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Spring 2012

The Royal College of Physicians Survey of Savannah, 1829

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Notes and Documents

The Royal College of Physicians Survey of Savannah, 1829

BY A. M. FRAAS

If there was any common thread tying the varied residents of antebellum Georgia together, it was the ever-present threat of disease and death. Yellow fever, malaria, infections, and diarrhetic illnesses of all kinds struck down Georgians with frightening regularity. Nineteenth-century medical professionals offered relief from these afflictions through a mix of customary medicinal traditions and emerging scientific practice from centers of medical learning like London or Philadelphia. For most of these early American doctors geography—that is, climate, topography, soil, and local diet—held the key to understanding disease and how to treat it.¹ Accordingly, by the early nineteenth century a variety of medical practitioners, government bodies, and scientific societies saw the future of disease relief in the systematic collection of data on these subjects.

¹On medicine and geography in the early United States broadly, see James H. Cassedy, *Medicine and American Growth, 1800-1860* (Madison, WI, 1986), especially chapter three, “Medical Geography of a Growing Nation.” For an excellent brief overview of the subject, see Ronald L. Numbers, “Medical Science before Scientific Medicine: Reflections on the History of Medical Geography,” in *Medical Geography in Historical Perspective*, ed. Nicolaas A. Rupke (London, 2000), 217-20. The author would like to thank the reviewers of this piece, as well as the staff of the Duke University Rare Book, Manuscript, and Special Collections library, who provided valuable critical feedback and led him to new resources.

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In 1828 Francis Hawkins, a young doctor and fellow of the Royal College of Physicians in London, delivered a series of lectures on medical statistics to that learned body.² In these lectures (later edited and published) Hawkins bemoaned the lack of useful comparative statistical knowledge about medicine and health from populations around the globe. In expressing this frustration, he suggested that the “extensive assemblage and classification” of medical facts and information were necessary precursors to any attempt at deducing general principles about the geography and nature of human health and disease.³ The College of Physicians took Hawkins’s lectures to heart, and in early 1829 embarked on one of the earliest large-scale attempts to gather comprehensive data about diseases, treatments, and medical knowledge from across the known world.

To this end, in May 1829 the Foreign Office in London sent out a circular letter to its consuls throughout the world; the letter’s enclosure was a medical and statistical questionnaire on behalf of the College.⁴ As one of the foremost trading partners of the United States, the United Kingdom employed a network of consuls and trade officials throughout the country. These consuls were most often British merchants who could be expected to have specialized political and commercial knowledge about their cities of residence. While the Foreign Office in London was most interested in gathering intelligence from its consuls about shipping and military movements, on occasion it employed them to gather scientific data as well. Between 1826 and 1831, Anthony L. Molyneux, a member of a prominent trading family from Liverpool, served as the British consul at Savannah.⁵ He was one of fourteen consuls in North America and 107 worldwide to complete and

²For the revised text of this lecture, see Francis Hawkins, *Elements of Medical Statistics; Containing the Substance of the Gulstonian Lectures Delivered at the Royal College of Physicians: with Numerous Additions, etc.* (London, 1829). For a biographical sketch of Hawkins (1796-1894), see his obituary, “Francis Bisset Hawkins, M.D.Oxon., F.R.C.P., F.R.S.,” *British Medical Journal* 2 (December 15, 1894): 1410-11.

³Hawkins, *Elements of Medical Statistics*, vi.

⁴The Savannah copy of this letter is dated May 16, 1829.

⁵Molyneux (or Molyneaux) 1795-1851, served as consul at Savannah from February 1826 until January 1831. The papers of the British consulate at Savannah that detail the work of various Molyneux family members as foreign consuls are extremely valuable and underused sources for the history of Savannah. The papers can be found in the libraries of Duke University (Durham, NC), Emory University, (Atlanta), and the Georgia Historical Society (Savannah).

return the questionnaire to the College of Physicians.⁶ Molyneux was well placed to collect this kind of information. The Georgia Medical Society, founded in 1804 at Savannah, encouraged the study of local diseases and their causes. Members of the society and others also published a number of early medical texts in the city.⁷ Molyneux's completed survey, likely based on conversations with these local practitioners, provides a unique window on 1820s Savannah and the state of health and medical knowledge in the early republic. It appears transcribed and annotated below:

Answers to Queries Proposed by the Royal College of Physicians London⁸

1. *What is the population of the place?*

The population of the Eastern District of Georgia is computed at 150,000 of all ages⁹

⁶See the archives of the Royal College of Physicians (London) record series MSS 3021-4032 for responses and correspondence relating to the survey. The fair copy of Molyneux's answers from Savannah is RCP MS 3036. I am indebted to Pamela Forde at the RCP for her help in finding these records. The responses sent back by Molyneux and others do not appear to have been published, and these valuable sources await systematic study by medical historians.

⁷These include: John Brickell, *Sketches Relative to the Natural History of the Blood, & c. and a Theory of Gout* (Savannah, [1808?]); The substance of a report, read before the Georgia Medical Society, by a committee of its members, February 4, 1809; in obedience to the following resolution: "That a committee . . . be appointed to report . . . on the injurious consequences, which result to the inhabitants of Savannah, from the cultivation of the contiguous low grounds in rice; and what would be the probable effects that would arise, from a change in the mode of their cultivation," (Savannah, 1809); Jacob De La Motta, *An Oration, on the Causes of the Mortality among Strangers, during the Late Summer and Fall* (Savannah, [1820?]) as well as texts cited below. For a compilation of primary sources relating to medicine in early Savannah, see Robert Wilson, *Drugs and Pharmacy in the Life of Georgia 1733-1959* (Athens, GA, 1959), chap. 6.

⁸This text has been transcribed as close to the original manuscript as possible. All questions from the RCP have been italicized to better differentiate them from Molyneux's answers. Original in "Records of the British Consulate at Savannah 1816-75," Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, NC, 6th 10:D, box 1, folder 2.

⁹Strike-through in original manuscript. Molyneux likely uses "Eastern District of Georgia" here to mean the state superior court district of the same name consisting of Camden, Glynn, McIntosh, Liberty, Bryan, Chatham, Effingham, and Bulloch counties. See the Georgia State Assembly's 1797 division of the state into three judicial circuits: "An Act to Revise and Amend the Judiciary System of this State," in *Digest of the Laws of the State of Georgia, from its First Settlement as a British Province Down to the Year 1800, Inclusive . . .* eds. Robert and George Watkins (Philadelphia, 1801), 620. See also, *ibid.*, 689, for a reference to the eastern circuit as the "Eastern District" in an act of 1799. The 1830 federal census recorded 516,823 people living in the state of Georgia and, 44,153 (a third of the number Molyneux conjectured) in the counties of the eastern judicial district. See *Abstract of the Returns of the Fifth Census* (Washington DC, 1832), 24. That same year the census counted 7,773 people in Savannah. See F. D. Lee and J. L. Agnew, *Historical Record of the City of Savannah* (Savannah, 1869), 154.

Answers to Queries
Proposed by the Royal College of Physicians
London.

1. The population of the Eastern District of Georgia is computed at 150,000 of all ages.

2. The Country not being divided into Parishes and no Registers being kept it is impossible to determine what proportion the annual Deaths bear to the Population.

3. There are many instances of longevity but fewer now than they were formerly since when some were still living who came to Georgia with Genl Oglethorpe in 1736.

4. The features of the natives are in general more regular than those of Europeans. In the winter there is snow.

The first page of Anthony Molyneux's answers to the Royal College of Physicians survey. From "Records of the British Consulate at Savannah 1816-75." Courtesy of the Duke University Rare Book, Manuscript, and Special Collections Library.

2. *What proportion do the annual Deaths bear to the Population?*

The County not being divided into Parishes and no Registers being kept it is impossible to determine what proportion the annual deaths bear to the population.¹⁰

3. *Are there any remarkable instances of longevity amongst the inhabitants?*

There are many instances of longevity but fewer now than they were twenty years since, when some were still living who came to Georgia with Gen. Oglethorpe in 1736.

4. *What are the features, complexion colour of the Hair & average stature of the natives?*

The features of the natives are in general more regular than those of Europeans. In the ninety three years that have passed since the occupation of Georgia we see no disposition in the descendants of the first comers to a determinate complexion. The child of the European in the fourth descent is as fair as the child of the European in the first. The colour of the Hair, like the complexion is taken from the Parents, and is as variable as in any part of the World. The stature of the natives of the district does not rise to the altitude of those of the Western district of Georgia: five feet nine inches is about the mean height of the former.

5. *What is the medium height of the thermometer in the Summer & Winter months?*

The thermometer sometimes rises to 96° in the Summer and sinks to 15° [in the winter]. The medium height is about 84° in Summer and 55° in Winter.¹¹

¹⁰The Georgia State Assembly first mandated central reporting of births and deaths in 1875 as part of the law establishing the state board of health (State Ordinance no. 76). See *Acts and Resolutions of the General Assembly of the State of Georgia Passed at the Regular January Session 1875* (Atlanta, 1875), 33. This provision was weakened the following year (State Ordinance no. 195). See *Acts and Resolutions of the General Assembly of the State of Georgia Passed at the Regular Session of January, 1876* ([Atlanta?], 1876), 23. Compliance appears to have been minimal until the twentieth century. The Georgia Archives notes that "uniform statewide registration did not begin until 1919." Information retrieved from http://dlg.galileo.usg.edu/CollectionsA-Z/gadeathcert_information.html.

¹¹In July 2009 the average temperature in Savannah was 80.9 degrees Fahrenheit; in January 2010 the average temperature was 45.5 degrees Fahrenheit. The highest recorded temperature in Savannah was 105 degrees Fahrenheit in July 1986; the lowest was three degrees Fahrenheit in January 1985. Data from the Georgia State Climatology Office, available at <http://climate.engr.uga.edu>.

6. *From what quarter do Winds chiefly persist & during what months?*

North-East and South-West are the most prevalent Winds. From April to the end of August. the South-East or Trade-Wind blows upon the coast during the day: the night wind is a little north of West. After August North-East winds prevail. Northwest Winds are prevalent from December to March. Since the year 1812, the Winters of Georgia have been colder.

7. *What is the nature of the soil?*

The Soils are either Sand, Clay, or a combination of both. Deep loams are not to be found in this district.

8. *Are there any mineral Springs there? If so, are they saline. chalybeate¹², sulphurous or of what nature?*

There are chalybeate Springs innumerable rising from under a strata of Iron but no other Mineral Springs of any kind.

9. *What are the medicinal substances of the Country & how are they prepared?*

There are no mineral substances within this District that are medicinal unless Nitre, which abounds in the marshes may be considered.¹³ Calling them by their common names Snake Root,¹⁴ Horehound,¹⁵ Ipecacuanha,¹⁶ Pink Root¹⁷ and Sassafras are vegetable productions in common use.¹⁸

¹²That is, iron-bearing.

¹³Though "Nitre" was most often used to refer to Saltpetre (Potassium Nitrate), contemporaries also used both this nitrate and others as diuretics and for treating lung and skin ailments. For an overview, see Anthony R. Butler and Martin Feelisch, "Therapeutic Uses of Inorganic Nitrite and Nitrate: From the Past to the Future," *Circulation* 117 (2008): 2151-59.

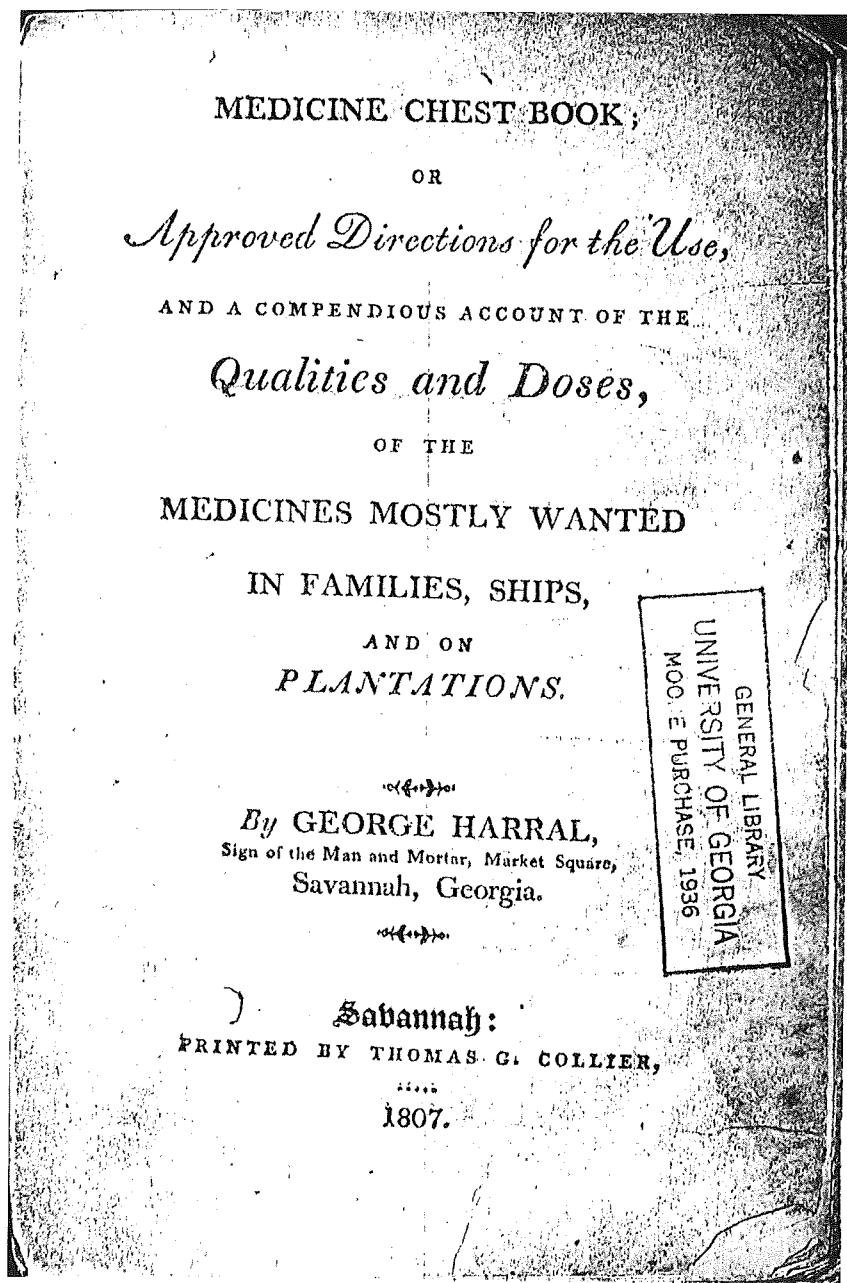
¹⁴Probably not one of the members of the *Ageratina* genus, which can be known as snake roots, but more likely *Polygala Senega*. For a contemporary treatise on its use, see Daniel Smith, "On Polygala Senega: The Seneka Snake Root," *Journal of the Philadelphia College of Pharmacy* 2, no. 2 (1831): 105-11.

¹⁵*Ballota nigra*.

¹⁶*Psychotria ipecacuanha*. Commonly known today as the primary ingredient in syrup of ipecac.

¹⁷*Spigelia merilandica*.

¹⁸Descriptions of these plants and discussion of their medicinal uses appear in one of the earliest printed Georgia medical texts: George Harral, *Medicine Chest Book* (Savannah, 1807), 8-9.



Front cover of George Harral's *Medicine Chest Book* published at Savannah in 1807. Courtesy of the Hargrett Rare Book and Manuscript Library, University of Georgia Libraries.

10. *What diseases prevail there?*

Fevers in every variety:—the most common are Remittents and Intermittents. Occasionally Yellow-Fever¹⁹ makes its appearance in Savannah—Dysentery, Pleurisy,²⁰ Cholera morbus and Consumption are also prevalent.

11. *In what season of the year does illness most prevail & what are the diseases incidental to the Seasons?*

Sickness most prevails from July to November. The Disease incidental to Winter is Pleurisy into Spring Dysentery:—to Summer and Autumn Bilious Remittent and Intermittent Fevers.²¹

12. *What remedies do the natives employ in the diseases to which they are subject?*

In Pleurisy, Bleeding Cathartics and Sudorifics Tartrate of Antimony with Snake-Root combined—Blisters.²² In Dysentery, Calomel²³ and Opium with a free use of the warm bath the Bilious Remittent and Intermittent Fevers, an Emetic or active Cathartic at the commencement of the Disease. Afterwards the neutral Salts or Castor Oil—Antimonials in the remission or intermission, Sulphate of

¹⁹In 1820 there had been a severe outbreak of yellow fever in Savannah that killed at least 895 residents. See, *An official register of the deaths which occurred among the white population in the city of Savannah, during the extraordinary season of sickness and mortality which prevailed in the summer and fall months of the year 1820* (Savannah, 1820). This publication includes the names of the 695 white residents of the city who died that year, along with their countries of origin.

²⁰Though today used to mean an inflammation of the pleura around the lungs, in this context "pleurisy" likely referred to lung and respiratory ailments more broadly. A. A. Wilson, "On the History of Disease Concepts: the Case of Pleurisy," *History of Science* 38, no. 3 (2000): 271-319.

²¹The fevers most readers would be familiar with today, those in which body temperature climbs above normal and does not descend until the end of the illness, can be described as "remittent." Malaria and other serious diseases cause "intermittent fevers." They are characterized by intermittent above-normal body temperatures that fall to normal, and then rise again regularly over an extended period of time. Doctors of the era added the term "bilious" to those fevers accompanied by vomiting or diarrhea.

²²Cathartics are purgative substances intended to move the bowels. Sudorifics are sweat inducing substances. Tartrate of Antimony (Antimonium Tartaratum) was used as an emetic, a substance that induces vomiting.

²³Calomel is a mercury chloride compound used at the time as a powerful laxative.

Quinine²⁴ or Bark and Snake Root continued. The lancet²⁵ is made use of at the beginning of the summer attacks of Fever, but very rarely in those of Autumn. In continued Bilious and Remittent Fevers Calomel is given by many of the native physicians.²⁶

13. *What is the education of those who practice medicine?*

Young men generally receive a medical Education by attending three or four courses or lectures at the Colleges of Philadelphia New York or Charleston; and after an examination (if qualified) receive a degree or license to practice:—those who can afford it spend a year or two at the medical Schools of Paris, London, or Edinburgh.²⁷

14. *Have the natives any writings or traditions on medical subjects?*

The Aborigenes have none. The Anglo Americans have two works; one on domestic medicine the other on the Fever of the Country.²⁸

15. *What is the diet of the natives?*

Wheat is the Bread stuff of the better classes:—Maize is that of the lower. Rice and Potatoes are the most common vegetables and Fish, Game and Poultry, Beef, Mutton and

²⁴Quinine, an extract from the bark of the Cinchona tree, had been used in the Americas for centuries as a treatment for malaria. In 1820 two French chemists isolated the active drug in the bark and named it quinine. The "sulphate of quinine" mentioned here would have been new to Savannah, as it only became available in later years.

²⁵Doctors used lancets for bloodletting in a variety of situations. For a contemporary essay on the practice, see C.D., "Remarks on Bloodletting," *New-England Journal of Medicine and Surgery* 7, no. 2 (April 1818): 152-56.

²⁶This description of diseases and treatment options is remarkably similar to that given by Dr. David Ramsay some twenty years earlier in reference to South Carolina. See David Ramsay, *History of South Carolina from its First Settlement in 1670 to the Year 1808* (Charleston, SC, 1809), 2:62-63.

²⁷The Medical Academy of Georgia at Augusta had been established one year earlier, but did not grant doctoral degrees in medicine until 1833 when it was renamed the Medical College of Georgia. See "History of the Medical College of Georgia: 175 Years of Teaching, Discovering, and Caring," available at <http://www.lib.mcg.edu/history/>.

²⁸The phrase "fever of the country" was often used to refer to yellow fever and, as such, it is likely that the book mentioned was one of Benjamin Rush's treatises on the subject, such as his, *A second address to the citizens of Philadelphia, containing additional proofs of the domestic origin of the malignant bilious, or yellow fever. To which are added, observations, intended to shew that a belief in that opinion, is calculated to lessen the morality of the disease, and to prevent its recurrence* (Philadelphia, 1799). For domestic medicine Molyneaux may have been thinking of a number of texts, possibly George Harral's *Medicine Chest Book*.

Bacon are in general use. The Drink is Water, Wine or distilled Spirits.

16. *Do they practice Vaccination? If so, whence do they obtain the lymph?*²⁹

Vaccination is very general: it was first introduced in the year 1801. The Lymph now used is most generally obtained from the Vaccine Dispensary of Baltimore in the State of Maryland.³⁰

British Consulate
Savannah Dec. 23 1829
Anthony L. Molyneaux
His Majesty's Consul

²⁹"Lymph" refers here to the active biological material extracted from a cow or calf infected with cowpox and administered to humans to vaccinate against smallpox.

³⁰Likely the Baltimore General Dispensary (founded in 1801), which took a lead role in distributing Jenner's small pox vaccine in the early republic. For a period of time between 1813 and 1822, Congress even authorized free shipment of active lymph through the mail. See Edward Ingersoll, ed., *A Digest of the Laws of the United States of America* (Philadelphia, 1821), 831.