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Medicating Georgia: Writing Doctors in the Old South

ALLAN INGRAM

Abstract: This essay looks at two medical families in Georgia between the eighteenth and nineteenth centuries, the Kollocks from Savannah and the Fort family from Milledgeville. Lemuel Kollock (1766–1823) moved there in 1792 from Connecticut to set up a medical practice. He married and had two sons and a daughter (Phineas, 1804–1872; Mary, 1806–1885; and George, 1810–1894). Phineas became a doctor and returned south after qualifying to practise in Savannah. The correspondence covers the social and professional contexts of practice, as well as the challenges of life and work in a climate like Georgia. A striking picture emerges of the place and importance of medicine in people's lives. Tomlinson Fort (1787–1859) was a native Georgian who set up in medicine in Milledgeville in 1810. He developed a wider public profile than Kollock, both as a doctor and in banking and politics. Most significantly, he published in 1849 his *Dissertation on the Practice of Medicine*, written in clear jargon-free English, which gives a detailed and practical perspective on health in the deep South. These surviving writings allow us to examine the place of medicine within the distinctive conditions of the society of the time.

Keywords: climate, colonial/post-colonial America, doctors, family, Lemuel Kollock, Mary Neufville, Phineas Kollock, practical medicine, Tomlinson Fort

This is Mrs Mary F. Neufville writing from Savannah, Georgia, on 6 July 1841 to her younger brother George J. Kollock, then at Clarkesville, Georgia:

I wish indeed we could accept your kind invitation, for independently of the pleasure of your society, I sigh for these mountain breezes and cool nights, but we cannot leave home this summer. The weather since you left here, has been intensely hot; I have not slept in the *same place* a whole night for some time. I go to my bed at first but finish the night on the couch or in wandering from one window to another in search of a breath of air. Mr. N. threatens to *advertise me as a deserter!* I am thankful you are all beyond its influence.¹

Mary Kollock was the daughter of Dr Lemuel Kollock, one of Savannah's growing number of true physicians (that is, actually qualified rather than simply working, as many did, under the title), who had died in 1823. By now, she was married to the Rev. Edward Neufville, Rector of Christ Church Savannah — hence the family's inability to leave his parish duties to visit George in the more refreshing environment of Clarkesville, up near the Chattahoochee Forest. But, while the tone of the letter indicates the characteristic touch of humour, as well as of good sense, of Mary's writing, it also acts as a strong reminder of the immense challenge of living anything resembling a comfortable life amid the summer heats of the deep South. Such heat, of course, was also quite apart from the seasonal outbreaks of various forms of fever accompanying the intense humidity. Mary herself, while not a doctor, was part of a family of several generations of medical men and was very sensitive to issues of health and of medicine — an indication of the family and social significance of women in relation to medicine at that time. She had written

to George, for example, back in 1830, when he was a young man of twenty training as a lawyer in Philadelphia, about an unexplained lameness he was suffering.

You know not, my dear Brother, how distressed I am to learn that your health has so materially suffered from your long confinement with your foot. I was really in hopes you felt no further inconvenience from it as all the letters, (previous to the last) which have been received from Philadelphia led us to believe you had entirely recovered. Aunt's letter to Fenwick yesterday, however alarmed my fears, and particularly as she mentioned you refuse to consult a Physician, which made her more anxious for the return of Grand-papa. Why wait for that when a thing so important as health is at stake? Remember, my dear Brother your *own caution* to me that "health was more easily lost than gained," and let me *entreat* you not to permit disease to advance too far before you consent to take medical advice. Nothing, I believe, but *dear-bought* experience will make us value health as we ought, and let me beg that you, who have been so long blessed with it, will not now lose it by neglect and imprudence.

'Grand-papa' was Dr George Jones, whose father (as a boy) and grandfather were part of the original colonial settlers in Georgia: he had been trained as a doctor by his father, who in turn had been trained by his. By this time, he was a highly respected physician in Georgia, whose advice was clearly valued by the family. Mary goes on:

*I shall be obliged to inform the Doctor of your condition, and also of your refusing to call in the aid of the faculty, and get him to write you a little dissertation on the importance of preserving your health and the simple manner in which it may be done by taking the necessary precautions when the system is only slightly deranged. The Doctor tells me I may remain in Savannah if I will follow implicitly his directions; which are not to expose myself to the dews and heat, and not to permit even a headache to pass without taking something to relieve it.*²

Health, in other words, was at the forefront of family minds, and such people looked towards professional medicine to safeguard it.

This essay examines the state of medicine in Georgia in colonial and post-colonial times through the work of the Kollock family, who were based in Savannah, and of Tomlinson Fort, based in Milledgeville, but also for a while a member of Congress in Washington. The Kollocks, father Lemuel and son Phineas, wrote largely by way of correspondence, which means the material discussed is their letters, both printed and archival. Fort was best known for his popular and effective *Dissertation on the Practice of Medicine* (1849), although there is also considerable archival material, which gives invaluable insights into the medical culture of the time. Some of this I draw on. The *Dissertation* is a long and thorough volume written in clear jargon-free English, a work that, from another angle than the more private Kollock correspondence, gives a detailed and practical perspective on health in the old South. Together, these two families and their surviving writings allow us to examine the place of medicine within the distinctive conditions of the society of their time.

By 1841, the date of Mary's summer letter, Savannah had become a thriving coastal city, renowned for its social life as well as for its sophistication, quite a different world from what its original European settlers could have imagined when they arrived in 1733 with Georgia's founder, General James Oglethorpe, who was responsible to its Board of Trustees back in England. It was Oglethorpe who laid down so many of the principles on which the colony was founded, as well as the very appearance of such places as Savannah — their districts, their design, their proportions. The historian Joseph Krafka, however, has written about the relatively primitive nature of the medical men in that early colonial period,

with amateurs and quacks outnumbering genuinely qualified doctors and understanding and practice outdated and random when compared with medicine back in Europe. 'Written against the medical background of the time', states Krafska, 'Georgia medicine was probably practiced with the same degree of intelligence as in any of the other colonies' — meaning, with very little intelligence at all. Of fevers, for example, which of course were rife and often fatal, Krafska adds that 'a review of the literature of the time show[s] that the whole category of fevers was an endless mixup with no knowledge of etiology on which a rational treatment could be based'.³ The picture was very different by the time of the Kollock family, at least in terms of qualified physicians. Phineas M. Kollock, elder son of Lemuel Kollock and brother therefore to Mary, himself a physician, wrote to George from Savannah on 14 July 1828: 'I am sorry to say that my professional prospects here are none of the brightest; we have such a host of physicians that some of us are obliged to live on hopes, such kind of living has nearly surfeited me'.⁴ A similar point had been made by Mary writing to Phineas two years earlier, on 13 September 1826, before Phineas had even returned there to take up practice: 'I understand that Savannah is so healthy, the physicians have been obliged to mount the *stage*, by way of employing themselves; delightful prospect for you'.⁵ Even during Lemuel Kollock's career there, which spanned the thirty years between 1792 and his death, Savannah was both flourishing and a social hotspot — but often far from healthy. This is Mary Kollock again, writing from Beverley, Massachusetts, on 13 March 1822, to Phineas, also in Massachusetts: 'Cousin wrote me a long letter the other day and mentioned that Papa had not been very well but was getting better; I am sure I hope he is not going to be very sick, as I should feel very anxious about him. She mentioned also that, in point of climate, Savannah has been a very unpleasant season but among the fashionable world a very gay one'.⁶ Here is a measure of the hazards, as well as the pleasures, of living in the heat of the Savannah climate in the century following its founding.

Unquestionably, the main threat to health came from the regular outbreaks of fever of various kinds, though smallpox too was a persistent danger. From the very beginning, as Walter J. Fraser Jr confirms, the area was under threat from typhoid fever, and this along with other brands of fever still persisted by the early 1800s: 'Local physicians', says Fraser,

observed that "malignant" and "billious" fevers—most likely yellow fever, malaria, and typhoid—prevailed in the city during the summer and autumn months. Typhoid became endemic in the city until a new water system was adopted. Cholera also posed a deadly threat; influenza, scarlet fever, dengue fever, and typhus remained less serious infectious diseases.⁷

Dengue fever was something that Phineas Kollock himself contracted, though relatively mildly, in September 1828, but as a physician, his experience of such conditions was mainly professional — and observational. He describes the state of health in Savannah to George Kollock in a letter of 14 October 1839:

We have a great many cases of fever & many bad ones. Week before last, the Sexton reported 33 deaths, 2 or 3 from Yellow Fever — last week 28 or 30 deaths; this week I suspect the report will be quite as large. I saw yesterday & today each a case of Yellow Fever, with black vomit. I am at present attending your brother [illegible] young Marlow who is extremely ill with fever. The disease is principally confined to labouring people who are obliged to expose themselves a good deal & almost all the bad cases can be traced to the neighbourhood of the river. Among the deaths are those of Mr. Stirk [?], James Miller & two children of Charlton's, who died within 3 weeks of each other, one of ulcerated sore throat, the other of croup. The weather continues hot & dry.

Such outbreaks recur time and again in the course of his correspondence, as they did during the lifetime of his father.⁸ Moreover, those new to the place and climate seemed to be particularly vulnerable, unlike those returning after a period of absence. Phineas continues:

I have not heard of any one who has returned from the North (of whom there are many) being taken sick. A large number of Irish laborers already arrived, who are good subjects for disease.⁹

In other words, it seemed that those with previous and persistent exposure were less vulnerable than recent arrivals, albeit such people might have come in a fit state for hard physical labour.¹⁰

Smallpox was also from the very earliest years of the colony a persistent problem, and one that was common across the region. As Joseph I. Waring points out, Charlestown suffered 'some nine epidemics of smallpox in its colonial period, while the disease, though not always of epidemic proportions, appeared in Georgia the same nine times during its shorter colonial life'. Every appearance, 'each province would proceed to set up protective quarantine against visitations from its neighbor', which probably explains why, oddly enough, 'these visitations were never coincident'. Inoculation was used in Charlestown, certainly, from 1738 onwards, but, as Waring says, on each occasion, it was promptly banned because of the possibility of an inoculated person infecting one without the inoculation:

In later years when smallpox came to Savannah, the same sequence of events occurred. Inoculation was used and approved, then strictly forbidden by legislative acts which threatened to fine not only the physician but also the patient.¹¹

By the time of the Kollocks, quarantine had been in use for some years, including holding suspected ships offshore for considerable periods and setting aside holding pens for residents, including Tybee Island near Savannah.¹² Lemuel Kollock was one of the doctors involved in administering vaccinations during the outbreak of 1800 — what Fraser calls the 'illegal program' that was 'authorized' by the City Council, the so-called ban being in order to conceal the fact that there was an outbreak at all. This was in the interests of retaining trade, which it was feared would decline sharply if it were known that smallpox had returned. At the same time, it was covertly 'authorized' in order to limit the spread.¹³

In 1805, as Walter Fraser reminds us, the city's leading doctors — which included Lemuel Kollock — founded the Georgia Medical Society for 'Lessening the Fatality Induced by Climate and Incidental Causes, and Improving the Science of Medicine'. Among other things, the Society 'offered free vaccinations against smallpox to the poor' as well as keeping 'a small medical library'.¹⁴ Fraser, moreover, has this to say about the kinds of remedies then in use: 'Cynics', he observes, 'claimed that Georgia doctors used only one method to cure patients, "the lancet"'.¹⁵ This is something the Kollocks themselves, among others, disprove, and Fraser goes on to list some of the variety of remedies in use: 'snakeroot and Peruvian bark for anemia and fever, laudanum and mercury compounds for venereal disease, sugar, lead, and white wax for burns, foxglove for cuts, opium as a painkiller, and calomel for purgatives'. Even allowing for some truth in what the 'cynics' were saying of the reliance on bloodletting as a cure-all, clearly, there was evidence of a good deal more variety and specificity in the use of medicine in this part of the old South than during the colonial period. Moreover, the authorities had by now

learnt from past experience and taken sensible steps to minimize the disadvantages of Savannah's location and climate. As Fraser continues:

In the early 1800s the mortality rate in Savannah rose and with it the city's reputation as unhealthy, especially from the summer months to the first frost. A committee of the City Council studying the matter noted the location of the cemetery near the city had an unhealthy effect and advised planting trees along its wall to soak up the impurities in the air. Concerned about the high mortality rates of persons unaccustomed to Savannah's climate, the Georgia legislature prohibited the disembarkation of foreigners in the port city from July through October.¹⁶

This contrasts with conditions some fifty years earlier, back in the mid-eighteenth century, with reliance on the traditional — and it has to be said traditional European — methods of treatment for most conditions, which were bleeding, vomiting, and purging, along with the administration of such powerful substances as ipecac, balsam, and different wines. Infant mortality rates, moreover, were high.¹⁷

A number of illnesses feature in Phineas Kollock's correspondence, many of them endemic to the region and some far more widely found. A particularly striking one is whooping cough, a common enough condition across most of the inhabited world, but particularly troublesome in a region of such heat — indeed, for many children across the years potentially fatal. This is Kollock writing to his sister-in-law Susan, George's second wife, in August 1843:

Since the receipt of the letter, informing us of your suspicions in regards to Janey & Eddie, in consequence of their having been exposed to "whooping cough," I have felt considerable anxiety to hear again from some of you [...] I have been much relieved by the accounts contained in your & George's letters.

I wrote to your Sister Bell as soon as I heard the accounts concerning Janey & Eddie---and advised that in case of their being much oppressed at any time that you should give a teaspoonful of zinc syrup to Janey & about 20 or 30 drops to Eddie---& if they have fever give castor oil---and their diet had better be restricted in regards to animal food. They should not be exposed to strong draughts of wind nor to dampness—

When they are much disturbed by the cough at night, it is a good plan to give them the zinc syrup---¹⁸

Zinc syrup in fact is still sometimes given to children for various problems, including breathing difficulties,¹⁹ though other treatments are more effective today and whooping cough is a lot less common, given the development of antibiotics and the current recommendations for vaccinating pregnant women. But what is significant here is the degree of detailed attention shown by Kollock and the specificity of the recommended remedies. This is a feature of the entire family correspondence, both medically qualified and amateur. These are people whose daily lives take place in difficult conditions and who are therefore focused on the narrow issue of surviving and moving on, rather than on wider matters of the relations between medicine and society, or different philosophies and approaches. If it works, use it, and the philosophy can take care of itself.

Another area of concern for Phineas Kollock was the illnesses of enslaved people. Georgia, as is well known, was founded as a 'slave-free' colony, and it remained loyal to this principle for the first years of its existence, certainly while managed by Oglethorpe.²⁰ However, in 1749, slavery was at last allowed by the Trustees,²¹ six years after Oglethorpe left the colony. Neither Lemuel nor Phineas Kollock was a supporter of slavery, but Phineas became physician to his grandfather's family, the Joneses, and to their enslaved

labourers. George Kollock also owned enslaved people, two of whom were making the journey to Phineas' family in September 1840. Phineas writes advice to him on how to keep them safe from the fever:

I am sorry to hear that the country is becoming so sickly; I fear Jack & Cuffee may get sick on the road. I wish you would give them a bottle of Castor Oil to bring with them, & tell them when they encamp at night they must endeavour to select a good dry barren spot whenever it is possible; they must make a good rousing fire, put on plenty of warm clothes & wrap up well in their blankets. If they avoid getting chilled, they may possibly escape. If they should get sick, they must endeavour to procure lodging at some house & medical aid, provided they can be pretty well assured of getting a Doctor who will not kill them with his physic. In case of getting into any bad scrape of this kind they may possibly meet with some good Samaritan, who would have the humanity to drop me a line, in order that I may go to them. You will of course give them a ticket to pass them to Augusta.²²

What is striking here is again Kollock's practicality, both as to the measures he recommends the two enslaved men and his brother take and as to the reality of undertaking such a journey — the need for a 'ticket', that is owner authorization, for example — and the scarcity, and the dangers, of medical treatment on the way. Moreover, he displays considerable generosity, even for a committed opponent of slavery, in taking for granted his own readiness to travel to deal with them, if word can be got to him. The tone of his writing, too, is not one of superiority — simply of realism and concern.

Both of the medical members of the Kollock family had a considerable public profile within their home city of Savannah, and more widely in Georgia. Lemuel, apart from his medical work, was also a noted book collector²³ and took on as trainees in his practice would-be medical students who would go on to qualify at one of the few schools of the time. Phineas was a founder of the Savannah Medical Society and in 1857 published, through and on behalf of The Medical Society of the State of Georgia, a work entitled *History and Treatment of Vesico-Vaginal Fistula: A Report*. This was about an immensely intrusive condition concerning urinary discharge — and was an indication of how seriously he and the Society took illnesses that were confined to women. Phineas was also an alderman of the City of Savannah.

The Kollocks clearly had contact and interests beyond Savannah, and to an extent beyond Georgia, but their work and influence was largely concentrated within the relatively narrow confines of their own city. They were an example of medical work and, through their extensive correspondence, of writing that was practical, realistic, and experienced. They lived what they specialized in. A second, slightly later, Georgia physician, Tomlinson Fort of Milledgeville, had to an extent a similar profile, but his career took him far beyond his home state and included publication of an important and influential medical guide that broadened immensely the kind of informed practicality we have seen with the Kollocks. Here is how William Roberts gives Fort's profile, writing in 1968:

A soldier, statesman, newspaper founder, publisher and editor, bank president, a founder of his state's medical school and of one of the first state asylums for the insane in the country, distinguished practitioner of medicine for fifty years, and the author of a 736-page medical textbook.²⁴

On top of all this, he and his wife, Martha Fannin, whom he married in 1824, raised a family of nine children (of the thirteen born to them).²⁵ Fort's military experience involved leading a company in the War of 1812, but his training as a doctor, under Benjamin Rush at the University of Pennsylvania, meant that on return to civilian life, he inevitably set up

a practice back in Milledgeville, by then newly established as the state capital of Georgia.²⁶ His interests, both business and public, were clearly wide-ranging, and he became a significant figure within the state, serving as an elected representative in the state House of Representatives from 1818 to 1826, after which he became a member of the national Congress in Washington, though he stood down after only two years, not least because of travelling difficulties.²⁷ He subsequently became a trustee of the University of Georgia in Athens, founded in 1830 the newspaper *The Federal Union*, and, also in Milledgeville, was a founder of the state's first insane asylum, of which he was both a trustee and chief visiting physician.²⁸ Politically a firm democrat, Fort, like the medical Kollocks, was solidly against slavery as well as concerned, in his public life, to work for disadvantaged sections of the community, not least in the field of education.

His emphasis on education is evident in his writing, above all in the intention behind the 1849 medical guide — *A Dissertation on the Practice of Medicine: Containing an Account of the Causes, Symptoms, and Treatment, of Diseases: and Adapted to the Use of Physicians and Families*, to give it its full title. The opening 'Advertisement' is quite explicit, as he addresses 'the MEDICAL PROFESSION' on the needs of his non-medical readers:

It was my purpose to shew them, that the time had arrived, when a diffusion of medical knowledge among men, was necessary to the continuance of their confidence in the science, or its professors; that the decline of that confidence which is manifest in this day of increasing civilization, has arisen from the vain attempt to make medicine an exclusive property in the hands of those who pursue it as a profession.²⁹

In particular, he continues with specific blame placed upon quacks and conmen, whose regulation he had pursued from early on in his own career. He particularly deplores the fact that 'instead of putting down the quack, this exclusive system, is the rampart behind which he stands in safety, and makes more by the random fling of ignorance and rapacity, than the most gifted of his adversaries by years of study and labor'.³⁰ Beyond this and pursuing the wider aim of education, he argues

that it would be greatly to the credit of medical men, and profitable to the whole profession, to throw open the doors of their science, and by all practicable means induce mankind to consider it their duty to obtain some knowledge of it for themselves.³¹

Fort also recognizes, and puts into practice from the very beginning, the need to write in a form, and using vocabulary, that is reasonably accessible to 'the common reader' — whom he addresses directly:

I have found it impracticable, to avoid the use of technical words, which may at first be a source of some embarrassment. You will find, however, as you progress, that they are often so used as to need no explanation, and that those which require explanation, are placed together, alphabetically, near the close of the book, and there defined. By referring to those definitions, the meaning of the terms used will be easily ascertained.³²

To render use of the book even more straightforward and accessible to the public, Fort provides summaries of the remedies used at the close of his longer essays, so that 'the reader will never be at a loss for his remedies'.³³ Finally, adhering as always to practicalities, he has deliberately limited the numbers of remedies recommended for each condition. 'Probably no book in which so many diseases are treated of,' he suggests,

has so few remedies recommended. This has been done for the purpose of habituating my readers to the use of no more remedies than they could readily remember the qualities and uses of. I have recommended all that I thought essential, and although there are many left out, I believe the number is as great as would be thought necessary by the most celebrated practitioners of the day.³⁴

The final sentence of the 'Advertisement' summarizes his simple ambition for the book: 'Hoping that a work which has cost me much thought and labor, will prove valuable in the hands of many, I commend it to that people, who have ever extended to me a generous confidence'.³⁵

One only has to look at the form and structure of the book itself to see how sensible Fort's decisions were: the 'Advertisement', which is only two pages, is immediately followed by an 'Index' of almost six, arranged in alphabetical order and comprising all those illnesses and medical conditions dealt with or mentioned — for example, 'Ague and fever – Intermittent fever'; 'Diseases of the breast'; 'Diseases of the heart'; 'Fever', a major entry, inevitably, and divided into eight sub-sections; 'Hypochondria'; 'Inflammation' of various kinds, including mouth, stomach, bowels, and lungs; 'Jaundice'; 'Scarlet fever'; 'Small pox'; and 'Toothache'. Alongside them, we find the remedies and substances Fort recommends for treatment, among them 'Calomel', 'Gum Arabic', 'Ether – sulphuric', 'Iodine', 'Mercury', 'Sage', 'Senna', and, interestingly, given its lasting controversy, 'Vaccination', with Fort unambiguously declaring it 'a perfect protection of the life of the subject against small-pox'.³⁶ This reader-focused structure continues after the textual substance of the book, with the text itself followed, most fully, by the 'Dispensatory'³⁷ of remedies in alphabetical order, from 'Adhesive Plaster', 'Alcohol', and 'Aloes' through to 'Tartar Emetic' and 'Uva Ursi' — 'a low evergreen shrub of cold climates' whose leaves are recommended for urinal and kidney diseases.³⁸ The origin of each remedy is given, as well as a description of what it is used for and in what ways. The 'Dispensatory' section ends with four pages on 'Mixtures, Pills, Ointments, &c.' — 'Antimonial Mixture', for example, or 'Powder of Jalap and Cream of Tartar' — with instruction on their preparation specifically addressed to 'persons residing in remote situations',³⁹ another characteristically practical Fort inclusion. The 'Dispensatory' is followed by eleven pages of 'Definitions',⁴⁰ as promised in the 'Advertisement'. These are also alphabetically ordered, and the definitions are brief and to the point, covering substances, conditions, medical terms, and even body parts: '*Capsicum*. Red pepper.' '*Colon*. One of the large intestines.' '*Metastasis*. A transfer of disease, from one organ to another.' '*Scirrhus*. Hardened flesh. Cancer.' '*Verdigris*. Acetate of copper'.⁴¹ Finally, the book concludes with a brief statement on 'Weights and Measures' as 'used by the apothecaries of the United States',⁴² followed by 'Doses of Medicines', with an explanation of how different quantities relate to different age groups, and three pages of tables giving various medications in alphabetical order with doses 'For a Grown Person', 'For a Child Seven Years Old', 'For a Child One Year Old', and then 'How to be Used'. For example, while most are to be given in water or in syrup or taken in pill or powder form, some carry particular practical warnings: 'Spirit of Aromatic Ammonia' is described as 'a medicine of uncertain strength', which 'should be largely diluted with water', whereas doses of 'Laudanum', already recommended as '30 drops' for an adult, 'may be lessened or increased considerably, according to the case', while 'Tartar Emetic' is described as an 'active remedy' to be 'given in water, and not to young children, except in cases particularly pointed out'.⁴³

Fort's medical stance, it has to be said, and his aim as a writer, distinctive though they are, were not new. The emergence of self-help guides to physic dates at least from the

previous century in both Britain and Europe, and many of these deliberately place themselves in opposition to any notion of a medical elite. Some, like John Wesley's *Primitive Physick* of 1747, are even written by non-doctors and are a mix of legitimate and approved medical treatments alongside popular or inherited remedies. Of those by qualified physicians, perhaps the most outspoken, as well as one of the most popular and lasting, was William Buchan's 1769 work, *Domestic Medicine*, which puts significant stress in its subtitle: *Or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, in other words, a way of proceeding that did not depend on unfathomable or bizarre theories of illness and complicated modes of operating held by a so-called professional elite. As Roy Porter puts it,

Like many such works, Buchan's carried a radical message. Though himself a trained physician, he denounced the medical profession as oligarchic. Aiming to 'lay open' medicine to all, he espoused medical democracy as a fulfilment of the rights of man declared by the French Revolution: for far too long healing had been monopolized by a clique. Like Wesley, Buchan set great store by simple treatments, regarding diet, hygiene and temperance as preferable to exorbitant polypharmacy.⁴⁴

There is no reference to Buchan in Fort's *Dissertation*, nor to Wesley, who had himself, of course, spent time, along with his brother Charles, in Georgia in its colonial days, and few to any major figures of previous eras. One exception is the late seventeenth-century English physician Thomas Sydenham, who is credited with producing a 'great revolution in the treatment' of smallpox, 'as well as in many others': 'Indeed it is hardly extravagant to say', continues Fort, 'that from the date of his writings, medical men, and medical reasoning have taken a different character'.⁴⁵ Another is the originator of vaccination for smallpox, Edward Jenner. Those doctors who are referenced, though, are largely contemporaries, or near-contemporaries, with the most frequent being Benjamin Rush, under whom Fort had studied⁴⁶ — he often cites his lecture notes from Rush's classes — and who clearly had a major influence on him, even to the extent of eventually rejecting some of Rush's reliance on the therapy for which he remains best known, that of bloodletting.⁴⁷ Nor is there any reference to 'medical democracy', as Porter terms it, nor to the French Revolution; indeed, Fort, unsurprisingly, is firmly non-political in his writing, but the very existence of the *Dissertation*, its purpose, form, and tone, is a fulfilment of what Porter sees as Buchan's mission: putting power into the hands of those who actually need it and will use it in their everyday lives — a textual enshrining, in fact, of the life's work of the Kollocks and of many like them who regarded practicality in medicine as the supreme obligation.

Equally unsurprisingly, Fort's book found immediate favour with a wide range of readers and users, from families or single individuals living alone to holders of public office and to plantation owners. Some of these were clearly known to Fort, while others, by their tone, appear to be strangers. One of the latter, a plantation owner, who wrote in praise to Fort on 4 December 1849, was an 'M. Macpherson Berriam' of Savannah, who declared that he 'cultivated a plantation at some distance from this city', in which capacity he has 'often sensibly felt the want of medical advice for my people, when medical attendance could not be procured to meet the exigency of the moment' — 'my people', of course, meaning mainly the enslaved people who worked the plantation and whose health, therefore, was a priority in business terms. He continues, giving details of the books he has been accustomed to turn to in the past:

In my earlier day, *Buchan's Family Physician* was our guide on these occasions, but it was imperfectly adapted to our wants, and some thirty years or more since, *Ewing's Medical Companion* was substituted for it in families, and on plantations — This too, experience has ascertained to be defective in many particulars, and is destined if I mistake not, to be superseded by the work which you have just given to the public — It will certainly be so with me.

In particular, as a plantation owner, he declares, rightly or wrongly, 'how the ordinary diseases of our colored population yield readily to medicine if timely and discreetly administered'. He concludes by picking out for praise 'the perspicuity with which you have described the symptoms of diseases and their appropriate remedies' and declares that 'I shall unhesitatingly direct its use'.⁴⁸

It is no real surprise to hear that the British Buchan's work, famous and popular though it was, 'was imperfectly adapted to our wants' in the plantations. The second work that Berriam refers to, however — by James Ewell, in fact, not Ewing — was by an American physician, and one who was proudly American at that. Ewell was originally from Savannah and subsequently became a resident in Washington. His book, first published in 1822, proclaimed on its title page that it was 'Treating of the Diseases of the United States', and it included 'An American Materia Medica'. Moreover, it contained dedications to both Thomas Jefferson and Andrew Jackson. Far more than Fort's work, then, it proclaims its national identity and its mission to distinguish American medicine as the best treatments for American diseases. This is evident too in the preface to the seventh edition from 1827, where he writes of the improvements he has made since the first and brings out in particular the blessed state of the American nation:

Not the least valuable part of this work is the MATERIA MEDICA, pointing out those precious simples wherewith God has graciously stored our meadows, fields, and woods, for the healing of our diseases, and rendering us happily independent of foreign medicines, which, while they are sometimes hard to be obtained, are frequently adulterated, and always costly.⁴⁹

Ewell's tone and triumphalism clearly struck a chord in the national mood, and he certainly became, as Herbert C. Covey calls him, 'a widely known [...] physician', whose medical chest, which one could purchase, comprised a large number of home-grown items, including 'tincture of rhubarb, [...] essence of peppermint, [...] spirits of lavender, [...] tincture of foxglove, [...] licorice, anise seeds, [...] arrow root', as well as various metallic and mineral items.⁵⁰ What is different about Fort's work is that he retains throughout his focus on the practical, rather than entering into nationalist rhetoric.

Clearly, that did not stand in the way of his popularity, or of his being preferred, as Berriam did, as an essential medical companion. Berriam's appreciation is reflected in a remarkable collection of manuscript letters to Fort from a variety of people in different professions and occupations — an indication of the reach and practical usefulness of his work. The Senator for South Carolina, for example, J.C. Calhoun, wrote to him on 19 May 1849 to praise the book's solid grounding in practice and, as Ewell claimed so assertively for himself, its understanding of locality and conditions:

You have in my opinion done well in devoting so large a portion of the work, in giving the result of your practice. Most diseases seem to be modified by climate & local causes, of which a knowledge can only be acquired by practice & experience. You have had great advantages in coming to a correct understanding of the modifications they have undergone in our climate & locality. Besides your sound judgment & powers of discrimination, of which I can speak from personal knowledge, few have had a practice so long & so widely extended.

Calhoun is 'so well pleased' with the work that 'in future, it will be our guide in our family practice'.⁵¹ 'The book ought to be in the hands of every family', echoes Hiram Warner, a judge in Georgia, writing a month later, on 12 June, 'especially those remote from a practicing physician'.⁵² A Savannah lawyer, Robert M. Charlton, wrote on 17 July:

as far as I am competent to judge, your work is very valuable, especially to the Citizens of this, and the neighbouring States, inasmuch as it is written by one, who combines thorough knowledge of the diseases of our climate, with extensive practice and admitted skills.

He has, he says, reservations over doctors and medication, but in this case,

Your descriptions are clear, and your directions explicit. I have scruples to any kind of charms (especially Doctor's) and I would rather "throw physick to the dogs," than into my stomach; but if any of the diseases which flesh is heir to, should locate within my system, I would rely upon the prescriptions contained in your volume, with great confidence.⁵³

The Methodist Bishop, William Capers of Charleston, also picks up on lack of trust in doctors — except for Fort. 'Few men', he writes, 'have less opinion than myself of a large class of Medical practitioners', but 'Dr. Fort's authority for this or that assures me with a confidence which a world of theorists should invoke in vain. I know you; & that you know how to cure the sick I have had abundant proofs'.⁵⁴ The lawyer and one-time Governor of Georgia William Schley went so far as to write: 'It is just such a book as every family ought to have, and I should say, if the faculty will pardon me, as every physician should own and read'.⁵⁵

By and large, medical responses, in spite of Fort's assertions in the 'Advertisement' to his own *Dissertation*, were distinctly positive. As he puts it himself in an undated document entitled 'Recommendations and Reviews of Fort's Practice of Medicine', 'A work of this kind, intended for the people at large, could hardly be expected to be very acceptable to the medical profession. Too many of them believe, that the measure of its success is the exact amount of injury to professional men'. Yet, he says, 'I am bound to say that my book has been kindly received by medical men, and medical writers'. He has had favourable reviews in various medical journals, including *The Southern Medical and Surgical Journal of Augusta* and *The Southern Medical Journal of Charleston*, which recognized that the work 'contains evidently the results of the experience of an observant and judicious physician whose tact and skill in the practical management of disease is abundantly found [?] by the internal evidence of the book itself'. The one review he has seen which differed, in *The Philadelphia Medical Examiner and Record of Medical Science*, criticized his book for his 'attempt to make "every man his own doctor"', but even that 'speaks of it as this offspring of "evidently superior talents and great experience"', which he willingly, and appropriately, accepts as a compliment.⁵⁶

The colony and then state of Georgia, in common with much of the old South, was faced with a range of diseases that would have been unknown to most of the original colonizers, many of which, no doubt, were rooted in the change, especially in places such as Savannah, to a more sophisticated lifestyle — as in Mary Kollock's reference on 13 March 1822 to the pleasures of the season for 'the fashionable world', cited earlier in this essay. There remained, of course, those hostile conditions of both climate and location as well as several diseases that the colonists brought with them and which flourished in these new circumstances. At the same time, the changes in the profile of doctors saw many more genuinely qualified practitioners, as well as Fort's quacks and conmen. The examples, though, of the Kollocks and of Fort indicate the seriousness with which many doctors

approached these conditions, which inevitably affected the mindsets of much of the state's increasing population and how the best of them found medical success in adopting down-to-earth practical approaches. These qualities, as I hope I have shown, were features of family life and family relations, and also of the attempt to broadcast medical knowledge and advice in a readable and useable way. While some writers, such as Ewell, were already mixing this with a strong dose of American exceptionalism, others, like Fort and the Kollocks, were contributing to the health of their populations, unshowily and effectively.

NOTES

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1. Edith Duncan Johnston (ed.), 'The Kollock Letters, 1799-1850: Part VI', *The Georgia Historical Quarterly*, 31.4 (December 1947), 298.

2. Mary F. Kollock to George J. Kollock, 30 April 1830, in Edith Duncan Johnston (ed.), 'Kollock Letters: Part III', *GHQ*, 31.1 (March 1947), 49. For George Jones and other early practitioners, both qualified and amateur, in colonial Georgia, see Joseph Krafka, Jr, 'Medicine in Colonial Georgia', *GHQ*, 20.4 (December 1936), 326-44.

3. Krafka, p. 342.

4. Edith Duncan Johnston (ed.), 'Kollock Letters: Part II', *GHQ*, 30.4 (December 1946), 326.

5. 'Kollock Letters: Part II', p. 315.

6. Edith Duncan Johnston (ed.), 'Kollock Letters: Part I', *GHQ*, 30.3 (September 1946), 233.

7. Walter J. Fraser, Jr, *Savannah in the Old South* (Athens: University of Georgia Press, 2003), p. 166.

8. See Fraser, p. 166.

9. Edith Duncan Johnston (ed.), 'Kollock Letters: Part V', *GHQ*, 31.3 (September 1947), 220.

10. Note, though, that the Irish Poor Law had been passed the previous year, 1838, so recent immigrants were not necessarily in good physical shape, and their resistance to infection would almost certainly have been reduced by their previous living conditions.

11. Joseph I. Waring, 'Colonial Medicine in Georgia and South Carolina', *GHQ*, 59 (1975: Supplement), 141-53 (p. 150). In this connection, we need to remember that while vaccination uses nothing from the disease itself, inoculation, which preceded Edward Jenner's breakthrough in 1798, used an amount of the infection and was therefore potentially more hazardous both to the individual and to others. The process was effective, but controversial, back in Britain and Europe.

12. On this, see Krafka, pp. 342-43. Michelle Faubert's essay in this volume gives a powerful indication of the health conditions that prevailed during trans-Atlantic crossings, albeit she is concentrating on slave ships.

13. Fraser, pp. 165-66.

14. See Fraser, p. 167.

15. See Heather Meek's essay in the present volume for a discussion of bloodletting and its medical standing during the period.

16. See Fraser, p. 167.

17. For this and further references, see Krafka, pp. 331-32.

18. P.M. Kollock to Susan Kollock, 4 August 1843, in Kollock Family Papers, 1799–1962, Stuart A. Rose Manuscript, Archives, and Rare Book Library, Emory University, Kollock letters, 1826–60, typescript copies (Box 1, Folder 2).
19. On this, see, for example, Pooja Saigal and Damian Hanekom, 'Does Zinc Improve Symptoms of Viral Upper Respiratory Tract Infection?', *Evidence-Based Practice*, 23.1 (January 2020), 37–39.
20. On this, see Betty Wood, *Slavery in Colonial Georgia, 1730-1775* (Athens: University of Georgia Press, 2007), especially Part 1.
21. See Krafska, p. 342.
22. P.M. Kollock to G.J. Kollock, 1 September 1840, in 'Kollock Letters: Part V', p. 231.
23. See Fraser, p. 176.
24. William Roberts, 'Tomlinson Fort of Milledgeville, Georgia: Physician and Statesman', *Journal of the History of Medicine and Allied Sciences*, 23.2 (April 1968), 131–52 (p. 131). On the whole topic of medical writing in America during this period and its relation to writing, see the remarkable work of Sari Altschuler, *The Medical Imagination: Literature and Health in the Early United States* (Philadelphia: University of Pennsylvania Press, 2018).
25. See Roberts, p. 136.
26. See Roberts, pp. 133, 132.
27. See Roberts, pp. 133–35.
28. See Roberts, pp. 135–36.
29. Tomlinson Fort, *A Dissertation on the Practice of Medicine* (Milledgeville, GA: printed at the Federal Union Office, 1849), p. v.
30. Fort, *Dissertation*, p. v.
31. Fort, *Dissertation*, p. v.
32. Fort, *Dissertation*, p. vi.
33. Fort, *Dissertation*, p. vi.
34. Fort, *Dissertation*, p. vi.
35. Fort, *Dissertation*, p. vi.
36. Fort, *Dissertation*, p. 168.
37. Fort, *Dissertation*, pp. 688–725.
38. Fort, *Dissertation*, p. 721.
39. Fort, *Dissertation*, p. 721.
40. Fort, *Dissertation*, pp. 726–36.
41. Fort, *Dissertation*, pp. 727, 728, 731, 733, 735.
42. Fort, *Dissertation*, p. 736.
43. Fort, *Dissertation*, pp. 738, 739, 740.
44. Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: HarperCollins, 1997), p. 283.
45. Fort, *Dissertation*, p. 151.
46. On this, see Roberts, p. 132.
47. See, for example, Fort, *Dissertation*, pp. 33–34, on 'Typhoid Fever', and p. 98, on 'Bilious Remitting Fever'. On bloodletting more generally, see Essay 4 in this special issue.
48. M. Macpherson Berriam to T. Fort, Fort Papers, Series I: Correspondence: 1830–1853 (typed copies) (Box 1, Folder 9), Stuart A. Rose Manuscript, Archives, and Rare Book Library, Emory University. For rather a different take on slavery and medicine in the colonies, see Herbert C. Covey, *African-American Slave Medicine: Herbal and Non-herbal Treatments* (Lanham, MD: Lexington Books, 2007), which looks at both conventional medical activities and those of the slaves themselves, including faith healing and the African inheritance.

49. James Ewell, *The Medical Companion; or, Family Physician*, 7th edn (Washington: printed for the Proprietors, 1827), p. xvii.
50. Covey, p. 24.
51. J.C. Calhoun to T. Fort, Sr, Fort Papers, Series I: Correspondence: 1830–1853 (typed copies) (Box 1, Folder 9).
52. Hiram Warner to Doctor T. Fort, Fort Papers, Series I: Correspondence: 1830–1853 (typed copies) (Box 1, Folder 9).
53. Robert M. Charlton to Tomlinson Fort, M.D., Fort Papers, Series I: Correspondence: 11 April 1849–31 July 1853 (originals) (Box 1, Folder 6). The two Shakespeare references here, incidentally, are an indication of the familiarity of the correspondent and recipient with classics of British culture.
54. W. Capers to Dr. Tomlinson Fort, Fort Papers, Series I: Correspondence: 11 April 1849–31 July 1853 (originals) (Box 1, Folder 6).
55. William Schley to Tomlinson Fort, Fort Papers, Series I: Correspondence: 11 April 1849–31 July 1853 (originals) (Box 1, Folder 6).
56. Tomlinson Fort, 'Recommendations and Reviews of Fort's Practice of Medicine', Fort Papers, Series I: Correspondence: 11 April 1849–31 July 1853 (originals) (Box 1, Folder 6). On the subject of wider responses to the work, see Roberts, pp. 149–50.

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