How did faith, courage, and the unique skills of Dr. Nathan Smith save seven-year-old Joseph Smith’s leg and his life 200 years ago?

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When the 1812–13 typhoid epidemic swept through New England, the Joseph Smith Sr. family, then living in Lebanon, New Hampshire, was seriously affected. The disease, which took some 6,000 lives, struck each of their seven children. The fever left young Joseph with osteomyelitis, an infection of the bone in his left leg between the knee and ankle—a condition that threatened his life.1 According to the medical practice of the time, amputation was the only recourse. However, the faith and determination of Joseph’s parents, the skill of Dr. Nathan Smith, and the courage and faith of the boy Joseph combined to not only save his leg but also preserve his physical ability to fulfill his appointed mission.

A Year of Pain
What Joseph later called “Typhus Fever”2 afflicted many in Lebanon in 1813. Joseph’s mother, Lucy, reported that the epidemic caused her family “one whole year of affliction . . . disease, pain, and trouble,” and she was grateful for attention given to young Joseph by his brother Hyrum.3 Joseph later recalled that during this year of affliction “my father dispaired [sic] of my life.”4 Doctors were able to reduce the fever but not the pain that settled in Joseph’s shoulder. Hoping to alleviate his pain, Joseph’s parents sent for Dr. Parker, a Lebanon physician, who insisted that the distress was caused by a sprain and administered a bone liniment, which proved ineffective.

When Dr. Parker called again, he discovered “a very large fever . . . sore between Joseph’s breast and shoulder.” When the sore was lanced, “a full quart of matter” was discharged. The pain
PORTRAIT OF NATHAN SMITH BY SAMUEL F. B. MORSE; IF FATHER WILL HOLD ME, BY LIZ LEMON SWINDLE, MAY NOT BE COPIED
in Joseph’s shoulder “shot like lightning (as he said) down his side into the marrow of his leg bone on the same side.” It is assumed that bacteria from the shoulder abscess spread through his bloodstream into the tibia of his left leg. Joseph cried out in anguish, “Oh, Father, the pain is so severe! How can I bear it?”

The infected leg began to swell. After three weeks of excruciating pain, Joseph was attended by Dr. Stone, a surgeon from Hanover, who made an eight-inch incision between Joseph’s knee and ankle, hoping to alleviate the boy’s distress. As the incision healed, Joseph’s mother reported, “the pain became as violent as ever.” A second and longer incision was made, and again “as the healing progressed, the swelling continued to rise.”

**A Grim Recommendation**

A “council of surgeons” now came from Dartmouth Medical College (a few miles from the Smith home), including doctors later identified as Smith, Perkins, and Stone. Upon examining young Joseph, these surgeons concluded that the diseased bone now encased within new bone growth would likely spread internal infection and cause Joseph’s death. Their recommendation was the standard procedure for such a case—amputation.

Young Joseph refused amputation. Mother Smith also implored Dr. Nathan Smith, the principal surgeon, not to amputate. As a young practitioner in 1798, Dr. Smith had developed an experimental surgery—cutting through new bone growth in order to extract the infected bone from the interior cavity. Dr. Smith agreed to try to save Joseph’s leg by performing this surgery.

Joseph assured his parents and his physicians that he could endure this experimental surgery without the suggested cords to bind him and without alcohol as a sedative. He asked that his father hold him during the surgery and requested that his mother leave the room. He declared, “I will do whatever is necessary to be done in order to have the bone taken out. . . . The Lord will help me. I shall get through.”

**Experimental Surgery**

During the surgery, Dr. Smith cut into Joseph’s leg and removed “nine large pieces” of bone from the abscessed cavity. Following surgery, another 14 pieces worked their way to the surface and were removed from the wound.

Circumstances surrounding Joseph’s operation were nothing short of remarkable. To remove fragments of diseased bone rather than rely on amputation was virtually unheard of in America or England in 1813. Dr. Nathan Smith of Hanover, New Hampshire, who lived five miles from his patient’s home, was the only surgeon in the United States with the knowledge and skill to successfully perform this unique procedure.

When he stepped into the Smith home, he had 15 years of experience performing this particular surgery. Even then, he advised the Smiths of conventional measures before introducing the possibility of an experimental surgery—a surgery that would not be addressed in medical literature until 1827 by Dr. Nathan Smith himself. It was not until after World War I that his methods were adopted as standardized medical procedure.

Though the Smiths may not have known the full extent of Dr. Smith’s accomplishments, there is little question that the medical community held him in high regard. At the time of Joseph’s surgery, Dr. Smith had founded Dartmouth Medical College, had taught as its first professor, was president of the New Hampshire Medical Society, and had been appointed a professor at Yale Medical School in New Haven, Connecticut. During his career, Dr. Smith cofounded medical schools at Yale, Bowdoin College in Maine, and the University of Vermont. He was also a compassionate country physician whose own children had been afflicted with fever in the 1813 epidemic.

**Acknowledging the Hand of the Lord**

Joseph’s childhood surgery helped make it possible for him to physically participate in the Restoration of the gospel. While we often think of the work of the Restoration as a spiritual work, it also required strenuous
physical effort from the Prophet Joseph Smith. He walked, marched, ran, and rode on horseback in order to lead the work. He hefted and hid the plates, eluded enemies, and led a growing Church from New York to Ohio, Missouri, and Illinois. He led Zion’s Camp, endured imprisonment, drained swamps, constructed temples, and built cities.

In looking back on her family’s experiences in the typhoid epidemic of 1813, Mother Smith recalled, “We

realized the blessing . . . [and] felt more to acknowledge the hand of God” through a “desperate siege.” Through the faith of Joseph Sr., Lucy, and young Joseph, that siege aligned the Smith family with one of the greatest physicians of early America and enabled Joseph to fully pursue his work. During the bicentennial of Joseph’s surgery, it is fitting to reflect on the Lord’s mercies toward the boy who would become the prophet of the Restoration.

NOTES
5. Lucy Mack Smith, History of Joseph Smith, 72–73.
6. In Lucy Mack Smith, History of Joseph Smith, 73.
7. Lucy Mack Smith, History of Joseph Smith, 73.
8. Lucy Mack Smith, History of Joseph Smith, 73.
11. See Wirthlin, “Joseph Smith’s Surgeon,” 59, 60.
13. See Lucy Mack Smith, History of Joseph Smith, 74–75; see also Teachings of Presidents of the Church: Joseph Smith (2007), 2.
22. Lucy Mack Smith, History of Joseph Smith, 76.