

# HAMILTON'S LAST HOURS

SHERWIN B. NULAND

**A**S WAS THE CUSTOM IN DUELS, EACH MAN turned his body ninety degrees so that only his side was exposed, in order to present his opponent with the narrowest-possible target. And so, when the ball blasted forth from Aaron Burr's pistol, it tore into Alexander Hamilton's right flank a few inches above the curve of his hip bone, shattering its way through one of the lowermost ribs and then continuing leftward into the liver and diaphragm. It finally stopped within the dense substance of the spine, where it must have caused horrifying pain. In 1804, such a wound was surely mortal.

Even if the liver's hemorrhaging decreased considerably within a very few minutes, as it seems to have done, the continued ooze of blood would have gradually become unsustainable. At the same time, the persistent leakage of bile into the abdominal cavity was causing an agonizing and ultimately lethal peritonitis. Slowly bleeding internally, paralyzed below the entry of the missile and his bloodstream increasingly infected with bacteria, Hamilton could not have lived longer than a few days without the extensive surgery that would not be possible for yet another century. As it was, the combination of blood loss and sepsis conspired first to worsen and then to relieve forever his suffering. The entire anguished scenario took thirty-one hours to complete.

One of the two men who had accompanied Hamilton on the river crossing from New York had clambered with him up the steep path to the dueling site; this was his second, Nathaniel Pendleton. The other, Dr. David Hosack, stayed on the beach twenty feet below, where he

might claim to any investigating authority that he knew nothing of the affair, while remaining close enough to render medical aid should it be necessary. The thirty-four-year-old Hosack, professor of both botany and materia medica—what we might today call clinical pharmacology—at the medical school of Columbia College, had been the physician to the families of both duelists since his return from two years study in Scotland and England almost a decade earlier. But there was a significant difference in his dealings with them. Burr was only a patient, and between the two men there was no intimacy; but Hamilton had become Hosack's much-admired friend and even his confidante.<sup>1</sup> And so, knowing that his own doctor would be near, Burr had indulged himself in a bit of false bravado when he some days earlier rejected the suggestion of his second, William Van Ness, that he choose a surgeon to attend him as was usually done. "H[osack] is enough," he said with seeming sang-froid, "and even that unnecessary."<sup>2</sup>

Like most American doctors of the time, Hosack was an outspoken opponent of the European manner of specialization in either medicine or surgery. In later years, he would become not only professor of Surgery and Midwifery at Columbia but also at the same time occupy the chair of the Theory and Practice of Physic and Clinical Medicine. He was a veritable one-man medical school. But Hosack was far from being a detached, lofty academic. In the words of one medical historian writing around the turn of the twentieth century, he was for the entire course of his thirty-six-year career, "probably the best-known, the most popular, the most accomplished, and the most useful physician in New York." The same biographical sketch also points out that "he charged well for his services."<sup>3</sup>

Though medical fees were so low that it was commonly said of contemporary doctors that they "work hard and die poor," there were notable exceptions, among them being the small number of physicians who had not only acquired the M.D. degree from a university but had undertaken additional study in the great hospitals of Europe. As recently as twenty-five years earlier, only 100 of the 1,200 doctors in the colonial army had medical degrees, the rest having obtained their training through the far more common route of apprenticeship. Of this small percentage, not all were able to afford to spend a year or more of further study abroad.<sup>4</sup> The select few who could do so became the leaders of the profession and the most expensive to consult.

It was not unusual for nineteenth-century medical associations to publish what they called a fee-bill, to establish the customary charges for consultations and the few operations of the time. A common fee for a house call in town was fifty cents in 1804, but this might go as

The Estate of General Hamilton

To D Hosack Dr

1804 To med and exp in January - February  
 March - May and June ——— \$37. 50

To attend General H during  
 his last illness ————— 50  
 \$ 87. 50

per payment

Amoyork Aug. 8. 1805. D Hosack

David Hosack to the Estate of Alexander Hamilton, August 8, 1805. Nathaniel Pendleton papers.

high as two dollars if the doctor had to travel far out into the country. Then, as now, procedures were more costly than consultations. The New York City fee-bill in use during the period of the Hamilton-Burr duel called for a charge of fifty dollars for amputation of a leg, and obstetrical charges of thirty to fifty dollars, depending on the difficulty of the delivery.<sup>5</sup> Some idea of the value of these charges can be provided by pointing out that a chicken could be bought for about ten cents, and a full-course meal at an inn for little more than a dollar.

In view of the standard fees charged by the most qualified physicians, Hosack's are hardly out of line. Hamilton's finances were precarious at the time of his death, and it is not surprising that he was in arrears to his doctor for the sum of \$37.50 for the care of himself, his wife and their seven children for the previous six months. The charge of fifty dollars for care "during his last illness" includes not only services for the morning of the duel—which began before 5:00 AM—but also for close attendance during the excruciating day-and-a-half that followed. If anything, such a fee was moderate, especially considering the physician's qualifications. One is left wondering, in fact, whether Hosack charged less than he might, because of the circumstances of the "illness" and the manner of its sad conclusion—not to mention the straitened situation in which he would surely have known that Hamilton had left his grieving family. From every extant description of David Hosack's benevolent and charitable nature, such a final gesture to a great friendship would hardly have been out of character.

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#### NOTES

1. James Gregory Mumford, *A Narrative of Medicine in America* (Philadelphia: J.B. Lippincott, 1903), 295.
2. Aaron Burr to William P. Van Ness, 9 July 1804, in *Papers of Alexander Hamilton*, ed. Harold C. Syrett et al. (New York: Columbia University Press, 1961–87), 26:300.
3. Mumford, 288. See also Howard Kelly, *Cyclopedia of American Medical Biography*, (Philadelphia: W.B. Saunders, 1912), 2:12–13, *American National Biography*, (New York: Oxford University Press, 1999), 11: 238–39, and Stephen W. Williams, *American Medical Biography of 1845* (1845; repr. New York: Milford House, 1967), 276–85.

4. *Connecticut Medicine* 40, no. 12 (1976): 813. Comparable figures of total number of colonial physicians (3500) and those who had attended a medical school (400) are to be found in W.J. Bell, *John Morgan: Colonial Doctor* (Philadelphia: University of Pennsylvania Press, 1965) and James Bordley and A. McGehee Harvey, *Two Centuries of American Medicine: 1776–1976* (Philadelphia: W.B. Saunders, 1976), 10.
5. *Connecticut Medicine* 40:857. See also H.S. Burr, "Medical Fees in the Colonial Period," *Yale Journal of Biology and Medicine* 9 (1937):361–64.