



NEWSLETTER



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A GLIMPSE OF CAROLINA MEDICINE AND THE LOWER CAPE FEAR AREA FROM COLONIAL TIMES TO 1860

By
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The history of medicine is a vital part of every civilization. It is intimately interwoven with the hopes and fears, adventures and hardships, of every people as they strive toward the unfolding and fulfillment of the human spirit. The practice of medicine had its inception almost with the beginning of man. Down through the ages man has sought relief from his suffering and prolongation of his life. Progress to our present day standard of medical practice has been slow but well founded on experience, both bitter and happy. Physicians of all races and creeds have worked together in a common cause, not only to prolong the useful span of life but to render that span as happy and free from discomfort as possible. A thousand years ago man believed that disease was caused by the wrath of the gods. Three hundred years ago they believed it due to meteorological disturbances and contaminated air. They closed their windows at night and burned powders and coals in the streets and died. Today we turn away from the gods to more prosaic things such as exterminating the mosquito, killing the rat and its fleas, and delousing the traveler; and today we live relatively free from malaria, plague, and yellow fever.

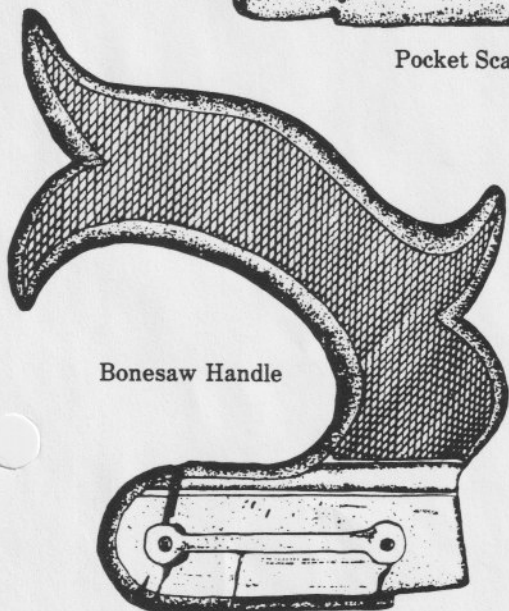
As recent as three hundred years ago the average length of life was only 28 years; today it is in the neighborhood of 70 years. Behind the shortness of life in bygone days is a tragic story of sorrow, suffering, and untimely death. These were the hazards of life borne in resignation by mankind, from which medical science, particularly in the past one hundred years has spared us.

It is difficult for most people living today to visualize the health hazards faced by the early settlers, and the tremendous difficulties of establishing permanent settlements in the Cape Fear Area. The region contained many low-lying swampy areas and coupled with a warm temperate climate became a paradise for mosquitoes, flies, and other disease-carrying insects. The summer season was particularly hazardous and few escaped the ravages of malaria, dengue, and yellow fevers. The summer diarrheas and dysenteries also took a heavy toll especially among infants and children. The winter months, not to be outdone, aided the grim reaper with its respiratory diseases, pneumonia and tuberculosis. There is little wonder then that the Lords Proprietors, due to the hostile environment of the area along with its inaccessibility from the sea, and perhaps also from mismanagement, were unsuccessful in establishing permanent settlements in the Cape Fear region of what is now North Carolina.

Very little is known of the early "doctor" in the Carolina province except that he was probably a poorly trained apothecary or surgeon. Those with the profit motive became adept at promoting special "cures" made from herbs, barks, roots, and leaves. Some of these concoctions were probably copied from the Indian Medicine man. Surprisingly enough the North Carolina Indian was not inferior in surgical practice to his European counterpart prior to the advent of the scientific method. The Indian medicine man recognized the value of the tourniquet in controlling hemorrhage, and amputation for severe trauma. He used turpentine in wound dressing and was aware of the cleansing effect of wound irrigation with water. Deer Tendon threaded on bone needles were used to approximate wound edges, and crude splints were used to hold fractures in place.



Pocket Scalpels



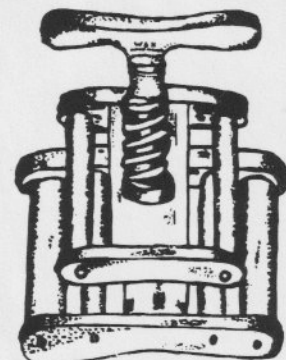
Bonesaw Handle



Tongue Depressor



Bleeder Box



Tourniquet Screw

The few authentic physicians who settled in Carolina during the early Colonial period followed the practice of Thomas Sydenham, a well known English physician whose teachings were based entirely on empiricism. The awakening of the basic sciences in Europe during the 17th century was of little concern to the colonial physician due primarily to the vast distance and poor communication which separated him from the European medical centers. The practitioner of "physick" in the Colonies relied chiefly on bleeding, blistering, purging, and puking, along with sweating and cooling. Fever patients were usually bled and starved; and pneumonia patients were sweated, and mustard plasters were applied over the affected lung. "Risings" were poulticed to prepare them for the lancet which always brought forth "laudable pus".

Childbirth was an ordeal which many a woman failed to survive. The limitations of midwifery in complicated cases added further to the dangers. Religious sanctions and a sacrificial sense of duty gave comfort to the woman striving in labor. A fruitful woman was a glorification of her sex and was considered an asset to the community. Large families were the rule, and the size of the family was usually counted in the numbers of living and dead children.

In the early Colonial period there were no hospitals, no laboratories, no diagnostic aids. The germ theory of disease had not yet been established, and the discovery of anesthesia still lay ahead. The mortality rate from contagious and infectious disease was frightening. In the days of sailing vessels great epidemics of disease spread from the ports of the old world and from our own country. Cholera, small pox, bubonic plague, typhus fever, and yellow fever spread havoc among the inhabitants. No specific treatment was available. Small pox vaccination was known but was not widely used. Mass inoculation was unheard of because people would not accept the procedure.

The physicians and Colonial people in general, however, were aware of the importance of public health. Registration of marriages, births, and deaths was required in 1683. An act to prevent free running of swine(1692); laws to regulate slaughter houses, garbage disposal, and maintenance of privies(1700); and the quarantine act to prevent the spread of contagious diseases(1712) were all rigidly enforced.

Before 1712 very little is known about medical developments in the area north of Cape Fear. It is believed that only nine doctors lived in this region prior to 1712. John King lived in the area now known as Edenton from 1674 to 1697, and is thought to be the first physician to settle in North Carolina. He probably migrated down from Virginia. Godfrey Spruill lived in Edenton from 1712 to 1719. Court records show that he was put under a £ 10 bond to guarantee good behavior. Evidently Dr. Spruill did not confine his activities strictly to the practice of medicine.

Between 1729 and 1800 considerable growth took place in North Carolina and the area became more attractive to physicians. Two important developments had emerged within the profession: first, the best educated physicians, who had the interest of the profession

and improvement of medical care at heart came together to form a Medical Society; and second, the physicians became aware of the importance of the basic sciences in their struggle to understand and control disease.

No organized medical school existed in North Carolina prior to 1800. Any North Carolinian who wanted to study medicine either had to go to a medical school established in another Province or else had to apprentice himself to a physician in private practice. Those who attended medical schools were usually from families of well-to-do planters. Most of the North Carolina doctors obtained their training through apprenticeships, which usually entailed 3 to 7 years of training. They learned how to treat wounds, bleed patients, compound medicines, and to extract teeth. In Wilmington good apprenticeships were available under Dr. Nathaniel Hill and Dr. John Fergus.

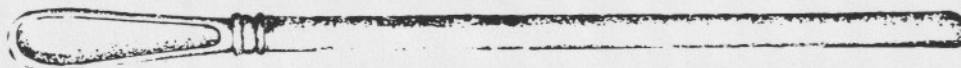
Formal studies at Medical schools were usually limited to didactic lectures and prepared anatomic demonstrations. Anatomy, materia medica and botany were emphasized. Very little was known of the specific action of drugs. Treatment with drugs was usually on an empirical basis. Biochemistry and biophysics were in their infancy. Autopsies were beginning to be stressed, and the importance of following patients through post-mortem examination in order to correlate the clinical picture with the pathologic findings was beginning to take hold. The emergence of pathologic physiology was a rising star on the medical horizon, and a foundation was being laid for the tremendous advances in medical science and technology which were destined to flower into full bloom during the 20th century.

During the Revolutionary War the physicians rallied to the cause of their country and furnished exemplary service to the military. It is estimated that one fourth of the physicians at some time served with the State Militia or Continental Army. The physician was concerned primarily with the treatment of wounds and efforts to control infection. The most debilitating diseases in the armies were the dysenteries, lung infection, malaria, small pox, and typhoid fever.

Perhaps the most distinguished medical personality of the Revolutionary period was Dr. Hugh Williamson of Edenton, who as chief medical officer of the North Carolina Militia performed outstanding service. He became nationally prominent through his participation in the Constitutional Convention following the war. Dr. Williamson also contributed to the medical literature of the day, and had articles published in the Philosophical Transactions of the Royal Society of London in 1775, and in the New York Medical Repository (1779), the first American medical journal.



Bullet Probe



The Lower Cape Fear area likewise was not without its prominent medical personalities.

Dr. Armand John deRosset was born in France in 1695, and was a graduate doctor of medicine from Basel, Switzerland. He settled in Wilmington around 1735 and was thought to be the first settler in North Carolina to hold an MD degree. He was the first of a long line of distinguished doctors and business leaders. Dr. deRosset was elected town commissioner in 1743, and became Justice of the Peace which was an esteemed position in Colonial days. He died in 1760.

Dr. Moses John deRosset, son of Armand John, also served as town commissioner and treasurer. He was mayor of Wilmington during the troublesome time of the Stamp Act 1765-66.

Dr. A.J. deRosset, ll., son of Moses John was born in Wilmington Nov. 17, 1767, and died April 1, 1859. He was port physician in Wilmington for a number of years, and was active in the advancement of medical science.

Dr. Roger Rolf was one of the earliest physicians in the settlement of Wilmington. In the court records he was listed as a surgeon of New Hanover County. On June 13, 1739 the Rev. Mr. Marsden, Rector of St. James Church, ordered to appear before the Court for building his cellar in the street and erecting an oven in the street, failed to appear and sent a certificate from Dr. Roger Rolf of Wilmington that he was ill. (And this practice is prevalent even today and is frequently used by some to avoid Jury Duty).

Dr. James Fergus, migrated to Brunswick Town before 1737. He was described as "chirurgion" and was a large land owner in Brunswick and New Hanover Counties.

Dr. John Fergus, graduate of the Medical College of Edinburgh, Scotland came to Brunswick Town with his father, James Fergus. He was surgeon of the first North Carolina Battalion in the Revolutionary War. His daughter Ann married Major Griffith John McRee, and their son was the distinguished physician and botanist, James Fergus McRee of Wilmington.

Dr. John Fergus, II., the second son of John Fergus, served in the Revolutionary War. He was commandant of the port of Wilmington in 1806, and was one of the original subscribers to the first American Medical Journal, "The New York Medical Repository".

Dr. Gabriel Johnston settled in the Cape Fear area. It is doubtful that he practiced medicine in North Carolina, but he served as Royal Governor of North Carolina from 1734 to 1752, and was said to have been one of the better governors. In 1739 Gov. Johnston persuaded the Assembly to change the name of Newton to Wilmington, in honor of his patron, Spencer Campton, the Earl of Wilmington.

Dr. William Houston of Duplin County was appointed Stamp Collector for the port of Wilmington in 1765 without his knowledge. During the early revolutionary furor in Wilmington Dr. Houston was burned in effigy. He resigned his office and regained the affection of the Lower Cape Fear patriots. He was a highly respected physician.

Dr. Daniel McNeill resided in Wilmington in 1775, and is remembered primarily as the father of Ann McNeill, better known as "Whistler's Mother".

Dr. Nathaniel Hill, born in New Hanover County Jan. 1, 1769, and was the son of Revolutionary patriot William Hill. He was sent to Scotland to be educated. He was an influential tutor of Dr. James Fergus McRee, one of Wilmington's most distinguished physicians.

Dr. James H. Dickson, a physician at Wilmington, was born in 1807 and died in September 1862 during the yellow fever epidemic here in Wilmington. Dr. Dickson performed a subcutaneous Achilles tenotomy for club foot on his younger brother in 1835, and is believed to have introduced this technic into America.

Dr. James Fergus McRee was a pupil of Dr. Nathaniel Hill, a finished scholar and gentleman of the old school. Dr. McRee was a man of more than ordinary talents, a classical scholar, an accomplished chemist, a bold and skillful surgeon. He became the most popular and successful practitioner of the Lower Cape Fear spanning more than 50 years of practice. He died in 1869.

Dr. Edwin Alexander Anderson practiced in Wilmington from 1842 until his death in 1894. He was an outstanding ophthalmic surgeon and through his skill in removing cataracts restored the sight of many persons in our area. His restored home still stands on the corner of Front and Orange Streets, and is thought to be the oldest home standing in Wilmington. Dr. Anderson's old office, a small edifice next to the home, serves as headquarters of the Wilmington-New Hanover County American Revolution Bicentennial Association.

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The drawings accompanying this article are the courtesy of Fort Fisher Preservation Laboratory, and represent surgical tools recovered from the "Modern Greece" shipwreck site.

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FEBRUARY MEETING

DATE: Monday, February 9, 1976

TIME: 8:00 P.M.

PLACE: Brunswick Town Visitors Center

PROGRAM: "A Glimpse of Carolina Medicine and the Lower Cape Fear Area

from Colonial Times to 1860" By Charles P. Graham, M.D., F.A.C.S.

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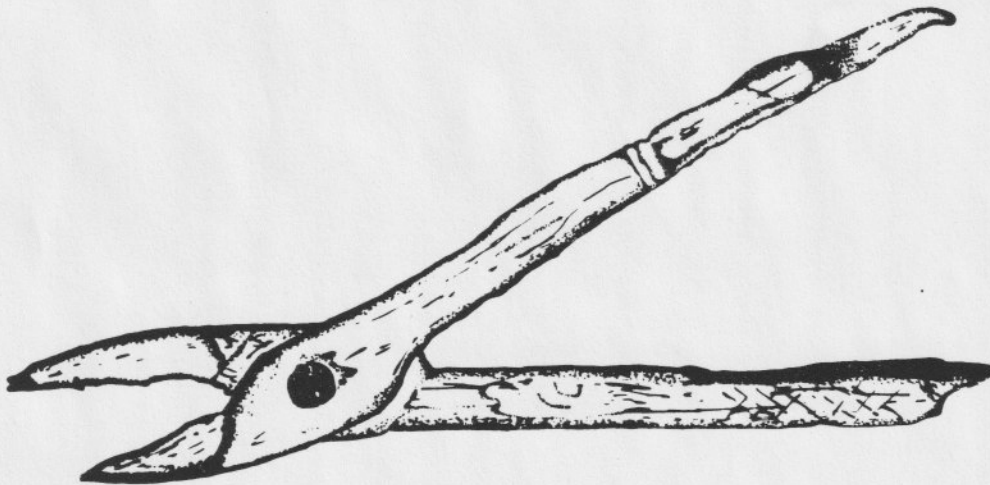
CHAIRMAN OF BRUNSWICK TOWN PRESERVATION COMMITTEE: Mr. William G. Faulk, Southport

PROGRAM CHAIRMAN: Mrs. Amarette P. Pierce

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How exciting is the history of Brunswick County! I want to convey this excitement with interesting and informative articles on the Lower Cape Fear area. I need your ideas and suggestions to continue providing you with an enjoyable Newsletter. Please show your support this way for the Brunswick County Historical Society. Thank-you very much!

Jane Shetterly
Newsletter Editor



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