Sloop's description of mountain men here is problematic because she disregards her own safety and the safety of others based on her own misconceptions of mountaineers. In one instance, she claims that "there's a certain something in them that, drunk or sober, they can be trusted by a woman," (98). In Sloop's dialogue, the mountain man is represented two-dimensionally, incapable of killing a woman due to a perceived moral code. She does encourage others to hold more respect for mountaineers, but in doing so she claims she has more respect than others.

Establishing changes in education caused resistance from some community members who were represented disrespectfully in Sloop's narrative. As Sloop explains, many parents resisted her enforcements as a truant officer and wanted "home-rule" so they would decide whether their

children could go to school or not (151). Sloop states that parents “frequently kept their children at home to do work or for some other reason they considered good” (150). Sloop claims that she instructs her students “to beg not to be kept home to dig potatoes or pick beans [because] the parents had time to do this, but time-honored customs decreed that it was a job for the children” (150). Furthermore, individuals are depicted as being lazy which inhibited their children’s educational opportunities. For example, Uncle Abe keeps his son at home to run the gristmill because Uncle Abe was more interested in socializing than working (Sloop 96). Though not directly stated, Sloop depicts impoverished Appalachian inhabitants in a way that blames the inhabitants’ bad parenting and laziness for poverty.

Sloop further describes the communities as primitive and fixed in traditional ways of life. Sloop claims the many problems in education that arose came “out of old customs and traditions” (95). Sloop further falls back onto the twentieth century belief that Appalachians were direct descendants of the English, claiming that “mountain people have a strong feeling for the rights of the individual. It’s a heritage, no doubt, from their English ancestry” (150). The evidence of the mountain people’s heritage, as Sloop argues, can be found in their speech, which she claims reflects Elizabethan language (205-6). Although the Elizabethan ancestry theory of Appalachian heritage is often dismissed today, Sloop’s claims of the community’s English heritage are rooted in local color and travel literature. The theory of Appalachian ancestry was further perpetuated by William Goodell Frost who, according to McNeil, “encapsulated ... widely held ideas previously expressed about Appalachia” (91). In his essay “Our Contemporary Ancestors in the Southern Mountains” Frost argues that “the ‘leading families’ of the mountains are clearly sharers in the gracious influences which formed the English and Scottish people” (McNeil 101).

Sloop also describes moonshining to a great length. In her representations, Sloop usually acts as an officer or agent staunchly in opposition to the practice. After the county voted in favor of the supplementary school tax to fund a high school, Sloop turned her attention to “liquor making.” She states,

A large part of the little money [mountain people] received came from liquor making. I was dead against liquor, and they knew it. Our relentless hostility to moonshining and everything related to liquor making and liquor drinking we had brought with us to Crossnore when we came over to Plumtree. We had fought it there, and we continued to fight it here. Everybody knew our stance on liquor. We talked against it and prayed against it and did everything we knew to fight it. (109)

Sloop’s dialogue on moonshine is arguably the harshest in her narrative. Her position of being “dead against” the practice after she claims to understand there is little revenue available to the local population seems to lack compassion. However, in the context of her faith and strict regulations against moonshining, Sloop’s views on moonshining coincide with the social practices of the twentieth century. For example, Sloop claims that “in making our fight for better school facilities and better teaching I pointed out that education and liquor just didn’t go along together” (110). Furthermore, Sloop states that though there were no feuds, there were “liquid murders” which, as Sloop claims, sometimes took the life “of a boy in his teens . . . who should have been in school and not out at a still (109). While Sloop’s is exceedingly unsympathetic to moonshining, her position does make sense in social context. The practice not only goes against her religious beliefs and the law, it is associated with needless deaths, especially those of her students.

Medical access and representations of health are two of the most significant subjects in Sloop's narrative. In her narrative, Sloop provides connections to poverty and health in her representations of Appalachian inhabitants. In one instance, Sloop connects the community's isolation to their poor diets. She states, "But with no roads Avery County would remain isolated; with no prospect of moving their crops and selling them to the outside world, the farmers would continue to fail in achieving prosperity. Nor would they even achieve good health" (120). She further describes Appalachian diets as "atrocious" and lacking "rudiments of proper balance" (120). She notes that although families raised vegetables, "the men of the family ate only bread and meat, and the vegetables, when used at all, were badly cooked. Mountain women usually had these vegetables simply floating in hog lard, and the things that they fried were sopping with grease" (121). Sloop's criticism of local diets portrays class and gender biases Sloop notes that mountain men only eat bread and meat even when vegetables are present and further criticizes mountain women's use of lard when cooking vegetables. Tice notes that by the twentieth century, "scientific mothering" dominated women's roles in a twentieth century domestic sphere and that many female social reformers "were deeply indebted to these class-bound notions of scientific mothering, marriage, family, and domesticity" (208). Middle-class expectations deemed that "good mothers" were "knowledgeable ... to expert advice regarding child development, health, mental hygiene, and housekeeping" (Tice 208). Sloop does not directly blame mountain women for their families' unhealthy diets, but she criticizes their cooking skills as "bad" and unhealthy, which implies that Appalachian women do not meet the middle-class standards of domesticity.

Providing access to medical care to Avery County was perhaps the physicians' greatest challenge. Dr. Eustace Sloop, like many other country physicians during the early twentieth

century, traveled on horseback to areas deep in the mountains and often under dangerous conditions. The physicians, as Sloop states, “were often forced to improvise” (86). For example, when they first arrived in Avery County they did not have access to electricity and had to use kerosene lamps when operating (Sloop 31). They often operated outside under a tree on boards or an operating table the physicians borrowed “from the patient’s kitchen” (Sloop 87). The Sloops further introduced medical practices that were new to the community or were not initially considered safe by the inhabitants. For example, soon after their arrival, the Sloops received a patient with appendicitis. Many community members were convinced the patient would not survive because they had not been exposed to successful operations, but after the Sloops’ success, confidence in the physicians grew within the community (Sloop 30-33). This confidence was vital to the Sloops because it connected them to the Avery County inhabitants.

The relationships that the Sloops’ secured through medical care allowed them to build their practice and act as agents of change while advocating improvements in other areas of their patients’ lives. The Sloop’s description of their first successful surgery is an important aspect of the narrative not only because it establishes the groundwork from which they built their medical practice, but also because it depicts the basis of their interactions with the community. As Karen Tice explains, the reformers who remained in the region long term “soon learned the importance of developing close relationships with the local mountain communities where they worked” (197). The Sloops were active figures in educational reform, better health practice, and more accessible medical care. The Sloops’ active role in the community would not have been possible without the relationships cemented through their success as physicians. Sloop states their medical work, “made a great deal of friendship for us in Plumtree and even a mite of respect of

our work among the neighboring people” (32). It was through this foundation that the Sloops made their name in the community.

The Sloops experienced great success as medical practitioners in Avery County. They provided access to medical services and oversaw the implementation and construction of medical facilities in the region they served. Sloop attributes their success to the community members to whom she refers as “a very sturdy kind of people, a people most of whom had led a clean life” (137). Sloop’s statement reflects twentieth-century stereotypes of mountain inhabitants as being poor but worthy. However, the statement further draws praise away from the Sloops’ medical care that they provided to the Avery County community and demonstrates a high level of respect toward the community. Sloop states that her family wanted “to live among [Avery County inhabitants], seek to help them, enjoy them, learn from them, become a part of them” (21). Sloop’s dialogue reflects that on some level she and her family are part of the community. However, Sloop’s continued use of the word “them” indicates that on some level she still separated herself from the community. While providing medical access to Avery County connects the Sloops to their community, the dialogue in Sloop’s narrative reflects a boundary that is never actually broken.

Race is another social and political factor that must be addressed in Sloop’s narrative. Sloop describes African American community members offensively. Throughout the narrative, she reiterates the Anglo-Saxon narrative common in discourse about the region during the early twentieth century. When addressing the treatment of an African American child for a head wound, Sloop states, “It was unusual to have a Negro patient; there weren’t many colored people in this section. There are comparatively few now, in fact” (37). Sloop’s statement is not untrue. A 1920 publication of the United State Census lists an African American population of 243 out

of a total population of 10,335 for Avery County (U.S. Census Bureau 7). In a 1950 census, the total population rose to 13,352 and the African American population fell to 204 (U.S. Census Bureau 33-107). The African American population was low in Avery County, but that population existed. Sloop lived in a white community and rarely interacted with the black community. Such separation reflects what Grace Hale refers to as a “culture of segregation” that clearly defined white and black spaces (284-85). As physicians, the Sloops interacted with the African American population more than other white community members. Sloop did have the opportunity to speak about that population in her narrative but instead chose to gloss over it in a discriminatory anecdote. Sloop partakes in a discourse that limits Appalachian representation for minority populations by omitting the African American community’s presence from her autobiography. Such omission, according to Barbara Ellen Smith, perpetuates whiteness as “the normative and generic identity of Appalachians” and implies that race is absent (42-3).

Sloop further depicts the patient’s dialogue in an offensive vernacular. For example, when the physicians met him after the patient missed his appointment, Dr. Eustace Sloop comments that child has not come to have his stitches removed to which the patient responds, “No, Boss it’s adoin’ so well they don’t need to come out” (38). The patient’s supposed usage of the term “Boss” exemplifies disturbing and commonplace race relations in the community. Because he is a white man, the African American patient addresses Eustace Sloop with the title “Boss” to demonstrate his position in a society that favors whiteness and masculinity. When Dr. Eustace Sloop reminds the patient that he used horse hair to sew the wound, the child responds, “Yas, suh, yas, suh, and you done a good job too” (38). When Dr. Eustace Sloop comments that a horse’s tail will grow from the stitches on his forehead, the patient responds with “Lawd, mister,” and “his white eyeballs [roll]” (Sloop 38). Here, Sloop uses blatantly racist language to

describe an African American patient. The Sloops did break some racial barriers by treating patients of all races, but the language and dialogue Mary Martin uses exemplifies twentieth century racial attitudes.

Another important aspect of Sloop's autobiography is that it documents her work as a physician and educator in a period when women not only were discouraged from becoming physicians but also faced barriers to education and professional practice. According to Ann Douglass, "women were to cultivate domestic piety behind closed doors while their male counterparts were to face, and if possible, conquer the competitive world of commerce" (57). Sloop accomplished amazing feats despite limitations for women, but she does not always break away from twentieth-century gender norms. Early in the narrative, Sloop claims that she believes "'female' is one of the most horrible words in the English language" (13). Although it could simply be that Sloop is not fond of how the word sounds or feels on the tongue, it is odd she never expresses any disdain for the word "male." However, one must also consider that Sloop mentions her disdain for the word after her father announced that she would be attending Statesville Female College for Women (Sloop 13). Sloop further admits to not wishing to attend college because she was accustomed to being around boys at Davidson and she "liked boys" which is safe to admit in her eighties but was not appropriate in her youth (13). Contempt for the term "female" represents her lack of power when initially sent to pursue a higher education. The term "female" would thus be associated with inequality and lack of freedom for women in a twentieth century patriarchal structure.

Sloop further struggles with gender roles in her career and educational choices. Upon joining the church at age thirteen, Sloop expresses to an individual she refers to as Dr. Rumple her desires to practice as a medical missionary in Africa (15). When Rumple asks, "What'll your

mother say about you studying medicine?”, Sloop replies, “I believe it’d kill her” and resolves to keep it a secret (15-16). Sloop further faced adversity when she applied as a foreign-mission candidate. In 1902, the Presbyterian church claimed that her “advanced” age of twenty-nine would inhibit her ability to learn foreign languages and “to stand the rigors of a tropical country” (Sloop 19). While taking medical courses at Davidson during the 1890s, Sloop also had to take “ladylike” courses to appease her mother (Sloop 16). Her mother refused to allow her to take math or surveying, skills she later needed when working in Avery County (Sloop 16). The administration at Davidson further refused to allow Sloop to take anatomy due to the indecorous “naked cadavers” in the dissecting room (Sloop 16). Sloop would not take anatomy until her transfer to the Woman’s Medical College of Pennsylvania during the early 1900s (Sloop 19). Her experiences supply the reader with examples of the complications that gender norms imposed on female education. On one level, Sloop faces her mother’s disapproval, which limits her options in courses. She also faces adversity at Davidson and cannot take basic medical courses. To overcome this adversity, Sloop must attend a school specifically for women. This adversity reflects limitations put on women’s movement, especially in institutions designed to cater to men.

In her work in Avery County, Sloop has a significant amount of power as an educated physician. She takes a lead in enforcing rules of alcoholic production, school attendance, and spiritual guidance. Like her husband, Sloop was a well-trained and capable physician. However, Sloop is not as involved in their practice as much as Eustace Sloop. Sloop states that though she helped as much as she was able, the growth of their family impeded her ability to help her husband (33). Sloop further explains that while she sometimes traveled to assist patients, “it was Doctor, [Mr. Sloop], who braved the cold and wet day or night to minister to the sick” (35).

While Eustace Sloop took the lead role in medical service, Mary Martin Sloop took a lead in educational reform. The roles the physicians took are significant in the context of the development of medicine in the region and in the context of social norms during the twentieth century. Sloop takes on the role of a middle-class reformer concerned with the needs of education and children. Her concern with ending child marriage and providing education to children in the community become her main concerns. Thus, Sloop takes on the role of the “fotched-on” women who “ventured into the southern mountains early in the twentieth century as teachers, reformers, and cultural workers” (Tice 191). Sloop can especially be understood alongside Mary Breckenridge, founder of the Frontier Nursing Service (1925), which provided healthcare to Leslie County, Kentucky, and surrounding communities (Goan 2). Melanie Beals Goan describes Breckenridge as a “maternalist – one who justifies women’s political participation by emphasizing their unique, innate qualities as caregivers and who celebrated the ‘socially vital’ work women performed” (5). According to Goan, Breckenridge “preferred to operate within rather than to challenge the prevailing gender system that designated the home as women’s sphere” (Goan 5). Sloop too preferred to work within the gender system of her time. For example, her role as an educator placed her in a maternal role in the community.

The Sloops’ personal relationship is also a significant factor addressed in the autobiography. Twentieth-century gender roles are apparent in the narrative. Sloop describes an incident early in their marriage that depicts their roles in their marriage. When the Sloops were traveling to their new home in Avery County, Dr. Eustace Sloop advised Dr. Mary Martin Sloop to let their horses roam, even though his wife warned him that her horse was not accustomed to roaming; as a result, both horses ran away (Sloop 23). After he returned from catching the horses, Dr. Mary Martin Sloop refrained with difficulty “from saying ‘I told you so’” and contributed the success

of their marriage to her restraint (24). Although this story simply covers an innocent and comical moment in the beginning of their marriage, the extracted lesson implies that a successful marriage relies on women refraining from arguing and correcting men. Sloop further takes on traditional twentieth century domestic roles in their home while her husband provides income. In one instance after the Sloops calculate the cost needed for unbleached domestic fabric to use in place of widows, Dr. Mary Martin Sloop holds out her hand and says “please give it to me” which he gives her “ungrudgingly” (67). The Sloops support each other’s endeavors, but financial power still lies with the male figure.

Throughout the narrative, Sloop expresses that the physicians were supportive of one another. Sloop states, “Doctor helped me as much as he could spare from his medicine. And I tried to help him whenever the opportunity permitted” (135). Overall, Sloop depicts their relationship as possessing equality between partners. John C. Inscoc suggests that Sloop’s “seven- year seniority in age made her a more dominant partner in their marriage ... or gave her the confidence to be the more visible and vocal spouse than a woman of the same age as or younger than her husband would have been” (332). Inscoc makes a valid point in that Sloop acted more vocally and visibly despite strict gender roles, but his claim is bold and fails to dissect the deeper meaning in their relationship. Inscoc’s statement implies that Sloop was only active in Avery County because she was older than her husband, and that Dr. Eustace Sloop would not provide the same level of respect to his wife if she were younger. The statement also overlooks the gender roles the couple did adhere to. According to Sloop’s narrative, despite strict twentieth century gender roles, the Sloops genuinely respected one another and worked as equals.

In her narrative, Sloop depicts women as having fewer options than did men, especially in education. In addressing young girls, Sloop finds “the widely accepted practice of children marrying at the very beginning of their adolescent years” to be debilitating to boys and girls alike (68). Sloop states that infant mortality of these young wives is particularly high and that many young girls “died in childbirth, while others grew old with childbearing at twenty-five or thirty” (69). In one anecdote, Sloop relates the story of a young girl named Hepsy who was a member of Sloop’s sewing circle. When Hepsy turned thirteen, she was engaged to a man Sloop describes as “more than twice her age and a drunkard and moonshiner” (71). Although he protests at first, Sloop convinced Hepsy’s father to let his daughter go school at Banner Elk (71). Sloop raised money to buy school clothes and supplies through the Old-clothes store which was created after Sloop’s friends from Davidson College donated black mourning dresses (72). After this incident, Sloop recounts that they utilized funding for other young girls to go away to school until Crossnore School further expanded (74). Hepsy’s story provides readers with an example of the lack of opportunities that young girls faced in impoverished communities. Sloop utilized education as a means to solve Hepsy’s difficulties and provide more opportunities to women.

Mary Martin Sloop states with the help of the community, the Sloops implemented educational opportunities for men and school-aged children, but they lacked opportunities for women (208-9). In response to the lack of educational opportunities, Sloop wrote to “Mrs. Jane McKinnon, who was then the pride of the state in home economics” (Sloop 209). McKinnon sent a specialist from Raleigh, North Carolina, to initially provide housekeeping and canning lessons (Sloop 209). However, after the women expressed a desire to bake and trim cakes to enter in contests, the specialist also extended her lessons to cooking and baking (Sloop 210). Upon request, Sloop also organized sewing lessons upon the community’s request (210-11). Sloop’s

efforts in providing education to women in the mountains focused on domestic skills that were valued in twentieth century society. However, it is important to note that local women requested these lessons. Furthermore, these lessons provided mountain women educational opportunities.

Sloop does not provide detailed descriptions of mountain women. However, she does provide examples of limitations faced by mountain women from impoverished communities. On the surface, Hepsy's move to Banner Elk implies that opportunities were only provided to mountain girls away from their homes. However, Sloop states that they discovered "it would be far better to keep those children at home and provide them a high school at Crossnore" (102). Sloop's statement illustrates that she finds more benefit in providing children, especially young women, educational opportunities inside the community. Though Sloop tends to describe mountain women in terms of modesty, simplicity, and "bashfulness," she illustrates that women should have more educational opportunities and have a say in the education they wish to receive.

Target Audience

Stephen Greenblatt lists examining "why readers at a particular time and place find [a cultural] work compelling" as the second consideration that scholars must examine in performing an analysis of a cultural production ("Culture" 226). In reading Sloop's narrative, researchers must consider how her audience influenced how she relayed her experiences in the mountains. There are three audiences to consider: a middle-class readership, the community of Avery County, and other physicians. On one level, Sloop's narrative reiterates stereotypes cemented in nineteenth and twentieth century Appalachian literature. According to Karen Tice, educational reformers were "inheritors of a tradition of writing about Appalachia that stressed the cultural backwardness and deficiency of mountain people" (191). Sloop, along with other reformers, faced "pressures to evoke such stereotypes, especially in publicizing their efforts to a wider

American public and soliciting financial support” (Tice 191). Depicting the region in well-received stereotypes appealed to a middle-class white audience. However, Sloop’s narrative also tells a story of community growth and reflects the relationships that the Sloops established during their work in Avery County. These factors, therefore, would make her autobiography appealing to members of the community. Finally, Sloop’s narrative targets a professional class of educators and physicians. Throughout the narrative, Sloop provides images of health and discusses the lack of medical access and its implications on the community. Sloop’s narrative shows how she helped a community make progress through medical access and educational development.

Scholars must also address the difference between Sloop’s audience when her autobiography was published in 1953 and her audience in the twenty-first century. It is simple to analyze what twenty-first century readers consider blatant derogatory images of Appalachian inhabitants and African American populations, but it is much harder for readers to consider how Sloop’s society shaped her beliefs and values. Lois Tyson states that “we are all products of “a particular time and place” which makes objective analysis impossible (283). Sloop’s narrative is an analysis of her perceptions of Appalachian culture. However, because she was influenced by twentieth-century conceptions of Appalachia and middle-class society, she is unable to provide an unbiased representation of the region. Likewise, current readers cannot provide an unbiased analysis of her narrative because they also are influenced by literature about Appalachia and literature about social reformers. Although many readers may note that Sloop is an “outsider” in her examination of Avery County, they must also realize that they too are “outsiders” to the social and political atmosphere of the early twentieth century in which social reformers acted. Sloop’s narrative

cannot be understood without taking into consideration the historical time and place in which it was created.

Conclusion

Narratives written by physicians in Appalachia are important because they provide readers with insight into their societies, communities, and practices. Sloop's autobiography is especially important because she illustrates her family's role in Avery County as rural physicians during the early twentieth century. Sloop illustrates that she and her family were key leaders in their community. As physicians, the Sloops had considerable authority within and outside Avery County. Sloop approached her community as an outside physician and acted as an agent of change to promote development in Avery County. Sloop and her family made an obvious effort to connect with community members and alleviate poverty. Sloop's narrative is also important because the account allows readers an insight into their medical mission and into the lives of impoverished individuals. Sloop's autobiography further serves as a window to twentieth-century American society and the deeper influences of twentieth-century American identity, conceptions of poverty, prejudice, existing misconceptions of Appalachian culture, religious and educational values, and gender roles. These influences require scholars to look deeper into the meaning of physician narratives and to consider the impact that physicians have in representing their communities.

Sloop's narrative is further important in the lessons conveyed by readers. Sloop's autobiography is both enlightening and problematic. When examining her narrative, researchers must place Sloop within her historical context. Nonetheless, Sloop did have a responsibility to provide a completely accurate portrayal of life in Avery County. All individuals have a responsibility to depict places accurately. Individuals in positions of power must consider the

impact that their words have. The Sloops interacted with individuals across the county. The Sloops' patients trusted them with their health and with other aspects of their lives. I do not believe that Sloop intentionally attempted to portray Avery County inaccurately. She may have truly believed everything she claimed to be true, but her narrative is problematic at times. Sloop's narrative contains prejudice language and often falls back on widespread twentieth-century misconceptions of the region. The narrative also provides readers with a first-hand account of the social, historical, and political dynamics surrounding her medical practice in Avery County, North Carolina. One of the narrative's greatest strengths is its discussion of gender roles and gender norms that when examined closely allows readers to better understand challenges faced by middle-class and impoverished rural women in the early twentieth century. In a closer look at its social and historical contexts, Dr. Mary Martin Sloop emerges past two-dimensional characterizations made when simply analyzing her narrative content in terms of outsider/insider binaries. Sloop becomes, then a complete person with all the values and faults instilled within her from her society.

CHAPTER 3

GAINIE CANNON: *MOUNTAIN DOCTOR*

“Yet these are good people, deserving the best from life, Dr. Cannon told himself, folk whether affluent or desperately poor, who respect their neighbors and themselves, demonstrating in their humble but positive way their respect and reverence for the life around them” (Blythe, 23).

Overview

Throughout his narrative, Gainie Cannon expresses a deep admiration for mountain culture. He emphasizes that residents “deserve the best from life and strives to ease the community’s lack of medical care (Blythe 23). Upon his arrival in Balsam Grove, North Carolina, Cannon immediately notices that the community is in dire need of medical access. Cannon, as LeGette Blythe notes, immediately recognizes the community’s worthiness as community members “demonstrate in their humble but positive way their respect and reverence for the life around them” (23). Although Cannon provides a positive description of the community, he depicts residents in terms of stereotypes in order to demonstrate their worth. Cannon’s tone throughout the biography is notably different than Sloop’s. Sloop’s voice leans towards condescension, but Cannon’s dialog expresses admiration. Nonetheless, Cannon’s text still presents concerns of Appalachian representation that must be addressed. Cannon’s biography, told by LeGette Blythe, spans the years from his birth in 1900 to 1963. The account was published in 1964, two years before his death in 1966 and focuses on his medical career in Balsam Grove, North Carolina.

In this chapter, I provide a brief overview of Cannon’s life and work in Balsam Grove. I then analyze Cannon’s biography by consulting the points outlined in my first three research questions. First, I discuss the social and historical contexts of Cannon’s account and of Appalachian stereotypes. Then, I move to a political discussion of Cannon’s narrative. Political dynamics in Cannon’s work include representations of Balsam Grove, representations of

poverty, and representations of health. I further discuss the political dynamics of Cannon's application of Albert Schweitzer's philosophy and Cannon's views on race and gender. After concluding my analyzation of the political dynamics in this account, I examine Cannon's target audience and its impact upon his narrative. In the conclusion of this chapter, I discuss the importance of analyzing Cannon's biography.

Dr. Gaine Cannon was born in Calvert, North Carolina, in 1900 (Thompson, par. 1). His mother was a Whitmore from Transylvania County, North Carolina, and his father was a physician from Rabun County, Georgia (Blythe 25-6). Cannon's family moved to Pickens, South Carolina, when he was approximately four years old. His father, Dr. James Alvin Cannon, provided medical services for several communities, including the areas where James Alvin Cannon practiced in North Carolina before the move to South Carolina (Blythe 26-27). According to Cannon, his father often traveled to patients' homes on horseback, endured tiring rides, and often received little monetary payment for his work (Blythe 27). Cannon notes that his relationship with his father was strained and that his father did not approve of Cannon's desire to be a doctor due to the professions laborious requirements and lack of monetary value in a rural setting (Blythe 34-5). Despite his father's disapproval, Cannon studied at Berea College in Kentucky where he paid his way through school by working in the college hospital and driving an ambulance (Blythe 36). He graduated with a bachelor's degree in 1925 and then made financial arrangements with a former high school teacher to take medical courses in Scotland (Blythe 37). The summer before his medical classes began, Cannon traveled to Ollerup, Denmark, to take physical education classes at the Gymnastik Höjskole (Blythe 37-8). When he attempted to enroll in medical school in Scotland, his former instructor could no longer afford to fund him, so he returned to the Gymnastik Höjskole in Ollerup (Blythe 38).

When he returned to the U.S. for medical school, he studied at several universities and in 1931 “earned his Doctor of Medicine degree at the Medical College of Virginia” (Blythe 38-9). Upon his graduation, Cannon interned two years at St. Elizabeth Lying-In and Children’s Hospital in Washington, D.C. In 1933, he joined the Civilian Conservation Corps, which provided employment for young men during the depression era (Blythe 39-40). Cannon provided medical service in a camp near Ridgeway, Pennsylvania, before returning to Fayetteville, North Carolina, to work for a textile mill as a physician (Blythe 40). In 1936, he married a woman he met in Ridgeway and returned to North Carolina where he built a clinic that would later serve as a hospital (Blythe 41). Cannon remained in Fayetteville with his family for five years before returning to the CCC 1940 through the Army Reserve. He was initially stationed at Fort Bragg as a post surgeon (Blythe 41-2). Cannon then transferred to the Women’s Army Corps training center at Daytona Beach, Florida, as chief of the medical service (Blythe 43). In 1946, after six years of service, Cannon retired from the Army after failing a physical examination (Blythe 45-6).

Cannon returned to Pickens in 1947 where he built a small clinic and established a private medical practice; he soon began arrangements to build a hospital (Blythe 46). Cannon named the finished hospital Cannon Memorial after his father who died in 1938 (Blythe 47-8). He managed to free the project from debt, but he soon became exhausted with the heavy work load and number of patients, so another physician advised him to take a break (Blythe 48). After his divorce, Cannon purchased land in Balsam Grove where he traveled to take time off from his practice in Pickens (Blythe 48-51). He soon started to see patients in Balsam Grove and eventually returned to Pickens to continue his vacation (Blythe 51). After his break, Cannon began to visit Balsam Grove twice a week to provide desperately needed medical services. He

later hired Dr. Clarence Edens to help him rotate work in Pickens and Balsam Grove (Blythe 51-3). In 1953, a Balsam Grove committee approached Cannon to request he conduct “small chores,” such as painting and putting his name on his mailbox, to improve the state of his improvised clinic as part of a competitive community improvement program in the western part of the state (Blythe 54). One of the members further requested that Cannon open a permanent clinic in Balsam Grove, which eventually led to the establishment of the Albert Schweitzer Hospital (Blythe 55-6). After receiving approval from Schweitzer to use his name for the hospital, Cannon began working full time in Balsam Grove (Blythe 56-7).

Cannon continued to practice in Balsam Grove and surrounding communities until his death in 1966 (Thompson, par. 11). Cannon applied Albert Schweitzer’s philosophy of reverence for life to his work in Balsam Grove and further visited Lambaréné with a group from the Albert Schweitzer Education Foundation where he met and volunteered with Schweitzer in 1961 (Blythe 169). Cannon provided much needed medical service to Balsam Grove and surrounding communities. Although written from Blythe’s point of view, the biography contains a large amount of dialogue from Cannon, which demonstrates his involvement in supplying information to Blythe. By applying new historicism to Cannon’s biography, I examine the narrative for its social and historical contexts, discuss political dynamics that appear throughout Cannon’s interpretation of Appalachian culture, and consider how a national and local audience impacted Cannon’s discussions of the Balsam Grove community. Overall, I argue that although Cannon’s dialog conveys a high level of respect for Balsam Grove and mountain culture, which perhaps can be attributed to his status as an Appalachian inhabitant, a deeper examination of his narrative reveals twentieth-century misconceptions of the Appalachian region as well as problems of misogyny and racism.

Social and Historical Contexts

In a discussion of historical and social contexts, it is important to note that Cannon was raised in the culture he depicts. When comparing the biography to Sloop's narrative, one immediately notices the lack of discovery in Cannon's tone. While Cannon's status as a mountaineer certainly implies his familiarity with the region, one must also note that by the time Cannon began working as a physician in Appalachian communities, stereotypes of the region were well ingrained in American society. Cannon was born during McNeil's second era and grew up during the period when reformers and benevolent workers moved into the region. By the time he completed his medical education in 1933, began a practice in Pickens, South Carolina, in 1947, and started his work in Balsam Grove in 1953, reformers such as the Sloops were established in several Appalachian communities. Furthermore, Cannon did not have to establish himself in his community in the same way the Sloops did. Cannon possessed his own experiences of living in a mountain community as the son of a mountain doctor. Cannon's experiences in his mountain community portray familiarity with the region in place of discovery.

Cannon's status as an "insider" does not exempt him from his own misconceptions, and the reader must consider the impact this has on his narrative. Cannon's narrative covers his life from 1900 to 1963. For most of his life, he lived in an Appalachian community and was therefore shaped by that culture. He was also influenced by the ideas and images concerning the region during his life. His dialog reflects not only an attempt to describe Appalachian culture, but also to describe himself within that culture. Throughout the narrative, Cannon makes an obvious effort to label himself as a mountaineer. He often refers to Appalachian inhabitants as "my people" and claims to "understand and appreciate them" (Blythe 161). Blythe similarly refers to Appalachian inhabitants as "[Cannon's] beloved mountain folk" which stresses the importance

of the community and its inhabitants to Cannon and further establishes Cannon's authority in describing mountain culture (10). However, Cannon does display efforts to separate himself from other mountain inhabitants by reference of his educational status. In the narrative's prologue, Blythe describes Cannon as "the great man of his region," which sets Cannon up as a powerful force (11). Blythe further depicts Cannon as a source of transformation:

Yet all about him on this bright morning, for miles out from this little cove, good mountain folk were suffering and some perhaps were dying for lack of medical help. A doctor right here could provide immeasurable service, could with far-reaching results put a philosophy into practice. A doctor here in this little cove could transform a community, could make meaningful his reverence for life. (23)

In this passage, Blythe creates a distinction between the "suffering" community members and the arrival of a country physician capable of providing "immeasurable service." This "immeasurable service," which positions Cannon as a powerful figure in the community, is also what separates him from his patients. Cannon sees his patients in terms of need. Blythe states, "[Cannon] envisioned the patients gathered in from the coves and the ridges, men and women and children, bearded patriarchs and newborn infants – comfortably fixed, desperately poor, good, bad, indifferent, but people in need, in pain, in despair, people who required him, *his* people" (Blythe 24). In this passage, Blythe portrays the community's need of a medical provider. The community is further linked to Cannon as "his [Cannon's people]" (Blythe 24). It is common for an individual to refer to a community with possessive pronouns. But, Blythe describes Cannon as an exceptionally powerful figure in Balsam Grove which, when paired with the dialog, depicts the community and its inhabitants as possessions.

By describing his patients in terms of need, Blythe expresses the necessity of uplift in the Balsam Grove community. Like Sloop's autobiography, Cannon's narrative falls into Shapiro's description of uplift literature in that Cannon strives to improve health, and, to an extent, economic conditions in Balsam Grove. A key element in uplift literature is a focus on the issues that arise from the perceived problem "of the mountaineer's isolation from those two pillars of American culture, the church and the school" (Blythe 57). Cannon lacks benevolence based on theology, but his utilization of Schweitzer's philosophy of reverence for life does possess a familiar missionary impression. For example, Cannon established his practice in response to mountain poverty and the community's "suffering" due to a lack of access to medical care (Blythe 23). He depicts community members as individuals "deserving the best from life ... who respect their neighbors and themselves, demonstrating in their humble but positive ways their respect and reverence for life around them" (Blythe 23). Cannon seeks to "transform a community" and further "minister" Schweitzer's philosophy to Balsam Grove (Blythe 23-4). Cannon's dialogue resonates with Sloop's desire to be a missionary and "bring ... fine, high-principled men and women so capable of great things, a more fruitful, happier manner of living" (Sloop 21). Although Cannon does not voice a desire to become a missionary like so many other reformers, he relies upon the community's impoverishment, lack of medical access, and "suffering" in order to provide a basis to apply Schweitzer's philosophy and provide what Sloop described as a "fruitful" way of life. Therefore, Cannon's actions are best understood in the context of missionary benevolence and Christian charity.

Cannon's biography can also be understood in the context of advances in medicine and the impact that these changes had in Appalachia. When describing his father's education in

medicine, Cannon explains that many physicians studied medicine before medical education was standardized:

Back in those days a young man who wanted to become a physician only had to have a certificate from a schoolteacher recommending him for acceptance into a medical school. And after he was admitted, he had but two years of medicine, with only five months of study each year. Upon completion of that training, the incipient doctor 'read medicine' as it was termed then, with some practicing physician; after that he was considered competent to begin his practice. Cannon had taken his two years of training at what is now Emory University, in Atlanta; it was then called, I believe, the Southern Medical College. (Blythe 26)

His father's medical training reflects a change in the practice of medicine and Appalachian society. Dr. James Alvin Cannon, born between 1852 and 1855, would have studied medicine during or near the time during 1880 and 1890 when young educated physicians began to claim specialized knowledge of medicine (Barney 16). As these "advances" were introduced into schools in which Appalachian physicians were trained later than schools outside of the region, Dr. James Alvin Cannon's education most likely took place before fundamental scientific advances in medicine were introduced to his college (Barney 16-17). Cannon further describes changes in medicine from his childhood to the time of Blythe writing his biography. For example, Cannon describes taking calomel, a treatment he describes as "drastic" (Blythe 34). Calomel is a mercurous chloride compound that utilized in the late 18th century to treat yellow fever (Risse 57). After its initial success in the eighteenth century, physicians and patients regarded it as a panacea and despite the effects of mercurial toxicity, was commonly used as late as the early twentieth century (Risse 63). Many physicians still used calomel during Cannon's

childhood. By the time of his narrative's publication, however, physicians no longer practiced this treatment.

James Cannon's education was significantly different and shorter than his son's, Cannon describes his father as a competent physician, claiming that the best compliments he receives are those from patients who claim that Cannon is almost as competent as his father (Blythe 48). While Cannon demonstrates respect towards his father in this statement, his dialog also reflects a respect for those physicians who practiced outside of scientific medicine. Cannon also addresses the presence of traditional practitioners. Cannon describes a man near Balsam Grove who, "though not a trained physician, had been the only doctor the community boasted ... and had been given a limited license by the state to practice medicine" (Blythe 151). Cannon further explains that the man practiced during a time when several communities in North Carolina had access to medically trained doctors so limited licenses were bestowed upon midwives and traditional healers (Blythe 151). According to Barney, medical professionals were discouraged by areas with low populations because such areas offered little economic gain (17). Even during the years Cannon practiced during the latter half of the twentieth century, medical access was still a concern to many families in Balsam Grove. Cannon's view on traditional healers is drastically different from other healthcare providers who rejected the practice of traditional practitioners and viewed their ministrations as harmful to the region and the advancement of medicine (Barney 69). Cannon's acceptance of these practices was based in his familiarity of the region and his understanding of the lack of access to professional medical care in Appalachian communities.

Another interesting factor in the social and historical context in which Cannon practiced is his application of Albert Schweitzer's "reverence for life" to his medical practice. Schweitzer

was born in in 1875 in Kaysersberg, Alsace-Lorraine, Germany (Cicovacki 4). He studied theology, philosophy, and music and received his PhD in philosophy in 1889 from the University of Strasbourg in Alsace (Cicovacki 4). By 1905, Schweitzer was distinguished in three academic fields and served as the chair of Strasbourg's Protestant Theological Seminary (Cicovacki 4). In 1905 he decided to return to school to study medicine and by 1913 Schweitzer and his wife Hélène Bresslau traveled to Lambaréné to practice medicine and establish a hospital (Cicovacki 4). Schweitzer received several awards for his work as a humanitarian including the 1952 Nobel Peace Prize (Cicovacki 4). Schweitzer's reverence for life is especially significant to Cannon and his work in Balsam Grove. Schweitzer describes reverence for life as an individual's "will to live" and as the "compulsion to give to every will-to-live the same reverence for life that he gives his own" (156-7). Cannon understands reverence for life as "the will to live and to let live ... the will to live and to help other life live" (Blythe 119). Cannon's practice of Schweitzer's philosophy plays a major role in how he addresses the region and how he practices medicine. For example, when discussing alcoholics and moonshiners, Cannon claims he only "fights [alcohol] medically" and not by reporting moonshiners" (Blythe 85). Cannon further notes the danger in reporting moonshine stills to law enforcement which is contradictory to Sloop's image of the harmless mountaineer and her ardent fight against moonshining (Blythe 85). Cannon, therefore, demonstrates a neutral and practical stance regarding moonshining and other illegal activity in favor of securing his safety in the community and focusing on providing medical services to Balsam Grove.

In further demonstrating the impact reverence for life has in his practice, Cannon describes his actions in treating a woman when several physicians, including himself, were sure she would die. He states, "I didn't see how I could do anything for her, but I thought I would try, at least,

out of my reverence for life” (Blythe 145). Cannon’s treatment of the woman results in a partial recovery and the extension of the woman’s life (Blythe 145-6). By relating this story, Cannon demonstrates how the application of reverence for life leads him to make decisions other physicians would not. Much of Cannon’s professional career, especially his work in Balsam Grove, is based on Schweitzer’s philosophy. In describing his beliefs, Cannon is careful to outline the reverence for life in terms of Christianity. Cannon explains that upon his graduation in 1925, he became “disturbed” by his lack of “religious beliefs” (Blythe 59). Though he is careful to articulate, “I did not then and do not now doubt the existence of a good and all-powerful Creator and Ruler of life” (Blythe 60), Cannon further explains that he and other individuals perceive the philosophy “as the way of life as Jesus of Galilee” (Blythe 61). By expressing his belief in the Christian God, Cannon does not challenge Christianity when describing Schweitzer’s philosophy. Though Cannon is careful not to dismiss Christianity, he also is not hesitant in critiquing religious opposition to legalized alcoholic production, claiming that pastors “align themselves with the moonshiners and the bootleggers who also oppose such controls” (Blythe 84). Although Cannon is careful not to condemn the reasons behind religious officials’ opposition to alcoholic consumption, he demonstrates a willingness to provide some level of criticism.

As a physician from a mountain community, Cannon possesses a greater understanding of mountain culture than physicians from outside the region. Cannon’s status as an “insider” is, to an extent, significant in his representation of Appalachian culture, but he often relies on stereotypical images in his descriptions of Balsam Grove. Understanding the social and historic contexts is important in establishing a basis for an examination of political issues that are also present in Cannon’s narrative. Like other accounts written about the region, Cannon’s narrative

overemphasizes poverty. Additionally, a gender analysis of Cannon's biography reveals underlying and blatant sexist language. Cannon achieved transformative results by utilizing Schweitzer's reverence for life in his practice. However, Schweitzer and Cannon both display racist attitudes in their language. In the following section, I turn to an examination of the political dynamics in Cannon's narrative in order to analyze the issues of Appalachian representation, racism, and sexism.

Political Dynamics

As stated previously, Cannon and Blythe make an obvious effort to group Cannon with other mountain inhabitants. Blythe refers to Cannon as a "mountaineer come home" (Blythe 25) while Cannon refers to mountain inhabitants as "my people" (Blythe 73). This grouping represents Cannon's authority in speaking on the region. However, after establishing this authority, Cannon describes mountaineers through twentieth-century stereotypes. Many of Cannon's descriptions of mountain inhabitants reflects views depicted in William Goodell Frost's 1899 essay "Our Contemporary Ancestors in the Southern Mountains. Appalachian stereotypes, such as those depicted in Frost's essay, were well-established by the time Cannon's biography was published. Therefore, it is possible that Cannon did not read Frost's essay. However, Cannon's descriptions of Balsam Grove are similar to Frost's general depictions of the Appalachian region. According to McNeil, Frost's essay was popular among those who wrote about the region because it "encapsulated many of the widely held ideas previously held about Appalachia, offered a succinct explanation of the reasons Appalachia existed as a distinct and unique American region, while ... advancing a lucid argument legitimizing the concept of Appalachian coherence and homogeneity" (McNeil 91). Shapiro argues that Frost "invented" Appalachia and "provided his contemporaries with an essential tool – in this case a name – for the manipulation of the

perceived reality of Appalachian otherness and for its effective integration into contemporary conceptions of the nature of American civilization” (121-2). Frost utilized stereotypes to explain Appalachian poverty and endorse systematic benevolence. Although Cannon practiced in Balsam Grove during the middle and latter parts of the century, his descriptions of Appalachian inhabitants reflect misconceptions from the early twentieth century.

Cannon describes mountaineers as having a “picturesque language” derived from English and Scottish ancestors and preserved through isolation (Blythe 75). Frost reiterated claims of Appalachia’s “picturesque language and racial purity (McNeil 92). Cannon also presents Balsam Grove inhabitants as childlike and describes an elderly man who is eager to receive candy after receiving treatment as “a child [in] that way” (Blythe 91). Frost, too, depicts mountaineers as childlike. For example, he claims that residents are unable to count to high sums or “comprehend high themes” (Frost 104). Furthermore, even though Cannon does not refer to mountain inhabitants as lazy, he does note that community members have laid-back lives and claims that mountain inhabitants live “at a more relaxed tempo than the people of the big cities” (Blythe 95). Cannon attributes the mountaineer’s “relaxed tempo” to “living at home” rather than attempting to adhere to the “continuous rushing” of city life (Blythe 96). Frost also describes the “absence of all haste” and the “love of home and kindred” present in the Appalachian region (101). Frost and Cannon both describe a strong connection between Appalachian residents and their homes. Such descriptions reiterate misconceptions of Appalachian isolation. One elderly woman Cannon describes, Aunt Mary McCall, has “never been further than twenty miles from the place where she was born, and actually has never seen a hard-surface road” (Blythe 126). Frost presents a similar description of a woman who “had never been to a city or a town in her life” (95). Although such life stories were true in certain circumstances, Frost’s narrow portrayal and

misconceptions influenced perceptions of Appalachia for generations after. Cannon's dialog is problematic because he possesses great influence as an educated physician from an Appalachian community. Therefore, many readers may be likely to take his descriptions of Appalachian life at face value, rather than examine his dialog for stereotypes.

Cannon's representations of poverty bring him most at odds with his community. In one instance, Cannon describes a booklet he aided a friend in writing which was "composed mostly of pictures of unique characters in our community, along with a short article describing them and the region, an article that was correct both in facts and interpretation" (Blythe 124). The booklet described these "characters" as poor, moonshiners, isolated, illiterate, and unwilling to venture out and find work or send their children to school" (Blythe 124). The booklet was so ill received by the community that some inhabitants petitioned to make Cannon leave Balsam Grove (Blythe 128). When asked by a woman at a community gathering to share how he knew about the details listed in the booklet as well as to defend a later statement about the inhabitants' bad diets, Cannon replied that he has seen these incidents first hand through treating patients and sharing meals (Blythe 125). When challenged by the same woman to give a percentage of individuals who live in poverty, Cannon responds that he is not sure but that one "can't justify that sort of thing even if the percentage is small" (Blythe 128). After Cannon challenges those present at the meeting to help "improve the situation" and assures them that their discourse will not impact how he treats his patients, the same woman acquires second-hand furniture for one of the impoverished families mentioned in his booklet (Blythe 128-9.)

Cannon does not discuss the percentage of impoverished families in the narrative. Furthermore, the exact data for the poverty rate in Balsam Grove during the 1960s is not readily available. This may be partially due to its status as an unincorporated community. However, a

report prepared by the Western North Carolina Regional Planning Commission in 1964 lists the poverty rate in Transylvania County (the county in which Balsam Grove is located) during 1959 as 35.4% (Barbour et al. 19). The report does prove that there was a high amount of poverty in the county. Cannon also spent a significant amount of time treating impoverished families in the community and was more familiar with their lifestyles. Therefore, it is not unfair for Cannon to claim that there are community members that struggle with poverty. Cannon is careful not to depict dissenting voices with condemning dialog and his drive to help impoverished families is admirable, but his avoidance of the community member's question delegitimizes her concerns. The booklet's circulation further reiterates a stereotypical image of the community that, by the reactions of other voices in the community, does not accurately represent the entire community. The paragraph Cannon claims causes the most controversy states, "These people are largely isolated from the modern world. They often refuse to leave home to find work; some incomes are as low as three hundred dollars a year. Some families even refuse to send their children to school; consequently, much of the population is illiterate" (Blythe 124). Although Cannon would surely be competent enough to know how his impoverished patients live, he misuses his authority in this description of his community. Furthermore, the characters represented in his biography are also severely impoverished. In the instance when he describes affluent community members, Cannon is quick to explain that their success is minimal in comparison to metropolitan areas (Blythe 123). Such dialog not only presents affluent members as rare but also demeans their success.

Cannon describes residents as poor and unhealthy. He expresses that poverty, and not a lack of education, is the main cause of their poor health. Cannon states, "Many folk in our section are poor; some families make less than three hundred dollars a year; so they have a very poor diet,

with usually but two or three kinds of food on the table day in and day out, and often eat too much hog fat” (Blythe 123). Cannon further ventures into describing a scenario that demonstrates the extent to which some of his patients experience poverty. In this example, Cannon describes a home in Jackson County that houses eleven individuals in three rooms and is, in Cannon’s words, “filthy” (Blythe 122). Cannon depicts the patriarch of this home as an especially brutish individual who takes a banana from an “anemic youngster” to have for himself (Blythe 122). In depicting this experience, Cannon gives an example of extreme poverty and the effect it can have on families. Cannon also repeats his tendency of utilizing an isolated incident to represent an entire community

Cannon uses a humorous tone to depict what he describes as a “long-maintained vigor” among mountain inhabitants (Blythe 95). Cannon attributes long-lasting sexual potency among inhabitants as a result of “living at a more relaxed tempo” (Blythe 95). Because mountain inhabitants, according to Cannon, live more “leisurely, they are able to maintain a longer sex life (Blythe 96-7). Cannon further describes a case in which two elderly women express their anxiety about sexual performance after receiving surgical procedures (Blythe 93). In other anecdotes, Cannon shares examples of middle-aged and elderly men who request medicine to aid in performance (Blythe 97-100). Cannon states that he perceives “vigor” among mountain inhabitants as “wonderful” and maintains open and honest dialog with his patients (Blythe 94-5). However, he also compares the sexual health of Appalachian inhabitants with that of individuals in urban areas and attributes a “leisurely” existence to that health (Blythe 96). By making the comparison, Cannon depicts sexual intercourse among the middle aged and elderly as an anomaly that is uncommon outside of mountain communities. In his dialog, Cannon makes an implicit link between norms and behaviors outside of the middle class. According to Cannon,

“leisurely” lifestyles in the mountains increase sexuality. In turn, the reader is left to conclude that an increase in sexuality leads to more children and thus an increase in poverty.

This characterization of Appalachian sexuality is problematic because it provides a foundation to separate Appalachian inhabitants from the norms of middle-class society and provides a basis for the middle-class to blame Appalachian inhabitants for poverty. Cannon’s descriptions reflect what Shapiro refers to as a “disparity between the life patterns of native-born, white Anglo Saxon, Protestant Americans in the southern mountains and ... elsewhere in the nation” that during the early part of the twentieth century made the region and its inhabitants “appear appropriate objects of northern home-missionary work (85). Writers, journalists, and other professionals documented the “disparity” of Appalachian otherness in their discussions of the “characteristic of mountain life” (Shapiro 86). Cannon’s descriptions of Appalachian sexuality reiterate discussions of mountain characteristics, such as Frost’s claim that “large families and a scarcity of money” are products of Appalachian culture and the pioneer conditions that attribute to Appalachian impoverishment (Frost 98). By claiming that impoverished Balsam Grove community members are more sexual, Cannon reinforces the idea that Appalachian poverty results from social behaviors. These social behaviors, such as increased sexuality, distinguish mountain inhabitants from those in higher classes, who in turn blame Appalachian poverty on those social behaviors.

Alcoholism is another topic of health Cannon discusses in his narrative. Although Cannon does not an extensive overview of moonshining, but he does address problems of alcoholism in Balsam Grove and similar communities. One character named Vernon, whom Cannon describes as “skinny and emaciated” is known for his humorous actions that are a result of his alcoholism (Blythe 69). Cannon shares one anecdote in which his nurse saves Vernon from drowning in one

of his drunken escapades (Blythe 70-2). However, Cannon also addresses the seriousness of alcoholism in stating,

As a mountain doctor I am in a position to appreciate perhaps more than most of our citizens the tremendous and growing problem, I fear, of alcoholism ... In our immediate community—and that is the situation throughout the mountain area as well as the nation generally—we have many Vernons, both men and women. (Blythe 84)

Cannon recognizes that alcoholism is not unique to the Appalachian region. He argues that having legalized and controlled alcoholic production is more beneficial than banning alcohol all together and further claims that religious officials who oppose legal alcohol production “align themselves with the moonshiners and bootleggers who also oppose such controls” (Blythe 84). Cannon’s stance on moonshining and alcohol production is starkly different from that of Sloop who demonstrates “relentless hostility to moonshining and everything related to liquor making” (Sloop 108). Sloop’s position regarding moonshining and alcohol production stems from her place as an educator and her experiences in losing students to what she describes as “liquid murders” (Sloop 109-10). Cannon’s stance, however, is shaped entirely by his work in treating alcoholism. When describing the alcoholic patients he treats in Balsam Grove, Cannon states, “they are half starved and anemic, because when they go on extended sprees they have no appetite for food” (Blythe 85). Though he does describe Vernon as a humorous, stereotypical character, Cannon also recognizes the detrimental impact that alcoholism has on his patients. Cannon, therefore, offers his readers the opportunity to contemplate the severity of alcoholism instead of condemning moonshining and alcoholic consumption.

Access to medical care was one of Cannon’s main concerns. Blythe addresses the need for a hospital at the beginning of the biography when Cannon, a nurse, and a staff member prepare

Cannon's station wagon to retrieve a heart attack patient from his home and drive him to a hospital in Brevard, North Carolina (Blythe 13-14). Before making the trip, Cannon notes that a hospital will benefit community members because he and his staff will no longer have to transport patients during bad weather (Blythe 14). The need is once again emphasized at the biography's end when they make preparations to transport the same patient. In this instance, Cannon states "if we just had the hospital open, we could keep him here awhile and maybe he'd make it" (Blythe 221). The anecdotes are blatant appeals for funding, but they also demonstrate issues of the community's lack of a hospital. First, the medical personnel they do have must transport patients to the hospital which is not only dangerous and exhausting but also leaves the community with little or no medical assistance while they are gone. Second, having a hospital in the community would allow Cannon to keep patients in a facility nearby their homes and would allow the patient to stay for a longer period for treatment. In addressing these issues at the beginning and ending of the narrative, the reader is sure to note both the lack of medical access and the need for a hospital.

Cannon describes traveling to patients' homes and transporting them to a hospital as one of his most demanding tasks (Blythe 101). As noted previously, bad weather conditions further endangered Cannon and his patients. Cannon describes heavy spring snowstorms during the 1960 winter as one of the most trying times in his practice. Trails that were difficult in ideal weather iced over and made main roads inaccessible to Cannon and many of his patients (Blythe 101-2). During these storms, Cannon claims to have started his mornings with as many as eighteen patients who were several miles apart. He often worked through the night to treat as many people as possible which deprived him of sleep (Blythe 102). On the instances when he had to drive long distances, Cannon had to take a friend along to keep him awake or help him

drive as he was too tired to drive safely (Blythe 107-8). Cannon further expanded his services to other communities and once received a call to aid a distressed elderly woman from Jackson County who needed medical attention for a leg ulcer (Blythe 103). Cannon made a treacherous journey to her home and brought the patient back to Balsam Grove for treatment and preparation for surgery (Blythe 103-6). Though Cannon made a successful journey, the trip demonstrates the strain the lack of medical access in rural communities has on physicians like Cannon who must make long and often dangerous voyages to retrieve and treat patients. This further demonstrated the danger lack of medical access has on patients who are often forced to wait long periods for medical treatment despite their painful conditions.

The lack of ideal facilities often forced Cannon and his staff to improvise in order to provide treatment. In one scenario, Cannon describes visiting a man who had suffered a severe burn and had been unconscious in his home for several days (Blythe 87). Cannon and his staff had to operate immediately. Cannon's nurse, Peggy Calvert, describes the situation:

Doc said that we'd have to operate. But we had no facilities for performing the kind of operation this fellow needed. I went upstairs in the old farm-house clinic and scrubbed one of the rooms. I scrubbed it all over- the walls, the floor everything. Of course, I had moved the furniture out. Then I put newspapers on the scrubbed floor and laid freshly laundered sheets over the papers. I was determined to make that improvised operating room as sterile as possible. (Blythe 87)

Peggy's work to sanitize the improvised room demonstrates her resourcefulness and her ability as a nurse. Furthermore, Peggy's dialog depicts the conditions she and other medical personnel worked under. Peggy's task was surely time consuming as well as tiring. The necessity for her actions not only took away time from the patient's treatment but was also physically demanding

and could possibly impact her performance in assisting Cannon during the operation. Peggy's anecdote further illustrates the need for appropriate facilities so that medical personnel could focus on treatment and so that patients could receive immediate care.

Poverty also prevented several of Cannon's patients from receiving treatment elsewhere. Cannon shares a scenario of a baby inflicted with pneumonia to represent the stress associated with lack of medical access and poverty. When Cannon tells the parents that the baby needs medical care beyond penicillin, the father says he does not have the financial means to seek medical care (Blythe 160). To ensure that the child has the necessary treatment, Cannon gives "the parents a note to the hospital saying he would stand for the bill" (Blythe 160). The narrative does not expand on this scenario beyond assuring that the child survived, and Cannon paid the bill. The situation depicts Cannon's generosity and the limitations that expenses associated with medical care have on the impoverished. Cannon also shares examples of extreme poverty, such as the story of a six-member family who lived in a "shack" that Cannon describes as "crude even for the mountains" (Blythe 121). While Cannon's dialog reflects the misconception that all homes in the mountain are crude, it also allows the reader to determine that this is an isolated situation. Cannon provides groceries and medical service for this family as well as an eleven-member family in another county. Cannon also provides an example of child abuse in this family and describes an instance when "the father, a hulking animal-like fellow, slapped the child on the hand" to take the child's banana (Blythe 122). Although describing the father as "animal-like" is problematic in that Cannon presents the man as non-human, the reader must keep in mind that Cannon's description is fueled by an emotional response to child abuse. Cannon's discussions of these families depict the serious issues that stem from lack of medical care and basic necessities. Cannon's action in providing medical care and groceries demonstrates his generosity and

genuine care for providing for impoverished patients who without Cannon's aid would experience critical outcomes.

Cannon attempted to alleviate both the community's lack of medical care and economic deprivation through his efforts to establish the Albert Schweitzer Memorial Hospital which unfortunately never opened. Cannon proposed the hospital to a community development program committee at a community meeting in 1953 (Blythe 54-5). According to Cannon, Balsam Grove's "improvement association had \$5.35 in the treasury ... [which] was appropriated to the fund for building the hospital" (Blythe 56). Patients contributed to the hospital by bringing one to two stone a visit for the building's structure and the community's Scout troops aided with the site's digging (Blythe 56, 58). Cannon drew the building plans and agreed to "provide all the cinder blocks needed for the inner side ... and also to employ all the skilled labor" (Blythe 58). At the time of the narrative's publication, over ten years had passed from the hospital's initial proposal. According to Blythe, for the length of the hospital's construction, "between six thousand and seventy-five dollars have been contributed yearly ... out of fees earned by the doctor" which come primarily for the Balsam Grove area (Blythe 58). Upon his return from Africa in 1961, Cannon further implemented "schemes for adding funds to the hospital treasury" including selling candy provided by a South Carolina manufacturing firm and by establishing "Hospital Day," a widely advertised social event that collected a significant amount of money from those within and outside the community (Blythe 202-3).

Cannon further attempted to implement plans to develop a community consisting of Balsam Grove and surrounding areas to be named the Albert Schweitzer Community (Blythe 208). The purpose of this community was to establish stable economic revenue, sell products under the hospital's name, and to receive funding for patients through a lending agency (Blythe 209-11).

Cannon claims to have already made arrangements towards in the narratives close (Blythe 210). However, the plans for the hospital and the community were never completed most likely due to Cannon's death two years after the narrative's publication. According to Mary Thompson of the *Transylvania Times*, the Balsam Grove medical clinic opened in 1980 but closed shortly after (Thompson, par. 12). According to Diane Summerville, the Balsam Grove Medical Clinic "closed after only three years because the small community had a hard time attracting medical professionals" (par. 40). A few years after, "the Balsam Grove Medical Center Board of Directors, which evolved into the Balsam Grove Community Club, sold the hospital property, [and] used the funds to build the Balsam Grove Community Center" (Summerville, par. 44). Cannon's hospital never opened, but his medical contributions are significant to the community's medical history.

Schweitzer's philosophy of reverence for life is the basis for Cannon's work in Balsam Grove. Schweitzer describes reverence for life as the "compulsion to give to every will-to-live the same reverence for life that [man] gives his own" (157). Similarly, Cannon defines reverence for life as "the will to live and to let live ... [and] the will to live and to help other life live" (Blythe 119). In short, the purpose of this philosophy is promoting life and well-being in oneself, as well as in others. Both Cannon and Schweitzer utilize the philosophy to establish medical access to impoverished areas. Schweitzer's work reflects white colonial conceptions of inhabitants of African nations. Cannon shares many of these conceptions. In a letter to Cannon, Schweitzer expresses his approval of Cannon's project, stating that he has conducted the same work in Africa (Blythe 56). Schweitzer further describes inhabitants of African nations as "primitive natives, who had no notion [of the hospital in Lambaréné] and possessed a minimum of zeal for working" (Blythe 57). In this letter, the reader can immediately discover the problems

behind race and Schweitzer's prejudice mindset. Schweitzer describes African inhabitants as incompetent and lazy and in need of white guidance in order to "improve" their lives. Cannon's descriptions of Balsam Grove are not so harsh. Rather, it is Cannon's description of his own purpose in the mountains that reflects issues of power and race and gender. Cannon states, "If Albert Schweitzer could go into the steaming jungles of Africa to minister to the bodies and souls of ignorant and savage black men, then certainly I could go into my native mountains and minister to the bodies, and perhaps in some measure to the souls of fellow Americans who needed my help. (Blythe 62)

Cannon presents Appalachia as a step away from the exotic other. Cannon describes Africans as "savage" and Appalachian inhabitants as "fellow Americans" in need, which presents Balsam Grove as a community worthy of Cannon's help. Cannon's dialog reflects the same matters of racism that depicted Appalachian inhabitants as racially pure and, as Shapiro notes, "appropriate objects of northern home-missionary work" (85). Cannon does not present Balsam Grove community members as "savages," as he does African men. Cannon never discusses race and minority populations in or near the community. As Barbara Ellen Smith notes, overlooking race is not uncommon in Appalachian literature and scholarship (42-43). This "erasure of racial content," as Smith argues, perpetuates whiteness "as the normative and generic identity of Appalachians" (43) When describing his arrival in Africa, he immediately describes the continent as "Timeless. Unchanging. Serene" (Blythe 172). When describing the continent's inhabitants, Cannon depicts "innumerable black men, Pygmies and erect tall, handsome bronzed fellows, cannibals, fierce fighters, and intelligent, gentle, courteous, and kindly folk" (Blythe 173). He also compares the African landscape to the Blue Ridge Mountains and the people to Appalachian inhabitants "in their sturdiness, their inborn civility and good-naturedness,

changeless through changing” (Blythe 173). When Cannon compares Appalachian and African people, he utilizes more romantic and favorable descriptions. This shift in language exposes deep rooted prejudice towards other races and nationalities.

During Cannon’s trip to Lambaréné, Schweitzer best articulates his views towards African populations when he states, “I am your brother . . . but your elder brother” (Blythe 185). This statement, paired with the segregation presented in the hospital (Blythe 191-2), illustrates Schweitzer’s view of African peoples as second-class citizens in need of guidance. Cannon’s attitude toward Appalachian inhabitants is, at times, similar to Schweitzer’s views of citizens of African nations. As mentioned previously, Cannon describes patients in terms of childishness, describing a man who enjoyed candy as much as did a child (Blythe 91). This illustration creates the elder/younger brother illusion Schweitzer created in his hospital. In the scenario where Cannon must defend statements published in a booklet¹⁷ he contributed to, Cannon assures community members that he is not angry at their rebuttal. He states, “It makes no difference what you have been saying about me or will be saying, I’m still your doctor. If you want me in the middle of the night, I’ll be here for you to call me. I’m not getting angry; I’ll still look after you as long as I’m here; you can depend on that” (Blythe 129). To an extent, this statement illustrates Cannon’s willingness to carry out his practice despite adversity. But his statement is especially condescending. Cannon speaks to community members as children and takes on the begrudging, yet forgiving tone of a guardian, which further parallels Schweitzer’s elder/younger brother illustration. Schweitzer’s beliefs are rooted in colonial views of African people. Cannon’s views, however, portray a dichotomy between different education statuses. Presenting community members as childlike further represents Balsam Grove in terms of need and cements Cannon’s

¹⁷ See page 72 for an earlier description of this booklet.

purpose in applying Schweitzer's philosophy to the area. Cannon's application of reverence for life allows him to accomplish extraordinary feats for Balsam Grove. However, both men apply the philosophy with prejudice towards race, education level, and class.

Cannon and Blythe do not speak extensively about women throughout the narrative. But, in examining the biography, one can note several instances of twentieth-century ingrained prejudices against women. When stationed in Daytona Beach, Florida, in the 1940s before the end of the Second World War to serve as chief of medical service for the Women's Army Corps (WACs) training facility, Cannon claims to have "had quite an experience with homesick girls determined to get out of the WACs and go home" (Blythe 43). He further states:

Some of them had signed up after having quarrels with their sweethearts and now repented their rashness. Others had envisioned themselves in smart uniforms, driving cars for the colonels and generals, but instead had found themselves endlessly drilling on the hot sands. Often I'd find some of the girls weeping. They were nervous and upset, and sometimes I would have to send one home (Blythe 43).

Immediately, Cannon undermines women's participation in the army. He presents idealized visions he claims that women specifically had of their contributions in military service, failing to comprehend that more than likely male soldiers have their own misconceptions of the military as well. Cannon does not mention the women who performed well in WACs. Cannon presents the women who are unhappy with their position in WACs as the norm for all women in the military. Although Cannon does not argue that women are unsuitable for military positions, his subtle descriptions of female discontent in a historically male role does reflect his own beliefs about gender roles.

Cannon also enforces and adheres to gender roles in his own practice. When traveling to impoverished patients' homes, he brings his female nurse, "because the nurse knew better ... how to manage the situation, particularly when women and children were involved" (Blythe 121). Although his dialog reinforces gender roles that depict women's expertise with family and in the home, his reasoning is not illogical since there are also local gender norms that may have prevented him from direct interaction. Gender roles further translate to Cannon's plans to establish a hospital in the Balsam Grove community. In Cannon's vision for the hospital, Blythe claims Cannon envisioned "nurses—dedicated and trained mountain girls serving their people" and assisting the presumably male doctors (Blythe 24). Cannon's dialog reflects his support of education among local women. However, Cannon actually never discusses any plans to provide local training to residents. Cannon's lack of discussion on education can be attributed to his adherence to gender norms that place the role of educator in the female sphere. He may not have seen a need for education as there was already a public-school system in place which transported students to schools in larger communities (Blythe 75). Cannon's dialog depicts his support of local education, but he also enforces gender norms in medical practice, which subordinates women as nurses assisting male physicians and specialists. His own views stem in part from a twentieth-century maternalist conceptualization that placed women in roles associated with femininity. According to Susan Reverby, nursing' fit within "the cultural matrix of late nineteenth – and early twentieth – century womanhood [because] nursing appeared to link altruism to autonomy" (77). Susan Gelfand Malka argues nursing and nursing education initially adhered to the conceptualization of "female-male relationship concerning dominance and subordination" (59). However, those roles were later challenged in the 1960s and 1970s by feminists who believed "subordination to physicians and nursing's close connection to

domesticity represented the tyranny, drudgery, and inferiority many feminists associated with housewifery and second-class citizenship” (Malka 60) Cannon is not outright dismissive when discussing women’s roles in a twentieth century framework, but he does place women in roles associated with domesticity.

Cannon’s subconscious placement exposes the patriarchal structure and the limitations that the structure placed on women’s movement in male-dominated careers during the twentieth century. Like settlement workers from the earlier part of the century, Cannon worked within a patriarchal structure that was upheld outside and within the region in which he worked. Settlement workers and other reformers, as Tice argues, “brought ... maternal class politics and education ambitions to bear on their school-work” (Blythe 196). Female reformers carried out their work through “class-based and gender-based notions of scientific mothering, marriage, family, and domesticity” (Tice 196). For example, Frontier Nursing Service founder Mary Breckenridge also worked within a maternalist ideology “by claiming that she was just a mother serving other mothers and their children,” which protected her from the notion “that she was stepping beyond her proper sphere” by providing medical services to the Leslie County community (Goan 5). Sloop, similarly, worked within the maternal sphere by turning to education and acting as an assistant to Eustace Sloop although she is also an educated physician with the same credentials. Cannon, however, works from the patriarchal perspective. In her study on the history of medicine and women’s roles in providing public health in Appalachia, Sandra Lee Barney outlines an imposed scheme to professionalize medicine. This scheme relied on the same patriarchal structure that placed female reformers within the context of maternalist goals carried out in educational and public health reforms (Barney 9). These maternalist values are reflected in Cannon’s placement of local women in roles as nurses serving male physicians.

Cannon does not speak specifically on women's roles in Appalachian communities. However, he does speak on expectant mothers and prenatal care. Cannon does not represent expecting mothers as ideal patients, claiming that mountain women "don't want to linger" after giving birth (Blythe 111). Though he attempts to keep new mothers overnight, he claims that most refuse to stay (Blythe 111). Furthermore, Cannon states that they are unable to conduct legally required blood tests from expectant mothers because most women do not come in until they are in labor (Blythe 111). He states, "These mountain women are little concerned about what these state laws require; all they want is to have their babies and get home" (Blythe 111). Though Cannon's experience with expectant mothers is most likely accurate, the mothers' refusal to stay overnight or seek prenatal care is described as a mountain quirk and not as a result of limited medical access. Cannon describes the lack of vehicles and the distance he travels to see patients, but he does not consider these same factors in women's decisions concerning their own pregnancy. Though Cannon does not chastise the women for their decisions, he presents the scenarios in a way that portrays mountain women as ignorant of medical care available for themselves and their children.

Target Audience

In discussing Cannon's and Blythe's target audience, one must also consider their work in drawing national attention to the area. In defending his statements published in the booklet outlining Balsam Grove life, Cannon states that the booklet was written and published in order to draw attention to the area and create wider interest in the Balsam Grove Hospital that only lasted a few years (Blythe 125). Another event Cannon established to draw in revenue and attract attention for his plans was the Albert Schweitzer Memorial Hospital Day, often shortened to Hospital Day (Blythe 202). Hospital Day, Cannon claims, drew in several people and presented the hospital an opportunity to fundraise for its cause (Blythe 202-3). Taking these factors into

consideration, one must assume that to some extent, Cannon's biography serves to aid in drawing attention to the hospital, the community, and his own work. Cannon's narrative is similar to literature produced by early twentieth-century reformers. Cannon can especially be understood alongside Sloop and Mary Breckenridge whose autobiographies detail their services to Appalachian communities and who had a history of soliciting money. According to Goan, Breckenridge "thrilled" audiences with "tales of FNS nurses risking life and limb to ensure the safe delivery of mountain babies" in the impoverished community of Leslie County, Kentucky (3). Sloop also admits to soliciting money in her narrative through efforts such as the "Old-clothes" sales which she pairs with an anecdote of contributing to local education while preventing a child marriage (Sloop 73-4). One of the main differences between Sloop's and Cannon's narratives is that Sloop's autobiography was published after she accomplished the majority of her work in Avery County, while Cannon struggled to secure funding upon the publication of his biography.

Cannon also faced issues like those of twentieth-century educational reformers. According to Tice, educational reformers during the early twentieth century were "confronted with pressures to evoke such stereotypes, especially in publicizing their efforts to a wider American public and soliciting financial support" (Tice 191). Cannon, like these reformers, saw a need and addressed it. He further saw value in sharing his work to a wider audience to help his cause. Cannon was also concerned with his own image. In discussing Breckenridge's autobiography, Goan explains that Breckenridge "was eager for supporters to admire and fund her work; therefore, she constantly tried to represent her nurses, her patients, and herself in the best light possible" (11). This is also true for Cannon, Sloop, and possibly for anyone presenting their work to a public audience. Cannon wanted to present the community and his work to an audience in a way that

was well-received, and stereotypes associated with Appalachian communities were, and still are, well-received in wide audiences. Cannon does recycle stereotypes in his narrative, but he also outlines the need of medical care in an impoverished community. The decision to turn to LeGette Blythe and have the narrative told from his point of view must also be considered. While it is probable that Blythe's own views are also represented in Cannon's biography, the majority of the dialogue and the entire experience is Cannon's. Blythe's voice provides a third-person account of the events Cannon portrays. Of course, the nature of a biography leans towards recounting the experiences of a single person. However, it is notable that Blythe does not attempt to interpret Appalachian culture himself. Instead, he relies solely on Cannon to articulate his conceptions of the culture.

Blythe's presence in both Sloop's and Cannon's narrative is another significant point of discussion. An author search in a database will pull up several accounts of North Carolina based works, including the narratives of educators and physicians, in North Carolina communities. According to a short overview on the North Carolina Literary Hall of Fame website, LeGette Blythe was born in Huntersville, North Carolina, in 1900, received his education from the University of North Carolina at Chapel Hill, and worked as a journalist, novelist, playwright, and aided in writing biographies and non-fiction narratives (par. 1). Blythe's voice, while not a domineering force, is prevalent through both narratives. In Sloop's narrative, Blythe served as a transcriber. However, Blythe tells Cannon's story from a third person point of view and while Cannon's voice is constant throughout the narrative, the reader must consider that Blythe's personal views are represented to an extent. The forewords to both narratives, though brief, provide a look into Blythe's own ideas of Appalachian communities. In describing Sloop's service to Avery County, Blythe states that Sloop's "faith, both in God and herself ... proved

more than a match for ignorance, poverty, and sickness in the mountains” (Blythe x). Although these are Blythe’s own words, he takes Sloop’s tone when describing Appalachian communities. In describing Cannon, Blythe takes a gentler tone. He states, “The passion that drives Gaine Cannon day and night ... through deep snow and bitter cold to desolate mountain shacks, is to translate into practical service to the stalwart though often poor people of his native hills the Schweitzer philosophy” (Blythe 10). Blythe’s change in tone reflects the voice Cannon utilizes to present the community in a favorable light. Similarly, he falls back on the same romantic images of poverty that Cannon also utilizes to depict Appalachian inhabitants. Sloop and Cannon influence Blythe’s voice in both narratives, but Blythe’s dialogue also presents his own views of Appalachian culture.

Conclusion

By analyzing Cannon’s account, readers better understand the social, historical, and political contexts in which the narrative was created. Cannon’s biography is important because it allows readers insight into his society, community, and practice. The text further provides insights into some residents’ struggle with poverty and into Balsam Grove’s lack of medical access. In the narrative, Cannon illustrates his role as a leader and a physician in Balsam Grove during the mid-twentieth century. Throughout the account, Cannon maintains a respectful tone and attitude towards the community. Cannon’s respectful attitude towards his community and efforts to portray his own mountain heritage establishes an enticing image of Balsam Grove and further encourages readers to overlook some of the more stereotypical images and the problems surrounding stereotypes, sexism, and racism. His status as an insider further provides him with a more authoritative voice when describing the region and its inhabitants. Cannon’s contributions to Balsam Grove cannot be overlooked. He provided affordable and free medical care to impoverished families in a community with limited access to healthcare providers. His position

as an educated physician from an Appalachian community gives him substantial authority within and outside Balsam Grove. Researchers must critically analyze Cannon's narrative because he had significant authority within and outside his community. Cannon uses his position as an educated physician to speak on behalf of Balsam Grove. Cannon reveals significant difficulties that impact several community members, such as the lack of medical access and poverty. However, Cannon uses his narrative as a platform to rearticulate stereotypes and disperse prejudice beliefs.

Examining Cannon's narrative in the theoretical framework of New Historicism allows readers to study Cannon's narrative within the social contexts of the historical moment in which he lived. A close reading of Cannon's biography further allows researchers and healthcare professionals the opportunity to critically analyze Cannon's prejudices and his misconceptions of Appalachian communities. Scholars in Appalachian studies must continue to critically analyze Cannon's work and other similar accounts to continue discourse on representation, race, and gender and to continue discussions of healthcare and medical access in the region. Cannon's work is also important for healthcare professionals, especially professionals who are interested in speaking for their communities. In his narrative, Cannon fails to challenge his own misconceptions and prejudices. Professionals such as physicians must address and challenge their own beliefs about a place before attempting to speak on behalf of those communities.

Cannon's biography does not always accurately capture the community in which he practices. Cannon's account provides significant insights into the Balsam Grove community. The community's lack of medical access posed a serious problem to community members. Impoverished families in the community especially struggled to access healthcare professionals. Cannon addressed a significant need in his community. Like Sloop, Cannon does not always

accurately capture the community in which he practices. Throughout the narrative, Cannon reiterates Appalachian stereotypes and expresses his own prejudices towards women and people of different nationalities and races. Cannon's biography provides researchers, scholars, and other professionals an opportunity to study the social, historical, and political contexts of Appalachian stereotypes. His account is further important to healthcare professionals and other leaders who need or want to speak for their communities. By critically examining his biography, readers challenge Cannon's representation of Balsam Grove and his prejudices while acknowledging the social, historical, and political contexts in which he lived and worked.

CHAPTER 4

A.W. ROBERTS AND ANNE A. WASSON

Part I: A.W. Roberts: Physician's Daily Memorandum

“Today winds up the year 1913. I reckon we have done the best we could. Of course, if it was to do over I could improve, and I think I would too. I’m glad we are all alive and doing very well” (Roberts 365).

Overview

In his last journal entry for 1913, Albert Walker Roberts articulates that he and his wife Nannie Belle have done their best throughout the year and expresses gratitude that that they are alive and well. Roberts’ reflection of the year is brief and ordinary. There is no attempt to entertain or capture the reader’s attention. In fact, Roberts does not address an audience. His narrative is a series of personal, hand-written logs recorded in small journals titled *Physician’s Daily Memorandum*. As the title suggests, the entries were intended for daily use in Roberts’ medical practice. Roberts took note of the weather, the patients he visited, the patients that visited him, the treatments he performed, and his life outside of medical practice. Through the ordinary events depicted in his daily journals, the reader can examine social, historical, and political contexts surrounding Roberts’ practice in Sevierville, Tennessee. In the first part of this chapter, I provide a brief overview of Roberts’ life and work in Sevier County. I then analyze Roberts’ journal by consulting the points outlined in my first three research questions. First, I discuss the social and historical contexts of Roberts’ account. Then, I move to a political discussion of Roberts’ narrative. Political dynamics in Roberts’ work include Appalachian representation, race, medical access, and gender. After concluding my analyzation of the political dynamics in this account, I examine Roberts’ target audience (or lack thereof) and its impact

upon his narrative. In the conclusion of this chapter, I discuss the importance of analyzing Roberts' journal.

According to Estalena R. Brabson, Roberts was born on August 1, 1878 in Sevier County, Tennessee, and studied medicine in Chattanooga and Knoxville (28). After medical school he studied with J. L. Yarberry, a Sevier County physician who studied medicine in St. Louis, Missouri. Roberts then established a practice in Sevier County where he served as a family physician for over fifty years until his death in 1960 (Brabson 28, 36). This would put the beginning of Roberts' practice before 1910. He married Nannie Belle Williams on December 22, 1911 (Roberts 356). According to Brabson, the couple had no children (28). However, the Roberts' later aided in the care of an orphaned child named Pauline whose mother stated that she wished for the child to be in Nannie Belle's custody upon her passing (Roberts 339). Roberts had a significant impact as a physician in Sevier County. In fact, many of his patients continued to have Roberts' prescriptions filled up to fourteen years after his death (Brabson 28). Roberts' narrative is an accumulation of his daily activities and proof of his impact upon Sevier County. The content of Roberts' journals consists of daily entries concerning his medical visits, patients, family, neighbors, and community events. By providing a literary analysis based in New Historicism, I explore the social and historical contexts from which his journals were created, explore the political dynamics present in his work, and discuss why the lack of an audience impacts Roberts' depictions of his patients and the community.

Social and Historical Contexts

Chronologically, Roberts's journals fall into W.K. McNeil's second era in which writers described Appalachian inhabitants in terms of peculiarity (19). However, Roberts journals do not fall into McNeil's categories because he does not describe mountain inhabitants as peculiar or unique. Roberts also does not address isolation to the same extent as the other narratives

addressed in this thesis. Roberts demonstrates that he had access to news of national and international events. On February 24, 1913 Roberts notes “the ex-president of Mexico and vice was killed on yesterday (Madero)” (55). Roberts’ account of Francisco I. Madero’s and José María Pino Suárez’s assassinations are a day off, but the note of the incident in his journal reflects that he had some access to events outside of the region. The reader may view Roberts’s comments on this type of news as evidence that his community has significant access to happenings outside of the region, but one must also keep in mind that his education and outside contacts would also provide resources that may not have been as readily available for some of his patients. Upon first glance, Roberts provides little insight into his neighbors’ isolation, their financial standings, or their social standings. Roberts writes outside of what Shapiro refers to as the “idea of Appalachia” (ix). He is not part of the literary movement that “established Appalachia in the public consciousness as a discrete region” (Shapiro 18). Roberts is simply a physician who happens to be from and practice in an Appalachian community in the early twentieth century. Nor can Roberts’s narrative be understood in the contexts of social reformers who to some extent “consciously and programmatically” acted within Appalachian communities through “systematic cultural intervention” (Whisnant 3). Nevertheless, Roberts’ narrative is significant in an examination of the changes and advances in medicine during the early 20th century.

In her text, *Authorized to Heal: Gender, Class and the Transformation of Medicine in Appalachia 1880-1930*, Sandra Lee Barney explores the history and work of “doctors, public health officials, nurses, and other health promoters who ... campaigned for the fundamental reconstruction of health care in Appalachia during the period from 1880 to 1930” (Barney 1). Physicians practicing in Appalachia and other rural areas before and during this shift in

healthcare varied in the quality of education, subscribed to a “unique philosophy” rather than a standard of medical knowledge, and usually depended on alternative sources of economic security (Barney 15-6). Because pre-twentieth-century practitioners charged expensive fees and did not offer significant advantages in their treatment, mountain inhabitants continued to utilize traditional caregivers (Barney 16). Industrialism and the “fundamental transformation [of medicine] in which reliance on empiricism was replaced by a new regard for scientific principles, an alteration that legitimized new therapeutic presumptions as well as elevating the status of the medical profession” challenged the coexistence of traditional and professional practice (Barney 16). These changes benefitted professional physicians who could now claim they possessed “unique skills worthy of financial compensation” (Barney 16).

Roberts’ birth in 1878 occurred at the beginning of the shift of professional legitimization and scientific advancement. Barney notes that advances in scientific advances “were slower to trickle down to schools such as the University of Louisville, the medical College of Virginia, and the College of Physicians and Surgeons in Baltimore, which trained about half of the Appalachian physicians who practiced before 1925” (16-17). Brabson claims that Roberts studied at Chattanooga and Knoxville but does not provide the names of the colleges he attended (28). Other physicians Brabson discusses include Dr. Joe McGahhey who practiced at Chattanooga Medical School (24). If Roberts studied in Chattanooga between 1896 to 1908 then this program would be the only one available to him.

Where Roberts may have studied in Knoxville is less clear in Brabson’s text. Brabson includes Knoxville Medical College, Knoxville College of Medicine, and Tennessee Medical College for other physicians in her work (22, 24, 28). However, it is not clear whether she uses Knoxville Medical College, Knoxville College of Medicine, and Tennessee Medical College

interchangeably. Abraham Flexner's 1910 report lists Tennessee Medical College and Knoxville Medical College as the two only available universities in Knoxville (303). Tennessee Medical College was formed in 1889 and was one of seven medical schools available for Caucasian students in Tennessee at the turn of the century (Savitt 685). Knoxville Medical College was originally founded in 1895 as the Medical Department of Knoxville College which was an African American Institution (Savitt 683). The medical department formed its own independent school (Knoxville Medical College) after its separation from Knoxville College in 1900 but still served African American Students (Savitt 712). Therefore, Roberts would most likely have trained at Tennessee Medical College.

The quality of Roberts' education is also unclear. In his 1910 report, Flexner claims that Chattanooga Medical College entrance requirements are "nominal" and notes that students do not receive experience in several areas including "post-mortems" and "infectious disease" (302). Furthermore, Flexner notes that students often do not have text books and use "quiz-compend" in their place (303). Overall, Flexner criticizes the school as "a typical example of the schools that claim to exist for the sake of the poor boy and the back country" (303). Flexner provides little information for Tennessee Medical College in Knoxville. This institution, according to Samuel Joseph Platt and Mary Louise Ogden, formed in 1889 in response to the lack of medical schools for students in Knox County and surrounding communities (63). Although the college faced grave robbing accusations and fire destruction, the school provided well-constructed buildings collaboration with local doctors for "in- and out-door service" (Platt and Ogden 65-7). The quality of Roberts' education is unclear, but it is important to note that both schools offered courses in subjects such as bacteriology, pathology, and chemistry (Flexner 302-303). The

inclusion of scientific courses reflects that the schools attempted to instruct students in scientific medicine.

Another basis for the argument that Roberts was trained in scientific medicine is his interest in the medical association. In one log, he recounts “[reading] books from the medical council ... [including] one interesting little book on the management of confinement cases” (9). On October 1st and 3rd Roberts attended what he refers to as the “association head” in Alder Branch, Tennessee (274, 276). In his journal, Roberts does not expand on the meeting past mentioning that there was “some good speaking among them” and that another physician attended (274). On December 19, he received a “picture of the first medical society that met in London England” which demonstrates that he was affiliated or interested enough to follow events associated with medical societies (353). Furthermore, he often assisted other physicians with operations. On one instance on July 4, 1913, he helped a surgeon remove “a full gallon of puss out of [a patient’s] side” (185). On July 7, 1913, he escorted a patient to the hospital and observed as she received an operation for neuralgia (188). It is likely, especially in the case of a hospital operation, that other professionals would not work with Roberts if he did not have medical credentials.

Roberts demonstrates that he had a rather extensive knowledge of medical practice. He conducted home visits and deliveries, extracted teeth, assisted in surgeries, and provided veterinary services. The versatility of Roberts’ work exemplifies his medical expertise, but the extent of his activities illustrates the community’s need for other health professionals, such as a pharmacist. Roberts’ practice was similar to Gaine Cannon’s description of his own father who acted as a physician and pharmacist and “compounded most of his medicine” (Cannon 34). “Fixing medicine” is a regular occurrence depicted in Roberts’ entries. He “fixed medicine” for conditions as serious as small pox and as common as a sore throat (Roberts 10, 53). Roberts also

prescribed some treatments that are starkly different from methods later in the century. For example, in his log for November 11, 1913, Roberts mentioned that he gave a patient calomel and “fever treatments” because he was “wild and nervous, hot and cold” (315). Dr. Gaine Cannon describes calomel as outdated and unhealthy (34). Calomel, which was successfully used to treat yellow fever in the late eighteenth century, was later seen as a panacea (Risse 57, 63). According to Guenter B. Risse, when calomel later developed into “the trademark of rational medicine, its removal from the therapeutic armamentarium became very difficult” and remained present in medical use during the early part of the twentieth century (63). Roberts’ utilization of this dangerous compound reflects its persistent presence in medical practice.

Barney describes emerging physicians at the turn of the century as “critical actors of a new Appalachian middle class” (17). By taking this statement into consideration, the reader must determine Roberts’s social standing in his community. In reading his journal, one concludes that Roberts was not particularly wealthy. His livelihood was similar to rural physicians who practiced before the shift in scientific medicine and industrial capital in the Appalachian region and relied on “alternative economic and social activities for financial security” (Barney 15-6). Roberts lived in a rural community and subscribed to that way of life. He and his neighbors grew their own food, raised and slaughtered livestock, and traded goods. Roberts was not impoverished. He made regular trips to concentrated areas to purchase both necessities and luxuries. In one instance, his wife Nannie Belle traveled with a neighbor to withdraw \$86.00 for the individual to borrow, a substantial amount of money in the early twentieth century (275). Roberts never stated directly whether he was paid in kind or in monetary payments. He did, however, keep track of patients’ bills and constantly noted receiving goods from neighbors. Therefore, the reader can conclude that he most likely received both kinds of payments.

In taking all these factors into consideration, one can determine that Roberts was part of his community's middle class and held a substantial amount of power in his community, but Roberts did not depict himself in positions of power. Instead, he focused on daily events and not necessarily his own importance to the community. One significant aspect to include in a discussion of power is that Roberts did not exclude other physicians. Barney describes young physicians at the turn of the century as "determined to construct secure professional identities based on the possession of specialized scientific knowledge" and replace older doctors in the region (Barney 17). There are several instances when Roberts worked with and relied on other physicians. On September 10, 1913, for example, Roberts called a physician to help him treat a child with croup (253). In another instance when Roberts was ill, a neighboring doctor made a call for him (112). He also had a physician lance his jaw on May 6, 1913, after an extended period of jaw pain (126). Roberts' cooperation with other physicians demonstrates that he did not perceive them as competition.

Before turning to a discussion of the political aspects of Roberts's journals, one must examine some historical and social concepts of the nineteenth century. Although Roberts does not discuss the impact of medical controversies in the region, one can read the implications of problems such as infant mortality and the distance to medical providers. Furthermore, in a discussion of gender equality and racial prejudice, one must also consider the social setting of the early twentieth century. Roberts does not deny medical service to minorities, but his views and dialog are shaped by the racial attitudes of the time. Similarly, his view of women, although not explicitly stated, are those of the early part of the century before women gained the right to vote.

Political Dynamics

Appalachian representation in Roberts' journals is significantly different than in the other narratives selected for this thesis because he does not have an audience. Roberts does not attempt

to describe his patients and neighbors past the bare minimum required for him to be able to recall the day's events. This is significant because the journals demonstrate representation of an Appalachian community without limiting stereotypes. Because Roberts did not attempt to depict the area or the people in any certain way, the region does not appear to be much different from other rural places during the time. Roberts' account lacks the picturesque imagery and language of peculiarity to which the previous narratives turn when describing the region. As a result, Roberts' account feels more genuine. Although Sloop's and Cannon's narratives are nonfiction, there are instances when their accounts seem fabricated. Both Sloop and Cannon rely on romantic stereotypes to describe Appalachian communities and residents. Roberts provides a more accurate picture of his community. He includes local crime, such as a murder in a "whore house" (137). He also logs the verdict of a court case in which a man is exiled from the community for assaulting a young child (192). Roberts further addresses problems of alcoholism including an instance in which an alcoholic disturbs a church meeting (329). Roberts does not limit the community's crimes to moonshining or senseless feuds. He shares real life occurrences and does not portray such occurrences as unique or prevalent to the region.

Roberts' attitude toward minorities can also be placed within an early twentieth-century structure. He does not describe African American inhabitants as anomalies, but he also does not write extensively about them. The interactions and descriptions that Roberts provides allows the reader to conclude that Roberts did not deny treatment and accepted African American patients. The rhetoric provided in Roberts' 1913 narrative reflects a culture that enforced segregation. Grace Hale argues that a "culture of segregation" served "to maintain both white privilege ... and a sense of southern distinctiveness within the nation" (284). Roberts depicts such a culture of segregation when he notes the death of one of the children of an African American patient and

the child's burial at the "negro [sic.] church" (257). The child's burial at a segregated cemetery reflects the extremes of twentieth-century segregation. In another log, Robert states, "we went over to here [sic] the negro [sic.] he preached (or tried it)" (275). In analyzing this sentence, the reader observes two microaggressions, or "brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership" (Sue xvi). Roberts does not refer to the African American pastor by name or address his profession nor does he address the individual except for his race. Furthermore, the enclosed phrase "or tried it," implies that the individual was never capable and undermines him as a professional. Roberts's medical treatment of all people regardless of race is significant to his moral character, but he still embodies white racist views of the early twentieth century.

Like the other narratives discussed throughout this work, medical access is a recurring obstacle in Roberts' journal. As Barney discusses, rural communities at the turn of the century had trouble attracting professional physicians, which increased the workload of available doctors who also had to rely on other work, such as farming (17). Karen Tice notes that Appalachian communities attracted a significant amount of reform activity through "numerous missionary, folk, moonlight, settlement, and boarding schools," especially through the ventures of middleclass and affluent women (191). In an effort to provide healthcare for mountain communities, many settlement workers and middle-class clubwomen partnered with predominantly male physicians seeking to promote scientific medicine and to establish professional identities (Barney 8-9). These pairings were beneficial because "women needed access to the institutional power and positions of public authority that men held, and men needed the grassroots support that women could mobilize" (Sklar 69). Settlement schools, such as the Pi

Beta Phi settlement school in Gatlinburg, Tennessee, often collaborated with physicians to provide health services to the communities in which they were established.

According to an article on the Pi Beta Phi website, alumnae of the Pi Beta Phi women's fraternity established a settlement school in Gatlinburg during March of 1912 after receiving a five-hundred-dollar appropriation during May of the previous year (par. 4-5). During the 1920s, the school collaborated with a dentist and "four doctors from Sevierville and Knoxville ... [who] each agreed to keep office hours once a month at the health center" ("Settlement School", par 25). According to a 1921 report in *The Arrow of Pi Beta Phi*, "Doctors Massey, Hoffman, Rogers, and Ogle all have agreed to have office hours in Gatlinburg once a month" (46). According to Brabson, Dr. Hoffman also taught midwifery classes at the school, and Ogle served on the institution's Committee of Reference (22, 27). Roberts does not seem to have collaborated with the settlement school because the only reference in his journals is a single statement on January 5, 1913, stating that he "went to the S school" (5). Roberts did collaborate with doctors who volunteered with the settlement school. On October 15, 1913, for example, Roberts assists Dr. Massey in an operation (Roberts 288). These physicians would not likely work with Roberts if he did not possess the required credentials.

Although Roberts never discussed the impact of medical problems directly, one can interpret the hardships he and his patients faced in providing and receiving medical care. Appalachian communities struggled to attract medical professionals because towns were sparsely populated over long distances (Barney 17). Distance is one of the most significant obstacles Roberts and his patients faced. Roberts traveled long distances to his patients in horse and buggy. Weather and road conditions further impacted travel. In every entry Roberts logs the weather and the impact it has on his efforts to arrive at his destination. In his log for September 30, 1913, Roberts

describes the impact rainy weather has on muddy roads, stating “you can’t hardly get a buggy along” (273). Similarly, the roads on January 2, 1913 “nearly pulls a horse to death to pull a buggy” (2). Although Roberts had frequent house calls, he did not always make them. In his log for June 14th, Roberts states that he does not feel well and does not fill one of his two calls for that day (165). Although Roberts did not avoid making emergency calls, he could not always make a trip to every patient’s home, which resulted in delayed medical services for several of his patients. Roberts further kept a log of visitors who came to his medical practice in Sevierville. A centralized medical office allowed Roberts to treat more patients, but individuals with limited transportation or in bad health relied on Roberts to travel to them. Furthermore, Roberts sometimes relied on other nearby physicians to treat his patients when he could not. Roberts’s own health adds a layer to the dynamic of medical access, as he had to either travel to a physician or have a physician travel to treat him.

Molly Ladd-Taylor argues that maternalism –defined as “idealizing women’s place in the home while asserting their influence in politics and government” – was significant in moving welfare reforms and advancing women’s status (45) According to Melanie Beals Goan, many female reformers such as Mary Breckenridge “preferred to operate within rather than to challenge the prevailing gender system that designated the home as women’s sphere” (Goan 5). Women who operated in this system subscribed to societal expectations that “women were made to be wives and mothers” (Goan 1). Maternalism can be examined in the 19th and early 20th century “class-based notions of scientific mothering, marriage, family, and domesticity” that are most apparent in uplift narratives of female reformers (Tice 208). Twentieth-century gender-norms in which women were expected to “cultivate domestic piety behind closed doors while their male counterparts were to face, and if possible, conquer, the competitive world of

commerce” can be examined in other texts (Douglass 57). The roles that Roberts and his wife Nannie Belle performed demonstrate the societal gender norms to which they subscribed.

Roberts treated all his patients and family members in a respectful manner. He included his wife Nannie Belle, in the majority of his logs. Roberts records her health, her menstruation cycles, and her daily activities. He further included important dates such as birthdates and their anniversary. On Nannie Belle’s birthday, he expressed regret that he was unable to purchase a gift which demonstrates some level of affection and respect (108). Nevertheless, the reader can instantly decipher that their relationship was established within twentieth-century gender norms that establish the female role within the confines of domesticity and the male role within commerce (Douglass 57). Nannie Belle performed domestic activities, which included cleaning and cooking. Her role was well established within the home. Roberts’ role was that of a provider. He traveled outside of the home and provides economic stability. These roles are so established that in one instance when Nannie Belle traveled away from home, Roberts seeks a female neighbor to clean despite his presence at home for most of the day (340). When logging information about female patients, Roberts often identifies them through their spouses. He described many female and adolescent patients as the wife of child of a male community member. For example, in one entry he logs that a male patient’s stepdaughter had small pox and that another patient’s wife had small pox as well (11). These descriptions both reflect his interactions with male community members and place the identity of women and children within that of a male figure. Although placing children within the identity of their parents is still a common practice, Roberts placed identities of entire families solely with that of the male figure, which further reflects strict twentieth century gender norms.

Target Audience

As mentioned previously, Roberts does not have a target audience. Therefore, his narrative offers a unique perspective to this study. Because he has no audience, he does not attempt to provide commentary on Appalachia or Appalachians in terms of specific place or group identity. Roberts' journals were created strictly for personal use and not for any other underlying cause. The lack of an audience does not necessarily mean that Roberts did not hold his own misconceptions about the region, but any misconceptions he held are not adequately represented in his narrative for the researcher to come to a definite conclusion. Roberts does not depict "disparity between Appalachia and America" or present the community in terms of peculiarity and isolation (Shapiro 33). Furthermore, he does not present the community as "uniquely worthy of relief" through reform (Barney 72). Roberts does not make any forthright statements about the community or the ways residents live, so readers must rely on their own interpretation of the reading and their knowledge of the region to locate problems that Appalachian inhabitants have faced historically and to consider how those obstacles have been addressed in other narratives.

Medical access is a central theme in all narratives discussed in this thesis. As Barney articulates, the region's low population resulted in a "scarcity of professional medical care" (17). Many reformers in the twentieth century were confronted with pressures to evoke ... stereotypes, especially in publicizing their efforts to a wider American public and soliciting financial support" (Tice 191). Both Sloop and Cannon lean on these stereotypes in presenting their work to a national audience. Cannon's account focused on his ongoing work, and Sloop reflected upon her accomplishments. Sloop's presentation of Appalachian inhabitants is comparable to that of Mary Breckinridge, who "was constantly aware of her audience and naturally strove to present her work in the best light possible" (Goan 4). Roberts' lack of an audience eliminates the

motives to produce stereotypes that appear in other narratives. Although it is possible that Roberts had his own misconceptions concerning Appalachia, they do not appear in his narrative.

Conclusion

In an examination for social and historical contexts, one observes that Roberts practiced medicine during a period of medical transformation. Roberts' association with medical societies demonstrates that he most likely subscribed to scientific advances in medicine and shifting beliefs that physicians "possess[ed] unique skills worthy of financial compensation" (Barney 16). The rural region in which he practiced also required him to be versatile in his services and the reimbursements he received. Roberts subsisted in a rural lifestyle, but he was also a member of the rising middle class and had some power within his community. A closer look at the political aspects surrounding Roberts's journals allows the reader to better understand problems surrounding race, gender, and medical access in rural communities during the early part of the twentieth century. Roberts treated patients despite their race, but he also utilizes microaggressions when describing minority community members. Furthermore, Roberts documents the enforcement of segregation during the early twentieth century. Roberts' views on women are not directly discussed, but the roles that he and Nannie Belle perform correlate to twentieth century gender norms that place women in the domestic sphere. Problems related to medical access are the most apparent in Roberts' narrative as they are demonstrated through the variety of services that he provides and through the distance he traveled to provide them.

Roberts' journal is especially important compared to narratives like those of Sloop and Cannon. Sloop and Cannon recount their experiences with an audience in mind. Although their accounts address real problems in their communities, both physicians fabricate upon various aspects of their work and of the lives of residents. Such fabrications distract from the problems their communities faced. Roberts' account offers readers the opportunity to study the work of a

rural physician from Appalachia without limiting stereotypes. Roberts' narrative is less concerned with the representation of an Appalachian community. Roberts' journal provides a day to day account of his work and the problems his patients and the community as a whole faced. Roberts' account is important to Appalachian studies and healthcare professionals because the narrative allows scholars and professionals the opportunity to study those problems without limiting stereotypes. By taking a closer look at Roberts's narrative, researchers can look beyond stereotypes and consider the deeper implications of Appalachia's presence in the literature of rural physicals in Appalachia.

Part II: Anne A. Wasson: *Tincture of Thyme*

“Put yourself in the shoes of the patient. Take into account his situation, culture, language, and lifestyle, whoever and wherever he may be.” (Wasson 70).

Overview

In the closing statements of her memoir *Tincture of Thyme*, Anne A. Wasson advises new physicians to use their “powers of observation and common sense,” to consider the patient’s background, and to “apply [her] prescription, the ‘Tincture of Thyme’” (70). The last line is to be taken humorously as Wasson’s prescription of “Tincture of Thyme” is “a dropper bottle filled with vodka and thyme” that she dispensed to new students of the Frontier Nursing Service in the early 1990s (Wasson 67-70). She ends her narrative on a humorous note, but Wasson’s statements reflect an understanding of the importance of cultural sensitivity when treating patients who come from a different culture or have different social backgrounds. The purpose of Wasson’s memoir, as she articulates, is to “recount the many changes in medical practice” and to advise new members of the medical field (Wasson 70). Wasson’s memoir offers readers a complex account of social, historical, and political dynamics of the twentieth century. Furthermore, Wasson provides extensive information on her experience in medicine and the changes she witnessed throughout her lifetime. Wasson’s narrative is important to Appalachian Studies as it presents an intersection between the advances in medicine and Appalachian representation. The focus of Wasson’s memoir is of her medical career, but a closer examination of the piece reveals a surplus of historical and social factors of the scientific advancement of medicine in the twentieth century and the impact that medical changes and institutions had on the Appalachian region.

In the second part of this chapter, I provide a brief overview of Wasson’s life and work. I then analyze Wasson’s memoir by consulting the points outlined in my first three research

questions. First, I discuss the social and historical contexts of Wasson's account. Then, I move to a political discussion of Wasson's narrative. Political dynamics in Wasson's work include Appalachian representation, medical access, images of health, representation of minorities and foreign communities, and gender. After concluding my analyzation of the political dynamics in this account, I examine Wasson's target audience and its impact upon his narrative. In the conclusion of this chapter, I discuss the importance of analyzing Wasson's memoir.

According to a *Frontier Nursing Quarterly Bulletin*, "Dr. Anne A. Wasson was born August 12, 1920 in Buffalo, New York, and died at Mary Breckinridge Hospital, Hyden, Kentucky, October 25, 2001" ("In Memory of Dr. Anne Wasson," 9). Wasson spent her early childhood in Tonawanda, New York, but her family later moved to Clarence, New York after losing their home in 1935 (Wasson 11). She received her education from an "adequate and stimulating" high school and participated in a local Girl Scouts branch (Wasson 12). During her high school years, Wasson's father died after their local dentist used an unidentified drug that killed two other patients (Wasson 12). After her father's death, Wasson's mother took employment with a local doctor and only visited home once a week (Wasson 12). In 1938 Wasson entered the Ceramic Arts School at Alfred University in Alfred, New York where she worked in the college's kitchen and as an illustrator to the head of the Biological Science Department (Wasson 12). After her graduation in 1940, Wasson applied for admission to the Boston Dispensary Hinton Laboratories where she took an eighteen-month course in laboratory techniques (Wasson 15). Upon the completion of the course, Wasson took employment at Rutland Hospital Laboratory in Rutland, Vermont (Wasson 15). After two years of employment, Wasson entered the University of Buffalo in 1944 to complete the needed scientific credits to take the National Board exam and to become a certified medical technologist (Wasson 17-19). After finishing the needed courses and

passing the exams, Wasson decided to complete the undergraduate requirements for the medical school (Wasson 21).

In 1945, Wasson was accepted to medical school at the State University of New York at Buffalo where she and seven other women graduated among a total class of seventy-six in 1950 (Wasson 23). Upon her graduation, Wasson took an internship at the Eastern Maine General Hospital in Bangor to train as a family physician (Wasson 25-7). After passing the national boards, Wasson moved to Bradford, New Hampshire to open a clinic where she rented and lived in her office (Wasson 30-31). In 1956, Wasson purchased a Victorian house to serve as a clinic, which was later licensed to include an infirmary and a laboratory (Wasson 35-37). In 1960, she traveled to the Cameroons in Africa to work for the Presbyterian Hospital at Enongal (Wasson 39). In 1965, Wasson incorporated with three other physicians and moved into the New London Hospital in New London, New Hampshire by 1966 (Wasson 46). Wasson and her companion Alice Whitman volunteered with the Frontier Nursing Service (FNS) from July to September 1969 (Wasson 47-8). In the spring of 1970, Wasson returned to Kentucky to join the staff at the Frontier Nursing Service where she helped to initiate the service's certificate program during the summer of the same year (Wasson 57). By November, Wasson passed the Family Practice Board Exams, closed her practice in New London, and permanently joined the Frontier Nursing Service (Wasson 57). Wasson retired to New England in 1982 but returned in 1993 to serve as secretary on the Board of Governors and as a volunteer consultant (67).

Wasson sought a career in medicine during a time of scientific advancement in medicine. Her memoir offers a unique voice to this thesis because the Appalachian region and its inhabitants are not the focus of her narrative. Like Roberts, Wasson is more focused on medical practice than Appalachian representation. Wasson's memoir includes her work in the region, but her

narrative is not exclusively based in Appalachia. Wasson's narrative allows readers to follow the advances in medicine through her own experiences, which led her to the region working under an institution that aided and enforced medical adherence to scientific medicine in Appalachian communities. Furthermore, Wasson's narrative allows readers to contemplate how Appalachia is presented in narratives that are not centered on Appalachian representation. By applying a theoretical framework based in New Historicism, I examine the social and historical contexts of medical change during the twentieth century as well as the social and historical contexts of the Great Depression and World War II. I then examine the political aspects of the Frontier Nursing Service, Appalachian representation, representation of minorities, and then examine the narrative in a gender analysis. Finally, I will discuss how a limited audience impacts the manner in which Wasson relates her experiences.

Social and Historical Contexts

Wasson's medical journey "began on the heels of the depression when only a handful of universities were accepting women" (7). Throughout the narrative, Wasson must overcome economic obstacles and gender inequalities. The Wasson family's initial economic struggle and medical limitations of the early part of the century are significant factors to consider in Wasson's narrative. During the 1930s, many fell victim to home foreclosures, loan delinquencies, low incomes, and falling property values (Wheelock 138). Several families lost their homes, especially during 1933 when foreclosure rates reached their climax (Wheelock 138). According to the 1937 publication of the *Fifth Annual Report of the Federal Home Loan Bank Board*, by 1933 approximately 1,000 homes were foreclosed daily (4). Wasson's family lost their home in 1935 and relocated from Tonawanda, New York to Buffalo, New York (Wasson 11). Wasson also recounts that after their move, the family grew their own food and picked their neighbor's raspberries for extra income (11-12). Despite the family's economic strife, Wasson's mother, a

graduate of Alfred University and a trained LPN, expressed interest in Wasson's education and aided her daughter in establishing contact with Alfred University's dean who offered Wasson a scholarship and employment in the campus's kitchen (Wasson 12). Wasson studied art but found greater interest in the medical courses the university offered and decided to pursue a career in laboratory technique (Wasson 13).

Wasson's interest in medicine began early in her life. During the narrative's opening, Wasson depicts the medical limitations of her childhood. She states that because childhood vaccines were not available, she was exposed to several illnesses (Wasson 11). Furthermore, Wasson and her family received several home visits from a family physician. Her brother even has his tonsils removed on the kitchen table reflecting that the family had access to few facilities (Wasson 11). Wasson expresses that her father and her Girl Scout leader's deaths to illness and malpractice were key components in her desire to practice medicine (Wasson 12). As the memoir progresses and her interest in medicine develops, Wasson notes important advances, such as the release of penicillin for public consumption during her work at Rutland Hospital (Wasson 16). Although Alexander Fleming, an English bacteriologist, discovered penicillin in 1928, the compound was not successfully modified for treatment until 1941 when a team of Oxford scientists assembled by Howard Florey used it to treat an Oxford police officer (American Chemical Society 3-4). Because the United Kingdom's "chemical industry was fully absorbed in the war effort," Florey traveled to the United States to seek aid in its production (American Chemical Society 4). Upon the United States entry in the war, United States pharmaceutical companies took over research and production of penicillin, but due to wartime restrictions, it was not made available for consumer use until 1945 (American Chemical Society 6, 8). Prior to penicillin's widespread consumer production, Wasson notes that due to its rarity and high cost,

the Rutland Hospital treated a patient with penicillin “only after a committee consisting of a surgeon, an internist, and [a] pathologist ... decided whether or not the patient’s condition would respond to the new drug” (Wasson 16).

After completing an internship in rural Maine, Wasson established a practice in Bradford New Hampshire (Wasson 31). Although she opened a clinic, she also made home calls and even shares an instance when she conducted a home delivery (31, 36). Wasson also states that she provided veterinary services (Wasson 45). After a brief excursion to Africa to volunteer in the Presbyterian Hospital in Cameroon in 1960, Wasson returned to Bradford and incorporated with four other physicians in 1965 (39). Toward the end of the 1960s, Wasson decided to volunteer with the Frontier Nursing Service (FNS) in Leslie County, Kentucky where she would continue to work and volunteer until her death in 2001. Wasson arrived at the organization as new federal programs targeted health and poverty, which heavily transformed operations at the Frontier Nursing Service. To understand the impact that postwar efforts had on the Frontier Nursing Service, one must first understand the history of the program.

Wasson volunteered and later worked with the Frontier Nursing Service towards the latter end of the twentieth century until the early part of the twenty-first century. The Frontier Nursing Center was founded several years before in the early 1920s and had undergone a significant transformation by the time of Wasson’s arrival. Mary Breckenridge, the organization’s founder, decided to pursue a career in health after great personal loss. In 1907, two years after the death of her first husband, she took nursing courses at St. Luke’s (Breckenridge 52). In 1910, she completed her education, returned home, and remarried (Breckenridge 58-9). In her autobiography, Breckenridge does not discuss her second marriage except to “tell the story of her children” whose death influenced much of her later work (59). Her daughter, Polly, passed in

1916 after she was born prematurely, and her son, Breckie, died in 1918 shortly after his fourth birthday (Breckenridge 66). After the loss of her family, Breckenridge traveled as a spokeswoman for the U.S. Children's Bureau (Goan 2, 53-5). In 1919, Breckenridge traveled to France to work with the American Committee for Devastated France (CARD), a private relief program that aided impoverished families (Goan 2, 53). During her service with CARD, Breckenridge observed the work of British nurse-midwives and was "impressed with the practicality of the British health care system, which employed caregivers trained in both general nursing practice and specialized obstetric care" (Goan 61). It was this health model with which she designed the Frontier Nursing Service.

In 1923, Breckenridge chose Leslie County, Kentucky as the location for the Frontier Nursing Service and "completed a postgraduate course in midwifery in London in late 1924" (Goan 70, 77). The Kentucky Committee for Mothers and Babies first met in Frankfort, Kentucky in May 1925 (Breckenridge 159). In 1928, members decided to change the committee's name to the Frontier Nursing Service (Breckenridge 160). Breckenridge proposed a model that assigned nurse-midwives to specific districts and chose to place the program in Eastern Kentucky, the Appalachian region of her home state, as she, like many other contemporaries, "believed that Appalachia was a unique area and particularly worthy of assistance" (Goan 63, 67). Although physicians were suspicious of nurse-midwifery due to the perception that such forms of health practice provided "dangerous competition," Breckenridge received little hostility toward her organization as it was in a remote, rural area where physicians were unwilling to practice (Goan 91-2). As Sandra Lee Barany articulates, "doctors tolerated, and often encouraged, the activities of the Frontier Nursing Service in rural areas ..., [but] they did not embrace such activities in more urban areas" where their practices were located (136-7).

By 1929, the organization had further expanded its operation to six outpost clinics linked by Hyden Hospital which provided healthcare to over ten-thousand patients in Leslie, Clay, Perry and Harlan Counties (Goan 97). Involvement of the United States government later in the century would challenge the organization's later success.

The period after the Second World War saw several changes regarding government involvement in healthcare. The war brought the expansion of the United States' federal powers and "a government managed economy" which distributed more funding to education and healthcare (Goan 226). Appalachia especially became a focus of the 1964 government initiated "War on Poverty" since "Americans had long been distressed to know that such a poor, underdeveloped region existed within the nation's borders" (Goan 226). Truman's 1945 proposal for national health care and later distribution of government funds to hospitals, research, and medical care for the elderly and poor sparked heated debates about government responsibility and its interference in free enterprise (Goan 231-2). Breckenridge opposed such government-led health reform as it threatened the need for the Frontier Nursing Program (Goan 232). The organization was also faced with increasing expenses, especially with its implementation of jeeps to replace horses (Goan 233). The county (as well as the nation) further witnessed the decline of home births as more women sought to give birth in hospitals (Goan 234). To the frustration of her co-workers, Breckenridge was reluctant to implement changes to the Frontier Nursing Service in the midst of modernization in Hyden County and other rural areas, and even expressed reluctance to oversee the construction of a new hospital in the late 1950s since "hospital births were not nearly as romantic to report" (Goan 234-5). Several necessary changes would not be implemented until after Breckenridge's death.

After Breckinridge's death in 1965, the Frontier Nursing Service faced new challenges associated with federal funding and medical standardization. The organization was especially impacted by the 1965 establishment of Medicare and Medicaid programs, which required patients to see a physician and did not cover preventive health or nursing care which were significant FNS services (Goan 257). To assure that the Frontier Nursing Service received federal funding, Helen Browne (Breckenridge's successor), established "a Home Health agency in 1966 to coordinate visits to homebound patients" (Goan 257). However, house calls and providing services outside the clinic were not allowed (Goan 257-8). Due to these federal requirements, the Frontier Nursing Service "shift[ed] from a personalized community health care provider to a standardized, high-tech medical system" (Goan 258). Although the Frontier Nursing Service struggled to maintain relationships with the local community after these implementations, the Appalachian Regional Commission did recognize "the organization's potential to train rural medical practitioners" (Goan 259). During the 1970s, midwifery was "empowered by the feminist movement and by a declining respect for organized medicine" (Goan 260). Midwifery training had been an important aspect of the Frontier Nursing Service since 1939 when "Breckinridge established the Frontier Graduate School of Midwifery" (Goan 174). The Frontier Nursing Service further extended its program in 1970 to include a program for family nurse practitioners and organized distance programs in the 1990s (Goan 260-1).

By the time Wasson arrived at the Frontier Nursing Service the program had undergone an extensive transformation. The reader must consider these changes when moving to a political reading of Wasson's memoir. An examination of her memoir reveals that she does hold some preconceptions about the region, but she puts more effort in describing the Frontier Nursing Service than she does the Leslie County community. Like the other authors in this thesis project,

Wasson discusses the lack of medical access as well as changes to the Frontier Nursing Service's training program in midwifery. A further examination of Wasson's narrative reflects problems related to race and gender, but Wasson is also notable in her statement of cultural sensitivity. Her memoir's potential audience is also significant as it is not targeted toward a large population. I will discuss these facets in a political analysis of Wasson's narrative.

Political Dynamics

Wasson's memoir largely focuses on her career in medicine, but close reading reveals some preconceptions of the region. Mary Breckenridge clearly influenced Wasson's views of Appalachia. When discussing Breckenridge's involvement in the region, Wasson describes Leslie County as a "remote and undeserved rural area ... [where] health care was largely administered by 'granny midwives' and those who followed the folklore of herbal remedies" (7). Wasson describes Appalachia in terms of folklore and isolation, and she describes Breckenridge as a remarkable woman who was a benevolent, welcomed, and well-received agent of change in the region (Wasson 7-9). Although Wasson's dialog reflects that she held preconceptions of the region rooted in discourse of stereotypes, she does not depict the select few incidents concerning Leslie County residents as peculiar or unique. In one piece about her experiences with the Frontier Nursing Service, she describes an unusual scenario in which she answers a call to treat a pig (61). However, Wasson also relates stories in which she provides medical services to dogs and other animals while she practiced in New Hampshire (45). Wasson portrays the event in Kentucky as unusual. But, she also provides examples of similar occurrences in other regions. Therefore, the situation does not appear as a peculiarity of Appalachian culture. In another account, Wasson demonstrates an intern's unfamiliarity with treating his patients. In one scenario, the intern believes that a twelve-year-old patient has a sexually transmitted infection but when Wasson goes to examine him, the child informs her that he "got into some chiggers"

(Wasson 64). After treating the patient, Wasson advises the intern to “ask the patient what he’s got” if he is unsure of the illness in the future (64). In this scenario, Wasson demonstrates regional misunderstandings that occur between patient and FNS health providers and depicts the importance of trusting the patient’s own knowledge.

When describing her work with the Frontier Nursing Service, Wasson provides few scenarios and insights concerning the community. Wasson’s lack of interaction with her patients presents an issue in a discussion of Appalachian representation. The lack of representation in Roberts’ journals can be attributed to the narrative’s operation outside of the “idea of Appalachia” (Shapiro ix). Although this does not guarantee that Roberts did not have his own misconceptions about Appalachian culture, they are not expressed in his journals. Wasson, however, does express more romantic conceptions of the region, but provides more information about her work with the Frontier Nursing Project and its staff than about local community members. Wasson does not provide an extensive account of her relocation to Appalachia, but one must also keep in mind that Appalachia was not her first experience in a rural area nor her first experience addressing poverty. Wasson’s internship in Maine further exposed her to patients in isolated portions of Maine with no roads and limited transportation (Wasson 35). Wasson also had her own experience with poverty, which to some degree may have impacted her own views of impoverishment. She held her own preconceptions about the region, but Wasson understood that Appalachia was not unique in challenges prevalent in the region.

Although the lack medical access in Appalachia are not addressed directly, a close reading of Wasson’s memoir provides insight to some of the problems faced by patients and the personnel at the Frontier Nursing Service. The Frontier Nursing Service’s existence and Wasson’s willingness to provide medical services as a volunteer demonstrate the need for medical service

in the community. The FNS did meet the medical needs of Hyden, Kentucky, and surrounding communities, but one must also consider Whisnant's claims that such benevolent reformers are guilty of "systematic cultural intervention" in that they "consciously and programmatically" acted within Appalachian communities in order to produce a "desirable" outcome (Whisnant 13). Breckenridge was one such reformer who possessed both training as nurse midwife and upper-class prestige (Barney 11). The Frontier Nursing Service, as Barney notes, replaced traditional midwifery with "a woman-centered medical model" that resembled but also displaced local child-bearing practices (116-7). Although FNS was to an extent guilty of interfering with local culture, the service provided much needed medical services to the region.

Wasson's narrative highlights problems that the Frontier Nursing Service had toward the later part of the twentieth century. According to Melanie Beals Goan, although the introduction of government funding allowed the organization to update medical equipment and increase its staff, its relationship with the community suffered as it "shift[ed] from a personalized community health care provider to a standardized high-tech medical system" (258). In 1966, the program introduced its Home Health Agency, which allowed the nurses to conduct home visits (Goan 257). Because they were no longer allowed to make emergency house calls or conduct medical services in the home, patients were encouraged to receive care in the organization's clinics and hospitals (Goan 257-8). In one journal entry, Wasson expresses concern over the number of patients traveling long distances to the clinic and attempts to resolve the issue through "dividing jobs differently among people, and when possible, treating patients at the district near where they live rather than in Hyden" (54). Wasson's solution mirrored the organization's initial district nurse model (Goan 63). Wasson's resolution displays that the organization to some extent struggled with enforcing the district model as the Frontier Nursing Service became more

standardized. Later in the memoir, Wasson claims the Frontier Nursing Service struggled with enrollment during the late twentieth century. During the 1980s, the service ended its certificate program due to lack of deliveries, a rise in standards of education requirements for nurse practitioners, and the impracticality for students to travel to Hyden (Wasson 58-9). After moving the program to the University of New Mexico, the members of the FNS were able to reestablish it in Leslie County by providing distance education options (Wasson 59). According to Frontier University's "History of FNU" page, the Frontier Nursing Service addressed distance and lack of patients by partnering with organizations, such as the Maternity Center Association," to organize the pilot version of the "Community-based Nurse-midwifery Education (CNEP)" (par, 4). The goal of CNEP "was to "enable nurses to remain in their communities while obtaining graduate education as nurse-midwives and ultimately increase the number of practicing nurse-midwives working in underserved areas" ("History of FNU", par, 4-5). The implementation of this program made the organization's midwifery courses available internationally (Goan 261). The establishment of CNEP is significant because it reflects the transformation of the Frontier Nursing Service and the expansion of a regionally focused program.

Wasson does not address minority populations in Leslie County or the Appalachian region. She also does not depict Leslie County inhabitants as remnants of Elizabethan culture or in terms of whiteness. Wasson depicts few interactions with minority communities and citizens of foreign nations throughout her narrative. In 1960 Wasson traveled to the Presbyterian Hospital in Enongal, Cameroon, to volunteer her services (39). She describes the lab at the hospital in which she volunteers as "surprisingly sufficient considering the primitive working conditions" (39). Wasson further describes treating newborns with tetanus resulting from their "mothers having taken the newborn to the medicine men in the jungle" (39). Wasson claims that "the tetanus was

caused when wood ashes from a fire were used to help the cord dry more quickly” (39). The presence of tetanus in newborns is significant in her description of health disparities in East Africa because it is one of the few instances in which she describes medical practices in the region. She does not elaborate on medical disparities beyond stating the cause of the illness, which makes it difficult to pinpoint her stance on local health practices. Upon her departure from East Africa, she refers to Paris as her return to “civilization” (42). Her referral to Paris as civilization in contrast to East Africa is the only indication that she may have held any prejudice towards Africa and those of African descent. Overall, Wasson does not indicate that she holds any racial prejudice in her narrative.

Wasson proves she is culturally sensitive throughout the narrative. When recounting a trip to India, she describes her embarrassment after sharing that she and the Surgeon General of India had once operated on a pig (61). Although sharing that particular story was inappropriate considering Indian practices concerning swine, Wasson’s regret demonstrates that she does put forth an effort to be culturally sensitive. Her sensitivity to other cultures is further demonstrated at her narrative’s end when she advises those in the medical field to, “Put yourself in the shoes of the patient. Take into account his situation, culture, language, and lifestyle, whoever and wherever he may be.” (70). Although Wasson does make mistakes in her interactions with individuals from other cultures, she also illustrates conscious efforts to practice medicine while maintaining cultural sensitivity to her patients.

Wasson’s narrative brims with the challenges that she faced in medicine as a female student and physician in the twentieth century. Navigating through this patriarchal landscape would have been especially difficult. Wasson states that she initially was reluctant to share her interest in being a physician and kept her “wild dreams” to herself, stating she believed her ambitions

would not be well-received (17). Even after she completed all the credentials needed to practice as an intern, she faced limitations, since several facilities had no accommodations for women (Wasson 25). The challenges Wasson faced reflect a male-dominated profession that is slow to change. For example, one health facility that Wasson leaves unnamed claimed it was reluctant to hire women because past female employees developed tuberculosis, a feeble excuse at best (Wasson 25). The fact that accommodations such as housing were not available to women illustrates a national reluctance to allow women careers outside of their gender roles.

It is further significant to note that during her internship Wasson was immediately assigned to “obstetrics, pediatrics, and medicine” (Wasson 27). Her assignment reflects that female physicians, like their nursing counterparts, were expected to adhere to conceptions of “women’s education, women’s works, and women’s proper roles and specifically culturally constructed attitudes towards the female-male relationship concerning dominance and subordination” (Malka 59). American society after World War II continued to perpetuate ideas that stressed female roles of domesticity and subordination to men which were established among iconic images of motherhood and the nuclear family (Rosen 27, xiv). Wasson, however, defied such roles through her chosen profession. Gender roles and feminism are not addressed in depth in Wasson’s narrative, but the limitations she faced and overcame are a driving force throughout her account.

Target Audience

In an analysis based in New Historicism, the reader must further examine the writer’s target audience. Although Wasson’s audience is wider than Roberts, her audience is significantly more limited than Sloop’s or Cannon’s. Her audience appears to be limited to Bradford, New Hampshire, and individuals associated with the Frontier Nursing Service. Wasson’s narrative was self-published, which significantly limits its availability. Having such a select audience implies that Wasson and her transcriber Noel Smith Fernandez intended the memoir to be

utilized by few individuals. Wasson's audience is much more limited than that for Sloop's or Cannon's publications, but she, like Sloop, desired to share the best details about her work. In considering her audience, the reader must also determine the intent of her memoir. By 2001, Wasson was retired save for her participation on the Board of Governors and as a volunteer consultant (Wasson 67). Furthermore, the FNS, in the process of creating a degree program, was not dependent upon private outside donations for operation (Wasson 57). It is possible that Noel Smith Fisher (the memoir's co-author) had a joint interest in writing Wasson's narrative, but one observes that Wasson did not have any intent besides providing her experiences in medicine to be studied by future generations. Like Roberts, Wasson does not appear to be limited by the stereotypical constructs of Appalachia. Although she does have her own preconceptions of the region, her writing reflects little to no effort to describe the region or its inhabitants as unique or peculiar. Even a limited audience impacts an individual's story. According to Melanie Beals Goan, in Breckenridge's own autobiography, she "was constantly aware of her audience and naturally strove to present her work in the best light possible" (4). Wasson, too, shares the best of her experiences, which impacts what is shared with the audience.

Conclusion

There is one question that must be addressed in my concluding statement. How does Wasson's narrative fit into an analysis of Appalachian representation when she makes little to no conscious effort to portray the region? The reader must also remember that Roberts also makes no effort to consciously portray the region in which he lives and works. The most notable difference between the narratives is that Roberts' journals are based entirely in the region, and Wasson's memoir begins outside the region. Another key difference in their narratives is that Wasson provides a story, while the reader must interpret Roberts' story on their own. Wasson's narrative is important to this study because the reader must interpret how Appalachia is

represented in a narrative that includes the region but is not limited to direct dialogue of representation. Sloop and Cannon provide direct conversations that fit into an established framework of the formation and evolution of Appalachian images. Wasson and Roberts write outside of that framework. The readers must interpret the meaning for themselves. In interpreting Wasson, and the commentary that Wasson does provide on the region, the reader must take into account her own experiences. Although she was to some extent exposed to some misconceptions of the region considering her approval of Breckenridge's views, one must also consider her own experiences in poverty and practicing in similar locations. Wasson does not rely on stereotypical images of Appalachia to the same extent as Sloop and Cannon. Like Roberts, Wasson depicts a region that could read as any other rural area.

Wasson's memoir provides important insights for Appalachian studies and for healthcare professionals. Her narrative is directed at health professionals more than the other narratives in this study. Wasson's account provides an extensive overview of her education and work in healthcare. She further documents changes in medicine and healthcare practices. Wasson does recount her experiences with an audience in mind, but she does not fabricate those experiences to the same extent as physicians such as Sloop and Cannon. Like Roberts' journal, Wasson's narrative is not laden with distracting stereotypes. Wasson practiced in rural communities before she worked with the Frontier Nursing Service in Leslie County, Kentucky. Wasson's account is significant because she understood that communities in Appalachia are not unique in the problems they may face. Wasson's account provides important lessons to healthcare providers going into and speaking for any community. Healthcare professionals must be sensitive to the beliefs and customs of their patients, but they cannot assume that problems that any patient or

community may face is connected to a culture. Wasson's memoir offers scholars in Appalachian studies and healthcare professionals important insights into representation and sensitivity.

CHAPTER 5

CONCLUSION

In an examination of rural health physician narratives, I have discussed the following research questions:

1. What social and historical contexts are important to consider in the time and place this narrative was created? What social and historical contexts are important to consider in an examination of Appalachian stereotypes?
2. What political dynamics are at work? For example, how do physicians present Appalachian communities in their narratives? Do physicians address health and medical access? Do physicians address race and gender?
3. Who is the target audience of the narratives? How does an audience (or the lack thereof) impact how these physicians describe Appalachian communities?
4. How do my own values impact my interpretations of physician narratives?

In each chapter I analyze the narratives by consulting the points outlined in my first three research questions. For the first question, I discuss the social and historical contexts of the account and of Appalachian stereotypes. This point addresses the social setting in which physicians wrote about their experiences. Several facets of social and historical contexts contribute to the manner in which physicians interpret Appalachian communities.

Misconceptions of Appalachian culture in the twentieth century impacted, to some extent, the physicians' perceptions of Appalachia. Then, I move to a political discussion of each narrative.

The second question focuses on the physicians' own actions in a particular social setting.

Political dynamics are important to consider as they allow the reader to examine Appalachian representation, medical access in rural communities, and prejudices concerning race and gender.

After concluding my analyzation of the political dynamics of each account, I address my third research question to discuss the audience's impact (or the lack thereof) upon the narrative. The audience for each narrative allows individuals to consider the intent behind representation as well as how the physicians depict their own activity in the communities in which they practice. In the conclusion of each chapter, I discuss the importance of analyzing the narrative. When examining these narratives, the reader must consider the social, historical, and political contexts of the physicians' work, but they must also address the impact of the physicians' depictions of Appalachian communities. As authority figures, these physicians held a significant amount of authority within and outside of their communities. All individuals who write about communities have a responsibility to accurately describe those places and the individuals who live there. Individuals in authority positions, such as physicians, especially need to consider the impact of their words have and strive for honest and respectful descriptions.

In the final chapter, I explore the fourth research question set fourth at the opening of this thesis project. The fourth question addresses my biases, values, and social background differ from those depicted in the narratives. Catherine Gallagher and Stephen Greenblatt argue that there is a "double vision of the art of the past" (17). Scholars cannot set aside "historically conditioned longings, fears, doubts, and dreams along with our accumulated knowledge of the world" (Gallagher and Greenblatt 17). Louis Montrose argues that there is a "historicity of texts" that allows readers to understand literature in a historical moment and a "textuality of history" that excludes readers from complete understanding of an "authentic past" (588). A barrier always will separate the readers' beliefs and conceptualizations from those outside of their historical moment. Nevertheless, encounters with literature of the past still hold meaning. Gallagher and Greenblatt describe "meaningful encounters" with the literature of any moment as those that

make readers feel as though they are “pulled out of our own world and plunged back with redoubled force into it” (17). Although the present audience will never have a complete understanding of the past, readers are not excluded from it entirely. In examining rural physician narratives, researchers learn more about the history of Appalachian communities.

Throughout my thesis, I have described the social, historical, and political contexts of twentieth-century rural health physician narrative through close readings of each text. When discussing how my own views and values impact how I interpret these narratives, I believe it is important to consider my initial reactions to the texts. My initial reactions to each are documented through the notes I took while performing close readings of each narrative. When writing notes, I documented the sentences and paragraphs I felt were most important for the social, historical, and political discussions of each work. I also wrote short reflections at the end of each narrative to explore the reactions I had to them. I then challenged my initial reactions through further research of the contexts in which these physicians worked and wrote their narratives. These reflections contain my personal feelings towards each physician’s narrative and how my reactions changed after I researched the social and historical contexts of each account. I have chosen to share these to allow readers to understand how my own biases impact my own reading of these texts.

Reflections

Dr. Mary Martin Sloop’s *Miracle in the Hills* presents problems of Appalachian stereotypes, racism, and gender inequalities. Sloop made significant strides in improving education, medical access, and poverty, but she relied heavily on stock images of Appalachian culture. Although her reiteration of stereotypes reflects her own misconceptions of Appalachian culture, the reader must also take into account that these images would also appeal to a national audience, especially that of a white, middle class. Sloop recognizes poverty as a significant issue, but often confuses

necessities with middle-class niceties and further criticizes community members' will to achieve these niceties. As a result, her tone throughout the narrative is starkly condescending. The Sloops offered their services to everyone, regardless of race, but Sloop's language when describing African American patients portrays deep-rooted racism. Furthermore, her desire to work as a missionary in Africa and Appalachia demonstrates that she believed these communities had needs that they could not reach without white, middle-class aid. Sloop took a special interest in education and her implementation of a public-school system was a notable achievement. Sloop's ability to overcome twentieth century gender inequalities is one of the most admirable aspects of her autobiography. Additionally, she took special interest in female education in her community. Sloop hired instructors based on the requests of local women, which shows that she did value the opinions of local individuals. Sloop did embody twentieth-century maternal values of domesticity and often took the role of an assistant in her family's practice, but she also challenged a male led occupation and was capable of providing medical services.

In my analysis, I tend to especially emphasize the gender inequalities that Sloop overcame. My position as a feminist is evident throughout my thesis. I am careful not to present my own beliefs as Sloop's as she clearly worked within maternalist values. Readers must address Sloop's racism and reliance of Appalachian stereotypes, but they must also place these problems in the context of Sloop's society. Because I highly value equality, I tend to criticize harshly instances of racism and social inequality that appear in Sloop's narrative. When describing Appalachian culture, Sloop relies on stereotypes. She presents community members as poor, uneducated, and racially pure. Although a significant number of residents faced poverty and were uneducated, Sloop still had a responsibility to address and discuss that in a respectful and honest manner. Instead, Sloop often criticized inhabitants for their poverty and often portrayed individuals as

two-dimensional. I stress that it is important to recognize that the Sloops provided service to everyone during a time when it was common to exclude minority populations, especially African Americans, from treatment based on race. A closer look at the language she uses to describe African Americans reflects that she internalized ideals of racial hierarchies. Although it is important to consider the historical and social contexts of that prejudice, one cannot simply disregard Sloop's racial views.

LeGette Blythe's biography, *Mountain Doctor*, depicts the life and medical career of Dr. Gaine Cannon. Like Sloop, Cannon relies on stereotypes in describing Appalachian culture. Cannon also demonstrates a familiarity with mountain culture and a deeper understanding of the impact of poverty and limited medical access. Thus, he is more tolerant of traditional healers and is willing to work with them to provide medical care. Albert Schweitzer's philosophy of "reverence for life" is also important to Cannon's work in Balsam Grove. The philosophy is admirable in that those who practice it seek to preserve life. Cannon and Schweitzer articulate the importance of life for every being, but both demonstrate prejudices towards individuals of different races and nationalities. Although Cannon does not discuss the area's minority residents, he does stress the region's racial purity and the community members' Anglo-Saxon heritage. Furthermore, Cannon internalizes gender hierarchies, which can be examined in his discussion of the Women's Army Corps and through his discussions of local women.

As stated previously, I tend to be more critical when analyzing prejudice. One of the most significant challenges in this chapter was to avoid falling into a one-sided discussion concerning Cannon's status as an "insider." Nevertheless, his "insider" status is important to consider. Cannon stresses his position as a mountaineer throughout the biography. His desire to provide medical access to Balsam Grove and the surrounding Transylvania County community is, to

some extent, fueled by his desire to provide medical access to his neighbors. By positioning himself as a mountaineer, he becomes a representative of the place he depicts. Therefore, many readers may not question his views of the community. I tended to be more critical of Cannon due to his status as an “insider.” There were times I that Cannon could challenge stereotypes more. The reader must also keep in mind that Cannon was also impacted by the social and historical ideas of Appalachia. Additionally, his interest in fundraising may have taken priority, which would further impact the way he portrayed the community to a wider audience.

Dr. Albert Walker Roberts’ personal journal for 1913 was an interesting addition to my thesis. Roberts does not attempt to portray Appalachia as a unique region. Roberts’ journals do show that there was limited medical access in his community as he combined his profession as a physician with that of a dentist, pharmacist, and veterinarian. The payments he received also reflect that he accepted both barter and cash payments. Roberts’ did not attempt to describe Appalachia culture. This does not mean he did not hold his own misconceptions, but that they are not depicted adequately in his journals. A closer look at how he described women and minorities demonstrates that he internalized twentieth-century racial and gender hierarchies. Roberts’ documentation of a separate church and a separate cemetery for whites and blacks reflect the community’s practice of segregation. Roberts did not discuss women’s position in society, but the roles that he and his spouse practiced embodied twentieth-century gender-norms that place women in the domestic sphere and men in commerce.

Roberts’ journal is interesting because it allows the reader to examine twentieth-century historical and social contexts within Appalachia without limiting stereotypes. The history of medical practice is important to consider in Roberts’ narrative as he studies and practices medicine during the period of the professionalization of medicine. The extent and quality of

Roberts' education is unclear, but his work with other professionals in the area as well as his subscription to medical council material demonstrate that his education and experience were sufficient. When interpreting Roberts' journals, it is difficult to determine his views of the community and the region. Because he does not address an audience, Roberts' descriptions of his work, patients, and community are brief. The format of his entries also limits their length. Roberts provides examples of lived culture through his and his community's day-to-day life. He documents everyday encounters such as crime, community events, and his own work. These encounters provide a glimpse of rural life in an Appalachian community.

Dr. Anne A. Wasson's memoir *Tincture of Thyme* also provides readers insight into social and historical aspects of medicine within and outside of Appalachia throughout the twentieth century and into medical advancements during her career as a physician. Furthermore, she often sets these medical advancements within significant social periods such as the Great Depression and the Second World War. She further depicts how gender inequalities and financial limitations impacted her experience in medicine. Upon her arrival in Leslie County, Kentucky in 1969 to volunteer with the Frontier Nursing Service, she was already an experienced rural physician. Although Wasson held her own misconceptions of the region, she does not provide a fabricated description of the region and its residents to the same extent as Sloop and Cannon. Wasson further promotes the importance of cultural sensitivity among physicians working in any community.

Like Roberts, representation is not a key point in Wasson's narrative. Her memoir focuses on her medical career, which led her to volunteer at the Frontier Nursing Service in 1969. The biggest obstacle I faced in my analysis of Wasson's narrative was the lack of apparent representation. Wasson provides background information about the Frontier Nursing Service and Leslie County, but she does not provide extensive commentary on the conditions of the

community. Wasson and Roberts both work outside a framework of Appalachian stereotypes. Wasson, however, seems distant from the Leslie County community. I believe that this distance partially reflects Wasson's lack of community involvement and the Frontier Nursing Service's strained relationship with the community as the organization standardized its services. I also argue that Wasson's experience as a rural physician and her own experiences with poverty impacted how she perceived the region. To her, Appalachia was not so different from other rural areas.

Importance of Narratives

These narratives are important to Appalachian studies and to healthcare professionals. The physician narratives in this study provide insights into the physicians' roles as reformers in their communities and to the social, historical, and political contexts of Appalachian representation. As reformers, these physicians addressed challenges faced by their communities. These physicians did not simply write about brief experiences in rural communities. Their narratives depict long-term (and in some cases lifetime) efforts to alleviate challenges faced by rural Appalachian communities. The narratives further provide insights and misconceptions of physicians who practiced in Appalachian communities. These physicians often emphasized differences in rural and urban lifestyles to differentiate inhabitants in rural Appalachia from those in middle-class urban areas. They often promoted white middle-class ideas of health, motherhood, and behavior as the standard communities needed to reach. Although these physicians provided vital services for their communities, readers must analyze and challenge problems of misrepresentation and prejudice present in their narratives.

It is especially important for scholars and researchers to analyze and challenge physicians' accounts. Physicians hold a significant amount of authority within and outside their

communities. Physicians interact with patients daily. They are trusted with individual health and personal information. Their patients and other individuals may often take information presented by physicians at face value. All individuals have a responsibility to depict their communities accurately. Physicians especially have that responsibility when they choose to write about the communities where they practice. Professionals such as physicians must address and challenge their own beliefs about a place before attempting to speak on behalf of those communities. Above all, these narratives reflect the importance and the need of overcoming biases and personal prejudices. Such lessons are especially important to present-day physicians. When writing about their experiences in Appalachian communities, physicians can refer to these texts to study historical medical reform in the region as well as past misconceptions of Appalachia. Understanding Appalachian stereotypes involves understanding the historical, social, and political contexts of the past and present. Overcoming stereotypes involves working with the community to capture residents' own experiences and making efforts to challenge one's personal beliefs and worldviews.

Conclusions

Through close readings and literary analyses based in new historicism, I have attempted to offer a nuanced discussion of the creation and perpetuation of Appalachian stereotypes. These narratives are important to Appalachian studies because they provide numerous dynamics of medical practice and representation to explore. Each narrative reflects the social, historical, and political contexts in which these physicians practiced medicine and wrote about their experiences. Applying a new historic framework to these narratives allows the reader to explore more fully the various contexts in which these texts were created. When reading and discussing Appalachian representation in historical narratives, researchers must contemplate what each

body of literature means to present and past audiences for who they were intended. Researchers must always consider the contexts in which narratives were created so that they may better understand the decisions behind these physicians' actions and the stories they created. In my study, I offer an in-depth discussion of Appalachia representation within the context of social and historical contexts of the region's national image and its medical history. David Whisnant argues that scholars cannot excuse the actions of reformers from "historical judgement" (263). By considering the social, historical, and political scholars do not dismiss misrepresentation present in physician narratives. Considering an individual's historical moment allows readers to better, if never completely, understand the environment in which their beliefs were created. Researchers may never achieve complete knowledge of past ideas, but they are not excluded from attempting to understand the challenges that past reformers faced.

Nevertheless, readers must also critically analyze physician narratives and consider the implication of representation in their accounts. Physicians hold a significant amount of within and outside of their communities. Individuals in authority positions, such as physicians, especially need to consider the impact of their words have and strive for honest and respectful descriptions. As trusted sources of information, physicians must consider how they present patients and communities to wider audiences. The physicians discussed in this thesis were vital to their communities. Their narratives are important as first-hand accounts of the work the conducted in Appalachian communities. Within these narratives, physicians documented the struggles that their communities faced. The communities represented in these narratives struggled with poverty, access to education, medical access, and other problems among these. Readers must acknowledge the work these physicians conducted and consider the contexts in which they wrote about their communities. However, readers must also analyze and challenge

the beliefs and prejudices these physicians held. Challenging those beliefs and prejudices does not mean that researchers will simply discredit the beneficial work these physicians conducted. By studying and challenging narratives written by past physicians, professionals interested in writing about any community can observe the best tactics to apply in their own work. Studying physician narratives allows readers to challenge misrepresentation and prejudice while learning about the society and the conditions in which these doctors lived. By reconstructing the past, readers learn to reconstruct images of humanity.

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