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"To Support the Southern Medical Public": The Medical College of Georgia as a Southern Information Agency, 1828-1861

J. Brenton Stewart

A traditional perspective situates nineteenth-century southern academic library culture as a late-century phenomenon. This article challenges that assertion and traditional beliefs about the South's indifference to cultural advancement by examining the print culture of one of the South's leading educational institutions, the Medical College of Georgia. An antebellum information agency, the Medical College of Georgia leveraged its medical library, museum, and journal to transform medical information production, dissemination, and consumption in the South and represents an important symbol of southern modernity. This article presents a distinct analysis of early nineteenth-century southern medicoscientific information culture.

"That branch of our science" are the closing words of an 1822 open letter published in Augusta, Georgia's local newspaper advocating the establishment of a medical college in the state. In this instance, "our" references the South, and "science" refers to medicine, effectively meaning "our southern medicine." In 1822 the "Deep South" lacked a medical school, the closest one being Transylvania University in the western frontier of Kentucky. These closing words are significant because they represent one of the earliest utterances of a refrain that gained intensity in the 1840s and 1850s among southern medical communities: that their region was distinct in terms of health concerns and needed its own branch of scientific inquiry known as "southern medicine." While much is written about this peculiar subbranch of American medical practice, these discussions rarely consider southern medicine in an informational context.

This essay argues that the Medical College of Georgia (MCG) was a southern information agency whose faculty leveraged its information

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repositories (a medical library, museum, and journal) as technologies to help ameliorate the information isolation of southern physicians. The medical repositories supported a modern scientific curriculum, similar to northern medical schools, and served as an important symbol of southern intelligence and modernity; the *Southern Medical and Surgical Journal* (SMSJ) connected medical professionals across a vastly expanding South under the newly established genre of "southern medical literature."

Christine Pawley's "meso," or middle level of analysis, is used to frame this discussion. The meso analysis is a theoretical framework devised as a strategy for researchers to connect readers with producers of print material. Recognizing the limitations in archival data based on personal documents that may not be readily available, such as diaries, the meso level of analysis provides an innovative means of accessing real readers and their texts. Examining the meso level, Pawley argues, provides print culture researchers a tool that helps "bridge the gap between individuals and society" by analyzing the print material of institutions and organizations.¹ This theoretical framework, situated at the middle layer of society, helps counter the stereotype of southern uninterest in cultural advancement by accentuating the actions of educational and commercial institutions that played a major role in the push toward improved medicoscientific infrastructure in the antebellum South.

The essay begins with a discussion of early nineteenth-century medical pedagogy in the United States. It follows with an analysis of southern medical reform or state's rights medicine, emphasizing the characteristics of diseases in the South, regional demographics, and the mass exodus of southern medical students for northern institutions. The founding of the MCG, its medical library, and its museum follows, with emphases on the college's early collection, acquired in Paris. The article concludes with an analysis of the SMSJ and its role in establishing a new genre of professional reading in the region.

Medical Education in the Early Nineteenth Century

American medicine as an established profession is rooted in nineteenth-century reform movements in the northern and southern parts of the United States. The lack of uniform educational standards and an apprenticeship system with mixed outcomes were some of the reasons the American public distrusted doctors, who were believed to cause death more often than healing. Such sentiment was particularly acute in the South, where "doctors quickly realized that their profession lacked respect within the community."² Early medical education,

though haphazard, was generally based on a three-year apprenticeship under a practicing physician known as a "preceptor."⁵

Physicians supported the apprenticeship education model in part because it was lucrative, with fees starting at one hundred dollars per year. It provided a stream of low-cost laborers whose tasks included such activities as caring for the preceptor's animals and clerical and domestic duties, in addition to whatever medical training the preceptor found suitable.⁴ In exchange, the apprentice received a certificate at the end of his term proclaiming his qualifications to practice medicine. Early medical reformers such as Kentucky physician Charles Caldwell began to question the apprenticeship model as an appropriate form of education in the early 1820s. Apprenticeships lacked anything approaching an admission standard, most often falling to friends and family members of the preceptor or a standardized curriculum with pupils subjugated to the impulses of individual preceptors. Caldwell found his apprenticeship limiting, with its sole reliance on "conversation" as pedagogy. His preceptor, for example, lacked a "library" and "apparatus" and provided "no provision for the improvement in practical anatomy, nor any other efficient means of instruction in medicine."⁵ While individual preceptors might not have offered these technologies to apprentices, budding medical schools often could.

The first iterations of medical schools were established as for-profit businesses. Requiring little in the way of capital, physicians often aligned themselves with local colleges, offering a few courses in medicine and later establishing an entire department, with the parent institution awarding the degree. Several Ivy League medical schools were founded in this manner, including Harvard (1769), Columbia (1767), and the University of Pennsylvania (1769).⁶ Other medical schools were the product of petitions to state legislators for the establishment of medical training institutions, such as the Medical College of Georgia in 1828. The early nineteenth-century medical school curriculum consisted of two four-month terms taught by an average faculty of four. Students were not introduced to new courses during the second term; rather, they repeated those already taken during their first session. While medical schools introduced students to chemistry, anatomy, surgery, and the treatment of diseases, those lacking a hospital were still unable to provide important clinical experiences. Thus preceptors continued to play a role, albeit now more formalized, in medical education. After a two-year apprenticeship, a final examination, and often a medical thesis, students were granted the doctorate in medicine, which in many states also functioned as a medical license.⁷

The vast majority of medical schools established in the early nineteenth century were in the northern section of the United States, which resulted in a significant portion of southern physicians having received their training outside of the region. As the leading medical center in the nation, Jefferson Medical College in Philadelphia received the largest percentage of southern students, followed closely by the University of Pennsylvania. In 1830 students hailing from the southern states represented almost 30 percent of Jefferson's graduates, and two decades later, southerners formed a majority of its graduates, a trend that continued well into 1859, peaking at 68 percent. Similarly, southern medical students at the University of Pennsylvania accounted for the majority of graduates by 1850.⁸ The perceived siphoning of the best and brightest southern minds was a major breaking point for medical reformers in the South. Ultimately, the call for southern medical reform would rest on the rhetoric of regional medical distinctiveness and self-reliance.

Southern Medical Reform

In 1836 a letter from Georgia physician Dr. Edward Delony appeared in the pages of the *SMSJ* arguing that the treatment for diseases originating in the "northern part" of the United States would "prove unsuccessful" and even "dangerous to the life of the patient" if used in the South.⁹ Dr. Delony was alluding to the early nineteenth-century belief in place-modified disease, an argument that would establish the core tenet of southern medical reform. The South was different from the North: its climate was hotter and wetter, its population included captive African Americans, and most of its white residents had arrived from Europe several generations before, so the reformist argument reasoned.¹⁰ These factors, along with a diet that diverged from that of northern inhabitants, solidified the belief that human diseases manifest differently in the South, and as a consequence their treatment required an alternative course of action.

A leading historian in medical history, John Harley Warner, posits that American physicians in the 1820s adopted a "clinical epistemology" that students should embed themselves in "physical and social environments" similar to the geographical region of their impending practice.¹¹ This meant southern medical students needed exposure to the peculiarities of medicine in the South, such as Negro or plantation medicine, which focused on the health care of captive blacks.¹² This theme was echoed in an 1822 open letter calling for a medical school in Georgia at a time when none existed "south . . . of Philadelphia except at Baltimore." The

unidentified author described northern-educated physicians as "perfect novices," arguing they were ignorant of the region's "diseases," a deficiency that took "many years" to overcome. The solution was simple, as the writer saw it: individuals planning to practice in the South should also be educated in the South, but paradoxically, no such infrastructure existed. Admitting the region lacked the sophisticated network of hospitals that provided northern medical students with much-desired clinical opportunities, the writer argued that equal, if not better, training could nevertheless occur in "field" experiences amongst the large numbers of "poor [whites] and blacks" residing in southern towns.¹³

Similar rhetoric was expressed in a broad assortment of medical print, including speeches, advertisements, and college circulars right up into the Civil War. MCG professor of surgery Paul F. Eve made special mention of the region's black population and its usefulness to southern medical education in his opening address to the class of 1837. Similar to the aforementioned article, captive blacks appear in this discussion not as patients but as disembodied objects ripe for scientific observation. Eve suggests the "information given" in northern medical schools is at best "different" from what students would garner from southern schools, in part because of the low population of blacks residing in the region. In contrast, blacks comprised "half of the entire population" in the South and in some areas often outnumbered whites. The emphasis here was not solely on so-called "black diseases" but that the South functioned as a laboratory where white medical students could gain clinical experience and also surveil black behavior, which Eve referred to as "peculiar habits."¹⁴

In the 1840s the medical department at Virginia's Hampden-Sydney College in Richmond boasted of its clinical opportunities, which were especially suited to students "preparing to practice at the South." In contrast to those at northern institutions, Hampden's students could witness firsthand the unique "diseases" and subsequent "treatment" for southern patients in the college infirmary.¹⁵ Similarly, the MCG's 1858 circular cited what it claimed were the various diseases that "occur in the colored portion of our population" and that clinical exposure to this patient base was integral to "every Southern Physician."¹⁶

What the reformers questioned was whether the region's medical students trained "among the Abolitionists of the North" could be properly trained for southern practice.¹⁷ The development of a southern medical epistemology also meant the region needed its own information infrastructure that included not only medical schools but also medical journals and societies that reflected their specific information

needs and reading interests. This sentiment was reflected in the prospectus of the MCG's *SMJ*, which was uniquely "designed to supply to the desideratum in the South."¹⁸ Against this cultural backdrop a flurry of southern medical schools were established between 1817 and 1837. Some of the most prominent institutions established during the period were Transylvania Medical College (1817) and the Louisville Medical Institute (1837) in Kentucky. The Medical College of South Carolina and the Medical College of Georgia were founded in 1824 and 1828, respectively, in Charleston and Augusta. The University of Louisiana's Medical School was established in 1837 at New Orleans.¹⁹ Establishing medical institutions in the region was keenly important to the reformist agenda, but this alone wasn't enough; to be truly competitive, newly founded medical schools needed libraries, apparatuses, and provisions for improving the profession.

Nineteenth-Century Medical Libraries and Museums

In the twenty-first century we see libraries and museums as distinct cultural institutions with proscribed notions of how the spaces are utilized, the materials and objects they contain, and the types of users they attract. In the nineteenth century, however, libraries were hybrid spaces containing books but also a wide assortment of relics, fossils, and minerals. The aristocratic Athenaeum in Boston, for example, was "filled with scientific and cultural artifacts."²⁰ Similarly, the Southern Agricultural Reading Room, established in antebellum Augusta, Georgia, contained all of the obligatory "agricultural papers" one would expect but also held "a menagerie of natural specimens": seeds of all kinds, native minerals, specimens of insects, samples of wild plants, and even farming equipment "of Southern make," which made the collection quite distinctive.²¹ This heightened role of nonbook materials in the nineteenth century reflects an "object-based epistemology" during the period. In this space, objects produced "knowledge and meaning" for observers in much the same way that the written word does with "text."²²

Object-based epistemology positioned nineteenth-century museums as the vehicles through which scientific knowledge was communicated and that pointed toward the future.²³ In the context of early nineteenth-century medical education, this meant that medical museums were not static "storehouses" of biomedical material but rather interactive educational spaces that organized, produced, and disseminated medical information.²⁴ Erin McLeary refers to this phenomenon as the "museum paradigm," which united medical faculty, students, and amateur

scientists in a structured investigation of the normalized human body juxtaposed with the "abnormal" and the "diseased" body.²⁵ Collections were comprised of anatomical and pathological specimens, plates, and diagrams, as well as models of the human body constructed of diverse materials, including wax, wood, and papier-mâché. Students interacted with museum materials in a number of ways. Some were required to draw objects in order to gain an intimate familiarity with the specimens, while others produced a thick description of their observations. Most frequently, students manipulated the specimens in adjacent microscope rooms, and learning included preparation of "their own specimens."²⁶

The active learning environments facilitated by museums, Stephen Kenny argues, "were major selling points for the colleges" and were "key to the production and transformation of medical knowledge."²⁷ While Kenny is speaking exclusively about medical museums, for the purposes of this essay, medical libraries are integrated into the framework as well. The MCG emphasized the presence of both its library and its museum in its institutional print culture, often mentioning them simultaneously. Additionally, objects held by the medical college were not consistently deposited into separate spaces delineated as library and museum; rather, much of the material appears to have oscillated between the spaces, which suggests the repositories functioned as a unified informational repository for the college.²⁸

The Medical Collection

The idea of establishing a medical library and museum at the MCG first appeared in print in December 1828, when the state legislature passed an act effectively rebranding the medical academy as an institute. The legislature appropriated \$10,000 to purchase land and construct a new facility, which would include "a suitable library, apparatus, and museum."²⁹ The medical collection was Augusta's first collegiate repository, but it was not the city's first library. Although researchers like Kenneth Carpenter have suggested that social libraries were "nonexistent" in Georgia during the antebellum period, this analysis reveals a robust library culture in prewar Augusta. In 1808 the Thespian Society and Library Company was "organized for the purpose of establishing a Public Library" in the city; the Augusta Library Society, incorporated in 1827, opened its collection with books donated from local citizens.³⁰ Since the 1830s, reading rooms, including one emphasizing agricultural pursuits, were established at the office of the city's local newspaper, the *Chronicle and Sentinel*, and like many cities across the United States, Augusta was

also host to the Young Men's Library Association, established in 1848.³¹ The medical library represents an early iteration of academic library culture in the South and expands research that suggests collegiate libraries in the South were solely a late nineteenth-century phenomenon.³²

The image presented of the southern academic library scene in the 1880s was rather abysmal. Collections were largely inaccessible to students due to infrequent operating hours. According to library historian Patrick Valentine, it wasn't until the last decade of the nineteenth century that southern academic libraries began to "build and catalog their collections."³³ Both Carpenter's and Valentine's depictions are problematic, because they are situated within established tropes of southern illiteracy and contrariness and therefore reveal nothing about those libraries in the South that were outliers, such as the medical library at the MCG. The faculty of the Medical College of Georgia was deliberate in assembling its library and went to great lengths to develop a state-of-the-art collection. Additionally, unlike many libraries of the late nineteenth century, it granted students library access and compiled several catalogs of its holdings from the 1830s to the late 1850s. These activities were accomplished largely by Dr. Louis Alexander Dugas, a professor of surgery and the university's librarian.³⁴

The Paris Book Market

Dugas was of French-Haitian heritage and descended from a long line of wealthy planters. His parents immigrated to the United States in the 1790s in flight from the first Haitian revolution.³⁵ Like many privileged and ambitious southerners, the young Dugas headed northward to complete his medical education at the University of Maryland, at the time considered one of the best medical schools in the United States.³⁶ Upon graduation, Dugas, like many affluent, newly minted American physicians, traveled to Paris, which was then known as the epicenter of medical science. Doctors often went to Paris as a means to enhance their credentials both within the practice and with the public at large. Paris was also the principal market for medical literature, such as books and periodicals, as well as state-of-the-art equipment, including the newly invented stethoscope.³⁷

Medical tourism offered students and practicing physicians a means to gain valuable clinical experience in Europe's leading cities of medical science, thus increasing physicians' respectability and credentials. American students initially studied in London and Edinburgh, but by the 1830s Paris had replaced both cities as the preferred destination

for clinical learning because of its Napoleonic policy, which not only favored foreign students but also granted them gratis access to the medical lectures in the city's famed hospitals.³⁸ MCG professor Paul Eve lauded the entire French medical complex, noting it had "better footing" than its American peers. The "Parisian schools were endowed by the government," and the faculty was comprised of at least twenty-five professors, in comparison to the average of six in the United States, with an additional twenty-five adjuncts. Additionally, Parisian medical schools stipulated four years of study, while American students at the time needed just three to four months. The MCG was a national leader in the United States in that it required six months of study for its graduates.³⁹

Ironically, it was the intense locus of control and institutional surveillance that provided the infrastructure for Paris to become a rich medical scene during the period. In contrast to London, for example, hospitals in Paris were state controlled, offering free access to treatment. As a result, occupancy was high, which helped establish the public theater, or spectacle, of examination, treatment, autopsy, and dissection. Although this produced much in the way of medical information for physicians, it came at the expense of the individual's forfeiture of bodily self-agency both in life and in death. Physicians usually concluded their Parisian medical tours by stockpiling Paris's rich medical literature and the latest instruments, which were only available in Europe. Two southern physicians, J. H. P. Shackelford of Alabama and S. H. Dickson of Georgia, were known to have an abundant assortment of French-produced print materials and instruments in their personal collections.⁴⁰

Individuals were not alone in procuring medical material in Paris. Early in 1833, the MCG's Board of Trustees sent Dr. Dugas to Europe with \$6,000 to "purchase a museum" to fulfill the state's mandate requiring a library and a museum.⁴¹ The MCG was not the only medical institution that sponsored faculty voyages. Transylvania University sent several envoys to Paris in order to secure materials for its medical library and museum. The first excursion occurred in the early 1820s, when Dr. Charles Caldwell arrived at the newly established medical department and found thirty-seven students but "no suitable lecture rooms, no library, no chemical apparatus, of any value" for instruction.⁴² Chemistry professor and librarian Robert Peter returned to Paris in 1839 and spent \$11,000 on a broad assortment of instructional materials, including "books and plates, chemical apparatus, preparations for anatomy and surgery, medical specimens, and drawings." He would later share in a letter to his wife that the medical school would now "shine" with the new acquisitions.⁴³

Competition was fierce among antebellum medical schools, especially between institutions in close proximity. Therefore, medical libraries and museums functioned as a means to distinguish themselves from peer institutions. A student at the MCG was so enthralled by the college's curricular ambitions that he wrote to the *Georgia Journal*, exclaiming the school would soon "outstrip any [medical] Institution . . . in the country." But what really impressed him was that the school had "an agent in Paris . . . purchasing Instruments of superior quality." New materials, the student believed, resulted in enhanced learning opportunities that provided "every advantage that can be found elsewhere."⁴⁴

The MCG's desire to establish a large medical collection was likely influenced by its regional peer institution, the Medical College of South Carolina, which had the distinction of being the first medical school in the Deep South. In 1829 the then Augusta Medical Academy offered a one-year curriculum that required students to transfer to another institution to receive their doctorate in medicine. When the medical academy requested this accommodation from the South Carolina medical school, Dr. Thomas G. Simons, president of the South Carolina Medical Society, answered back with a resounding "no," believing the program with its faculty of three and limited course of study to be inadequate. Although society members acknowledged the "importance of a Southern Medical School," their main concern was producing physicians for South Carolina, not Georgia.⁴⁵ Founded in 1824, by the end of the decade the Medical College of South Carolina had enrollments that reached as high as 240 students.⁴⁶ Advertisements appearing in the *Augusta* newspaper provide an interesting snapshot of the information resources available at the rival institution. The college noted its anatomical museum, which, like Transylvania's, maintained a dynamic collection that had "been improved by new preparations, received from France and Italy." In an effort to boost its own holdings, the medical school partnered with the local Literary and Philosophical Society to deposit its "extensive and valuable collections in National History" and mineralogy at the college.⁴⁷ This was significant, because the society, founded in 1815 to "collect, arrange, and preserve" specimens in natural history, also promoted the "arts, sciences, and literature."⁴⁸ Before the medical college opened, members of the Medical Society of South Carolina who organized the medical school recognized that the Literary and Philosophical Society's holdings would be a "valuable appendage" to its curriculum. The mineral collection alone comprised four thousand items used to support instruction in chemistry.⁴⁹ Institutions such as the Literary and Philosophical Society were not uncommon in Charleston, which

had long been known as a southern city with a robust intellectual culture. The College of Charleston was one of the oldest municipal colleges in the country. The Horticultural Society, along with the Literary and Philosophical Society, supported a vibrant amateur scientific community, while a diverse library scene supported civic engagement for white citizens with public lectures and exhibitions. The mechanics' and apprentices' libraries that dotted the city's landscape accommodated the vocational ambitions of working-class men.⁵⁰

Southern Medical Libraries and Museums

It's not entirely clear how many books and specimens Dr. Dugas acquired with the six-thousand-dollar budget he took to Paris, but by 1836 the Medical College of Georgia's information repositories were substantial enough that Professor Milton Antony attributed the college's strong "community" support and budding "influence" in Georgia's medical reform efforts as outgrowths of the college's information infrastructure. The "advantages" that separated the medical college from other institutions were its "splendid Museum, extensive Laboratory, [and constantly] increasing Library."⁵¹ Like other medical libraries and museums of the period, the MCG's repositories always appeared dynamic in print descriptions. By 1837, for example, the library was described as "now considerable" and populated with "costly foreign works," while a new microscope room appended the museum.⁵² In Paul F. Eve's 1837 opening address, he proclaimed that the medical museum was "surpassed . . . by none in the country." The library's collection, which included books "both in ancient and modern languages," was projected for continued growth with a "large accession" on its way from Europe.⁵³ In 1840 a student noted that the college had acquired "an agent in Paris" to purchase instruments.⁵⁴ And at the start of its twenty-seventh year the MCG had invested between \$50,000 and \$60,000 in an information infrastructure that included one of the largest medical library holdings in the United States at over four thousand volumes and an alumni base approaching one thousand.⁵⁵

The 1820s and 1860s saw tremendous growth in the establishment of medical colleges in the United States, which also meant, in theory at least, a growth in the number of medical libraries.⁵⁶ The term *medical library* is a bit ambiguous, and identifying those institutions that established them and when this occurred is a more complex project than it initially may seem. Every medical institution in the United States "had a collection of books [it] called a library."⁵⁷ However, schools with significant collections, like the Medical College of Georgia, made certain

that potential students, physicians, and rival medical institutions knew about their libraries and were sure to mention them in advertisements, catalogs, and circulars. The meso analysis is productive here because examining different print materials emanating from southern medical schools during the antebellum and early Confederate years will help contextualize the holdings at the Medical College of Georgia.

The Reform Medical School, founded in Macon, Georgia, had managed to assemble a small repository with a "good select library," an "Anatomical, Physiological, Obstetrical, and Pathology Museum," and over eight hundred specimens in its "Materia Medica" collection.⁵⁸ Given the repository's nondescript size, it's likely the materials held in the library belonged to the faculty. Offering its first courses of instruction in 1853, the Savannah Medical College was founded by another branch of Georgia medical reformers, one of whom, Dr. Richard D. Arnold, was instrumental in establishing the American Medical Association in 1846.⁵⁹ The college's 1857 *Circular and Catalogue* failed to directly identify a library or a museum but noted that its nine-member faculty had donated \$40,000 of their own funds to construct a "building and apparatus." Additionally, several courses, such as Preliminary Lectures and Surgery, were taught with the aid of "models" and used the "best plates" available.⁶⁰ Likely, most of the funds quoted above were allocated for construction costs, and although the Savannah Medical College did own a collection of supplemental materials, it is doubtful that the college owned a significant library of books. The 1847 and 1861 circulars from the University of Louisiana Medical School in New Orleans were silent on the presence of a library, but the latter described a rather "extensive" medical museum hailing from "England, France, and Italy." Most of the circular was developed to extol the university's clinical opportunities for students in the city's famed Charity Hospital.⁶¹

As mentioned earlier, the faculty at the Medical College of South Carolina considered the college's information infrastructure long before seating its first class and had established an "arrangement" with the Literary and Philosophical Society of South Carolina for the use of its materials. The college began marketing this association early in its tenure, noting the collection's appeal not only to medicine but also "through a whole range of natural history."⁶² In much of the available print emanating from the Medical College of South Carolina, the museum is presented as the college's signature information repository and is most often mentioned in the context of its numerous learning objects, which were often acquired abroad. In 1853, for example, using a portion of the \$20,000 provided by the state, the museum expanded its holdings

with "large editions" of illustrations "from celebrated manufacturers of Paris."⁶³ The college did maintain a separate library, described in its 1861 catalog as "extensive and valuable," and proclaimed it "second" to but one other library in the United States.⁶⁴

Collegiate libraries were still relatively scarce in all sections of the United States during the antebellum period, and many of these had less than adequate holdings. Writing in 1842, Francis Wayland, president of Brown University, suggested that the United States lacked "scarcely anything that can be called a library" and estimated the nation's college library holdings at around 520,000 volumes, well behind European libraries such as the "Bibliothèque de Roi at Paris or the royal library at Munich."⁶⁵ An 1850 survey of the nation's 125 leading colleges revealed library holdings averaging two thousand volumes.⁶⁶ To provide some context, the average medical library at the time held between two hundred and two thousand volumes.⁶⁷ Of course, some college libraries surpassed these meager numbers. South Carolina College, which had the distinction of being the first institution to house its library in a separate building, proudly noted its library collection of "twenty-four thousand volumes" and additional libraries "belonging to two literary societies" in its 1861 catalog; in comparison, the MCG library had around four thousand items.⁶⁸

While some research suggests that libraries were nonexistent in the prewar South or that academic library culture in the region was a late nineteenth-century development, this microhistory of the Medical College of Georgia's information repositories reveals a robust library culture beginning with the inception of its medical library in 1828. The college's information repositories were central nodes in the institution's intellectual capital. Having spent nearly thirty years thwarting attacks from the northern press that accused the college of "mixing up unworthy sectionalism with scientific enquiry," the medical college boasted its survival as an institution serving "Southern Practitioners." As it positioned itself seemingly for another thirty years, the college attributed its success to the intellectual zeal and tenacity of its esteemed faculty and to its information repositories, represented by an "extensively supplied Museum" and a "large and well selected Library."⁶⁹ The unification of these three nodes underpinned the MCG's information infrastructure, which was leveraged to support the institution's ambitions to establish the *SMSJ*.

The Southern Medical and Surgical Journal

Although the library and museum catered to the information needs of faculty, students, and alumni, it did little for practicing physicians

scattered throughout the South. Southern physicians had few opportunities to stay abreast of new developments and techniques that were rapidly transforming early nineteenth-century medicine. While some southern states and municipalities had established medical societies by the 1820s, their activities, often sporadic, could only reach a limited number of physicians. A professional medical journal, however, was a much more efficient mechanism that satisfied a trifecta of concerns: continuing education, institutional prestige, and cultural nationalism. Most journals were published by medical institutions whose faculty served as editors, which not only added to the prestige of the medical department but also served as a means for faculty to enrich their reputations as leading intellectuals in the field. As a mark of cultural nationalism, early American medical journals symbolized the intellectual independence of the new republic, no longer dependent on Europeans for their information content.⁷⁰ Similar to the South's dependence on northern medical schools, so too was the region reliant on an information infrastructure oriented toward social, environmental, and political conditions dissimilar from its own. Invoking the southern belief in place-modified disease created an information conflict in contrast to a distinctive southern medical culture.

Started in 1836, the *SMSJ* was the inspiration of MCG faculty member Dr. Milton Anthony, who, along with Dr. Paul Eve, would serve as the journal's first editor. The prospectus of the curious new medical journal was "designed to supply to the desideratum in the South" and was aimed at both urban and "country" physicians.⁷¹ Southern medical literature was nearly nonexistent during the early nineteenth century. The *Charleston Medical Register*, published in 1802, was the first medical journal published in the Deep South, but it lasted only a year. The *Carolina Journal of Medicine, Science, and Agriculture* was a hybrid journal that commenced publication in 1825, but it too was suspended after one year. Although the scope of southern medical periodicals was in a dismal state during the early 1830s, this was not the situation with respect to southern periodicals in general. In fact, the South experienced a rapidly expanding, consumer-oriented information landscape from the 1830s to the 1850s. Magazines and journals catered to every profession and interest group imaginable, resulting in a large array of reading material from which consumers could choose. Augusta, for example, was home to many diverse genres, including two daily newspapers, the *Augusta Chronicle* and the *Constitutionalist*; literary magazines such as the *Augusta Mirror* and the *Southern Eclectic*; the South's longest-published agricultural journal, the *Southern Cultivator*; and the *Southern Field and Fireside*, a mammoth journal that offered readers a unique blend of agricultural and literary

content.⁷² In the first two decades of the nineteenth century, over 120 magazines were published in the South. By the 1840s, "174 made their debut," and in the decade before the Civil War, "214 periodicals were launched, by far the most of any previous decade."⁷³

The argument presented in the June 1836 inaugural issue of the *SMSJ* was that southern physicians needed their own intellectual sphere, a space where they could "collect and preserve the valuable discoveries and improvements of Southern practitioners."⁷⁴ Essentially the journal would serve as a database for geographically based medical information that reflected the diseases, climate, and populations residing in the region. After all, the South had esteemed physicians, the journal argued, most of whom were educated in northern schools; how could they not author empirical observations like their northern colleagues? Southern magazine editors often questioned their region's competency in comparison to the North. The *Southern Literary Messenger* hoped its regionally specific content would "stimulate the pride and genesis of the South, and awaken [it] from its long slumber."⁷⁵ Noting that "hundreds" of literary magazines were successful in the North, its editor asked, "Shall not one be supported in the whole South?"⁷⁶

Like the *Southern Literary Messenger*, the *SMSJ* advocated for an active community of readers who would transition from passive "consumers" of northern information content to self-actualized "producers" of their own intellectual material.⁷⁷ In this newly constructed space, southern physicians could communicate with each other, sharing their "observation, practice, and reflection" on medical science. The journal was a practical solution to a very real problem; southerners were locked out of any substantive knowledge sharing related to local medical practices. This is not to say that southerners didn't read and/or contribute to northern periodicals, because in fact they did; however, the *SMSJ* was a distinctive space where southern readers could consume information that reflected their biases and interests.⁷⁸ Echoing this sentiment, Dr. Edward Delony enthusiastically welcomed the appearance of the *SMSJ*. For him, the journal freed physicians from the region's dependence on northern medical ideals, which he argued often contained little utility for southern practice. Readers had to "avail themselves of their own resources," since the journals were ignorant "in the management of diseases" particular to southerners. Unexpectedly, Delony saw the *SMSJ* as a resource not just for physicians but also for "every household" and for "farmers" as well. "Why should the circulation of medical periodicals be confined to the medical profession?" he asked, stating that "useful information" was applicable to a number of circumstances.⁷⁹

Dr. Anthony's and Dr. Eve's rhetoric advocating a repository for southern "discoveries and improvement" referenced an already-constructed imagined geography of the southern United States while simultaneously intensifying the meaning of the region and the budding concept that there was in fact a legitimate body of knowledge known as "southern medicine." Essentially, these medical reformers were establishing a new genre of southern medical literature. Critical theorist Edward Said's concept of an imagined geography explains such a phenomenon, which is important for print culture researchers to conceptualize because it helps illustrate the ways that texts can be used to help solidify the populace's construction of place and its associated meanings. In *Orientalism*, Said suggests that prejudicial tendencies are solidified around an imagined geography that is subsequently used to support the United States' and European nations' colonialism and contemporary aggression toward a given region.⁸⁰ In this context, *imagined* does not refer to something that is fictive; instead, it refers to something that is perceived, that has been influenced by an assortment of materials, such as texts, images, and oral rhetoric. Said's concept is useful here because of its emphasis on identity, specifically a place-based identity, that is produced and reproduced via text and rhetoric. The *SMSJ* was an information and communication technology that was defined by the social, political, and economic realities of a geographical region constructed as southern. Practitioners lauded the *SMSJ*'s role as a "convenient medium" that offered "free interchange" amongst physicians who they would not otherwise meet face-to-face. To accomplish this, the journal relied on a sophisticated network that connected the "facilities" of the MCG, including its faculty and the "College Library, which received a regular supply of the most valuable of medical books."⁸¹ Editors took advantage of the library's resources by reviewing them using "plain analysis" as a means to promote self-improvement by way of professional reading.

Reader's Advisory

Every issue of the *SMSJ* contained a section titled either "Reviews and Abstracts" or "Bibliographical Notices" that served as a means to broadcast newly published "pamphlets, lectures, [and] books" and illustrates another facet of the MCG's position as an information agency.⁸² Titles reviewed represented a broad spectrum of topics aimed toward different audiences. Some, like *The Young Mother's Guide* and *Nurses Manual*, were not intended for male physicians at all but were suitable for midwives and mothers in situations that didn't "demand the presence of a

physician.⁸⁸ Other texts introduced entirely new patient populations, like Dr. George Day's *Treatise* on the diseases of advanced life. While early nineteenth-century medicine had devoted some recognition to pediatrics, "diseases of old age" had not "attracted the same attention." As the "only" text devoted to geriatrics in the United States, the journal's editors suggested it could "fill a void" within the growing number of medical libraries.⁸⁴ Other works were aimed at rural practitioners who lacked access to dispensaries and needed information on the preparation of medications. Some bibliographic advice, however, warned readers not to purchase certain materials. Citing inaccurate visual representations, Dr. Ewe was unable to recommend Sidney Doane's *Surgery Illustrated*. Readers were, however, informed that the text was available at Richard and Stoy's, Augusta's local bookstore, for \$5.50.⁸⁵ Much like its call for articles on practical medicine, the *SMSJ* solicited similar contributions from its readership pertaining to "new publications." This not only allowed the editor to "save time" but also ensured a robust and much more comprehensive review of the literature. Who better to suggest useful reading materials for the South than those engaged in day-to-day medical practice throughout the region?⁸⁶ This antebellum version of crowdsourcing, where the masses contribute their unique knowledge and/or special talents on any given topic, was a hallmark of antebellum publishing practice.

In contrast to twentieth-century periodicals that relied on paid employees to produce much of their information content, the early nineteenth-century periodical industry depended on an intricate network linking editors and readers in what print culture historian Leon Jackson calls a "gift economy."⁸⁷ One facet of this unique system of exchange was that readers often doubled as authors, providing content without an expectation of compensation other than seeing their name in print. Magazines in particular leveraged this mode of business practice as a "shrewd" strategy that capitalized on community connections, which supplied an economically viable stream of content to fill a magazine's pages.⁸⁸ The *Southern Literary Messenger* was one such magazine that successfully implemented this arrangement, allowing it to survive the many ups and downs of the nineteenth-century literary scene to become the "longest-running magazine in the antebellum South."⁸⁹ Southern agricultural journals like Augusta's *Southern Cultivator*, one of the longest-published farm journals, also relied heavily on its readership to produce regionally significant content for its pages.⁹⁰ Although faculty guidelines at the MCG required members to submit five "original" articles or ten "translations" yearly, the *SMSJ* nevertheless called on its readers to support a

southern reformist agenda, much like the *Southern Literary Messenger*, by authoring content for the journal.⁹¹

By 1853 some thirty-two authors from nine states had provided "fifty-two original articles" on practical medicine to the *SMSJ* at a time when medical journals proliferated throughout the South.⁹² The *New Orleans Medical & Surgical Journal* (1845), *Charleston Medical Journal and Review* (1848), and *Southern Medical Reports* (1849), established by southern medical reformer E. D. Fenner, were some of the more prominent medical periodicals of the 1840s. However, when the *SMSJ* appeared on the literary scene in 1836 it had no such rivals in the region. And while it was not the first southern medical journal, it was the first that legitimized southern medicine as a viable literary genre that provided culturally relevant medical information. Having survived the turbulence that often characterized the antebellum periodical industry, including the death of its founding editor to yellow fever, struggles with nonpayment of subscriptions, and a hiatus from 1839 to 1845, the *SMSJ* overcame these obstacles and became one of the most successful southern medical periodicals at its cessation in 1869.

Conclusion

This meso level of analysis of the Medical College of Georgia reveals a different interpretation of information culture in the antebellum South than has been previously reported. From Charleston's numerous social libraries and literary societies, which fostered vibrant communities of white amateur scientists, to the diverse library and literary scenes in Augusta, antebellum southerners were active consumers, producers, and disseminators of diverse information content. As an information agency founded in the South and dedicated to serving the region, the MCG leveraged its library, museum, and journal as a strategy to ameliorate the region's intellectual isolation in medical science.

The college's primary objective was to establish a medical infrastructure that reflected the social, political, and environmental interests of the region. Having a significant number of physicians who were trained in the North but paradoxically not engaged in the same types of intellectual pursuits as their northern brethren was embarrassing. Similarly, it did little for the South's ego to see its best and brightest students fleeing the region for medical institutions in the North. The medical library and museum were the physical manifestations of solutions to these problems. In order to stem the outflow of students from Georgia, the

state needed to establish a medical college with an infrastructure rivaling those of competing institutions.

In the early 1800s the medical museum became the preferred pedagogical mechanism for medical education, and the best of these were supplied with the latest instruments, anatomical models, specimens, and medical literature from Paris and other European medical centers. The medical library and museum provided the intellectual underpinnings for the college's modern curriculum. Students had access to thousands of books and periodicals, likely their first encounter with such a voluminous collection, on the latest developments in nineteenth-century medicine, but, more important, the library's and museum's holdings provided the hands-on learning opportunities the students so eagerly desired. Having a medical collection acquired in Europe was just as important for institutional boosterism. Students needed to believe they could receive a quality education in the South, and institutional excursions to Europe for the latest equipment helped convince students that it was possible, as evidenced by the student who felt the MCG would soon "oustrip" any rival in the nation, in part because of the institution's newly acquired state-of-the-art Parisian technologies. The faculty, students, and citizens of Georgia were proud to have a medical school of their own. For this group of actors, it symbolized that the South was engaged not only in medical science but also with the cultural advancement of the region as a whole; having a medical library also meant that the medical college could collect information that they thought important.

Developing a culturally relevant medical infrastructure was a major focus of southern medical reform, and for the Medical College of Georgia, the establishment of the *Southern Medical and Surgical Journal* was an effective means to unite the southern medical public and promote southern medicine as a new genre of medical literature. Here too the meso level of analysis reveals the medical school's influence on professional education in the region. Aspiring physicians certainly benefited from the state-of-the-art facilities of the medical college, but that did little for country practitioners or those residing in cities far from Augusta. The *Southern Medical and Surgical Journal* was the print technology that linked physicians in disparate locations with the medical school's faculty and with the library's holdings, which appeared as book reviews and subsequently distributed the information held by the library to the medical public.

This essay revealed the social and political aspects of medical information production and consumption during the years leading up to the Civil War in the South. The antebellum South was mired in an

information conflict wherein the southern condition was not given adequate attention in northern-based information and communication resources.

Therefore the appearance of the *SMSJ* had a twofold purpose: it helped ameliorate the information conflict inherent in regionally biased journals, and it served as a performance device, not unlike the library and museum, acting to normalize the region with the same cultural and professional materials as other sections of the United States. The promotion of southern medical information was as much about the southern self-image as it was about the circulation of scientific and practice-based knowledge, both of which were needed "to support the Southern medical Public."⁹³

Notes

1. Christine Pawley, "Beyond Market Models and Resistance: Organizations as a Middle Layer in the History of Reading," *Library Quarterly* 79 (2009): 79, 89.
2. Jonathan Daniel Wells, "Professionalization and the Southern Middle Class," in *Southern Society and Its Transformations*, ed. Susanna Delano et al. (Columbia: University of Missouri Press, 2011), 163; Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century*, Studies in Social Medicine (Chapel Hill: University of North Carolina Press, 2004), 29–30; John Harley Warner, "Southern Medical Distinctiveness," in *Science and Medicine in the Old South*, ed. Ronald L. Numbers (Baton Rouge: Louisiana State University Press, 1989), 199; William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore, MD: Johns Hopkins University Press, 1992), 72.
3. Stowe, *Doctoring the South*, 27.
4. *Ibid.*, 27, 29; Rothstein, *American Physicians*, 85–87.
5. Harriot W. Warner, *Autobiography of Charles Caldwell, M.D.: Preface, Notes, and Appendix* (Philadelphia: Lippincott, Grambo and Company, 1855), 77. Also quoted in part in Stowe, *Doctoring the South*, 27. Caldwell would later establish the Transylvania Medical School, which merged to form the Louisville Medical School in 1908.
6. John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Baltimore, MD: Johns Hopkins University Press, 2003), 18; Rothstein, *American Physicians*, 85, 88, see also the table on p. 93.
7. Rothstein, *American Physicians*, 89–92.
8. Daniel Kilbride, "Southern Medical Students in Philadelphia, 1800–1861: Science and Sociability in the 'Republic of Medicine,'" *Journal of Southern History* 65, no. 4 (1999): 697–732.
9. "A Letter to the Editors," *Southern Medical and Surgical Journal* 1 (1836): 257.
10. Warner, "Southern Medical Distinctiveness," 180, 185.
11. *Ibid.*
12. See James Thomas and Charles Reagan Wilson, eds., "Medicine, States' Rights and Slavery and Medicine," in *The New Encyclopedia of Southern Culture*, vol. 22, *Science and Medicine* (Chapel Hill: University of North Carolina Press, 2012), 120–22, 151–55.
13. "Mr. Editor," *Chronicle and Advertiser*, December 28, 1822.

14. Paul F. Eve, "Address to the Class, on Opening the Course of Lectures in the Medical College of Georgia, on the 17th of October, 1837," *Southern Medical and Surgical Journal* 3, no. 1 (1838): 8–9.
15. "Medical Department of Hampden Sidney College, Richmond, Va." *Florida & Journal*, October 13, 1849, 4. Richmond was one of six southern cities that formed a network of slave hospitals in the antebellum South. For more, see Stephen Kenny, "A Dictate of Both Interest and Mercy? Slave Hospitals in the Antebellum South," *Journal of the History of Medicine and Allied Sciences* 65 (2010): 1–47.
16. Medical College of Georgia, Twenty-Seventh Annual Announcement (1858).
17. Eve, "Address," 8–9.
18. "Prospectus," *Augusta Chronicle*, January 16, 1836.
19. See Stowe, *Doctoring the South*, 21. The Louisiana Medical School became Tulane Medical School in 1884.
20. Adam Areson, "Libraries in Public before the Age of Public Libraries: Interpreting the Furnishings and Design of Athenaeums and Other Social Libraries, 1800–1860," in *The Library as Place: History, Community, and Culture*, ed. John E. Bushman (Westport, CT: Libraries Unlimited, 2007), 53. Also see Steven Conn, *Museums and American Intellectual Life, 1876–1926* (Chicago: University of Chicago Press, 2000).
21. "Southern Agricultural Room," *Southern Cultivator* 10 (1852): 93. Athenaeums, lyceums, and reading rooms were popular forms of social libraries during the nineteenth century. Agricultural libraries were particularly rare during the period, accounting for 1 percent of the 1,085 social libraries in the United States from 1735 to 1850. See Jesse Shera, *Foundations of the Public Library: The Origins of the Public Library Movement in New England, 1629–1855* (Chicago: University of Chicago Press, 1949), 71.
22. Conn, *Museums*, 8.
23. *Ibid.*
24. Erin Hunter McLeary, "Science in a Bottle: The Medical Museum in North America, 1860–1940" (PhD diss., University of Pennsylvania, 2001), 2.
25. *Ibid.*, 22.
26. *Ibid.*, 36.
27. Stephen Kenny, "The Development of Medical Museums in the Antebellum American South: Slave Bodies in Networks of Anatomical Exchange," *Bulletin of the History of Medicine* 87 (2013): 40.
28. See the Medical College of Georgia, Twenty-First Annual Announcement (1852); and Twenty-Seventh Annual Announcement.
29. *Charter, By-Laws, Officers, &c. of the Medical College of Georgia, 1835. Being the Medical Department of the University of Georgia 1899* (Augusta: George Robinson, 1835), 10, quoted in S. Joseph Lewis and Lois Taylor Ellison, *The History of the Medical College of Georgia from 1829–1963: Chronicle of an Institution* (Augusta: Georgia Health Sciences University, 2011), 18–19.
30. "Acts of the General Assembly of the State of Georgia: Passed at Millidgeville, at an Annual Session, in November and December, 1808, Published by Authority," Early Newsbank, American Imprints, series 2, no. 17,612 (alu.2697503), 48; "Georgia Legislator Lists of Acts," *Augusta Chronicle*, January 4, 1828, 110.
31. "A Reading Room," *Augusta Chronicle and Georgia Advertiser*, September 22, 1830; "Our Reading Room," *Augusta Chronicle*, February 3, 1840; "Southern Agricultural Room," *Southern Cultivator* 10 (1852): 93; see also "Preamble

and Constitution for the Young Men's Library Association," in *199 Years of Augusta's Library: A Chronology*, by Berry Fleming (Athens: University of Georgia Press, 1949), 16–20, citing *Augusta Chronicle*, February 2, 1848. According to Haynes McMullen, Young Men's Library Societies or Associations were primarily a northeastern phenomenon. Of the fifty-one societies oriented toward young men in his work, "only seven" were in the South. See *American Libraries before 1867* (Westport, CT: Greenwood Press, 2000), 69.

32. Library historian Patrick Valentine situates the growth of southern academic libraries as an 1890s phenomenon, noting that before this date, collections were often assembled as a result of donations rather than institutional intent. See Patrick Valentine, "The Origin of College Libraries in North Carolina: A Social History, 1890–1920," *Information & Culture: A Journal of History* 47, no. 1 (2012): 79–112.

33. *Ibid.*, 80, 85.

34. For a description of the library's rules and circulation policies, which were presented to the MCG faculty by Dr. Dugas, see Faculty Minutes, January 16, 1840, 51; MCG Library Record Book 1854, 1.

35. W. H. Goodrich, *The History of the Medical Department of the University of Georgia* (Augusta: Ridgely-Tilwell, 1928), 28.

36. William Fredrick Norwood, *Medical Education in the United States before the Civil War* (Philadelphia: University of Pennsylvania Press, 1944), 240.

37. The introduction of the physical examination, the stethoscope, and the microscope revolutionized how medicine was practiced in the early to mid-nineteenth century. Stanley Reiser argues that the adoption of these new technologies created a paradigm shift wherein physicians, not patients, were the arbiters of personal health, as clinicians were able to see and hear diseases unbeknownst to patients. For more on this discussion, see Stanley Joel Reiser, *Medicine and the Reign of Technology* (Cambridge: Cambridge University Press, 1978); and Aubrey B. Davis, *Medicine and Its Technology: An Introduction to the History of Medical Instrumentation* (Westport, CT: Greenwood Press, 1981).

38. Warner, *Against the Spirit*, 71.

39. Joseph Eve, "Medical Education," *Southern Medical and Surgical Journal* 1 (1836): 216–18; Eve, "Address," 6–7; Rothstein, *American Physicians*, 89.

40. Rothstein, *American Physicians*, 397.

41. Eve, "Address," 3.

42. E. D. Fenner, "Introductory Lecture of E. D. Fenner, M.D.," *New Orleans News and Hospital Gazette* 3 (1857): 591.

43. Robert Peter, *The History of the Medical Department of Transylvania University* (Louisville: John P. Morton & Company, 1909), 90–91.

44. "Medical College of Georgia," *Augusta Chronicle*, September 20, 1840, 3, reprinted from the *Georgia Journal*.

45. Lewis and Ellison, *History*, 18–19; Medical Society of South Carolina Meeting Minutes: 1810–33, May 25, 1829, 390, <http://digital.library.musc.edu/cdm/compoundobject/collection/min/id/9437/rec/1>.

46. Fenner, "Introductory Lecture," 593.

47. "Medical College of South Carolina," *Augusta Chronicle*, November 1, 1828, 40.

48. Lester Stephens, "The Literary and Philosophical Society of South Carolina: A Forum for Intellectual Progress in Antebellum Charleston," *South Carolina Historical Magazine* 104 (2003): 162.

49. Ibid.; "Medical College of South Carolina," 40.
50. Michael Brian and David Moltke-Hansen, eds., *Intellectual Life in Antebellum Charleston* (Knoxville: University of Tennessee Press, 1986). For a description of apprentices' mechanics' and mercantile libraries, see Haynes McMullen, *American Libraries before 1867* (Westport, CT: Greenwood Press, 2000), 70–72.
51. "Medical College of Georgia," *Southern Medical and Surgical Journal* 1, no. 12 (1837): 766–67.
52. "Medical Intelligence," *Southern Medical and Surgical Journal* 2, no. 1 (1837): 62.
53. Eve, "Address," 6. Although we begin to see in the nineteenth century the development of new transportation and communication technologies like the railroad, consumers still had difficulty in receiving their ordered goods. Michael Winship tells us the problem was especially acute for "book publishers and production[, which were] concentrated in only a few, mostly eastern, urban centers" ("Distribution and Trade," in *A History of the Book in America*, vol. 3, *The Industrial Book, 1840–1880*, ed. Scott E. Casper et al. [Chapel Hill: University of North Carolina Press, 2007], 120).
54. *Augusta Chronicle*, September 20, 1840, 3, reprinted from the *Georgia Journal*.
55. Medical College of Georgia, Twenty-Seventh Annual Announcement, 5, 12.
56. See Rothstein, *American Physicians*, 92–95; and Warner, *Against the Spirit*, 18.
57. Norwood, *Medical Education*, 398.
58. "Reform Medical College of Georgia," *Macon Telegraph*, September 17, 1860, 4.
59. See the Richard D. Arnold Papers, 1849–76, Southern Historical Collection, Louis Round Wilson Library, University of North Carolina Libraries.
60. *Savannah Medical College, Circular and Catalogue of the Trustees, Faculty and Students* (Savannah: George Nichols Printer, 1857), [7], 10.
61. Annual Circular of the Medical Department, University of Louisiana, 1848; Annual Circular of the Medical Department, University of Louisiana, Session of 1861–62. The 1848 circular does not expressly mention a medical museum but mentions several teaching objects that were integral to library and museum collections. Because the institution failed to expressly call attention to a library, most likely the collection was insignificant. Likewise, the 1848 circular was silent on the presence of a medical museum; while the university possessed museum objects, its collection was probably meager until 1861, when it marketed its "museum" as integral to its curriculum. See p. [6].
62. "Medical College of South Carolina," 40.
63. "Medical College of the State of South Carolina," *Charleston Medical Journal and Review* 9 (1854): 429–30.
64. The catalog entry not only is silent on the number of its holdings but also fails to identify the institution with the largest collection. *Catalogue of the Trustees, Faculty, and Students of the Medical College of the State of South Carolina, Session of 1860–61* (Charleston: Stream Power Presses of Evans & Cogswell, 1861).
65. Burton J. Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education in America* (New York: Norton, 1976), 280; Francis Wayland, "Present Collegiate System: Thoughts on the Present Collegiate System in the United States," *North American Review* 55, no. 117 (1842): 307.
66. An 1850 survey by William James Rhee and Charles Coffin Jewett noted that, altogether, 126 colleges in the United States held a total of fewer than

- 600,000 volumes. See Orrin Lee Shiflett, *Origins of American Academic Librarianship* (New York: Apex, 1981), 2.
67. Norwood, *Medical Education*, 398.
68. *Catalogue of the Trustees, Faculty, and Students of the South Carolina College, January 1861* (Columbia: Stream Power-Press of S. C. R. W. Gibbs, 1861), 22; Carpenter, "Libraries," 315.
69. Medical College of Georgia, Twenty-Seventh Annual Announcement, 6.
70. Warner, *Against the Spirit*, 159.
71. "Prospectus," *Augusta Chronicle*, January 16, 1836.
72. Mammoth publications were popular during the nineteenth century. The *Augusta Chronicle* also published a weekly mammoth as a county edition. For more on the proliferation of mammoth periodicals, see Isabelle Lehuu, *Carnival on the Page: Popular Print Media in Antebellum America* (Chapel Hill: University of North Carolina Press, 2000), 67.
73. Wells, "Professionalization," 161.
74. Introduction to *Southern Medical and Surgical Journal* 1, no. 1 (1836): 1–2.
75. "Publishers Notice," *Southern Literary Messenger* 1 (1834): 1.
76. Ibid.
77. Ibid.
78. For more on southern consumption of northern periodicals, see Jonathan Daniel Wells, *The Origins of the Southern Middle Class, 1800–1861* (Chapel Hill: University of North Carolina Press, 2004).
79. Edward Delony, M.D., "A Letter to the Editors," *Southern Medical and Surgical Journal* 1, no. 5 (1836): 256–61.
80. Edward Said, *Orientalism* (New York: Vintage, 1979).
81. Introduction to *Southern Medical & Surgical Journal* 1, no. 1 (1836): 4.
82. The title "Bibliographical Notices" was used in the late 1840s.
83. "Reviews and Abstracts," *Southern Medical and Surgical Journal* 2, no. 1 (1837): 35.
84. "Practical Treatise on the Domestic Management and Most Important Diseases of Advanced Life," *Southern Medical and Surgical Journal* 5, no. 5 (1849): 286.
85. "Reviews and Abstracts," *Southern Medical and Surgical Journal* 1, no. 5 (1836): 297.
86. "Monthly Periscope," *Southern Medical and Surgical Journal* 3, no. 1 (1836): 59.
87. Leon Jackson, *The Business of Letters: Authorial Economics in Antebellum America* (Stanford, CA: Stanford University Press, 2008), 2, 90–112.
88. Ibid., 127.
89. Ibid., 129.
90. Jameane Brenton Stewart, "Informing the South: On the Culture of Print in Antebellum Augusta, Georgia 1828–1860" (PhD diss., University of Wisconsin–Madison, 2012).
91. Medical College of Georgia Faculty Minutes, November 4, 1845, 105.
92. "Our Journal," *Southern Medical and Surgical Journal* 9 (1853): 62. Contributing authors hailed from Alabama, Florida, Georgia, Louisiana, Massachusetts, Mississippi, South Carolina, Tennessee, and Virginia.
93. "Annual Announcement," *Southern Medical and Surgical Journal* 14, no. 7 (1859).