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## Centenary College of Brandon Springs: Mississippi's First School of Medicine

*By Ralph Didlake, Sarah Hunter Didlake,  
and Jennifer Rogers*

Medical education in Mississippi, much like higher education in general, has a rich narrative that reflects the many complex social, cultural, political, and economic forces that have shaped the state over its more than two-hundred-year history. Prior accounts of formal medical education in Mississippi have focused on the proprietary schools of the early twentieth century such as the Meridian Medical College,<sup>1</sup> the University of Mississippi's two-year medical program established at Oxford in 1913,<sup>2</sup> and its four-year successor, the University of Mississippi Medical Center, which began in Jackson in 1955.<sup>3</sup> None has yet addressed the osteopathic medical school at William Carey University in Hattiesburg, which was established in 2008.<sup>4</sup> Although these institutions, which represent the dominant efforts to train physicians in Mississippi, were the forerunners of the graduate and post-graduate specialty training programs that exist in Mississippi today, none of these schools were the first to offer a formal medical curriculum to students matriculating in the state.

Centenary College, today a four-year liberal arts institution located in Shreveport, Louisiana, has historical roots extending to mid-nineteenth century Mississippi. Founded to commemorate the centennial celebration of the Wesleyan movement, Centenary was originally

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<sup>1</sup> Ben Kitchens, *The Mississippi Medical College* (Meridian, MS: B. Kitchens, 1967).

<sup>2</sup> Lucie Robertson Bridgforth, *Medical Education in Mississippi: A History of the School of Medicine* (Jackson: University of Mississippi Alumni Association, 1984).

<sup>3</sup> Janis Quinn, *Promises Kept: The University of Mississippi Medical Center* (Jackson: University Press of Mississippi, 2005). Zeb Vance Baucum, "Medical Education in Mississippi: Part I of III," *Journal of the Mississippi State Medical Association* (1961):15. (Parts II and III appear in the February and March, 1961 issues of the *Journal of the Mississippi State Medical Association* respectively).

<sup>4</sup> "The History of William Carey." William Carey University, <https://www.wmcarey.edu/page/history-william-carey-university>, accessed August 15, 2018.

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established by the Mississippi Conference of the Methodist Episcopal Church in Brandon Springs, Mississippi, where it enrolled students from 1841 to 1844. At this location, Centenary offered six courses of study including a bachelor of medicine degree that represented the first formal medical education offered within the state.<sup>5</sup> Centenary College was the first institution in Mississippi to enroll students of medicine, to provide a structured medical curriculum, graduate students with a medical degree, and provide doctors for Mississippi communities.

Centenary College operated at the Brandon Springs location only four years before it merged with the struggling College of Louisiana to form Centenary College of Louisiana. Given this short tenure, it would be easy to relegate the concept and existence of the Brandon Springs institution to the status of a historical curiosity, a failed experiment, or the result of poor planning. Further, the significance of the college within the educational history of the state could easily be viewed as unimportant, even ephemeral. However, when the extant records of this institution are examined and placed into a multidimensional context, a different understanding emerges. The founding of Centenary College in Brandon Springs was an accurate reflection of the social, economic, and cultural forces shaping American education in the first half of the nineteenth century. Even if one accepts this claim however, the existence of a medical curriculum at this college, at this time, and in this location, seems to be curious at best if not impossibly anomalous. Indeed, Centenary College historian, Lee Morgan, found it necessary to include an exclamation mark when referring to this medical program as a “. . . touching blend of noble dreams and academic naiveté!”<sup>6</sup> Even more skeptical was William Hamilton Nelson, whose enthusiastic and charming 1931 history of Centenary draws an allusion to the self-important pretension of the Gilbert and Sullivan comic opera *Pinafore* when referencing the Centenary medical faculty.<sup>7</sup> However, when the Centenary College School of Medicine is examined within a complete contextual framework, it too is revealed to be not only a logical product of the many forces at play in antebellum Mississippi during the decade

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<sup>5</sup> *Catalogue of the Officers and Students of Centenary College Rankin Co, Mississippi 1842-43* (Jackson: The Centenary College, 1842).

<sup>6</sup> Lee Morgan, *Centenary College 1825–2000: The Biography of an American Academy* (Shreveport: Centenary College of Louisiana Press, 2008), 22.

<sup>7</sup> William Hamilton Nelson, *A Burning Torch and a Flaming Fire: The Story of Centenary College of Louisiana* (Nashville: Methodist Publishing House, 1931), 63–64.

of the 1840s but also an accurate reflection of mainstream trends in American medicine. Although a direct line cannot be drawn from Centenary College to present day medical training programs, the forces that shaped the environment in which the college and the college's school of medicine were conceived, established, and operated were neither anomalous nor specific to Centenary. Rather they were the same forces shaping education in general, the practice of medicine, and the training of doctors in the state, the region, and the nation.

The claim that Centenary College and its school of medicine are not quaint, irrelevant relics finds a stable foundation only when multiple contextual features of the time and place in which the institution was founded are understood. The contextual domains in which the founding must be considered to support this claim include the nature of higher education in the early nineteenth century, the interface of higher education and shifting social norms of the period, and the evolution of American medicine from trade to profession. Each of these domains has national features as well as characteristics specific to the antebellum South and to the state of Mississippi in particular. Each of these must be probed in order to fully illuminate the landscape in which Centenary College and its medical school were born in rural Rankin County, Mississippi. The national educational trends of the period, established and evolving socio-cultural norms of the antebellum South, as well as national and regional shifts of medical practice and medical science inform the case that the medical curriculum and education offered to Mississippi students at Centenary in the early 1840s was not anomalous, nor naive, nor irrelevant.

Centenary College of Mississippi was established in a time period that educational historian Frederick Rudolph referred to as the "college movement" in America during which institutions of higher education propagated rapidly in all regions of the country.<sup>8</sup> He pointed out that this proliferation aligned precisely with the spirit of the times noting:

[C]ollege founding in the nineteenth century was undertaken in the same spirit as canal-building, cotton-ginning, farming, and gold-mining. In none of these activities did completely rational procedures prevail. All were touched by the American

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<sup>8</sup> Frederick Rudolph, *The American College and University: A History* (New York: Alfred A. Knopf, 1962), 44.

faith in tomorrow, in the unquestionable capacity of Americans to achieve a better world. In the founding of colleges, reason could not combat the romantic belief in endless progress.<sup>9</sup>

Indeed, philosopher and educator Henry P. Tappan, who would later become the first president of the University of Michigan, echoed this sentiment and observed that American communities in this time “. . . multiplied colleges so as to place them at everyman’s door.”<sup>10</sup> In a more quantitative analysis of higher education of this period, Donald Tewksbury tabulated 232 colleges that were established from the colonial era to the start of the Civil War. Of these, 199 (86 percent) were founded in the classically defined antebellum period (1812–1861) and of that number, 172 (74 percent) began between 1830 and 1861.<sup>11</sup> This period included the founding of Centenary in Brandon Springs, lending support to the view that, at least from a temporal perspective, the college was not an outlier but rather part of a well-established national trend related to the founding of new institutions of higher education.

Multiple factors contributed to the increase in the number of colleges in early nineteenth century America. Among these are the democratization of education that was an outgrowth of the Jacksonian era and the populist doctrine that social goods, including education, should be within reach of the common man. John Brubacher noted that such egalitarian ideals not only enlarged the number of colleges but also influenced their character stating that “. . . democratization of the aim and content of liberal education was the natural outgrowth of encouraging ever larger numbers of American youth to attend higher institutions of learning.” Further, he observed that the application of Jacksonian principles was not necessarily a positive influence, writing that the growth of the college ranks had “. . . increased the numbers but adulterated their average quality.”<sup>12</sup>

Another important factor of college growth during this period that was also a central feature of Centenary is that the college was founded as a denominational institution. “Denominationalism” was a primary

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<sup>9</sup> Rudolph, *The American College and University*, 48–49.

<sup>10</sup> Henry P. Tappan, *University Education* (New York: George P. Putnam, 1851), 64.

<sup>11</sup> Donald G. Tewksbury, *The Founding of American Colleges and Universities Before the Civil War* (Hamden, CT: Archon Books, 1965), 16.

<sup>12</sup> John S. Brubacher, and Willis Rudy, *Higher Education in Transition: A History of American Colleges and Universities, 1636–1976*. Fourth ed. (New York: Routledge, 2017), 300.

driver of college growth in this era. In 1855, while a member of the University of Mississippi faculty, F. A. P. Barnard observed that

[N]early all of our colleges are, furthermore, the creations of the different religious denominations which divide our people. They are regarded as important instrumentalities, through which the peculiarities of doctrine which distinguish their founders are to be maintained, propagated, or defended. It is this which has led to the great multiplication of collegiate institutions in our country, and which is daily adding to their number.<sup>13</sup>

Earlier in the century, the legal right of denominations, churches, and other private entities to establish colleges with state-granted charters but without state control or governance was confirmed by the U.S. Supreme Court in the case of *Dartmouth v. Woodard*<sup>14</sup> and further supported by the *laissez-faire* attitude of the general public toward religious groups and social movements of the time. This freedom coupled with the denominational diversity of the American population led to what Brubacher referred to as “educational localism” further fueling the growth of local colleges.

The founding of Centenary College was positioned squarely within the mainstream of the denominational movement. Discussions within the Mississippi Methodist conference regarding the establishment of a college are documented as early as 1832. That year, at its annual conference in Vicksburg, a committee was appointed to consider the issue. The conference proceedings record: “[T]he time had come to establish a male school of high grade within our own territory.”<sup>15</sup> Even before 1832, the Mississippi Methodist community was deeply engaged in educational efforts across the country, by establishing Elizabeth Female Academy in Adams County near Washington, as well as making contributions to Wesleyan Academy in Massachusetts, Augusta College in Kentucky, Lagrange Female Academy in Georgia, and Holly Springs Female In-

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<sup>13</sup> F. A. P. Barnard, “On Improvements Practicable in America Colleges,” *American Journal of Education and College Review*, 1 (1856), 176.

<sup>14</sup> *Dartmouth v. Woodard*, 17 U.S. 518 (1819).

<sup>15</sup> John G. Jones, *A Complete History of Methodism as Connected with the Mississippi Conference of the Methodist Episcopal Church, South* (Nashville: Publishing House of the Methodist Episcopal Church, South, 1908), 287.

stitute in north Mississippi. The longstanding enthusiasm of the conference for education was in part driven by a desire for a more literate clergy. More broadly, liberal education aligned with the philosophy of Methodism's founder John Wesley, who made education a core value of the Methodist movement. Biographer John Body, wrote, "Wesley may be regarded as the true successor to Erasmus by providing great provincial universities in this day, spreading knowledge and culture throughout the land, breaking down the barriers of privilege and creed, and making learning accessible to all."<sup>16</sup> Although Body's assessment leans toward hyperbole, it is clear that Wesley was a strong proponent of education both for theological ends and as a component of social reform. It is also clear that American and southern Methodism upheld these values.

The timing of Centenary's founding had an additional feature specific to the Methodist denomination. The Mississippi Conference of the Methodist Episcopal Church South had planned to celebrate the centennial of Methodism in 1840, one hundred years after Wesley's Aldersgate conversion experience. Plans to memorialize this event are recorded in the minutes of the annual meeting of the Mississippi Conference dated August 7, 1839. To finance the memorial activities, church leadership proposed a system of pledges based on subscriptions. The various allocations of the anticipated collections included ". . . seven-tenths for the establishment of a college to be under the direction of the Mississippi Conference, to be located as near the center of the conference as practicable."<sup>17</sup> Thus, the founding of a college was a principal element of memorializing the centenary of Methodism—therein resides the origin of the new college's name.

It must be noted here that enthusiasm for denominational colleges was not universal. The Mississippi Conference of the Methodist Episcopal Church South successfully petitioned the Mississippi legislature during the 1841-42 session to grant a charter to its new school. Although passed by both houses, Governor Tilghman Tucker vetoed the bill believing a charter for a denominational school was a troubling conflation of church and state. In a message explaining his decision, Tucker describes apprehension about ". . . giving by law, a preference to a religious corporation or in other words to a corporation controlled by a religious sect."<sup>18</sup> Although his explanation was based on a carefully

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<sup>16</sup> Alfred H. Body, *John Wesley and Education* (London: The Epworth Press, 1936), 142.

<sup>17</sup> Stephen Tomkins, *John Wesley: A Biography* (Grand Rapids: William B. Eerdmans, 2003), 56.

<sup>18</sup> T. M. Tucker, "Veto Message," *The Southern*, February 25, 1842.

crafted constitutional argument, it also included an explicit but more personal assertion about religious influence in governmental affairs: “[T]he influence of such sects of religionists, and such subjects, and the prejudice or bias in their favor, have too frequently influenced the actions of men, not for the best of purposes . . .” The public outcry over the veto was later characterized by Edward Mayes as “a profound sensation throughout the state.”<sup>19</sup> In response to the public criticism, Centenary president Dr. T. C. Thornton was compelled to address the veto in an open letter published in local newspapers in which he minimized any negative impact of the governor’s action on the standing of Centenary; “. . . I have ever said that our charter is in the education we give, in the discipline, order, and system in our school and the progress and good conduct of our students”<sup>20</sup> A second bill introduced to grant a charter to Centenary, not to the Methodist Conference but rather to members of the college’s board of trustees as private citizens, was passed by the Mississippi legislature in July of 1843 and ultimately signed into law by Governor Tucker.<sup>21</sup> This second charter for Centenary College also specifically authorized schools of law and medicine.

A third factor that fueled the “college movement” was America’s rapid westward expansion. By the year 1840, almost seven million people lived west of the Appalachian Mountains. This number represented forty-one percent of the total U.S. population and a dramatic increase from only two million or twenty-five percent just twenty years earlier.<sup>22</sup> This population shift created great demand for institutions of higher learning as new communities were established and grew behind the advancing frontier. Mississippi was directly in the path of this expansion as the former Indian territories opened for settlement, as both settlers and plantation owners sought new land for the cultivation of cotton and other crops, and as the relatively young state brought stable governance, investment in roads and bridges, and opportunities for expanded commerce into the region. The U.S. Census of this period indicates that the non-slave population of Mississippi increased from just 7,600 in 1800 to

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<sup>19</sup> Edward Mayes, *History of Education in Mississippi* (Washington, D.C.: Government Printing Office, 1899), 112.

<sup>20</sup> T.C. Thornton, in Mayes *History of Education in Mississippi*, 112.

<sup>21</sup> An Act to Incorporate the Centenary College, in the County of Rankin. *Laws of the State of Mississippi* (Jackson: C. M. Price & G. R. Sall, State Printer, 1843) 67-69.

<sup>22</sup> Steven Manson, Jonathan Shroeder, David Van Riper, and Steven Ruggles, IPUMS National Historical Geographic Information System: Version 12.0 [Database]. Minneapolis: University of Minnesota. 2017. <http://doi.org/10.18128/D050.V12.0>.



over 375,000 by 1840.<sup>23</sup> As in other regions, efforts to establish colleges followed these population movements and the development of associated infrastructure. In fact, an early twentieth century analysis of the distribution of historic college growth pointed out that its pattern closely matched that of railroad construction. "There is a 'railway belt' extending approximately from east to west across the center of the United States and the same area has been called 'the college student belt.'"<sup>24</sup>

The relationship between railroad construction and location was also a factor in Centenary's development. Before the school opened its doors for student admission in Brandon Springs, serious competition had taken place among Clinton, Sharon, and Raymond as possible locations for the college. As described by Methodist historian John G. Jones, the Methodist leadership including Rev. William Winans, one of the most prominent and respected voices within the conference, conducted vigorous discussions regarding where to establish the institution. Access to rail transportation was a central component of these arguments.<sup>25</sup> The proposed Brandon Springs location benefited from a rail line from the Jackson & Brandon Railroad & Bridge Company, chartered in 1836, to run east from the growing city of Jackson to Brandon. Although extant records are unclear regarding when segments of this line were opened for travel to the Brandon Springs area, a Mississippi map dated 1842 (Figure 1) indicates a railroad from Jackson to Brandon and shows the location of Centenary College just to the northeast of the city of Brandon

<sup>23</sup> United States Census Bureau, U.S. Department of Commerce, 1949. *Historical Statistics of the United States, 1789-1945*.

<sup>24</sup> Robert L. Kelly, "The Preliminary Report of the Association Commission on the Distribution of Colleges," *Bulletin of the Association of American Colleges*, 7 (1921): 21.

<sup>25</sup> John G. Jones, *A Complete History of Methodism as Connected with the Mississippi Conference of the Methodist Episcopal Church, South*. Rev. ed. (Baton Rouge: Claitor's Book Store, 1966), 446-449.

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<sup>23</sup> United States Census Bureau, U.S. Department of Commerce, 1949. *Historical Statistics of the United States, 1789-1945*.

<sup>24</sup> Robert L. Kelly, "The Preliminary Report of the Association Commission on the Distribution of Colleges," *Bulletin of the Association of American Colleges*, 7 (1921): 21.

<sup>25</sup> John G. Jones, *A Complete History of Methodism as Connected with the Mississippi Conference of the Methodist Episcopal Church, South*. Rev. ed. (Baton Rouge: Claitor's Book Store, 1966), 446-449.



Figure 1. 1842 Mississippi map indicating railway from Jackson to Brandon.

where the line terminated.<sup>26</sup> The hope that the rail line would come through the area was part of the optimism of westward expansion in the American South at the time and was probably enough to solidify Brandon Springs as the location for Centenary. Locating Centenary College at Brandon Springs, however, would ultimately serve to the institution's detriment and contribute to its demise.

A final factor to consider as a driving force of college proliferation in the antebellum South is the development of a middle class within the evolving social structure. This stratum, which emerged as part of early southern industrialization and urbanization, had political interests, social priorities, and normative values that, although distinctly southern, were often at odds with both poorer whites and the politically more powerful elite planter class. Describing this increasingly well-defined and influential class of southerners in the pre-war period, Jonathan Daniel Wells noted how by the 1850s a commercial and professional class was well formed. The shared values, aspirations, and ideals of this growing middle class not only created pressure on established social norms but also created demands for infrastructure, services, and institutions through which the interests of this class could be expressed. Wells's analysis indicates clearly that in the years leading up to the Civil War, this group was setting the stage for cultural and social change.

<sup>26</sup> Sydney Morse, and Samuel Breese, "Mississippi," Map. In Morse's *North American Atlas* (New York: Harper & Bros., 1842).

He noted:

the hunger for internal improvements like railroads and banks, the need for more numerous and more elaborate manufacturing enterprises and more sophisticated cities, and the desire for cultural advances, such as libraries, lyceums, and public schools, became the building blocks for the ideological and political agenda of the southern middle class.<sup>27</sup>

Within this social group were growing numbers of merchants, bankers, lawyers, teachers, and physicians who understood higher education as a means of upward social mobility and wanted educational opportunities that would allow their children to join the growing class of merchants and professionals in the South. In contrast to the very wealthy who could afford private tutors or to send their sons, and in far fewer cases their daughters, to colleges and universities in the North or abroad, many middle class southerners saw local colleges as the way to retain or advance the social status of their families.

Additional insight into the educational interests of the ascendant southern middle class may be gleaned from the Centenary curriculum itself. The fact that the programs of study included law and medicine in addition to classical studies of Greek, Latin, history, and mathematics suggests an explicit effort to prepare students for participation in the growing and diversifying professional sector of the southern economy. As a local college, Centenary also afforded the advantage of maintaining a southern worldview. *The Mississippi Free Trader* expressed this value in an article extolling the educational facilities and virtues of the new college. "With all these advantages, this institution offers inducements to patronage, unsurpassed by any college in the Union. Those who wish to encourage our own institutions, under direction and control of southern men, should patronize this."<sup>28</sup> It is evident that although the establishment of Centenary College reflected national trends, the opportunity for higher education to support regional values and socio-cultural ends was recognized by the public.

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<sup>27</sup> Jonathan Daniel Wells, *The Origins of the Southern Middle Class: 1800-1861* (Chapel Hill: The University of North Carolina Press, 2004), 67.

<sup>28</sup> *The Mississippi Free Trader*, November 13, 1841.

In the first half of the nineteenth century, opportunities for Mississippians to access higher education within the state were limited. In the period between the initial 1832 discussions of Centenary's founding and the merger and relocation of the college in 1845, the only other institutions available for higher education in Mississippi were Mississippi College in Clinton, which began as Hampstead Academy in 1826, and Sharon College in Madison County which opened in 1838. The University of Mississippi would not be chartered and opened for enrollment until 1848. Interestingly higher education opportunities for young women at this time were more plentiful with female academies operating at Oxford,<sup>29</sup> Port Gibson,<sup>30</sup> Holly Springs,<sup>31</sup> and Washington.<sup>32</sup>

At the time Centenary College was establishing its School of Medicine, American medical practice was an unorganized environment of competing medical theories, unregulated practitioners, and inconsistent minimally effective treatments. Registration, licensure, and other forms of state oversight were essentially nonexistent. Although some meaningful advances in medical science were made during the first half of the nineteenth century, including the discovery of anesthesia, the introduction of the stethoscope for diagnosis, and the first successful blood transfusion, the profession as a whole was still far from a cohesive evidence-based discipline and even a full fifty years from broad acceptance of the germ theory of disease.<sup>33</sup> Adding to the disarray of American medicine were competing schools of thought including homeopathy, Thomsonian medicine, naturopathy, botanical practitioners, and the orthodox or allopathic physicians often referred to as "the regulars."<sup>34</sup> Each of these approaches to diagnosis and treatment had strong proponents creating sects that vied for authority both among physicians and within the communities they served. The authority, which each group sought, was not only about the validity of diagnosis and treatment but also about the position of doctors in society. Paul Root Wolpe in his assessment of the medical sects of this period through the lens of professional ethics

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<sup>29</sup> Mayes, *History of Education in Mississippi*, 93.

<sup>30</sup> *Ibid.*, 96.

<sup>31</sup> *Ibid.*, 46.

<sup>32</sup> *Ibid.*, 38.

<sup>33</sup> Nancy J. Tomes, "American Attitudes toward the Germ Theory of Disease: Phyllis Allen Richmond Revisited," *Journal of the History of Medicine*, 52, January 1997.

<sup>34</sup> W. G. Rothstein, *American Physicians of the Nineteenth Century* (Baltimore: The Johns Hopkins University Press, 1972).

and social status observed:

[T]here was simply no true orthodoxy to be an alternative to in the early to mid-nineteenth century. The reason we think of homeopathy, eclecticism, Thomsonianism, and the rest as alternatives is because the regulars won the battle for professional dominance; and it is the winners who write the history of the losers. Instead of orthodox and alternative medicine, the early nineteenth century is characterized by a stratified and diverse healthcare market in which different healthcare philosophies were competing. Within that field each group considered itself the legitimate representative of the future of medicine and others as pretenders.<sup>35</sup>

The efforts of these various sects to establish authority were part of a larger social transition of medicine from trade to profession wherein social and cultural standing of physicians was being established as well as validity regarding diagnosis and treatment. In this complex environment, the evolution of medical practice in pre-Civil War America toward a unified authority was, at best, slow and difficult. As noted by Paul Starr, the attainment of medical authority met numerous obstacles including perceived competence, the absence of public trust, and “. . . general resistance to privileged monopolies in the society at large.”<sup>36</sup> Although incremental progress would be made in this regard later in the nineteenth century, substantive change toward a more cohesive and unified medical profession would not begin until the early twentieth century. Two important foundations of the evolution to come were the formation of the American Medical Association in 1847 and the gradual incorporation of advancements in medical science into medical practice.

Further complicating the effort to establish medical authority within the antebellum South was the political milieu of increasingly strident southern sectionalism and a vigorous argument in favor of a “southern medicine.” This argument, however, was not merely regionalism, politi-

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<sup>35</sup> Paul Root Wolpe, “Alternative Medicine and the AMA,” in *The American Medical Ethics Revolution: How the AMA's Code of Ethics Has Transformed Physicians' Relationships to Patients, Professionals and Society*, ed. Robert B. Baker, et. al. (Baltimore: Johns Hopkins University Press, 1999), 220-221.

<sup>36</sup> Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 17.

cal rhetoric, or perceived cultural differences between North and South. Rather, it was grounded in various medical theories that asserted certain diseases and their causes were unique characteristics of the southern climate or the result of physiological differences between northern and southern individuals. Such assertions inevitably led to differences in treatments. In practice, southern medical distinctiveness was actualized as differences in drug doses or variations in the use of treatments such as bloodletting or purging. For example, the liver of the southerner was thought to be less responsive to medications used to stimulate its function. In order to “arouse torpid southern livers” large doses of drugs like calomel were given for many diseases in far larger doses than those administered to patients in the North.<sup>37</sup> Although within medical circles this movement was framed in the diagnostic and treatment needs of southern patients, as Warner points out, “[T]here were also powerful social, political, and economic incentives for fashioning a distinctive southern medicine with its own educational institution.”<sup>38</sup>

The notion that a specific form of medical practice was required for the southern region was secondarily supported by rising southern sectionalism and further expressed as support for a distinctive medical education for southern physicians. The movement toward the definition of a ‘southern medicine’ was also reinforced by the emergence of medical journals produced in the region. *The Southern Medical and Surgical Journal*, published in Augusta, Georgia, first appeared in 1836. In its inaugural edition, the editor introduced the purposes of the journal, which included recognition of a distinctive southern pathophysiology and practice stating:

. . . the profession at the South have long regarded and anticipated, as a most desirable object, the establishment of a Journal that should collect and preserve the valuable discoveries and improvements of Southern practitioners relative to the nature and treatment of diseases incident to Southern climates . . .<sup>39</sup>

The editor, Dr. Milton Antony, goes further in his introduction

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<sup>37</sup> John Harley Warner, “The Idea of Southern Medical Distinctiveness: Medical Knowledge and Practice in the Old South” in *Science and Medicine in the Old South*, eds Ronald L. Numbers and Todd L. Savitt (Baton Rouge: Louisiana State University Press, 1989), 182.

<sup>38</sup> Warner, “The Idea of Southern Medical Distinctiveness,” 206.

<sup>39</sup> Editor, “Introduction,” *Southern Medical and Surgical Journal*, no. 1 (1836), 2.

speaking more directly to the marginalization and isolation of doctors practicing in the South lamenting that the southern medical experience was not being communicated through available professional publications. The new journal was intended to correct this “evil” and to provide “. . . that Southern physicians should no longer want an appropriate vehicle of communicating to each other and to the world the valuable results of their observation, practice and reflection . . .”

In the first half of the nineteenth century, reformers of American medicine, both North and South, held strongly that any improvement or standardization of medical practice must be achieved through improvement and standardization of medical education. However, medical education in this period was fragmented to the same extent as medical practice. The practitioners produced at the time were a mixture of the more or less formally educated and those relying solely on apprenticeships served with paid or voluntary physician preceptors. Dr. Daniel Drake, an ardent supporter of medical reform, gave a rather dismal view of those entering medical practice at the time. In an 1832 essay on medical education, he observed that the profession was “. . . filled with recruits, deficient either in abilities or acquirements—too often both—who thus doom it to a mediocrity, incompatible with both its nature and objects.” Drake further suggested that neither parents nor established physicians were selecting candidates for medical training who had adequate intellect or the proper constitution but rather those “. . . too stupid for the Bar and too immoral for the Pulpit.”<sup>40</sup> The more highly-regarded medical schools of the day included Jefferson Medical College, the University of Virginia, and the University of Pennsylvania. These institutions represented the mainstream allopathic school of medical thought and their structure and curricula and were largely based on the well-established teaching institutions of Europe—principally in France and Germany.<sup>41</sup>

In response to this state of affairs, state and local medical associations as well as the more established and forward-thinking medical schools proposed numerous improvements for physician training

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<sup>40</sup> Daniel Drake, *Practical Essays on Medical Education and the Medical Profession in the United States* (Cincinnati: Roff & Young, 1832), 1-6.

<sup>41</sup> John Harley Warren, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Baltimore: Johns Hopkins University Press, 2004); T. N. Bonner, *American Doctors and German Universities: A Chapter in International Intellectual Relations, 1870-1914* (Lincoln: University of Nebraska Press, 1963).

including requirements for minimum student age, strengthening faculty, educational requirements for admission to medical training and minimum requirements for graduation. The collective aims of medical leaders regarding reform of education are represented in the report of a May 1847 meeting of 250 state medical societies (including Mississippi) that was held in Philadelphia in May 1847.<sup>42</sup> The recommendations of this report were the nation's first substantive efforts toward consistency in medical education and set in motion discussions that would lead to the formation of the American Medical Association.<sup>43</sup>

The Centenary College School of Medicine was representative of the national aims of medical education reform and was well within the emerging mainstream of thought in the establishment of a degree-based medical training program housed within an academic institution. Growth in the number of medical schools generally paralleled the growth of colleges. At the beginning of the nineteenth century, four medical schools existed in America. Each of these began at already established institutions—the University of Pennsylvania's medical school started in 1765, King's College Medical Department (now Columbia) was established in 1767, Harvard's medical school was founded in 1782, and Dartmouth's in 1797. Through 1840, only six additional medical schools were founded—forty-seven were added from 1840 through 1876.<sup>44</sup>

In the antebellum Deep South, students who wished to study medicine at a formal school rather than serve apprenticeships had limited opportunities. Prior to the start of the Civil War, Alabama had two medical schools, both of which were founded after the establishment of Centenary. The first was the Graefenburg Institute in Dadesville, Alabama, chartered in 1852. This private venture closed in 1862.<sup>45</sup> Subsequently, the Medical College of Alabama was founded in 1859 by Dr. Josiah Nott in Mobile.<sup>46</sup> The Memphis Medical College was established in 1846 as a private entity of the Memphis medical community that

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<sup>42</sup> Proceedings of the National Medical Conventions, Held in New York, May 1846, and in Philadelphia, May 1847 (Philadelphia: American Medical Association, 1847).

<sup>43</sup> Morris Fishbein, *A History of the American Medical Association* (Philadelphia: W. B. Saunders, 1947), 27-29.

<sup>44</sup> Catalogue of the Trustees, Officers, and Students of the University of Pennsylvania. Session 1845-46. University of Pennsylvania.

<sup>45</sup> Roy H. Turner, *Graefenberg, the Shepard Family's Medical School* (New York: Paul B. Hoeber, 1933).

<sup>46</sup> C. B. Rodning, "Medical College of Alabama in Mobile, 1859-1920: A Legacy of Dr. Josiah Clark Nott" *Southern Medical Journal*, 82, no. 1 (1989): 53-63.



operated intermittently until the beginning of the war after which it ceased to exist. Tennessee established its second medical school in 1850 as a department of the University of Nashville. This program evolved into what is today the Vanderbilt University School of Medicine.<sup>47</sup> Closer to home, Mississippi students could attend the Medical College of Louisiana in New Orleans that began lectures in 1834 and used the well-established Charity Hospital for clinical instruction. This school was granted a charter the following year.<sup>48</sup> A second Louisiana school, the New Orleans School of Medicine, was opened in 1856.<sup>49</sup> A clear legacy for the Centenary medical program, in addition to its primacy within Mississippi, this school served a large geographic area including northern Louisiana, central Alabama, and Tennessee when no other school of medicine existed. Mississippi itself would not see other medical schools established until 1882 when Kirk's Clinical Institute of Medicine and Surgery was chartered in Meridian and the Mississippi Medical College, also in Meridian, was established in 1906.<sup>50</sup>

The founding of a medical school at Centenary aligns well with other actions taken on behalf of health and health care in antebellum Mississippi. Even as a young state, Mississippi made significant investments in this regard. In 1818, its first full year of statehood, the general assembly (it became known as the legislature with the Constitution of 1832) enacted legislation to provide housing and care for the indigent and to authorize county governments to maintain stocks of medicine "for the benefit of the poor." Formal credentialing, as a mechanism to regulate the practice of medicine in the state of Mississippi began in 1819 with legislation to establish a Board of Medical Censors "to grant licenses to practice medicine and surgery to applicants, therefore, upon satisfactory evidence of qualification . . ."<sup>51</sup> Mississippi was well ahead of most other states in the regulation of medical practice. Further, the

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<sup>47</sup> Otis S. Warr, "The History of Medical Education in Tennessee," *The Centennial History of the Tennessee State Medical Association, 1830-1930*.

<sup>48</sup> A.E. Fossier, "History of Medical Education in New Orleans: From Its Birth to the Civil War," *Annals of Medical History*, 6 (1934): 320.

<sup>49</sup> John Duffy, *The Rudolph Matas History of Medicine in Louisiana*, Vol 2, (Baton Rouge: Louisiana State University Press, 1962), 260.

<sup>50</sup> Lucius M. Lampton and Karen A. Evers, *Images in Mississippi Medicine: A Photographic History of Medicine in Mississippi* (Jackson: Mississippi State Medical Association, 2018), 24.

<sup>51</sup> George Poindexter, ed., *The Revised Code of the Laws of Mississippi in Which Comprised All Such Acts of the General Assembly of a Nature as Were in Force at the End of the Year 1823 with a general index* (Natchez: Francis Baker, 1824), 416.

general assembly in 1820 established penalties for practicing without state authorization. Hospital facilities were supported by the state through the 1846 purchase and operation of the federal marine hospital in Natchez, as well as by the repair of the Vicksburg Hospital after it was damaged by fire. It is interesting in light of twenty-first century discussions of health care access and immigration policy that the last line of the act appropriating funds for the Vicksburg facility provides universal access to care, citizen or not, reading, "The institution shall always be open for the reception of all and every afflicted human being, not only of the United States of America, but of the whole world."<sup>52</sup> This viewpoint, although somewhat Utopian, does indicate the value that the legislature placed on health infrastructure. Additional efforts in support of medical care and health policy between 1820 and 1848 included an act to prevent the practice of empiricism<sup>53</sup> in the state, legislation to prevent the importation of smallpox and other contagious diseases, creation of a vaccine depot, establishment of schools for the deaf and blind, and the establishment of the Mississippi State Lunatic Asylum in Jackson.<sup>54</sup>

Another way to contextualize Centenary's medical program is by close examination of the eleven textbooks and references that framed its curriculum. Such an examination provides a means to position the curricular content of the school within American medical reform efforts and within the profession's struggle to establish technical and cultural authority. This analysis also allows comparison of Centenary's program of study to contemporary medical curricula at more established institutions. A list of the texts appears in the Centenary Catalogue for the 1842-43 session (Figure 2). These books constitute a body of medical knowledge that is distinctly allopathic (modern) and parallels the diagnostic and therapeutic principles that would, as the century progressed, emerge as orthodoxy. There is no indication that homeopathy, eclecticism, or other competing treatment philosophies were taught at Centenary. The listed texts also suggest a curriculum that is strikingly modern in that it encompassed basic medical science subjects, such as

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<sup>51</sup> George Poindexter, ed., *The Revised Code of the Laws of Mississippi in Which Comprised All Such Acts of the General Assembly of a Nature as Were in Force at the End of the Year 1823 with a general index* (Natchez: Francis Baker, 1824), 416.

<sup>52</sup> A. Hutchinson, *Code of Mississippi* (Jackson: Price and Fall, 1848), 305.

<sup>53</sup> Empiricism in this context refers to the practice of medicine without regard to scientific theory and based solely on practical experience. By the mid-nineteenth century, this method of practice was considered a form of quackery.

<sup>54</sup> Hutchinson, 1848, 281-307.

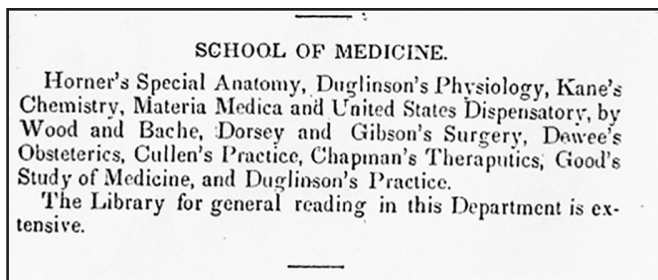


Figure 2. Excerpt from 1842-43 Centenary College Catalogue showing course of study for the school of medicine.

anatomy and physiology, and complemented them with applied medical practice topics and specialty subjects.

The first three entries were the foundational medical texts of the period. *Horner's Special Anatomy and Histology*,<sup>55</sup> first published in 1826, was in its sixth edition as Centenary opened and would remain a mainstay in American medical education for the following three decades. Duglinson's physiology, was held in similar esteem among students of medicine and their instructors. Although spelled incorrectly in the Centenary catalogue, Duglinson's *Human Physiology* was the premier medical physiology reference in America from the first edition released in 1832 to well beyond its eighth edition in 1856. "Kane's Chemistry" refers to *Elements of Chemistry, Theoretical and Practical: Including the Most Recent Discoveries and Applications of the Science to Medicine and Pharmacy, to Agriculture, and to Manufactures*. First published in Dublin, Ireland, by Sir Robert Kane in 1841, this work was immediately popular in both Britain and America as a core textbook of applied chemistry. In 1842 John William Draper, who would later become the first president of the American Chemical Society, produced an American edition of Kane's text, which would have been the version available to students at Centenary.<sup>56</sup> These three texts represent a then state-of-the-art curriculum in the basic sciences and a solid foundation for the study of medicine.

*Materia Medica*, as referenced in the Centenary curriculum, is a broad term for the systematic study of drugs, medications, and other

<sup>55</sup> William Horner, *Special Anatomy and Histology* 6<sup>th</sup> ed. (Philadelphia: Lea & Blanchard, 1843).

<sup>56</sup> Robert Kane, *Elements of Chemistry Including the Most Recent Discoveries and Application of the Science to Medicine and Pharmacy, and to the Arts*. American Edition, John William Draper ed. (New York: Harper & Brothers, 1842).

therapeutic materials used in the treatment of patients. Today, this body of knowledge resides within the field of pharmacology. In the early nineteenth century, little existed in the way of standardized drug preparations making the response of an individual patient to a particular prescription often unpredictable. In 1820 an effort to correct this problem was made by a small group of physicians through the publication of the *United States Pharmacopoeia* as a reference for drug standards.<sup>57</sup> George B. Wood, a physician serving as Chair of *Materia Medica* at the Philadelphia College of Pharmacy and Franklin Bache, a physician and medicinal chemist, determined the *Pharmacopoeia* alone to be inadequate for teaching or practice because it did not include tests to confirm the content, purity, or strength of compounds. It also did not provide descriptions of crude drug preparations or the botanical materials from which they are derived. To correct these deficiencies, Wood and Bache co-authored *The Dispensatory of the United States of America* in 1833.<sup>58</sup> The importance of including this particular reference text in the Centenary curriculum is that it served as an appropriate source of information for physicians who might function both as medical practitioners and apothecaries. This was especially important for those who were going to practice in more rural areas and would be preparing their own medications.

The listing of *Dorsey and Gibson's Surgery* in the Centenary Catalogue refers to two prominent, in fact seminal, surgical textbooks of the period and emphasizes Centenary's connection to the University of Pennsylvania faculty and curriculum. John Syng Dorsey, was a rising star in American surgery who graduated from the University of Pennsylvania Medical School, studied in the great surgical clinics of Europe, and returned to join the faculty at Pennsylvania. In 1813, he published *Elements of Surgery: For the Use of Students*,<sup>59</sup> which was the first comprehensive textbook of surgery written and published in America.

The second surgical text in the Centenary curriculum was the monograph of William Gibson titled *The Institutes and Practice of Surgery*:

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<sup>57</sup> *The Pharmacopoeia of the United State of America, 1820* (Boston: Charles Ewer, 1820).

<sup>58</sup> George B. Wood and Franklin Bache, *The Dispensatory of the United State of America* (Philadelphia: Grigg & Elliot, 1833).

<sup>59</sup> John Syng Dorsey, *Elements of Surgery: For the Use of Students* (Philadelphia: Edward Parker, 1813).

*Being the Outlines of a Course of Lectures.*<sup>60</sup> Gibson, an American who matriculated in medicine at Edinburgh, returned to assume the chair of surgery at the University of Pennsylvania Medical School in 1819, a position he held until 1855. His textbook, first published in 1824, was a foundational resource for students and practicing surgeons well into the post-war period. For any medical training program of the Centenary era, it would have been the single best American surgical reference available.

“Dewee’s (sic) Obstetrics” is the next listing in the syllabus and references William Potts Dewees’s *A Compendious System of Midwifery*, first published in 1824.<sup>61</sup> At this time in nineteenth-century America, the vast majority of deliveries were attended by midwives or in fewer instances, an accoucheur or male midwife.<sup>62</sup> Physician-attended labors and deliveries were still unusual and many medical schools of this period did not teach obstetrics at all. William G. Rothstein, in his review of nineteenth century medical school curricula, observed that, “[B]ecause social values of the period precluded student attendance at obstetrical deliveries, most medical students became physicians without ever witnessing the birth of a child.”<sup>63</sup> It was Dewees, while on the University of Pennsylvania faculty, who brought obstetrics forward as a defined and legitimate specialty and who became the first medical educator to develop a full course of lectures on the subject. Dewees’s textbook went through twelve editions and played a central role in moving the practice of obstetrics into the mainstream of American medicine and “. . . laying the foundation for scientific midwifery in the United States.”<sup>64</sup> The inclusion of obstetrics in the Centenary plan of study is further evidence of the school’s commitment to a progressive medical curriculum.

The final four texts listed in the Centenary catalogue focus on general medicine and therapeutics. Today, this body of knowledge would be encompassed within the discipline of internal medicine. The first of these, described as “Cullen’s Practice,” is properly *First Lines of Practice of Physic* by William Cullen of Edinburgh, Scotland, one of the most

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<sup>60</sup> William Gibson, *The Institutes and Practice of Surgery: Being the Outlines of a Course of Lectures* (Philadelphia: Edward Parker, 1824).

<sup>61</sup> William P. Dewees, *A Compendious System of Midwifery Chiefly Designed to Facilitate the Inquiries of Those Who May Be Pursuing This Branch of Study* (Philadelphia: H.C. Carey & I. Lea, 1824).

<sup>62</sup> Judith Walzer Leavitt, *Brought to Bed: Child-Bearing in America, 1750-1950* (Oxford: Oxford University Press, 1986).

<sup>63</sup> Rothstein, *American Physicians of the Nineteenth Century*, 92.

<sup>64</sup> John S. Haller, *American Medicine in Transition: 1840-1910* (Urbana: University of Illinois Press, 1981), 53.

prominent physicians in the United Kingdom. This monograph had deep provenance as a medical text having first appeared in 1777 and was published in numerous subsequent editions as late as 1829.<sup>65</sup> Following Cullen's death in 1790, John Rotherham added explanatory notes and updated the text. This edited version, first published in 1806, gained significant popularity in both Britain and America.<sup>66</sup>

"Chapman's Therapeutics" refers to a text with the cumbersome title *Elements of Therapeutics and Materia Medica: To Which are Prefixed Two Discourses on the History and Improvement of the Materia Medica, Originally Delivered as Introductory Lectures*.<sup>67</sup> This work went through six editions and remained a mainstay of American medical education through the first half of the century. The text's author, Nathaniel Chapman, was a dedicated medical educator who held the chair of the Theory and Practice of Medicine at the University of Pennsylvania for almost forty years. Good's *Study of Medicine*, a similar comprehensive four-volume text organized by organ system, was first published in London in 1822. After six successful editions in Britain, an American edition published in 1836 would have been the version used by Centenary's students. Robley Dunglison's *The Practice of Medicine; A Treatise on Special Pathology and Therapeutics*<sup>68</sup> is the last entry in the curriculum list. The first edition became available in 1842 and represented the most up-to-date general medicine text available to students of medicine at that time.

Viewed in its entirety, the Centenary curriculum, as outlined by the texts listed in the college's 1842-43 catalogue, can be judged as sufficiently broad to meet the needs of the medical students of the period, reflective of ideas and trends that were current, and based on the best medical and scientific sources of the day. The authors behind the texts and reference materials were among the most respected in American medicine and were associated with the premier medical schools and with major medical centers of the antebellum period. The fact that the

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<sup>65</sup> John Thomson, William Thomson, and David Craigie, *An Account of the Life, Lectures, and Writings of William Cullen, M.D. Professor of Medicine and General Pathology in the University of Edinburgh, Vol. II* (Edinburgh and London: William Blackwood and Sons, 1859), 690.

<sup>66</sup> William Cullen, *First Lines in the Practice of Physics: With Explanatory Notes by John Rotherman, M.D.* (New York: Z. Duyckinek, 1806).

<sup>67</sup> Nathaniel Chapman, *Elements of Therapeutics and Materia Medica: To Which Are Prefixed Two Discourses on the History and Improvement of the Materia Medica, Originally Delivered as Introductory Lectures* (Philadelphia: M. Carey & Sons, 1821).

<sup>68</sup> Robley Dunglison, *The Practice of Medicine: A Treatise on Special Pathology and Therapeutics* (Philadelphia: Lea and Blanchard, 1842).

faculty of the University of Pennsylvania School of Medicine was strongly represented among these authors deserves emphasis. Philadelphia was a destination for many southerners who traveled north for the purpose of medical education. Steven Stowe pointed out:

Philadelphia set the standard for orthodox medical education largely because of the University of Pennsylvania medical school, esteemed since the eighteenth century, but also because of Jefferson Medical College, both schools enrolled large numbers of southerners well into the 1850's.<sup>69</sup>

Indeed, over the last decade of the antebellum period, fully sixty-six percent of the University of Pennsylvania's enrolled medical students were from southern states.<sup>70</sup> For Centenary's curriculum to have drawn heavily on the University of Pennsylvania further supports the thesis that the course of study was not an outlier but rather aligned well with mainstream medical education of the mid-nineteenth century.

The medical faculty at Centenary consisted of a single instructor, Dr. James B. C. Thornton, who served as Professor of the Theory and Practice of Medicine. At first glance from a modern perspective, the notion of a medical school with a single faculty member is dubious at best. However, within the context of a new nineteenth century medical school with a total student body of only fifteen, the structure of a single faculty becomes less aberrant. Only twenty years earlier, the University of Virginia School of Medicine, one of the oldest and most venerated medical programs, opened to student enrollment with Robley Dunglison as the only professor. In addition, preceptorship or apprenticeship of a student to a single physician was a common pedagogical construct for medical education well into the mid-nineteenth century. In fact, many early state licensing laws applied only to apprentice-trained physicians and as Rothstein noted these laws "nominally maintained" the apprenticeship system until it was supplanted by medical school-based training in the post-war period.<sup>71</sup> Centenary's School of Medicine was in step

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<sup>69</sup> Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004), 278.

<sup>70</sup> Daniel Kilbride, "Southern Medical Students in Philadelphia, 1800-1861: Science and Sociability in the 'Republic of Medicine,'" *Journal of Southern History*, 65 (1999), 703.

<sup>71</sup> Rothstein, *American Physicians of the Nineteenth Century*, 87.

with these national trends.

James B. C. Thornton was appointed by the Centenary Board of Trustees to the Lane Professorship of Natural Science in May 1841. At that same meeting, the board elected his older brother, Thomas C. Thornton, a member of the Methodist clergy, to be president of Centenary. The following January (1842), the board established the medical school and gave the younger Thornton the additional title of Professor of the Theory and Practice of Medicine.<sup>72</sup> James B. C. Thornton, a native of Dumphries, Virginia, graduated from the University of Maryland School of Medicine with the Doctor of Physics degree in April 1818 having successfully defended a dissertation on fever. His dean at Maryland was William Gibson whose surgery textbook was described as part of the Centenary curriculum. Prior to joining the Centenary faculty, Thornton practiced in northern Virginia and Washington, DC, where he developed a reputation as a physician and medical educator, which was confidently characterized by his brother:

Of Dr. Thornton, the professor of natural sciences, and the theory and practice of medicine, it does not become me to speak. He is my brother. Nor is it necessary, as he is to known to gentlemen in Mississippi of exalted standing as a physician of twenty-five years' practice and experience in Virginia and Washington City. He has been constantly engaged in the instruction of your gentlemen in the science of medicine, several of whom are eminent physicians now in this and the adjoining States.<sup>73</sup>

Albeit the medical faculty was only one individual, Centenary College students of medicine had the advantage of a clinically-experienced, university-trained instructor who had made a commitment to medical education.

Under President Thornton's leadership, the college assembled other qualified faculty who were dedicated educators and content experts. Dr. James B. Dobbs served as professor of mathematics. The thirty-four-year-old Dobbs, also a Virginia native, came south in 1841 at the request

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<sup>72</sup> Minutes of the Board of Trustees: Centenary College, Brandon Springs, Mississippi, 1841-1845. Centenary College Archives. Centenary College, Shreveport, Louisiana.

<sup>73</sup> Mayes, *History of Education in Mississippi*, 112.



of the Reverend John Lane who chaired the Centenary College board of trustees. He served Centenary College in Brandon Springs until its closure in 1845 when he moved to Jackson, Louisiana, to join the faculty of the newly created Centenary College of Louisiana the following year.

Subsequently, Dobbs moved to Transylvania College in Lexington, Kentucky, where he became president *pro tem*. Over his career, he published numerous mathematics textbooks that became widely used both in America and Canada and distinguished himself as a mathematics educator. David O. Shattuck, originally from Connecticut, was a Methodist minister, practicing attorney, and judge appointed by the Centenary board in July 1843, to the position of professor of law. Just over a year later, Shattuck would play a leadership role in the closure and merger of Centenary, Brandon Springs, with the College of Louisiana and would serve as the first president of the newly-formed Centenary College of Louisiana from 1844-1848. It should also be noted that Shattuck was the Whig candidate for Mississippi governor in 1841 and was narrowly defeated by the democratic candidate, Tilghman Tucker, who vetoed the initial Centenary charter. There is no evidence that the veto was influenced by Shattuck's association with the school as he was appointed to the faculty well after the matter was resolved. In later years, Shattuck would relocate to northern California where he became a prominent judge and businessman.

The goal of any medical school, past or present, is to produce doctors who provide care for patients. Extant records indicate that the Centenary College School of Medicine attained this benchmark. At least fifteen students are known to have enrolled in the medical curriculum and are listed along with their place of residence in the 1842-43 catalog. Six students were identified by William Hamilton Nelson in his 1931 history of the school as graduating in the class of 1844, but this list appears to be based on a typescript of the original Centenary board of trustees minutes and almost certainly contains transcription errors regarding some of the names.<sup>74</sup> Using the original Centenary Catalogue as a source document and available period documents as cross references, eight of these students can be confirmed to have established medical practices in Mississippi. Dr. Caleb F. Farrar took additional medical training at the University of Pennsylvania under the preceptorship of James B. C.

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<sup>74</sup> Nelson, *Burning Torch, Flaming Fire*, 120.

Thornton,<sup>75</sup> practiced for thirty-five years in Adams County and was issued Mississippi permanent medical license no. 582.<sup>76</sup> After Centenary's closure, Samuel Cobun Humphreys also enrolled in the University of Pennsylvania School of Medicine where he graduated in 1845. Humphreys established a medical practice in Claiborne County where he practiced until his death in 1853 at the age of thirty.<sup>77</sup> Dr. Edward M. Lane also completed his medical degree at Pennsylvania in 1845 and returned to Vicksburg where he became a prominent citizen and physician. Evidence of his considerable social status includes his serving as executor of the estate of Martha Vick, a daughter of Vicksburg's founder. He died of pulmonary disease at the young age of thirty-nine.<sup>78</sup>

W. S. Gibson, originally from Warren County, settled and practiced in the Natchez area. After practicing in Yazoo City, Dr. Daniel A. James relocated to Claiborne County in 1852 where he served patients until his death in 1872. Less fortunate were Dr. A. F. Scott who died of "congestive fever" only a year after leaving Centenary and Dr. J. M. Selser who practiced actively in Vicksburg until 1861 when he was killed by a fellow Vicksburg physician in an altercation over Selser's sister.<sup>79</sup>

Dr. Alonzo Lancaster settled in Bolivar County where he practiced medicine until his death in 1884 at age sixty-three. His obituary relates a moving story of his demise due to a fall from his horse while making a house call at night.

His horse was next morning found riderless, and on searching, the doctor was found dead from the saddle, and there alone and untended, near the banks of the lonely river, with only the stars of heaven and the pitying eye of God above him, he who had brought relief to so many throbbing brows and consolation to so many sorrowing hearts had passed from the earth forever.<sup>80</sup>

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<sup>75</sup> Catalog of the Trustees, Officers and Students of the University of Pennsylvania. Session 1845-6. Philadelphia: The University of Pennsylvania, 1846.

<sup>76</sup> Adams Co, MS Genealogical and Historical Research. [http://www.natchezbelle.org/adams-ind/doc\\_e\\_m.htm](http://www.natchezbelle.org/adams-ind/doc_e_m.htm). URL accessed August 26, 2018.

<sup>77</sup> Dr. Samuel Coben Humphreys' grave marker, Humphreys' Cemetery, Claiborne County, Mississippi.

<sup>78</sup> "Death of Dr. E. M. Lane," *Vicksburg Whig*, October 24, 1860, 1.

<sup>79</sup> "Bloody Affair at Warrington, Miss." *The Mississippi Free Trader*, June 4, 1860, 1.

<sup>80</sup> "Obituary," *The Clarion Ledger*, December 10, 1884, 3.

This obituary and the preceding brief biographical sketches document that Centenary medical graduates entered practice in the state and provided care for patients in Mississippi communities. If one applies the single qualitative measure of educating students who become licensed practitioners and served patients, the Centenary College School of Medicine can be judged a successful enterprise. If one applies more quantitative measures of success such as class size, an expanding faculty, or sustained operation over many years, then the Centenary College School of Medicine was clearly not successful. The causes of the school's failure were those of the college itself and have been well analyzed by others.<sup>81</sup> Certainly, its rural location, cumbersome governance structure, and poorly-funded business model, all played some role. However, its failure was not due to the absence of dedicated faculty or to unqualified faculty, failure to be aligned with period trends in higher education, or community priorities for educational institutions. Centenary's School of Medicine reflected emerging national efforts to improve medical education as well as evolving regional values regarding medical care in the South. The school also constructed a high quality medical curriculum that was at least comparable, if not parallel to, those of the most prominent medical schools of the period.

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<sup>81</sup> Ray Holder, "Centenary: Roots of a Pioneer College (1838-1844)," *The Journal of Mississippi History*, vol. 42 no. 2 (1980) 77. See also Nelson, 1933 and Morgan, 2008