

A Creole Complex: Yellow Fever, the Atlantic World and
the Formation of Early Republican Medical Culture

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Introduction

Beginning in the 1790s, successive waves of yellow fever outbreaks spread through American cities along the eastern seaboard.¹ These deadly epidemics unleashed one of the greatest medical controversies of the era. Nearly a century before scientists connected yellow fever to mosquito-borne pathogens, the early republican medical community struggled with competing claims about the character of the disease and proper means of prevention. Historians subsequently recreated the American experience via accounts that begin with the famous outbreak in the new nation's capital in 1793 and then traced the debates up and down the Atlantic coast.²

From the vantage point of the British medical writer Colin Chisholm, however, the yellow fever controversy began neither in Philadelphia nor 1793 or even among Americans. Rather, the yellow fever debate was something Americans had entered and ultimately altered for medical men on different sides of the Atlantic basin. This perspective framed the account he laid out in 1801, in a lengthy defense of his position in the debates.³

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¹ K. David Patterson offers an excellent overview of the outbreaks together with approximate mortality levels during this period. While yellow fever had occurred prior to the 1790s, it did so sporadically by comparison. Beginning in 1791, New York suffered 11 epidemics and Philadelphia 10. Baltimore, a growing center for international trade, was hit by 7 outbreaks. The worse epidemic, and the one that has received the most attention from scholars, was the 1793 outbreak in Philadelphia. Patterson estimates that at least 5000 people died. See K. David Patterson, "Yellow Fever Epidemics and Mortality in the United States, 1693-1905," *Social Science and Medicine*, 34:8 (1992). See also John B. Blake, "Yellow fever in eighteenth-century America," *Bulletin of the New York Academy of Medicine* 44.6 (June 1968), 673-686.

² The scholarship on yellow fever is vast, in particular studies of the famous 1793 outbreak in Philadelphia. For two particularly influential studies, see J.H. Powell, *Bring Out Your Dead: the great plague of yellow fever in Philadelphia in 1793* (Philadelphia: University of Pennsylvania Press, 1949); and J. Worth Estes and Billy G Smith, eds., *A Melancholy Scene of Devastation: The Public Response to the 1793 Philadelphia Yellow Fever Epidemic*, (Canton: Science History Publications, 1997).

³ Chisholm, *An Essay on the Malignant Pestilential Fever, Introduced into the West Indian Islands from Boullam, on the Coast of Ginea, As It Appeared in 1793, 1794, 1795, and 1796. Interspersed with Observations and Facts, Tending to Prove That the Epidemic Existing at Philadelphia, New-York, &C. Was the Same Fever Introduced by Infection Imported from the West Indian Islands: and Illustrated by Evidences Found on the State of Those Islands*,

Stationed as a medical officer in the British West Indies in the late eighteenth century, Chisholm studied and published on diseases in warm climates.⁴ While separated by an ocean and a different working context, Chisholm had become deeply embroiled in the American yellow fever controversy. Chisholm's two-volume 1801 publication constituted a lengthy defense of his views, his professional identity and his claims to study yellow fever – a response to nearly ten years of a conflicted relationship to the debates in the United States.

Chisholm's treatise – as well as the events and people that facilitated it – is not a quirky episode in an otherwise American story. The professional woes of a British West Indian medical writer pull us into a historical account with a different narrative. It is one with interconnected outbreaks, actors, disease studies and interests in various parts of the Atlantic world. It is a window onto a vibrant controversy extending beyond geopolitical boundaries. And it presents us with an opportunity to examine an overlooked but important angle in the intellectual, cultural, and political components of one of the most divisive issues in medical history during this period.

Examining the place of the West Indies in American medical responses also provides us with an important corrective to our understanding early republican medical culture during the era of the yellow fever crisis. Much of the scholarship on yellow fever in America rests on a broader historiographical paradigm in medical history confined to national boundaries. Any scholarship looking across new national boundaries has centered on the new nation's relations to former metropolises.⁵

and Information of the Most Eminent Practitioners Residing on Them (London: Printed for J. Mawman, by F. Gillet, 1801).

⁴ Goodwin, rev. Reznick, "Chisholm, Colin (c. 1747-1825)," *Oxford Dictionary of National Biography*.

⁵ There are many examples of this in scholarship on the history of American medicine. For some of the most recent work, see Helen Brock, " in Andrew Cunningham and Roger French, eds., *North America, a Western Outpost of*

The following essay positions the early American republic in a more “multi-centered” medical world. It takes its cue from historians who have been rethinking the ways in which the United States was affected by events as well as commercial, cultural and intellectual patterns in the larger Atlantic world, not merely the US and Europe. Rather than view early republican cultural formation through a post-colonial and national lens, scholars have argued for the ways in which the West Indies impinged upon the ways in which members of the early republic negotiated the nation’s cultural and political relationship to the Atlantic world – what Sean Goudie calls the early republic’s “creole complex.”⁶

Likewise, the story of early national American medical culture appears much more complicated when we look to both social and epidemiological phenomena in the West Indies during this period. Through the persistent problem of yellow fever in both the US and West Indies, as well as the movements of people and ideas throughout that region, many Americans cultivated networks with a variety of people outside of Europe with firsthand experience of yellow fever. These networks in turn influenced how American medical writers identified themselves as part of a wider Atlantic world of scientific and medical communities. What

European Medicine,” in *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990); Lisa Rosner, “Thistle on the Delaware: Edinburgh Medical Education and Philadelphia Practice, 1800-1825,” *Social History of Medicine* 5:1 (1992); Rosner “Student Culture at the Turn of the Nineteenth Century: Edinburgh and Philadelphia,” *Caduceus: A Humanities Journal for Medicine & the Health Sciences*, 10:2 (1994); Kariann Yokota, “To pursue the stream to its fountain’: Race, Inequality, and the Post-Colonial Exchange of Knowledge across the Atlantic,” *Explorations in Early American Culture*, 5 (2001). While investigating a slightly later period, John Harley Warner’s work centers on the influential role of European medicine on American medicine. See John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Princeton: Princeton University Press, 1998).

⁶ Joyce Chaplan addressed this issue in her influential essay, “Expansion and Exceptionalism in Early American History,” *Journal of American History* 89:4 (March, 2003). Sean X. Goudie, *Creole America: The West Indies and the Formation of Literature and Culture in the New Republic* (Philadelphia: University of Pennsylvania Press, 2006). For other recent examples of studies of the triangular dynamic of the relationship between the Early American Republic, different parts of the Caribbean and European metropolises, see Edward Ruggemer, *The problem of Emancipation: The Caribbean Roots of the American City War* (Louisiana State University Press:2009); Ashli White, *Encountering Revolution: Haiti and the Making of the Early Republic* (Johns Hopkins University Press, 2010).

characterized American medicine in the era of yellow fever was a “creole complex” shaped by an international web of medical writers.

Early Republican Medicine’s Creole Complex

On July 10, 1795, the *Philadelphia Gazette & Universal Daily Advertiser* featured a new work with “facts so highly interesting to the citizens of Philadelphia.” The piece in question was a recently published medical treatise by Colin Chisholm. *An Essay on the Malignant Pestilential Fever Introduced into the West India Islands* presented an account of the yellow fever epidemic Chisholm witnessed while a surgeon with the Royal Artillery in Grenada, in 1793. Shortly after its publication in 1795, the essay circulated among practitioners in different parts of the British Empire. At around the same time, *An Essay on the Malignant Pestilential Fever* began circulating through a variety of venues along the eastern seaboard. Newspapers printed advertisements and long excerpts.⁷ American medical writers read his work, reviewed it, talked about it and reflected on their implications in correspondence and even diaries.⁸ His work showed up as references in studies of local outbreaks in Philadelphia, New York and other parts of the country. An American edition appeared a few years later.⁹

⁷ See, for example, Connecticut Courant, June 29, 1795; The Boston Gazette, and the Country Journal, July 6, 1795. Large excerpts of Chisholm’s treatise appeared in a series of newspapers under the heading “History of the Origin and Progress of the Yellow Fever.” See, for example, New York Evening Post, 1 September 1803 and 2 September 1803; reprinted in Poulson’s Daily Advertiser (Philadelphia), 5 September 1803 and 6 September 1803; also reprinted in New York Herald, 5 September 1803.

⁸ Doctor Elihu Hubbard Smith, a devoted diarist, recorded extensive study of the treatise over the course of several days in Fall of 1797. See James E. Cronin, ed., The Diary of Elihu Hubbard Smith (Philadelphia: American Philosophical Society, 1973), 384-399.

⁹ Chisholm, An essay on the malignant pestilential fever introduced into the West Indian Islands from Boullam, on the coast of Guinea, as it appeared in 1793 and 1794. By C. Chisholm, M.D. and surgeon to His Majesty's ordinance in Grenada. To which is annexed, a description of the American yellow fever, which prevailed at Charleston in 1748, in a letter from Dr. John Lining. (Philadelphia: Printed for Thomas Dobson, at the stone house, no 41, South Second Street, 1799).

The circulation of Chisholm's treatise illuminates a broader but underexamined pattern in early republican medical culture: its links to a broader Atlantic world beyond the US and beyond Europe. When American medical writers grappled with the problem of yellow fever, they drew upon an array of networks and channels of information connecting them to medical communities and disease ecologies ranging from Chisholm's Grenada to other islands and locales in the Caribbean. Their epistemological tools, disease theories and practices were derived not solely through local knowledge or the knowledge acquired from European medical communities. The West Indies were very present in their culture.

Some of these patterns in knowledge exchange and production were a byproduct of the colonial period. Very recent scholarship has brought to light evidence of networks in natural history (so closely intertwined with climatology and disease study) between North American colonies and other "peripheries" such as the West Indies.¹⁰ Jan Golinski identified this phenomenon among a number of physician-naturalists based in the southern and mid-Atlantic colonies in the mid-eighteenth century. Physician-naturalists requested information from contacts in the Caribbean about the local character of climates and maladies on the different islands; they subsequently compared these reports to their own local findings. A treatise on one of the more sporadic outbreaks of yellow fever in North America in the colonial period displays evidence of colonial-authored accounts circulating through the Anglophone Atlantic, linking up North American disease knowledge to places like the Caribbean. The author, John Lining,

¹⁰ James Delbourgo, for example, analyzed the work of Edward Bancroft, a natural historian who circulated between the Caribbean and North America. See Delbourgo, *A most amazing scene of wonders: electricity and enlightenment in early America* (Cambridge: Harvard University Press, 2006), in particular 165-199. Susan Scott Parrish and Jan Golinski also reveal connections between the West Indies and North America in studies of both climate and botany. See Susan Scott Parrish, *American Curiosity. Cultures of Natural History in the Colonial British Atlantic World* (Chapel Hill: University of North Carolina Press, 2006); Jan Golinski, "American Climate and the Civilization of Nature," in James Delbourgo and Nicholas Dew, eds., *Science and Empire in the Atlantic World* (New York and London: Routledge, 2008), in particular 151-163.

related his local observations to those he found in a recently published account of a yellow fever outbreak in Barbadoes.¹¹ Such Atlantic natural knowledge networks did not disappear as a phenomenon following independence. Even into the 1790s, American naturalists and medical writers continued to cultivate such connections and integrate them into their studies of natural phenomena.¹²

While many Americans toured through Great Britain and wandered the lecture halls of the University of Edinburgh, they encountered and established relationships with medical writers (primarily military medical writers) who worked and circulated through the West Indies, East Indies and even both.¹³ Americans likewise encountered their publications through post-colonial connections to print sources and networks in Great Britain. Hence, metropolitan institutes, social circles and print were no mere centers for ideas and contacts based in Great Britain. North American residents both before and after the Revolution entered into a range of circles offering more of a *mélange* of materials and actors from different parts of the empire.

¹¹ John Lining, A description of the American yellow fever: in a letter from Dr. John Lining, physician at Charleston in South Carolina, to Dr. Robert Whytt, professor of medicine in the University of Edinburgh (London, 1756), 5

¹² Kathleen Murphy, "Portals of Nature: The Pursuit of Natural History in Eighteenth-Century British Plantation Societies," (Ph.D. diss., Johns Hopkins University, 2007), Chapter 5: "Patriotic Science and Transatlantic Patriots: Natural History in the Age of Revolution." Amanda Moniz also made the case for this in her study of networks in philanthropy, which intersected with the exchange in ideas about smallpox and smallpox prevention during the development and propagation of the new technology of vaccination at the turn of the nineteenth century. Moniz viewed these networks as operating on a global level, as opposed to just transatlantic links between Great Britain and the United States. See Moniz, "'Labours in the Cause of Humanity in Every Part of the Globe': Transatlantic Philanthropic Collaboration and the Cosmopolitan Ideal, 1760-1815," (PhD Diss, University of Michigan, 2008), 239-288.

¹³ Throughout the eighteenth century, the University of Edinburgh served as a major training center for medical men entering the Army, Navy and East India Company. Mark Harrison made an important note about how such an environment would have facilitated connections not only between metropolitan and peripheral actors but also among actors who worked in different colonial settings. See Mark Harrison, Medicine in the Age of Commerce and Empire: Britain and its Tropical Colonies, 1660-1830 (Oxford: Oxford University Press, 2010), 30-31 and 262. In his autobiography, Rush commented on the phenomenon of American medical students encountering and being introduced to medical students and famous medical writers "from every part of the British empire." See Rush, The autobiography of Benjamin Rush : his "Travels through life" together with his Commonplace book for 1789-1813. Ed. with introd. and notes by George W. Corner (Princeton: Published for the American Philosophical Society by Princeton Univ. Press, 1948), 44-45.

The presence of the West Indies only magnified in the late eighteenth century. The volume of exchange and types of sources that shaped the circulation and reception of Chisholm were more immediately the result of events in the 1790s. During this period, a succession of yellow fever pandemics occurred not only in American port cities but also in parts of the Caribbean. The increase in yellow fever activity coincided with political events, namely, the aftershock of the Haitian Revolution and the increased French and British military activity in the Caribbean theater of the Napoleonic wars. Yellow fever outbreaks occurred in tandem with the influx and circulation of military personnel and ships. The epidemics, in turn, stimulated a surge in British and French studies of the disease.¹⁴ American port cities' connections to the region through trade, travel and a recent large wave of refugees from St. Domingue increased Americans' and Caribbean actors' concern about the relationship between American and Caribbean sites of disease outbreak; this in turn stimulated interest in the studies and observations in those different sites.¹⁵

What inspired so much interest in Chisholm's account in particular was its direct implications for Americans' interpretation of their local outbreaks during the same period. It was in 1793, the same year as the famous outbreak in Philadelphia, that Chisholm observed and interpreted the yellow fever outbreak in Grenada. Chisholm pronounced the disease contagious and imported. He argued that the Ship Hankey brought the disease from Bulam (on the west

¹⁴ For the British context, see Harrison, *Medicine in the Age of Commerce and Empire*, 254-285; David Geggus, "Yellow fever in the 1790s: The British Army in Occupied Saint Domingue," *Medical History*, 1979. For the studies generated by St. Dominguan refugees and French military officers in St. Domingue, see E.A. Heaman, "The Rise and Fall of Anticontagionism in France," *Canadian Bulletin of the History of Medicine*, 12 (1995), in particular 3-7; Scholarship on the yellow fever literature generated by the French during this period is sadly limited. Most of it is concentrated on French continental studies of the disease and prevention, when yellow fever outbreaks hit the Spanish coast in the first and second decades of the nineteenth century. See, for example, George David Sussman, "From Yellow Fever to Cholera: A Study of French Government Policy, Medical Professionalism and Popular Movements in the Epidemic Crises of the Restoration and the July Monarchy," (PhD Diss., Yale University, 1971).

¹⁵ See Pernick, "Politics, Parties, and Pestilence," in particular 121-127.

coast of Africa) to Grenada. Chisholm went much further, tracing the path of disease along the ship's route from Jamaica to St. Domingue and Philadelphia. He argued that yellow fever had been imported to Philadelphia, thus contributing to a heated debate in that city and other parts of the country about the origins and character of the disease.¹⁶

Disease studies in both Caribbean settings and American port cities fostered an increased volume of exchange and cultivation of new networks. For many Americans, Caribbean spaces of inquiry, actors and their ideas quickly began figuring more and more as useful and necessary sources of information and sites of knowledge production. A number of American writings on local manifestations of yellow fever increasingly exhibited a hybrid character. Writers in port cities ranging from Baltimore to Philadelphia and New York wove evidence and ideas from the West Indies into their local studies and recommendations for medical practice.¹⁷

This West Indian presence did more than expand Americans' options for disease study. The discussions that buzzed around Chisholm's treatise also reveal the ways in which that presence impinged upon Americans' relations to former metropolitan centers of medicine. The heated debate Chisholm helped excite – whether or not yellow fever was contagious and imported – actually pivoted on much larger questions about the applicability of disease explanatory models that had their roots in Europe.

¹⁶ See Chisholm, *An Essay on the Malignant Pestilential Fever*, 99.

¹⁷ There are many examples of this phenomenon, some of which will be examined more closely in the next section. American writers referenced a number of treatises that circulated widely among British practitioners in the West Indies and even the East Indies (another region in which officers studied the character of fevers in warm climates). It was also not uncommon for practitioners to insert excerpts of their own treatises. One good example of this is a treatise by prominent New York-based physician, attached an appendix to his account of the character of yellow fever in New York, which contained excerpts from British West Indian medical writers' treatises on therapeutics. See Bayley, *An Account of the Epidemic Fever which Prevailed in the City of New-York, During the Part of the Summer and Fall of 1795. By Richard Bayley*. New York: Printed and sold by T. and J. Swords, Printers to the Faculty of Physic of Columbia College, No. 99, Peral Street. 1796.

In the early part of the eighteenth century, it was very common to think of yellow fever as contagious and transportable. British colonial practitioners applied European experience with plague and domestic febrile diseases like typhus. Like plague, it appeared relatively infrequently in coastal epidemics, making it easier to conceive of the disease as alien and imported. British practitioners also applied their experience with febrile diseases as they were taught and observed in Edinburgh and other centers of fever research that cropped up in Great Britain over the course of the eighteenth century. They related the disease, for example, to typhus, a disease many thought conveyed through the emanation of human effluvia.¹⁸

By the mid- to late eighteenth century, however, a growing number of medical writers posted to the tropics began to express doubts about the contagious nature of yellow fever. They increasingly conceived of the disease as a product of ecological and climatic features unique to warm climates and distinct from the epidemic diseases experienced and studied in Europe. By the latter half of the century, then, the doctrine of domestic origins grew out of colonial practitioners correcting and even rejecting an influential disease explanatory model.¹⁹

The unprecedented onslaught of successive yellow fever outbreaks in the 1790s accelerated this trend; but Colin Chisholm represented a collective of stalwart colonial practitioners who still challenged this view.²⁰ Chisholm's account expressed commitment to the disease's similarities to plague and typhus according to the nosological systems that continued to dominate disease study in different parts of Great Britain. In this account and elsewhere, Chisholm held up anti-plague measures intact in different parts of Western Europe as the necessary model form of prevention against yellow fever: "[N]ever has contagion till now,

¹⁸ Harrison, *Medicine in the Age of Commerce and Empire*, 254-256.

¹⁹ *Ibid.*, 254-269.

²⁰ *Ibid.*, 254-269.

rendered the usual precautions observed in Europe against the introduction of the Plague, necessary.”²¹ In so doing, Chisholm (and those who dovetailed his argument) made a very assertive claim about the authoritativeness of what other colonial figures increasingly identified as “old world” theories with no place in their studies. He thus helped stimulate one of the most vitriolic medical debates in the Atlantic world in the 1790s.

Connected to these larger developments, the surge in yellow fever information in the United States rapidly came to express more than a general heightened interest in its character. The volume of the literature and nature of the debates reflected much deeper cultural and epistemological tensions. In circulating, debating and relating Chisholm to their own work on yellow fever, Americans were actually confronting and working through very pressing questions about their position vis-à-vis an Atlantic medical world in dramatic flux.

Remedying a Perceived Crisis in Creole Knowledge

Chisholm’s work quickly came under the critical gaze of medical writers involved in a relatively new enterprise: the *Medical Repository*. Launched in 1797 in New York, the *Medical Repository* represented one of the first long-lasting US-based medical and scientific periodicals. It showcased and reviewed studies and observations on a range of natural history and medical topics. Its origins and primary goals, however, are intimately linked to the yellow fever pandemics. The rapid growth of information about yellow fever inspired the *Medical Repository*’s development.

The yellow fever pandemics spurred Elihu Hubbard Smith, Edward Miller and Samuel L. Mitchill of New York to find a way to reform medical knowledge and manage its circulation.

²¹ Chisholm, *An Essay on the Malignant Pestilential Fever*, xi.

Their inspiration and labors also grew out of their close relationship to other medical writers and fellow culture networkers. Those colleagues included Benjamin Rush, a prominent figure in yellow fever study and former mentor to Smith and Miller during medical school Philadelphia, and Noah Webster, a lay medical and scientific writer. Collectively, they designed the *Medical Repository* with the goal of collecting, assembling and diffusing information about natural phenomena. In the circular address in the inaugural volume, they stressed a particularly strong interest in the collection and improvement of knowledge about diseases – in particular yellow fever.²²

Most scholars have concentrated on the *Medical Repository*'s significance as a national journal and venue for domestic medical debates. However, the ideas, motives and contributions that went into this enterprise were in fact shaped by the dynamic interplay between the domestic and the international.

Over the course of the 1790s, Rush developed and refined his view of yellow fever as a product of local causes, and he did so in part by drawing upon intellectual resources beyond the United States and beyond Great Britain. An Edinburgh graduate, Rush had entered into circles there that included several Edinburgh alumni who not only served abroad; they became well known for their attacks on quarantine, contagion and other prevailing orthodoxies in medicine.

²² RJ Kahn and PJ Kahn, "The *Medical Repository* — The First U.S. Medical Journal (1797–1824)," *New England Journal of Medicine*, 337.26 (December, 1997); Catherine O'Donnell Kaplan, *Men of Letters in the Early Republic: Cultivating Forums of Citizenship* (Chapel Hill: University of North Carolina Press, 2008), 87-113; Bryan Waterman, *Republic of Intellect: The Friendly Club of New York City and the Making of American Literature*, 189-230. In their "Circular Address," the editors stated that the "distressing events which have been so recently witnessed" mandated the generation of information about epidemics in particular. See "Circular Address," *Medical Repository*, 1:1 (August 1, 1797).

He gained exposure to this growing corpus of literature on fevers – including yellow fever – in warm climates.²³

These reading practices and networking habits entered into Rush's work in the 1790s. Rush took a keen interest in the volumes generated by British colonial writers stationed in the West Indies during the 1790s – particularly those who described yellow fever as a local malady. One such author, Benjamin Moseley, figured as a particularly outspoken opponent to what he dubbed the “tyranny of custom” that impeded the progress in “medical science” in warm climates.²⁴ Rush also received correspondence and entertained visits from many of the same practitioners as well as older correspondents.²⁵ He worked these ideas into his writings and teaching, developing and adjusting his views on the disease through active engagement with both local and international sources. He challenged the applicability of the models of contagion and

²³ Shortly after graduating from Edinburgh, Rush was introduced to a circle surrounding Dr. Huck and John Pringle, both whom became influential advocates for quarantine reform and the theory that yellow fever was a local disease. He afterwards maintained correspondence with a number of these medical writers. Rush talked about this experience in a letter he sent from London to Dr. John Morgan in 1768. He reported that the medical writers in the circle had “enriched science.” See Benjamin Rush to John Morgan, October 21, 1786, in Benjamin Rush and L. H. Butterfield, Letters of Benjamin Rush (Princeton: Published for the Philadelphia: American Philosophical Society by Princeton University Press, 1951). For a discussion of the careers and medical views of Huck and Pringle, see Harrison, Medicine in an Age of Commerce and Empire, 65-69 and 241.

²⁴ See Benjamin Moseley, A Treatise on Tropical Diseases; on Military Operations; and on the Climate of the West Indies (2nd edition; London, T. Cadell, 1792), v. Moseley's treatise was a popular one. It went through four editions between 1789 and 1803.

²⁵ There are many examples of Rush corresponding with contacts in the West Indies or who had worked there extensively. See, for example, his extensive correspondence with George Davidson, a medical writer based in St. Vincent in Rush Manuscripts, Correspondence, volume 4 (Library Company of Philadelphia). Rush also recorded his reading practices and notes from visits with British West Indian practitioners, who traveled up to Philadelphia during the campaigns in St. Domingue. In preparation for a new manuscript on yellow fever, Rush recorded taking notes on Hector M'Lean's An Inquiry into the Nature, and Causes of the Late Mortality among the Troops at St. Domingo; with Practical Remarks on the Fever of that Island, and Directions, for the Conduct of Europeans on their first Arrival in Warm Climates (London: T. Cadell, 1797). He also entertained more than one visit between 1797 and 1798 from George Pinkard, who offered Rush reports on the yellow fever outbreaks in the region. See Rush, The autobiography of Benjamin Rush (the segment with his commonplace book), 241 and 308.

importation in part by bringing in evidence from British colonial medical officers who did the same.²⁶

Rush also used this corpus of knowledge to correct some of his transatlantic colleagues. Such transatlantic exchanges exposed the very complex ways in which many Americans selected their medical cultural identities in relation to the Atlantic world. Rush's longtime friend, Doctor John Coakley Lettsom of London, took a very keen interest in yellow fever. Rush and Lettsom met while Rush was a student in Great Britain, and they corresponded over the years on a range of medical topics. Lettsom and Rush even collaborated in many projects, including medical philanthropic pursuits like reform in dispensaries and smallpox prevention.

As in their work on other diseases, Lettsom solicited information and publications on yellow fever from Rush. He used that and his own local work on fevers to form an interpretation. Rush, however, increasingly tired of Lettsom's efforts. Lettsom's evidence and material for study, as far as Rush was concerned, were limited. Rush further lamented that the application of such models and evidence were having such a negative impact on the debates both at home and abroad: "I lament very much that the two forms of fever [yellow fever and typhus], so different in their causes and characters, have been confounded, inasmuch as error is calculated to increase and perpetuate the evils produced by yellow fever... Be assured, my friend, our yellow fever is no other disease than a higher grade of the common bilious fever of warm

²⁶ This is apparent in many of Rush's publications, including his famous Medical inquiries and Observations, which appeared in multiple editions. Rush was also drawn to the writings of Robert Jackson and Hector M'Lean, both of whom served in the Caribbean in the 1790s. In his lectures on yellow fever at the University of Pennsylvania, Rush referred his students "to those published since the years 1793 by American and West India authors... [they] contain a fuller history of it in all its form than authors prior to that year. Indeed most of them mislead us by their theories, or by the doctrine of importation, or Contagion." See "Lecture on Yellow Fever," Rush Manuscripts, Miscellaneous, Box 5 (Library Company of Philadelphia).

climates and seasons.”²⁷ During these moments, Rush identified himself as part of distinct culture of medical writers who claimed yellow fever as a local disease and, thus, part of the domain of those who could claim firsthand experience. Rush dismissed Lettsom’s claims to the role of interpreter by including several British West Indian actors as authoritative evidence.

Rush subsequently felt inspired to begin developing “American” adaptations of books on febrile diseases for American students and fellow practitioners. While such a genre was not uncommon for this period, Rush’s choice of texts is striking. At the turn of the century, he began meticulous work on an “American” edition of one of the most widely circulated treatises among British practitioners (in particular military practitioners) outside of Great Britain: George Cleghorn’s *Observations on the Epidemical Disease of Minorca*. He explained the purpose of his work in the preface:

[My notes are designed] chiefly to impress those remarks, upon your minds, which accord with the diseases and mode of practice that are common in the United States...Permit me to recommend to your imitation the same practice in improving the science of medicine, which has been pursued by the author of this work. It consists, as you will perceive, in delivering disease from the insulated place they held in systems of nosology, and connecting them with climate, season, ailments, drinks, dress, and the national manners.²⁸

Rush saw the objects of Cleghorn’s study, the Mediterranean ecology and local fevers, as more similar to America than northern Europe. For Rush, Cleghorn also represented a better model practitioner for Americans studying fevers. The exemplary practitioner did not blindly apply European systems of disease classification to the study of fevers in warm climates. He used the

²⁷ Letter to John Coakley Lettsom, 13 May 1804, Benjamin Rush and L. H. Butterfield, Letters of Benjamin Rush 880. See also letters on 917 and 1045.

²⁸ Cleghorn, George. Observations on the epidemical diseases of Minorca. From the year 1744 to 1749. : To which is prefixed a short account of the climate, productions, inhabitants, and endemial distempers of Minorca. / By George Cleghorn, M.D. professor of anatomy in the University of Dublin. With notes by Benjamin Rush M.D. professor of the institutes and practice of medicine in the University of Pennsylvania (Philadelphia: Printed for F. Nichols, Fry and Krammerer, printers, 1809), preface. Cleghorn’s work became a popular treatise among British medical officers who served not only in the West Indies but also East Indies. See Harrison, 51-52.

epistemological tools of measured observation of local environs in order to critique and improve upon that knowledge. Here, the idea was an American culture of disease study modeled in part after British colonial writers.

Smith and Miller, both former students and colleagues of Benjamin Rush, adopted similar views, reading practices and networking strategies. Alongside local and extra-regional studies of yellow fever, Smith recorded studying contemporary West Indian treatises by Robert Jackson, Benjamin Moseley and, as we shall see in the next section, Colin Chisholm. He also entertained visiting medical writers from the Caribbean.²⁹ Miller relayed similar interests in his letters to Rush. That included inquiries after information from one of Rush's correspondents in the West Indies, George Davidson.³⁰

Noah Webster, though a lay medical writer, operated in the overlapping circles of Rush, Smith and Miller – in particular Smith and Miller. All three men actively involved themselves in various projects designed to reform, manage and control different forms of information, scientific, medical and otherwise.³¹ While Webster's relationship to British West Indian sources is less clear, his convictions meshed with those of Rush and his colleagues: he regarded the models of contagion, importation and rigid quarantine systems as inapplicable to interpretations of a local disease. Webster viewed yellow fever through the lens of critical skepticism about the country's degree of cultural and intellectual independence from Great Britain.³² As with a number of his other projects in cultural reform, Webster fashioned his work on yellow fever as a

²⁹ Cronin, ed., *Diary*, 331, 333, 384, 286, 399, 400, 401, 426, 442, 445 and 452.

³⁰ See, for example, Edward Miller to Benjamin Rush, July 18, 1799, *Rush Manuscripts*, volume 10 (Library Company of Philadelphia).

³¹ For an extensive treatment of these activities, see Waterman, *Republic of Intellect*.

³² Kenneth Cmiel, "A Broad Fluid Language of Democracy": Discovering the American Idiom," *The Journal of American History*, 79.3 (December 1992), 921; Martin Brückner, "Lessons in Geography: Maps, Spellers, and Other Grammars of Nationalism in the Early Republic," *American Quarterly*, 51.2 (Jun., 1999); "Noah Webster," *American National Biography*, www.and.org.

remedy against “corrupt” forms of knowledge he recognized as dictating interpretations of a disease that did not occur in northern Europe (and therefore did not belong to the domain of European interpreters). In a series of public letters in 1797, Webster announced to audiences that “neither a Mead nor a Cullen nor a Russell” could inform the right response to yellow fever.³³ “It has fallen on my lot,” he proclaimed, “to write a brief account of the pestilential diseases, from such materials as can be found in this country.”³⁴

Webster, Smith, Miller and Rush faced dilemmas both local and international. In addition to just a general surge of different forms of information about yellow fever, the opposing view of contagion and importation had the support of a number of influential medical, commercial and official bodies in their respective port cities. It also remained enshrined in the quarantine legislation of Philadelphia, New York and even other ports like Boston and Baltimore.³⁵

Notably, a number of these opposing medical writers cast their views in geopolitical terms. Webster directed his public letters at Doctor William Currie of Rush’s rival College of Physicians in Philadelphia. In several of his writings, Currie called upon skeptics of contagionism to pick up Richard Mead’s famous 1720 treatise on the contagiousness of plague.

³³ Richard Mead, William Cullen and Patrick Russell were popularly invoked in both plague literature and yellow fever literature in the eighteenth century. Notably, they were well-known metropolitan physicians and teachers, deriving their views on the diseases from local observations and medical literature. See Arnold Zuckerman, “Plague and Contagionism in eighteenth-century England: the role of Richard Mead,” *Bulletin of the History of Medicine* 78 (2004); W.F. Bynum, “Cullen and the Study of Fevers in Britain, 1760-1820,” in W.F. Bynum and V. Nutton (eds.), *Theories of Fever from Antiquity to the Enlightenment*, Medical History Supplement, No. 1 (London: Wellcome Institute for the History of Medicine, 1981).

³⁴ Webster’s published a series of public letters on the topic, which appeared in his newspaper, the *Commercial Advertiser*, as well as other newspapers in New York, Philadelphia and Baltimore. See Noah Webster, William Currie and Benjamin Spector. *Noah Webster: Letters on Yellow Fever Addressed to Dr. William Currie. With an Introduction by Benjamin Spector* (Baltimore: Johns Hopkins University Press, 1947). For Currie’s quote, see *Philadelphia Gazette and Universal Daily Advertiser*, 15 February 1799.

³⁵ Duffy, *A History of Public Health in New York City*, 97-150; Travis Howard Jr., *Public Health Administration and the Natural History of Disease in Baltimore*, 56-62.

Currie applied Mead's theory about transportable "seeds of contagion" to his explanation of the form and manner in which yellow fever might travel and manifest itself in Philadelphia. He, among other authors, also cited Patrick Russell's 1791 work on plague, which argued in favor of the view of plague and yellow fever as distinct and contagious diseases subject to quarantine. Both treatises, together with other British works, appeared as sources in American contagionist writings on yellow fever.³⁶

In their official report on the 1798 outbreak in Philadelphia, the College of Physicians presented parallels between physicians' descriptions of the Marseilles outbreak of 1720 and the recent yellow fever outbreak in Philadelphia. To make their case for more stringent quarantine practices in Philadelphia, they likened the French city's subsequent development of quarantine laws to those measures enforced in Baltimore from 1798: "We have equal proof that efficient quarantine laws have latterly preserved the sea-port towns of Europe from the introduction of the plague; and the example of Baltimore in the present year, shews us what may be done in America in the same respect."³⁷ Chisholm was also winning allies in both New York and Philadelphia. American medical writers from all sides of the debate battled over the regulation of knowledge and knowledge production – both local and international.

³⁶ William Currie, An Impartial Review of That Part of Dr. Rush's Late Publication, Entitled "An Account of the Bilious Remitting Yellow Fever As It Appeared in the City of Philadelphia, in the Year 1793", Which Treats of the Origin of the Disease. In Which His Opinion Is Shewn to Be Erroneous; the Importation of the Disease Established; and the Wholesomeness of That City Vindicated (Philadelphia: T. Dobson, 1794), 10; *Ibid.*, Memoirs of the Yellow Fever Which Prevalled in Philadelphia, and Other Parts of the United States of America, in the Summer and Autumn of the Present Year, 1798 (Philadelphia: Printed by J. Bioren, 1798), 134; *Ibid.* and William T. Palmer, Observations on the Causes and Cure of Remitting or Bilious Fevers: To Which Is Annexed, an Abstract of the Opinions and Practice of Different Authors ; and an Appendix, Exhibiting Facts and Reflections Relative to the Synochus Icteroides, or Yellow Fever, (Philadelphia: Printed for the author by William T. Palmer, 1798), 24. Currie praised Mead's work as unsurpassed, calling him "the most learned physician of this or any age." See the Philadelphia Gazette and Universal Daily Advertiser, 15 February 1799.

³⁷ College of Physicians of Philadelphia, Facts and Observations Relative the the Nature and Origin of the Pestilential Fever, which Prevalled in this City, in 1793, 1797, and 1798, (Philadelphia: Printed by Thomas Dobson, at the Stone House, No. 41 South Second Street, 1798), 20.

Thus, almost immediately following a devastating outbreak in New York in 1795, Webster, Smith, Miller and Mitchill translated their intellectual pursuits into projects that might regulate the circulation of knowledge and disseminate the ideas and epistemologies they saw as correct for Americans. Webster, for example, designed a campaign to collect letters and reports from medical writers in different parts of the country, in the hopes of amassing and assembling a repository of domestically derived information about febrile diseases.³⁸

Smith and Miller decided to take Webster's plan "on a far more extensive scale."³⁹ In order to promote and disseminate their views they adopted a periodical format with essays, editorials and reviews of publications. They arranged and developed the content in a way that mirrored the tactics of contemporary partisan political gazettes, which each claimed to represent and speak for "America" and thus enlist support and try to instill in audiences certain visions of American political and cultural identity in relation to European powers. In this case, the editors were cultivating and spreading a particular vision of "American" identity in relation to the Atlantic medical world.⁴⁰

For starters, the journal's editors presented yellow fever as a product of American environs and the domain of the American interpreter. They wove tropes of intellectual independence into their arguments. In the *Medical Repository's* inaugural edition, the editors proclaimed in their circular letter their objective to cast aside what they classified as "systematic

³⁸ Noah Webster, Collection of Papers on the Subject of Bilious Fevers, Prevalent in the United States for a Few Years Past (New York, 1796).

³⁹ Smith linked Webster's project to his motivation to produce the journal. See Cronin, ed., Diary, 167.

⁴⁰ Bryan Waterman made a similar argument, although he confined his view to internal developments, thus overlooking the international context that shaped the editors goals and tactics. See Waterman, "Arthur Mervyn's Medical Repository and the Early Republic's Knowledge Industries," American Literary History, 15:2 (2003), in particular 222-224. For broader studies of this strategy in political print, see David Waldstreicher, In the midst of perpetual fetes: the making of American nationalism, 1776-1820 (Chapel Hill: University of North Carolina Press, 1997); Jeffrey Pasley, "The tyranny of printers": newspaper politics in the early American republic (Charlottesville: University Press of Virginia, 2001); Andrew W. Robertson, "'Look on This Picture... And on This!' Nationalism, Localism, and Partisan Images of Otherness in the United States, 1787-1820."

works” on Americans natural phenomena. What America required, they insisted, was a “medical collection” of studies grounded in firsthand observation. American medical men, they told their readers, possessed a keen advantage by virtue of their proximity to local natural phenomena and “the opportunities it affords of observing [and] comparing the diseases, or phenomena of each disease, and the operation of the same remedies, in the same or different complaints, in Europe and America.”⁴¹ Rather than regard the local disease as an unwanted stigma, Americans ought to embrace it as an object of study they alone could study and master. The journal limited discussions to the nuances of the theory of local origins, weaving these reports into an array of other observations of natural phenomena they displayed as “facts.”

In contrast, the doctrine of contagion and importation appeared as faulty “book knowledge” not grounded in sound firsthand experience. This was the lesson to be taken from the editors’ reviews of European writers who attempted to participate in the debates. A yellow fever treatise by James Tytler, the compiler of the medical section in the *Encyclopedia Britannica*, came under fire. The editors willingly acknowledged Tytler as a fellow participant in their “transatlantic community” of medical improvers. However, in this case, they lamented Tytler’s efforts. Clearly, they argued, he had not been “personally conversant with plagues and pestilence, during their prevalence; nor that he is entitled to the character of an original observer of events and occurrences, in such time of public commotion.”⁴² Likewise, when American statesmen received advice from officials in Marseilles, France based on their local experiences with anti-plague policy, the editors derided the gesture.⁴³ When Doctors William Patterson and William Drennan of Ireland tried to offer up their local expertise on fevers, the editors wrote: “It

⁴¹ “Circular Address,” *Medical Repository*, 1.1 (August, 1797), 20-22. Emphasis my own.

⁴² “REVIEW: A Treatise on the Plague and Yellow Fever, &c. *Medical Repository*, 3:4 (May 1, 1801), 54.

⁴³ “Medical Advice from Marseilles,” *Medical Repository*, 3:4 (1800), 203-205.

gives us pain to see such respectable physicians precipitately rushing into conclusions altogether unwarranted by the premises. If they read the latest and best performances of British physicians on the diseases of the West Indies, they will find that the yellow fever is not a contagious distemper.”⁴⁴ However else such writers and public health agents might participate in the Atlantic medical world, their disease models and spaces of inquiry had little business in studies of a New World disease. Americans who endorsed and promoted this doctrine blindly followed “old world” practices.

As alternative models for disease knowledge and knowledge production, the editors tried to direct readers’ attention away from northern Europe to writings from the West Indies. Alongside European and American treatises, they reviewed several pieces on diseases in the region. The editors offered them up as “valuable publications” grounded in years of firsthand experience, to which “medicine has been so indebted.”⁴⁵ In a review of a new edition of Benjamin Moseley work on fevers in the West Indies, the editors simply inserted extracts, insisting that they need say no more.⁴⁶

The editors’ vision for the project was not merely local or national – but international as well. While they offered up treatises as resources and models, the editors also transformed the journal into a transnational platform for their cause. Medical writers in the West Indies and other parts of the Atlantic world began contributing reports on yellow fever (and other tropical febrile

⁴⁴ “Letters from Ireland,” *Medical Repository* 1 (1801), 83-85.

⁴⁵ “REVIEW: The Medical Assistant, or Jamaica Practice of Physic; designed chiefly for the Use of Families and Plantations. By Thomas Dancer, M.D. late Physician to the Bath, and Island Botanist. 4to. Pp. 394. Kingston (Jamaica) Aikman, 1801.” *Medical Repository*, 5:4 (1802), 432; see also “REVIEW: A Tour through the British West-Indies, in the Years 1802 and 1803, giving a particular account of the Bahama Islands. By Daniel M’Kinnen, Esq. pp. 272. London: White, 1804.” *Medical Repository*, second Hexade, 2 (1804), 265-282.

⁴⁶ “REVIEW: A Treatise on the Tropical Diseases; on Military Operations; and on the Climate of the West-Indies. By Benjamin Moseley, M.D. &c. 4th edition, 8vo. Pp. 670. London, 1803.” *Medical Repository*, second Hexade, 3 (1806), 178-195; see also “REVIEW: A Treatise on Sugar; with Miscellaneous Medical Observations. By Benjamin Moseley, M.D. &c. Second Edition, with considerable Additions. 8vo. Pp. 276. London. Robinsons. 1800,” *Medical Repository*, 4 (1802), 288-295.

diseases) alongside those of Americans, including one of Rush's correspondents, George Davidson of St. Vincent. It also featured "global" medical travelers, such as Stubbins Ffirth, who brought to the journal's fever information firsthand evidence from the West Indies, Calcutta and conversations with guinea surgeons.⁴⁷

By the beginning of the nineteenth century, the journal's readership extended to include medical writers in different parts of the Anglophone Atlantic. Articles from the journal began to appear in the commentaries and reprinted foreign news from medical journals in Edinburgh and London (albeit not exclusively for fever studies). They also began appearing as references in non-American writings – notably, British West Indian treatises on fevers.⁴⁸

The networks, intellectual work and cultural capital contributing to the first purportedly "American" medical journal had Atlantic, not American, origins. By the beginning of the century, the journal's readership, coverage and circle of contributors started to extend beyond Philadelphia and New York and beyond the United States. What converged in New York was a new and formidable center in an Atlantic web of fluctuating exchanges and alliances.

Contested Visions of the Crisis

Shortly after the *Medical Repository* appeared and began to expand, the enterprise became embroiled in a series of huge interrelated controversies. The heated exchanges involved a host of other actors in America, the West Indies and even Great Britain – and they centered on

⁴⁷ George Davidson, "Practical and Diagnostic Observations on Yellow Fever, as it occurs in Martinique, on the remedial Effects of Calomel and Opium in the same; together with some Remarks on the Glandular Disease of Barbadoes," *Medical Repository* 2 (1805), 244-52. Stubbins Ffirth, "Practical Remarks on the Similarity of American and Asiatic Fevers, and on the Efficacy of Black Henbane and White Virtiol in curing Intermittent Fevers and Dysentery," *Medical Repository* 4 (1803), 145-8.

⁴⁸ Articles of the *Medical Repository* appeared in reprint and commentary in such major journals as the London-based *Medical and Philosophical Journal* and the *Edinburgh Medical and Surgical Journal*. See, for example, *Medical and Philosophical Journal*, 2 (1800), 568; *Edinburgh Medical and Surgical Journal*, 7 (1805), 422.

the meaning and place of Chisholm's work in the debates over yellow fever. At the heart of the contests over Chisholm, however, was a much deeper set of divisions over how American medical writers identified themselves in relation to medical communities in the Atlantic world.

In 1798, the editors of the *Medical Repository* decided to review his *Essay on the Malignant Pestilential Fever*. E.H. Smith and Noah Webster had grown anxiously aware of Chisholm's influence in the debates both abroad and at home.⁴⁹ His theory and observations aside, Chisholm's claims to firsthand knowledge, exhaustive study of local climate and a long residence on the island posed a challenge to those who saw his view as inapplicable to the study of yellow fever. The *Medical Repository's* opponents, moreover, eagerly drew him into their cause as a critical authority for these very reasons.⁵⁰

However, these circumstances did not alone motivate Webster's and Smith's review. It was another set of circumstances surrounding the Hankey at Grenada – related to Smith and Webster by one of the abolitionists who had been aboard the ship. Both active members of the local manumission society, Webster and Smith began encountering, reading and listening to accounts of the abolitionists, who insisted on the falseness of claims about the ship's diseased state. According to their account, local medical officers and port officials were invested in local plantation owner's efforts to keep the group from docking, loading goods and proceeding on their business.⁵¹ Chisholm, a plantation owner and participant in local plantation society, had

⁴⁹ In his diary, Smith recorded studying with great intensity and meeting with Webster to discuss it. Cronin, ed., *The Diary of Elihu Hubbard Smith*, 384-400.

⁵⁰ Colin Chisholm, *An Essay on the Malignant Pestilential Fever Introduced into the West Indian Islands from Boullam, on the Coast of Guinea, as it appeared in 1793 and 1794* (London: C. Dilly, 1795).

⁵¹ Smith recorded reading a publication issued by the abolitionist organization, in which they recounted the events surrounding the ship's designation as a source of imported disease. The essay was Carl Berhard Wadstrom's *An essay on colonization, particularly applied to the western coast of Africa, ...* By C. B. Wadstrom. In two parts. ... London : printed for the author, by Darton and Harvey. And sold by G. Nicol; W. Faden; J. Stockdale; J. Edwards [and 4 others in London], (1794-55). Smith also interviewed one of the participants in the organization, Mr. Paiba, who was visiting New York in 1797. See Cronin, *Diary*, 385. For Smith's involvement in the New York-based Manumission Society, see Kaplan, 87-88.

been implicated in the charges. And he placed himself in even more of a predicament by castigating the ship's members in his *Essay* as driven by "fanatic enthusiasm." These were the very sources and elements in Chisholm's account that Smith and Webster used to discredit him.⁵²

Webster and Smith set about deconstructing Chisholm's rich account in a meticulous review that extended twenty five pages. Rather than open with their typical summary and analysis of the author's physical setting and medical view, Webster and Smith positioned Chisholm's work in a very different context:

It will be remembered that the expedition to Bulama was set on foot by an Association of philanthropic gentlemen in England, with an express design of counteracting, as far as possible, the iniquitous traffic in human flesh. It will naturally be supposed that an enterprise like this would be regarded with evil eyes, by the West-Indian planters; to whose opposition and intrigues the shameful delay of justice in the British Parliament, is chiefly to be attributed.⁵³

Smith and Webster introduced these circumstances and Chisholm's dual identity as a participant in the slave trade in order to question the tools he applied in his interpretation of the ship.

Smith and Webster proceeded to set up a tension between what was observed and what Chisholm asserted. In order to disconnect Chisholm's firsthand knowledge from his pronouncement of contagion, Smith and Webster unraveled his argument to reveal the ways in which he "let slip" his true belief. Chisholm contradicted himself in his account of the course of the disease, they noted. They paired many of his findings with their own. For example, a table which Chisholm inserted as a record of the state of the climate "perfectly corresponds with what has uniformly been observed in the United States, and is in all respects such as might rationally

⁵² Chisholm, *An Essay on the Malignant Pestilential Fever*, 83.

⁵³ *Medical Repository*, 1.4 (May, 1798), 492.

be expected, from the operation of those local causes which will, sooner or later, be generally admitted as the originators of these formidable disorders.”⁵⁴

By the end of the review, Smith and Webster had peeled away and discarded Chisholm’s assertions about contagionism. Contagionism, as an interpretation, was not the product of measured observation; it was grounded in the dark politics of the slave trade economy. The editors added: “It is not, indeed, to be expected that the supporters of the theory of imported contagion will relinquish their general doctrine, though they should fail of deriving any countenance from what occurred in Grenada.” They thereby reclaimed the West Indies for their cause.⁵⁵

Chisholm and his American allies fought back in an effort to reclaim the authority of their viewpoint. The *New York Evening Post* and a couple of Philadelphia newspapers printed long excerpts of his account and lashed out at the *Medical Repository*. In this context, a Philadelphia printer put out an American edition of his work.⁵⁶ The reactions were such that the *Medical Repository*’s editors decided to retract their accusation and offer an official apology.⁵⁷

Despite this counterattack in the United States, Chisholm faced yet another dilemma. His colonial rivals challenged him not only in their own writings; they fought to preserve their hold in the United States. West Indian writers used spaces like the *Medical Repository* to attack Chisholm and turn him into a lone voice. For example, J.F. Eckard, a resident in the West Indies, wrote to the *Medical Repository* to “correct” Dr. Chisholm’s statement regarding the

⁵⁴ Ibid., 487-488.

⁵⁵ Ibid., 495.

⁵⁶ Long excerpts of Chisholm’s new piece appeared in “History of the Origin and Progress of the Yellow Fever” in *New York Evening Post*, 1 September 1803 and 2 September 1803; reprinted in *Poulson’s Daily Advertiser* (Philadelphia), 5 September 1803 and 6 September 1803; also reprinted in *New York Herald*, 5 September 1803.

⁵⁷ “Concerning the Malignant Pestilential Fever of Grenada, as it appeared in 1793 and 1794,” *Medical Repository* 2 (1799), 285-292.

outbreak on one of the islands. He did so out of concern that a writer for a New York gazette was incorporating extracts from his work in their accounts of the outbreaks in the US.⁵⁸

Chisholm's situation changed slightly, again, in 1802, when a new actor entered into the fray. Doctor John Haygarth, had been watching the controversy from Bath, England and he regarded it with considerable alarm. Haygarth was among a number of metropolitan physicians who had tried, over the past couple of years, to enter into the discussions about the cause of yellow fever.

A prominent English physician, Haygarth built a reputation in epidemic disease study that extended beyond Great Britain to other parts of the Atlantic world. By the time of the debates, Haygarth figured centrally in trans-local studies of febrile diseases as well as improvements in the prevention of smallpox. His work on febrile diseases, moreover, rested on the model of contagion.⁵⁹ He himself viewed the yellow fever puzzle and controversy in relation not only to his own understanding of febrile diseases but also to those other transatlantic pursuits in disease study. For him, the heightened activities of enterprises like the *Medical Repository* not only posed a danger; they were an affront to the authority of his views and his claims to authoritative knowledge and knowledge production.

⁵⁸ J.F. Eckard, "Correction of Chisholm's Misstatement respecting the Prevalence of Malignant Fever at St. Thomas's," *Medical Repository*, (1804), 336-338. See also Benjamin Rush, "Facts Intended to Prove the Yellow Fever not be Contagious, and Instances of its supposed Contagion explained upon other Principles," *Medical Repository*, 6 (1803), 156.

⁵⁹ For a general overview of Haygarth's life and career, see Christopher C. Booth, *John Haygarth, FRS (1740-1827): A Physician of the Enlightenment* (Philadelphia: Philadelphia: American Philosophical Society, 2005). Amanda Moniz identified Haygarth as a very prominent participant in the transatlantic communities of medical philanthropy in the Anglophone Atlantic, in particular in his work on smallpox. See, Moniz, "'Labours in the Cause of Humanity in Every Part of the Globe': Transatlantic Philanthropic Collaboration and the Cosmopolitan Ideal, 1760-1815," (Ph.D. diss., University of Michigan, 2008). 262-264. Haygarth had initially approached one of his transatlantic medical colleagues about yellow fever: Doctor Benjamin Waterhouse of Boston, whom Haygarth had met in England when Waterhouse was a student. Waterhouse eventually became one of Haygarth's primary contacts in his smallpox study, and it was to Waterhouse that Haygarth initially submitted his "Inquiries." See Christopher Booth, 38-40 and 119-127. See also Philip Cash, *Dr. Benjamin Waterhouse: A Life in Medicine and Public Service* (Sagamore Beach: Boston Medical Library and Science History Publications, 2006), 114-121.

Haygarth decided to enter the debate via a public letter, which he addressed to figures on both sides of the Atlantic: his English colleague, Thomas Percival, and the Philadelphia College of Physicians. Haygarth thereby openly positioned part of his English circle in the College's network of allies.⁶⁰ He conferred on both Chisholm and the College of Physicians what he judged to be credible authority – joining their arguments and evidence from their 1798 report of a Philadelphia outbreak with his own research and observations of febrile diseases in England. He observed: “an establishment exactly similar to Fever Wards would be excellently adapted to check [yellow fever's] progress.” England's legacy of anti-plague measures, he then added, might apply as a model as well as a source of comparison in Americans' explanation of the nature of disease.

Observation of the most “enlightened” medical men in America confirmed the seasoned experience of medical writers in England – it confirmed that contagionism was a well-established and secure view.⁶¹ Whereas non-contagionists fashioned themselves as proponents of a more modern view breaking from dogmatic theory, Haygarth portrayed them as irrational, radical elements promising nothing more than dangerous instability. He took a particular punch at Rush, Webster and the *Medical Repository*. The particularly vitriolic clashes following the Chisholm controversy, to his mind, warranted the intervention of a seasoned and impartial judge to provide stability in the cause of medical reform.

Haygarth's treatise inspired a public uproar, as a number of Americans launched into counterattacks. One of the first came from a former student and fellow non-contagion advocate,

⁶⁰ John Haygarth and Thomas Percival, A Letter to Dr. Percival, on the Prevention of Infectious Fevers. And An Address to the College of Physicians at Philadelphia, on the Prevention of the American Pestilence ... Read to the Literary and Philosophical Society of Bath (Bath: Printed by R. Cruttwell; for Cadell and Davies, London, 1801), 144.

⁶¹ *Ibid.*, 141.

Doctor Charles Caldwell of Philadelphia. Caldwell pulled the same move as Haygarth. Caldwell addressed it directly to a fellow American non-contagionist, Samuel Mitchill, and indirectly to Haygarth. He moreover employed political tactics to discredit not only the man's claims but also his motives and his authority to judge professional worthiness. He observed to Mitchill:

Elevated on a throne of their own conceit, dazzled by the mock splendor of their own imaginary greatness, and strangely duped into a belief in the infallibility of their knowledge, these latter have ludicrously endeavored to play the part of medical pontiffs. Instead of addressing us as their equals and associates in science, they have, in appearance, only condescended to compassionate our supposed humble and benighted situation, to offer for us edicts, relative to the origin, nature, prevention, and cure, of the epidemics which have swept with such havoc over our country....Let these medical despots of our mother country know, that neither mind nor spirit has suffered such a degeneracy in the man of the west.⁶²

Here Caldwell transformed the admonishing tone and advice from an individual, seasoned doctor into the embodiment of cultural imperialism. According to Caldwell, Haygarth's advice to the Philadelphia College of Physicians – to American medical writers as a whole – reflected more than efforts to push the direction of the debate over yellow fever. British writers became “medical despots,” their advice dictation – “edicts.” Haygarth attempted to reinstate a colonial hierarchical order in knowledge production in which medical men of Great Britain delivered medical theory to the “humble” and peripheral Americans. Caldwell wove tropes of monarchy and political independence into his arguments about authority in the study of American epidemics, thereby connecting post-imperial tensions over knowledge production to the broader

⁶² Charles Caldwell, A Reply to Dr. Haygarth's "Letter to Dr. Percival on Infectious Fevers:" and his "Address to the College of Physicians at Philadelphia, on the Prevention of the American Perstience," Exposing the Medical, Philosophical, and Literary Errors of that Author, and Vindicating the Right Which the Faculty of the United States have to Think and Decide for Themselves, Respecting the Diseases of Their Own Country, Uninfluenced by the Notions of the Physicians of Europe (Philadelphia: Printed by Thomas and William Bradford, Booksellers and Stationers, No. 8, South Front Street, 1802), 10-11.

circumstances of political independence: “As well might the parliament of Great Britain, in their present ignorance of our circumstances as a nation, attempt to legislate for all our emergencies, as her faculty to decide for us with regard to the nature, prevention, or cure of our epidemics.”⁶³

Caldwell won the public support of his colleagues, including Benjamin Rush. It was at this moment that Rush asserted more forcefully his conviction that yellow fever was not importable and contagious. To readers of the *Medical Repository* he insisted that Haygarth had unfortunately confounded the febrile disease he observed in England with the “West-India and American yellow fever.”⁶⁴ He added: “I once believed, upon the authorities of travelers, physicians and schools of medicine, that it was a highly contagious disease, generated chiefly by miasmata from living to diseased bodies. I am now satisfied this is not the case...For my change of opinion, upon this subject, I am indebted to Dr. Caldwell’s and Mr. Webster’s publications upon Pestilential Diseases.”⁶⁵

The editors of the *Medical Repository* took advantage of the feud to push the doctrine of local origins. They lauded Caldwell’s response and delivered a scathing review of Haygarth’s letter.⁶⁶ The editors employed similar tropes of submission in their arguments. “Writing to the benighted regions of the west, from countries where light and science had an earlier dawn,” the editors sneered, “the *wise men of the east* address the transatlantic people as gropers in darkness and error.”⁶⁷ Together with Caldwell, the editors emphasized what they and other non-contagionists already insisted: yellow fever was a domestic disease. It therefore did not belong

⁶³ *Ibid.*, 10-12.

⁶⁴ Rush, “Facts intended to prove the Yellow Fever not to be contagious,” 156.

⁶⁵ *Ibid.*, 156.

⁶⁶ *Medical Repository*, 5.3 (1802), 330-334.

⁶⁷ *Ibid.*, 5.2 (1802), 180.

to the domain of British medical knowledge, but to the domain of Americans to study and interpret. It was, as Caldwell insisted to his readers, one of “our epidemics.”⁶⁸

The editors of the *Medical Repository* took their point further by accommodating their West Indian brethren in their rhetoric: “The HOUSE OF CONTAGION claiming title as sovereign, by descent and prescription from a long line of ancestors, over vast territories in the medical world, is losing its popularity and power, like some other great houses. Its dominions are in the tumultuary condition, and several of them are in a state of open heresy and rebellion.”⁶⁹ As a liberating counterweight to contagionism’s hegemony, the editors presented readers with “important collections of testimony” that spanned the young nation’s eastern seaboard – New London, New York, Pennsylvania, Baltimore, Norfolk, Charleston, Jamaica and St. Vincent.⁷⁰ The term “HOUSE” thus served a dual function. Read in the context of contemporary political print discourse within the United States, it could refer to monarchy and call forth arguments about political independence. To medical writers at home and abroad, however, “HOUSE” symbolized a center of dogmatic knowledge guarded by established, elite metropolitan medical circles.

It was in the context of an Englishman’s treatise that the *Medical Repository* and its allies changed their approach to Chisholm and what he represented. In the same moment that they discredited Haygarth’s views and right to interpret, the journal’s editors and their allies reclaimed Chisholm from Haygarth. In his *Letter*, Caldwell actually focused his response on the activities of both Chisholm and Haygarth: “the two European physicians, who have rendered themselves, of late, most conspicuous by their writings on the epidemics of the west.” Caldwell rushed to note, however, that he did not consider them on the same level, “either their general

⁶⁸ See Caldwell, *A Reply to Doctor Haygarth*, 16; *Medical Repository*, vol. 2 (1802), 182.

⁶⁹ *Medical Repository*, vol. 2 (1802), 199.

⁷⁰ *Ibid.*, 200.

respectability or their authority on the subject of pestilential diseases.” Caldwell cast Chisholm as a model practitioner – a fellow “creole” practitioner. “While engaged in this perilous and arduous task [of comprehending diseases in the tropics], we behold in him the noble enthusiasm of Hippocrates, traversing the islands of the Mediterranean and Adriatic Seas.” Despite the errors in his pronouncement, Chisholm, according to Caldwell, was far more capable and qualified to attain “ascendency over the diseases of the west.”⁷¹

The impact of this shift is seen in Haygarth’s subsequent struggles to penetrate the debates. Haygarth’s actions had inspired the editors of the *Medical Repository* to seek out and subject to critical scrutiny “European publications directed at Americans.”⁷² Following the public outcries, Haygarth struggled to find ways to defend the ideas in his treatise, but admitted to difficulties following that initial reception. He finally gave up on a potential second edition of his treatise and resigned himself to submitting his advice privately to contacts in the US and parts of the British Empire.⁷³

Chisholm’s ordeal, however, continued well into the next century as Americans and West Indian writers continued to struggle over his place in the larger enterprise of yellow fever study. Chisholm issued subsequent editions of his famous account, each substantially larger than the original essay. These treatises were swollen with more than his own new evidence. They were filled with references to studies from a range of sites within the Caribbean but also in the United States; lengthy discussions and responses to figures ranging from the *Medical Repository* to the

⁷¹ Caldwell, A Reply to Doctor Haygarth, 14-15.

⁷² Edward Miller to Benjamin Rush, February 21, 1802, Rush Manuscripts, volume 4, (Library Company of Philadelphia).

⁷³ See John Haygarth to John Lettsom, October 18, 1806 in Lettsom Correspondence (Wellcome Institute for the History of Medicine). Haygarth wrote to Lettsom about his dilemmas following the debates.

abolitionists aboard the Hankey to his detractors in the West Indies to audiences of physicians back in Great Britain, including the humbled John Haygarth.⁷⁴

⁷⁴ Chisholm, An Essay on the Malignant Pestilential Fever, Introduced into the West Indian Islands from Boullam, on the Coast of Ginea, As It Appeared in 1793, 1794, 1795, and 1796. Interspersed with Observations and Facts, Tending to Prove That the Epidemic Existing at Philadelphia, New-York, &C. Was the Same Fever Introduced by Infection Imported from the West Indian Islands: and Illustrated by Evidences Found on the State of Those Islands, and Information of the Most Eminent Practitioners Residing on Them (London: Printed for J. Mawman, by F. Gillet, 1801); Chisholm and Haygarth, A Letter to John Haygarth, 7-8.