

NATIONAL HISTORIC LANDMARK NOMINATION

NPS Form 10-900

USDI/NPS NRHP Registration Form (Rev. 8-86)

OMB No. 1024-0018

OLD MEDICAL COLLEGE

United States Department of the Interior, National Park Service

National Register of Historic Places Registration Form Page 1

1. NAME OF PROPERTY

Historic Name: OLD MEDICAL COLLEGE

Other Name/Site Number: Medical College of Georgia

2. LOCATION

Street & Number: 598 Telfair Street

Not for publication: ___

City/Town: Augusta

Vicinity: ___

State: GA

County: Richmond

Code: 245

Zip Code: 30901

3. CLASSIFICATION

Ownership of Property

Private: X

Public-Local: ___

Public-State: ___

Public-Federal: ___

Category of Property

Building(s): X

District: ___

Site: ___

Structure: ___

Object: ___

Number of Resources within Property

Contributing

1

1

Noncontributing

___ buildings

___ sites

1 structures

2 objects

3 Total

Number of Contributing Resources Previously Listed in the National Register: 1

Name of Related Multiple Property Listing:

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4. STATE/FEDERAL AGENCY CERTIFICATION

As the designated authority under the National Historic Preservation Act of 1966, as amended, I hereby certify that this _____ nomination _____ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property _____ meets _____ does not meet the National Register Criteria.

Signature of Certifying Official

Date

State or Federal Agency and Bureau

In my opinion, the property _____ meets _____ does not meet the National Register criteria.

Signature of Commenting or Other Official

Date

State or Federal Agency and Bureau

5. NATIONAL PARK SERVICE CERTIFICATION

I hereby certify that this property is:

- ____ Entered in the National Register _____
- ____ Determined eligible for the National Register _____
- ____ Determined not eligible for the National Register _____
- ____ Removed from the National Register _____
- ____ Other (explain): _____

Signature of Keeper

Date of Action

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Page 3**6. FUNCTION OR USE**

Historic: EDUCATION Sub: College
Current: RECREATION & CULTURE Sub: Museum
Auditorium

7. DESCRIPTION

ARCHITECTURAL CLASSIFICATION: Greek Revival

MATERIALS:

Foundation: Brick
Walls: Stucco
Roof: Metal
Other: Limestone (window sills)
Stone (front steps)

Describe Present and Historic Physical Appearance.

The Old Medical College Building was designed and built by one of the nation's earliest trained architects, Charles Blaney Cluskey, who was one of the practitioners of the "new style"—Greek Revival. The OMC building, stunning in its classic proportions in 1835, still gives the visitor the same impression today.

Charles Blaney Cluskey (ca.1808-1871) designed the Georgia Governor's Mansion (a National Historic Landmark) in Milledgeville and a number of other residences in Savannah and St. Simon's Island, Georgia, Galveston, Texas, and Washington, DC.¹

Cluskey designed and constructed (for \$14,567) the functional, attractive building on the corner of Telfair and Sixth Streets. Completed in 1835, it contained ample lecture rooms, a museum, a library, and dissecting rooms. (Bones and skeletons dating back to the mid-19th century, unearthed in the OMC building's basement during its 1989 renovation, attest to the authenticity of the MCG's early anatomy program.²) Two contemporary descriptions of the building's interior convey an image of the excellence of the new facilities. The *Augusta Chronicle* for October 24, 1834, reported:

The interior contains a wide passage from front to rear—a large rotunda from the floor to the dome, containing a circular staircase to the second story—three large lecture rooms, two of them with raised seats—a laboratory—a dissecting room—a museum, furnished with an extensive variety of specimens, anatomical, mineralogical, etc., beautifully arranged and presenting a most attractive and pleasing appearance—and several anterooms and private apartments—the whole now finishing in a tasteful and elegant style, and to be suitably warmed throughout with hot air pipes—an improvement most important and desirable.

A few years later, the following appeared in the August 1837 issue of the *Southern Medical and Surgical Journal*:

¹ On Cluskey's life and work, including the OMC building at MCG, see "Charles Blaney Cluskey," in *Dictionary of Georgia Biography*, eds. Kenneth Coleman and Charles Stephen Gurr (Athens: University of Georgia Press, 1983), p.201; Mills Lane, *Architecture of the Old South: Georgia* (New York: Abbeville Press, 1944, p.138; Donald J. Jehman, "Lucky Landmark: A Study of a Design and Its Survival, The Galveston Customhouse, Post Office, and Courthouse of 1861," General Services Administration (Washington, DC: US Government Printing Office, 1973); Russell R. Moores, "The Medical College of Georgia's Venerable Old Lady," *Ancestoring* 9 (1984), 16-28; Spalding, *History of the Medical College of Georgia*, pp.29-30; Florence Fleming Corley, "The Old Medical College and the Old Governor's Mansion: Two Early Greek Revival Public Buildings in Georgia," *Richmond County History*, 8 (Summer 1976), 5-22.

² Dr. Robert L. Blakely, "Preliminary Report on an Emergency Archeological Investigation at the Old Medical College of Georgia Building, Augusta," Department of Anthropology, Georgia State University, Atlanta, 8 September 1989.

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...its laboratory and library rooms are spacious, and its suite of lecture rooms is ample for the accommodation of 250 pupils, and affords the student the comfortable opportunity of changing rooms between each lecture as constantly as the subjects will allow.... Two large rooms are appropriated to the museum, another to microscopic observation... and another ...to the preparation room for the lectures on anatomy and surgery.

Based on the standards described by a recent historian of medical education, the facilities contained in the building compared quite favorably with those provided at typical antebellum medical schools around the country, and exceeded them in the number of lecture halls and provision for a school library:³

The typical medical school before the Civil War was housed in one main building with two lecture halls. The lecture hall on the lower floor was used for chemistry, materia medica, and theory and practice of medicine. The upper lecture hall, which had a skylight, was used for anatomy, physiology, and surgery. The same or another building held facilities for dissection, a chemistry laboratory, offices for the faculty, and a museum of anatomical specimens and materia medica. Libraries were usually the personal possession of faculty members.

Cluskey's unique and distinctive Greek Revival building not only satisfied all the school's teaching space and design needs for years to come, it also immediately became a landmark in Augusta that visitors and residents alike proudly pointed to. As one visitor said in 1838 of the building's outside appearance: "Oh that fine range of fluted pillars along the whole front looks so superbly simple & grand!—it is classic taste!"⁴

When the Medical College of Georgia moved to its upgraded facilities in 1913, the OMC building reverted to the Trustees of the Academy of Richmond County, who used the building for expansion of its technical school. (Richmond Academy owned the 1801 Gothic Revival building next door—to the east. Richmond Academy had given the tract of land for the OMC building, along with \$10,000 from the State of Georgia and \$5,000 from the City of Augusta for construction.)

Shortly thereafter, the Academy removed the circular mahogany stairwell and used the balusters to make walking sticks for the Trustees. In addition, partition walls on the first floor were removed, creating one large room to house equipment for vocational education. Shop machines were installed on the first floor, with two-by-two holes cut in the floor for belts to run to basement electric motors. The amphitheater (solarium) held forges for metal workings. Mechanical drawing classes took place upstairs.

³ Rothstein, *American Medical Schools and the Practice of Medicine*, pp. 50-51.

⁴ Edward J. Cashin, *The History of Augusta* (Augusta: Richmond County Board of Education, 1980), p. 77.

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It is believed that flooring was constructed on the second floor level to close up the view of the rotunda and the dome at this time also. This alteration all but ended the source of light and ventilation provided from the dome above. A Victorian double stairwell was built near the front door to provide access to the second floor. There was virtually no light when entering the building with this alteration.

Richmond Academy occupied the building from 1913-1926, then the colossal, beautiful structure was abandoned. About 1930, the Sand Hills Garden Club with Mrs. Rodney Cohen at the helm, set about trying to save the building. Not one window pane was left in the edifice. When the Old City Hospital, adjacent to the south side (rear) of the Old Medical College was torn down, the bricks were given to the garden club which used them to construct the present brick wall surrounding the property. (This is a non-contributing structure.)

In the 1930s or early 1940s, a rose colored tint was spread over the original stucco, and cement molding was put over the exterior window hoods and sills, thus enclosing the original soft limestone.

The USO used the building during World War II, and installed a floor over the original one. Various organizations have used the building since, such as the Augusta Council of Garden Clubs, American Legion, and the Augusta Genealogical Society. In 1973-1974, the exterior appearance of the building was deteriorating again and the Trustees of the Academy of Richmond County ordered the stucco patched and recoated. Major planning for restoration and rehabilitation of the property was begun in 1987 when the Medical College of Georgia Foundation, Inc., leased the OMC building from the Trustees of the Academy of Richmond County.

The OMC building fronts on Telfair Street to the north, Sixth Street to the west, and Walker Street to the south. Adjacent to the OMC on the east is the former Academy of Richmond County, one of the earliest chartered boys' schools in the country. The Academy is now the Augusta-Richmond County Museum.

The OMC building materials are stucco over fired brick. The stucco has been duplicated during restoration to the original buff color and scored to resemble stone.

The front or north facade features a full-height entry porch with six Greek Doric fluted columns surmounted by a massive entablature and pediment. There are seven square, second story windows, interspersed between and on either side of the doric columns, creating a balanced symmetry. Underneath the portico, a full-height pilaster flanks each side.

A central, double-doorway of wood with single vertical panels and a limestone lintel above pierces the front facade. Above the door is a molded string course across the front culminating at the midpoint above the doorway in a pediment flanked by two abstracted triglyphs. There are stone steps between two extended segments of the front porch (podia). The raised basement has a simple, recessed panel design.

The east and west sides each feature five bays. The bay at the end of each wall is flanked by a pilaster rising from the first floor to the entablature. There are four pilasters on each side and five windows on each of two floors. The windows have sills and pedimented-shaped hoods of limestone.

On the south or rear facade of the original building, the five bay scheme is used again, but in a different configuration. If one stands in the interior of the solarium (an 1897 addition) facing the rear facade of the original building looking north, one sees unstuccoed brick. The string course with pediment and triglyphs over the central rear doorway is visible. It differs from the front in that the double-door has a round relieving arch with a fanlight and side lights. A narrow window flanks each side of the doorway with the lintels made of brick headers. A full-size window flanks each of the exterior sides of the narrow windows. A brick pilaster rises to the ceiling in each corner.

Cluskey used his innovative rotunda at the center of the building with an oculus on top. A gently sloping, low hip roof abuts the rotunda. Atop the perimeter of the roof, a wrapping cornice hides the metal roof, and permits only the dome to be seen in the context of the landscape setting.

The Research Study completed in 1987 for the Medical College of Georgia Foundation prior to restoration/rehabilitation of the OMC building states:

The domed, temple-form is two full stories with its base and parapet defined by a crepidoma (stepped base of a Greek temple) and wrapping cornice respectively. The form of the dome specifically is borrowed from Palladio's *Four Books*, the severe colossal Doric portico is more academically Greek in detail.

Other notable exterior details include scored stucco sheathing, a monumental stair flanked by paneled podia, pedimental [sic] lintels over windows and the central grand entrance. The entablature features very severe and simplified Doric elements including a denticulated architrave with blind frieze and raking cornice framing a clear tympanum.⁵

Every possible step was taken to preserve the architectural integrity of the building during restoration and rehabilitation. Plans for the updating to code of the historic building's heating, ventilation, and air conditioning systems, as well as electrical, plumbing, and acoustical needs took into consideration the preservation of the historic fabric of the building at all times.

The plan today, after restoration/rehabilitation, reflects ingeniously the historic spaces. The first floor is composed of a grand central foyer, leading to the grand ballroom. The foyer is flanked by restrooms and an office which were once reading or study rooms.

The original, oversize double-front door is paneled in squares on the interior. The shouldered architrave over this door is a distinctive classical architectural form used to accentuate the interior of the main entrance door and those doors of the rotunda on the second floor.

In the foyer, a Victorian double stairwell (c. 1913) was removed in the 1989 restoration. As in the original plan, visitors can now see straight from the original front door through the

⁵ Norman Davenport Askins and Ann DeRosa Byrne, *Research Study: Medical College of Georgia*, (Atlanta, Georgia: The Medical College of Georgia Foundation, 1987), p. 3.

middle of the building to the rear door, and beyond into the amphitheater/solarium.

The ballroom was once divided with four wall partitions to create two lecture halls, with tiered risers for seating, and two rear rooms. The rotunda was in the center of the building off of which the lecture rooms were located. A spiral stairway entrance to the second floor, starting on the west side of the rotunda, rose free-standing.

Looking from the south (rear) to the north (front), the original plan of the building is expressed in several ways. First, the original flooring, made of heart-pine and found underneath several layers accumulated over the years, was in good condition and refinished. Through markings on the floor and other structural indications, the original wall pattern for the first floor was discovered. In order to silhouette the original floor plan on the floor, the wall partitions and door openings were patched with oak, stained with an oak color, and then painted black.

The rotunda, oculus, or light well has always been a hallmark of Charles B. Cluskey's architecture. The north (front) one-quarter of the rotunda has been reconstructed duplicating the pilasters and doorway featuring the shouldered architrave design. The other three-quarters of the rotunda has been stained on the floor to indicate its location and that of the stairwell. On the first floor in a light area to the west, a triangular shaped imprint is apparent where the winding steps once began their ascent. The rotunda above helped to light the former lecture halls, now the ballroom.

Structural steel columns in the ballroom have wooden bases which duplicate the original baseboards. These are where kingposts once came to the floor. Acoustical panels have been hung over the top two-thirds of the walls. The original rear door with large fanlight and side lights is visible, as well as the original four rear first floor windows.

Between the first and second floors, the rotunda was reopened, as in the original plan, for the oculus to emit light and ventilation. The real beauty of the rotunda lies in the combination of architectural forms. The classical elements of the lunettes, concentric circles, pilasters, and architraves are simple, yet elegant. The wood has clean lines and is in excellent condition without much blemish.

Bold architectural elements accent the rotunda. Moldings form horizontal concentric circles over and under lunettes (half circles) which are placed above another set of concentric circles supported by pilasters. The vertical lines of the eight pilasters offset by eight lunettes draw the eye up to see the beautiful rotunda. The shouldered architraves over the doorways provide a complementary break in design to the concentric circles. It is also informative to simply look down from the second to the first floor to see where the rotunda and wall partitions are outlined below.

Three of the four paneled doors, door frames and shouldered architraves of the rotunda are original. The interior depth of the door frame (about 12 inches) and its overhead lintel are accentuated with a long, single wainscot panel which complements that of the front- and rear-entrance doors. The north door of the rotunda and its frame have been duplicated.

Inside one of the triangular-shaped closets surrounding the outside wall of the rotunda can be seen the curved surface of the rotunda wall. The upper two-thirds of the wall has the original plaster. The original wooden floor is visible below.

The second floor is accessible by a stairway at the northeast corner (to code) or by an elevator attached to the exterior southwest rear of the building. The second floor retains the original floor plan of the building, but is set up for educational seminars. The floor plan has at its center the rotunda. To the east are two conference rooms and to the west a large lecture hall and warming kitchen. At the center front is a vestibule with restrooms and at the

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center rear is a small lobby room with a full, winding stairway to the attic.

On the stairway wall to the attic is a window, which has seldom been painted through the years, and shows the molding of an original untouched window. (All of the windows in the building have a molded window frame and narrow wainscoted panel beneath. This detail in Cluskey's design adds an understated elegance.)

The attic provides some interesting views of the structural craftsmanship of the Old Medical College. At the top of the stairs, one can see original joists, hand-hewn beams, and large mortise and tenon joints using pegging. High Volume Air Conditioning and plumbing have been worked around the massive beams and joists. The original floor boards provide covered walking space in the attic.

Cluskey used four king posts and a series of bridge trusses to support the roof and circular wall of the drum of the dome. He cleverly took advantage of the tension and compression which can be used with wood members to support the drum of the dome through the horizontal flooring.

The original construction of the rotunda and lunettes is perfectly intact. In the niches where the lunettes are cut out, the lath and plaster work and angled cut boards add to the sense of exceptional craftsmanship. Lathing and studs hold the keys for the plaster on the exterior of the circle's surround.

Two historic additions are attached to the Old Medical College. The main addition is the amphitheater, now called the solarium, at the rear (south) of the building. This room was built to provide a larger meeting space, such as was typical of the day for anatomical demonstrations, when it was constructed in 1897. In the center of the south wall of the solarium is the former exit door to the Old City Hospital (originally located at the rear of the property, but torn down in 1933). The exit is infilled in brick with a dolphin fountain (not for working purposes).

The Solarium gives the appearance of being two stories in height (interior is one large room), yet it is not as tall as the main building. The Solarium is square in shape and composed of three bays. On the east elevation there are three bays with a window at the second floor level of each bay. On the first floor there is a window in the end bays and a transomed door in the center bay. The windows and door all have the same shape at the top of a slightly arched opening. All of the windows have a protruding sill at the bottom. Windows at the second floor level are rectangular with 8/8 lights, and at the first floor the windows are larger with 12/12 lights. The bays are enclosed by pilasters with a protruding foundation. The cornice is bordered at the top with a two-part linear molding and at the bottom with a three-part linear molding. The roof on the Solarium appears to be flat although Historic American Buildings Survey drawings show a low pitch indicating that the top of the cornice hides the roof silhouette.

The south exterior of the Solarium has the end bays with pilasters and cornice but no windows. The center bay is bare and smooth where the cornice and all decoration has been eliminated. Downspouts and HVAC units are located in front of the center bay. The west side of the Solarium has a somewhat similar configuration to the east side, but the west side is adjoined to a brick courtyard at ground level. Continuing to move westward, one can see the elevator shaft extending upward for two floors out of the kitchen wing (the former City Dispensary).

The present Kitchen wing, which was the first addition, was built as the City Dispensary in 1869. On Sanborn maps it was called the Lodge in 1884, 1890, and 1904. By the 1923 Sanborn map, it is not labeled. Its use as the Lodge is unknown. The Augusta Council of Garden Clubs occupied this room after 1930. Although built as a freestanding building, a

connector was added by 1923 as indicated on the Sanborn map. This kitchen wing is rectangular in shape and its west and north walls align to conceal the roof line. The roof is sloped down from north to south and is covered with standing seam metal. The south side of the Kitchen wing facing the brick courtyard has three bays. There are two doors interspersed by four rectangular 6/6 light windows with shutters. The north side of the kitchen wing has three bays but has two sets of French doors and a 6/6 window. The doors open onto what was known as the Battey Garden established by the Sand Hills Garden Club. The garden is no longer maintained by the Sand Hills Garden Club.

The project architect, Norman Askins, said that no additions were made to the OMC building during restoration other than installing the two-story elevator shaft which actually goes below ground one more stop to the basement. The shaft occupies part of the former "Entry" into the Garden Club room, as indicated on the First Floor Plan of the HABS drawings, sheet 3.

The elevator shaft is installed against the main building at the southwest portion of the wall between the Solarium and Kitchen Wing (the City Dispensary). The exterior is clad in smooth stucco with the same moldings and pilasters as on the Solarium but mimicked in a slightly different configuration for preservation-sensitive design.

The condition of the exterior stucco was beyond repair, having had a rose-tinted coat and coloring put on sometime in the 1930s-40s which had eliminated the scoring. The stucco had also been patched and recoated in 1973-74.

All of the exterior facades of the OMC Building, including the six columns, were taken back to the original brick, and re-stuccoed. A large test patch on the west wall revealed that the original color had been a bright buff and it also showed the original large block pattern. The stucco has been scored in the same pattern as Cluskey's design to resemble stone; the window hoods, sills, and foundation panels have been painted.

The brick courtyard adjoining the south side of the Kitchen and the west side of the Solarium has a low retaining wall and wrought iron fence with plain tall spindles with a corkscrew finial design, such as on the front gate.

Landscaping on the south side is minimal although six large live oak trees provide shade to the OMC grounds. There is also a brick separation wall between the "front and rear" (north and south) grounds of the OMC building. The separation wall extends east from the OMC main building to the Academy of Richmond County building. Wrought iron gates provide access between the north and south grounds.

The brick fence surrounding the Old Medical College dates to 1933 when the former City Hospital built at the south end of the OMC property was demolished. The bricks were reused in a large fence constructed to surround the entire Academy of Richmond County property. The fence is solid on the south (Walker Street) and west (6th Street) sides of the property and has a vented pattern on the Telfair Street (north) side. The gates at the entrance to the OMC grounds (north) are wrought iron with the same spindle/corkscrew finial pattern as the courtyard. They are attached to the curving recessed brick entrance walls of the fence. The northeast side of the grounds do not have the fence, but rather, have brick columns with a chain running through them, dividing the OMC from the Academy of Richmond County. The southeast side of the grounds has the solid brick fence.

The Sand Hills Garden Club received the Garden Club of America's "Founder's Fund Award" in 1960 for saving the OMC Building and providing landscaped gardens all around the building. Mrs. Tracy Cohen had promoted this recognition, and it was a national award given only once a year to one project. The Garden Club had been using the building as their headquarters with the library in the kitchen wing, thereby saving it from being vacant.

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There is a bronze plaque on a brick mounting just inside the front gates recognizing the Sand Hills Garden Club.

There is a marble fountain on the front northwest grounds with a bronze plaque that reads

*1907
Presented by
The National
Humane Alliance
Hermon Lee Ensign
Founder*

On the northeast grounds there is marble base and bronze bust statue of a mother and child with the inscription "What Thou Hast Ever Loved Is Thine Unto Eternity" by Talmud. The statue is signed and stamped 1980 by Marshall Daugherty. At the marble base is incised Alice Paine Memorial. These are both non-contributing objects.

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City Hospital Building Behind OMC

Dr. Russell Moores, in an article on the Old Medical College Building, states that

Also in Jan. 1869, the City Council accepted a proposal from the faculty of MCG and the Hospital Committee of Council to lease to the city the lot and the present two-story building at the rear of the College for 99 years at a nominal sum, if the city would build an appropriate hospital by adding to said building. The building was to front 105 feet on Walker Street—this is, of course, the old anatomy dissection building built in 1837 which was now to form the upright of a “T” shaped building.... The building was finished by mid-1869.

This construction for a white City Hospital is reflected in the 1884 and 1890 Sanborn maps. In 1893, the City Hospital underwent extensive renovations and expansion, thereby reflected in the Sanborn maps of 1904 and 1923. In 1897, the amphitheatre/Solarium was built in back of the OMC building to connect the college building to the City Hospital behind. (See Sanborn map of 1904.)

The old City Hospital was torn down in 1933 and the bricks given to the Sand Hills Garden Club, who used them to build the present wall around the Medical College Building.

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8. STATEMENT OF SIGNIFICANCE

Certifying official has considered the significance of this property in relation to other properties:

Nationally: X Statewide: ___ Locally: ___

Applicable National Register Criteria:

A X B ___ C X D ___

Criteria Considerations (Exceptions):

A ___ B ___ C ___ D ___ E ___ F ___ G ___

NHL Criteria: 1

NHL Theme [1987]: XXVII.

- Education
- C. Higher Education
- 4. Research, Graduate, Post-Graduate Studies, and Professional Studies

NHL Theme [1994]: III.

- Expressing Cultural Values
- 1. Educational & Intellectual Currents

VI.

- Expanding Science & Technology
- 4. Effects on Lifestyle & Health

Areas of Significance:

Education
Medicine

Period(s) of Significance: 1835-1912

Significant Dates: 1835, 1836, 1869, 1897, 1912

Significant Person(s): N/A

Cultural Affiliation: N/A

Architect/Builder: Charles Blaney Cluskey

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The Old Medical College Building is of national significance under Criterion 1 of the National Historic Landmarks Program. Criterion 1 is met because of its impact on the medical instruction of physicians nationwide, and its involvement in the establishment of the American Medical Association.

JUSTIFICATION

Most physicians practicing in the United States at the time of the Medical College of Georgia's opening in 1829 received their training not from study at an American medical college but through apprenticeship with a local practitioner. The quality of such training varied from physician to physician. Apprentices learned what drugs, procedures, and personal styles of interacting with patients worked and did not work as they followed their preceptors on daily rounds to patients. They learned the basics of medicine from books, charts, models, lectures from their preceptors, occasional dissections, and frequent performance of detail work like compounding medicines.¹

Though the apprentice system was popular, an increasing number of aspiring physicians in the new republic chose to train at one of the country's medical colleges. Formal medical school education in the United States had its beginnings in 1765 when Pennsylvania physicians John Morgan and William Shippen, both trained in European schools and by American physicians, organized a medical department at the College of Philadelphia (later the University of Pennsylvania). No longer would those wishing to become physicians have to leave the country to receive a good academic medical education. They could learn on American soil about the basic principles of medicine, the diseases and medicinal plants of this continent, and the way various medicines operated on American bodies. This idea that there existed medical differences between America and Europe, used by Morgan and Shippen to help explain the establishment of the Philadelphia medical school, would soon become a full-blown movement within the United States, led in the South by the Medical College of Georgia (MCG).²

Following Morgan and Shippen's lead in Philadelphia, schools at (what would become) Columbia University in New York City and at Harvard University in Cambridge, Massachusetts, opened in 1767 and 1783 respectively. The first medical school west of the Appalachians, Transylvania University in Lexington, Kentucky, opened in 1799; and the first in the South, the College of Medicine of Maryland, soon renamed the University of Maryland, opened in Baltimore in 1807. By 1820, thirteen such schools operated in the

¹ On the state of medical education in the late eighteenth and early nineteenth centuries, see Martin Kaufman, *American Medical Education: The Formative Years, 1765-1910* (Westport, Conn.: Greenwood Press, 1976), 3-56; Kaufman, "American Medical Education," in *The Education of American Physicians: Historical Essays* ed. Ronald L. Numbers (Berkeley: University of California Press, 1980), 7-12; William Frederick Norwood, *Medical Education in the United States Before the Civil War* (Philadelphia: University of Pennsylvania Press, 1944), *passim*; William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore, Maryland: Johns Hopkins University Press, 1972), 85-100; Rothstein, *American Medical Schools and the Practice of Medicine: A History* (New York: Oxford University Press, 1987), 25-36.

² Francis R. Packard, *History of Medicine in the United States*, (New York: Paul Hoeber, 1931), I, 353, 404.

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United States. When the MCG was chartered in 1828, the Southern states could claim five medical colleges in operation (University of Maryland, 1807; Medical College of South Carolina, 1823; Columbian College [later George Washington University Medical Department], 1825; and University of Virginia, 1825).³

Medical schools at the time of the MCG's establishment were proprietary, that is, owned by the physicians who taught there. Students enrolled by paying fees for each professor's course of lectures. Standards of admission and graduation were controlled by the professors. Students attended two, four-month terms of lectures at the school over a two year period and worked under a physician preceptor before, between, and after these terms. Lectures during the second year of classes generally repeated those presented in the first. In this pre-germ-theory era, when the cause of most disease was unknown, professors taught students their own doctrines of health and disease.

No outside agency regulated medical practice or medical practitioners. States chartered medical schools but did not oversee or interfere in their operation. Some states required new graduates to pass a licensing exam, often administered by local or state medical societies. Other states simply accepted the graduation of newly minted physicians from a recognized medical school as proof of ability to practice. No uniform standards of what constituted sufficient education to qualify a person as a physician existed in the United States. Medical schools operated more as businesses with proprietary interests than as institutions of higher learning.

Milton Antony (1789-1839), the moving spirit behind and founder of the Medical College of Georgia, seemed to have a higher purpose than proprietary concerns and economic gain for his medical educational activities. Himself the product of apprenticeship and some formal medical college education, Antony became a preceptor and trained several apprentice students in Augusta in the mid-1820s. Among his students was Joseph Adams Eve (1805-1886), a young Augustan who went on to receive his medical degree from the Medical College of South Carolina in 1828 and then rejoined his former mentor in Augusta. By that same year, 1828, Antony had decided to do more than teach individual students and established a formal school in Augusta. He quickly gained enough support in his home town to go to the state legislature and secure a charter for such a medical institution. What soon came to be called the Medical College of Georgia opened in Augusta in 1829.⁴

³ George H. Yeager, "Medical Schools of Southern United States, 1779-1830," *Annals of Surgery* 171 (1970), 623-640.

⁴ On the early history of MCG, see Phinazy Spalding, *The History of the Medical College of Georgia* (Athens: University of Georgia Press, 1987) and W.H. Goodrich, *The History of the Medical Department of the University of Georgia* (Augusta, Georgia: n.p., 1928).

From the start, Antony strove to create and maintain excellence in every aspect of the MCG's operations. In so doing, he fashioned the school into a strong educational institution with a national reputation during the antebellum years. Both the school's faculty and its facilities and programs are evidence of the school's prominence during this period.

Typical of medical schools throughout the country in the 19th century, the MCG's faculty members were basically practitioners from the area in which the school was located—Augusta and Richmond County. Atypical of the many 19th-century medical school faculties that established medical schools as businesses for profit and prestige without much concern for educational standards, the group that formed around Antony took quite seriously their positions as instructors of future healers. Also atypical of medical school faculty at the time, early MCG teachers (with the exception of Antony) all held degrees from recognized medical schools and also supplemented their educations with medical study in Europe. The core members of this original faculty, plus a few who joined during the school's first decade, chose to stay there as teachers for many years, showing a dedication to medical education unusual for the time. Among this group of key teachers who made the MCG a recognized institution in antebellum America's medical education circles were several who earned regional and national reputations among their contemporaries as educators, practitioners, medical writers, and leaders of the profession. Several (for example, Milton Antony, Paul F. Eve, Louis A. Dugas, Joseph A. Eve, and Henry F. Campbell) earned inclusion in compilations of important physicians of the day and in modern-day biographical dictionaries of American medical history.⁵

Milton Antony, leader of the faculty until his untimely death from yellow fever in 1839, made his most lasting contribution by conceiving of and actually establishing the Medical College of Georgia. He also founded the first medical journal in the deep South, the *Southern Medical and Surgical Journal (SMSJ)*. He helped vault the MCG into the limelight of the medical regionalism movement with his editorials and articles on Southern medicine in that journal. The *SMSJ* remained an important and influential publication until the Civil War. Antony also led the effort to establish, and served as first president of the State Board of Medical Examiners in Georgia, whose goal was to improve the quality of medical practitioners in the state.

His two most significant clinical contributions, which gained Antony recognition among 19th-century practitioners, were his 1822 report of excision of the carious fifth and sixth ribs and part of the right lobe of a patient's lung⁶—the first reported thoracotomy in the medical

⁵ See, for example, William B. Atkinson, *The Physicians and Surgeons of the United States* (Philadelphia: Charles Robson, 1878), pp. 10 (Dugas), 402-403 (Campbell); Howard A. Kelly, *Cyclopedia of American Medical Biography* (Philadelphia: (W.B. Saunders, 1912), pp.27-28 (Antony), 293-294 (Paul Eve); Howard A. Kelly and Walter L. Burrage, *American Medical Biographies* (Baltimore: The Norman Remington Company, 1920), pp. 33-34 (Antony), 193-194 (Campbell), 340 (Dugas); Martin Kaufman, Stuart Galishoff, and Todd L. Savitt, *Dictionary of American Medical Biography* (Westport, Conn.: Greenwood Press, 1984), pp. 16-17 (Antony), 116-117 (Campbell), 217-218 (Dugas), 235-236 (Paul Eve), 259-260 (Ford), 399-400 (Jones). See also, *Dictionary of American Biography*, 3 (1958), pp.453-454 (Campbell), 319-20 (Paul Eve).

⁶ Milton Antony, "Caries of the 5th and 6th Ribs and Disorganization of the Right Lobe of the Lungs with Description of an Operation," *New England Journal of Medicine and Surgery*, 3rd ser., 1 (1822), 374-376; Milton Antony, "Case of Extensive Caries of the Fifth and Sixth Ribs and Disorganization of the Greater Part of the Right Lobe of the Lungs, with a Description of the Operation for the

literature⁷—and his 1836 proposal for a new method of traction for fracture of the femur.⁸ Case reports like Antony's 1822 description of chest surgery filled many pages of antebellum medical journals. Though such descriptions made no claims for universality of application, they were useful to other practitioners faced with similar situations. In this pre-anesthesia, pre-antisepsis era when surgical skills had to be measured by speed, any suggestions physicians could garner and apply to their own practices were welcome. Some 19th-century physicians read and used the techniques described in Antony's thoracotomy article, just as an 1898 author in the prestigious *Journal of the American Medical Association*, reviewing the topic "Surgery of the Lung," referred to the importance of the Georgia physician's work.⁹ Similarly, what came to be known as "Buck's Traction" after New York orthopedist Gurdon Buck's 1867 article¹⁰ on "the extension of a fractured leg by weights, the foot of the bed being raised so that the body makes counterextension," was earlier proposed by Antony in the October 1836 issue of the *Southern Medical and Surgical Journal*.¹¹

Paul F. Eve (1806-1877) was perhaps the most nationally illustrious of the early faculty. He trained in two of the leading medical cities of the world at the time—Philadelphia and Paris—and thus knew some of the eminent medical figures of the day. A surgeon by inclination, Eve received credit from no less an authority than Charles Meigs, leading physician of women's diseases in the country at the time, for performing the first abdominal hysterectomy recorded in the medical literature, published in the prestigious *American*

Same, Etc.," *Philadelphia Journal of the Medical and Physical Sciences*, 6 (1823), 108-118. His report was also reprinted in England in the *London Medical and Physical Journal*, 2 (1824), 114-121.

- ⁷ Two recent articles on pulmonary surgery have recognized Antony's work: Lyman A. Brewer, *et al.*, "Bronchial Closure in Pulmonary Resection: A Clinical and Experimental Study Using a Pedicled Pericardial Fat Graft Reinforcement," *Journal of Thoracic Surgery*, 26 (1953), 507-532; and R.H. Meade, *A History of Thoracic Surgery* (Springfield, Illinois: Charles C. Thomas, 1961), p.29. The Brewer article reproduces Antony's drawing of the procedure from the *Philadelphia Journal of Medicine and Surgery*.
- ⁸ Milton Antony, "Case of Fracture of the Os Femoris—Adjustment by Weight and Fulcrum," *Southern Medical and Surgical Journal*, 1 (Oct. 1836), 281-287.
- ⁹ J.B. Murphy, "Surgery of the Lung," *Journal of the American Medical Association*, 31 (1898), 341-356.
- ¹⁰ Gurdon Buck, "An Improved Extension Apparatus for the Treatment of Fractures of the Thigh," *Medical Record*, 2 (Mar. 1867), 49-51. Interestingly, Antony states in his article that he first heard about the procedure from a Savannah physician and then came across an even earlier article on the subject; Buck fails to cite Antony in his article, but does mention others that gave him the idea for the procedure.
- ¹¹ On Antony's life and work, see: Goodrich, *History of the Medical Department*, pp.11-26, 184-201; Spalding, *History of the Medical College of Georgia*, pp.12-40; Russell R. Moores, "'Exegit Monumentum Aere Perennius,'" *Richmond County History* 9 (Winter 1977), 10-17; Martin L. Dalton and Samuel R. Connally, "Milton Antony: Pioneering Surgeon and Medical Educator," *Journal of the Medical Association of Georgia* 83 (1994), 79-82.

Journal of the Medical Sciences.¹² Not only did he edit the *Southern Medical and Surgical Journal* for several years after Antony's death, he also wrote numerous articles reporting his case experiences, and explaining his ideas on medical political and educational issues of the day. Eve several times represented the MCG at AMA meetings and served as the Association's Vice President and then President. He left the Medical College of Georgia in 1849, after 18 years, but continued his teaching career at medical schools in Louisville, St. Louis, and Nashville.¹³

Louis Alexander Dugas (1806-1884) read medicine with two Augusta physicians before completing his medical studies at the University of Maryland and in Paris. He was fascinated with mesmerism and used it in 1845 as a surgical anesthetic when removing a patient's cancerous breast. The case reports, which appeared in the *Southern Medical and Surgical Journal* and the *New Orleans Medical Journal*, were the first to appear in the American medical literature on the subject.¹⁴ Dugas' experiment with mesmerism stimulated sharp debate at his own institution and no doubt elsewhere, as physicians searched for an effective method to render patients senseless while undergoing painful surgery and other procedures.¹⁵ This promising method, which Dugas may have witnessed during his years of study in Paris, arrived on the American scene on the eve of the introduction of ether anesthesia in 1846. Boston surgeon John Collins Warren's success with relatively easy-to-use ether quickly eclipsed Dugas' suggestion to use the more cumbersome technique of mesmerism in surgery. Dugas also developed a test, still identified in medical dictionaries as "Dugas's Test," to distinguish dislocation of the shoulder from fracture of the humerus bone in the arm.¹⁶ A long-time MCG faculty member (he retired in 1882), Dugas served as editor of the *Southern Medical and Surgical Journal* between 1851 and 1856, and again from

¹² Paul F. Eve, "Case of Excision of the Uterus," *American Journal of the Medical Sciences*, n.s. 20 (Oct. 1850), 395-400.

¹³ On Eve's work and prominence during his Augusta years and afterwards, see: Goodrich, *History of the Medical Department*, pp.95-129; Spalding, *History of the Medical College of Georgia*, pp.24-28ff.; J. Lynwood Herrington, Jr., "Paul Fitzsimons Eve: Scholar, Teacher, Patriot, Soldier, and Master Surgeon of His Time," *Surgery*, 59 (1966), 337-343; Neal O'Steen, "The Eve of the Medical School," *The Tennessee Alumnus*, (Fall 1986), 35-38.

¹⁴ L. Alexander Dugas, "Extirpation of the Mamma of a Female in the Mesmeric Sleep, Without any Evidence of Sensibility During the Operation (Jan. 12, 1845)," *Southern Medical and Surgical Journal*, n.s. 1 (Mar. 1845), 122-125; L. Alexander Dugas, "Extirpation of Scirrous Tumors From the Mammary Region of an Enlarged Axillary Gland—the Patient Having Been Rendered Insensible by Mesmerism," *Southern Medical and Surgical Journal*, n.s. 2 (Feb. 1846), 72-74.

¹⁵ Both in lectures at MCG and in print, Paul Eve publicly challenged his colleague Dugas' use of mesmerism: Paul F. Eve, "Mesmerism—A Lecture Delivered in the Medical College of Georgia (by Request of the Students) Feb. 18, 1845," *Southern Medical and Surgical Journal*, n.s. 1 (April 1846), 167-192.

¹⁶ Louis Alexander Dugas, "Report on New Principles of Diagnosis in Dislocation of the Shoulder Joint," *Transactions of the American Medical Association*, 10 (1857), 175-179; Louis Alexander Dugas, "A New Principle of Diagnosis in Dislocations of the Shoulder Joint," *Southern Medical and Surgical Journal*, n.s. 14 (May 1858), 315-319.

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1866 to 1867.¹⁷

¹⁷ On Dugas' life and work, see: Goodrich, *History of the Medical Department*, pp.28-48; Spalding, *History of the Medical College of Georgia*, pp.22ff.; George T. McCutchen, "Louis Alexander Dugas," *The Recorder*, (November 1965), 14-20; *Stedman's Medical Dictionary* (Baltimore: Williams and Wilkins, 1961), p. 1497.

Henry F. Campbell (1824-1886) was an 1842 graduate of the MCG and a relative of the Eves. Campbell received an immediate appointment as Demonstrator of Anatomy at the medical school. While serving in that capacity, he began speculations and research into what he identified and termed "the excito-secretory nervous system." Campbell's proposed additional component of the nervous system is now known as the autonomic or involuntary nervous system and is taught to all science students from grade school through medical and graduate school. He published a preliminary paper on the subject in the *Southern Medical and Surgical Journal* in 1850 and presented a fuller paper on his ideas (for which he won an award) before the American Medical Association in 1853.¹⁸ Marshall Hall of England and Claude Bernard of France knew nothing of Campbell's work when they published their own similar announcements of the autonomic nervous system several years later. Campbell pressed his claim with Hall and won national and international recognition for priority in developing the idea, but not for proving it experimentally. During his long career at the MCG, Campbell also wrote numerous articles for medical journals and served as President of the American Medical Association.¹⁹

Joseph Jones (1833-1896), an 1856 graduate of the University of Pennsylvania, was Professor of Chemistry at the MCG from 1858 until the end of the Civil War, though the school did not operate during the war years after 1861. Jones's primary interests were in science and epidemiology. He earned a national and international reputation for his work during his MCG years (he and all MCG instructors continued to hold their chairs during the war in anticipation of the reopening of the school) on the chemistry and pathology of the blood in malaria, his use of clinical microscopy, his Civil War reports on various diseases among the troops, especially the report on hospital gangrene, and his classic paper on medical conditions at the prison camp in Andersonville, Georgia. Jones went from Augusta, where he was a regular contributor to the *SMSJ*, to a long and distinguished international career in public health and medical education from his new home base in New Orleans.²⁰

In addition to assembling a strong faculty during the first several years of the school's existence, Antony also focused on building a sturdy educational foundation for the MCG with books, instructional models and equipment, classrooms, and laboratories. While conducting

¹⁸ Henry F. Campbell, "The Influence of Dentition in Producing Disease (Reflex-Secretory or Vaso-Motor Action)," *Southern Medical and Surgical Journal*, n.s. 6 (1850), 321-333; and Henry F. Campbell, "Prize Essay: The Excito-Secretory System of Nerves, Its Relations to Physiology and Pathology," *Transactions of the American Medical Association*, 10 (1857), 405-510.

¹⁹ On Campbell's life and work, see: Goodrich, *History of the Medical Department*, pp.49-76; Cecilia C. Mettler and Fred A. Mettler, "Henry Fraser Campbell," *Annals of Medical History*, 3rd Series 1 (1939), 405-426; Kimford J. Meador and David W. Loring, "Henry F. Campbell and the Secretary Nervous System," *Neurology*, 40 (1990), 183-185.

²⁰ On Jones' life and work during this time in his career, see: James O. Breeden, "Andersonville--A Southern Surgeon's Story," *Bulletin of the History of Medicine*, 47 (1973), 317-343; Breeden, *Joseph Jones, M.D., Scientist of the Old South* (Lexington: University of Kentucky Press, 1975); Joseph Drafta, "Joseph Jones, Surgeon," *Journal of the Medical Association of Georgia*, 31 (1942), 353-363; Spalding, *History of the Medical College of Georgia*, pp.51, 68-70, 80; Eli Chernin, "Joseph Jones: Idiosyncratic Student of Malaria," *Perspectives in Biology and Medicine*, 29 (1986), 260-271.

classes in various sites around Augusta in the early 1830s, for example, he and his faculty raised the funds to construct a model edifice for teaching medical students. They hired architect and builder Charles Blaney Cluskey to design the building on Telfair Street.

To equip that edifice with the latest books, journals, and medical models, the faculty members contributed several thousand dollars of their own money and sent one of their number, Louis A. Dugas, abroad in 1834 to purchase books and equipment.²¹ He returned with a fine, working medical library collection, many of which have become classics in medical history (and today form the core of the MCG Health Sciences Library Special Collections Department). The MCG entered the ranks of medical schools in the 1830s with many strengths.

The medical profession needed many strengths at this time in its history. It was a period of great flux and controversy in American medicine. Issues of the day included such questions as: what constitutes a physician?, who decides who is qualified to be a physician? and, is it necessary to license physicians? The MCG opened just as the Thomsonians, a lay botanic alternative healing movement that advocated "every man [be] his own physician," reached its peak of influence in Georgia and the rest of the country. Challenged mightily by this group of "irregulars" who were successfully campaigning to abolish medical licensure laws in every state, the regular physicians were hampered by both a lack of organization and a bad reputation for the cost of care and the unreliability of their cures. Physicians were attempting to strengthen their position by holding onto laws that gave them the power to decide who could receive medical licenses and who could not. To further destabilize the situation, the growing number of regular medical schools, now including the one in Georgia, were undermining the fledgling medical profession's control over licensure. State charters allowed medical school graduates to bypass the previously powerful local and state medical societies, which controlled the licensure process, and to practice medicine simply on the basis of having earned a medical school diploma. Thus, not only were regular physicians fending off attacks on their status from alternative healers outside the profession, like the Thomsonians, but also fighting among themselves over medical education standards.²²

The faculty of the MCG recognized the problems medicine faced and attempted to address them, taking leadership roles in the profession and in medical education. Besides establishing a model physical plant at the college and taking their classroom responsibilities quite seriously, the faculty promoted their ideas about medical curriculum nationally. Almost from the start, the MCG established a higher standard of education than other medical schools.²³ Beginning in 1832, students attended the MCG for two full six-month terms rather than the three- or four-month terms required at most other schools. It was this very issue of varying unregulated standards at the medical schools across the country that was creating much of the problem within the profession. The MCG faculty was determined

²¹ Spalding, *History of the Medical College of Georgia*, pp.18, 33-34.

²² For more on the state of medical education and the medical profession in the 1820s-1840s see Rothstein, *American Physicians in the Nineteenth Century*, pp.41-174; Kaufman, *American Medical Education*, pp.36-108; and John Duffy, *From Humors to Medical Science: A History of American Medicine*, 2nd ed. (Urbana: University of Illinois Press, 1993), pp. 130-150.

²³ Martin E. Blutinger, "Influence of the First Faculty of the Medical College of Georgia Upon the American Medical Curriculum and the Origins of the American Medical Association," *Journal of the Medical Association of Georgia*, 48 (1959), 31-35; Spalding, *History of the Medical College of Georgia*, p.27; Extract of a letter, Paul F. Eve to the Editor, April 17, 1834, in *American Journal of the Medical Sciences*, 27 (May 1834), 524.

to attempt a national solution.

Feeling keenly the competition as students selected the shorter route to a medical degree by attending rival institutions with lower standards, the MCG faculty, in 1835, tried to unify medical education programs across the United States. Lewis DeSaussure Ford, dean of the school, circulated a letter to all medical school faculties in the country calling for a national meeting to discuss improving and standardizing medical education.²⁴ Though some schools responded positively, a key institution, the University of Pennsylvania, rejected the idea. The MCG bravely stuck with the longer term requirement for a few more years in the hope of influencing other schools, but ultimately gave up as enrollments declined and the school's financial health was jeopardized. Two MCG faculty, Milton Antony and Joseph A. Eve, even published articles in the *Southern Medical and Surgical Journal* arguing for longer school terms and the formation of a nationwide medical association, composed of medical societies from every state and territory, that would meet annually to deal with medical education problems.²⁵ In the 1830s, the MCG's plan fell on deaf ears; the faculty proposed its ideas about a decade too early. However, the MCG did enter the national limelight as a leader in medical education reform at a key time, a fact that the faculty continued to remind medical educators about as the reform movement moved forward again a few years later in exactly the direction the MCG had been suggesting.²⁶

Ultimately, a national meeting was held, though on a much larger scale than that advocated in the MCG faculty's call-to-action. In 1846 in New York, and the following year in Philadelphia, representatives from medical schools, medical societies, hospitals, and other medical institutions across the nation came together to discuss common problems including the regulation and standardization of medical education. As a result, the American Medical Association was established. The MCG was represented at all these meetings, continuing a tradition that had begun in the mid-1830s and lasting to the Civil War, of faculty involvement in national medical politics. Among antebellum MCG professors assuming AMA leadership roles during these decades were Joseph A. Eve (committee on obstetrics), Paul F. Eve (Vice President and later President), Henry F. Campbell (Vice President and later President), and Ignatius P. Garvin (member of two committees). Their names appear in the minutes of the regular meetings of the AMA and its committees, not just as attendees but as active participants in the organization's affairs. These men addressed the problems of the

²⁴ *Southern Medical and Surgical Journal*, 1 (Sept. 1836), 221; Kaufman, *American Medical Education*, pp. 82-83.

²⁵ *Southern Medical and Surgical Journal*, 1 (Sept. 1836), 216-220; 2 (1837), 51-55.

²⁶ *Southern Medical and Surgical Journal*, 2 (1837-38), 51-55, 449, 703; 3 (1838-39), 697.

profession at the time, including threats from Thomsonians and other alternative healing movements that competed with regular physicians for patients' minds and bodies, the need for a code of professional ethics, and the declining standards of medical education.²⁷

Another crucial way the MCG was significant in the antebellum American medical profession was through its journal, the *Southern Medical and Surgical Journal*. Founded in 1836 by the seemingly indefatigable Milton Antony, the *SMSJ* was one of only about twenty medical journals in the country by 1847 and the first to be established in the heart of the South. (Earlier short-lived southern journals had been published in Baltimore and Louisville).²⁸ Except for a six-year hiatus (1839-1845) following Antony's unexpected death during Augusta's 1839 yellow fever epidemic, the *SMSJ* appeared monthly until the outbreak of the Civil War, carrying original articles by Southern practitioners, reviews of new medical books, editorials about national and regional professional issues and about scientific medical issues, and extracts of significant articles from American and European medical journals.²⁹ When, for example, Thomsonian practitioners threatened the medical establishment in Georgia and across the country during the late 1830s, the *SMSJ*'s pages were filled with the same negative, sarcastic reports on the movement found in regular practitioners' medical journals elsewhere. When medical study in Paris was in vogue in the 1830s and into the 1840s, the *SMSJ* published translations of articles by the famous French physicians of the day and reports of physicians from the Augusta area and other parts of the country who were then studying at one or another of the Paris hospitals. When the American Medical Association organized and held its first meetings in the mid-1840s, the MCG faculty attended as delegates and wrote detailed accounts of the proceedings for *SMSJ* readers. And as political sectionalism increasingly divided the United States during the 1830s, 1840s and 1850s, more and more articles in the *SMSJ* discussed the then prevailing theories of medical regionalism. This journal, edited and frequently written in large part by MCG faculty members, kept its readers abreast of what was current and important in the world of medicine. Though regional in name, the *Journal* was national in scope.

One article of national significance the *SMSJ* carried demonstrates the journal's importance to those it served. In 1842, Crawford W. Long, MD (1815-1878), of the little town of Jefferson, Ga., became the first person to use ether as an anesthetic agent in surgery—twice to remove tumors painlessly from the neck of a patient and once to amputate the toe of another. Unfortunately, Long did not report this first successful use of ether to any medical journal.³⁰

²⁷ On the formation of the AMA, see: Kaufman, *American Medical Education*, pp.78-108; Lester S. King, "Medical Education: The AMA Surveys the Problems," *JAMA* 248 (1982), 3017-3021; Morris Fishbein, *A History of the American Medical Association: 1847-1947* (Philadelphia: W.B. Saunders, 1947), pp.19-34. On MCG faculty involvement in AMA activities and leadership roles of these men, see biographical sketches cited above and *Southern Medical and Surgical Journal*, n.s. 2 (1846), 254; n.s. 3 (1847), 570; n.s. 4 (1848), 313, 568; n.s. 5 (1849), 383.

²⁸ Myrl Ebert, "The Rise and Development of the American Medical Periodical 1797-1850," *Bulletin of the Medical Library Association*, 40 (1952), 243-276; *Southern Medical and Surgical Journal*, n.s. 3 (1847), 190-191.

²⁹ The *SMSJ* suspended publication from late 1839 until other MCG faculty members took over the editing responsibilities in 1845.

³⁰ Frank K. Boland, *The First Anesthetic: The Story of Crawford Long* (Athens, Ga., 1950); James Harvey Young, "Crawford W. Long, M.D., a Georgia Innovator," *Bulletin of the New York Academy of Medicine*, 2nd Ser., 50 (1974), 421-437.

Four years later, Boston surgeon John Collins Warren performed surgery on a patient anesthetized by ether in what came to be known as the "Ether Dome" at the Massachusetts General Hospital. A dentist and former Harvard medical student, William T.G. Morton, administered the ether, having developed the idea over the previous few years with the help of Horace Wells and Charles A. Jackson.³¹ Not until 1849 did Long chronicle his own earlier experience with ether³², entering a bitter battle with several contenders over priority for introducing general anesthesia.³³

Significantly, Long submitted his article staking a claim for priority in the discovery of ether anesthesia to the *Southern Medical and Surgical Journal*. Interestingly, the *SMSJ* was not available to Long in 1842 because it had suspended operations after the sudden death of Antony in 1839. This circumstance, and the fact that there was no other medical journal in the Southeast publishing at the time of the discovery,³⁴ has given rise to some speculation among historians that Long would have gotten credit in the history books for introducing ether anesthesia to medicine had the *SMSJ* been publishing in 1842.³⁵ Such conjecture aside, Long did choose the *SMSJ* to announce his important work to the world, signalling his confidence that the journal's circulation and reputation would gain him the national forum he needed to make his contribution known. In that assumption, Long was correct.

Sponsored by the Medical College of Georgia, the *SMSJ*, proudly displaying an illustration of the Medical College Building on the cover of every issue, carried the school's name, picture, and news into the homes and offices of its readers. Furthermore, because at that time journals, like newspapers, freely reprinted items of interest from sister publications, editorials and articles emanating from the MCG found their way into the other regional and

³¹ On the tangled history of the discovery and introduction of ether anesthesia into surgery, see Thomas E. Keys, *History of Surgical Anesthesia* (New York, 1963). An extensive literature on the subject has appeared in the last 30 years. An abbreviated version of the story may be found in Duffy, *From Humors to Medical Science*, pp. 110-119.

³² C.W. Long, "An Account of the First Use of Sulphuric Ether by Inhalation as an Anaesthetic in Surgical Operations," *Southern Medical and Surgical Journal*, n.s. 5 (1849), 705-713.

³³ For more on the battle over priority for ether's introduction into medicine, see Keys, *History of Surgical Anesthesia*; and Duffy, *From Humors to Medical Science*, pp.110-119. Some of the original documents in the debate over priority are reprinted in Logan Clendening, ed., *Source Book of Medical History*, (New York: Henry Schuman, 1942), pp.355-377.

³⁴ For a listing of medical journals published at that time, see the previously cited article by Ebert, "The Rise and Development of the American Medical Periodical 1797-1850."

³⁵ See, for example, the article previously cited by Young, "Crawford W. Long."

national medical publications of the day.³⁶ More than half of all the articles and editorials that appeared in the pages of the *SMSJ* were written by MCG faculty during the antebellum period, essentially providing the school's physicians with a national forum for their ideas.

Some of the ideas Antony and his colleagues conveyed offer another reason why the MCG was a medical school of national importance in the antebellum period. The *SMSJ*, intimately tied to the MCG, was, from the very start, more than simply one of a relatively small number of antebellum American medical periodicals; it was unique as the first of a group of self-consciously and distinctively *Southern* medical journals that aggressively promoted Southern medical education for Southern practitioners. The MCG earned a national name in antebellum America because of the prominence of several of its faculty, its leadership role in medical education reform, and the importance of its publishing organ, the *SMSJ*. But the MCG's successful leadership in championing *nationally*, through the *SMSJ*, a *regional* approach to medical education, medical theory, and medical practice, also earned it national recognition.

Antony explicitly stated in the *Journal's* very first issue³⁷ the doctrine then current in medical circles, that the practice of medicine for each individual patient depended on local conditions and circumstances.³⁸ This is a full-blown version of the concept Shippen and Morgan hinted at in the 1760s in explaining the need for establishing medical schools in the United States. It was all well and good, the regionalism theory went and Antony explained, for Southern students to learn basic principles of medicine (e.g. anatomy, surgical techniques, and compounding medicines) at medical schools or from preceptors in the North or in Europe, but when it came to actual patient care, every area of the country, every region of the world, was different. Southern bodies differed from northern ones because the climate and way of life was different. Even within the region, medical needs differed as conditions changed. Southern medical practice also differed from northern practice in the presence of large numbers of Blacks. Those students intending to practice medicine in the South, Antony argued, should learn medicine at Southern schools like the Medical College of Georgia and should share their experiences and read about the ways others handled Southern medical problems in the pages of southern medical periodicals like the *Southern Medical and Surgical Journal*.

³⁶ *Southern Medical and Surgical Journal*, n.s. 3 (1847), 190-191.

³⁷ *Southern Medical and Surgical Journal*, 1 (June 1836), 1-4.

³⁸ On medical regionalism see John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge, Mass.: Harvard University Press, 1986), especially pp.76-79; Warner, "A Southern Medical Reform: The Meaning of the Antebellum Argument for Southern Medical Education," in *Science and Medicine in the old South*, ed. Ronald L. Numbers and Todd L. Savitt (Baton Rouge: Louisiana State University Press, 1989), pp.179-205; other essays in that volume and in *Disease and Distinctiveness in the American South*, ed. Todd L. Savitt and James Harvey Young (Knoxville: University of Tennessee Press, 1988); Warner, "The Selective Transport of Medical Knowledge: Antebellum American Physicians and Parisian Medical Therapeutics," *Bulletin of the History of Medicine*, 59 (1985), 213-231.

Though such a position seems self-serving for that era of growing sectional division, it actually reflects quite well the accepted medical theories of the time, both in the United States and Europe. Beyond medical sectionalism, people in general were quite aware and proud of the sections in which they lived and worked. Medical regionalism was simply one aspect of the growing sectional awareness and rivalry. Though white Southerners pursued the issue of medical differences between regions much more vigorously and aggressively than other Americans, especially as the sectional debate heated up in the 1840s and 1850s, Westerners made similar points in print. Wrote one strong advocate from the West, Daniel Stahl of Quincy, Illinois:

To say that European schools, or the schools on the other side of the Alleghanies, cannot impart to our western physicians a good general scientific and practical medical education could be an absurdity; but, not withstanding this concession, I think I have shown sufficiently in the preceding remarks that these European and Eastern schools cannot teach their pupils the symptomatology, aetiology, course and treatment of our western diseases as well as western physicians, western schools and western hospitals; and I wish you to bear in mind that to this class of diseases (to treat which, by the by, is two-thirds of the employment of a western physician) I confine my advocacy of sectional teaching.³⁹

Later well-known southern advocates of medical regionalism who took up the *SMSJ*'s call included Josiah Clark Nott of Mobile and Samuel Cartwright of New Orleans.⁴⁰ The *SMSJ* started and led the movement in the 1830s and continued its campaign throughout the 1840s and 1850s, giving the MCG, its sponsoring institution, recognition as a leader in educating Southern physicians. *SMSJ*'s editors unapologetically asserted in 1855:

We have labored diligently to make it [the *SMSJ*] the expression of the Southern medical mind as well as a repository of whatever may have appeared of practical importance in the native and foreign periodicals of the day. While we are fully convinced that Southern practitioners understand better than others the management of Southern types of diseases and the peculiarities of the negro constitution, we have not been sectional in our selection for the eclectic department of this journal.⁴¹

Not surprisingly, then, during this high point of the school's history (the antebellum period), despite the national stature of many of its faculty members, the national prominence of its medical journal, the national publicity its plan for medical education reform had received, and the well-recognized excellence of its physical plant and facilities, the MCG attracted a regional rather than a national student body. Its teaching focus was on regionalism, on the South, even when it advocated standardizing aspects of the medical curriculum. Schools like the University of Pennsylvania and Jefferson in Philadelphia, and the College of Physicians and Surgeons in New York City, where many Southern students went for their educations, could not offer what the MCG provided: an education for the southern

³⁹ Daniel Stahl, "The Sectional Teaching of Medicine," *North Western Medical and Surgical Journal*, reprinted in *SMSJ*, 5 (1849), 545-550.

⁴⁰ In addition to the works on medical regionalism cited above, note 25, see, James O. Breeden, "States-Rights Medicine in the Old South," *Bulletin of the New York Academy of Medicine*, 52 (1976), 348-372; John Duffy, "A Note on Antebellum Southern Nationalism and Medical Practice," *Journal of Southern History*, 34 (1968), 266-276.

⁴¹ *SMSJ*, 11 (1855), 763.

practitioner. Graduates of those schools were equipped, the argument went, to deal with Northern medical populations and diseases. Those alumni who moved back South had to learn anew how to deal with Southern medical problems, just as those who moved to Illinois or Michigan had to learn a different sort of medical practice adapted to that climate and population.

All that has been said about the MCG's leadership in education applies strictly to the antebellum period. After the Civil War the MCG, resuming its teaching activities in the Cluskey building, sank to a level of mediocrity typical of most other medical schools of its time, only to escape from that low status by moving to a more modern facility in another part of town in 1913. Though not a proud history, the late-19th and early-20th-century years the MCG spent in that building reflect accurately what went on at schools across the country. The OMC building saw the MCG at its best before 1860 and at its poorest afterwards. What that building saw in the 78 years that it housed the MCG was a full and true rendering of the history of American medical education.

The Civil War was not kind to most Southern medical schools. The MCG was no exception. It closed during the war and reopened afterwards, a mere shadow of its former self, in the same building. For the rest of the school's stay in the Cluskey building, until 1912, the MCG had a rather undistinguished history. Never again during this period did the medical college ever regain its distinguished position as a national or even a sectional leader in medical education. Its faculty, other than those who remained from, and had achieved recognition during, the antebellum years, was not a particularly notable group. Many were relatives of physicians already on the faculty. The *SMSJ* attempted a comeback after the War, but failed after just one year, further reducing the ability of the MCG to make a new mark for itself. The MCG endured these difficult years until a national medical educational reform movement at the end of the 19th century and beginning of the 20th century forced the school to improve or close.

In the increasingly materialistic "Gilded Age" of American history, many groups of physicians in communities across the country joined together to open medical schools with low standards of admission and graduation, poor facilities, and faculties dedicated more to earning money and prestige than to educating future physicians. By 1900, well over one hundred such medical schools existed. The MCG typified this unremarkable group in that its faculty did little to upgrade educational programs or facilities, did not seek excellence in hiring new instructors, maintained rather low admission and graduation requirements, and manifested great concern over receiving and dividing among themselves the fees collected from students. Medical advances in bacteriology, pathology, and physiology by the likes of Louis Pasteur, Robert Koch, Rudolf Virchow, Paul Ehrlich, and others in Germany, France, and elsewhere in Europe filtered down but slowly to the MCGs of the United States. Educational innovations such as longer terms, three- or four-year graded curricula, improved laboratory instruction in histology, pathology, and bacteriology, and better clinical facilities and teaching opportunities, introduced at Johns Hopkins, Harvard and other leading American schools, reached the MCG only when the faculty thought it absolutely necessary in order to continue attracting students. Like so many other schools in the late 19th century, the Medical College of Georgia, very much a proprietary institution despite a nominal affiliation with the University of Georgia, resisted expensive and threatening changes until such changes became inevitable.⁴²

When the AMA, the very organization that the early MCG faculty had helped found to

⁴² On the history of medical education during this period see the Kaufman and two Rothstein books cited in note 1, and Kenneth M. Ludmerer, *Learning to Heal: the Development of American Medical Education* (New York: Basic Books, 1985).

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regulate medical education standards, began inspecting and rating the country's medical schools during the first decade of the 20th century, the MCG was quite unprepared. By the time Abraham Flexner, hired agent of the American Medical Association and the Carnegie Foundation for the Advancement of Teaching, visited Augusta in 1909 to evaluate the school, it was almost too late.⁴³ The MCG, like most other medical schools in the nation, was not preparing its students adequately for the new medical world of germs, laboratories, and hospital surgery. State medical licensing boards had increased standards and the MCG students were not passing licensure exams at an acceptable rate. Flexner wrote a blunt and negative description of the MCG in his 1910 book, *American Medical Education in the United States and Canada*, better known as the Flexner Report.⁴⁴

The school occupies a building which contains an exceedingly foul dissecting-room, a meager equipment for elementary chemistry, a fair equipment for histology and pathology, and practically nothing for bacteriology. There is a small museum and a collection of several thousand books of mainly antiquarian interest.

Some of the qualities that had helped make the MCG a leading medical school during the antebellum period—the well-designed Cluskey building, the library of books that the faculty had sent Dr. Dugas to France to purchase, the carefully collected specimens of the medical museum—all were now outdated and inadequate in this new era of modern medicine. The Report demeaned a once-fine physical plant. Flexner's recommendation about the future of the MCG, made publicly in his book, humiliated the institution:

The Augusta situation is hopeless. There is no possibility of developing there a medical school controlled by the university [of Georgia in Athens, to which the MCG was loosely affiliated]. The site is unpropitious, the distance [between Athens, seat of the University, and Augusta] too great. The university ought not much longer permit its name to be exploited by a low-

⁴³ The books cited in note 27 also deal with the era of medical reform and on Abraham Flexner. There has been a large amount of scholarship in these areas.

⁴⁴ Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (New York: Carnegie Foundation, 1910), p.206; Spalding, *History of the Medical College of Georgia*, pp.105-129.

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grade institution, whose entrance terms—if the phrase can be used—are far below that of its academic department. It [the University of Georgia] should snap the slender thread; the medical school will not long survive amputation.

The handwriting was on the wall. MCG officials finally acknowledged that the facilities at the OMC building were inadequate to meet the needs of modern medical education and that the very existence of the school was threatened. With little room to upgrade or expand at the present site, MCG administrators had no choice but to abandon the building in which the institution had resided for almost all of its history, and to relocate to a larger facility. An era had ended and the Cluskey building now stood vacant.

Ironically, by abandoning the building which had nurtured it in its earliest, most successful years, the MCG saved itself from certain extinction. To survive, the MCG directors had to recognize that the OMC building was now too small and inadequate for the new age of medicine. If the Medical College of Georgia was to continue on into the 20th century it had to abandon its 19th century facilities.

Today, the MCG stands among the national leaders in medical education and medical research. Its buildings once again, like the original 1835 building, announce the strength of the school's teaching programs and the depth of the school's commitment to training the best physicians possible. That original MCG building, situated in the historic district of downtown Augusta, is not a relic of the 19th century. It represents the best and the worst of this country's medical history during medical education's formative years.

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Previous documentation on file (NPS):

- Preliminary Determination of Individual Listing (36 CFR 67) has been requested.
- Previously Listed in the National Register.
- Previously Determined Eligible by the National Register.
- Designated a National Historic Landmark.

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Recorded by Historic American Buildings Survey: #14-70
 Recorded by Historic American Engineering Record: #

Primary Location of Additional Data:

- State Historic Preservation Office
- Other State Agency
- Federal Agency
- Local Government
- University
- Other (Specify Repository):

10. GEOGRAPHICAL DATA

Acreage of Property: 1.51 acres

UTM References: Zone Easting Northing
A 17 410470 3703620

Verbal Boundary Description:

At the southeast corner of the intersection of Telfair and Sixth Streets, proceed south along the brick wall 140 feet; thence east along the back wall 85 feet; thence north to the south curb of Telfair Street; thence west to the point of origin.

Boundary Justification:

The boundary includes the building and grounds that have historically been associated with the Medical College of Georgia and that retain their historic integrity.

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11. FORM PREPARED BY

Name/Title: Dr. Todd Savitt
Professor of Medical Humanities
East Carolina University
School of Medicine
Brady Medical Sciences Building
Greenville, North Carolina 27858-4354

Telephone:

Date: September 23, 1994

And: Ms. Anne Floyd
Historic Preservation Planner
P.O. Box 2800
Augusta, Georgia 30901-2800

NATIONAL HISTORIC LANDMARKS SURVEY

National Park Service/Washington Office

July 17, 1996