A CHALLENGE TO THE CAUSE: SMALLPOX INOCULATION IN THE ERA OF AMERICAN INDEPENDENCE, 1764 TO 1781

by

Jeffrey Michael Weir
A Dissertation
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Committee:

[Signatures]

Director

[Signatures]

Department Chairperson

[Signatures]

Program Director

[Signatures]

Dean, College of Humanities and Social Sciences

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By

Jeffrey Michael Weir
Master of Arts
George Mason University, 2003
Bachelor of Science
Albright College, 1985

Director: Randolph Scully, Professor
Department of History

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DEDICATION

To Tom who, for the past decade, has made countless numbers of meals, forgone yearly vacations, endured endless hours of my whining, provided countless hours of support, and who ultimately made this dissertation possible.
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Winston Churchill once said that "Writing a book is an adventure. To begin with, it is a toy and an amusement; then it becomes a mistress, and then it becomes a master, and then a tyrant. The last phase is that just as you are about to be reconciled to your servitude, you kill the monster, and fling him out to the public." How true Churchill was - this dissertation has been an adventure turned monster, but, at last, the monster is dead. However, I could not have slain the monster alone. I am indebted to my friends Jessica Castillo and Valerie Donohue who stuck by me over the course of these past years as I declined invitations to birthdays, day trips, holiday parties, nights out at the movies, and countless other special occasions. I am also indebted to George Washington University Research Professors Dr. Sarah Fowler and Dr. Elizabeth Thom for their initial and continued support and encouragement in this endeavor, to Dr. Kathryn Hirst, who gave her time to proofread this dissertation and who provided valuable advice on statistics and demographics, and to Dr. Madeline Murguia Rice, who graciously agreed to be a member of my dissertation committee. I am also grateful to the other members of my committee, George Mason University Professors, Dr. Rosemarie Zagarri, Dr. Cynthia Kierner, and my director, Dr. Randolph Scully, for their sage advice and for their patience over the past several years. I would also like to thank fellow Ph.D. collaborators, Mary Linhart, Richard Harless, Lee Ann Ghajar, and Kurt Knoerl who all kept me in the loop and also provided support and advice, especially in these last months. And I owe a special thank you to the McKinnon-Morton Dissertation Fellowship fund for its gracious support.

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Spelling and punctuation within quotations have been corrected for ease of reading and understanding.
ABSTRACT

A CHALLENGE TO THE CAUSE: SMALLPOX INOCULATION IN THE ERA OF AMERICAN INDEPENDENCE, 1764 to 1781

Jeffrey M. Weir, Ph.D.

George Mason University, 2014

Dissertation Director: Randolph Scully, Ph.D.

This dissertation examines how smallpox inoculation shaped the character of the American Revolution from the first rumblings of colonial discontent in 1764 until the British surrender at Yorktown, Virginia, in 1781. First used in the colonies in 1721, inoculation was a life-saving but controversial procedure. Although many historians have explored the effects of smallpox on the Revolutionary cause, few have explained the threats engendered by the use of inoculation itself on the patriot movement.

This dissertation reorients the focus by introducing into the scholarship of smallpox a concerted examination of the social and political effects of inoculation during the American war for independence. Through an extensive investigation of personal letters, diaries and journals, late-eighteenth century newspapers, medical texts, government and church records, this study argues that over the course of the war, inoculation became more than a life-saving medical procedure; it became a flashpoint for contention, conflict, and the reordering of social boundaries. Inoculation functioned as a
means to either affirm or challenge an individual's social class position; as a way for individuals to assert their patriotism to the cause; as an opportunity for women to pierce the male dominated field of inoculation, and, unfortunately, as yet another means by which white slave owners could exert their power over enslaved Africans.

In many respects inoculation was just as threatening to the Revolutionary movement as smallpox. Soldiers who inoculated against orders in 1775 and 1776 in order to save their lives challenged the command structure of the Continental Army. Then in 1777 after George Washington ordered that all soldiers in the Continental Army be inoculated, the procedure strained ties between the military and civilian sectors. Anti-inoculation riots incited by the poor and middle classes against the wealthy proved to be dangerous distractions to the fight against the British. By examining these events in depth, this work demonstrates how internal conflicts and social divisions were even deeper and more varied than previous scholars have recognized. Ironically, the use of this life-saving medical procedure had social impacts that nearly derailed the American cause.
INTRODUCTION

On July 7, 1776, five days after he and his fellow members of the Continental Congress declared independence from Great Britain, John Adams penned a letter to his wife Abigail who was three-hundred miles to the north at their home in Braintree, Massachusetts. Aside from complaints about the trivialities of life, Adams's writing was consumed by the unfolding events of the Revolution. "The designs of our enemy now seem to be a powerful invasion of New York and New Jersey," Adams told his wife, "The Halifax fleet and army is arrived, and another fleet and army under Lord How[e] is expected to join them." To confront this British invasion, Adams divulged that the "militia of Maryland, Pennsylvania, and New Jersey" were marching "down to the scene of action," and, as for the militia of his home colony of Massachusetts, they, too, were marching to New York to "defend that import post." Adams hoped that "for the honor of New England, and the salvation of America," the Massachusetts militia would not be "backward marching to New York."¹ While Adams was clearly concerned about the advances of the British and the Continental Army's plans to counter them, there was another matter which was especially vexing to the Congressman from Braintree: what to

do about smallpox which had taken hold of the Continental Army and was spreading throughout New England.

In September 1775, the Continental Congress had authorized an invasion of Canada in order to prevent the British from using Quebec City as a launching point for attacks against New England and New York. However, by May 1776, the army that departed for Canada the previous September was in full retreat, in part due to smallpox. "Disgraced, defeated, discontented, dispirited, diseased," Adams lamented in his letter to Abigail about the remnants of the rebel army recuperating at Crown Point, New York. “Our army at Crown Point . . . is an object of wretchedness enough to fill a humane mind with horror . . . I hope measures will be taken to cleanse the army . . . from the smallpox.”

Fearing that the soldiers might carry the disease throughout the region, Adams also expressed hope that “measures will be taken in New England to prevent its [smallpox] spread by tolerating and encouraging inoculation, to render that distemper less terrible.”

When Adams wrote his letter, Boston was already reeling under an epidemic of smallpox left behind by the British who evacuated the city in late March of that year. To combat its spread, the General Court of Massachusetts relaxed the colony’s restrictions on inoculation in mid-July, authorizing hospitals "under proper regulations to be erected" throughout the colony "for the purpose of inoculation." The Court believed that by doing so, the hospitals would "tend greatly to the preservation of the lives of the good people"

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of Massachusetts. Indeed, with legal restrictions removed, hundreds of colonists from Boston and surrounding villages rushed to be inoculated. Adams was clearly pleased. In a letter to his friend James Warren, Adams exclaimed that it gave him "great pleasure to learn that such [large] numbers have removed to Boston, for the sake of going through it [inoculation], and inoculation is permitted in every town. I could wish that the whole people was inoculated." Among those who traveled to Boston to be inoculated was Adams's wife, Abigail, and their four children.

With smallpox spreading and colonists now permitted to inoculate, Abigail decided to subject herself and her children to the procedure. Unknown to her husband at the time, Abigail left their home in Braintree for her uncle's home in Boston, twelve miles to the north, in order to undergo the operation. In addition to her children and herself, Abigail also arranged to take seventeen others with her, including her sister Betsy and "her little niece, Cotton Tufts, and Mr. Thaxter, a maid who has had the distemper [smallpox]," and her "old nurse." When Abigail informed John about what she did, he could only express relief. "It is not possible for me to describe, nor for you to conceive my feelings upon this occasion. Nothing but the critical state of our affairs should prevent

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1 Continental Journal, Boston, MA, July 18, 1776. The General Court of Massachusetts was the name given to the colony's legislature.
3 John Adams to James Warren, Philadelphia, PA, July 24, 1776, ibid., 263-64.
me from flying to Boston, to your assistance." However, while Adams clearly believed inoculation saved lives and was a critical component to the success of the Revolution, not everyone agreed.

On August 22, 1776, Connecticut Governor Jonathan Trumbull wrote a letter to Major General Philip Schuyler, commander of the Continental Army's Northern Department, in order to express his concern over Schuyler’s new recruits, specifically their predilection for having themselves inoculated against orders. "Inoculation for the smallpox I find has been practiced by troops on their march to join your army," Trumbull complained to Schuyler. "I hope a practice so pernicious in every respect will be discouraged." Since June, Schuyler had been amassing reinforcements at Fort Ticonderoga, New York, in anticipation of an attack by British General Guy Carleton, an attack that seemed all the more certain on account of the Continental Army’s failed invasion of Canada. If smallpox had found its way into Schuyler's force at such a critical time, his men would surely have been unable to fight, making surrender inevitable.

Governor of a colony where inoculation was outlawed, the sixty-six year old Trumbull prophesized that if inoculation was "not timely restrained" it would “prove fatal to all our operations and may ruin the country.” Unlike Adams, who believed inoculation was vital to the success of the Revolution, Trumbull clearly thought otherwise.

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Adams and Trumbull's letters are important because they reveal the two different perceptions of inoculation that prevailed in the colonies during the Revolutionary period. Inoculation had been controversial and divisive ever since it was first used in the colonies in 1721 to help quell an epidemic of smallpox in Boston. At the time, Boston became divided between supporters who believed inoculation was a way to protect themselves and their community from contracting the deadly disease, and critics of the procedure who believed it only spread smallpox and should be prohibited. While these beliefs were still resonant in 1776, something was different; the colonies were now embroiled in a conflict with Great Britain, the success or failure of which turned on many factors, one of the most important being the need to curtail the spread of smallpox. But how that was to be accomplished, no one could agree.

Labeled the "King of Terrors" by John Adams and the "Pestilence walking in Darkness" by Puritan minister Ezra Stiles, smallpox had been a problem ever since the crisis between Great Britain and its North American colonies began in 1764. At the same time Parliament was contemplating passage of the Sugar Act, the first of several acts by Parliament that would begin the march toward Revolution, the colonies were being inundated with smallpox. As soldiers returned to their homes at the conclusion of the French and Indian War in 1763, they inadvertently carried and spread the disease.

Boston, New York, Philadelphia, and Charleston, South Carolina, as well as surrounding

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regions all experienced their worst epidemics of smallpox in decades. As a result, throughout the colonies, an unprecedented number of colonists rushed to inoculate. In Boston, cries went out for the General Court to open inoculation hospitals. "When our lives are threatened by a pestilence, have we not the same liberty to save them as when they are endangered by the violent assault of an enemy," one commentator to the Boston Evening Post asked. Conceding to the wishes of the people, the General Court relaxed its inoculation restrictions, and between January and May 1764 over 4,900 people inoculated, more than double the number who inoculated when smallpox last visited the town twelve years earlier.

But while the increase in inoculations in Boston and throughout the colonies resulted in fewer people dying of smallpox, some colonists were still convinced that the procedure helped spread the virus and perpetuate the epidemics, a belief that hardened their resolve to prevent the procedure's use. In the first public outcry against inoculation since the imperial crisis began, a mob of Norfolk, Virginia, residents rioted in 1768 and 1769 after a number of prominent Norfolk individuals had themselves and their families inoculated. The mob burned down the home of one of the offending parties and damaged the home of another. Five years later, a mob in Marblehead, Massachusetts, set the

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9 Boston Evening Post, Boston, MA, January 30, 1764. For the legislation preventing inoculation hospitals in the colony, see the Boston Gazette, the Boston Evening Post, and the Boston Post Boy, for January 23, 1764. Also see, A Report of the Record Commissioners of the City of Boston, Containing the Selectmen's Minutes from 1764 through 1768 (Boston, MA: Rockwell and Churchill, 1889), 15, 18; John B. Blake, Public Health in the Town of Boston, 1630-1822 (Cambridge, MA: Harvard University Press, 1959), 91.
privately owned Essex inoculation hospital afire when they feared its patients might start a smallpox epidemic among the general population.\textsuperscript{12}

In response to these violent extra legal actions as well as the more muted cries of concern from colonists, a number of colonies reconsidered their stance on inoculation. Between 1763 and 1772, the colonial legislatures of New England as well as those of Georgia, North and South Carolina, and Virginia, either severely regulated inoculation, specifying when and where it could take place, or prohibited its use altogether. Even Boston, where colonists demanded inoculation in 1764, enacted legislation later that same year that made it a crime punishable by a fine or imprisonment for anyone to inoculate or be inoculated without first obtaining permission from local officials.\textsuperscript{13} Only in the middle colonies of New York, Pennsylvania, Delaware, and New Jersey, was inoculation permitted without restriction. This was due in large part to the region's demographic makeup which consisted of a large population of European born colonists most of whom already had smallpox as children in Europe and therefore had no fear of smallpox or incentive to regulate inoculation once in the colonies.\textsuperscript{14} If anyone from New


England or the southern colonies wanted to be inoculated, they had to travel to one of the middle colonies to have the procedure done, something few could afford to do.

Although the colonies may have been united through their experiences with smallpox, at the beginning of the crisis with Great Britain they were anything but united in how they responded to the disease.\(^{15}\) Considering this unfolding crisis, what challenges did this disordered and disjointed perception and acceptance of inoculation present to the American cause for independence?

This dissertation addresses this question by examining how inoculation intersected with colonies and colonists from the start of the Revolutionary struggle in 1764 to its conclusion in 1781. It argues that, while the smallpox virus certainly influenced and challenged the success of the Revolution, inoculation was often just as influential and just as challenging. As inoculation intersected with the Revolution it often did so in ways that had little relevance to its use as a medical procedure. In addition to its ability to save lives, inoculation frequently became a means to affirm or challenge patriotism to the cause, established social boundaries, and traditional gender roles. For some, such as soldiers in the Continental Army, inoculation was a way to challenge authority and to exert power and independence over their own bodies, while for others just the opposite was true. For the enslaved, inoculation was often another means of subjugation, and a reminder of their loss of personal freedom and independence. This dissertation argues that by examining these often nuanced aspects of inoculation during

\(^{15}\) See for example, letter to Colonel Christian Febiger Commmt. at the Barracks near Cumberland O. Ct. House, November 16, 1781, Calendar of Virginia State Papers and Other Manuscripts, From April 1, 1781 to December 31, 1781, ed. Wm. P. Palmer, M.D. (Richmond, VA: James E. Goode, 1881), 602; Colonel Christopher Febiger to Governor Nelson, November 16, 1781, Cumberland, VA, ibid: 604.
the Revolutionary era, internal conflicts and social divisions are revealed that the existing scholarship has failed to identify.

**Historiography**

Much of the scholarship of inoculation during the revolutionary era has been dominated by the opposition colonist expressed over use of the procedure in their communities. Historians have been quick to note how colonies and individual communities often moved to regulate or prohibit inoculation out of fear that the inoculation efforts of some might spread "the contagion" to the rest of the community. Blake, Bridenbaugh, and Fenn cite this concern in their works. Indeed, Blake argues that "The individual's desire to guard himself or his family against a deadly disease conflicted with the community's same need for protections, since inoculation, unless properly managed, threatened others." Yet some historians argue that, in a number of cases, communal infection was a red herring; they see other circumstances as the cause for objection.

The two most prominent episodes of communal backlash that historians often cite are the 1768-1769 inoculation riots in Norfolk, Virginia, and the 1774 inoculation riot in Marblehead, Massachusetts. Historians have often tried to view these episodes as being influence by or indicative of the imperial crisis rather than opposition to inoculation.

Patrick Henderson's discussion of the Norfolk riots is the most well known work of this

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kind. In his essay, “Smallpox and Patriotism: The Norfolk Riots, 1768-1769,” Henderson argues that because those who were inoculated in Norfolk were "men of unquestioned loyalty to the Crown," while those who opposed inoculation were "either debtors or 'Patriots'," the deteriorating political situation between Great Britain and the colonies was the underlying motivation for the community to lash out against the inoculators. Keith Mason also finds that the larger imperial crisis played a role in fueling the Norfolk conflict, except he argues that the event turned more on ethnic divisions rather than political differences. In his essay "A Loyalist's Journey: James Parker's Response to the Revolutionary Crisis," Mason notes that the families who championed inoculation and who were "the focus of considerable antagonism" were all Scottish loyal to England, while those who "whipped up" and perpetrated the antagonism were "prominent native Virginians . . . who would later support the Revolution." Both Mason and Henderson conclude inoculation was not the reason for the riots but rather the catalyst to express discontent over another issue. According to Mason, the riots were "not directly related to the medical controversy" at all but of the larger "revolutionary crisis" that had driven "a wedge" between the two groups and severed "ties of connection and shared status." 

More recently, historian Andrew Wehrman considered the violence that ensued in 1774 over the construction of the Essex inoculation hospital in Marblehead, Massachusetts, by a number of wealthy Whig patriots, prime among them Elbridge

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Gerry.\textsuperscript{21} Wehrman argues that although Gerry and his associates originally promised to make inoculation affordable enough so that everyone could benefit from the hospital if they so chose, soon after the hospital opened the price of inoculation was set so high that only the wealthy could afford it. According to Wehrman, it "became clear that the Essex Hospital would serve only the region's wealthiest inhabitants." When the proprietors refused to comply with the agreed upon quarantine regulations governing the hospital's patients, "the people of Marblehead . . .began engaging in extralegal activity" against the hospital, namely, they burnt the hospital to the ground. Where Mason and Henderson contend that the developing crisis between Great Britain and the colonies incited colonists to act against Loyalists, Wehrman sees the developing political message of the patriot cause which rebuked “social inequalities” as instigating the violent actions against the patriotic proprietors of the hospital.\textsuperscript{22}

Also figuring largely in the scholarship of inoculation are discussions that address the supposed disparity between inoculation rates of the wealthy and poor. Historians argue that the poor inoculated at a lesser frequency than the wealthy. In his examination of birth and death records of a number of Philadelphia churches, Billy G. Smith observed that during years when smallpox was epidemic in the city, the mortality rate among the Anglican population -- "one of the preferred economic and social groups" of the city -- declined while the mortality rate among the poor increased. This suggests to Smith that

\textsuperscript{21} Other proprietors included Azor Orne, and brothers John and Jonathan Glover.

\textsuperscript{22} Andrew M. Wehrman, "The Contagion of Liberty: Medicine, Class, and Popular Politics in the American Revolution" (Ph.D diss. Northwestern University, 2011), 81, 94-95, 116. See also, Wehrman, "The Siege of 'Castle Pox'": 397.
the poor did not embrace inoculation as readily as the wealthy. Historians have traditionally argued that the cost of inoculation deterred the poor from inoculating.

Writing from the mid-twentieth century, John Blake and Carl Bridenbaugh were among the first to contend that because of the high cost of inoculation, only the upper sort of colonial society could afford to be inoculated. According to Bridenbaugh, inoculation was popular among "those who could afford" the procedure, namely "the middle and upper classes." Unfortunately, Bridenbaugh does not address why inoculation was unpopular among the poor; we are left to assume it was because of the cost of the procedure. Blake, argues that inoculation was off limits to "the common citizen" because the individual "could not afford to be absent from work for the month or more necessary for the whole process to run its course, much less to bear the expenses of doctor, nurses, food and lodging at an inoculation hospital." Although Blake and Bridenbaugh fail to support their conclusions with any reliable sources, this argument is one that resonated throughout the scholarship. Referencing Blake and Bridenbaugh's works, Billy G. Smith and Elizabeth Fenn both conclude that the cost of the actual inoculation procedure and the subsequent recuperative period placed inoculation beyond the means of most poor. According to Fenn, "for [the] poor and working-class" inoculation "was far too expensive and time-consuming to be practical."

24 Bridenbaugh, Cities in Revolt, 131, 327.
26 Smith, The "Lower Sort, 50, 107. Fenn, Pox Americana, 41.
In addition to the civil unrest caused by inoculation and the disparity in the procedure's availability, the use of inoculation in the Continental Army to combat the spread of smallpox has become a recent focus of the scholarship in large part due to Elizabeth Fenn. In her ground breaking book, *Pox Americana: The Great Smallpox Epidemic of 1775-82*, Fenn reorients the scholarship of smallpox and the Revolution by demonstrating for the first time the extent to which the disease affected both civilian society and the Continental Army throughout the course of the war. According to Fenn, "While colonial independence reshaped global politics forever," smallpox "was the defining and determining event of the era for many residents of North America." Fenn argues that by "July 4, 1776, smallpox had established itself as a major danger in what was now a revolutionary war" and, "unless checked" the virus "would wreak havoc among the Continental forces." According to Fenn, "Inoculation was the only solution."

While Fenn's work makes smallpox central to any narrative of the Revolution, her examination of inoculation follows that of historians before her: an in-depth discussion and analysis of the procedure’s impact on the Revolution is largely absent. Although she examines the clandestine use of inoculation during the invasion of Canada, Fenn avoids any protracted discussion of why soldiers inoculated or what it meant when they did, or

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how their use of the procedure influenced the outcome of the invasion. In her discussion of inoculation and its use in civilian sectors, Fenn retraces much of the work of prior historians such as John Duffy, John Blake, Carl Bridenbaugh, among others, repeating many of the flaws found in their works, especially their conclusion that the poor did not inoculate because the procedure was expensive.

Following closely on Fenn’s work, Ann Becker argues in her essay, "Smallpox in Washington's Army: Strategic Implications of the Disease during the American Revolutionary War," that "Historians have rarely delved into the significant implications smallpox held for eighteenth-century military strategy and battlefield effectiveness." Becker contends that smallpox "played a pivotal role in military events during the American Revolution" to such an extent that it "wreaked havoc with both American and British strategic planning throughout the war." According to Becker, the virus "adversely affected recruitment, increased desertions, and forced commanding officers to proceed with inadequate forces." This was especially so during the Canada campaign when the Continental Army had its first protracted contact with smallpox as well as the British. According to Becker, the disease was so prevalent in Canada that it "contributed heavily to the" Continental Army's "devastating defeat"; something which Becker argues "Historians have generally discounted or ignored."

29 For references to the Canada campaign, see Fenn, Pox Americana, pages 66-67, 72-72.
30 Fenn, Pox Americana, 83-84.
31 Ann M. Becker, "Smallpox in Washington's Army: Strategic Implications of the Disease During the American Revolutionary War," The Journal of Military History 68, no. 2 (April 2004), 381, 418. See also Ann Becker, "Smallpox in Washington's Army: Strategic Implication of Disease During the American Revolutionary War" (Ph.D. diss), iii, 85.
Unlike Fenn, Becker presents an extended examination of inoculation in the Continental Army, particularly how Washington struggled over resorting to the procedure in order to prevent smallpox from consuming the army. According to Becker, "In spite of the continuing threat of smallpox, Washington was reluctant to consider inoculation of his troops" because of the way it "spread the disease among the troops in Canada."

However, Becker argues that Washington's attitude toward inoculation changed once the disease began to spread among his men in Morristown, New Jersey. In January 1777, Washington ordered inoculation of his entire army.32

There are two areas of the scholarship of inoculation are seriously deficient. First, how women engaged with inoculation during the Revolutionary period is virtually unaddressed. This is especially surprising considering the extensive body of scholarship that exists on women and their roles as healthcare providers and healers for their families, their communities, and for Continental soldiers.33 As this dissertation demonstrates, women played an important part in the developing inoculation field; they functioning as nurses, as “inoculation matrons,” and also as inoculators themselves. Currently, the best resources for such inquiries are diaries, journals, autobiographies, and personal letters written by women of the revolutionary era. Many of their writings expose their true

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knowledge of the procedure, a knowledge that often surpasses that of male physicians. Their writings greatly informed this dissertation.

The subject of race is also deficient in the scholarship of inoculation. As with gender, this is surprising given the large body of material on race and Revolutionary America. While a number of prominent historians discuss the health and healthcare of slaves and make frequent references to the prevalence of smallpox among various slave populations, they fail to address inoculation and the frequency of its use. Historians who have addressed inoculation and race, have generally approached the procedure from the standpoint of the slave owner rather than the slave, arguing the decision to inoculate slaves was a purely an economic rather than a humanitarian one. In his work, Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia, Todd Savitt argues that in Virginia, slave owners readily inoculated their slaves when smallpox appeared near their plantations. According to Savitt, "Slave owners wished to protect their

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35 It is also important to remember that the vast majority of these documents reflect the voices of the colonial elite. Absent are the many voices of lower sort mothers and wives who may have benefited in some way from inoculation, but whose stories were never told. Instances where these individuals encountered inoculation are often found in the diaries, letters, and journals of the upper sort, as well as account books of physicians, almshouse records, newspapers, and, unfortunately, death records.

In the Lowcountry, the situation was different. According to Peter McCandless, the cost of wholesale inoculation of slaves was too high. In his book, *Slavery, Disease, and Suffering in the Southern Lowcountry*, McCandless argues that plantation slaves were sometimes inoculated, but masters balked at the economic consequences of inoculating all of them. McCandless suggests it was "not only the cost of the inoculations" that plantation owners needed to consider but also the loss in production as "the labor force would be incapacitated for several weeks." Regardless of whether it was Virginia or the Lowcountry, the choice to inoculate was not the slaves, but the slave owners.

Instances where slaves fled to the British army and were inoculated also figure prominently in the scholarship. In her essay "Between Slavery and Freedom: Virginia Blacks in the American Revolution," Sylvia Frey notes how in 1775 Virginia Governor Dunmore inoculated slaves who fled across British lines in order to build an effective fighting force of black soldiers, and how in 1779 General Charles Cornwallis inoculated slaves who fled to his lines in order to "impede the contagion [smallpox]" from spreading. Historians have also examined accusations that fleeing slaves were inoculated by the British with the sole intention of using them as weapons of biological warfare. Elizabeth Fenn notes several diary entries where American soldiers pursuing General Cornwallis in the summer of 1781 claimed that Cornwallis was inoculating...
slaves and sending them into the American lines for the purpose of impeding the progress of the Americans. Fenn argues that while it "may be tempting to dismiss such accusations as so much American hyperbole," all "evidence indicates that in fact the British did exactly what the Americans said they did."  

The voices of slaves are mostly silent, so scholars have turned to the written ephemera of others to speak for them. Most instances where slaves engaged inoculation can be found in the letters, diaries, journals, and plantation records of white slave owners, as well as many newspapers of the period. For instance, the diaries and letters of Eliza Lucas Pinckney and Henry Laurens show how inoculation was used on slaves in order to protect an investment rather than for any greater humanitarian good, and advertisements for slave sales and runaway slaves placed in the *South Carolina Gazette*, *Virginia Gazette*, as well as many other newspapers in the North and South demonstrate how an inoculation scar could increase the value of a slave or the chances of their recapture. But as with the scholarship on women and inoculation, a cohesive understanding of what slaves themselves thought of inoculation, how they perceived and used it, and what they thought of being inoculated is missing.

While the contributions of these historians to the scholarship of inoculation during the Revolutionary period are important, the historiography suggests that little original

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research has been done since Thursfield, Duffy, Bridenbaugh, and Blake, published their works in the 1940s and early 1950s. With few exceptions, historians over the past sixty years have been content to rely on the scholarship of these individuals, leaving many of their conclusions unchallenged and too many questions unanswered. It is the intention of this dissertation to address a number of the apparent deficiencies in the scholarship that would benefit from further research.

First is the emphasis placed on class and wealth as the determining factors in the inoculation decision. Since it was suggested by historians such as Blake and Bridenbaugh in the mid-twentieth century that the cost of inoculation made the procedure prohibitive to those of the lower sorts, subsequent historians such as Fenn and Smith have continued to perpetuate this same conclusion without considering the possibility that factors other than a person's social or economic standing may have influenced the inoculation decisions of the lower sort. Therefore, one of the objectives of this study is to explore other reasons, such as ethnic based healing traditions and folk medicine, that may have prejudiced the inoculation decision of colonists, especially those of the lower sort.

Second, in addition to the argument that wealth was a determining factor in the inoculation decision, historians have also argued that wealth "imposed limits on the accessibility of inoculation." According to historians such as Fenn, Smith, Blake, and others, the poor had fewer opportunities and venues to inoculate than the wealthy who could afford the expense of a physician or to travel to an inoculation hospital. While this dissertation does not dispute this argument, it does, however, dispute the contention that

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42 Fenn, *Pox Americana*, 19.
the poor were helpless in the face of smallpox. Historians have failed to adequately consider the many options and opportunities the poor had at their disposal to be inoculated without having to travel to other colonies or incur the expense of an inoculation hospital or physician. Numerous physicians and laymen, among them Benjamin Franklin, Philadelphia physician John Redman and Scottish physician William Buchan, published inoculation instructions intended to show those of the lower sort "how the operation" could be performed at home and without the aid of a physician. And, during epidemics, newspapers often published these instructions so the poor could perform the procedure themselves. In addition, many physicians, including John Redman and Benjamin Rush, frequently inoculated the poor for free as did a number of philanthropic societies, such as the Society for the Relief of Poor and Distressed Masters of Ships, Their Widows and Children, the Scots of St. Andrew’s Society, the Committee to Alleviate the Miseries of the Poor, and especially Philadelphia's Society for Inoculating the Poor. And while Blake and others have noted that, during the 1764 and 1776 smallpox epidemics, Boston officials offered to inoculate the poor for free, they failed to consider what impact this had on the inoculation of the poor.

43 Benjamin Franklin and Dr. William Heberden, Some Account of the Success of Inoculation for the Small-Pox in England and America (London, England: W. Strahan, 1759); William Buchan, M.D., Domestic Medicine, or the Family Physician (Philadelphia, PA: Joseph Crukshank, 1774); for Redman’s work, see Margaret Batschelet, Early American Scientific and Technical Literature: An Annotated Bibliography of Books, Pamphlets, and Broadsides (Metuchen: Scarecrow Press, 1990), 9.

44 See for example, the Norwich Packet and the Rhode-Island Weekly Advertiser, June 16 to June 23, 1777, Norwich, CT and the Pennsylvania Packet, June 3, 1776, Philadelphia, PA.

Although many historians have mentioned the existence of these inoculation venues, they have failed to adequately explore the degree to which the poor took advantage of them. Writing from the mid-eighteenth century, Benjamin Franklin insinuated that even when offered for fee, the poor did not inoculate. In his preface to the 1759 pamphlet *Some Account of the Success of Inoculation*, Franklin noted that the lower sort had an aversion to inoculation. According to Franklin, despite the "uncontroverted success" of the procedure, it did not make "progress among the common people in America."46 When we consider Newman's conclusions based on Philadelphia's mortality figures, Franklin's conclusion appears to be accurate. The question then becomes to what degree did those of the lower sorts take advantage of these venues to inoculate? Are there any indications in the records that the poor responded in a positive way to opportunities to be inoculated for free? This leads us to again question economics as being the main deterrent to inoculation. If there were abundant opportunities to obtain inoculation for free and there was free literature describing how to perform the procedure at home, then surely economics was not as strong an obstacle as historians contend if the evidence suggests the poor still did not inoculate. So if economics was not a deterrent, than what was?

Third, historians such as Andrew Weherman have concluded that "self preservation" was the main motivating factor that led those of the upper and lower sorts to inoculate.47 While the desire to preserve one's life and those of their loved ones certainly rang strong in any inoculation decision, we cannot dismiss the possibility that

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46 Franklin and Heberden, 5.
47 Weherman, *Contagion of Liberty*, 18-24
there were other reasons why a person might have favored inoculation. In his recent study *Discerning Characters: The Culture of Appearance in Early America*, historian Christopher Lukasik suggests that in a society that placed a high value on social mobility, "the face was an important site in the struggle for distinction." According to Lukasik, being able to interpret someone through their face "offered a means to" instantly "establish moral character" and "social origin."48 In such an environment a face marked by smallpox would be especially devastating to someone of the upper sort. Similarly, in his essay "A Culture of Disfigurement: Imagining Smallpox in the Long Eighteenth Century," historian David Shuttleton argues that smallpox scars left a person open to "cruel" interpretations from the "culture of genteel performance" that existed in late eighteenth century America. Through his research of eighteenth century literature, Shuttleton discovered that the writings of the period contained "many metaphoric, rhetorical and narrative meanings" that "imagined" smallpox as "blotting out or writing over the previously legible face of its victims, leaving them open to new, and often cruel personal, social and moral readings."49 According to Shuttleton, one way to avoid such interpretations was for the upper sort to strategically manage their faces, which "facilitated individual acts of self-creation" among their ranks.50 Since having a marked face had dire social and economic consequences, anything that could potentially scar the face, like smallpox, had to be avoided. Addressing this possibility opens new avenues of

50 Lukasik,12, 17, 26-27.
research and interpretation to assess to what extent was inoculation used to avoid social and economic prejudice, to what extent was inoculation used to convey and perpetuate class, and was inoculation used by the lower sort to avoid the scars of smallpox and avoid social branding? Similar questions hold true for soldiers in the military. While historians are quick to note that during the failed invasion of Canada in 1775 many soldiers of the Continental Army disobeyed orders and self-inoculated, historians have typically argued that such actions were an attempt on the part of soldiers to save themselves from the ravages of smallpox; but were there reasons other than self preservation that influenced their decisions?

Lastly, while some historians have hinted at the growing popularity of inoculation, they failed to adequately explore what led to its popularity, when it started, how it transformed perceptions of inoculation, and what implications the popularity of inoculation had on the Revolution. As argued in this dissertation, physicians were instrumental in transforming inoculation from a medical procedure intended to save lives into a commercial opportunity intended to make money. However, in order to adequately consider the popularity of inoculation and how it intersected with the Revolutionary crisis, we must start when the crisis began: 1764, not 1775. Historians such as Henderson, Mason, Fenn, and Wehrman fail to go back this far. This dissertation attempts to address these questions and pose new ones, thus adding to the scholarship of inoculation and an understanding of the role it played during the era of American independence.

51 See Weherman, *The Contagion of Liberty*, especially Chapter 4; McCandless, chapters 8 and 11 and especially pages 271 to 219; Ann M. Becker, *Smallpox in Washington's Army: Strategic Implications of the Disease During the American Revolutionary War* (Ph.D. Diss., Stony Brook University, 2005), 34.
Structure

Chapter 1 introduces the process and procedure of inoculation. It examines the debate that ensued when inoculation was originally introduced in the colonies by Boston minister Cotton Mather in 1721 but not in a way that retells a story that has been told so well countless numbers of times. Instead, it considers some of the predominant theological and scientific themes used by the two opposing sides and argues how inoculation was initially framed in 1721 helped influence attitudes and perceptions of the procedure, such as those expressed by Adams and Trumbull, at the beginning of the Revolutionary crisis.

Chapter 2 examines how inoculation intersected with the concept of class during the Revolutionary period. It looks at the rise in the popularity of inoculation during the Revolutionary period and argues that from 1764 until 1776 the popularity of inoculation grew as the frequency of smallpox epidemics increased. Contributing to the increase in popularity were physicians, many of whom opened inoculation hospitals that catered to the wealthy, or upper sorts, of the colonies. Along with new ways in which inoculation was delivered came new ways in which inoculation was perceived. No longer was it seen as a life saving procedure available to everyone, but a life saving commodity seemingly available to the wealthy. This chapter considers some of the factors that went into the inoculation decision making process of the upper and the lower sorts. It challenges two prevailing arguments found in the current scholarship, namely, that people inoculated solely to save their lives and that class and wealth were the primary arbiters of access to inoculation.
Chapter 3 addresses how inoculation engaged along the lines of gender during the Revolutionary period. As with the birth of a child, the occasion to have one's family inoculated often brought women together to witness, document, and, at times, participate in the event. This chapter suggests that through their participation in such events, women acquired knowledge of inoculation that rivaled that of many men, including that of some physicians. However, unlike physicians, few women were able to leverage this knowledge into something meaningful outside of the sphere of the home and family, and beyond their traditional roles of care givers. Ultimately, inoculation helped reaffirm the existing gender based role of women as the party responsible for the healthcare of their families.

Chapter 4 considers the intersections of inoculation and race. This chapter argues that for enslaved blacks the entire inoculation experience reinforced their position in late eighteenth century society as enslaved humans. For enslaved blacks, the act of inoculation became a ceremony of possession enacted by whites in order to exert both their ownership and their power, and the inoculation scar became a permanent visible reminder of both.\textsuperscript{52} Inoculation was also used on slaves in more diabolical ways -- to purposely infect them so they could be used as biological weapons by the British against the Continental Army. This was yet another exertion of control of whites over enslaved blacks. In the end, inoculation for both enslaved blacks and for free white women reinforced existing power structures within colonial society.

\textsuperscript{52} In her book, \textit{Ceremonies of Possession}, Patricia Seed argues that the French, English, Portuguese, and Spanish each had a certain ceremony they enacted in order to signify their ownership over the territory they discovered or claimed in the New World. See Patricia Seed, \textit{Ceremonies of Possession in Europe's Conquest of the New World, 1492-1640} (NY,NY: Cambridge University Press, 1998).
Chapter 5 examines how inoculation intersected with the politics of the Revolutionary period. Specifically, it considers a number of debates, discussions, actions, and legislative measures related to inoculation and how they were reflective of the politics of the growing crisis. This chapter argues that as the popularity of inoculation increased between 1764 and 1775, the New England and Southern colonies enacted legislation to curtail its use. However, once it became apparent that inoculation was crucial to the success of the Revolution, many colonial legislatures reversed themselves, making access to inoculation more egalitarian and reflective of the revolutionary message. It suggests that during such a politically contentious time, the already divisive and contentious issue of inoculation was affected by prevailing politics. Many of the actions colonists took related to inoculation went beyond just healthcare and became political and patriotic expressions that challenged British authority. For many colonists, inoculating was their only means of acting politically.

Chapter 6 considers how inoculation engaged with the Continental Army and argues that inoculation presented some unique challenges to the rebel army that exposed fissures in its command structure and challenged its cohesiveness. This was especially true with the invasion of Canada that began in September 1775 and ended in July 1776, and after Washington decided in February 1777 to inoculate the entire Continental Army. In addition, this chapter considers the resulting consequences when the military and civilian sectors intersected over the issue of inoculation. It finds that while Washington often gave governors and local officials the impression that he was abiding by their local restrictions on inoculation, ultimately he was doing what he thought best, regardless of
what they believed. It was at this point – where the demands of the military conflicted with the demands of the civilian sector -- that the Revolution was stressed the most.

The conclusion brings together these six threads and suggests that inoculation, like smallpox, had a considerable impact on the morale and cohesiveness of the Continental Army, as well as implications that challenged late eighteenth-century social, political, racial, and gender based norms. The Revolutionary crisis and inoculation evolved in tandem, often affirming the tenets of the Revolution, often challenging them. By examining how American colonist responded to smallpox inoculation during the Revolutionary crisis provides a new perspective on the strength and success of the patriot cause.
CHAPTER 1. THE BOSTON INOCULATION DEBATE OF 1721

Introduction

Around 3:00 A.M. on November 14, 1721, Boston minister Cotton Mather was awakened by the sound of shattering glass. According to Mather, “Some unknown hands threw a fired granado into the chamber where my kinsman lay.” The “kinsman” Mather was referring to was his nephew who was recuperating at Mather's home after having just been inoculated for smallpox. Fortunately for Mather and his nephew, the grenade split into two pieces and failed to explode, but when Mather examined the device, he found a note attached, which read, “Cotton Mather . . . you Dog; and Dam you; I’ll inoculate you with this, with a pox to you.”¹ The perpetrator of the incident, much like the rest of Boston's population, was upset with Mather over his support of smallpox inoculation. Seven months earlier, Mather introduced inoculation into Boston with the hopes of preventing the spread of smallpox, which arrived in the town in April 1721, and had reached epidemic proportions by November. However, while Mather's intentions were just, his efforts precipitated a very contentious public debate, one that influenced the discourse on the procedure over most of the next sixty years.

On April 22, 1721, the ship H.M.S. Seahorse arrived in Boston harbor from the West Indies. Unknown to the authorities of Boston, among its crew were several sailors

¹ New England Courant, Boston, MA, November 13, 1721.
in the beginning stages of smallpox. Had it been known or suspected that the *Seahorse* was carrying the disease, the ship would have been quarantined at Bird Island in Boston Harbor; but no such indications existed and the ship was allowed to dock at shore. By May 1, the first case of smallpox appeared in Boston, and, despite attempts by the Selectmen of Boston to curtail its spread by quarantining the infected, there were eight cases by May 27. And the numbers continued to increase. By the middle of June, the city was engulfed in a full-fledged smallpox epidemic.\(^2\)

**Smallpox - The Speckled Monster**

Smallpox, or *Variola major* as it was known by its scientific name, was one of fourteen species in the genus *Orthopoxvirus*, which includes other pox viruses such as monkeypox, cowpox, vaccinia, and camelpox.\(^3\) As a viral infection, smallpox was highly contagious and easily transmitted; once exposed a non-immune person was almost guaranteed to catch it.\(^4\) And, unlike many of the other prevalent diseases of the period, such as yellow fever, malaria, and plague, which are spread by mosquitoes and fleas, humans were the only carriers of variola; therefore, in order for the virus to survive and spread, it needed a large population of vulnerable people, something which the American colonies provided.\(^5\)

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\(^5\) Mike Bray and Mark Buller, “Looking Back at Smallpox,” *Clinical Infectious Diseases* 38, No. 6 (March 15, 2004): 885; Shurkin, 34.
In Europe, especially in cities, such as London which had large populations, smallpox was an endemic disease of childhood. Much like chickenpox today, smallpox to eighteenth century Europeans was a disease that was always present to some degree in the population, was prone to occasional epidemic outbreaks, especially in rural areas, and was a disease that everyone alive over the age of ten had contracted, making them immune for life from any further attacks.\(^6\) In England, for example, 90 percent of all smallpox cases occurred in children younger than ten years of age.\(^7\)

However, the situation was different in Britain's North American colonies. While the colonies' major port cities of Boston, New York, Philadelphia, and Charleston, South Carolina, were large by colonial standards, they never achieved the critical mass of inhabitants needed to sustain the smallpox virus at the endemic levels found in large European cities. Instead, epidemics infecting large portions of the non-immune population all at once usually appeared every five to ten years in colonial cities, and every twenty years in some rural areas -- just long enough for a substantial number of susceptible individuals to be born and await the arrival of the contagion via an infected traveler from overseas or some other contagious individual. When smallpox did arrive in a town, everyone born since the last outbreak became a potential victim; therefore, it was not unusual for one-third of a town's population to have been infected all at one time.\(^8\)

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\(^6\) Duffy, *Epidemics*, 21-22; Hopkins, *Princes and Peasants*, 52, 239. A virus is endemic when it is always present in a population, much like chickenpox is today. A virus is considered epidemic when it sporadically flares up effecting large portions of the population at once.

\(^7\) Abbas M. Behbehani, “The Smallpox Story: Life and Death of an Old Disease,” *Microbiological Review* (December 1983): 458

With a mortality rate of 30 to 50 percent, smallpox was usually communicated unknowingly from person to person through inhaling airborne smallpox secretions such as pox scabs or respiratory vapor from an infected individual. Smallpox contracted in such a manner was referred to as "natural smallpox" or smallpox caught in the "natural way." And, as if the virus was not lethal enough, under the right environmental conditions it could survive outside the human body in scab form for several months; therefore, anyone coming into contact with bedding, clothing, or any other surface where contaminated material lay and could become airborne ran the risk of being infected long after the originating host either died or recovered. Once infected, the resulting illness lasted three to four weeks, during which time the victim experienced fevers as high as 104 degrees, headaches, and an infestation of pustules that covered the legs, arms, hands, feet, and, especially, the face. Many times, the pustules infected the eyes, resulting in permanent blindness or severely impaired vision. If the patient was lucky enough to survive into the fourth week, these pustules dried into scabs, which, once they fell off, left pits, or pockmarks, in their place -- the indelible telltale sign of smallpox and the one which earned it the name, "tyrant to beauty." But at the beginning of the eighteenth century, American colonists discovered a way to avoid the ravages of smallpox through the controversial medical procedure of inoculation.

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9 D.A. Henderson, 45; Duffy, *Epidemics*, 23-24. It should be noted that science has still not discovered how the introduction of smallpox material through an incision produces a less virulent form of the disease than if introduced through the respiratory tract (the "natural way"). See Fenn, *Pox Americana*, 32.

10 Fenn, "Biological Warfare":1554,1557.

Inoculation and its Introduction in England

Inoculation is the process of intentionally infecting a person with a small dose of a virus in order to initiate an immune response; the intention being to trigger a milder, non-lethal case of a disease.\(^{12}\) As the procedure relates specifically to smallpox, inoculation is called variolation, after the smallpox virus, *Variola major*, and, while it had its share of danger, inoculation was considered much safer than catching smallpox in the natural-way.\(^{13}\)

Used in Asia since the tenth century BCE, inoculation spread into the Ottoman Empire and Africa along the various trade routes spanning the region. However, it was not until the early eighteenth century that news of the procedure reach Europe. In 1714 and 1716, the Royal Society published a number of letters from Englishmen traveling in Turkey and Greece in its journal, *Philosophical Transactions*, in which inoculation was described in convincing detail.\(^{14}\) Although people in England were now familiar with inoculation, it did not take hold in that nation until Lady Mary Montague, the wife of England's ambassador to Turkey, had her own children inoculated in 1720 while in that

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\(^{12}\) Inoculation should not be confused with vaccination which involves exposing an uninfected subject to a harmless virus that has a similar DNA structure to the virus you are trying to prevent. Once introduced, the vaccinated virus will initiate an immune response from the subject that teaches the body’s immune system to recognize the actual virus if it is ever encountered. Vaccination replaced inoculation. It was discovered by English Dr. Edward Jenner in 1796 when he noticed that farmers who milked their cows when cowpox was just erupting on the animals became immune to smallpox. Cowpox is in the same family as smallpox, but has no affect on humans. Taking this observation a step further, Jenner found that by intentionally inserting the cowpox virus into an individual, the individual acquired an immunity to smallpox. See, Fenn, *Pox Americana*, 33.

\(^{13}\) For the purposes of this dissertation, inoculation and variolation will be used synonymously.

country. When she returned to England, she brought inoculation back with her, introducing it to her good friend, Princess Caroline, the Princess of Wales.  

Initially inoculation was greeted in England with suspicion and condemnation by some members of the English clergy and medical community. Those of the English clergy who denounced the procedure did so on the grounds that to intentionally infect a person with a disease was counter to God's will, while those of the English medical community who objected to inoculation did so because they believed their authority was threatened by a "female wit" (Montague) and that inoculation was unproven and dangerous. These objections aside, however, other English physicians, many from the Royal Society and the Royal College of Physicians, expressed an interest in the procedure and began to test it on a number of vulnerable populations, namely prisoners and orphaned children.

The first test they conducted was on seven prisoners from Newgate prison, all of whom survived. After hearing of the success of the experiment at Newgate, the Princess of Wales offered to sponsor further testing, and in November 1721, several orphaned children in St. James's Parish were inoculated, followed in February 1722 by six adult volunteers. All the subjects survived. Now convinced the procedure was safe, the Prince

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and Princess of Wales had their own children inoculated on April 17, 1722; all survived.¹⁷

One factor contributing to inoculation's early and lasting acceptance in England was the royal family's quick and continued embrace of the procedure. Their sponsorship of the trials on orphans as well as the inoculation of their own children made the procedure creditable and fashionable among the British aristocracy, as well as most of the general public.¹⁸ This was made evident in a sermon preached thirty years after the royal children were inoculated. At the opening of London's Hospital for the Smallpox, and for Inoculation in 1752, the Bishop of Worcester proclaimed, "The nation . . . stands obliged to your Majesty's goodness and resolution for the introduction and progress of that salutary practice" of inoculation. "The very early concern your majesty showed for the safety and happiness of this kingdom" was made evident when, with "firmness of mind, you exposed the important lives of your own tender and Royal offspring, in the first experiments made in Britain of the effects of this method of communicating an otherwise dangerous and often fatal disease." Encouraging his flock to follow the Royal example, the Bishop preached, "Do good therefore, this important good, while you have the opportunity; to many of us, and God only knows to whom, this may be the last opportunity. Neglect it not." ¹⁹

¹⁷ Genevieve Miller, 479, 483.
¹⁹ Isaac Maddox, A sermon preached before His Grace, John, Duke of Marlborough, president, the vice-presidents and governors of the Hospital for the Small-pox, and for Inoculation, at the parish-church of St. Andrew Holborn, on Thursday, March 5, 1752 (London, England1752), A1-2, 15.
But also adding to the early success of inoculation in England was the news of the unfolding inoculation controversy in Boston. In addition to the results from the inoculation trials sponsored by the Prince and Princess of Wales, the Royal Society received reports from Boston about Boylston and Mather's achievements in combating the smallpox epidemic there. In April 1722, the Royal Society published Mather's pamphlet, *The Way of Proceeding in the Small Pox Inoculated in New England*, in which Mather laid out his approach to inoculation and the successes he had in Boston. In addition to England's medical community, many English clergy had been swayed by the inoculation results from England and Boston, and started to promote the procedure to their congregations, most notably Puritan minister the Reverend Daniel Neal. Neal reprinted and distributed a number of publications from Boston that supported inoculation, including Boston minister William Cooper's, *A Narrative of the Method and Success of Inoculating the Small Pox in New England*, which reconciled inoculation with the prevailing theology that preached smallpox was God's will. Writings such as Cooper's were important because they made inoculation easier for many to accept.\(^{20}\)

While some skepticism about inoculation still persisted throughout eighteenth century England, it was essentially quelled early on by the involvement of the monarchy, clergymen, such as Neal, the medical community, and the irrefutable success of the procedure. In the decades after 1722, inoculation experienced many strides toward becoming a common practice in Great Britain. For example, by 1743, it was mandatory for all children entering London's Foundling Hospital to be inoculated, and in 1746 and

\(^{20}\) Genevieve Miller, 482-483.
1753, inoculation hospitals for the poor were opened in London. Finally, the London College of Physicians' endorsement of inoculation in 1755 as a medical procedure validated it as a preventative measure against smallpox.\(^2\) As will be discussed, inoculation took a slightly different path in Britain's North American colonies mostly on account of the Boston inoculation debate of 1721.

**Inoculation in the Colonies**

When introduced in the colonies by Mather in 1721, the process of inoculation was simple: an individual would procure infectious material, such as dried scabs or pus taken from "the head of one of the smallpox" from an already infected individual, and then insert this material into a healthy person's bloodstream, usually drawing a thread "wetted" with the matter through an incision made in the person's hand, arm, or leg.\(^2\)

However, over the course of the mid-eighteenth century, the procedure became more complicated in the American colonies. Beginning in the 1730s, colonial doctors required their patients to undergo a seven to ten day preparation period that typically involved a series of "purges" and "vomits," a strict diet of milk and vegetables, and the swallowing of numerous doses of mercury, only after which inoculation was performed on the patient.\(^3\)

Leading the way in the colonies in advocating such preparation regimes were physicians James Kilpatrick and Adam Thomson. Originally from Ireland, Kilpatrick received his degree from Edinburgh and immigrated to South Carolina in 1718, where he

\(^2\) Ibid., 489-491.

\(^3\) Charles Creighton, *A History of Epidemics in Britain*, vol. 2 (Cambridge: C.J. Clay, M.A. and Sons, 1894), 464; Franklin and Heberden, 9. See also *Franklin Papers*, Vol. 8, April 1, 1758, through December 31, 1759, 285. For an excellent account of inoculation using dry smallpox matter, see the *Gentleman's Magazine*, December 1, 1750, pages 558-559.

gained notoriety when he inoculated 623 individuals during Charleston's 1738 smallpox epidemic. Although it created great controversy in Charleston, by all accounts Kilpatrick's efforts were considered a success. Only 2.6 percent of those Kilpatrick inoculated died from the procedure, compared to 17.6 percent of those who contracted natural smallpox.\(^{24}\) It was during this episode when Kilpatrick began preparing his patients for inoculation by giving them cathartics in order to "allay any inflammatory disposition, and evacuate any excessive plentitude of Humors, with as little diminution of the vital strength as may be."\(^{25}\) This was the first time a preparation regime was used in the colonies.

While Kilpatrick began the precedent for preparing the patient for inoculation, it was Thomson who became known for establishing the elaborate mercurial preparation regime that would continue to be used in varying degrees in the colonies until vaccination using cowpox became the standard of care in the 1790s. Also from Scotland, Thomson settled in Prince George's County, Maryland, in 1738, where he began preparing his patients for inoculation with a two week treatment of "cooling regimens," together with a light and bland diet, moderate bleedings and purgings, and the administration of mercury.\(^{26}\)

A dangerous chemical, especially when ingested in high doses, mercury was used in England for centuries as an antidote to smallpox and then in 1724 as part of the

\(^{24}\) Roslyn Stone Wolman, "Some Aspects of Community Health in Colonial Philadelphia" (PhD diss., University of Pennsylvania, 1974), 87, n88, 88, 98. Kilpatrick changed the spelling of his name to Kirkpatrick when he returned to England. It is also sometimes spelled Killpatrick.

\(^{25}\) Ibid., 98. Although Kilpatrick's efforts proved the advantage of inoculation, the South Carolina assembly passed legislation which severely limited the practice of the procedure. Possibly because of this opposition, Kilpatrick sailed to England in 1742, later becoming a respected inoculator throughout Europe.

\(^{26}\) His name is spelled Thompson in some publications.
inoculation process, but its use was not widely accepted in England as it would be in the colonies.\(^{27}\) In the colonies, mercury was frequently used to "destroy or expel . . . vermin" in the stomach, and was therefore often given to children who "feed on indifferent, and often on improper things, which . . . occasions them to be liable to worms," but for the patient of inoculation, mercury was thought to help prepare the body to "receive the smallpox."\(^{28}\) Extolling the benefits of the chemical in inoculating, one physician estimated that "1 in 80 or 100" patients died who inoculated without the use of mercury, while "1 in 800 or 1000" died with the use of mercury.\(^{29}\)

Although mercury was popular in the inoculation process, it frequently had more adverse effects on the patient than inoculation; it could cause gums to bleed, teeth to fall out, and the patient to salivate uncontrollably. One parent noted the use of mercury made his children "more sick than the smallpox, which was nothing."\(^{30}\) Beginning in the 1770s, some physicians stopped using mercury, including Dr. John Cochran of New Brunswick, New Jersey. Citing the "ill effects" that "too free and indiscriminate use of mercury," had on deterring patients from being inoculated, Cochran advertised that he avoided "these inconveniences" at his inoculation hospital in New Brunswick by "preparing the patient" using a "particular method he developed."\(^{31}\)


\(^{28}\) *The South Carolina Gazette*, Charlestown, SC., February 16, 1760.


\(^{31}\) *New York Journal*, April 30, 1772.
In 1750 Thomson published his preparation process and his use of mercury in the *Discourse on the Preparation of the Body for Small Pox*, claiming "On every occasion, for the space of twelve years that I have been called upon to prepare people for the smallpox . . . I have constantly used such a medicine [mercury] as mentioned, and I can honestly declare that I never saw one person. . . in any considerable danger by the disease." This regimen soon became popular with inoculating physicians in the American colonies, among them distinguished Philadelphia physicians Thomas and Phineas Bond, John Redman, and Dr. William Shippen, Jr.\(^{32}\) In Europe, inoculation with mercury became popular and was known as the "American Method"; a label that would become a point of contention among patriot commentators during the Revolutionary period.\(^{33}\) Because physicians believed this preparation regime could make the body more susceptible to other "bilious diseases," such as yellow fever, that were typically found in the summer months, physicians determined the spring, fall, and winter months were the most desirable times to inoculate.\(^{34}\) Regardless, the introduction of a preparation regimen and the use of mercury in the inoculation process marked a stark departure from

\(^{32}\) Wolman, *Some Aspects of Community Health*, 129. For a discussion on the use of mercury and the controversy it created in the colonies, see Wolman, *Some Aspects of Community Health*, pages 98-140. The Bonds, Redman, and Shippen originally opposed Thompson's use of mercury, but later adopted its use in their inoculation practices.


\(^{34}\) Benjamin Rush, MD, *The New Method of Inoculating for the Small Pox; Delivered in a Lecture in the University of Philadelphia, February 20th, 1781* (Philadelphia, PA: Charles Cist, 1781), 8. The process was so grueling that it left an indelible impression on four-year old Samuel Breck, Jr., son of wealthy Boston businessman and Patriot, Samuel Breck, Sr., and his wife, Hannah Andrews. In his early childhood recollections of his family's stay in Philadelphia after they fled Boston in 1775, Samuel Beck, Jr., stated the "One thing only can I remember, and that is the inoculation of my sister and myself for the small-pox." Samuel Breck, *Recollections of Samuel Breck with Passages from His Note-Books* (1771-1862), ed., H.E. Scudder (Philadelphia, PA: Porter & Coates, 1877), 17-18.
inoculation's simple beginnings. The preparation regimen made inoculation more involved, further justifying the need for a doctor to perform the procedure, and, consequently, making it more expensive.

Nevertheless, inoculation had its obvious advantages over contracting natural smallpox. Where 30 to 50 percent of those who contracted smallpox the natural way succumbed to the disease, only 2 to 3 percent of those who were inoculated died from the procedure.\textsuperscript{35} In addition, inoculation usually resulted in much milder symptoms than natural smallpox, including a low grade fever and a slight rash around the inoculation site. And while the patient still contracted fluid filled pustules on the arms and face, they usually never reached the number of pustules experienced with natural smallpox.\textsuperscript{36} When John Adams was inoculated in April 1764 his symptoms were nothing more than a "short shivering fit, and a succeeding hot glowing fit, a want of appetite, and a general languor" in addition to "about eight or ten" pustules, two of which were on his face and the remainder "scattered at Random" over the rest of his body. According to Adams, his symptoms were so light that "None of the race of Adam, ever passed the smallpox, with fewer pains, aches, qualms" than he.\textsuperscript{37} Once inoculated, the individual was immune from smallpox for life.

**Risks of Inoculation**

Despite its ability to save lives, inoculation was not without its risks. First, smallpox received through inoculation could disfigure, sometimes just as badly as natural

\textsuperscript{35} D.A. Henderson, 44,45; Duffy, *Epidemics*, 23-24, 36; Hopkins, 7-8. Also see Table 1 in Blake, *Public Health*, 244.
\textsuperscript{36} D.A. Henderson, 44,45; Creighton, 464-465; Hopkins, 7.
smallpox. In 1778, Thomas Sullivan and John Hughes, both soldiers from Virginia who served in the Continental Army, petitioned the Virginia House of Burgess for public relief because they were rendered blind as a result of mandatory inoculation while in the army. Captain Thomas Triplett found it necessary to resign his commission in the Continental Army after he was severely debilitated by inoculation. In a letter to George Washington, Triplett wrote “I have the greatest reason to believe I shall not sufficiently recover my health to discharge the duties of my office, this Summer; as I have been very much afflicted, ever since I was inoculated.” And after Martha Bland, the wife of a Continental Army colonel stationed at Morristown, New Jersey, was inoculated, she lamented to her husband: "I had many pocks on my face, all of which are at present visible and I shall be pitied with them.” The marks left on Bland's face would have been visible for the rest her life.

While scarring was certainly something the patient needed to consider before being inoculated, the greatest risk of inoculation to the individual was that it could kill. On rare occasions, smallpox received through inoculation could result in a lethal secondary infection or develop into a fatal case of smallpox with all the same symptoms.

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38 D.A. Henderson, 45; Fenn, Pox, 32-33.
39 For an account of Thomas Sullivan’s petition, see the minutes of October 27, 1778 and October 29, 1778 in the Virginia General Assembly, Journal of the House of Delegates of the Commonwealth of Virginia, 1777-1780 (Richmond, VA: Commonwealth of Virginia, 1827), 29, 34. For an account of John Hughes’s petition, see the minutes of October 18, 1779 and October 21, 1779 in the Virginia General Assembly, Journal of the House of Delegates of the Commonwealth of Virginia, 1777-1780 (Richmond, VA: Commonwealth of Virginia, 1827), 12, 19.
41 Quotation as found in Bruce Chadwick, George Washington's War: The Forging of a Revolutionary Leader and the American Presidency (Naperville, IL: Sourcebooks, Inc., 2004), 96.
and risks as natural smallpox.\textsuperscript{42} On February 13, 1758, at the age of two, future vice-

president Aaron Burr was inoculated at Princeton, New Jersey, along with his maternal
grandfather, the Reverend Jonathan Edwards, his mother, Esther, and his sister, Sally.
Unfortunately, only Aaron and Sally survived the procedure. Reverend Edwards died on
March 23 after a "number" of pustules filled his "mouth and throat," preventing him from
swallowing. And, while Aaron's mother initially appeared to have "perfectly recovered,"
she, too, succumbed as a result of complications from inoculation, dying on April 7,
1758, sixteen days after her father.\textsuperscript{43} In 1777, Anne Washington, the wife of Samuel
Washington, George Washington's brother, died from complications of the procedure,
prompting George to write that "Some mismanagement must surely have been in the
way." An avid supporter of the procedure, George Washington believed, "for the Small
Pox by Inoculation appears to me to be nothing... In general an old Woman may
Inoculate with as much success as the best Physician."\textsuperscript{44} Anne Washington's obituary
announced that her death "by inoculation" was a "severe stroke to her husband, children,
and neighbors, both rich and poor, for all felt the benefits of her amiable virtues."\textsuperscript{45}

\textsuperscript{42}D.A. Henderson, 45; Fenn, \textit{Pox Americana}, 32-33. Some physicians argued that the risk of contracting
natural smallpox was reduced if material taken from an inoculated individual’s sores was used rather than
material from sores of someone afflicted with natural smallpox.
\textsuperscript{43} David Francis Bacon, ed., \textit{Memoirs of Eminently Pious Women of Britain and America} (New Haven,
CT: Daniel McLeod, 1833), 328-330. Aaron Burr, Jr., became vice president under Thomas Jefferson. His
father, the Reverend Aaron Burr, was President of New Jersey College, and died on September 25, 1757,
five months before Aaron's grandfather and six months before Aaron's mother. On the way to retrieve her
now orphaned grandchildren, Sarah Edwards was "seized with a violent dysentery," and died on October 2,
1758.
\textsuperscript{44} George Washington to John Washington, June 1, 1777, \textit{George Washington Papers at the Library of
Congress, 1741-1799}, in Series 4. General Correspondence. 1697-1799. For Washington's stand on
inoculation see the letter from George Washington to John Augustine Washington, June (nd), 1777, in \textit{The
Writings of George Washington from the Original Manuscript Sources: 1745-1799}, ed. John C. Fitzpatrick,
\textsuperscript{45} \textit{Maryland Journal}, Baltimore, MD, April 15, 1777.
Whether wealthy or poor, all shared the possibility of death from both smallpox and inoculation; therefore, inoculating was often a matter of weighing the odds.

While death and disfigurement from inoculation were concerns to the individual, the most inherent concern surrounding the procedure came from the community at large. Once the rash appeared around the inoculation site, the inoculated individual was contagious. This period of contagion lasted until the rash disappeared, usually a month into the process. It was during this time that the subject could communicate natural smallpox to others, possibly igniting an epidemic of natural smallpox if proper quarantine protocols were not in place. This potential for inoculation to spread smallpox was a very valid point, one that was raised in Boston in 1721 and that continued to prejudice people against the procedure throughout the remainder of the eighteenth century. In 1772, six people were infected in Newport, Rhode Island, after a group of inoculees returned "too soon" from an inoculation hospital on Long Island. The Reverend Ezra Stiles noted in his diary, "We are in great Danger of the small pox spreading in Town, unless Providence eminently interposes. . . .The good Lord prepare us for all Events." A contributor to the Virginia Gazette blamed the spread of smallpox in his town on an "inoculated person" who brought the smallpox with them "from another town." The writer asked, "May not all lives lost by it [the spread of smallpox] be attributed to the inoculation?" The potential for inoculation to spread the disease to the public was not only its greatest danger, but the one that proved to be the most fervent point of contention with the procedure in the

46 Fenn, *Pox Americana*, 32-34.
47 Stiles, 303.
48 The *Virginia Gazette*, November 17, 1768.
colonies, and the one that caused the most divisiveness among colonists -- something Mather discovered in the early morning hours of November 14, 1721.

**Cotton Mather's Gamble**

Cotton Mather initially became acquainted with inoculation sometime in 1706 after he asked his newly acquired slave, Onesimus, if Onesimus had ever had smallpox. Onesimus said he had while in Africa, but very lightly through inoculation. To prove his case, Onesimus described the procedure and showed Mather the inoculation scar on his arm. According to Onesimus, the procedure was widely used in Africa, something Mather confirmed when he questioned other African slaves living in Boston. In 1714, Mather read Timonius's description of inoculation as well as the description by Dr. Jacob Pylarinus that were published in the *Philosophical Transactions* of the Royal Society; both indicated inoculation was practiced in other places, including Constantinople as well as Africa. For Mather, the description of inoculation in a reputed journal only confirmed Onesimus's story as well as own belief that inoculation worked as a preventative to catching smallpox.⁴⁹ Now all Mather needed was the right opportunity to introduce inoculation to what he envisioned would be a grateful public. When the *Seahorse* arrived in 1721, bringing smallpox with it, Mather saw his chance.

In his diary entry for May 26, 1721, Mather noted "The grievous calamity of smallpox has entered the town. The practice of conveying and suffering the smallpox by inoculation has never been used in America. . . . But how many lives might be saved by it if it were practiced? I will procure a consult of our physicians, and lay the matter before

them." On June 6, 1721, Mather sent a letter to each of Boston's fifteen physicians with the hopes that they would "deliberate" upon the procedure's soundness; after all, they were educated men trained in the art and science of healing and surely they would see the medical benefits of inoculation. However, led by Dr. William Douglass, whom Mather knew personally and from whom Mather borrowed Philosophical Transactions, most of Boston's physicians refused to entertain Mather's request, considering inoculation a "rash, sometimes hazardous, and always dubious practice."

Scottish born and Edinburgh educated, Douglass arrived in Boston in 1718 and had the distinction of being the only doctor in the town to have earned a university medical degree. Very aware of this fact, Douglass exhibited a certain degree of disdain toward physicians who trained through apprenticeships. In addition, Douglass was known to exude contempt toward members of the clergy, especially those who “meddle in Matters not in the least appertaining to them,” something which certainly tainted his perceptions of Mather. So it is no wonder that when Mather began to advocate for inoculation he evoked Douglass's scorn. With Douglass as their leader, Boston's

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51 Cotton Mather, Diary of Cotton Mather, 624n1. The letter Mather sent to the physicians has never been printed and no copies exist. What is believed to be the text of the letter appears in The Angel of Bethesda. Ola Elizabeth Winslow, A Destroying Angel: The Conquest of Smallpox in Colonial Boston, 46-47.
54 While many historians correctly argue that much of Douglass's opposition to inoculation was professional animosity over the fact that neither Mather or Boylston were professionally trained physicians, the purpose of this chapter is to examine the arguments that arose out of the controversy rather than the reasons behind it.
medical community organized themselves into a club they called the "Society of Physicians Anti-Inoculators" and embarked on a very public opposition to the procedure, which included personal attacks on Mather as well as on Dr. Zabdiel Boylston, the only Boston physician Mather was able to convince to attempt inoculation.55

A native of Muddy River, Massachusetts, Boylston moved to Boston sometime around 1706, when he was apprenticed to Dutch Dr. John Cutler to learn the trade of "Physick."56 By 1721, Boylston was a successful physician and apothecary shop owner, as well as a respected member of the Boston community in his own right.57 After Mather was turned down by Boston's other physicians, he appealed to Boylston, whom Mather also knew personally as a friend and neighbor. On June 24, 1721, Mather sent Boylston his papers and conclusions on inoculation, writing that "as a testimony and esteem that I now lay before you, the most I know (and all that was ever published in the world) concerning a matter, which I have the occasion of its being much talked about. If upon mature deliberation, you should think it admissible to be proceeded in, it may save many lives."58 Boylston accepted Mather’s challenge, writing that he was "resolved" in his mind "to try the experiment," and on June 26, 1721, Boylston inoculated his first subjects -- his six-year-old son, Thomas, his slave, Jack, and Jack's son, Jacky.59 By the middle of July 1721, Boylston inoculated ten people in all, including a second son, John. However,

55 Duffy, Epidemics, 28-29; Increase Mather, Several reasons proving that inoculation or transplanting the small pox, is a lawful practice, and that it has been blessed by God for the saving of many a life, 15.
56 Winslow, 40.
58 Cotton Mather to Zabdiel Boylston, MA, June 24, 1721, in Winslow, A Destroying Angel, 48.
not only did Boylston and Mather succeed in introducing inoculation to Boston, they also succeeded in inciting most of the citizens of Boston against them. In his diary entry for June 16, 1721, Cotton Mather cursed the anger of the citizens, writing "they rave, they rail, they blaspheme; they talk not only like idiots but also like Fanatics." 60

**Religion vs. Science, Reverends vs. Physicians: Framing Inoculation in the Colonies**

By the end of July 1721, the anti-inoculation fanatics had had enough. On July 21, 1721, at the urging of Douglass and the enraged citizens of Boston, the Selectmen became involved for the first time and ordered Boylston to appear before them. A governing concept that New England's Puritan founders brought with them from England, Selectmen were typically elected by the townspeople to handle the daily business of their town, and were usually a group of "prosperous yeomen and artisans." 61

After testimony from Douglass and French doctor Lawrence Dalhonde, who spoke of his negative experiences with inoculation in Europe, the Selectmen denounced inoculation on the grounds that it "tends to spread and continue the infection" and that "continuing the operation among us is likely to prove of most dangerous consequences." While they did not prohibit Boylston from performing any further inoculations, they "severely reprimanded" him for "spreading the smallpox" and warned him with "high menaces" against "proceeding with his practice any farther." 62 Boylston, however, was not deterred. Despite the warning, Boylston inoculated seventeen additional people in August 1721, including Cotton Mather's son Samuel, followed by thirty-one people in September, eighteen in October, and 104 people in November. Not until May 1722 did the Selectmen

60 Cotton Mather, "Diary of Cotton Mather," 632. Emphasis on "Fanatics" by Mather.  
62 Tony Williams, 83-84; Genevieve Miller, 478.
finally prohibit Boylston from inoculating anyone else; however, by that time, the
epidemic was over and Boylston had inoculated a total of 242 individuals.63

Inoculation's first use in the colonies was considered a success by Mather,
Boylston, and the pro-inoculation camp. Out of a population of 11,000, the records state
5,984 people of Boston contracted natural smallpox, of whom 894, or 15 percent, died.
Of the 242 individuals who Boylston inoculated, only six, or 2 percent, died, which was a
much more encouraging mortality rate than the 15 percent.64 Although its first use in the
colonies clearly demonstrated that inoculation saved lives, the procedure still split Boston
into two camps -- one favoring inoculation, comprised mainly of Boston's clergy and led
by Cotton Mather, and the other opposing the procedure, comprised mostly of physicians
from Boston's medical community, and led by Dr. William Douglass. As historian John
Duffy notes, "The two most articulate groups in the colonies were immediately at odds
over the question of inoculation."65

Contributing to the tension between these two groups was how smallpox was
culturally framed at the time. According to medical historian Charles E. Rosenberg, all
diseases are influenced by "cultural constraints." Religion, science, education, and
politics, among other factors, conspire to influence how a society perceives, or "frames,"
diseases. How diseases are framed leads to how a society perceives and often blames
those who are infected, as well as how both a society and an individual ultimately

64 Fenn, "Biological Warfare," 1563; Fenn, *Pox Americana*, 32, 33; Duffy, *Epidemics*, 25, 29, 30-32;
Genevieve Miller, 476; Blake. “The Inoculation Controversy,” 502; Becker, "Smallpox in Washington's
Army," 387; Blake, *Public Health*, 60; Reiss, 110. In its February 19, 1722 edition, the *New England
Courant* lists 5,889 people as coming down with natural smallpox, of which 844 died. The month with the
highest mortality rate was October, 1721, with 411 persons succumbing to the disease.
65 Duffy, *Epidemics*, 30; Tony Williams, 193.
negotiate and frame a response to the disease. Both sides of the Boston debate relied on the prevailing theological and scientific teachings of the time to frame smallpox and inoculation.

Consistent with their belief that everyone should be able to read and interpret the Bible for themselves, Puritans stressed reading and education, and therefore produced a knowledgeable group of colonists who were not entirely adverse to appealing to reason, rationality, and science as a means of interpreting and solving human ills. If there was anyone among their ranks who exemplified this line of thought it was Cotton Mather. Not only was he an ordained minister, but he was also a respected scientist. In 1713, Mather was elected to the British Royal Society, a group of scientists dedicated to the advancement of learning through experimentation and observation. Among Mather's many scientific writings was *Biblia Americana* in which he attempted to reconcile science and God, arguing that the two were not mutually exclusive. Mather argued that God gave humans the grace of reason through which they could discover God's natural laws to aid mankind; a line of reasoning he used to argue in favor of inoculation in 1721. Therefore, to Mather, using reason to discover a way to prevent a disease, such as smallpox, would be using the grace that God gave mankind, in addition to the fact that it

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68 Tony Williams, 41.
would help save human lives. For Mather and most of Boston's clergy, inoculation was consistent with, not antithetical to, prevailing theology.

However, while Puritans like Mather could appeal to these enlightened principles, this did not negate their belief in a God who was intimately involved in human affairs. In early eighteenth-century New England, a Puritan religion, wrought with vestiges of medieval superstitions and mysticism, where both God and Satan played active roles in everyday life, still percolated in the minds of many colonists, helping them to negotiate and reconcile daily events, especially such things as diseases, and especially the disease smallpox. After seventeen year old John Comer fled smallpox ridden Boston for the safety of Cambridge in November 1721, he believed his move "by a strange and undiscovered way and means" displeased God. Upon his arrival in Cambridge, Comer found lodgings with the Ezbone [Osborn] family. However, according to Comer, not long after he began his stay, smallpox struck the Osborns" and no other [family] in the neighborhood," infecting and killing the Osborn's youngest daughter. "Tis beyond expression to relate what trouble I was then filled with at that amazing instant," Comer wrote, noting that he was in "deep distress of soul" that his actions angered God.

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69 Vartanian, 213, 215; Tony Williams, 39; Hall, Puritans in the New World, 327.
Comer's accepting the guilt for what happened to the Osborns was not unusual at the time. As Rosenberg asserts, "The process of framing [a disease] inevitably includes an explanatory component; how and why did a man or woman come to suffer from a particular ailment."\(^{72}\) In the absence of any rational explanation, the arrival of smallpox was framed by Puritans as a sign of God's displeasure, something that Boston's clergy frequently reinforced from the pulpit. During Boston’s 1679 smallpox epidemic, Puritan Minister Thomas Allin preached that plagues were a "Judgment that God can inflict on a people . . . when the Lord saith to a people, ye will not be saved" and intentionally casts harm upon them.\(^{73}\) An alternative to God's proactive infliction of harm, God could also withhold His grace as a form of punishment, allowing Satan to fill the void. The Salem witch trials of 1692, in which fifty people confessed to having conspired with Satan, were interpreted by many, including Cotton Mather, as the punishment of a God who allowed the "wrath of the Devil" to be "turned upon" His people.\(^{74}\) However, while both sides of the 1721 inoculation debate shared a similar framing of smallpox as a sign of God's displeasure, neither side of the debate was certain how to frame inoculation -- tenets of both science and theology were employed by both factions to argue their cases.

**The Inoculation Debate**

From June 1721 until March 1722, the newspapers and printing shops of Boston were busy. Over the course of the ensuing ten months, each side of the controversy...
produced letters, broadsides, and pamphlets replete with theological and scientific reasons for and against inoculation. Arguments emanating from Douglass and his anti-inoculation faction were primarily based in science; they appealed to logic and reason to make their case, and focused on the very real possibility that inoculation could ignite an epidemic of natural smallpox. From prior encounters with smallpox, everyone in Boston knew the devastation that the disease could bring, so for most of Boston, this was enough to turn them against inoculation. In contrast, Mather and his pro-inoculation group pleaded their case from a theological perspective. Following Mather's lead, the clergy argued that inoculation was a gift from God and, therefore, its use was consistent with God's plan for mankind, not counter to it. Where the anti-inoculators' standard argument against inoculation was that it could start an epidemic, inoculation as a gift from God was the pro-inoculators' standard argument in support of the procedure.

Strangely enough, an especially vociferous and influential voice in the debate against inoculation was neither a physician or a member of the clergy, but a merchant. John Williams, a tobacco merchant by profession, and considered by many who interacted with him to be an uneducated, inarticulate individual, produced an early condemnation of inoculation that laid the groundwork for many of the following theological arguments against the procedure. In his pamphlet, Several Arguments, Proving That Inoculating the Small Pox is Not Contained in the Law of Physick, Either Natural or Divine, and Therefore Unlawful, Williams reiterated the accepted framing of smallpox, arguing that the disease was one of the "strange works of God" and was

Blake, Public Health, 64.
"Punishment from a righteous God upon a People for their Sins." Consequently, Williams reasoned that if smallpox was God's will, it was easy to deduce that inoculation was "fighting with the most High" and an "entrenchment upon the incommunicable attributes of God." If there was no reference in the Bible to support inoculation, then "Inoculation cannot be according to the Will of God, nor according to Knowledge." Williams went even further in his denunciations of inoculation when, in a tract he published in December 1721, he associated inoculation with Satan. In An Answer to a Late Pamphlet, Intitled, A Letter to a Friend in the Country, attempting a Solution of the Scruples and Objections . . . Commonly made against the new Way of receiving the Small Pox, Williams proclaimed "I do seriously believe its [inoculation] a delusion of the Devil; and there was never the like delusion in New England, since the time of the witchcraft at Salem, when so many innocent persons lost their lives."

Clearly this view of smallpox and inoculation resonated with many others in Boston. An anti-inoculation letter written under the name of "Frank Scammony," that appeared in the New England Courant in late August 1721, exclaimed that smallpox comes "from a Divine stretched-out arm, and was sent as judgments for an angry and displeased God." A response to a God so angered was not "Physick," but a "different way of prevention," notably "humiliation" and "the strictest observation of the duties of

76 John Williams, Several Arguments, Proving that Inoculating the Small Pox Is Not Contained in the Law of Physick, Either Natural or Divine, and Therefore Unlawful (2nd edition, Boston, MA, 1721), 2,5; Kittredge, 472-475.
77 Blake, Inoculation Controversy, 59, 65; Hopkins, 252; T.H. Breen, Puritans and Adventurers: Change and Persistence in Early America (NY, NY: Oxford University Press, 1980), 81; Tony Williams, 30-31, 109; John Williams, Several Arguments, 4-5.
78 John Williams, An answer to a late pamphlet, entitled, A letter to a friend in the country, attempting a solution of the scruples and objections of a conscientious or religious nature. . . (Boston, MA,1722), 2.
repentance." Inoculation, according to Scammony, "was a presumptuous way of our own inventions" and ran counter to the will of God.\textsuperscript{79} That inoculation ran counter to the will of God was a strong theological objection against the procedure, especially in Puritan Boston, and one that required a cogent theological rebuttal.

Rising to this challenge were many prominent members of Boston's clergy. In addition to Cotton Mather, other clergy who supported inoculation included Cotton's father, the Reverend Increase Mather, and the Reverends Benjamin Colman, Thomas Price, John Webb, and William Cooper. In the first months of the debate, the group signed a letter to the \textit{Boston Gazette} in which they proclaimed their trust in Boylston as a physician and inoculation as a medical procedure the use of which was consistent with, not counter to, God's wishes. "Men of Piety and Learning after much serious thought," the group wrote, "have come into an opinion of the safety of the faulted method of inoculating the smallpox," safety not only from a medical standpoint, but from a theological one as well. Being "persuaded" that inoculation "may be a means of preserving a multitude of lives," the group wrote that they accepted inoculation "with all thankfulness and joy as the gracious discovery of a kind providence to mankind."

According to these theologians, the people of Boston should be filled "with much gratitude" and "full esteem" that God showed mankind a way to save themselves from smallpox.\textsuperscript{80}

In his own publication, the Reverend Cooper, of Boston's Brattle Street Church, wrote one of the most enduring defenses of inoculation that emanated from Boston's

\textsuperscript{79} \textit{New England Courant}, August 21-28, 1721, Boston, MA.

\textsuperscript{80} \textit{Boston Gazette}, July 27-31, 1721, Boston, MA.
clergy, and one that was frequently used by the clergy in England to support the procedure there. In his pamphlet *A Reply to the Religious Scruples against Inoculating the Smallpox*, Cooper addressed point by point many of the theological objections to inoculation fielded by the anti-inoculation side. Among them was the claim that inoculation took "God's work out of His hands." According to Cooper, this was not so. Although man can plant a seed, Cooper argued, he must still wait for "the rain and sunshine from Heaven" for it to sprout and, consequently, Cooper believed while man can inoculate, it was still up to God to decide whether he would respond and recover.

And while Cooper acknowledged the prevailing Puritan belief that smallpox was "a sore judgment of God upon us for our sins, which we have much deserved," he also believed man does not have to willingly accept this judgment. Cooper asked "If a gracious God shows us so much mercy" through the knowledge of inoculation, "then should we not accept it with adoring thankfulness?" Cooper's writings reflected the prevailing conviction among most of Boston's clergy that inoculation was God's gift to mankind and was, therefore, consistent with His laws.

Cooper's fellow pastor at the Brattle Street Church, the Reverend Benjamin Colman, echoed many of Cooper's arguments. Like Mather, Colman also had an experience with a slave who confirmed the use and effectiveness of inoculation in Africa. According to Colman, he had a "pleasing and informing discourse . . . with a poor negro" who told Colman about how, in the village in Africa where the slave grew up, the whole

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81 Sprague, 288-89; Blake, *Public Health*, 63-64.
82 Reverend William Cooper, *A Reply to The Objections made Against Taking the Smallpox in the Way of Inoculation* (Boston, MA, 1730), 1-13; Blake, *Public Health*, 64.
83 Cooper, 1-13
84 Van De Wetering, 49; Hopkins, 252.
village was inoculated "in a week and are well in a week." While Colman noted that he believed he would "be scoffed at for telling" the slave's "simple story," he also thought it "pertinent and much to the purpose" of telling the truth about inoculation.\footnote{Reverend Benjamin Colman, \textit{Some Observations on the New Method of Receiving the Small-pox by Ingrafting or Inoculating} (Boston, MA: B. Green, 1721), 15-16.} In his 1721 essay, \textit{Some Observations on the New Method of Receiving the Small-pox by Ingrafting or Inoculating}, Colman attempted to convey this truth, purely from a theological point of view. In his essay, Colman professed his belief that inoculation was a gift from God, writing "What an astonishing mercy" God gave to his people, and what, "this discovery of a gracious providence might prove." According to Colman, the more he "mused" upon inoculation, "and discoursed upon it," the more "it appeared" to him to be "as rational as it was surprising," giving him "great pleasure in the prospect of so great a benefit" that God gave "to mankind." For Colman, inoculation was something "which we praise God for" and must therefore "commend unto others" to use as "God has commended it unto us," thus framing inoculation as a gift from God, one that mankind is required to take advantage of.\footnote{Ibid., 1-2, 4, 16.}

Adding to the chorus of pro-inoculation voices was Increase Mather. Possibly the most respected member of Boston's clergy, the elder Mather believed the argument could be won by citing the sheer numbers of clergy who now supported the procedure. In his broadside, \textit{Several Reasons Proving That Inoculating for Transplanting the Small Pox is a Lawful Practice, and That it has been Blessed by God for these Saving of Many a Life}, the elder Mather defended inoculation by naming the many clergy from outside Boston.
who championed the procedure in their congregations. According to Mather, "We hear that the Reverend and learned Mr. Solomon Stoddard of Northampton concurs with us; so doth the Reverend Mr. Wife of Ipswich, and many other younger divines, not only in Boston, but in the country, join with their fathers." To the elder Mather, how could so many clergy be wrong? Mather closed by claiming that while there were "worthy persons" who were not "clear in their judgments" for inoculation, and who were "greatly to be commended and honored," he believed that there "may be some of them" who "might change their minds, if they would advise with those who are best able to afford them" guidance from scripture. In other words, the people of Boston should listen to the clergy when it came to reconciling inoculation with God, not the physicians, and certainly not men like John Williams. "God has graciously owned the practice of inoculation, among us in Boston" and, therefore, since it was a gift from God, it was a person's "duty" to use what God provided by His providence to protect oneself. As did Cooper and Colman, Increase Mather asserted that people should be thankful for God’s mercy in sending an instrument of salvation from such a horrid disease.87

However, while Mather and his group presented strong theological arguments in favor of inoculation, they were up against a tough adversary with valid medical, ethical, and scientific arguments against the procedure. In a series of publications between July 1721 and February 1722, Douglass and his anti-inoculation group proclaimed their scientific objections to inoculation, as well as their personal disdain for Cotton Mather,

Boylston, and the clergy in general. Writing under the pseudonym, W. Philanthropos, Douglass asserted in a July 1721 appeal printed in the *Boston News Letter*, that inoculation was a "Wicked and Criminal Practice" and "far fetched." As a man of "medical sense," Douglass could assure the public that inoculation did not work, but instead produced "only an eruptive fever . . . or putrid fever, but nothing analogous to the smallpox." Attacking Boylston personally, Douglass claimed Boylston’s first “practice” of inoculation “was on his own child and two negroes. The child narrowly escaped with his life.” Calling Boylston the “Undertaker,” Douglass said Boylston was “illiterate” and “not capable of duly understanding the writings of those foreign gentlemen,” namely Drs. Pylarinus and Timonius, and was “very unfit to manage any Symptom that might happen” to his patients. To further disparage Boylston and incite the people against him, Douglass asserted that Boylston was reckless in using inoculation since he did so "in the most Public Trading Place of the Town" thus endangering the spread of natural smallpox.

While many in the anti-inoculation faction were willing to consider the possibility that inoculation could save lives, the group asked if it was justifiable and ethical if its use could kill or could spread the disease to others. The anti-inoculators' answer was that it was not. An anonymous writer of an anti-inoculation letter published in the mid-December 1721 edition of the *New England Courant* believed a "Man's bringing a sickness on himself, unless he is sure that he cannot die of that illness," is wrong. "For we

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89 *Boston News Letter*, July 17-21, 1721, Boston, MA.
90 Blake, *Public Health*, 64.
are obliged to preserve the health we have," the writer continues, "as much as we are obliged to preserve our lives." Scammony argued in his letter to the New England Courant that it was a "species of self-murder," having no guarantees of success. "I look upon it very strange," Scammony noted, "that there should be so many, who . . . should be desirous to bring upon themselves a distemper, of which themselves are afraid, and from which so many flee, that they should be so discontented when God brings it upon them, yet can be very well satisfied to bring it upon themselves, after the new fashion!"

The concern existed that unless proper precautions were observed, those who inoculated could spread smallpox, endangering not only their own lives, but "what ought to be most dear to us . . . our neighbor's" lives, as well.

That inoculation could spread the virus to others was the main allegation the anti-inoculation group used against those in favor of the practice as well as the most valid and enduring. In the December 11, 1721, edition of the New England Courant, Douglass noted that "although we see sundry persons have the smallpox favorably that are inoculated, and so escape; yet we see . . . that they are capable of infecting their neighbors to as great a degree as those that are smitten the common way: And if so, I am sure it was far from being a laudable practice in this town." The spread of smallpox as a result of inoculation appeared in most of the writings of Douglass and his anti-inoculation faction, and was supported by the fact that Boylston did not quarantine his patients after

91 New England Courant, December 11-18, 1721, Boston, MA.
92 New England Courant, August 21-28, 1721, Boston, MA,
93 Blake, Public Health, 65.
94 New England Courant, December 11-18, 1721, Boston, MA.
inoculation, despite his knowing they were contagious.\textsuperscript{95} In this respect, Boylston was his and the pro-inoculation group's worst enemy, providing fodder for Douglass.

In his 1722 treatise, \textit{Inoculation of the Small Pox as Practiced in Boston}, Douglass further emphasized that inoculation spread smallpox when he proclaimed that Boylston and Mather inoculated so "indifferently in all corners and set the Town all in Flame" that they perpetuated the spread of smallpox.\textsuperscript{96} Douglass repeated this assertion in his pamphlet, \textit{The Abuses and Scandals of Some Late Pamphlets in Favor of Inoculation of the Small Pox}, stating he would never accept inoculation as a "regular procedure" because of its "detestable wickedness of spreading infection."\textsuperscript{97} While eighteenth-century doctors had no concept of the variola virus itself or how it grew in the body, they did know that it was communicated through contact with infected individuals.\textsuperscript{98} Knowing that inoculation could actually spread the virus rendered any theological arguments for or against inoculation irrelevant. It proved to be the most difficult for Mather's side of the debate to refute.\textsuperscript{99}

Possibly because they knew Douglass's argument was true, Mather and his pro-inoculation group attempted to ignore the medical community’s claim about the dangers of inoculation, choosing instead to tout its successes in Europe, Africa, and among the

\textsuperscript{95} Blake, \textit{Public Health}, 65, 67.
\textsuperscript{97} Blake, \textit{Public Health}, 65, 67; William Douglass, \textit{Abuses and Scandals of Some Late Pamphlets in Favor of Inoculation} (Boston, MA: J. Franklin, 1722), 11; Duffy, \textit{Epidemics}, 37-38.
\textsuperscript{98} Rosenberg, \textit{Explaining Epidemics}, 295 n4; Fenn, \textit{Pox Americana}, 29. For how eighteenth-century Europeans believed smallpox spread, see David Shuttleton, \textit{Smallpox and the Literary Imagination}, especially pages 22-25.
slaves of Boston.\textsuperscript{100} In a rebuttal to Douglass entitled, \textit{Several Reasons Proving That Inoculating Or Transplanting The Small Pox, Is A Lawful Practice}, Increase Mather asserted that inoculation “has been used upon vast multitudes, even many thousands, and for some scores of years. . . . We have sufficient proofs that it is a growing practice in those countries. If it had been unsuccessful, or been attended with bad consequences, it must needs have been put out of countenance, and have ceased long ago.” Mather further claimed that in Boston “we have an army of Africans . . . who have themselves been under it, and given us all the assurance, which a rational mind can desire, that it has long been used with the like success in Africa.” In early eighteenth-century Boston, where such individuals were enslaved or thought of as heathens, such an argument did not bode well for the pro-inoculation camp.\textsuperscript{101} Africans’ "accounts of what was done in their country was never depended upon till now," Douglass wrote in response to Mather, so why should they be trusted? According to Douglass, "There is not a race of men on Earth more false liars” than Africans.\textsuperscript{102}

Despite the fact that what the elder Mather stated was true, what he neglected to directly address were Douglass's claims that the inoculation could spread the smallpox, or provide quantifiable data during the epidemic about the procedure’s success, especially among the white people of Boston who were inoculated. As a physician, Douglass wanted specific reliable numbers from an experiment that was carried out in a methodical manner. Instead Mather argued that the "safety and usefulness of this experiment” was

\textsuperscript{100} Blake, \textit{Public Health}, 65-68.
\textsuperscript{101} Boston Gazette, July 31, 1721, Boston, MA; Increase Mather, \textit{Several Reasons Proving}, 2.
\textsuperscript{102} Douglass, \textit{Inoculation of the Small Pox}, 6-7. See also, Minardi, 47-76 .
confirmed by "ocular demonstration"; in other words, one only had to consider how many people died out of "above an hundred" who were inoculated in Boston, regardless of how the experiment was conducted -- the end justified the means. According to Increase Mather, only one person succumbed from inoculation, "but she had the smallpox in the common way before" she was inoculated, so this death should not count.\textsuperscript{103} Although Mather and his group could not produce the statistics Douglass and his group demanded, they still considered the nine month period in which they inoculated a success, one proven by "all the evidence that human reason can ask for it."\textsuperscript{104} Not a convincing argument to a people who were still convinced that smallpox was God's will and that inoculation could spread smallpox.

By March 1722, the epidemic had abated, but this did not deter Boston's Selectmen from taking further action against Boylston; on May 15, 1722, the Selectmen made Boylston "solemnly declare and promise" that he would not "directly or indirectly" inoculate any more citizens of Boston "without license and approbation of the authority of the town."\textsuperscript{105} Going forward, anyone who wanted to inoculate in the town of Boston either had to get the permission of the town's Selectmen, wait until an epidemic began and then hope the Selectmen allowed general inoculation, or, if wealthy enough, travel to another colony to be inoculated.

Unfortunately for the pro-inoculation side, the idea that inoculation could spread smallpox was a difficult one to eliminate and one that had Mather and his group on the

\textsuperscript{103} Mather, \textit{Several Reasons}, 2-3.
\textsuperscript{104} Ibid., 3.
\textsuperscript{105} Miller, \textit{The New England Mind}, 362; \textit{New England Courant}, Monday, May 14-21, 1722, Boston, MA.
defensive for most of the debate. Not only did Mather and his pro-inoculators have to construct a framing for a new procedure that promised to spare people from smallpox, they had to do so against an established framing of smallpox, one wrought with themes of sin, damnation, and God's will, and one that they, themselves, helped to construct as members of the clergy. It was this framing of smallpox that Douglass and his anti-inoculation group took advantage of to plead their case. The citizens of Boston knew quite well the devastation that smallpox could wreak. In 1702, the last time smallpox was epidemic in Boston, over two-hundred people lost their lives to the disease. Therefore, it was enough for Douglass and his group to just raise the specter that inoculation could precipitate another epidemic of smallpox in order to turn people away from the procedure -- regardless of any theological assertions in its defense.

Although Mather and Boylston's efforts were controversial, they could claim a partial vindication. In 1722 Douglass confessed to his friend and colleague, Dr. Cadwallader Colden, that those who were inoculated “received” smallpox more “favorably” than those who contracted the disease in the natural-way, and, when smallpox returned to Boston in 1730, Douglass wrote two scientific treatises favoring the procedure. In his work, A Dissertation Concerning Inoculation of the Small-Pox, Douglass presented the best quantifiable scientific facts and figures that eighteenth century medicine could gather to support inoculation, claiming inoculation is "always safe even in the rudest hand." In A Practical Essay Concerning the Small Pox, he

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106 Blake, Public Health, 34; Duffy, Epidemics, 49.
107 William Douglass, A Dissertation Concerning Inoculation of the Small-Pox (Boston, MA: Bible and Three Crowns, 1730), 26. Douglass also discredited Boylston throughout his essay, claiming Boylston's figures were "so jejune, lame, suspected, and only in the nature of a Quack Bill" (page 10).
wrote about his "reminiscence and private use" of inoculation on his own patients and their progress through the disease after being inoculated.\(^{108}\) It is unfortunate that Douglass initially took the position he did on inoculation in 1721; had he supported the procedure and help frame it as a preventative measure for catching smallpox, its legacy in the colonies might have been very different; instead, his efforts led to inoculation being labeled a dangerous and dubious practice.

**Conclusion**

The legacy of the 1721 Boston inoculation controversy cannot be underestimated. The outcome of the debate permanently influenced how people perceived and interpreted inoculation for the next sixty years, which became especially apparent during the Revolutionary period. First, as a result of the fear Douglass and his anti-inoculation contingent instilled in the people, the acceptance and use of inoculation in the colonies over the next six decades was eclectic and sporadic. In the middle colonies of New York, New Jersey, and Pennsylvania, as well as the southern colony of Maryland, inoculation was an accepted protocol to prevent smallpox. Anyone who wanted to inoculate could do so, provided they could afford the cost of the procedure or were willing to inoculate themselves at home. But despite the relative freedom to inoculate, the demand for inoculation in these colonies prior to the 1760s was not very great in the years between epidemics.\(^{109}\) And although inoculation was not completely banned by law anywhere in the colonies before the 1760s, it was understood in the New England and southern colonies that the procedure would only


be used during epidemics, and then only after the proper civil authorities, such as a town's Selectmen, authorized its use. When Washington made the strategic decision to inoculate his army in February 1777, this "patch-work" of acceptance of inoculation that began in 1721 made it especially difficult for him to execute his plan.

Second, where healthcare in the eighteenth century was typically a private affair handled within the confines of the family, the fact that so much of the first inoculation debate in America played out in the newspapers of Boston forever pushed inoculation into the realm of public scrutiny. When smallpox epidemics erupted, the decision to allow inoculation was often debated in newspapers and broadsides, splitting communities into factions for and against the procedure. This persisted over the ensuing years and became critical during the Revolutionary period. As colonists were already split over the possibility of independence from Great Britain, arguments over inoculation proved to be unwelcome distractions.

Third, the involvement of Boston's Selectmen politicized inoculation and set the precedent for politicians to become an important arbiter of the procedure. With the popularity of inoculation coinciding with the developing Revolutionary struggle, this insinuation of politics into the inoculation decision intensified. Although inoculation was feared and held suspect in many colonies, beginning in 1760, many colonies, especially those in New England and the South, enacted legislation for the first time that restricted

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or prohibited inoculation based on the fear that it might spread natural smallpox. As a result, once the Revolution began, troops from colonies where the procedure was curtailed were unprepared to face the horror of smallpox on the battlefield.

Lastly, where the Boston debate elevated the decision to allow inoculation in a community into the hands of politicians, it also relegated the process of inoculation into the hands of physicians. Although Mather studied inoculation and knew how to inoculate, he still sought the involvement of Boston's doctors on the premise that, as men of science, they would lend a certain degree of creditability to the procedure, thus making it more palatable to the general public. Although Boston's physician community initially railed against inoculation, many of its members began to express support for the procedure soon after the 1721 controversy ended. This early embrace of inoculation by physicians ensured the procedure would forever be part of the professional world of "Physick" in the colonies and not the simple, do-it-yourself procedure as it was in Africa. When a series of smallpox epidemics erupted throughout the colonies at the beginning of the imperial crisis instigating a demand for inoculation, physicians responded by reframing inoculation into an expensive and exclusive procedure. Such framing stood in stark contrast to the developing patriotic rhetoric that espoused, among other things, equality, providing, at times, yet another challenge to the patriot cause.

112 South Carolina passed legislation in 1738 that prohibited inoculation in Charleston and within a two mile radius outside the city, but it allowed inoculation in the rest of the colony.
CHAPTER 2. INOCULATION AT THE INTERSECTIONS OF CLASS

Introduction

On October 27, 1772, the Reverend Ezra Stiles of Newport, Rhode Island, noted in his diary that on "This day," his son Ezra junior, along with fourteen others, went with Dr. Bartlett “to be inoculated for the smallpox." Their destination was the inoculation hospital on Dodge's Island, just off the coast of Stonington, Connecticut, "about 35 miles from Newport," where Bartlett was going to inoculate the group.\textsuperscript{1} Rhode Island at the time was one of several colonies that prohibited inoculation; inhabitants of the colony who wanted to be inoculated had to journey to other colonies, such as Connecticut, where the procedure was allowed, or take their chances with catching natural smallpox.

Smallpox had taken its hold on Newport that August, plunging the town as well as the rest of Rhode Island into a contentious debate over whether or not to suspend the colony's ban on inoculation. Not willing to wait for a decision, Stiles reacted the way many parents with his economic means did at the time: he sent his child to be inoculated in a colony where the procedure was permitted. Traveling to another colony to be inoculated was a costly journey to say the least. Not only did the process entail paying the doctor’s

\textsuperscript{1} Ezra Stiles, \textit{The Literary Diary of Ezra Stiles}, Franklin Dexter, ed., Vol.I (NY,NY: Charles Scribner's Sons, 1901), 297, 300. The inoculation hospital Stiles is referring to is most likely on Fisher’s Island, not Dodge’s Island. Both islands fell under Stonington’s jurisdiction, however, there is no record of an inoculation hospital on Dodge’s Island, there is, however, a record of an inoculation hospital on Fisher’s Island (see page 91 of this dissertation).
inoculation fee, but also the cost of transportation to and from the hospital as well as room and board for the month-long recuperative period. But it was a price that some, such as Reverend Stiles, willingly paid in order to minimize the chances of catching smallpox, or what the Reverend called the “Pestilence walking in Darkness.”²

Seven months after Stiles sent his son to be inoculated, Patrick Winter, an indigent resident of Philadelphia, approached Philadelphia’s municipally funded aid society, the Overseers of the Poor, for assistance. According to the minutes of the Overseers’ May 31, 1773, meeting, Overseer Joseph Penrose had recently paid for burying two of Winter’s children who had died from smallpox, and now Winter was requesting money to help care for his remaining two children who were also "in the smallpox." Winter’s situation was not unusual; when his children died, Philadelphia was experiencing the beginnings of a smallpox epidemic that claimed the lives of over three hundred people, most of them children of the poor.³ What was unusual about Winter's situation, however, was that unlike Newport, which prohibited inoculation, Philadelphia permitted virtually unfettered access to the procedure.⁴ And, despite the fact that simple instructions on how to inoculate at home were disseminated to the public, specifically to benefit the poor, Winter apparently failed to inoculate his children. Unlike the Reverend Stiles and his child who were spared the ravages of smallpox, Winter and his children

² Stiles, 297, 300.
³ Overseers of the Poor, Minutes, 1768-1774, GP1, May 31, 1773, (Philadelphia City Archived), 142; Pennsylvania Gazette, February 2, 1774; Duffy, Epidemics, 100. Winter was one of 1,081 people who received some form of relief from one of Philadelphia's relief societies that year. This equates to 4.8% of Philadelphia's population of the time (it does not take into account those poor who did not seek assistance from one of the relief societies). See Table 2 in Billy G. Smith, "Poverty and Economic Marginality in Eighteenth-Century America," Proceedings of the American Philosophical Society 1, vol. 132 (March, 1988): 97.
⁴ Blake, Public Health, 109, 111-112; Wolman, 131.
became victims and statistics to the Pestilence walking in Darkness. The disparity between Stiles’s and Winter’s encounters with smallpox and inoculation, and why Winter and many others like him failed to inoculate is the subject of this chapter.

**Physicians, Quacks, and Entrepreneurs: A New Framing of Inoculation**

Beginning in 1759, where and how inoculation was administered began to change. In the winter of that year, a smallpox epidemic took hold of Philadelphia, one of many in a wave of smallpox epidemics that beset the colonies in the waning years of the French and Indian War. In order to respond to the large number of cases in Philadelphia, the town council invited New Jersey doctor William Barnett to help inoculate in the town.⁵ Considered by some to be a skillful physician, Barnett joined an existing cadre of eminent Philadelphia physicians who were also familiar with inoculation, among them Drs. John Redman, and brothers Phineas and Thomas Bond. Barnett, however, was different from these other physicians in the manner in which he inoculated. ⁶

When Redman, the Bonds, and other physicians who practiced inoculation performed the procedure on a patient, they usually did so on an individual basis and in the patient's home. Once inoculated, the physician would make periodic visits to check on the patient's progress. Barnett, however, is credited with developing the concept of an inoculation "hospital" where people would be admitted in order to be inoculated, and then receive constant monitoring and care from the moment they were inoculated until the

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⁵ Sometimes spelled Barnet.
time they recovered, usually about a month later. In addition, Barnett departed from the other physicians through his use of Dr. Adam Thomson's inoculation preparation regimen, which called for giving patients heavy doses of mercury before inoculation began. While originally proposed by Thomson in Philadelphia in 1750, its application in the inoculation process was still very controversial until Barnett's use in 1759.

When the epidemic was over, Barnett had inoculated two hundred people without the loss of one patient, demonstrating to many physicians and potential patients both the success of mercury in easing the patient through the inoculation process and the benefit, and profitability, of the inoculation hospital.

The concept of the inoculation hospital quickly spread. When smallpox threatened Boston in the spring of 1761, Boston Physician Sylvester Gardiner proposed constructing an inoculation hospital in the town at his own expense. He proposed charging four dollars for inoculation and three dollars per week for room, board, and care. Gardiner's plan was considered at the March 11, 1761, meeting of the Selectmen and, "after long debate," his plan "passed in the negative." However, when smallpox returned to Boston in 1764, the call for private inoculation hospitals was incessant.

Fearing they would catch natural smallpox, many wealthier citizens of Boston demanded

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9 Wolman, 94-96, 118-120. It is estimated that between 500 and 600 people died of smallpox in Philadelphia that year, 106 from Christ Church parish alone (Wolman, 124-125).
greater freedom to inoculate and more inoculation hospitals. Responding to their call, the Selectmen of the town established two inoculation hospitals outside the city where doctors and patients could inoculate. The Selectmen invited Dr. Barnett to come to Boston to take charge of one of them.\textsuperscript{11}

However, as demand for inoculation increased so did the concern among many colonists -- both wealthy and poor -- that the procedure could cause an epidemic or exacerbate an existing one. Beginning in the mid 1760s, the New England colonies as well as the southern colonies of Virginia, North Carolina, South Carolina, and Georgia began to regulate or completely forbid inoculation houses. Undeterred, by such regulations, physicians opened inoculation hospitals in colonies where inoculation was allowed, and then to get patients, advertised their hospitals in newspapers in the colonies where inoculation was banned or restricted.

After Virginia passed a law in 1770 restricting inoculation within its borders, the colony proved to be an especially lucrative market for physicians in Maryland and Pennsylvania looking for patients for their inoculation hospitals.\textsuperscript{12} It was often doctors in these two colonies where inoculation was permitted who advertised in Virginia newspapers for patients. Dr. Glentworth of Philadelphia advertised in the \textit{Virginia Gazette} for his “convenient” inoculation house in Philadelphia, which provided all the “proper accommodations,” including a “tender skilful matron” to manage and care for his patients.\textsuperscript{13} Baltimore physician Alexander Stenhouse also tried to attract patients from

\textsuperscript{11} Blake, \textit{Public Health}, 92-93.
\textsuperscript{12} Wetenbaker, 13; William W. Hening, ed., \textit{Statues at Large; Being a Collection of All the Laws of Virginia}, VIII (Richmond, VA: J&G Cochran, 1821), 371-372.
\textsuperscript{13} \textit{Virginia Gazette}, March 3, 1777; \textit{The Pennsylvania Gazette}, January 6, 1773.
Virginia. His advertisement in the *Virginia Gazette* for his inoculation house stated, “Knowing that the Legislature of your colony have prohibited inoculation for the smallpox, I therefore offer myself to those who may seek to come abroad to take that disorder.”

In addition to Virginia, the New England colonies were especially rewarding market for physicians. One of the earliest physicians to advertise in the New England market was Dr. George Muirson who, in 1763, advertised in the *Boston Post-Boy* for patients for his "two hospitals for inoculation of the smallpox" that he opened on "Shelter Island, near [the] east end of Long Island, in the province of New York." Muirson's advertisement is important because it demonstrates how strong the demand was in Boston for inoculation, especially early in the inoculation frenzy, and how lucrative the Boston inoculation market was at the time; after all, to construct two hospitals was certainly expensive. In 1766, the Selectmen of Portsmouth, New Hampshire, invited Dr. Hall Jackson to open an inoculation hospital on Shapley's Island in the town's harbor. Jackson had earned a reputation as a skilled inoculator during Boston's 1764 epidemic. Dr. John Hill also found the New England market profitable. In December 1774, Hill incurred the expense of moving his practice from Ulster County, New York, to Kinderhook, New York, "for the convenience of inoculating some of his friends [patients] from Connecticut, Boston, and Rhode Island," where inoculation was either restricted or banned. Apparently Hill found inoculation so profitable that he also noted in his

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15 *Boston Post-Boy and Advertiser*, November 21, 1763, Boston, MA.
advertisements that, in addition to being "well acquainted with surgery, physic and pharmacy," he had "of late years, made inoculation his favorite study."\textsuperscript{17}

The drive for patients was very competitive. When Henry Stevenson advertised in the \textit{Virginia Gazette} for his Baltimore inoculation hospital, his fee was "Two Pistoles" for inoculation and "twenty-five shillings per week for board"; however, in the same edition of the \textit{Gazette}, McDonald's fee was "Two Pistoles for inoculation, and 20s, [shillings] a week for board" at his Frederick, Maryland, hospital, twenty miles west of Baltimore.\textsuperscript{18}

In order to be competitive, some physicians used unique marketing techniques. Drs. Philip Turner and Jonathan Loomiss promised potential patients "good entertainment" at their inoculation hospital in the harbor of Stonington, Connecticut, in addition to "a large comfortable dwelling house, with different apartments, fit to accommodate gentlemen and ladies."\textsuperscript{19} To attract patients from Rhode Island to his New Brunswick, New Jersey, inoculation hospital, Dr. John Cochran provided the sailing schedules and names of the various ship captains in his advertisements, “who constantly follow the business of coasting between New Brunswick and Rhode Island.”\textsuperscript{20} In 1776 and 1777, Dr. William Aspinwall competed with physician partners Isaac Rand and Lemuel Hayward for patients to come to his Sewall's Point, Massachusetts, hospitals. In his advertisements in Boston's \textit{New England Chronicle} and Boston's \textit{Independent Chronicle}, Aspinwall noted

\textsuperscript{17} \textit{Providence Gazette}, December 4, 1773.
\textsuperscript{18} \textit{Virginia Gazette}, September 20, 1770; Howard A. Kelly, M.D., \textit{A Cyclopedia of American Medical Biography Comprising the Lives of Eminent Deceased Physicians and Surgeons from 1610 to 1910}, vol. 2 (Philadelphia, PA: W.B. Saunders Co., 1912), 408. In 1765, Stevenson was considered "the most successful inoculator in America." In addition to inoculating in Baltimore, he also traveled into the surrounding counties to inoculate (ibid., 408).
\textsuperscript{19} \textit{Newport Mercury}, Newport, RI, April 4, 1774.
\textsuperscript{20} \textit{Newport Mercury}, February 7, 1774. See also, ibid., February 21, February 28, March 28, July 1, July 8 and July 15, 1774.
that "everything necessary" would be supplied, including bedding. In their advertisements in the same newspapers, however, Rand and Hayward asked their patients to "bring bedding," and suggested "straw beds are the best"; those who Rand and Hayward had to provide beds for were charged extra.\textsuperscript{21} Fine bed linens and feather mattresses were staples of the upper sort, but were very scarce during the Revolution as linens were being used for making bandages. Those hospitals that provided fine linens, such as Aspinwall's, certainly had a marketing advantage.\textsuperscript{22}

After independence was declared, political loyalties became a selling point for some physicians. In the fall of 1776, ardent patriot Dr. William Whiting opened an inoculation hospital in Great Barrington, Massachusetts, not long after loyalist Dr. James Latham opened his hospital in the same town.\textsuperscript{23} Where Latham, whose loyalties to the rebel cause had become questionable, advertised he inoculated according to the secret "Suttonian" or British method, developed by Robert Sutton, Whiting informed his potential patients that he used the "Dimsdation" method of inoculation, developed by Thomas Dimsdale.\textsuperscript{24} While both Sutton and Dimsdale were British physicians with few variations in their inoculating methods, the once popular Suttonian method was, by 1776, politically tainted.

The originality of Sutton's method as being "British" was called into question when the Selectmen of Salem, Massachusetts, elected to opened an inoculation hospital

\textsuperscript{21} For Rand and Hayward, see the\textit{ Independent Chronicle}, October 10, 1776, among others. For Aspinwall, see the\textit{ Independent Chronicle}, October 17, 1776, among others.
\textsuperscript{22} \textit{Virginia Gazette}, August 29, 1777.
\textsuperscript{23} Whiting was chairman of the Committee for Propagating the Manufacture of Salt Peter in Massachusetts. Salt peter was used to make gunpowder. See \textit{Boston Gazette}, January 1, 1776.
\textsuperscript{24} For Whiting, see the\textit{ Norwich Packet}, October 21 to October 28, 1776, among others. For Latham, see the\textit{ Connecticut Courant}, June 24, 1776, among others.
in November 1773 and invited Latham to be their inoculating physician.\textsuperscript{25} With the colonies still reeling over the Tea Act which parliament passed in May, many of Salem’s citizens were hardly amendable to a British physician practicing the British method of inoculation. When word got out that the Suttonian method of inoculation included mercury as part of the preparation regime -- something originally recommended and used by American physician Dr. Adam Thomson -- the Suttons and Latham were considered thieves. According to the \textit{Essex Gazette}, Latham "well knows, that his method . . . is the same which has been long in use in America . . . It ought therefore to be called the AMERICAN, not the Suttonian method of inoculation."\textsuperscript{26} Fortunately for Dimsdale, his process of inoculating never became politically tainted; when George Washington authorized mandatory inoculation for all soldiers in the Continental Army in February 1777, it was Dimsdale’s method that was used.

Such advertisements hint at how inoculation had become a lucrative procedure during the Revolutionary period. According to Dr. Lauchlin Maclean, prior to the introduction of inoculation in 1721, treating people who had already caught natural smallpox "was certainly the surest and largest penny in the doctors purse." However, once inoculation was introduced, "the case is quite altered with him [the physician]" as inoculation proved even more lucrative than treating people once they were infected with smallpox.\textsuperscript{27} By the early 1770s, inoculation accounted for 10 percent to 20 percent of the

\begin{footnotes}
\footnotetext{25}{Blake, \textit{Public Health}, 129-130.}
\footnotetext{26}{\textit{Essex Gazette}, October 26, 1773 to November 2, 1773; Samuel Roads, Jr., \textit{The History and Traditions of Marblehead} (Boston, MA: Houghton, Mifflin and Company, 1881), 92-93. Capitalization of "American" is original and not added here for emphasis.}
\end{footnotes}
yearly income for many physicians and, during the spring months when inoculation was most recommended, it was not unusual for 50 percent of a doctor's income to come from inoculation.  

A sampling of the advertisements physicians placed in colonial newspapers between 1770 and 1777 hint at how popular and profitable inoculation had become and also which markets were the most lucrative for physicians (Table 1). Over this seven year period, 43 doctors placed 332 advertisements in 22 major colonial newspapers from Boston's *Boston Evening Post* to Charleston's *South Carolina Gazette*. The most popular market for doctors to find patients was clearly the New England colonies, which, with few exceptions, severely restricted access to inoculation until 1776. Of the 332 advertisements placed during this seven year period, a total of 188, or 57 percent, were placed in newspapers in Connecticut, New Hampshire, Massachusetts, and Rhode Island, for inoculation hospitals in New York. The next most popular market after New England was New York, with 66, or 20 percent, of the inoculation hospital advertisements placed in papers in that colony from 1770 to 1777. Although New York allowed inoculation, New York physicians frequently advertised in that colony's newspapers in order to entice visiting New Englanders to inoculate. Inoculating physicians in Baltimore and Frederick, Maryland, ran advertisements in Virginia newspapers hoping to attract patients from that colony. Of the 332 advertisements sampled, a total of

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28 Dine, 420.
Table 1. Occurrences of Inoculating Physician Advertisements by Colony

<table>
<thead>
<tr>
<th>Colony</th>
<th>1770</th>
<th>1771</th>
<th>1772</th>
<th>1773</th>
<th>1774</th>
<th>1775</th>
<th>1776</th>
<th>1777</th>
<th>Total</th>
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<td>14</td>
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<td>8</td>
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<td>66</td>
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<td>Philadelphia</td>
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<td>42</td>
<td>69</td>
<td>23</td>
<td>37</td>
<td>40</td>
<td>26</td>
<td>332</td>
</tr>
</tbody>
</table>

Newspapers surveyed include:

- *Boston Evening Post*
- *Boston News Letter*
- *Boston Post Boy*
- *Connecticut Courant*
- *Connecticut Gazette*
- *Connecticut Journal*
- *Essex Gazette*
- *Independent Chronicle, Boston*
- *Maryland Journal*
- *Massachusetts Spy*
- *New England Chronicle*
- *New Hampshire Gazette*
- *New London Gazette*
- *New York Gazette*
- *New York Journal*
- *New York Gazette*
- *Norwich Packet*
- *Pennsylvania Chronicle*
- *Pennsylvania Gazette*
- *Providence Gazette*
- *South Carolina Gazette*
- *Virginia Gazette*
- *Newport Mercury*
51, or 15 percent, of the inoculation advertisements that ran in Virginia newspapers were for inoculating hospitals in Maryland. There were few advertisements for inoculation in Philadelphia's papers, mainly because unregulated inoculation was permitted in that city. Instead, Philadelphia's inoculating physicians advertised in colonies where inoculation was prohibited, such as Virginia. Only 20 physicians, or 6 percent, of the total inoculation advertisements between 1770 and 1777 were in Philadelphia papers.

While many physicians inoculated throughout the 1760s, things changed in 1771 when Dr. James Latham arrived in New York and began to aggressively promote his inoculation hospital. Of the same sampling of 332 inoculation hospital advertisements, Latham accounted for 109 ads, or 33 percent, that appeared in newspapers between 1770 and 1777, which was more than any other physician (Table 2). In 1771, Latham's first full year in the colonies, he placed 24 advertisements in New England papers for his inoculating hospitals in New York City and Albany, New York. This accounted for 39 percent of the 61 total advertisements physicians placed that year. As a percentage of the total inoculating advertisements for a year, 1772 was the greatest for Latham. Of the 42 inoculating hospital advertisements that appeared in papers that year, Latham's accounted for 23, or 55 percent. Not surprisingly, his advertisements, as well as those for all physicians, began to decline in 1777 until they reached nearly zero in 1778, where they stayed throughout the remainder of the Revolution. Two factors most likely account for this drop.
Table 2. Inoculating Physicians and the Frequency of their Advertisements

<table>
<thead>
<tr>
<th>Physician and Inoculation Hospital Location</th>
<th>1770</th>
<th>1771</th>
<th>1772</th>
<th>1773</th>
<th>1774</th>
<th>1775</th>
<th>1776</th>
<th>1777</th>
<th>Total</th>
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<td>27</td>
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<td>Ely and Elisha Ely - Duck Island, MA</td>
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<td>Selectmen of Salem - Salem, MA</td>
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<td>Rand and Hayward - Brookline, MA</td>
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<td>Betts - Norwalk, CT</td>
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<td>Rogers - Norwalk, CT</td>
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<td>Wickes and Senter - Warwick, RI</td>
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<td>Couler - Gloucester Co., VA</td>
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<td>Dr. Bainbridge - Downington, PA</td>
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<td>Gardiner - Boston, MA</td>
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<td>Ludwig - Philadelphia, PA</td>
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<td><strong>Total</strong></td>
<td>34</td>
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<td>42</td>
<td>69</td>
<td>23</td>
<td>37</td>
<td>40</td>
<td>26</td>
<td>332</td>
</tr>
</tbody>
</table>
First, the possibility that inoculation could start a smallpox epidemic among the recruits to the Continental Army if not carefully executed was initially considered by George Washington, the Continental Congress, and some of the states as a threat to the Revolution. For example, in 1778, the legislature of Rhode Island required that anyone who wanted to inoculate had to go to a "public hospital" to have the procedure done in order to ensure they were properly quarantined. According to the statute, "Every physician who shall be so inconsiderate, and destitute of regard for the public good as to inoculate for that disease except at a public hospital . . . shall be prosecuted to the utmost rigor of the law." ¹ Although many colonies relaxed their inoculation restrictions during the Revolution, unregulated inoculation was still considered hazardous.

Second, beginning in 1775, the number of physicians who privately practiced inoculation declined. Out of patriotism and the promise of steady pay, many inoculating physicians joined the Continental Army once hostilities commenced in April 1775. ² For example, Doctors Issac Rand and William Aspenwall, both of whom had an inoculation hospital on Seawalls Point, Massachusetts, were appointed surgeons in the Continental Army's Medical Department in 1775. Brothers John and Elisha Ely, who operated an inoculation hospital on Duck Island, Massachusetts, joined the Continental Army in 1776. John was appointed a surgeon with the rank of Major, and Elisha a surgeon with the rank of Captain. ³ And William Cochran, who was a prolific inoculator in New Brunswick, New Jersey, became head of the Medical Department in 1781. ⁴

¹ Providence Gazette, Providence, RI, April 25, 1778.
² Duncan, 3-6.
³ Ibid., 392.
⁴ Ibid., 4.
Where many inoculating physicians joined the Continental Army, others who had loyalist sympathies, voluntarily left or were banished from the colonies. Dr Sylvester Gardiner of Boston, was banished in 1778, moving to Poole, England. Dr. Stevenson, who operated an inoculation house in Baltimore, was a loyalist and fled the colonies. And, Dr. Latham, the most prolific advertiser of all the physicians, became immersed in scandal over his questionable inoculation techniques and political loyalties after his involvement in the Salem inoculation hospital controversy of 1773. Suspected of being a loyalist, Latham's inoculation franchise began to fall apart. His ads fell from 16 in 1775 to 14 in 1776 to zero in 1778. Regardless, Latham was a game-changer in how inoculation was delivered and consequently framed in the colonies; and for this reason he deserves more special attention here.

Dr. Latham - Inoculating Physician Extraordinaire

A "surgeon to the king's (or 8th) regiment of foot," Latham began practicing inoculation in Canada while still in the British Army. Not long after he arrived in Quebec in July 1768, Latham advertised his services as an inoculator in the Quebec Gazette, eventually inoculating several groups of British soldiers as well as civilians. According to subsequent advertisements, by the spring of 1769 he had performed the procedure on 303 patients in Quebec. After an epidemic of smallpox broke out in Montreal in July 1769, Latham moved to that town where he opened his first inoculation hospital. In his November 1769 advertisements for his hospital, Latham boasted having inoculated 360

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5 Ibid., 459-60.
6 Henry Stevenson, of Baltimore, gave up his inoculation practice to join the royal cause in 1776, but returned in 1786. See Kelly, M.D., A Cyclopedia of American Medical Biography Comprising the Lives of Eminent Deceased Physicians and Surgeons from 1610 to 1910, vol. 2 (Philadelphia, PA: W.B. Saunders Co., 1912), 408.
7 The British Army allowed physicians to supplement their income through operating private practices.
people in that town without any loss of life.\textsuperscript{8} With the demand for inoculation on the increase in Britain's colonies south of Canada, Latham moved to New York City in October 1770, where he opened "apartments for inoculation" on Broad Street.\textsuperscript{9}

Latham had a unique selling point for his services. Prior to coming to the American colonies in 1768, Latham was trained by British Doctor Robert Sutton to use the "Suttonian method" of inoculation.\textsuperscript{10} Developed by Sutton and his sons in the early 1760s, the Suttonian method claimed to be superior to the conventional inoculation method used in the colonies since Kilpatrick's preparation regime and Thomson's use of mercury in the 1740s. The Suttonian method deviated from Kilpatrick’s and Thomson's established inoculation protocols in a number of ways. First, it called for using smallpox matter obtained from a sore on an inoculated patient rather than matter from a person who had natural smallpox; this ostensibly reduced the chance of contracting natural smallpox from the procedure. Second, rather than a deep incision in the arm or leg, the Suttons used a smaller incision to convey this matter into the patient, reducing the potential of a secondary infection. Third, rather than the long preparation period of up to a month, the Suttons called for a reduction in the time needed to prepare the patient before actual inoculation took place. Fourth, and most controversial, the Suttons claimed to use a secret concoction in their preparation regimes rather than the ever popular mercury, first used in the colonies by Thomson.\textsuperscript{11}

\textsuperscript{8} *Boston Post Boy*, October 9, 1769. The announcement of his arrival in New York can be found in the *New York Journal*, October 18, 1770.
\textsuperscript{9} *New York Journal*, December 6, 1770, NY,NY.
\textsuperscript{10} See the *South Carolina Gazette*, August 16, 1768, which announces Latham's "partnership" with the Suttons; Bridenbaugh, 328.
\textsuperscript{11} Hopkins, 59-60; Fenn, *Pox Americana*, 35-36.
In order to get their share of the growing inoculation market in the American colonies, the Suttons "licensed" Latham to practice their "method" of inoculation in the colonies. While he was still in Canada, Latham billed himself as the "only person" who could "inoculate or cause to be inoculated" in the "Suttonian system" in "any part of America, north of Philadelphia."\textsuperscript{12} Latham's use of Suttonian inoculation was so successful that by 1773, he had a chain of seven hospitals across New York, Connecticut, and Massachusetts, all practicing Suttonian inoculation. In addition, the Suttons authorized Latham to recruit other doctors to become "Sutton's partners for inoculation."\textsuperscript{13} By August 1773, Latham had recruited "Suttonian partners" in Orange-Town, Albany, Kinderbook, Redbook, and Schenectady, New York, and Worcester, Massachusetts who were all obligated to purchase the medicines they used in the inoculation process from Latham as well as pay him a percentage of their income from inoculation.\textsuperscript{14}

Latham aggressively promoted his association with his partners as well as his own practice, taking advantage of any situation where he could make money. For example, when the British army evacuated Boston in March 1776, they left smallpox as a parting gift to the rebels. Hoping to stem the spread of the disease, the General Court of Massachusetts allowed physicians of the colony to begin inoculation. First to take advantage of the situation was Latham, who advertised his new inoculation hospital at Great Barrington, Massachusetts, where either he or "one of his partners" would attend to


\textsuperscript{13} \textit{The Connecticut Courant}; March 19, 1771. See also Bridenbaugh, 328-329.

\textsuperscript{14} \textit{Essex Gazette}, October 26, 1773 to November 2, 1773, Salem, MA.
patients. To accommodate other parts of the state, Latham advertised that "he or one of his partners" would gladly travel "upon application" provided the town had "leave from the General Court" of their county to open an inoculation hospital. As a result of his scheming and his franchising pyramid, Latham had amassed a fortune by 1776 which, as will be discussed in chapter 5, was not without controversy as the potential for revolution became greater.

**Inoculating Physicians**

The physicians who inoculated were a mixed bunch. Some were "regular" physicians, or doctors who were highly credentialed, held university degrees, dedicated their lives to medicine, and had stellar reputations in their communities. However, despite their credentials, these were also physicians who were not above capitalizing on the inoculation craze. Harvard educated physician William Aspinwall frequently advertised for his inoculation hospital at Sewall's Point in Massachusetts. Dr. Glentworth, who was educated in Edinburgh, had a lucrative inoculation practice in Philadelphia. In addition to Aspinwall and Glentworth, noted Boston physicians James Warren, Issac Rand, and Lemuel Hayward, also took advantage of the popularity of inoculation and entered into a "partnership" with one another in April 1778 to open an inoculation hospital at Sewall's Point, Brookline, Massachusetts, for "the business of inoculating for the smallpox." For Warren, it was not his first sojourn into the inoculation business. Four years earlier, he entered into a partnership with Dr. Bulfinch, Samuel Adams, and none

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16 Toner, 23.
17 Ibid., 80.
other than James Latham to build an inoculation hospital at Point Shirley, in Chelsea, Massachusetts.  

Yet many regular physicians who inoculated never advertised their services, but still managed to make inoculation a lucrative part of their practices. Rather than advertise their services in newspapers, physicians Benjamin Rush, Thomas Bond, John Morgan, and William Shippen, all of Philadelphia, and Drs. Rand and Joseph Orne of Boston, relied on the reputations they built over years of hard work and dedication to their profession and their communities in order to get and keep patients. In fact, Morgan and his services were so in demand that many of his friends panicked when they discovered he was going to become the head of a medical school in Philadelphia and would no longer be inoculating. To reassure his many patients that he would not abandon them, Morgan issued a statement. "I do not mean however to refuse to inoculate for the smallpox," Morgan wrote, "where my patients or their friends object to employ another hand to make the incision." Many physicians found their hometowns were lucrative enough. In 1776, Dr. Thaddeus McCarthy of Fitchburg, Massachusetts opened an inoculation hospital for citizens of Fitchburg and neighboring towns to inoculate. McCarthy's practice became so successful, however, that the people of Fitchburg started

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a rumor that the doctor purposely introduce smallpox into Fitchburg in order to make money.\textsuperscript{21}

The bulk of the physicians who placed advertisements for their services were either apprentice trained physicians or quacks. Apprentice trained physician spent a period of time under the tutelage of a university educated physician.\textsuperscript{22} Zabdiel Boylston, Cotton Mather's accomplice in the 1721 Boston inoculation controversy, was one such doctor, having trained under Dutch physician John Cutler before his involvement in the Boston inoculation controversy of 1721. John Cochran, who advertised for his inoculation hospital in New Brunswick, New Jersey, studied under Lancaster, Pennsylvania, physician Joseph Thompson, and Dr. William Whiting who opened an inoculation hospital in Great Barrington, Massachusetts, studied under Connecticut physician, John Bulkley.\textsuperscript{23} And, in all likelihood, Latham was an apprentice trained physician, too. While these physicians did not possess a formal degree, most were considered capable medical practitioners at the time.

In addition to the apprentice trained physicians there were those who had no true knowledge of medicine, yet fancied themselves doctors. Labeled "quacks" by the regular physicians, this group included mothers, grandmothers, and others who conjured up folk remedies from such things as herbs and tree bark, to cure a variety of ailments from spider bites to smallpox. Those from this group who charged for their services often made fraudulent claims for their credentials and successes in inoculation in order to get

\textsuperscript{21} Rufus C. Torrey, \textit{History of the Town of Fitchburg, Massachusetts} (Fitchburg, MA, 1836), 82-83.
\textsuperscript{22} Toner, 23.
\textsuperscript{23} Ibid., 26, 47, 83.
patients.\textsuperscript{24} For example, when Hugh Tomb, "lately of Ireland," opened an inoculation practice in Philadelphia in 1760, he claimed in his advertisement that he held a university degree and was "a good inoculationist." In addition, he boasted that he was also experienced in "physic, surgery, and midwifery" and could treat "disorders incident to the human body," including "cancers, fistuals, ruptures, dropsy . . . and many others, too tedious to mention."\textsuperscript{25} Such grandiose claims and diverse services were most likely an indication that the physician was a quack. Also giving reason to doubt his abilities was the fact that ads for his services disappeared after 1760, suggesting that he was looking for fast money at the expense of people's lives. Similarly, when Dr. Ludwig arrived in Philadelphia from Germany in 1775, his advertisement boasted a varied list of services and cures which were hard to believe, among them his claim that he could "cure most internal and external diseases and ailments," including "malignant, intermitting and nervous fevers . . . diseases of the breast and lungs . . . hemorrhoidal cases, toothache and ailments of the teeth." In addition, Ludwig also claimed he "inoculates for the smallpox," and that he had "an excellent medicine" for "those who are averse to inoculation." Like Tomb, he, too, soon disappeared.\textsuperscript{26} London physician William Day, who set up shop in Philadelphia in 1774, advertised among his many potions, elixirs, and nostrums, "Pectoral drops" that could not only cure "coughs, colds, asthmas, phthysicks [sic], wheezings, shortness of breath, and all sorts of consumptions," but could also "greatly relieve children in the smallpox, by giving two or three drops in tea." And, when the children

\textsuperscript{24} Duffy, \textit{The Healers}, 31-33.

\textsuperscript{25} \textit{Pennsylvania Gazette}, January 1, 1761. See also the \textit{Pennsylvania Gazette}, April 30, 1761.

\textsuperscript{26} \textit{Pennsylvania Gazette}, March 15, 1775.
"begin to scratch their face," the parent was to "take a feather and anoint the face" with the drops, which would "preserve both" the child's "beauty and precious eyesight." But at a time when there were no licensing authorities in the colonies, such as the Royal College of Physicians, educational requirements, or monitoring boards for the medical profession, it was easy for such individuals to enter into practice where they competed with regular physicians and then disappeared when it became obvious that their actual experience did not match up to their claims.  

Physicians, however, were not the only ones capitalizing on inoculation. Beginning in the early 1760s, many lay people opened inoculation hospitals as investments. Reverend Ezra Stiles was among a group of private investors from Newport who, in 1762 and again in 1764, petitioned the citizens of the town to allow him and his associates to construct an inoculation hospital in their town. They reasoned that an inoculation hospital in Newport would keep "large sums of gold and silver money within the colony" and out of the hands of hospitals in New York and New Jersey, where the procedure was allowed. Stiles and his partners, however, were turned down by the town out of fears that a hospital might spread smallpox. In 1773, a number of wealthy and influential Marblehead, Massachusetts, citizens, most notably Whig leader and soon-to-be delegate to the Continental Congress, Elbridge Gerry, received permission from the town's Selectmen, to construct an inoculation hospital on Cat Island off the coast of Marblehead at their own expense. As was the practice when a private group financed an

27 Pennsylvania Gazette, April 6, 1774.
28 Burkhart, 164.
inoculation hospital, an experienced physician was hired to perform the actual procedure and manage the hospital. In this case, Gerry and his associates hired Dr. Hall Jackson, a noted inoculation doctor from Connecticut and rival of Dr. Latham’s, to perform the procedure and manage their Essex hospital, as it was called. Although the hospital was allowed to open, it was plagued with controversy from the very beginning as citizens frequently voiced their concern that the hospital could start an epidemic in their town. Frustrated over the unwillingness of their town’s Selectmen to act, an angry mob of Marblehead residents burned the hospital to the ground. Despite the potential for such violence, doctors and entrepreneurs continued to build and advertise their hospitals; after all, the demand and therefore money for inoculation that emanated from the wealthy elite was great, making the dangers worthwhile.

In the autumn of 1773, Dr. Philip Turner and Dr. Jonathan Loomis opened an inoculation hospital on Fishers Island off the coast of Stonington, Connecticut. Although Turner and Loomis thought it was safe, the citizens of Stonington did not and forced the two to close the hospital. Undeterred, Loomis continued to inoculate in Stonington and in August 1774 was arrested and put into prison. However, Loomis’s troubles did not end there; on August 15, he escaped from "the goal of this town." In the advertisement Sims Edgerton, the "Goal Keeper," placed in the *Norwich Packet* for Loomis's capture, Edgerton described him as being "about 5 feet 8 inches high, near 24 years of age, has black eyes and a florid complexion: He wore his own hair which is of a brown color."

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Edgerton offered a "one dollar" reward for "whoever will apprehend and deliver" Loomis back to jail.\textsuperscript{31} For Loomis to risk prison and escape, the financial incentive was obviously great.

The efforts of Stiles, Latham, Gerry, Loomis, and many others like them, who invested in inoculation and were willing to assume all the risks, further transformed the procedure in a way that Mather and Boylston never envisioned or intended. Not only did physicians and entrepreneurs turn a simple medical procedure into something complicated and expensive, but they also changed a medical procedure into a product to be marketed, sold, and a product to be procured. This becomes especially evident when we consider that the advertisements these inoculators placed in colonial newspapers appeared next to those for wigs, expensive clothing, expensive furniture, music lessons and other expensive ephemera, making it clear that the market for the procedure was the same as for these other products - the wealthy. Beginning in the early 1760s and continuing throughout the Revolutionary period, inoculation became one product in an array of other luxuries and "exciting goods" advertised in colonial newspapers, contributing to what T.H. Breen identified as a "vast new consumer culture" that permeated colonial society beginning in the middle of the eighteenth century.\textsuperscript{32}

\textsuperscript{31} Frances M. Caulkins, \textit{History of Norwich, Connecticut: From Its Possession by the Indians to the Year 1866} (Norwich, CT: Privately Published, 1874), 427; \textit{Newport Mercury}, April 4, 1774; \textit{Norwich Packet}, August 18, 1774.

\textsuperscript{32} T.H. Breen, \textit{The Marketplace of Revolution: How Consumer Politics Shaped American Independence} (NY, NY: Oxford University Press, 2004), 53. As will be discussed in Chapter 5, with the introduction and initial success of Sutton's British "method" of inoculation in the colonies by Latham in 1770, inoculation was positioned to become politicized along with other British goods that were imported into the colonies.
Inoculation and the Upper Sort

If numbers betray the popularity of inoculation, then we can say with certainty that the procedure was very popular among those of the upper sort during the Revolutionary period. When Reverend Ezra Stiles traveled with his daughters Kezia and Polly and youngest son Isaac to Henzel’s Island, off the coast of Portsmouth, New Hampshire, to be inoculated in April 1778, he noted in his diary that there were "from 180 to 200 patients in the hospital" when they arrived. According to Stiles, approximately six hundred people in all were inoculated on the island in the Spring of 1778, of which approximately four hundred were inhabitants of Portsmouth.\(^{33}\)

In order to attract such large numbers of patients, physicians often portrayed their hospitals in advertisements as if they were resorts, with fresh air, trails for hiking, beautiful vistas, as well as other amenities. John Cochran's hospital in New Brunswick, New Jersey, was advertised as being "in a remote though pleasant situation," where the "best attendance will be given, and everything proper for " a patient's "accommodation shall be furnished."\(^{34}\) Before their hospital was closed down by the people of Stonington, Jonathan Loomiss and Philip Turner advertised that their hospital was a "warm comfortable dwelling house, with different apartments for gentlemen and ladies."\(^{35}\) When inoculating partners John Chace and Dr. William Barnett advertised their hospital in Elizabethtown, New Jersey, they informed the public that those at their hospital had "the advantage of much better air" than hospitals closer to Philadelphia, certainly an amiable

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\(^{33}\) Stiles, Vol., II, 46, 74, 208-209, 416.

\(^{34}\) New York Journal, April 30, 1772.

\(^{35}\) Norwich Packet, November 4 to November 11, 1773, Norwich, CT.
quality.\textsuperscript{36} And patients at the Essex hospital on Cat Island, were often seen by those on shore "walking the island, shooting wild fowl, playing at quoits, &c."\textsuperscript{37}

Physicians preferred to admit patients to their hospitals as a "class," or group, consisting anywhere from ten to fifty people, depending on the size of the hospital. In order to minimize the anxiety of inoculation and thus keep their patients happy during the month long procedure, doctors encouraged family members, friends, neighbors, or other groups of people who had some common association with one another to apply together, often giving preferential admission status to those who did.\textsuperscript{38} For his inoculation hospital in New York City, Latham advertised that he would wait upon any "sufficient number" of patients "assembled together to be inoculated."\textsuperscript{39} The proprietors of the Essex hospital advertised that "If a class of eight persons should apply for a room," the group would have "preference, and be entered before such persons as apply individually at the same time."\textsuperscript{40}

People would "apply" for admission to an inoculation hospital, at which time they would be assigned a date when they would be admitted. Drs. Ely and Talman admitted "30 or 40 patients at one time," to their hospital on Duck Island off the coast of Say Brook, New York. Among the fourteen people who accompanied Ezra Stiles, Jr. to Dodge's Island in 1772, were Betsy Hopkins, daughter of the Reverend Samuel Hopkins, pastor of Newport's first Congregational Church, Bathsheba Searing, daughter of the

\textsuperscript{36} \textit{Providence Gazette}, June 26, 1773. Providence, RI.
\textsuperscript{37} \textit{Essex Gazette}, October 26 to November 2, 1773.
\textsuperscript{38} Packard, 83-84; Alice Morse Earle, \textit{Customs and Fashions in Old New England} (New York: Charles Scribner’s Sons, 1893), 352.
\textsuperscript{39} \textit{Boston Gazette}, May 13, 1771.
\textsuperscript{40} \textit{Essex Gazette}, September 28, 1773 to October 5, 1773.
Reverend James Searing, who was Reverend Stiles's immediate predecessor at Newport's second Congregational Church, Lucy Ellery, daughter of wealthy Newport merchant, William Ellery, and sisters Nancy and Betsy Channing, daughters of John Channing, also a wealthy Newport merchant. More than likely, these people all knew one another prior to setting sail.\textsuperscript{41}

In the interests of the bottom line, however, hospital proprietors sometimes put too many patients into one class, resulting in a hospital that was overcrowded. When author and historian Mercy Otis Warren took her children to the inoculation hospital in Plymouth, Massachusetts, in November 1776, she complained to her husband, James, that the "accommodations are not altogether to my liking . . . 48 persons were inoculated this afternoon & near as many will offer tomorrow. I think it too many for one class."\textsuperscript{42}

But there were alternatives to these exclusive, albeit often over-crowded inoculation hospitals.

Prior to the advent of the inoculation hospital, individuals and families were typically inoculated in their own homes. For those who lived in colonies where inoculation was allowed, having a physician come to their home was still an option. And for those who lived in colonies where inoculation was frowned upon or restricted, traveling to a friend's or relative's house in a pro-inoculation colony was a viable


\textsuperscript{42} Letter from Mercy Otis Warren to James Warren, Plymouth, November 25, 1776 as found in Warren-Adams Letters, 1743-1777, vol.1 (The Massachusetts Historical Society, 1917). Mercy and James were inoculated sometime in late July 1776. See letters from James Warren to John Adams, dated August 7, 1776 and August 11, 1776, and a letter from John Adams to James Warren, dated August 17, 1776, as found in Warren-Adams Letters, 266-269.
alternative. In 1766, Benjamin Franklin and his wife, Deborah, played host to Albert Hussey, son of their friend Christopher Hussey of Nantucket, Massachusetts, when he came to Philadelphia to be inoculated.\(^43\) Ten years later, the Franklins' friends William and Catharine Greene of Boston traveled to Philadelphia to undergo the procedure. The couple was inoculated at the Franklins', staying with them until fully recuperated from the event.\(^44\) Before Thomas Jefferson left for Philadelphia in February 1776 to attend the Continental Congress, his friend and fellow Congressional delegate from Virginia, Thomas Nelson, Jr., invited Jefferson's wife, Martha, to inoculate at his house. "You must certainly bring Mrs. Jefferson with you," Nelson wrote Jefferson. "Mrs. Nelson shall nurse her in the small pox and take all possible care of her."\(^45\) A similar invitation was extended by John Hancock to George Washington and his wife, Martha. After Hancock discovered in May 1776 that Martha intended to be inoculated in Philadelphia while visiting her husband, Hancock set a letter to the General in which he expressed his wife's desire to host Martha. "Mrs. Hancock will esteem it an honor to have Mrs. Washington inoculated in her house," assuring the General that "Mrs. Washington may be as retired as she pleases," while she was "under inoculation."\(^46\) However, despite Hancock's enticing

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\(^44\) Elizabeth Hubbart Partridge to Benjamin Franklin, September 17, 1776, William B. Willcox, ed., \textit{The Papers of Benjamin Franklin}, vol. 22 (New Haven, CT: Yale University Press, 1982), 610.  
offer, Martha stayed at the residence and boarding house of Philadelphia cabinetmaker Benjamin Randolph, where she was inoculated by Dr. William Shippen. 47

The Hancocks opened their home to other acquaintances as well. Two days after independence was declared, John Hancock wrote his friend William Cooper that the "Reverend Mr. Whitney is at my house and has gone through the small pox by inoculation very finely. Miss Katy Quincy is also here. She has been inoculated, and has it exceeding full, but is upon the recovery." Apparently Miss Quincy had more pustules from inoculation than the norm; according to Hancock, she had "enough [pox marks] to convince her friends she will not take it again." 48

In addition to these smaller, more intimate private inoculation settings, it was not unusual for those of the upper sort to hold inoculation "parties" in their homes for larger groups of family and friends, and have a doctor come to inoculate the group. In February 1764, Mrs. Mary Holyoke, wife of prominent Salem physician and Harvard College President Edward Augustus Holyoke noted in her diary that her husband "received an invitation" from her uncle "to be inoculated at his house" in Boston. Mary made her

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48 John Hancock to William Cooper, July 6, 1776, as found in Letters of the Delegates to Congress, Vol., 4 May 16, 1776-August 15, 1776.
husband a plaid "smallpox gown" for him to wear at the event.\textsuperscript{49} In addition to her husband, Mary's friends "Susy Higginson, Nancy Cabot and Betsy" were also invited. They all arrived at Mary's uncle's on April 6, 1764, departing almost a month later on May 4; all survived the procedure.\textsuperscript{50} In July 1775, four months after the first shots of the Revolution were fired at Lexington and Concord, and one month after the Battle of Bunker Hill, Boston merchant Joseph Barrell invited the wife of Colonel Joshua Wentworth to accompany him and his family to an "inoculation party" being held at the home of one of Barrell's friends. In a letter to Colonel Wentworth, Barrell noted that he had already invited "several friends" to accompany him, and "none of them" would "be more welcome than Mrs. Wentworth."\textsuperscript{51} Among the planter elite of South Carolina, it was "the custom" for a "party of young people, perhaps five or six girls" to be "shut up with the mothers of one or two of the party and attendant nurses" and be inoculated together, "thus alleviating the tediousness of the necessary isolation." During the isolation period of a month or more, they "drank tea, gossiped, lounged about in 'dishabille,' and kept each other merry." More subdued than the opulent galas many of the upper sort were accustomed to, these come-one-come-all parties sparked a sense of camaraderie among the attendees and lessoned the anxiety of inoculation as everyone shared in the danger of the procedure and convalesced together.\textsuperscript{52}

Such was the case when Abigail Adams and her family and friends were inoculated. After Boston's Selectmen announced on July 11, 1776, that they would allow

\textsuperscript{49} "Diary of Mrs. Mary (Vial) Holyoke, 1760-1800," \textit{The Holyoke Diaries, 1709-1856} (Salem, MA: The Essex Institute, 1911), x, 61.
\textsuperscript{50} Ibid., 61.
\textsuperscript{51} Earle, 352.
\textsuperscript{52} Ravenel, 142-43.
inoculation "till next Monday the 15th" in order to stem the spread of smallpox in the town, Abigail's aunt and uncle "invited" her and her four children to come to their place in Boston to inoculate.\textsuperscript{53} In a letter to John, she noted how "kind" it was for them to send her "an invitation with my family." But Abigail and her children were not alone. In addition to herself and four children, Abigail wrote to John that her aunt and uncle also invited "Mr. Cranch and wife and family," to their inoculation party, as well as Abigail's "sister Betsy and her little niece, Cotton Tufts and Mr. Thaxter, a maid who has had the distemper and my old nurse . . . A boy too I should have added. 17 in all." According to Abigail, "Such a spirit of inoculation never before took place."\textsuperscript{54} John, too, received a letter from Abigail's uncle which he informed his wife contained "a most friendly and obliging invitation to you and yours to go and have the distemper at his house." John believed having his family inoculated was worth any price. "If the smallpox spreads, run me in debt," he wrote to Abigail.\textsuperscript{55}

Obviously many of the colonial elite took advantage of their wealth to travel to private inoculation hospitals, as well as host their own or attend their friends' private inoculation parties in order to avoid the ravages of smallpox. But these forums for inoculation took on additional meaning during the Revolutionary period. Between 1764 and 1776, the numerous non-importation and non-consumption efforts championed by the colonies in response to the various acts of the British Parliament that were intended to

\textsuperscript{53}Connecticut Courant, July 15, 1776.
tax or punish the colonists ultimately politicized many recognizable symbols of wealth and venues for their display, making their purchase or use unpatriotic.\textsuperscript{56} For example, clothing made from English silks and satins, long preferred by the upper sort, gave way to clothing made in the colonies of plain homespun cloth. Tea, a long time staple in any upper class home, and the English porcelain tea service used to serve it were banned. And extravagant parties and concerts, once the settings for pomp and circumstance, and venues for social competition, were hardly ever held.\textsuperscript{57}

At a time when many of the established public venues and markers of "sociability" and wealth which had clearly demonstrated one’s membership in "polite society" were now frowned upon, inoculation hospitals and private inoculation venues became stylish alternatives to men and women of the colonial elite. While the upper sort had to present the "appearance of consumer virtue" in public, they could, behind closed doors and out of public view, engage in many of the rituals that reiterated and reaffirmed their status; homespun frocks could be exchanged for silken gowns, and tea, or a suitable alternative, could be served using English porcelain without any of the political guilt associated with its public purchase, use, and display.\textsuperscript{58}

But in these private displays of status, it was not the lower sort who the wealthy were attempting to impress, but, instead, their social peers. When Mrs. Hancock invited

\textsuperscript{58} Breen, \textit{Marketplace}, 266; Haulman, 15.
Martha Washington to inoculate in her home in May 1776, she was not doing so just for purposes of protocol or politeness, but also because she was attempting to avail herself of an opportunity to reaffirm her status as a social equal. In the midst of "troublesome times," these private venues not only provided a sense of camaraderie while going through inoculation, but also provided a sense of social continuity and assurance that all was as it was and should be among social peers, especially important at a time when public expressions of wealth were considered unpatriotic. Therefore, the actual event of going to the inoculation hospital or hosting or attending an inoculation party became one more ritual among the many the upper sorts used to reaffirm their class. But what about inoculation itself? Did the actual procedure have any connotations of class associated with it?

**Class Preservation, Class Emulation, and Motives for Inoculating**

In July 1776, smallpox returned to Boston for the first time since 1764. During its twelve year absence, children were born and people moved to the city who never had smallpox or were never inoculated, creating a whole new population of susceptible, non-immune colonists for smallpox to infect. Needless to say, panic and fear ensued, as many residents and non-residents of the town, including both wealthy and poor, flocked to inoculate once "liberty" was given by the Selectmen on July 4 to do so. Writing to his friend John Adams, James Warren noted that Boston had "become a great hospital for inoculation." According to Warren, the "rage for inoculation" that prevailed in the town "whirled" him "into its vortex," throwing him "into a crowd of patients with which this town is now filled." By Warren's accounts, this "crowd" of patients was a rather diverse mix that included "a collection of good, bad, and indifferent of all orders, sexes, ages and
conditions" from Boston and from the surrounding towns. In addition to Abigail Adams and the other sixteen individuals invited by her aunt and uncle to inoculate, other acquaintances of the Adams's were also in town for the same purpose. In a letter to her husband, Abigail noted that "Mrs. Quincy, Mrs. Lincoln, Miss Betsy and Nancy" came to Boston, and that "there are not less than 30 persons from Braintree” all in the town to inoculate. According to Abigail Adams, "the town and every house in it" were "as full as they can hold."

Hannah Winthrop, wife of a noted Cambridge physician and friend of Abigail Adams, tried to make sense of the numbers flocking to inoculate, referring to the flight of people as "modish." In a letter to her friend Mercy Otis Warren, Hannah reported "The reigning Subject is the smallpox. . . . Boston has given up its fears of an invasion" by the British and "is busily employed in communicating the infection" through inoculation.

While the people of Boston gave up their fears of a British invasion, Hannah found their rush to inoculate in July 1776 was just as popular as when the people of Boston hurried to leave the city in front of the invading British a year earlier. "That ever prevailing passion of following the fashion is as predominant at this time as ever. Men, women and children eagerly crowding to inoculate is, I think, as modish [popular] as running away from the troops of a barbarous George was the last year."

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60 Abigail Adams to John Q. Adams, July 13, 1776, Boston, MA. John Hancock offered his house in Boston to Abigail and her children, however, they had already gone to her uncle's by the time they received Hancock's invitation. See John Adams to Abigail Adams, Letters of the Delegates to Congress, vol. 4: 466.
Modish it was. After the epidemic was over, the Selectmen recorded that 4,988 people were inoculated, among them 1,329 people from outside Boston and 3,659 Bostonians. Excluding the 1,329 people from outside of Boston who inoculated, the 3,659 individuals from the town who inoculated equated to 22 percent of Boston's 1776 total population of 17,000 individuals.

Clearly Boston’s desire to inoculate in 1776 was impressive; after all, the event moved Warren and Winthrop to use such words as "rage," "vortex," "eagerly crowding," and "crowd of patients" to describe the attitude and number of people who came to be inoculated. And when we consider the number of people who enrolled in inoculation hospitals, as previously discussed, this move to inoculate in Boston was not an anomaly. As evidenced by the personal accounts of Stiles and others, inoculation had, by 1776, become very popular, and when Boston relaxed its restrictions on the procedure, many saw their opportunity to inoculate. But why was inoculation so popular in 1776? Surely people considered the risks involved. Smallpox was around them and for many this was their chance to inoculate without having to travel to another colony. But were there other factors that weighed into the decision to inoculate that brought so many people to Boston? What made the procedure “modish” and fashionable?

Where smallpox received from inoculation could scar, it usually left minimal evidence of its visit; however, smallpox when caught in the natural way always scarred, and scarred badly. Therefore, individuals fortunate enough to have survived their

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encounter with natural smallpox could expect to endure a heavily pitted face for the rest of their lives. At a time when smallpox was endemic in the colonies, many individuals had scarred faces; consequently smallpox scars joined hair color, eye color, height, and other physical attributes as distinguishing and descriptive characteristics of eighteenth century colonists. This was especially true in depictions for those of the lower sort.

Where the wealthy chronicled themselves in private letters and diaries, and usually among familiars, accounts of those of the lower sort and those on the fringes of society typically appeared in public records, such as almshouse minutes, church records, and, especially, newspapers, and not always under the best of circumstances or in the most favorable of ways. For example, the advertisement in *The Pennsylvania Journal* for run-away indentured servant Peter Denny described him as having “black curly hair” and a face "pitted with the small pox."\(^63\) The runaway notice for "Jack" that appeared in the *New York Gazette* described him as "a well set Fellow, about 5 feet 8 inches high, full fac'd, much pitted with the Small-pox."\(^64\) The *Pennsylvania Packet* described a deserter from Captain William Bond’s company of the 4th New Jersey battalion as being "about 5 feet 8 or 9 inches high, pitted with the small-pox."\(^65\) Isaac Toby, who deserted from Captain Thomas Reading's 3rd New Jersey Battalion, was described in the *Pennsylvania Packet* as "slim built, much pitted with the small-pox."\(^66\) And when William Metcalf, a

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\(^{65}\) *The Pennsylvania Gazette*, February 19, and March 12, 1777, as found in *Documents Relating to the Revolutionary History of the State of New Jersey*, 1, ed. William S. Stryker, 290-291.

\(^{66}\) *The Pennsylvania Packet*, April 1, 1776, as found in *ibid.*, 78-79.
twenty year old midshipman from the British war ship *Savage*, was taken prisoner in
April 1776, and sent to White Plains, New York, to be held, town records describe him as
being "about five feet two inches high . . . fair completion . . . & a cast in his right eye
somewhat pitted with the smallpox."67

But what did it mean when these advertisements invited people to notice the faces
of runaways, criminals, slaves, AWOL soldiers, and murders, citing pox ridden faces as a
distinguishing characteristic? According to one historian, by the late eighteenth century,
the flood of literature, such as novels, into the American market which was "committed
to 'realistic' delineations of concrete settings and characters" combined with the
"expanded culture space of pictures . . . left Americans increasingly familiar with
pictorial transcriptions of observations."68 In short, while there were no "wanted" posters
depicting the images of runaway slaves or AWOL soldiers, American colonists were very
versed and apt in formulating a mental image of the individual in question based on just
the description found in a newspaper advertisement. One result of such an ability was the
association of the smallpox scars with those individuals on the fringes of society. There
was a good chance that when someone with smallpox a scarred face was noticed on the
street, their appearance would instantly lead others to question their social status.

There is a cogent argument for such an association. A number of historians who
have turned to "reading" the bodies of the eighteenth century lower sort in order to gain
some insight into this group of people who left few written records of their existence,

67 "Examination of William Metcalf," *Calendar of Historical Manuscripts, Relating to the War of the
68 Jonathan Prude, "To Look Upon the 'Lower Sort': Runaway Ads and the Appearance of Unfree Laborers
argue that the social status of the poor was "indelibly inscribed" on their bodies as a result of their situation in society. In her examination of gender and race relations in seventeenth and eighteenth century North Carolina, Kristen Fischer argues that the marks from brandings, whippings, and amputations left behind on the bodies of slaves and white women became the distinction of gender, race, freedom, and, ultimately, features of those who could be controlled. In their separate examinations of the lower sort of Philadelphia, Billy G. Smith and Simon P. Newman maintain that physical traits, such as stunted growth, missing limbs, and scars from disease resulting from poor nutrition, hazardous occupations, and squalid living conditions, inscribed permanent and visible marks on the bodies of those of the lower sort, thus betraying their socioeconomic status. According to Newman, the gentry of Philadelphia associated scars and other marks on bodies with people of "low social status" as well as low "moral worth," and, as Newman further suggests, these "contaminated bodies" demonstrated "flawed character" of a people who needed to be "judged and controlled" by the upper sort in order to defend "social order and hierarchy."

No disease or condition was more devastating to the face than natural smallpox. As discussed, if a person was lucky enough to survive a bout with the disease, they could expect to live the rest of their lives with a heavily scared face. As David Shuttleton discovered from his research of eighteenth century literature, the writings of the period

69 See especially, Simon P. Newman, "Reading the Bodies of Early American Seafarers," 59-82; Simon P. Newman, Embodied History; Billy G. Smith, The "Lower Sort."
contained "many metaphoric, rhetorical and narrative meanings" that "imagined" smallpox as "blotting out or writing over the previously legible face of its victims, leaving them open to new, and often cruel personal, social and moral readings." Calling into question one’s character could be especially dangerous at a time when many of the colonial elite were inviting the lower sorts to join a revolution. According to Lukasik, one way to avoid such "cruel" interpretations of the "culture of genteel performance," that existed in late eighteenth-century America, was for the upper sort to strategically manage their faces, which "facilitated individual acts of self-creation" among their ranks. The paintings of George Washington and David Ramsay reflect such a management of the face that was prevalent among the upper sort at the time. As Rhode Island born painter Gilbert Stuart declared, "I don't want people to look at my pictures and say how beautiful the drapery is; the face is what I care about." Those of the gentry were not above fabricating an image of themselves to perpetuate their character, morality, virtue, and, especially, class, and painters were more than happy to help them do it.

Where these physical descriptions of lower sort bodies were brutally detailed and accurate, physical descriptions of the upper sort conveniently ignored physical imperfections, especially if the individual in question was scarred by smallpox. For example, Dr. David Ramsay (Figure 1), delegate from Charleston, South Carolina, to the Continental Congress, was left blind in one eye by smallpox he contracted in his youth.

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72 Shuttleton, “A Culture of Disfigurement,” 72,75,87.
73 Lukasik,12, 17, 26-27.
However, when Rembrandt Peale painted Ramsay's portrait in 1796, he painted Ramsay's eyes as if they were unaffected by the disease. And despite the fact that George Washington’s face was pitted as a result of his 1751 bout with smallpox, few sources -- written or otherwise -- mention or depict his scars. Of the three sculptors and twenty-one painters who produced statues, busts, and portraits of Washington where he personally sat for the artist, only one painting, that done in 1794 by Philadelphia painter William Williams, depicts Washington's smallpox scars (Figure 2). Written descriptions of Washington where his smallpox scars are mentioned are equally elusive. One of the only contemporary written accounts that refers to Washington's pox marked face comes from a British correspondent to the London Chronicle. In his article, the correspondent reported that “General Washington is now in the forty-eight year of his age. He is a tall, well-made man, his features are manly and bold, his eyes of a bluish cast, and very lively; his hair a deep brown, his face rather long,

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75 Joanna Bowen Gillespi, The Life and Times of Martha Laurens Ramsay, 1759-1811 (Columbia, SC: University of South Carolina Press, 2001), ix-x, xi, image no. 3. See also, Joseph Johnson, Traditions and Reminiscences, Chiefly of the American Revolution in the South (Charleston, SC: Walker & James, 1851), 325-327. If Ramsay had smallpox bad enough to blind him in one eye, his face was probably scarred by smallpox as well. Ramsay was the husband of Martha Laurens, daughter of Henry Laurens. Ramsay was also a historian of the Revolution. In 1789, Ramsay published History of the American Revolution and in 1800, Oration on the Death of Lt. General George Washington, and in 1809, History of South Carolina.

76 William Williams was commissioned by the Alexandria Masonic Lodge, of which Washington was a member, to execute a portrait of Washington "as he is" rather than as the hero of the Revolution. Since the portrait was intended to be seen only by Lodge members, what Williams delivered was a rendering that not only showed Washington's mole but his smallpox scars as well. William D. Moore, "Washington as the Master of His Lodge: History and Symbolism of a Masonic Icon," in George Washington: American Symbol, ed. Paul Anbinder (NY,NY: Hudson Hills Press, Inc., 1999), 77. Among the painters Washington sat for were: Joseph Wright, Robert Edge Pine, Charles Willson Peale, Rembrandt Peale, Charles's younger brother, John Ramage, John Trumbull, Washington's former aide-de-camp, and Gilbert Stuart. David Meschutt, "Life Portraits of George Washington," in George Washington: American Symbol, Paul Anbinder, edr (NY,NY: Hudson Hills Press, Inc., 1999), 25-35.
and marked with the small-pox.” Instead, written descriptions of Washington followed that of Louis Jean Baptiste Sylvestre de Robertnier, a lieutenant in General Rochambeau's army, who described Washington in 1780 as being “5 feet 10 inches tall of beautiful features, his face is fine and modest although cold, it carries an impression of sweetness and affability.” What is especially notable from de Robertnier's description is what it omits -- any mention of Washington's smallpox scars.

The fact that paintings, sculptures, and written accounts of Ramsay, Washington, and others like them who were scarred by smallpox, omitted any reference to the disease reflects contemporary beliefs about the importance of the face. Along with its power to distinguish one from the upper or lower sorts it also had the power to convey character and moral worth. In his recent study on appearance in colonial America, historian Christopher Lukasik suggests that in a society that placed a high value on social mobility, "the face was an important site in the struggle for distinction." According to Lukasik, to the elite of colonial America, "whose economic and social capital were most threatened by dissimulation," being able to interpret a person through the face "offered a means to establish moral character, embody social origin, and restrain the mobility enabled by the cultural capital of civility alone." Since having a marked face could have dire social and economic consequences, anything that could potentially scar the face had to be

77 Moore, The Diary of the Revolution, 827-828.
78 Rhode Island Historical Society Collections 16 (July 1923), 75.
79 Physiognomy is the practice of reading a person's character from their unalterable facial features. For a discussion on this practice and its use in late eighteenth century America, see Christopher J. Lukasik, Discerning Characters: The Culture of Appearance in Early America (Philadelphia, PA: University of Pennsylvania Press, 2011), especially Chapter 1.
Figure 1. Portrait of Dr. David Ramsay (1749-1815)  
1796  
Oil on Canvas  
Gibbes Museum, Charleston, SC

Figure 2. George Washington  
William J. Williams (1759-1823)  
1794  
Pastel on Paper  
Alexandria Washington Masonic Lodge  
Alexandria, VA
avoided. This was especially true with smallpox. In many respects, it was the scars that helped contribute to the popularity of inoculation among the upper sort.

While everyone, wealthy or poor, had the potential to contract natural smallpox and thus had the equal potential to be marked, equality ended when it came to depicting the scars. As Richard Bushman observed, gentility "hid what it could not countenance and denied whatever caused discomfort,” even if that meant intentionally ignoring the obvious, as evidenced in the case of Washington and Ramsay. Smallpox scars joined other physical markers of the poor, and needed to be avoided by the upper sort at all costs; therefore, many of the colonial elite procured inoculation in order to preserve their looks and thus maintain their social status and character. This helped make inoculation fashionable among the upper sort, for more than just its ability to save lives, but for its ability to preserve looks and therefore class. In an era that proclaimed all men are created equal, an unblemished face became a portable, visible symbol that not everyone remained so. But where an unblemished face became a mark of status, was it one that the lower sorts attempted to emulate?

According to James Warren, among those who came to inoculate in Boston in 1776 were "a collection of good, bad, and indifferent of all orders, sexes, ages and conditions." What motivated the lower "orders" to inoculate? As with the upper sort, certainly the ability to spare themselves and their children from the ravages of smallpox was a major reason, but there was another. Even before the Revolution, those of the middling and lower sorts were beginning to assert challenges to the state's hierarchy.

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They refused to completely dress their parts, aspiring, instead, to present appearances, whenever possible, akin to their betters. Colonists of the lower ranks began wearing cheaper versions or imitations of breeches, such as a silk shirt or pair of gloves -- clothing once associated with the gentry -- thus making it difficult for the first time in colonial America to know from clothing alone where a person fit in the strata of colonial American society.\textsuperscript{82} According to one reader of the \textit{Pennsylvania Chronicle}, fashions that had been worn for many years by the upper sort were now being seen "assembled...among the lower class of people."\textsuperscript{83} A contributor to the \textit{New Hampshire Gazette} proclaimed there was "evil under the sun" when "the sons and daughters of inferior mechanics" failed to dress for their station in society.\textsuperscript{84} In his book of sermons on "Christian Sobriety," Jonathan Mayhew, minister at Boston's West Church, lamented that when the "people of low degree" attempted to dress above their station, "those good ends which might otherwise be answered in society by the distinctions of dress, are in a great measure defeated; for this confounds all ranks, destroys due subordination, and even inverts the natural order of things."\textsuperscript{85}

However, any attempt to emulate those of the upper sort was only partially complete when those of the lower sort donned the fashions of the gentry. To be successful in their masquerade, someone of the lower sort had to convey or possess the physical characteristics akin to their betters, the most important of which was an

\textsuperscript{82} Breen, Marketplace of Revolution, 154; Haulman, 17-30; Alexander, 18.
\textsuperscript{83} \textit{Pennsylvania Chronicle}, From March 2 to March 9, 1767.
\textsuperscript{84} \textit{New Hampshire Gazette}, November 11, 1763.
unblemished face. Among the many who Hannah Winthrop noted were "eagerly crowding to inoculate" during Boston's 1776 smallpox epidemic, were those of all classes with different motivations; some trying to save their lives, some trying to preserve their social standing, and others ultimately trying, in a way, to emulate their betters and be equal with those of the upper sort in an era of equality. Therefore, at the intersections of inoculation and class were motives of class preservation and class emulation, as well as attempts at self-preservation.

Inoculation Opportunities and the Poor

Although the wealthy had very exclusive and private inoculation venues which distanced them from the lower sort, this is not to say that the lower sort did not have opportunities to inoculate as well; there were many times, places, and venues whereby the poor, too, could avail themselves of inoculation, often at little or no cost. Based on early seventeenth century English poor laws which made towns or parishes responsible for their own poor, most colonial towns had established some form of social safety net, such as almshouses or societies for the poor, to care for their indigent. These groups distributed wood for heat, food, clothing, money, and, quite often, offered to inoculate the poor for free. Such treatment of the poor excelled in large colonial towns such as Boston, Charleston, and, especially, Philadelphia.

Since its initial founding in 1683, Philadelphia had been on the cutting edge in the colonies in offering public welfare to the poor. Its first poor-relief act was passed in 1706 and consisted of a tax of one penny per pound of assessed wealth; the money went to

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86 Haulman, 30.
fund the city's Overseers of the Poor who were charged with collecting the poor tax and administering relief to the poor, as in Patrick Winter's case. Upon notification of someone in need, the Overseers would assess the person's situation and, if deemed needy, they would provide assistance, usually in the form of money given directly to the individual.

In 1732, the city built its first public almshouse which the Overseers managed; it was intended to care for the destitute and poor by providing them with food and shelter. This was followed in 1752 when Benjamin Franklin helped convince the city to build the Pennsylvania Hospital for the Sick Poor, which was a partnership between the city and the city's wealthy elite. The hospital was the first large-scale attempt in the colonies to provide an institutional solution to a city's health problems. At the time, the hospital reflected the "enlightened" nature of Philadelphia as compared to that of other North American colonies, Great Britain and the rest of Europe.

The Pennsylvania Hospital was followed in 1766 by the Bettering House, which was intended to function as an almshouse, workhouse, and, at times, hospital. Rather than the Overseers fanning out across the city to provide relief, the Bettering House brought the "worthy" poor under one roof by providing them with shelter, work, and medical care. In 1776, the Overseers announced that they cared for "147 men, 178 women, and 85 children" together with many other "curables and incurables of all ages and sexes, and

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89 Wulf, 156; Alexander, 86-87; Steven Rosswurm, Arms, Country and Class: The Philadelphia Militia and the "Lower Sort" during the American Revolution (New Brunswick, NJ: Rutgers University Press, 1987), 24-30; Bridenbaugh, 126-127; Deutsch, 574.
91 Wulf, 156; Alexander, 86-87.
in every disease and malady."92 However, over the course of the eighteenth century, as Philadelphia grew into the economic center of the colonies and was besieged with unskilled Irish and German immigrants, it became harder for the city to manage and cope with the increasing number of poor. On the eve of Revolution, Philadelphia's poor population had virtually overwhelmed the city's public welfare system, making it clear that other means for providing for the poor were needed.93

Many private individuals and private relief groups helped augment Philadelphia’s besieged public welfare system. For example, in February 1767, a private concert sponsored by "Mr. Douglass" was held, with the funds "arising from this charity" to go to the "poor and distressed only," being turned over "into the hands of the Overseers of the Poor."94 In addition, many craft guilds, churches, and wealthy Quaker families contributed to the poor.95 The Society for the Relief of Poor and Distressed Masters of Ships, Their Widows and Children; the Scots of St. Andrew's Society, the Committee to Alleviate the Miseries of the Poor, and, especially, the Society for Inoculating the Poor, were just some of the numerous mutual aid societies funded by private donations from Philadelphia's wealthy families which distributed food, money, clothing, and fire wood to the lower sort.96

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92 *Pennsylvania Gazette*, May 29, 1776.
93 Nash "Poverty and Poor Relief," 28-30; Wulf, 157.
94 *The Pennsylvania Gazette*, February 5, 1767.
96 Nash, "Poverty and Poor Relief," 23-24; Foner, 46; Alexander, 122-123, 128-130; Wulf, 153; Smith, *The "Lower Sort"*, 214-215; Bridenbaugh, 322.
Although Philadelphia was stressed from the influx of poor, by the beginning of the Revolution, the city had achieved the reputation of having the most sophisticated public assistance system in the colonies. According to one individual who visited the city in 1777, he "never saw a person begging in the streets" while there. He credited the Veteran House for finding people jobs and giving them the tools to do their jobs.\textsuperscript{97} Even life-long New Engander John Adams conceded the high stature which Philadelphia had achieved when it came to charity. In comparing Boston to Philadelphia, Adams found Philadelphia to be more favorable in its markets and in its "charitable public foundations" than Boston.\textsuperscript{98} As historian Gary Nash pointed out, as Philadelphia "grew, poverty grew also, but it was kept in bounds through the creation of new [poor relief] institutions, which Philadelphians believed brought credit to their city."\textsuperscript{99}

By the mid-eighteenth century the other major colonial seaport cities of Boston and Charleston had established social welfare systems similar, but not equal, to Philadelphia's. Boston had an Overseers of the Poor to distribute funds and necessities to its indigent, a workhouse to find them meaningful employment, and, in 1739, an almshouse in which to house and hospitalize the destitute.\textsuperscript{100} While not as sophisticated as Philadelphia's system of poor relief, Boston had, nevertheless, earned the city the reputation among New Englanders as being the "best place to go to for relief" in the colonies. Mostly through private donations, the city was known for its "humanity and

\textsuperscript{97} Moore, \textit{Diary of the American Revolution}, vol. 1, 479.
\textsuperscript{98} Quote as found in Bridenbaugh, \textit{Cities in Revolt}, 321.
\textsuperscript{99} Nash, "Poverty and Poor Relief."10.
\textsuperscript{100} Deutsch, 574. Boston's first public hospital was not opened until 1811 (Blake, 239), however the almshouse functioned as a hospital as well as a place to house the poor. See \textit{The Eighteen-Century Records of the Boston Overseers of the Poor}, eds. Eric Nellis and Anne Decker Cecere (Boston, MA: The Colonial Society of Massachusetts, 2007), 77.
generosity to the distressed," not only caring for its own poor and sick, but those from other towns and colonies as well. As one individual wrote, most of the poor whom Boston aided were "not natives of the place, but strangers" to the city.\footnote{101}

The largest port city in the southern colonies, Charleston, South Carolina, also "cared for its poor both generously and decently."\footnote{102} In 1736, the city operated a Workhouse and Hospital for the Poor, funded by public taxes. As in Philadelphia and Boston, private groups including the Fellowship Society, the Charitable Society, and the German Friendly Society dispensed relief to the poor. The city was so liberal in dispensing its charity that one doctor noted “the bounty of the public is so freely bestowed and so easily obtained as to weaken the incitements to industry and sometimes to furnish facilities for indulging habits of vice.”\footnote{103} As in Boston and Philadelphia, Charleston proved to be a cornucopia of charity to the poor of that region.

However, of all the major colonial cities it was New York that fell short in providing assistance to its indigent. Despite the city’s size and wealth, compared to Philadelphia, Boston, and Charleston, New York’s poor were largely neglected by the city’s government. According to Billy G. Smith, New York's municipal government tended toward a "fiscally conservative approach" when it came to aid to the poor.\footnote{104} While the city had an almshouse since 1736, its direct aid to the poor had lagged behind

\footnote{101}{Jeremy Belknap, \textit{The History of New Hampshire}, vol. III (Dover, NH: J. Mann and J.K. Remick, 1812), 333.}
\footnote{102}{Bridenbaugh, 322.}
\footnote{103}{Deutsch, 574; Bridenbaugh, 322-323.}
that provided by the three other major port-cities.\textsuperscript{105} Compared to Boston and Philadelphia, for example, New York's average expenditures on the poor from 1761 to 1770 were 92 pounds per 1,000 population, whereas Philadelphia's expenditures were 136 pounds and Boston's 123 pounds. From 1771 to 1775, New York's average expenditures on the poor amounted to 123 pounds per 1000 population compared to Philadelphia's 136 pounds and Boston's 158 pounds.\textsuperscript{106} Clearly New York lagged behind the other two cities.

Rather than spend money on the poor, New York City forced people off the public dole through a number of methods, namely apprenticing children of the poor to craftsmen or wealthy families, "warning," or sending large numbers of poor out of the city and into the surrounding towns, and by tightening the residence requirements in order for a poor person to receive aid.\textsuperscript{107} Such was the case in June 1775 after the city's Committee of Safety discovered that a number of "soldiers' wives and children" who were "infected with the smallpox" were living in, but not residents of, the city. In a petition to "his Worship the Mayor" the Committee of Safety asked the mayor to "give orders" for the "removal" of the soldiers' wives and children. However, the reason the Committee gave was not because they thought these helpless people might spread smallpox, but, instead, it was in order to "prevent their becoming a Parish charge" -- in

\textsuperscript{105} Deutsch, 574; Cray, 40-41.


\textsuperscript{107} Smith, "Poverty and Economic," 94-95.
other words, an expense to the city. To be poor in New York City was to lead an especially precarious existence.

While not always reliable or to the standards enjoyed by the upper sort, the fact was that many of these publically and privately funded aid organizations often offered to inoculate the poor for free or at little cost. In its accounts for 1770, Philadelphia's Almshouse reported it had inoculated "for the smallpox 30 children, all of whom were carried happily through the disease." This was followed in 1771 when the Almshouse announced it inoculated twenty-one children of the poor that year, noting in their minutes that all the children recovered. In its annual report for 1776, the Almshouse claimed that it not only provided refuge to the poor and destitute, but it also functioned as an inoculation hospital “where that charitable service hath often been performed, and always with success” on the poor. This time, the Almshouse reported it had inoculated "20 poor children," who were all "happily coming through the disease." This number was doubled in 1778, when the Almshouse reported it inoculated forty children, all of whom survived. When Boston was confronted with smallpox in 1764, the Selectmen forged a public-private partnership with the town's doctors. In order to limit the spread of the disease by enticing as many to inoculate as possible, the doctors agreed to inoculate "such of the poor gratis." Once the scourge ended, the Selectmen reported that of the 4,977

109 "Director General State of the Accounts of the Contributors to the Relief and Employment of the Poor in the City of Philadelphia, from May 12, 1770 to May 13, 1770," Pennsylvania Gazette, May 30, 1771, Philadelphia, PA.
111 Alms House meeting minutes, May 11, 1776, Alms House Managers Minutes, 1766-1788, Philadelphia City Archives, book GP G.1, page 251.
112 Agnew, et.al., 3.
people inoculated, 1,025 of Boston’s poor were inoculated at no charge. In a show of their appreciation, the Selectmen unanimously voted to note in their minutes that the "Thanks of the town be and hereby are given those gentlemen physicians who in this season of difficulty and distress have generously inoculated and carried through the small pox gratis so considerable a number of the poor inhabitants." This generosity continued. When smallpox erupted fourteen years later, the Selectmen again announced that there was a group of physicians who agreed to donate their time to inoculate the poor, provided that the city of Boston supplied the necessary medicines to tend to the poor after the procedure was done. The Selectmen voted that the "Town will pay the expense that may arise by the poor inhabitants, who shall be inoculated, being supplied with Medicines, to carry them through the small pox." 

In addition to these publically funded and initiated inoculation venues, private physicians frequently offered to inoculate the poor for free or at little cost. After Dr. Latham arrived in New York City in December 1770, advertisements for his inoculation hospital on Broad Street stated "as there may be some persons willing to be inoculated, but who cannot conveniently pay even so small a sum," the price of inoculation "shall be adapted to their circumstances." In the advertisement for their inoculation hospital on Duck Island, off the coast of Say Brook, New York, Drs. John Ely and William Talman offered "terms . . .so reasonable that the poor as well as the rich may be freed from the

114 Ibid., 9.
terror of so fatal a disorder." Dr. Henry Stevenson offered to "inoculate poor people gratis" at his inoculation hospital in Baltimore. Considered "the most successful inoculator in America" in the 1760s, Stevenson also traveled into the surrounding counties to inoculate. Philadelphia physicians John Morgan and Benjamin Rush had a reputations for caring for the poor of that city. "As to attending poor patients gratis and giving them my best advice," Morgan wrote, "I shall cheerfully take my share of that kind of practice with my brethren of the faculty." This included "inoculation and attendance in the smallpox." In his autobiography, Benjamin Rush claimed his "shop was crowded with the poor in the morning and at meal times," noting that he also visited "nearly every street and alley in the city . . . every day." He often visited his "poor patients" who lived in "distant parts of the Northern Liberties and Southwark" sections of Philadelphia, as well as "the country seats near the city," supplying them "with all the medicines they required," and all from his "own shop." Rush frequently treated for free those who were on the fringe of poverty, as well as those who were obviously poor. "I made it a constant practice to reduce or forgive my bills when my patients asked it," Rush noted, and, "In some instances, I did this where it was not asked, when I heard that my patients were poor or had met with some unexpected misfortune." Among the services he offered the poor was inoculation, which he did using the Suttonian method of

117 Virginia Gazette, August 15, 1771.
118 Kelly, 408. In 1765, Stevenson was considered "the most successful inoculator in America." In addition to inoculating in Baltimore, he also traveled into the surrounding counties to inoculate.
119 John Morgan, A Discourse, iv, vii.
120 Benjamin Rush, A Memorial Containing Travels Through Life or Sundry Incidents in the Life of Dr. Benjamin Rush (Louis Alexander Biddle, 1905), 58.
121 Ibid., 54-55.
"giving and treating the smallpox," through a small puncture in the arm rather than a long incision.  

Some physicians offered their services for free to those poor who were "properly recommended" by a Selectman, Overseer for the Poor, or prominent individual. Those recommended usually included such people as laborers, widows, single mothers, and other individuals who were deemed hard working and salvageable as productive citizens, but for whatever reason were down on their luck at the time. For example, after Dr. Joseph Smith arrived in Baltimore from Philadelphia, he advertised the opening of his practice at "Fell's-Point, opposite the sign of the Turk's-head." In addition to "administering cures for the many grievous disorders incident to the human frame," he also inoculated in the "most approved method and the lowest terms," offering to inoculate "the poor" for free who were "properly recommended." When Jamaican surgeon George Pugh advertised for patients for his new practice in Elizabethtown, New Jersey, he also noted that "the Poor, properly recommended, will be inoculated gratis." Unfortunately, it is difficult to tell for certain how many poor took advantage of such offers. 

Private physicians sometimes took initiative to come together and inoculate the poor. After the 1773-1774 smallpox epidemic in Philadelphia killed over 300 people, many of them "Children of poor people, who could not afford the expense of

122 Ibid., 76.
123 Alexander, 51, 127.
124 Maryland Journal, December 19, 1774. Smith actually arrived in Baltimore in October 1774. Smith was considered one of Dr. Sutton's "partners," practicing the "Suttonian" method of inoculation. See New York Gazette and Weekly Mercury, April 29, 1771.
inoculation," Benjamin Franklin along with a number of other prominent Philadelphians established a “Fund" to inoculate the children of the poor for free and enlisted the services of eight reputable physicians, including doctors Benjamin Rush, William Shipley, Jr., and Thomas Bond, "to administer such medicines and directions, as may be necessary to prepare" the poor and also to "attend them at their houses, free of expense.” Their "Society for Inoculating the Poor" began inoculating in February 1774; applications "from those persons who stand in need of this charity" were accepted at the "Statehouse . . . every Tuesday, between the hours of ten and twelve in the forenoon." However, after the Continental Congress began meeting in Philadelphia in September 1774, the Society ceased inoculating out of fear that their efforts might infect those members of Congress who never had smallpox or were never inoculated, particularly those from the New England colonies where inoculation was mostly restricted.

Franklin's connection with inoculation began with the procedure's first use in the colonies. Franklin was present in Boston in 1721 when the inoculation controversy between Douglass and Mather played out and, in fact, helped stoke the anti-inoculation fires when he helped his brother James print Douglass' anti-inoculation rhetoric in James' newspaper, the New England Courant. Although he was one of those in Boston who opposed inoculation, Franklin became a believer at some point between 1722, when the Boston controversy ended, and 1731, when smallpox flared in Philadelphia where

127 The Pennsylvania Packet, September 5, 1774.
128 James Franklin started the New England Courant in order to take advantage of the growing controversy between Mather and Boylston, and Douglass. It became the voice of the anti-inoculation side of the debate. See Tony Williams, The Pox and the Covenant: Mather, 96-96 and Stanley Finger, Doctor Franklin’s Medicine, especially Chapter 3.
Franklin was then residing. In his own paper, the *Pennsylvania Gazette*, Franklin praised the procedure, stating "The practice of inoculation for the smallpox begins to grow among us . . . how groundless all those extravagant reports" were that were spread "through the province [of Pennsylvania] to the contrary."129 This was a dramatic shift from his attitude ten years earlier when he helped spread “groundless” reports about inoculation in Boston!130

Unfortunately, Franklin failed to follow his own advice. In a tragic twist of fate, Franklin lost his son, Francis, to smallpox in December 1736. Fearful that some people would be "deterred from having that operation [inoculation] performed on their children," Franklin wrote and printed a letter in the *Pennsylvania Gazette* in which he declared his son "was not inoculated, but received the distemper in the common way of infection."131 Writing in his autobiography years later, Franklin lamented that he "long regretted bitterly and still regret that I had not given it to him by inoculation."132

Possibly because of his own loss, Franklin was very instrumental in promoting the use of inoculation in the colonies, especially among the lower sort. Where the patriot cause had Thomas Paine, whose pamphlet, *Common Sense*, distilled the rhetoric of Revolution into words "as plain as the alphabet" so that those who could "scarcely read [could] understand," so smallpox inoculation had Benjamin Franklin who distilled inoculation into similar language so the lower sort could better understand the procedure

129 *The Pennsylvania Gazette*, March 11, 1731.
130 Many historians cite the death of Franklin's son in 1733 as the reason for this shift in attitude toward inoculation. However, Franklin's praise for inoculation appeared in the *Pennsylvania Gazette* in 1731 before his son's death.
131 *Pennsylvania Gazette*, December 30, 1736, Philadelphia, PA.
and inoculate themselves. Having been present in Boston in 1721, Franklin was in a unique position to recognize how inoculation evolved from a simple procedure that anyone could perform, into a complicated process that was the exclusive province of the physicians by 1776. In an attempt to rectify these perceptions, Franklin encouraged his friend, Dr. William Heberden, to publish "A small pamphlet wrote in plain language by some skillful physician [Heberden]" in order to "render the practice much more general" so that the "common people of America" could inoculate without incurring the expense of the physician.133

In 1759, Franklin's and Heberden's pamphlet, Some Account of the Success of Inoculation for the Small-Pox in England and America, was published. In it, the two gentlemen attempted to simplify the process of inoculation so the laymen and those of the lower sort, especially parents with young children, could self-inoculate. In Franklin's introduction to the pamphlet he wrote the work was intended to instruct the reader as to "what preparations of the body should be used" before inoculation was performed, especially on children, as well as "how the operation" was to be performed. In his part of the instructions, Herbeden intentionally "avoided, as much as possible, the medical terms and expressions used by physicians in their writings" in order to make the instructions "plainer and more generally intelligible" for the common people to follow.134 To inoculate, Herbeden suggested that a thread "wetted" with matter from "the head of one of the smallpox" taken from an already infected person was to be placed in an incision in the arm made with "the fine edge of a penknife or lancet" and "deep enough to make the

133 Reiss, 114; Fenn, Pox Americana, 41-42,83; Franklin and Heberden, Some Account, 5,6.
134 Ibid., 6.
blood just begin to appear." Once the incision was made and the thread inserted, a "small plaster of what is called the Ladies black sticking plaster" was to be "put over it to keep it on."\textsuperscript{135} In order to get these instructions into the hands of the lower sort in the American colonies, Heberden "printed a very large impression of them" at his "own private expense . . . to be distributed gratis in America."\textsuperscript{136}

In addition to his work with Heberden, Franklin published his own pamphlet on self-inoculation intended for use by "persons who have no practitioner near them, and are settled too far in the country to get the proper medicines when wanted."\textsuperscript{137} In \textit{Directions Concerning Inoculation, Chiefly Collected from the Late Pieces on that Subject}, Franklin borrowed from the works of a number of "Authors of which" he was "well assured, are of character sufficient to give all due weight to their performances," among them Dr. John Redman and Heberden. Initially published in Philadelphia in 1760, Franklin's pamphlet was also sold in Boston later that same year. In addition, many newspapers published the pamphlet, among them the \textit{South Carolina Gazette}, which, after smallpox erupted in Charleston in 1760, devoted the entire front page of its April 26, 1760 edition to \textit{Directions Concerning Inoculation}.\textsuperscript{138} Publication of the pamphlet in 1760 was followed by its appearance in the 1761 installment of Franklin's yearly almanac, \textit{Poor Richard Improved}.\textsuperscript{139}

\textsuperscript{135} Ibid., 9. See also \textit{Franklin Papers}, Vol. 8, April 1, 1758, through December 31, 1759, 285.
\textsuperscript{136} Franklin and Heberden, 6.
\textsuperscript{137} Benjamin Franklin, \textit{Directions Concerning Inoculation, Chiefly Collected from the Late Pieces on that Subject} (Philadelphia, 1760), preface; see also \textit{The Pennsylvania Gazette}, September 18, 1760.
\textsuperscript{138} \textit{South Carolina Gazette}, April 26, 1770, Charleston, SC.
\textsuperscript{139} Roslyn S. Wolman, 135.
While Franklin was the most noteworthy advocate of his day for self-inoculation, there were many other voices who provided instructions and promoted a do-it-yourself approach. In 1759 prominent Philadelphia physician John Redman published his essay, *A Defense of Inoculation*, where he advocated in plain language the benefits of inoculation and gave instructions on how to perform the procedure on others. The essay was originally printed in the *Pennsylvania Gazette*.\(^\text{140}\) Although inoculation was frowned upon in Virginia at the time, the November 30, 1769 edition of the *Virginia Gazette* and the 1770 edition of the *Virginia Almanac* printed British physician Thomas Dimsdale's pamphlet, *Directions for Inoculation*, in which Dimsdale offered plain and simple advice on how to prepare the patient, how and from whom to collect the "variolous matter" to inoculate the patient with, and how to insert the matter into the patient.\(^\text{141}\) In his American edition of *Domestic Medicine: or, the Family Physician*, which was published in the colonies for the first time in 1774, Scottish doctor William Buchan provided instructions for people to self-inoculate, where he cited "many instances of parents performing the operation" in England, and that he never "so much as heard of one bad consequence."\(^\text{142}\)

Inoculation instructions and advice from laymen frequently appeared in newspapers, some of it sound, some of it not so sound, but all of it critical of physicians and the price they charged. In 1776, the *Pennsylvania Packet* printed a letter from "A Farmer" from York County, Pennsylvania, who claimed he inoculated his two sons, "one

\(^\text{140}\) Batschelet, 9.


\(^\text{142}\) Buchan, *Domestic Medicine*, x, 171-172, 178-179.
five years old, the other three." The writer hoped the paper would publish his letter in order to prove that inoculation had "as good an effect when . . . performed by the hands of a common farmer, as when it is done by the most vapouring [sp] quack or even profound physician." To this York County farmer, physicians and "pretenders to the art of medicine" intentionally endeavored to keep the colonists "ignorant of this safe and easy operation." The farmer did not cite the expense of inoculation as a reason for why he inoculated his children or wrote his letter, instead he merely wanted to dispel some of the mystery of the "grand secret" and to prevent physicians from draining the "purses of many honest, industrious people." 143 Similar to "A Farmer," in 1777 an anonymous source sent the Norwich Packet instructions "For the benefits of poor families, exposed to the smallpox . . . whereby they may prepare and inoculate themselves with all possible safety, at a small expense." 144 While the writer hoped he would "give no offence to the patriotic professors of the healing art" by "proposing" his plan, he, too, believed the physicians were an unnecessary expense. 145

There were many factors that influenced Franklin, private physicians, and privately and publically funded welfare organizations to want to inoculate the poor. First, there were the motives of the physicians. Many times when physicians first set up a practice in a new town, they frequently offered to inoculate the poor for free in order to gain paying customers. Physician Benjamin Rush wrote in his autobiography that when he began practicing medicine in Philadelphia in 1767, he began by "attending the poor."

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143 Pennsylvania Packet, June 3, 1776, Philadelphia, PA.
144 The Norwich Packet, June 16 to June 23, 1777.
145 Ibid. See also the Pennsylvania Journal, May 14, 1777.
Although Rush had a "natural disposition" to help the poor to begin with, he claimed inoculating Philadelphia's poor for free brought him "many other [paying] patients," some of whom he claimed, "continued to employ" him "in other diseases." 146 Economics was also the reason Drs. Joseph Smith, George Pugh, and Latham offered to inoculate the poor at no charge; except as previously discussed, these physicians offered to inoculate only those who were recommended to them by a town's Selectmen or Overseers of the Poor. These physicians knew the recommending Overseer or Selectman had the potential to become a paying client. 147

In short, the poor became bait for many physicians to lure in paying customers. 148 Often times, these physicians stopped offering to inoculate the poor once they became established. For example, while Latham offered in his advertisements to "adapt" the price of inoculation for those "who cannot conveniently pay" when he first opened his New York inoculation hospital in November 1770, the offer stopped appearing in his ads beginning in February 1771. By that time, he was well on his way to building a lucrative inoculation practice. 149

Second, inoculating the poor for free helped mitigate any class conflict over the disparity of healthcare, particularly over the *availability* of inoculation. As will be

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148 In contrast to these advertisements, a review of newspaper advertisements placed by physicians who either had established practices or were widely known in the colonies indicates they never offered their services for free. Dr. George Weed, who had an established practice in Philadelphia, never offered to inoculate the poor for free in any of his advertisements. Dr. Pugh became a franchisee of Dr. Latham's in 1771, and began practicing the Suttonian method of inoculation, he stopped advertising to inoculate the poor for free. See, for example, the *New York Journal*, June 27, 1771.
149 *New York Gazette and Weekly Mercury*, November 26, 1770; *Connecticut Gazette*, March 22, 1771; *Boston Gazette*, May 13, 1771, among many others.
discussed in Chapter 5, while the lower sort occasionally expressed their displeasure with inoculation hospitals through violent mob action, they were not reacting because the procedure was not available to them or because they could not afford the procedure, but instead because they feared being infected as a result of the carelessness of those who were inoculated. Inoculation was available to them, they just had to seek it out or perform the procedure themselves. But, as in 1721, the fear still lingered in many communities throughout the colonies that those who inoculated could spread the disease to others in the community; this, not the price, was what informed the attitudes of many who were adverse to inoculation.

Third, for governments, there were economic reasons to inoculate the poor. Lower sort families typically shared tight living spaces, so when smallpox arrived in a city it spread quickly among this segment of the population. So when governments offered to inoculate the poor for free, they eliminated potential points of infection within a large segment of their populations and thus eliminated potential burdens on the public welfare system as well. Inoculating individuals from the lower sort for free meant these individuals could continue to work and provide for themselves and their families rather than become bigger burdens on the public if they contracted natural smallpox. In short, public inoculation was not so much a matter of preventative healthcare for the poor as it was a matter of preventative welfare for colonial governments.\textsuperscript{150} But now we are left with the question of whether the poor inoculated when the opportunity presented itself.

\textsuperscript{150} Reiss, 106.
Use of Inoculation among the Upper and Lower Sorts

Historians have long concluded that the frequency of inoculation was greater among the elite of colonial society than it was among the poor. In his analysis of colonial Philadelphia's population, Billy G. Smith observe that the mortality rate of the Anglican population -- "one of the preferred economic and social groups" of the city -- declined in the decades prior to the Revolution. From 1751 to 1760, 26.2 percent of deaths among Anglicans was from smallpox, from 1761 to 1765, the figure dropped to 17.5 percent, and from 1765 to 1776, 11.2 percent of deaths among Anglicans was from smallpox. Smith suggests that inoculation contributed to this decline in the death rate because it became more accepted and available to the upper sort of the city. Smith further implies that the decreasing mortality from smallpox among the Anglicans of Philadelphia "may not have been reflected among the less affluent Philadelphians." In other words, while Philadelphia's upper sort embraced inoculation, the town’s lower sort did not, and therefore they continued to die from smallpox at a high rate. Figures from Boston suggest similar results. After Boston's 1764 epidemic was over, figures showed that of a non-immune population of 6,800 individuals, 4,977 individuals inoculated, of which 3,952, or 79 percent, were of the upper and middling sorts and 1,025, or 21 percent, were of the lower sort, or poor.

152 Boston's total population at the time is estimated to be 15,500, of which 8,200 were estimated to have had smallpox before 1764, either natural smallpox or inoculated. See Blake, Epidemics, 244. Also see, A Report of the Record Commissioners of the City of Boston, Containing the Selectmen's minutes from 1764 to 1768 (Boston, MA: Rockwell and Churchill, 1889), 80; Duffy, Epidemics, 65; Bridenbaugh, Cities in Revolt, 327. Bridenbaugh's figure of 5,247 (including 400 outsiders) people who were inoculated is in error. According to the figures provided by the Selectmen, 4,977 individuals were inoculated.
Written accounts from the time also suggest that the frequency of inoculation was greater among the upper sort than the lower. When the Essex hospital opened in mid-October 1773, the Essex Gazette announced that the first class of patients included "respectable persons of both sexes," which amounted to "one hundred and three in number." When the nearby Salem inoculation hospital opened a month later, the Essex Gazette reported that the "first class" of patients to enter the inoculation hospital consisted of "one hundred and twenty persons" many of whom were "principal gentlemen and ladies of the town." In April 1778, when Reverend Ezra Stiles' accompanied his youngest son and two daughters to Henzel's Island to be inoculated, he noted in his diary that there were "from 180 to 200 patients in the hospital" when they arrived. According to Stiles, approximately six-hundred people in all were inoculated in the Spring of 1778, of which approximately four hundred were wealthy inhabitants of Portsmouth.

As for the poor, Benjamin Franklin noted in 1759 that there was an aversion toward inoculation among the lower sort, or "common people." In the preface of Some Account of the Success of Inoculation, Franklin noted that despite the "uncontroverted success" of the procedure, it did not make "progress among the common people in America." When we consider that only 21 percent of those who inoculated in Boston were poor five years after Some Account was published, Franklin's assertion that

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153 Essex Gazette, September 21 to September 28, 1773.
154 Essex Gazette, November 30 1773 to December 7, 1773. As explained in greater detail in Chapter 5, controversy surrounded both the Essex/Cat Island hospital and Salem's hospital. The reference to inoculation being "rendered so simple" appeared in a letter that was printed in the February 8 to February 15, 1774 edition of the Essex Gazette in which the writer derides the Salem hospital.
156 Franklin and Heberden, 5.
inoculation did not find much support among the "common people" was a valid observation. But what about self-inoculation, which Franklin so adamantly promoted? Did the poor self-inoculate?

While impossible to know for certain the frequency of self-inoculation among the poor, we do know that Franklin and Herberden's pamphlet was widely distributed in the colonies -- for free -- and self-inoculation instructions written by others were also widely distributed and printed in newspapers. So those of the lower sort certainly had access to the knowledge. However, the question then begs, could they read these instructions?

When the Revolutionary era begin in 1764, literacy rates in the colonies were high, higher than those in Europe. One study suggests that 78 percent of rural New Englanders were literate, with the literacy rate in Boston reaching 82 percent. In New York City, 87.3 percent of the population was literate by 1764. In rural Pennsylvania, 63-73 percent of the population was literate, with the German immigrant population having a literacy rate of 63.4 percent. In the city of Philadelphia, 81.6 percent of the population could read and write. Literacy rates for the southern colonies were just as high. In rural Maryland, 80 percent of the white population was literate, in Virginia 68 percent, North Carolina 79 percent, and in South Carolina 80 percent. With such high literacy rates in both urban and rural population, those of the lower sort surely could have read publications that promoted self-inoculation, or at least had someone read the instructions to them.

However, despite the availability of the literature on self-inoculation and high literacy rates, self-inoculation does not appear to have gained much acceptance among the poor. For example, in inoculation friendly Philadelphia enough of the poor died in the city’s 1772-1773 epidemic to incite the town's prominent physicians to found the Society for Inoculating the Poor. Had self-inoculation been widely accepted among the poor, then the Society would not have been needed. Inoculation did not find acceptance among the poor of New York City, either. When Dr. William Smith advertised for his New York inoculation hospital, he wrote that it "is very difficult to convince the minds of those who are prejudiced against inoculation, of its utility and advantage " specifically those in "low or middling circumstances." To show them that their fears and "prejudices" were unwarranted, Smith offered to inoculate the "poor refugees from the different provinces," especially those from Pennsylvania who, Smith noted, did not embrace "the means which Providence has put into their hands." Even as late in the Revolutionary era as 1780, inoculation was still not widely practiced among the poor.

Yet the reasons for the low rates of inoculation among the poor can be disputed. As the preceding evidence suggests, it was not the high cost of inoculation that "imposed limits on the accessibility of inoculation," which caused this disparity. Rather, as demonstrated here, the poor had numerous venues to inoculate for free and, while the availability of these venues may have been sporadic in nature, there was always self-

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159 New York Gazette, April 10, 1780. Smith was most likely referring to the German population of Pennsylvania who were very adverse to inoculation.
inoculation which the poor could do at little or no cost, and outside the purview of physicians and governing authorities.

And, while many historians, such as Simon P. Newman, argue that the isolation period "of as long as two weeks" was something which "workingmen and their families could ill afford" in time off work, this argument is not entirely convincing. In all likelihood, the recuperative period may have been no less of a deterrent for those of the lower sort than it was for those of the upper. There are numerous accounts where the wealthy who were inoculated continued to go about their business, despite their infectious condition. For instance, after his slaves were inoculated, Boston loyalist James Murray wrote to his wife Dorothy that “Our three Negroes are now in the 9th day of the eruption, walking about the town.” Not long after Joseph Bass, friend of John Adams, was inoculated in Philadelphia, he “walked about the streets, every day.” If many of the upper sort continued to go about their business after they were inoculated, the poor who could not afford to lose work and wages may have also escaped quarantine and gone about their business after inoculation.

It seems likely that the poor who inoculated continued to work for as long as possible. As physician William Whiting boasted in his advertisement for his inoculation house in Great Barrington, Connecticut, "many thousands" of his patients "of the poorer sort" were able to "perform their daily labor through the whole course of the disease." In other words, they continued to work even though they were just inoculated. Despite

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164 *Norwich Packet*, October 28 to November 4, 1776.
what historians have written, the recuperative period for many of the poor who inoculated was no more a deterrent for them than it was for the wealthy. Just as the wealthy went "about their business," those poor who inoculated continued to go about theirs, too; they continued to beg on the streets, go to market, work at the docks, visit friends, scavenge for food, and potentially spread smallpox all the while. But those who chose not to inoculate had their reasons.

**Influencing the Inoculation Decision**

In 1721 the two most prominent factors many had to consider before they inoculated were how to reconcile inoculation with God's will and whether inoculation could spread natural smallpox to others. Over the ensuing decades leading up to 1764, influences on the colonies from the European Enlightenment, which stressed the application of logical, rational, and scientific reasoning to solve mankind's problems, helped quell many of the original theological concerns related to inoculation; rarely during the Revolutionary era did those colonists who denounced inoculation do so based on theology. By 1764 the experience gained over the forty-three years since inoculation was introduced in the colonies dictated that the potential for the procedure to spread smallpox was, in fact, very real. Many colonial legislatures, town councils, and colonists feared this possibility and took this into account when making inoculation decisions. But, by 1764, decades of experience with inoculation gave colonists other reasons to pause and additional factors to fear before they inoculated.

First among them was the fear of dying from inoculation. This was the "prejudice" that Dr. William Smith identified as being the major deterrent to why the poor did not inoculate. Because inoculation could on occasion kill a patient, many
colonists expressed fear or "anxiety" over having the procedure done. Simon P. Newman suggests that the fear that inoculation could kill "prevented many sailors . . . from protecting themselves against smallpox." Drawn from the lower sort population, sailors framed inoculation as a "deadly invention," perpetuated by an educated elite. While they were willing to die at sea and even by natural smallpox, they were not willing to chance death by inoculation.\textsuperscript{165} Much of this fear had to do with the lower sort's suspicion of the medical profession. Throughout the eighteenth century, medical care among the poor was typically handled at home, often using home remedies. Only the wealthy could afford to call for a doctor when the need arose; therefore many of the poor were generally unfamiliar with, and thus suspicious of, professional medicine. With physicians in charge of inoculation, many from the lower sort were dissuaded to inoculate.\textsuperscript{166}

Ethnic based traditions of healing also influenced lower sort attitudes toward inoculation. The English settlers of Pennsylvania readily adopted the procedure as a recourse to catching natural smallpox. For example, when smallpox broke out in the fall of 1777 in predominantly Scotts-Irish Yohogania county in western Pennsylvania, the county commissioners "Ordered that the inhabitants" of the county "have leave to inoculate for the smallpox at their own houses, or such other convenient places as they may think proper." The Scotts-Irish were among those who had no fear of inoculation.\textsuperscript{167}

\textsuperscript{166} Newman, \textit{Embodied History}, 61; Rosswurm, 35-36.
\textsuperscript{167} Yohogania County Records, entry for October 28, 1777, as found in \textit{Centenary Memorial of the Planting and Growth of Presbyterianism in Western Pennsylvania and Parts Adjacent} (Pittsburgh, PA: Benjamin Singerly, 1876), 330, 408. Also consider that absent from these minutes are any restrictions on
In contrast to this example, in 1771, when smallpox appeared in Reading, Pennsylvania, a town fifty miles west of Philadelphia with a population that was approximately 85 percent native-born German, noted Reading physician Jonathan Potts expressed his frustration over the continued aversion Germans inhabitants of the town exhibited toward the procedure.\textsuperscript{168} Born and educated in Germany, Potts published a plea in the German language newspaper, the Pennsylvania Staatsbote, in which he proclaimed he was "greatly surprised to hear" the many "complaints against the useful practice of inoculation for the smallpox which is about to take place among us."\textsuperscript{169} While Potts praised the English colonists for their use of inoculation, he asked his fellow "countrymen" why they should be "the last in adopting this most happy method."\textsuperscript{170}

The Germans, more so than the English, clung on to their "Old World" traditions of healing. Throughout the eighteenth century, there was a large demand among the German populations of Maryland, New York, New Jersey, Georgia, Virginia, and, especially, Pennsylvania, for medical self-help books and almanacs printed in inoculation, such as those found in the New England or Southern colonies. In fact the decision where to inoculate was up to the individual.

\textsuperscript{168} Laura Leff Becker, "The American Revolution as a Community Experience: A Case Study of Reading, Pennsylvania" (Ph.D. diss., University of Pennsylvania, 1978), 31. Becker provides excellent demographic data on the German and British populations of Reading and a number of surrounding Philadelphia towns during the Revolutionary period (1763 to 1783).

\textsuperscript{169} Thomas Potts, Jr., to Henry Miller, printed in the newspaper, the Pennsylvania Staatsbote, purportedly in 1771, as found in Mrs. Thomas Potts James, Memorial of Thomas Potts, Junior (Cambridge, MA: Privately Printed, 1874), 183-84. A physician in Seesen, Germany, lamented in 1802 that "the worst part for the physician in the countryside is that he still has to fight tooth and nail against the ingrained prejudices of the country folk . . . among them [is the misconception] that in [cases of] smallpox, it is not essential to call upon a physician as long as no unusual symptoms appear. It is [they believe] quite enough to keep the patients warm and, when the pox do not want to 'show themselves,' to give [the patient] plenty of red wine to drink . . . [The parents] wrong-headedly espouse the opinion that man should not interfere with the will of God . . . " As found in Mary Lindemann, Health and Healing in Eighteenth-Century Germany (Baltimore, MD: The Johns Hopkins University Press, 1996), 335.

\textsuperscript{170} Letter from Thomas Potts, Jr., to Henry Miller, printed in the newspaper, the Pennsylvania Staatsbote, purportedly in 1771, as found in Mrs. Thomas Potts James, Memorial of Thomas Potts, Junior (Cambridge, MA: Privately Printed, 1874), 183-84; Laura Leff Becker, 89.
Many of the traditional folk remedies in these publications called for the use of such herbs and plants as tea of chamomile, crushed garlic, Virginia snakeroot, dandelion, and other plants found in gardens and forests of the New World to treat everything from giddiness to constipation. However, their advice was most prolific when it came to smallpox.

Some of the more popular Pennsylvania German folk remedies to prevent or cure smallpox included carrying onions or asafetida (a plant in the parsley family) in the pants pockets. Another treatment prescribed "powdered oyster shells with red currant juice," to "absorb and neutralize acrimony" caused by "such skin eruptions" as measles and smallpox. An especially unusual approach among Pennsylvania Germans was their refusal to quarantine those infected with smallpox. Instead, when smallpox afflicted one German family, others came to visit so that they, too, might intentionally become infected. According to one historian of Pennsylvania German folk medicine, "There was no segregation of the sick from the rest of the family; no quarantine of the house," rather, "people went out and in; neighborly calls were made, and parents took their children to the house so afflicted, so that they might take smallpox, and get through with it while young."
The Moravians of Eastern Pennsylvania especially relied on many of their Old World healing traditions. A religious order of mostly German decent, the Moravians held strong pacifist beliefs; so it was customary for them to construct their own congregational based communities in order to limit their exposure to non-Moravians, especially the English, who had a history of aggression. Pennsylvania had three such communities -- Bethlehem, Nazareth, and Lititz -- with additional settlements in New Jersey, Maryland, Virginia, South Carolina, and Georgia.\textsuperscript{176} As with their fellow German colonists, when smallpox arrived in their settlements, many Moravians turned to herbal remedies that they concocted from plants in their gardens and the surrounding countryside to treat the infected.\textsuperscript{177} Possibly in keeping with their belief not to quarantine the sick, church records from these communities show that large numbers of people, especially children, succumbed to smallpox in the 1760s and early 1770s. For example, of the sixteen people who died in 1761 in the Moravian community of Nazareth, ten died of smallpox, all of them children.\textsuperscript{178} Similar mortality rates can be found in records of the Lititz congregation. Of the eight individuals listed in their burial records for 1769, five died of smallpox, and the Kiesel family alone lost four children -- ages six to twelve -- to the disease.\textsuperscript{179} In 1776, when smallpox arrived again in Lititz, three of the four individuals of

\textsuperscript{176} “History of the Moravian College and Theological Seminary” \textit{Transactions of the Moravian Historical Society,} Vol., 8, No. 2/3 (1909), 69-71.
\textsuperscript{178} \textit{Transctions of the Moravian Historical Society,} 99.
\textsuperscript{179} Ibid., 217-218,221. The records list four children of Frederick and Verona Kiesel dying within a month of each other -- three of them of smallpox. The cause of death of one of the children, Anna Maria Kisel, is not listed, however, it was most certainly from smallpox. She died on March 27, 1769, followed closely by her three siblings: Frederick on April 13, Nathaniel on April 23, and Verona on April 30. In all probability, Anna was the first to contract smallpox, and then passed it on to the rest. Frederick and Verona Kiesel lost a fifth child, John, age nine years, to smallpox in 1777.
the congregation who died that year, died of smallpox, the youngest being eight months old.  

Many of the more educated individuals of the time were confounded by such use of folk remedies as treatments for smallpox and alternatives to inoculation. In 1765, Dr. Benjamin Gale, a reputable physician and friend of Franklin, lamented the use of home grown remedies, noting that "More have died in America, in the measles and smallpox" by taking "snake-root and saffron, or by the prescription of old women . . . than by both these diseases where nature had been left to herself."  

Writing about the 1768 smallpox epidemic that hit Reading, Pennsylvania, the Pennsylvania Gazette reported “We hear from Reading, in Berks County, that the smallpox rages with great violence in that town, having carried off near 60 Children in less than 2 months.”  

Of the town's German population, the Gazette noted, they “cannot be dissuaded from the pernicious method of keeping" those infected with smallpox "in hot stove rooms, under a hot regimen, to which doubtless, so great a mortality is principally attributed." Although the town had many affluent and well educated individuals, the Gazette reported, "'Tis much to be lamented, that their prejudices in this particular, and against inoculation are not removed."  

Another fear that certainly weighed heavily on the poor was the very real possibility of having their children removed from their homes. Beginning in the mid-
eighteenth century, Boston's Overseers started to remove children from indigent families and indenture them to taxpaying citizens if the Overseers saw the need. In 1764, the Overseers bound out twenty-nine children, the longest term being that of John Akley who was bound to Samuel Williams for a term of fifteen years. Philadelphia’s Overseers also took children of the poor and indentured them to wealthier families or apprenticed them to skilled craftsmen. In 1773, the same year Philadelphia's Overseers of the Poor aided Patrick Winter with his children, the group took and apprenticed over thirty children of the poor, among them twelve year old John Craig who was apprenticed for "five years, eight months, and twenty days" to Seymour Hood who was to teach John to "Read, write" and the "art of navigation and a mariner." The Overseers also took seven year old Mary Robeson, a "free mulatto," who was apprenticed to Joseph Johnson for "twenty eight years, eleven months." Mary was to be taught how to "read in the Bible, learn plain work," and the skills "customary of free" people. And, if the children were too young, the Overseers in Boston and Philadelphia placed them in almshouses until they were old enough to be apprenticed or indentured. In many cases, these children were inoculated, such as in Philadelphia in 1776 when the Almshouse inoculated 20 children of the poor. Where some individuals chose to be inoculated by the Society for

185 Nellis and Cecere, 654.
187 Overseers of the Poor, Indentures Made, 1751-1787, 1 volume, Record Group 35-1.2, Archive of the City of Philadelphia,40-41.
188 Smith, "Poverty and Economic Marginality in Eighteenth-Century America," 98; Alms House meeting minutes for May 11, 1776, Alms House Managers Minutes, 1766-1788, Philadelphia City Archives, book GP G.1, 251.
Inoculating the Poor, others refused to do so for fear of losing their children to the "system," choosing, instead, to lose them to smallpox, just as Patrick Winter had done.

**Conclusion**

In the decade preceding independence, inoculation became a medical procedure imbued with connotations of class and wealth. Beginning in 1722, when the Boston inoculation crisis ended, and lasting throughout the Revolutionary era, physicians transformed inoculation in ways that divided the procedure's use and availability along lines of class. Through their various preparation regimes and their exclusive venues for inoculation, the procedure evolved from its simple beginnings in Boston in 1721 where it was framed by Mather and Boylston as a life saving medical procedure into a complex and expensive process, which the wealthy could afford to procure virtually on demand. As a consequence, physicians helped make inoculation "fashionable" among the elite.

Many colonists of the upper sort took advantage of their wealth to procure inoculation. However, while they were saving their lives, they were also preserving their class, knowingly or not. When Reverend Ezra Stiles sent his son, Ezra, Jr., to be inoculated in 1772, he not only made a healthcare decision that would save his son's life, but also one that perpetuated his son's class and position in colonial society. Unlike many from Newport who were scarred from smallpox, Ezra Stiles, Jr., was spared the mark of the lower sorts - a pox ridden face.

Although those of the lower sorts, such as Patrick Winter, had a more difficult time in procuring inoculation, they were not totally abandoned. While Winter came to Philadelphia's Overseers of the Poor for help only after his children were infected and succumbed to smallpox, he had options he could have used in order to save their lives.
Many private physicians offered to inoculate the poor for free, as did government and privately sponsored inoculation organizations. And, of course, there was always self-inoculation, which was widely promoted in the colonies throughout the Revolutionary period and could have been done by anyone for free. However, as argued here, because of fears that the procedure could kill, an unfamiliarity with the medical establishment, and enduring cultural influences, many poor did not take advantage of these free opportunities to inoculate. Therefore, it is incorrect to claim, as many historians have, that the expense of the procedure was the primary reason poorer colonists did not inoculate. Colonists had many options to inoculate, but rather than risk inoculation, many chose to risk dying from the "Pestilence walking in Darkness."
CHAPTER 3. INOCULATION AND GENDER

Introduction
"The smallpox it will be almost impossible for our family to escape, as it is in every plantation within 15 miles," Elizabeth Motte Pinckney, of Mount Joseph, South Carolina, wrote to her mother-in-law Eliza Lucas Pinckney on July 17, 1780.¹ In November 1779 smallpox began its spread in and around Charleston after Continental Army General Benjamin Lincoln arrived in the town with 6,000 pox infected soldiers. By July 1780 the virus had reached Elizabeth’s plantation, Mount Joseph, eighty miles northwest of Charleston.² The matriarch of the Pinckney family and keeper of the family’s health, Eliza sent Elizabeth inoculation instructions so she could inoculate herself; however, since Elizabeth did not have family close by and was pregnant at the time, Eliza cautioned her not to do so unless she was “almost certain” she “could not escape it [smallpox] the natural way.” Being pregnant, without any family to help her, and in the midst of a smallpox epidemic, Elizabeth Pinckney certainly had cause for concern, but she was fortunate to have a mother-in-law who knew something about smallpox and especially about inoculation. Eliza’s situation was not much better. Holed

up with her grandchildren Daniel and Harriett at her Wappoo Creek plantation just a few miles outside of Charleston, Eliza told Elizabeth that the two children “are to be inoculated here,” although “we must do it ourselves.”

Widow of South Carolina's Chief Justice Charles Pinckney, Eliza was a formidable woman in her own right. From a very young age, she began studying horticulture on her own by reading books and cultivating different types of plants at Wappoo. Pinckney was able to put her ambition and knowledge to good use. When her father left in 1739 to act as Governor of the island of Antigua, he left her in charge. Over the next four years, Pinckney successfully managed Wappoo and even introduced the cultivation of the much prized indigo plant into her father's plantation and into South Carolina as well. When Pinckney's father returned in 1743, his plantation was turning a substantial profit, thanks in no small part to his daughter's efforts. Pinckney was equally successful in managing her husband's Belmont plantation twenty miles northwest of Charleston after his death in 1758.

In 1760, Charleston and the surrounding area was hit by smallpox spread by troops returning to their homes at the conclusion of the French and Indian War. So that she could "keep" her "people [slaves] out of ye way of ye violent distemper [smallpox],”

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3 Eliza Lucas Pinckney to Elizabeth Motte Pinckney, Hampton, SC, June 18, 1780, Pinckney Family Papers, Box 1, Folder 5, Library of Congress, Washington, D.C. Daniel and Harriett were the children of Eliza’s daughter Harriett and her husband Daniel Huger Horry, Jr.
5 McCrady, 266-270; Ravenel, Eliza Pinckney,1-4; Eliza Pinckney, ed., The Letterbook of Eliza Lucas Pinckney, 1739-1762 (Chapel Hill, NC: University of North Carolina Press, 1972), x-xi. Charles Pinckney owned the plantation prior to his marriage to Eliza and continued to own it after they were married.
Eliza Pinckney left Charleston for Belmont plantation in order to begin inoculating her slaves there. Like all things Pinckney set her mind to, her inoculation efforts were successful. After the epidemic began to subside in the early summer of 1760, Pinckney wrote to her friend Rebecca Raven Evance that she was "just going out of town for a little air and exercise having I thank God finished my superintendency over a little smallpox hospital." Although the hospital Pinckney set up for her slaves was "a very small one indeed" since it "did not consist of more than 15 patients," it was an accomplishment. In her letter to Evance, Pinckney said she only "lost one" patient, "a valuable carpenter," but according to Pinckney he "took it the natural way," before he was inoculated. Pinckney was able to save all of her other slaves.

These two episodes in Pinckney's life speak to the many ways in which inoculation and gender intersected in the latter half of the eighteenth century to both affirm and challenge many of the established gender roles of the time. When Pinckney sent inoculation instructions to her daughter-in-law and inoculated her grandchildren, she fulfilled her socially prescribed role as keeper of her family’s health, but when she inoculated her grandchildren herself, she entered into the developing field of inoculation that was already dominated by male physicians. And when Pinckney ensured her slaves

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7 Eliza Pinckney to Mrs. Evance, March 15, 1760, Harriott Horray Ravenel, Eliza Pinckney, 197-98. See also Eliza Pinckney, The Letterbook of Eliza Lucas Pinckney, 148.
8 Eliza Pinckney to Mrs. Evance, June 19, 1760, Ravenel, Eliza Pinckney, 1-4; Eliza Pinckney, The Letterbook, 153. See also the letter from Eliza Pinckney to Mrs. Evance dated March 15, 1760, where Eliza mentions she is at "Belmont to keep my people out of the way of the violent distemper" (page 148).
were inoculated, she fulfilled her role as a plantation owner who took care of her “people,” but when she opened the inoculation hospital and inoculated her slaves herself she again violated established social boundaries and entered the domain of the male inoculating physician. Pinckney was not alone in her knowledge and use of inoculation. During the Revolutionary era, many other woman leveraged their knowledge of the procedure into opportunities that often led them beyond the confines of the home to challenge established gender roles.

**Women, Inoculation, and Family Health**

In many ways, Philadelphia Quaker Elizabeth Sandwith Drinker was just as formidable a woman for her time as Eliza Pinckney; she too went beyond existing gender roles, albeit in more subtle ways, when she had her children inoculated. Wife of successful Philadelphia importer and shipping agent Henry Drinker, when Elizabeth called on Dr. Redman to inoculate her youngest daughter Molly, she made copious entries in her diary that reflect a woman who was concerned about her daughter’s prognosis yet confident in her decision to have her daughter inoculated. Drinker's notes on Molly’s inoculation begin on May 4, 1779, with “Doctor Redman here this morning consulting about inoculating our dear little Molly.” To get Molly ready for the procedure, Redman gave Drinker “three pills for her [Molly] to take.” As instructed, Drinker gave Mary her first pill that day, but because it made her sick, Drinker went against Redman’s orders and waited until May 6 to give Mary the second pill. By May 9, it was decided

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that Molly was fully prepared for inoculation, Drinker noting she gave “little Molly a
purge of Rhubarb” in the morning after which Drinker notes Molly was "inoculated by
Doctor Redman in her Arm." 11

For three days, Molly was fine. No symptoms appeared, which was not unusual.
However on the fourth day after inoculation, Drinker was clearly concerned. In her entry
for May 13 Drinker wrote "little Molly unwell in the night" along with "a bad night for
our poor cow, who is missing." The next day Drinker noted that Molly was very "unwell,
a rash broke out on her this morning - a high fever this afternoon" and that Molly
"Complains much of her arm." When Dr. Redman visited that day he believed Molly's
fever "was not of the smallpox" but rather the sign of something else. Drinker disagreed.
"I am of a different opinion" Drinker noted in her diary, since Molly's "arm run, and her
breath was very offensive." 12

Molly’s condition did not improve. On May 16, Drinker noted that, for the first
time, Molly had a high fever at night and "her arm very painful," adding that she "found
the cow." Drinker’s fears, however, were lessened the following day as Molly's fever
subsided and her rash finally turned into pustules – a sign that inoculation had worked.
According to Drinker, "30 or 40 smallpox made their appearance this morning -- she has
been bravely all day, but complains much of her arm." Over the next several weeks,

11 Cecil K. Drinker, 97; Elizabeth Drinker, 84.
12 Elizabeth Drinker, 84, 85, 316. Molly was the nickname for Mary Drinker. Dr. Redman inoculated all the
Drinker children. See Dine, 420 and. Drinker, 97. The soreness in Molly's arm was probably the result of
the inoculation incision.
Molly itched, had a fever, was purged and purged again, and complained of the swelling under her sore arm which, Drinker wrote, made "dear little Molly walk very crooked."\textsuperscript{13}

Molly's inoculation was not the first for Elizabeth Drinker. Over the course of twenty years, Drinker attended the inoculations of many of her Quaker friends and family, making notes of her observations. In September 1759, she attended the inoculation of James Steel, son of family friend Henry Steel, followed two months later with the inoculation of Francis and Rebecca Rawle's two children. Drinker also chronicled the inoculations of her other four children: Sally in 1763, Nancy and Polly in December 1765, and Henry Drinker, Junior, in February 1773.\textsuperscript{14} Evident from these entries is the confidence Drinker developed in both the effectiveness of inoculation and in her own knowledge of the procedure. By the time Molly was inoculated, Drinker was so sure of her abilities to care for her child and recognize any true dangers from inoculation that she deviated from Dr. Redman's instructions and challenged his diagnosis in ways she did not do when her other children were inoculated.

Elizabeth Drinker was not alone in her self-acquired proficiency of inoculation; like Drinker, many women attended inoculations and chronicled their personal experiences. For example, Drinker’s friend Hanna Callender Sansom also recorded her personal observations of the inoculations of family and friends she attended. On November 15, 1759, Sansom noted in her diary that friend Becky Rawle's children were "inoculated for the smallpox," adding fifteen days later that "Becky seems relieved of a

\textsuperscript{13} Cecil K. Drinker, 98.
\textsuperscript{14} Elizabeth Drinker 10, 11; Gilda M. Anroman, "Infectious Disease in Philadelphia, 1690-1807: An Ecological Perspective" (University of Maryland, Ph.D. diss., 2006), 59.
great burden now her children are happily over the smallpox."\textsuperscript{15} Such personal encounters with inoculation cannot be underestimated because they helped to ameliorate fears many women had of the procedure.

In many respects the occasion to inoculate against smallpox was similar to the occasion of childbirth. Throughout the colonial period, childbirth was a social event for women in which female relatives and neighbors came together to witness and participate in the arrival of a child. It was a notable occasion that made its way into the diaries of many women, even if they did not attend the birth. Whether witnessed firsthand or not, the occasion of childbirth conveyed a number of benefits to women. The new mother received emotional and medical support at a very difficult time, the women watching and helping gained valuable experience and knowledge about the delivery process, something especially useful for aspiring mid-wives, and the event helped inform women who never experience childbirth before, hopefully dispelling any fears they might have of the event.\textsuperscript{16} The same can be said for inoculation. When women such as Drinker and Sansom came together to witness inoculations they became more knowledgeable about the procedure and more willing to have themselves and their children inoculated when smallpox threatened. Clearly when Drinker had her daughter Molly inoculated, her fears and anxieties were much less than when she had her daughter Sally inoculated sixteen

\textsuperscript{15} Klepp and Wulf, \textit{The Diary of Hannah Callender Sansom}, 132.
years earlier. However, this does not mean these women were not concerned. Any procedure that had the slightest risk to kill was reason for any parent to be anxious.

On January 17, 1777, loyalist Mary Fisher, wife of wealthy Philadelphia merchant Thomas Fisher, began to "prepare" her son Joshua "for the smallpox" after she had become "apprehensive" he caught the virus "from a poor woman in the street." However, five days later she was uncertain about her decision. "The infection being so much about occasions my being very anxious about my little boy," Fisher wrote in her diary. Fisher was clearly perplexed, writing "What to do for the best, whether to inoculate him or not."17 But because smallpox was spreading fast in the city, on February 11 Fisher relented and had "little Joshua inoculated" by Dr. Adam Kuhn.18 Just like Mary Fisher, Sarah Livingston Jay of New York, wife of Continental Congressman, diplomat and future first Chief Justice of the Supreme Court John Jay, was also hesitant to inoculate her children. In a letter to her sister Kitty, Jay wrote, "Yesterday I sent for a physician to consult about the propriety of inoculating the children. . . . My heart palpitates with doubt whether or not to put my intention in execution."19

While the loss of a child under any circumstances was a horrific occasion, it was especially so in situations where a child died from natural smallpox but the parents had it within their power to have prevented the child's death by having the child inoculated. In

17 Nicholas B. Wainwright, ed., "'A Diary of Trifling Occurrences': Philadelphia, 1776-1778,"
18 Ibid., 427.
19 Sarah Livingston Jay to Kitty Livingston, Chaillot, France, November 22, 1783, as found in Selected Letters of John Jay and Sarah Livingston Jay, Landa M. Freeman, ed. (NY,NY: McFarland & Co., 2010), 152, 154, 290. The letter was written from Chaillot, France, while John Jay was finalizing peace negotiations with the British. The physician she consulted was one of the Suttons.
such instances, a parent's grief was compounded by an aura of guilt. After Benjamin Franklin lost a son to smallpox in 1736, he wrote:

> I long regretted bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it; my example showing that the regret may be the same either way, and that, therefore, the safer should be chosen.\(^{20}\)

As with Franklin, Ester Reed, wife of Joseph Reed, secretary to George Washington, was left grief stricken and guilt ridden for years after she failed to have her daughter inoculated and the child subsequently contracted natural smallpox and died. "I cannot help reflecting on my neglect of my dear lost child," Reed lamented, "For, thoughtful and attentive to my own situation, I did not take the necessary precaution to prevent that fatal disorder when it was in my power. Surely I ought to blame myself."\(^{21}\)

While both parents grieved the loss of an infant, it was the mother who was typically the most affected. From the moment of birth, eighteenth century colonial America gender obligations placed the mother, rather than father, at the center of the child's life and thus allowed her to develop especially strong ties with her children.\(^{22}\) As Kathleen Brown argues, "Mothers generally spent more time with children than fathers, establishing close relationships with sons when they were very young and remaining intimate with daughters throughout their entire lives."\(^{23}\) While fathers were the ultimate


authority in their households and were expected to provide for the family's economic needs, mothers were the ones who saw to the family's everyday domestic concerns, among them the emotional and physical needs of their children.\(^\text{24}\) So, for mothers such as Ester Reed, to have lost children to smallpox was not only emotionally devastating, but often considered a dereliction of their motherly duty, especially when it was within their "power" to have prevented their children's deaths. According to historian Sheila Skemp, eighteenth-century colonial American mothers "blamed themselves when they could not keep their children free from harm." When a child died, it was the mother who often "incurred guilt as well as grief."\(^\text{25}\)

This motherly guilt and grief is graphically revealed in the 1776 painting *Rachel Weeping* (figures 3 and 7) in which Maryland artist Charles Willson Peale depicted his wife Rachel crying over the dead body of their daughter, Margaret. Born in January 1772, Margaret and her mother both contracted natural smallpox sometime in April 1773.\(^\text{26}\) Rachel, according to Charles, "had the small-pox very seriously" and was "not


\(^\text{26}\)Peale exhibited the canvas in his Annapolis, Maryland, studio not long after it was completed. John Adams viewed the painting in Annapolis in August 1776, writing Abigail that Peale "showed me one moving picture. His wife, all bathed in tears, with a child about six months old, laid out, upon her lap. This picture struck me prodigiously." *Selected Letters of the Adams Family*, 156. See also the web page for Rachel Weeping at the Philadelphia Museum of Art, [http://www.philamuseum.org/collections/permanent/71982.html](http://www.philamuseum.org/collections/permanent/71982.html)
Figure 3. *Rachel Weeping.*
Charles Wilson Peale (1741-1827)
1777
Oil on canvas
Philadelphia Museum of Art, Philadelphia, PA
Figure 4. Mrs. Jacob Hurd and Child
William Johnston (1732-1772)
1762
Oil on Canvas
The Metropolitan Museum of Art, NYC

Figure 5. Mrs. Daniel Rea and Child
John Singleton Copley (1737-1815)
1757
Oil on Canvas
Butler Institute of American Art, Youngstown, OH

Figure 6. Mrs. John Nicholson (Hannah Duncan) and John Nicholson, Jr.
Charles Wilson Peale (1741-1827)
1790
Oil on Canvas
Art Institute of Chicago, Chicago, IL

Figure 7. Rachel Weeping
Charles Wilson Peale (1741-1827)
1777
Oil on canvas
Philadelphia Museum of Art, Philadelphia, PA
scarred," but Margaret died, Charles writing "we lost the babe." At the insistence of the
grief stricken Rachel, Charles began the painting sometime in late 1773. Originally the
painting depicted only the body of Margret dressed in a white funeral gown laid out on a
bed awaiting burial, but, for unknown reasons, Charles enlarged the canvas in 1776,
adding the image of his weeping wife, eyes cast to heaven and bottles of medicines on the
table behind her that, unfortunately, proved ineffective.\(^\text{27}\) Although it was not unusual for
eighteenth-century parents to commission a "deathbed" or mortuary portrait in order to
provide a lasting remembrance of their deceased child (something made simpler in
Peale's case since he was an artist), what was unusual was to include the image of the
grieving mother in the painting.\(^\text{28}\) Compared to other portraits that Peale and his
contemporaries painted of mothers and their children, Rachel Weeping stands out in stark
contrast (Figures 4-7). Where these other portraits vividly depict the bonds that
developed between mother and child, Rachel Weeping reminds the viewer that such
bonds are often precarious and filled with sorrow.

However, while both parents grieved the loss of a child, eighteenth-century
cultural and religious protocols for mourning dissuaded public expression of grief,
especially from women. According to historian Lucia McMahon, "restraint and

Philosophical Society* 2, vol. 156 (June 2012): 120; Letter from Charles W. Peale to Henry Benbridge, May
1, 1773 as found in Marks, n33, page 120.

\(^{28}\) Lloyd, 3; Therese Southgate, MD, "Rachel Weeping," *Journal of the American Medical Association* 24,
vol. 297 (June 27, 2007): 2673; Thomas L. Purvis, *Colonial America to 1763* (NY, NY: Facts on File,
1999), 260.
resignation remained the *prescribed* public expressions of mourning" for women.29 Crying and tears were frowned upon as were any other overt emotional public displays of mourning. Instead, it was expected that a woman's grief was to be private and internalized, only to be confessed to diaries and in letters to family and close friends. Such restraint signified to those outside the family that the parents had resigned themselves to the belief that their loss was God's will, a belief that was especially resonate among the Puritans of New England and the Quakers of the middle colonies.30 But Peale's painting violated these conventions of restraint and resignation, and in so doing provides some insight into the extent of his and his wife's grief and guilt over the death of their daughter.

Peale added Rachel to the painting in 1776, four years after Margaret's death. Even though deathbed paintings were to be private, viewed only by the family, such an action made Rachel's grief very visible and public. In addition, by adding Rachel to the painting four years after Margaret's death suggests that both Peale and his wife may not have been as resigned to the prevailing convention that said the death of their child was God's will; instead, the Peales, especially Rachel, may have seen Margaret's death more as a result of their neglect rather than an expression of God's will. After all, the Peales lived in a colony where inoculation was readily accepted and available, and they certainly could have afforded inoculation. As with Ester Reed, Rachel may have had a sense of

guilt over the loss of her daughter since she had it within her power to have saved her
daughter's life, a sense of guilt she continued to hold on to years after her daughter's
death.

Inoculation as a Duty

Inoculation as a duty was a concept first espoused during the Boston inoculation
controversy of 1721 by Cotton Mather and others of his pro-inoculation faction and
reinforced throughout the eighteenth century by pro-inoculation advocates such as
Benjamin Franklin.31 Famed Philadelphia physician John Morgan was of the same
opinion as Franklin. In a pamphlet he published in 1776, Morgan maintained that unlike
other colonies where inoculation was considered a "crime," in the middle colonies of
Pennsylvania, New Jersey, and New York, people "would accuse themselves of being
accessories to the death of such as fell a sacrifice to the natural smallpox, if, by their
neglect, the operation [inoculation] had been omitted." According to Morgan, parents in
the middle colonies took "care to have all under their charge inoculated, when at the most
suitable age for taking the disease, esteeming themselves responsible to their children and
families, whose preservation they are bound to consult."32

With smallpox rife in the colonies during the Revolution on account of soldiers
spreading the disease as they marched, many women were anxious to have their children
inoculated. In the summer of 1776 smallpox erupted in Boston in the wake of the British
army's withdrawal from the town, igniting talk that the Massachusetts General Court was

31 See Increase Mather, Several Reasons Proving That Inoculating for Transplanting the Small Pox is a
Lawful Practice, and That it has been Blessed by God for these Saving of Many a Life (Boston, MA:
Samuel Kneeland, 1721); Newport Mercury, page 4, December 4, 1759; John Morgan, Recommendatory
Preface (Boston, MA: John Gill, 1776), 13-14.
32 Ibid., 13-14. See also Chapter 1 of this dissertation.
going to allow inoculation to begin in the colony. In a letter to her husband, John, Abigail Adams wrote that if the Court did grant "leave to open a hospital somewhere . . . I shall, with all the children, be one of the first class, you may depend upon it." According to Abigail, "To see my children through it [inoculation], I thought my duty." When the Court did allow inoculation to proceed, Abigail and her children went to her uncle's home in Boston where they were inoculated. In November 1776, Mercy Otis Warren had her children inoculated, informing her husband, General James Warren, only after the fact. "I have been this afternoon at the hospital where I left your three youngest sons," Warren wrote James on November 25, 1776. "Poor Children -- it was not possible to make them willing to give up the project. They thought it a mighty privilege to be inoculated."

Although the boys saw the whole ordeal as a great adventure, Warren was plagued with doubt and apprehension. "I cannot feel quite at ease," she told her husband about her decision. Nevertheless, Warren knew the importance of having her children inoculated, especially at a time when smallpox was so prevalent in New England.

But for some women, getting their children inoculated was next to impossible, especially on account of the Revolution. With smallpox spreading throughout New England, Elizabeth Stark, wife of famed Continental Army General John Stark, petitioned the New Hampshire Assembly on November 23, 1778, for "leave to inoculate herself and

33 Abigail Adams to John Adams, Plymouth, MA, June 17, 1776, Letters of Mrs. Adams, the Wife of John Adams, Vol., 1, Charles F. Adams, ed. (Boston, MA: Freeman and Bolles, 1840), 102-103.
35 Abigail Adams to John Adams, Boston, MA, July 13, 1776, ibid.
36 Letter from Mercy Otis Warren to James Warren, Plymouth, November 25, 1776 in Packard, The History of Medicine in the United States, 94-85. Mercy and James were inoculated sometime in late July 1776. See letters from James Warren to John Adams, dated August 7, 1776 and August 11, 1776, and a letter from John Adams to James Warren, dated August 17, 1776, as found in Warren-Adams Letters, 266-269.
family for the smallpox." Despite the prevalence of smallpox, the New Hampshire Assembly all but prohibited inoculation through burdensome restrictions.\(^{37}\) Under normal circumstances, Stark probably would have had her children inoculated in New York City where inoculation was legal, but with a revolution going on and the city under British occupation, such an action was impossible. Although she certainly could have had her children inoculated illegally, Stark petitioned the Assembly for permission, but, to no avail. The petition "being read and considered," the Assembly "voted that the prayer thereof be not granted." No reason was given why the petition was turned down. Apparently Elizabeth was not able to find a way out of her predicament since she and her children were not inoculated until 1792.\(^{38}\)

Those who could inoculate but did not were sometimes seen as undeserving of sympathy. In November 1777, Susan Livingston wrote to her sister, Sarah Livingston Jay, that all the members of a family they had known contracted natural smallpox, among them a young boy. However, according to Livingston, "they are not entitled to much pity, for they say the avarice of the old man prevented their being inoculated."\(^{39}\) Although inoculation if done by a physician could be expensive, as protectors of their families' health, women were especially compelled to take inoculation seriously regardless of the cost. After the initial inoculations of Abigail Adams' children proved unsuccessful, the

\(^{37}\) The law enacted on December 13, 1776 and renewed on March 12, 1778 required permission of the state's General Assembly, the state's sitting Committee of Safety, or the Selectmen of the town where the inoculation was to take place. See *Laws of New Hampshire: Revolutionary period, 1776-1784*, vol. 4, ed. Henry H. Metcalf (Bristol, NH: Musgrove Printing House, 1916), 58, 156.


\(^{39}\) Susan Livingston to Sarah Livingston Jay, Morris County, NJ, November 1, 1777 as found in *Selected Letters of John Jay and Sarah Livingston Jay*, 50.
physician had to inoculate them again, something which Abigail said she could "ill afford," but something which she would not "quit" until she could "get them [her children] through." \[40\] John agreed with Abigail, instructing her to spare no expense in making sure she and the children were inoculated well taken care of; regardless of the costs, he said he would "repay with gratitude as well as interest." \[41\]

No matter how long it took or the cost involved Mary Ambler of Jamestown, Virginia, was determined to have her children inoculated. While visiting her sister Elizabeth and her sister's husband Bryan, Lord Fairfax, in Belvoir, Fauquier County, Virginia, in September 1770, Ambler heard that Dr. Stevenson was inoculating in Baltimore, a three day journey further north. \[42\] Although inoculation was still allowed in Virginia, most colonists did not take kindly to people who inoculated. Undeterred, Ambler "Determined to carry her children to that place to be inoculated," and on September 6, 1770, Ambler and her children, Jack and Sally, set out for Baltimore arriving in town four days later on September 10. \[43\]

The same day Ambler and her group arrived in Baltimore, Dr. Stevenson came and "inoculated M. Ambler & Sally immediately." Although Jack was inoculated, too, he "was so scared it could not be done effectively." This must have been an omen as things did not go as planned. Over the next two weeks, Ambler and her children were inoculated

\[40\] Abigail Adams to John Adams, July 30-31, 1776.
\[41\] John Adams to Abigail Adams, Philadelphia, PA, July 16, 1776 in ibid.
\[43\] M. Ambler, "Diary of M. Ambler, 1770," The Virginia Magazine of History and Biography, vol., 45, no. 2 (Apr., 1937):152-154. While Elizabeth declined an invitation to accompany Mary, she did send her maid, Suckey, who had already had smallpox, "to wait" on Mary and her children during their ordeal. It should be noted that Mary Ambler's diary is written in the third person.
multiple times since none of the telltale signs of inoculation appeared, namely a fever and a rash around the inoculation site. Believing the smallpox “matter” was to blame, Stevenson traveled to Philadelphia “for fresh matter.” Ambler and her children were now in Baltimore for three weeks and still had not been effectively inoculated. Aggravated, Ambler wrote in her diary that she had "a good mind to send for the horses and go back to Belvoir."  

It was another week before Stephenson returned with fresh matter, after which several additional rounds of inoculations followed for Ambler and each of her children, eventually producing the desired result. Not until November 1 was it safe for Ambler and her children to leave Baltimore, Ambler telling her diary she was "so lucky as to get as far as this place from Baltimore town" as possible. 

A procedure that normally would have taken a month took almost two and cost Ambler plenty. But Ambler obviously believed having her children inoculated was important, otherwise she would not have endured the long journey let alone the additional expense and aggravation once in Baltimore.

What is important to realize about these women is that in the course of fulfilling their gender prescribed roles as healthcare providers to their families, they willingly exposed their children to a medical procedure that had both the proven ability to save their children’s lives as well as the proven potential to take them. Although any medical procedure at the time was dangerous, few medicines or medical procedures in a mother's

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44 Ibid., 157.
45 Ibid., 157-158. It was the 4th inoculation for Mary and 5th for Sally.
46 Ibid., 160-162, 163.
medical kit were known to have such a danger. But by exposing their children to inoculation these women clearly understood the benefits of the procedure far outweighed the risks. Their decisions reflect individuals who, although not formally trained in the practice of inoculation, still had considerable knowledge about the procedure in order to make informed rather than emotional decisions when it came to the lives of their children. Such knowledge of inoculation was often superior to that of men and in many instances offered women opportunities they may not have had otherwise, opportunities that often meant challenging socially prescribed gender roles.

**Women and the Inoculation "Industry"**

There are many instances of late eighteenth-century women who used medical knowledge they acquired from books, family remedies, and personal observations to practice "social medicine" outside the home. For example, Philadelphia shopkeeper Elizabeth Paschall dispensed medicines and medical knowledge from her Market Street dry goods store, building a reputation among friends, neighbors, and customers as a reliable healer. Midwife Martha Ballard of Hallowell, Maine, used her observations of childbirth to "transcend the domestic sphere" and become a valuable contributor to the developing field of late eighteenth-century obstetrics. Likewise, some women were able to use the knowledge they gained from observing inoculations to become vital members of the growing inoculation industry. As Eliza Pinckney demonstrated in 1759, this often meant challenging socially prescribed gender roles.

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47 Wulf, 122, 128-29.
48 Thatcher Ulrich, 28, 62, 65; Jensen, 33.
One such individual was Margaret Hill Morris of Burlington, New Jersey, who became a well known healer and inoculator in her community. When Margaret's father, Dr. Richard Hill, and her mother, Deborah, left for a lengthy stay on the island of Madeira in 1739, two year old Margaret and five of her siblings were left in the care of their oldest sister, Hanna. Only sixteen at the time, Hanna was married to her first cousin, noted Philadelphia physician Samuel Preston Moore. 49 While raising her siblings must have been difficult for Hanna, for Margaret the time spent in her sister’s home was productive as she evidently learned much about medicine from her brother-in-law Samuel.

In 1758, Margaret married wealthy merchant William Morris, only to find herself a widow eight years later. Alone and with four children all under seven years of age, Morris moved in 1770 from Philadelphia to Burlington, New Jersey, to live with another sister, Sarah. 50 In Burlington, Morris used what she learned from Samuel to build a reputation as a "skillful woman" who "kept medicines to give to the poor." 51 Morris’s days were frequently spent traveling in and around Burlington visiting new and existing patients, dressing wounds, diagnosing ailments, dispensing medicines mostly of her own making, and inoculating people for smallpox. At one time, Morris had thirty patients whom she inoculated and cared for herself. 52

50 Ibid., xix, 200.
Like Margaret Morris, Elizabeth Potter of Huntington, Long Island, also had a reputation as a valued medical practitioner and inoculator in her community. When her husband Dr. Gilbert Potter rushed off to Connecticut in 1775 to join the Patriot forces gathering there, he left all his business dealings, including his medical practice, in Elizabeth's care. Evidently Elizabeth learned how to inoculate from her husband; after he left, she stepped in and inoculated patients who requested the procedure as well as treated patients who had contracted natural smallpox. In one instance, a British midshipman was taken ill with smallpox and brought ashore at Huntington, and Elizabeth nursed him back to health.53

Inoculation also offered women other niches in the growing inoculation industry of the 1760s and 1770s that allowed them to escape the confines of the home and pierce a medical field dominated by men, albeit in a subordinate role.54 In colonies where inoculation was permitted, women earned money as inoculation nurses and matrons of inoculation hospitals. Hannah Callender Sansom hired a nurse to tend to her daughter Catherine (Kitty) after she was inoculated. Despite the personalized care, her "poor little Caty" contracted natural smallpox from the procedure and died.55 Dr. Lewis Mottet advertised that both white patients and slaves admitted to his inoculation house outside Charleston, South Carolina, would be "provided with nurses and all necessaries" for their comfort.56

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56 South Carolina Gazette, May 28, 1763.
Philadelphia inoculation house was a "tender skilful Matron to superintend it." At John Chance's New York City inoculation house, patients were promised the "best lodgings" for their comforts as well as "good nurses" to see to their health. Thomas Bond, one of Philadelphia's most respected physicians and prolific inoculators, advertised for "humane industrious women as nurses," offering them "sufficient pay and encouragement."

Often women living on the edge of poverty were among those most likely to take advantage of the economic benefits inoculation could provide. This was especially true for widows of the middling and lower sorts, many of whom continually struggled to stay out of the almshouse. As historian Lisa Wilson argues in her study of widowhood in late eighteenth and early nineteenth century Pennsylvania, "Having some kind of work, however mixed or marginal, was the first line of defense" for widows "in the fight against destitution." Many widows offered their homes as places where physicians could inoculate patients and where inoculated patients could recuperate. At the height of Charleston's 1763 smallpox epidemic, widow Elizabeth Girardeau advertised in the South Carolina Gazette that she took in "persons to have the smallpox at her house" and guaranteed "the best attendance" would "be given" including "nurses, and every [thing] necessary." The cost for Girardeau's troubles was "Ten pounds per week." During their

57 Pennsylvania Gazette, February 3, 1773.
58 Newport Mercury, June 14, 1777.
59 Pennsylvania Evening Post, Philadelphia, PA, July 6, 1778.
60 Wilson, Life After Death, 59; Christine Stansell, City of Women: Sex and Class in New York, 1789-1860 (Chicago, IL: University of Illinois Press, 1987), 12, 14; Wulf, 99.
61 Wilson, 65.
62 South Carolina Gazette, June 11, 18, and 25, 1763. See February 4, 1764 edition of the SCG which mentions that Elizabeth is a widow. There is no indication that Elizabeth inoculated her guests herself. In all probability she did not, otherwise she would have stated such in her advertisement. Apparently Elizabeth Girardeau had her fingers in a lot of little pies. She also ran a school out of her home where she taught "young ladies" reading, writing, arithmetic and dancing. She advertised vacancies when they
inoculation ordeal in Baltimore, Mary Ambler and her children lodged at the widow Chilton's house, whose "family consists of herself and her daughter, a pretty girl about 13 yrs. old," and another niece.63 After Dr. Jonah Whitcomb of Carver, Massachusetts, inoculated Jonathan Parker and his family in 1777 without the permission of the town's Selectmen, the Selectmen considered moving the Parkers to either the home of "widow Ann Cushman's" or "widow Repentance Chandler's" to recuperate under their care.64 Samuel Larrabee, a soldier from Maine, was "ordered back to widow Dimond's" to recuperate after he was inoculated. According to Larrabee, Mrs. Dimond "nursed me and got me well of the smallpox." Of course, such care was not free. Once recovered, Labrabebe had to sell his watch so he could "pay the widow."65

Although many woman clearly had a firm knowledge of inoculation, the evidence suggests that very few women actually performed the procedure themselves. For instance, Elizabeth Drinker was knowledgeable enough to inoculate her children, yet she called Dr. Redman to perform the procedure. And while Eliza Pinckney inoculated her own grandchildren and slaves, she did not perform the procedure on those outside her family. Women such as Margaret Morris who inoculated outside their families were rare.

Unlike the field of midwifery, which had been dominated by women since the time of Socrates, inoculation was new among Europeans and American colonists and

63 Ambler, 154.
quickly became, and stayed, the realm of male physicians, professionally trained or otherwise. Although Lady Montague introduced inoculation into England in 1719, it was the physicians of England, most of whom initially dismissed inoculation, who later embraced the procedure and promoted it. This association of inoculation with male physicians was just as strong in the colonies. When Cotton Mather introduced inoculation into Boston in 1721, he first approached Boston's medical community with hopes that they would validate its effectiveness and eventual use. Receiving no support from that corner, Mather turned to the clergy of the region, most of whom accepted and promoted inoculation among their congregations. The eventual approval of inoculation among two male dominated professions helped to ensure the procedure was squarely in the male sphere of influence for the remainder of the century.

While those women who nursed inoculated patients were working more in line with their gender prescribed roles, they still challenged those roles in one important way. Throughout the colonial period, masculinity was associated with independence and, consequently, femininity was associated with dependence. It was generally expected that women from all stations of society would be in some way financially dependent on a father, husband, brother, or son; barring any of these individuals, a woman was often destitute, in which case she would be dependent on her community's poor relief system managed by male Overseers. But women nurses, especially widows, did not conform to this notion. While their services did not directly challenge the male dominated field of inoculation, their participation in the inoculation industry allowed them to be financially

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66 Wulf, 155.
independent, thus challenging the male perception of an unmarried woman. Whereas midwifery clearly provided women with opportunities to play a pivotal role outside the home, inoculation failed to provide women with greater financial independence. Instead, women played a subordinate role in the inoculation industry which ultimately affirmed their gender prescribed roles.

**Inoculation and Female Beauty**

Inoculation was important in late colonial America not only because it could save lives but also because it increased the chances of preserving one's physical appearance, particularly the face. For men, an unblemished face was important because it signified a man of good character who could be trusted, while a marked or scarred face denoted a man of dubious character, someone to be held suspect. Such a distinction was important in fostering a man's political and economic connections and ultimately in advancing his career. Physical appearance was just as important, if not more so, for a woman. While a man with a scarred face might still be able to earn a living by the mere virtue of his sex, a woman with a scarred face had a much more difficult time in life. A scarred face on a woman of the middle and upper sort could limit her ability to construct or maintain the intricate social web that ladies of colonial America relied on and, especially, limit a woman's ability to attract a husband.

Beauty, therefore, was critical to eighteenth-century women. According to historian David Shuttleton, beauty was "treated" by eighteenth-century women "as a useful commodity," which should be preserved at any cost. The marks left by smallpox, however, were considered the bane of beauty, "especially" for "young upper-class
women," for whom such marks "spelled social death." 67 One writer to the New York Gazette lamented how at a tea party he overheard a "circle of beauties . . . sacrificing the reputation" of their hostess. The focus of their ridicule was their hostess's facial blemishes, which the writer said only confirmed his belief that beauty was the "unstable foundation on which the airy fabric of female vanity is reared." Although he chastised women for their emphasis on beauty, he believed men were just as guilty as women for fostering its importance. According to the writer, men connected "in their imaginations, deformed bodies" of women with "polluted souls," something which Shuttleton argued ultimately limited a woman's appeal in the marriage market. 68

In eighteenth-century colonial society, women were expected to be married; it was indoctrinated into them early in life. One late eighteenth-century chronicler noted, "Our girls, in general, are bred up with one particular view, with one monopolizing consideration, which seems to absorb every other plan. . . . An establishment by marriage; this is the goal to which they are constantly pointed, the great ultimatum of every arrangement." According to the writer, there was no acceptable alternative to marriage. "An old maid, they are from infancy taught, at least indirectly, to consider as a contemptible being," as girls of the period had "no other means of advancing themselves but in the matrimonial line." 69 Smallpox in the eighteenth-century was seen as hindering this advancement and creating the old maids that society found so contemptible. A 1775 issue of the Lady's Magazine or Entertaining Companion for the Fair Sex called

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67 David Shuttleton, "A Culture of Disfigurement," 76.
69 Quote is from Judith Sargent Murray, The Gleaner, as found in Linda K. Kerber, Women of the Republic, 204.
smallpox "that fatal destroyer of female pride," the "cruel spoiler" of beauty, that
"disorder, so fatal to beauty," that it "deprived" women of their "charms" making them
"hideous" and "banished" their male suitors.70

Women scarred by smallpox were often told by family and friends that
intelligence was a substitute for beauty. In a letter published in the Scots Magazine, an
"affectionate aunt" consoled her niece, Maria, on the loss of Maria's “beauty by the
smallpox." "You have indeed, lost that which may sometimes contribute to happiness . . .
what the greater number of the human race never have possessed" and "what the laws of
nature forbid you to keep long" the aunt told Maria. "Consider yourself, Maria, as being
born to know, to reason, and to act; rise at once from your dream of melancholy to
wisdom, and to piety: you will find that there are other charms than those of beauty, and
other joys than the praise of fools."71 In another letter that extolled the benefits of
intelligence over beauty, a brother advised his sister who had just recovered from
smallpox, "Though you are beautiful, think not your beauty alone sufficient to constitute
your merit. Be, my dear girl, as assiduous to cultivate your understanding, to improve
your mind"; after all, her brother advised, "Beauty of the person may catch us [men] at
first, but the beauties of the mind can alone secure any conquest worth making."72 While

70 The Lady's Magazine or Entertaining Companion for the Fair Sex 6, June 1, 1775 (London, England: G.
Robinson), 318, 375. See also Kierner, 114-116.
71 “A Lady to her niece on her expressing great uneasiness at the loss of her beauty by the small pox,” Scots
72 “A Copy of a Letter from a Young Gentleman to his Sister, upon her removing from the Country to live
intelligence was often a quality a late eighteenth century man may have looked for in a potential mate, it was beauty which caught his eye and kept it.  

Indeed, according to Daniel Blake Smith, "young men were even more concerned with physical beauty in the opposite sex than were women." It was a woman's physical appearance that men frequently described in their letters and diaries. For instance, while tutoring the children of Robert Carter at Carter's plantation Nomini Hall on the Northern Neck of Virginia, New Jersey born teacher Philip Fithian often wrote about the women he encountered. After attending a dance one night, Fithian dissected the appearance of the women he met. "Miss Hale" was "a slim, puny silent virgin" with a "good set of eye-brows, which are esteemed in Virginia essential to Beauty." Colonel Richard Lee's daughter, Betsy, was "a tall, slim genteel girl . . . her whole carriage is easy inoffensive and graceful." However, Fithian was unimpressed with Miss Jenny Washington, niece of George Washington. She was described as "about seventeen . . . has not a handsome face . . . on close examination her features are something masculine." Fithian was so put off by Miss Washington that when Mr. Christians, the host of the party, attempted to get the two to dance, Fithian wrote, "I excused myself by assuring him that I never was taught to dance." According to historian Lisa Wilson, "Courting men in the late eighteenth century openly declared their desire for a handsome wife." Wilson maintains that the power of female beauty was "formidable" and "could overwhelm a man's resolve and

74 Daniel B. Smith, 134.
tumble him headlong into matrimony."\(^{76}\) Women, therefore, had to be forever vigilant about their appearance.

The loss of a woman's appearance to smallpox and its consequences were frequent themes of late eighteenth century essays, letters, and poems. In an "Essay on the Predominant Passion in Woman" that appeared in a 1775 edition of the *Lady's Magazine*, an anonymous writer exclaimed "the last sighs of a handsome woman are not so much the loss of her life, as the loss of her beauty." According to the author, a "woman's strongest passion is for her own beauty, and that she values it as her favorite distinction" and was willing to go to great lengths in order to keep it. "From hence it is, that all arts which attempt to improve or preserve it, meet with so general a reception among the fair sex."\(^{77}\)

In a letter to *Town and Country Magazine*, a writer only know as A.D.C. exclaimed "the loss of a woman's virtue is not near so affecting to her as her beauty." When "that fatal disorder, the smallpox" attacked a woman's face, "she was not to be appealed; and the first time she looked in a glass, she broke it with fury and indignation."\(^{78}\)

Loss of beauty from smallpox was lamented in the poem *An Epitaph on Clarissa, Whose Beauty Died Lately of that Ill-Natured Distemper, Commonly Called, the Small-Pox*:

Beneath this melancholy stone is laid
Whatever was mortal of a beauteous maid
Whose lovely features every bosom warmed
Whose pride rejected, whom her features charmed
But Ah! that face, which pleased the world

\(^{76}\) Lisa Wilson,49,50.
Is dead, is bury'd and will rise no more.

It was smallpox that killed the beautiful Clarissa, "Slain by the worst of all Pandora's ills/ Which saves the body, but the beauty kills."\textsuperscript{79}

But inoculation was often promoted in late eighteenth-century print culture as the savior of a woman's beauty. During Charleston's 1760 smallpox epidemic, the \textit{South Carolina Gazette} printed the poem an "Address to the Small Pox, Inscribed to Miss N.B.," which celebrated the benefits inoculation had on preserving beauty. "Spoiler of beauty! for this once forbear/ To print thy vengeance on this blooming fair'/ O spare those brilliant eyes, that angel's face/ Nor heaven's fair portrait with thy spots disgrace."

Extolling the resolve of his subject to thwart smallpox and keep her beauty, the author wrote, "Wisely determined to prevent the foe/ Nor wait unguarded to sustain the blow/ Bravely resolved the doubtful war to wage/ She mocks thy fury and eludes thy rage."

Beauty was preserved as "The wound soon closed again, no scar remained/ And queen of beauty still the goddess reigned."\textsuperscript{80}

In addition to poetry, the effects inoculation had on one's beauty was often the focus of more scientific essays on the subject. In a 1760 treatise on the devastating effects of smallpox and the benefits of inoculation, the writer proclaimed "The inoculated smallpox is not only neither mortal nor dangerous, but it leaves nothing after it that might make it remembered with regret; this consideration alone seems decisive for that half of mankind," namely women, "to whom beauty in a great measure is sometimes dearer than


\textsuperscript{80} "A to the Small-Pox," \textit{South Carolina Gazette}, Charlestown, SC, April 19, 1760.
life." The writer asserted that anyone who doubted the ability of inoculation to preserve one's looks should visit a smallpox hospital. "Between the inoculated" in the hospital "and those who had the natural smallpox, the effects of the distemper on the face would be alone sufficient" to prove "the advantage" inoculation conveyed "of not being disfigured." Still, such an advantage was difficult to convey to some.

When smallpox took hold of Williamsburg, Virginia, in 1752, one anonymous writer who advocated the use of inoculation appealed to the exotic in order to entice women to inoculate. "The first people in Europe who practiced inoculation were the Circassions," the writer asserted. "Their women are accounted the most beautiful in the world" and were sold to the "Turkish Bashaws" on account of their beauty. And since "smallpox has been the most fatal distemper to beauty, which is their commerce, these people contrived this artificial method of giving their children when young, which procured . . . less injury to beauty." As opposed to being enslaved on account of one's skin color, how exciting and mysterious to be sold to a Turkish Bashaw on account of one's beauty!

Noted Reading, Pennsylvania, physician, Jonathan Potts also promoted inoculation as a means for women to keep their beauty, but he did so in a novel way. Rather than appeal to the women, he appealed to the men. When smallpox threatened Reading in 1771, Potts made an impassioned plea to his fellow citizens to inoculate; among his reasons was the conservation of a woman’s appearance. In his letter to the

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82 Virginia Gazette, Williamsburg, March 12, 1752.
local paper, Potts argued that smallpox caught the natural way left "very disagreeable marks" on people for "the remainder of their days" while if inoculated, "no one is horribly disfigured." Potts questioned why his fellow countrymen should be so fearful of inoculation, asking "are our German women less anxious about the preservation of their beauty?"  

A Hessian soldier fighting for the British credited inoculation for helping American women keep their beauty. Writing to his friends back home in Germany, the soldier commented that ladies from Boston to New York are "slender and straight, fleshy without being stout. They have...very white skin, and a healthy complexion, without having to paint. I have hardly seen one with pockmarks, but," the German soldier continued, "smallpox inoculation has long been in general use here."  

But inoculation was a choice, one that often involved weighing the odds. Despite what Dr. Potts told the citizens of Reading and despite the prevailing literature that extolled its virtues, the procedure could rob a woman of her beauty just as easily as it could help her keep it. In most instances, inoculation produced a slight rash around the inoculation site or a few light pustules on the arms and face. While the pustules chanced to leave little or no scars, they were nevertheless unwelcome. After Eliza Wilkinson, a young widow from Charlestown, South Carolina, was inoculated, she told a friend that her face was "finely ornamented" with pocks. A supporter of the rebel cause who despised the British "most cordially" and hoped "their day of suffering" was "not far off,"

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83 Letter from Thomas Potts, Jr., to Henry Miller, printed in the newspaper, the Pennsylvania Statshbote, purportedly in 1771, as found in Mrs. Thomas Potts James, Memorial of Thomas Potts, Junior (Cambridge, MA: Privately Printed, 1874), 183-84. As argued in Chapter 2, Germans had a long held aversion to inoculation, something which precluded them from embracing inoculation.

84 Letter of an unidentified Hessian soldier, dated December 18, 1777 as found in Letters from America, 1776-1779, Ray W. Pettengill, translator (Boston, MA: Houghton Mifflin Co., 1924), 117
Eliza put a patriotic spin on her affliction. Referring to her nose, Eliza said it was "now honored with thirteen spots," one for each colony. But, despite her patriotic ardor, she told her friend she was "pleased" the pocks "will not pit, for as much as I revere the number, I would not choose to have so conspicuous a mark."85

Most women who were left with facial marks from inoculation were like Eliza Wilkinson who had only a few blemishes. However, on rare occasions the procedure produced a large number of pustules over the entire body, leaving the patient disfigured for life, and this potential outcome had to be considered before inoculating. In March 1777, Continental Army Colonel Theodorick Bland, Jr., of Virginia, received a letter from a friend updating him on his wife's recovery from inoculation. According to the letter the Colonel's wife, Martha, recovered very well, stating "there could be no great doubt" about her recovery "considering her health, and good constitution." What the writer failed to mention, however, was that Martha was indelibly scarred from the procedure. In her own letter to her husband, Martha lamented, "I had many pocks on my face, all of which are at present visible . . . and I shall be pitted with them."86 Apparently Martha was not alone. In a letter to her sister-in-law, Frances (Bland) Randolph, Martha remarked "many others here [are] similar."87 When Lucy Knox, wife of General Henry Knox, and her daughter Lucille were inoculated on April 13, 1777, Lucy's concern was not for her personal survival, but how the scars might affect her looks and therefore her

85 Eliza Wilkinson, _Letters of Eliza Wilkinson During the Invasion and Possession of Charlestown, S. C. By the British in the Revolutionary War_, ed., Caroline Gilman (NY, NY: Samuel Colman, 1839), 93
87 Martha Bland to Frances Randolph Tucker, Morristown, NJ, May 12, 1777, _Tucker-Coleman Papers_, College of William and Mary, Series 1, Item 435.
relationship with her husband. "You will want to know if I look as I did or whether there is a danger of you not liking me as well as you did when you saw me last," Lucy wrote Henry. 88 After the pocks were in full bloom on Lucy's face, she informed Henry that she had "more than two hundred of them [pocks scabs] twenty in my face . . . some of them will leave a mark." Not having a mirror to look into, Lucy told her husband that "from the feel of my face I am almost glad you do not see it." As for their daughter's pocks, Lucy said she "has but one, and has not had an ill hour with it." At least as far as Lucille was concerned, her beauty was preserved. 89

With the emphasis on beauty and all the benefits it conveyed, having a female child inoculated was of special concern. Although the procedure could preserve the child's appearance, there was a risk that it could have the opposite effect. Of the six children that Christiana Leech inoculated, her daughter Katy was not only left scarred but deformed from the procedure. According to Christiana, "Katy got the inflammation in her mouth, and an abscess ate away her chin and lips, and all her teeth fell out." Although Katy "got well," Christiana said "she is disfigured." 90 Luckily, most who were inoculated did not fare as badly as Katy. After Washington moved his men to winter quarters in

88 Lucy F. Knox to Henry Knox, April 13, 1777 as found in Chadwick, 96; Noah Brooks, Henry Knox, A Soldier of the Revolution (NY:NY, G.P. Putnam's Sons, 1900), 90. Lucy and her daughter, also named Lucy, were inoculated at "Madame Heath's" at Sewall's Point (Brookline), Massachusetts. See also Francis S. Drake, Memoir and Correspondence of Henry Knox (Boston, MA: Samuel G. Drake, 1873),41, and Brooks, 90.
89 Lucy F. Knox to Henry Knox, April 31, 1777 as found in, In the Words of Women: The Revolutionary War and the Birth of the Nation, 1765-1799, Louise V North, et.al., eds. (NY,NY: Lexington Books, 2011),178. While it is not known for sure if Lucy's appearance was permanently affected, her concerns about the loss of her husband's affections seem to have been unfounded; for many years after she was inoculated, Henry's letters continued to express the same degree of love, affection, and admiration for Lucy as they did before she was underwent the procedure. See correspondence after March 1777 between Lucy and Henry Knox as found in Noah Brooks, Henry Knox, A Soldier of the Revolution.
90 Christiana Leech diary entry for April 16, 1771, as found in Louise V. North, et.al., 177.
Morristown, New Jersey, in January 1777, smallpox soon broke out among the population of the town. Afraid that it could spread to his army, Washington ordered that all his men be inoculated as well as those civilians of the town who wanted to undergo the procedure. Among those inoculated that January was eight year old Eunice Kitchel. Reminiscing about her experience many years after the event, Eunice said smallpox from inoculation left such deep marks on her face that they "were not effaced as long as she lived." Young Electa Beach was also inoculated in Morristown that winter and became "sick unto death" from the procedure. Inoculation produced so many pustules on Electra that her parents were told by physicians that "they should not make such an ado" about the probability of Electra's death, because "if she got well, she would be so ugly!"91

The concern over a daughter's looks wrought ugly by inoculation was especially apparent in General Oliver Wolcott's letters to his wife. While attending the Continental Congress in Philadelphia, Wolcott, of Litchfield, Connecticut, was informed by his wife that she and their children were undergoing inoculation in New York. However, upon learning that his daughter, Mariana, contracted smallpox "very hard" as a result of the procedure, Wolcott wrote his wife to express his concern for Mariana's beauty; specifically he hoped she would not lose it, or at least "still retain as much as most of her sex possess." But, realizing that this concern outweighed his concern for Mariana's health, Wolcott added, "I hope the smallpox will give her no uneasiness, though it may have a little hurt her complexion, as there is no valuable or lasting beauty but what exists

in the mind and if she cultivates these excellencies, she will not fail of being beloved and esteemed."\textsuperscript{92}

Bleeding through Wolcott's letter was his concern for his daughter's physical beauty, not her intelligence. Although intelligence certainly provided options for a woman to be “beloved and esteemed,” as already discussed, the prevailing attitude was that a woman was expected to marry, and to achieve this she needed to be beautiful.\textsuperscript{93} Any heavy scarring would have limited her options vis-à-vis selection of a mate, possibly limiting her to marrying someone from a social status below that of her family or, worse, to life as an old maid.

**Conclusion**

In Turkey, Greece, China, and Africa, where inoculation had been practiced long before it was known or used in the colonies, women were the ones who knew how to inoculate. When smallpox threatened, mothers, wives, and female healers were the ones who procured the smallpox matter and performed inoculation on relatives, friends, and fellow villagers.\textsuperscript{94} In the American colonies, however, inoculation took a different path. While many women had just as much knowledge about inoculation as women in other parts of the world, the role of inoculator was a man's role. According to famed inoculation physician James Kilpatrick, this was because the type of inoculation he and other male physicians were practicing was different from the "common practice of women in Turkey, and Negroes in Africa." Indeed it was different. The form of

\textsuperscript{93} Wulf, 30, 31,38.
\textsuperscript{94} Herbert, 547, 556.
inoculation physicians in the colonies were performing was seemingly more scientific, involving various potions, nostrums, and elixirs used in the preparation regimen. Such knowledge, Kilpatrick believed, women could not understand; therefore, Kilpatrick argued inoculation should be done by a "competent [male] Physician." 95

However, as demonstrated by women such as Elizabeth Drinker and Margaret Morris, women knew a great deal about inoculation, often more than men, and, as Eliza Pinckney showed, women were very competent inoculators. Yet, unfortunately, few women were able to ply their knowledge of inoculation into roles outside the home or beyond such positions as nurses or hospital matrons. Instead, as it intersected with gender, inoculation only helped to reinforce many of the existing gender based expectations late eighteenth-century society had for women, including the expectation that women be married.

95 Mindadi, 72.
CHAPTER 4. INOCULATION AND RACE

Introduction

In August 1781, British General Charles Cornwallis withdrew his army to Yorktown, Virginia, where the General believed his force could be easily resupplied by sea. Little did he know that Yorktown would become the site of one of Britain's most ignominious military defeats in its history. On September 5, British ships on their way to resupply Cornwallis were intercepted and prevented by ships of the French Navy from accomplishing their task. With the Continental Army closing in to deliver the final blow, Cornwallis resorted to desperate measures.¹ In an attempt to slow the Continental Army's advance toward Yorktown, the General reportedly inoculated many of the slaves who fled to his lines on promises of freedom, only to send them, along with slaves infected with natural smallpox, into the Continental lines. As Josiah Atkins, a Continental soldier from Waterbury, Connecticut, noted as his regiment marched toward Williamsburg, "18 or 20 negroes . . . lay dead by the wayside, putrefying with the smallpox. . . . These poor creatures, having no care taken of them, many crawled into the bushes about and dies." According to Atkins, these slaves were intentionally sent out by Cornwallis to infect the Continental troops. "The artful general takes a number of them . . . inoculates them, and just as they are growing sick, he sends them out into the country where our people had to

¹ Cogliano, 84.
pass and repass." Atkins estimated that Cornwallis inoculated "4 or 500 in order to spread the smallpox through the country."²

The two uses of inoculation -- by Cornwallis to turn slaves into weapons and, as previously discussed, by Eliza Pinckney to secure her investment in slaves -- demonstrate the diverse ways in which whites used the procedure on blacks during the Revolutionary era. It is a relationship that began in 1721 and continued to evolve over the course of the next forty years.

The first known account of inoculation in the American colonies comes from Cotton Mather's slave, Onesimus. In 1706, Mather asked Onesimus if he had ever had smallpox, to which he answered, "Yes, and No." According to Mather, Onesimus said he had "undergone an operation, which had given him something of the smallpox and would forever preserve him from it," and he also showed Mather his inoculation scar, which was an indelible sign of the procedure. Onesimus described how the people of his village would inoculate as soon as "six or seven families" had the virus "and it is like to spread."

Intrigued by Onesimus' story, Mather asked other slaves of Boston if they also had experience with inoculation and, according to Mather, they said they did. To Mather, these stories only confirmed what Onesimus had already told him.³

Many African born slaves like Onesimus knew about inoculation. In 1753, scientist, philosopher, and politician Cadwallader Colden of New York was surprised to discover that the African born slaves he owned for more than twenty years were well versed in inoculation. In a letter to his friend, British physician John Fothergill, a bemused Colden wrote, "I have lately learned from my negroes that it [inoculation] is a common practice in their country, so that seldom any old people have the disease. They generally inoculate all their young, as soon as the infection comes into the neighborhood."  

While inoculation was known on the continent of Africa long before the procedure was introduced into Europe in 1719 and into the colonies two years later, it was not as widespread on the African continent as Cadwallader Colden and Cotton Mather were led to believe and as some historians contend. According to historian Eugenia W. Herbert, although Cotton Mather and others who interviewed African born slaves "gathered the impression from their informants that inoculation was quasi-universal at the time they [slaves] had left Africa," this was not entirely the case. A slave’s knowledge of inoculation was dependent upon where in Africa the slave originated. Herbert suggests that during the eighteenth century, inoculation was mostly practiced in the Barbary Coast region of Africa, namely present day Tunisia and Libya, as well as the eastern coastal regions of Sudan, Ethiopia, and southeastern Africa; very little

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6 Herbert, 543.
evidence exists of its use along the west coast of the continent where the overwhelming majority of slaves sent to the Americas over the course of the eighteenth century originated.\textsuperscript{7}

Through the mid-eighteenth century, slaves found in Britain’s North American colonies came from two sources. Most came directly from West Africa, notably Angola, the Gold Coast (Ghana), Gambia, and Guinea, with the colonies of South Carolina and Virginia receiving the bulk of this population. Between 1730 and 1772, approximately 64 percent of the slaves brought to Virginia came from Angola, while South Carolina received 27 percent from Gambia and 30 percent from Angola.\textsuperscript{8} The second source of slaves to mainland North America was the Caribbean islands of Jamaica and Barbados. Although the origin of most of the slaves on these islands was also West Africa, they were considered more valuable to mainland colonist because they were already "seasoned," that is, they were familiar with European customs, spoke English, and had already acquired immunity to many European diseases, most especially smallpox.

\textbf{Inoculation in Black and White}

The ways in which Africans intersected with inoculation over the course of the eighteenth century were established by Cotton Mather and how he attempted to present inoculation to the white population of Boston in 1721. One of the arguments Cotton Mather used to promote inoculation to the people of Boston, was that the procedure was "a common practice" in Africa and was "attended with a constant success" on that

\textsuperscript{7} Herbert, 552-553, 556, 559.
continent. Mather believed proof that inoculation worked was evident on the bodies of many of the African men and women who walked about the streets of Boston every day and who had nothing to lose or gain by lying about their knowledge and use of the procedure. "There is at this time a considerable number of Africans in this town, who can have no conspiracy or combination to cheat us," Mather argued in his 1721 pamphlet *Some Account of What is Said of Inoculating or Transplanting the Small Pox*. Mather believed there was truth in innocence. "The more plainly, brokenly, and blunderingly, and like idiots, they tell their story," Mather wrote, "the much more credible" were the slaves' claims that inoculation worked. 9

Although the claim was true that Boston's slave population had a knowledge of inoculation that Europeans lacked, it was a claim that was met with rabid resistance from many white colonists, especially Dr. William Douglass. "There is not a race of men on Earth more false liars" than Africans, wrote Dr. William Douglass, Mather's nemesis during the inoculation debate. 10 Douglass questioned why the people of Boston should trust "an army of half a dozen" Africans who "others called Negro slaves" and who never mentioned that inoculation was "practiced in their own country" until 1721. 11 Mather, on the other hand, was puzzled why colonists would gladly accept the medical advice of Indians, whom the colonists would sooner see disappear, but would not accept the medical advice from Africans who lived among them. "I don't know why 'tis more unlawful to learn of Africans how to help against the poison of the smallpox than it is to

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9 Cotton Mather and Dr. Zabdiel Boylston, *Some Account of What is Said of Inoculating or Transplanting the Small Pox* (Boston, MA: S. Gerrish, 1721), 9.
10 See Chapter 1.
learn of our Indians how to help against the poison of a rattlesnake," Mather wrote in his pamphlet. To acknowledge that Africans knew something that European colonists did not would have challenged the racial justification for slavery that began to develop in the colonies in the late 1660s and, by 1721, was considered sacrosanct, namely, black Africans were inferior to white Europeans and therefore could be enslaved.

Helping to perpetuate a racial justification for slavery was the notion that inoculation somehow worked differently on black bodies than it did on white bodies. In 1739, Dr. James Kirkpatrick wrote an essay on his use of inoculation in Charleston, South Carolina, during the town's 1730 smallpox epidemic. In it he asserted inoculation “almost [n]ever attended blacks with a mild eruption,” but affected them more severely than whites. This, Kirkpatrick believed, was because blacks had a “grosser perspiration than others,” namely whites. In 1760, when smallpox struck Charleston, South Carolina, again, the inhabitants became "inoculation mad" and rushed to inoculate despite a law forbidding it. However, according to Eliza Pinckney, many "poor blacks" died "very fast" from the infection, "even by inoculation." One individual believed the reason inoculation was less effective on blacks than whites was because of the supposed inclination of blacks to be disobedient. In a letter to the South Carolina Gazette after Charleston's 1738 smallpox epidemic ended, the anonymous writer noted "not one single

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12 Mather and Boylston, Some Accounts, 9. Also see, George L. Kitterdge, Some Lost Works of Cotton Mather, 436-437, 438-439. Even if whites were aware of slaves inoculating, they may not have trusted such knowledge. Slave medicine was often perceived by whites as "poisoning" or "conjuring." See Philip D. Morgan, Slave Counterpoint, 612-620.
13 Edmund S. Morgan, American Slavery, 327-329; Brown, 109-110.
14 Dr. James Killpatrick (Kirkpatrick), A Full and Clear Reply to Doct. Thomas Dale (Charleston, SC: Timonious, 1739), 24.
15 Ibid., 24.
white person that have taken the distemper by inoculation, has died under it, or been in any eminent Danger.” But, according to the writer, "a still greater number of negroes" who inoculated died as a result of inoculation. The writer concluded that the reason inoculation did not work on blacks was "chiefly owing to the obstinacy and unruliness so natural to that complexion." Early in its introduction into the colonies, colonists used inoculation to reinforce a distinction between whites and blacks, thus making the distinction between free and enslaved more pronounced. This was despite the fact that there was no appreciable difference between the mortality rates of whites and blacks who were inoculated. For example, once Charleston's 1738 epidemic was over, statistics showed that of the 13 percent of the white population who inoculated during the epidemic, 5 percent died from the procedure, and of the 16 percent of Charleston's black population who inoculated, only 2 percent died (Table 3).

While race did not play a role in whether a person survived inoculated smallpox, race, as well as the geographic location of where they were originally enslaved, apparently did affect a slave's ability to survive natural smallpox. Of the 46 percent of whites who contracted natural smallpox during Charleston's 1738 smallpox epidemic, 24 percent died, while of the 37 percent of blacks who contracted natural smallpox, only 13 percent died. Influencing these numbers were the two very different approaches Africans and European colonists employed to treat natural smallpox (Table 3). Such

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17 The South Carolina Gazette, July 6, 1738, Charleston, SC.
18 Demographic based on race from Charleston's 1760 smallpox epidemic are non-existent.
"heroic" treatments further stressed the smallpox patient's body, making the white
mortality rates climb. The situation was different, however, for blacks.

Because slaves were a valuable asset, northern slave owners often attempted to
care for their slaves by calling in white physicians or using medicines obtained from
white physicians. But, in the southern colonies, white physicians were sometimes hard
find on short notice, therefore, slave owners had to defer to "black doctors" to care for
their fellow slaves.20 In Charleston, with its a large population of African born slaves, this
meant that slaves relied on healing methods not far removed from those used in Africa.21
Such regimens usually consisted of prayer and medicines made from local plants that
were administered by a female slave who, like many white women, had a well earned
reputation as a healer.22 While the benefit afforded by such medicines is unknown, their
use probably did not harm the patient or affect a patient's chances of survival as did the
toxic mixtures used by white physicians on their white patients.

20 Todd L. Savitt, Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia
(Chicago, IL: University of Chicago Press, 2002), 173. For a thorough study of the differences between
white and black medicine in Virginia see Chapter 5.
21 Sylvia R. Frey, Water From the Rock: Black Resistance in a Revolutionary Age (Princeton, NJ: Princeton
22 Philip Morgan, 624-626; Savitt, 173; McCandless, 175.
<table>
<thead>
<tr>
<th>Town/Year</th>
<th>Population (n)</th>
<th>Occurrence of Natural Smallpox (% of n)</th>
<th>Mortality From Natural Smallpox (% of b)</th>
<th>Occurrence of Inoculation (% of n)</th>
<th>Mortality from Inoculation (% of d)</th>
<th>Not Inoculated or Infected Naturally (% of n)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charleston 1738</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>White (n =1,400)</td>
<td>33%</td>
<td>46%</td>
<td>24%</td>
<td>13%</td>
<td>5%</td>
<td>41%</td>
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<tr>
<td>Black (n = 2,800)</td>
<td>67%</td>
<td>37%</td>
<td>13%</td>
<td>16%</td>
<td>2%</td>
<td>41%</td>
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<tr>
<td><strong>Total (n = 4,200)</strong></td>
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<td>44%</td>
<td>16%</td>
<td>15%</td>
<td>3%</td>
<td>41%</td>
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<tr>
<td><strong>Boston 1752</strong></td>
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<td></td>
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<tr>
<td>White (n = 14,190)</td>
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<td>36%</td>
<td>9%</td>
<td>14%</td>
<td>1%</td>
<td>50%</td>
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<tr>
<td>Black (n = 1,541)</td>
<td>10%</td>
<td>31%</td>
<td>13%</td>
<td>9%</td>
<td>5%</td>
<td>60%</td>
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<tr>
<td><strong>Total (n = 15,731)</strong></td>
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<td>9%</td>
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<td>51%</td>
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<tr>
<td><strong>Boston 1764</strong></td>
<td></td>
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<td></td>
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<tr>
<td>White (n = 14,672)</td>
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<td>4%</td>
<td>16%</td>
<td>32%</td>
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<tr>
<td>Black (n = 848)</td>
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<td>6%</td>
<td>40%</td>
<td>34%</td>
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<td>60%</td>
</tr>
<tr>
<td><strong>Total (n = 15,520)</strong></td>
<td>100%</td>
<td>5%</td>
<td>18%</td>
<td>32%</td>
<td>1%</td>
<td>63%</td>
</tr>
</tbody>
</table>


Boston's 1752 population figures come from the town's 1752 census as found in Lemuel Shattuck, *Report to the Committee of the City Council Appointed to Obtain the Census* (Boston, MA: John H. Eastburn), 4. The 1752 smallpox figures can be found in Shattuck, page 143. The 1764 figures use the 1765 population as found in Shattuck, pages 5 and 43. Smallpox deaths for 1764 can be found on page 144 of Shattuck.
In addition, many of the treatments that were considered standard of care for white patients were considered ineffectual on blacks. Bleeding, for example, was not recommended on blacks because of their supposed intolerance to the loss of blood. Thomas Jefferson considered the practice of bleeding so detrimental to his slaves that he told his overseers "never to bleed a negro" who was sick. So again, blacks were spared one less assault on their already weakened bodies that white patients had to endure.

Looking at the mortality rates from Boston's 1752 and 1764 epidemics, the number of blacks who died from natural smallpox was much higher than whites, as opposed to what occurred in Charleston. Of the 36 percent of Boston's white population who contracted smallpox "naturally" during the 1752 epidemic, 9 percent died, whereas of the 31 percent of Boston's black population who became infected with natural smallpox, 13 percent died. The figures were even higher for blacks in 1764. Of the 6 percent of the black population who contracted natural smallpox in 1764, 40 percent died, whereas of the 4 percent of the white population who contracted natural smallpox, 16 percent died. A number of factors accounted for this difference.

First, the slave population of South Carolina and, consequently, Charleston had a much larger population of African born slaves than did Boston. Between 1730 and 1760, South Carolina's population of African born slaves was between 39 and 63 percent, whereas the percentage of African born slaves in Boston was never more than 5%

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Most of Boston's slaves were born in the colonies, meaning their knowledge of African healing methods was probably lost. When a Boston slave contracted natural smallpox, he or she was at the mercy of traditional European medicine which, as discussed, was very detrimental to a person's ability to survive the disease. Ultimately, then, race had a great influence on the mortality rates of those who contracted natural smallpox. It is possible that when and where blacks were allowed to use their traditional African healing methods to deal with natural smallpox, their chances for survival were greater than if they had to rely on traditional European based medicine.

**Inoculation and Protecting an Investment**

Slaves were a substantial investment to slave traffickers, slave dealers, and slave buyers. These groups went to great lengths to protect and increase the value of their investment, avoiding any unnecessary risks including smallpox. An eruption of smallpox among the slaves at any stage of the slave process -- at capture, during the journey from Africa to the colonies (also known as the middle passage), or during sale -- could result in financial ruin. Therefore, measures were often taken to mitigate the risk of smallpox.

In order to avoid a breakout of smallpox onboard their ships, slave traffickers often forced slaves who showed no signs of immunity to the disease, either through an inoculation scar or scars from natural smallpox, to inoculate soon after capture. One anonymous treatise published during the 1721 Boston inoculation debate in support of the procedure proclaimed it was "no unusual thing" for slave traffickers "to find out by enquiry which of the slaves" they had on board their ships who "have not yet had the smallpox." Those who did not have smallpox or were not inoculated before their capture

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were taken back to shore "to give it [smallpox] to them" through inoculation.25 The advertisement for slaves who "just arrived" in Charleston harbor on board the slave ship Two Brothers noted they were "inoculated for the smallpox on the coast" of Africa prior to leaving for the colonies.26 Likewise, Virginia slave dealers Carter and Trents advertised that the "great part" of their slaves "were inoculated, and had the smallpox at sea, and the others bear evident marks of having had it [smallpox] in Africa." 27 Charleston slave dealers Austin, Laurens, and Appleby assured potential buyers that "full one half" of their cargo of "250 fine healthy negroes, just arrived from the Windward and Rice Coast" had "the smallpox in their own country" (Figure 8).28 Slaves who were inoculated or already had smallpox prior to sale were more sought after.

Before slave ships could dock at shore, most colonial ports required them to submit to an inspection by a port official in order to ensure their human cargo was not infected with smallpox or some other disease. If smallpox was suspected, the ship was quarantined until the danger was gone. For example, ships arriving in the port of Savannah, Georgia, that were found to carry smallpox were quarantined in the middle of

25 Kittredge, 450. This treatise is generally attributed to Cotton Mather and the story to Onesimus.
26 South Carolina Gazette, December 8, 1772.
27 Virginia Gazette, September 13, 1770.
28 South Carolina Gazette, May 3, 1760.
the harbor and required to wait forty days after the last person either recovered or died from the disease before they could dock at shore. 

Beginning in 1759, ships that arrived in the port of Charleston, South Carolina, from an infected port were prohibited from entering; all other ships having "ten negroes or slaves" were allowed to enter but were required to deposit their human cargo at the pest house on Sullivan's Island where they were to remain "for the space of ten days." Port physicians would visit on the ninth day to certify the health of the slaves. Keeping a valuable cargo of slaves quarantined for such a long period of time was expensive, so some slave traffickers called on physicians to inoculate their slaves once in port; not only would the uninfected slaves get over the disease faster, but their value would ultimately increase. When the slave ship *Gambia*, captained by John Keaft, arrived in Savannah's harbor in August 1768 with a cargo of smallpox infected slaves, Keaft petitioned Georgia's Governor James Wright "for leave to inoculate" all slaves and others on board as needed. Consenting to Keaft's request, Governor Write issued a proclamation that allowed Keaft to "inoculate, or cause to be inoculated, all such slaves, and other persons, on board . . . as he shall think necessary." Keaft’s request and the Governor’s actions were most likely the result of a prior outbreak of smallpox in Georgia. In the spring of 1764 "a few negroes" from Curacoa arrived in the colony, "one of which . . . had the smallpox." Despite efforts to quarantine the infected slave "wench," the disease began to spread; the situation was further exacerbated by colonists on shore who "secretly inoculated." To prevent further spread of natural

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30 *Statutes at Large of South Carolina*, Volume 9, 80,81.

smallpox by way of inoculation, the Governor issued a proclamation in late May 1764 that prohibited the practice, unless, of course, you could get the Governor's permission, as Keaft did, to inoculate your cargo.\textsuperscript{32}

Slave dealers knew that any hint that their slaves might be infected with smallpox could diminish their value and the chances of selling them at auction. When smallpox visited Charleston, South Carolina, in March 1773, Henry Laurens advised fellow slave trader John Knight not to send any "negroes into Charleston" so as not to risk any loss of his investment. According to Laurens, just the talk of slaves having the disease was "very detrimental to the sale of negroes. I have been a witness of the loss of 500 or 1000 [pounds] on a cargo only from a report of such dangers." Instead, Laurens advised Knight to send his slaves to the West Indies "if the demand is considerable" and "the prices at and upwards of 40 pounds."\textsuperscript{33}

In order to keep the value of their slaves as high as possible and to entice potential buyers to attend their auctions, slave traffickers and dealers like Laurens frequently noted in their auction and slave sale announcements that their slaves had smallpox or were not exposed to the disease.\textsuperscript{34} Slave merchants Carter and Trents went to great lengths to "assure the public" that the slaves they had for sale in the Virginia town of Bermuda Hundred already "had the smallpox" and were "well for several weeks." Carter and Trents had two Justices of the Peace certify that their slaves were either free of the disease or had marks of prior infection. Those slaves whose inoculation status they were

\textsuperscript{32} Georgia Gazette, June 7, 1764.
\textsuperscript{33} The Papers of Henry Laurens, October 10, 1771-April 19, 1773, vol. 8, eds. George C. Rogers, Jr., et al. (Columbia, SC: University of South Carolina Press, 1980), 628; Donnan, 818.
not certain if were "kept on board [ship] . . . to be inoculated." Through these efforts, Carter and Trents "hoped that those Gentlemen who want to purchase slaves will attend our sale." Afraid they might lose potential buyers because of talk of smallpox, slave dealers John Chapman & Co. ran an advertisement in the *South Carolina Gazette* that claimed their cargo was safe from the infection. According to the newspaper, "Every necessary precaution hath since been taken to cleanse both ship and cargo, and no danger from infection can be justly apprehended." At the height of Charleston's 1760 smallpox epidemic, Charleston, South Carolina, slave dealers Middleton and Brailsford noted they took "great care" that their cargo of slaves "just imported in the ship, Pearl . . . directly from Angola" were kept "free of the smallpox." With smallpox in town, Middleton and Brailsford wanted to assure buyers that their slaves had not come into contact with anyone from Charleston who might have the disease. So that buyers would not confuse slaves who arrived in Charleston harbor onboard their ship, the *Snow Squall*, with another ship that recently arrived carrying pox infected slaves, slave dealers Brewton, Doyely, and Brewton noted in their advertisement that the *Snow Squall* was not “the Vessel that had the smallpox on board.” Such confusion certainly would have cost Brewton, Doyely, and Brewton customers.

Whether a slave was inoculated by his or her owner after the sale was dependent upon two factors. First, the function the slave performed and second, the geographic area in which the slave lived. Because of emotional attachments and fear that they might carry

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35 *Virginia Gazette*, September 6, 1770.
36 To Be Sold, *South Carolina Gazette*, Charleston, SC., May 8, 1769.
37 *South Carolina Gazette*, July 5, 1760.
38 *South Carolina Gazette*, Charleston, SC, April 13, 1769.
and pass smallpox on to their owners, slaves who worked in their owners' homes or accompanied their owners to port cities in the north or to Europe, were usually inoculated more often and faster than slaves who worked in the fields. In 1756 at the height of the French and Indian War, smallpox erupted in Philadelphia. Afraid that his house slave, Othello, a "negro child," might be infected, Benjamin Franklin had him inoculated. According to Franklin, he was the last "to have it" in his household.\textsuperscript{39} When Henry Laurens had his youngest son Jamy inoculated in November 1771, he also had his slave Scipio inoculated. Laurens noted that while they were “both well,” Scipio was “well sprinkled with pustules, owing perhaps to some irregularities, by eating improperly and always hovering over the fire.”\textsuperscript{40} Once smallpox broke out in Charleston in 1760, Robert Pringle had five of his "house negroes" inoculated. According to Pringle, they "all recovered and did well; excepting Hagar & Maria who both died by inoculation." \textsuperscript{41} In 1764, wealthy New York merchant Peter Jay, father of famous patriot John Jay, inoculated his family's young slave, Mercy. Jay knew how devastating the disease could be; two of his children were blinded after contracting natural smallpox.\textsuperscript{42} Thomas Jefferson, long a proponent of inoculation, had his slave and body servant Robert "Bob" Hemings inoculated in Philadelphia in 1775. The procedure was performed by Dr.

\textsuperscript{39} Benjamin Franklin to Jane Mecom, Philadelphia, June 10, 1756, \textit{Papers of Benjamin Franklin}, vol. 6.
\textsuperscript{40} Letter from Henry Laurens to Samuel Groube, Chelsea, November 4, 1771 and Letter from Henry Laurens to William Cowles, Chelsea, November 19, 1771, \textit{The Papers of Henry Laurens}, vol., 8:29, 44. Scipio was sometimes referred to as Robert.
\textsuperscript{42} Freeman, 296.
William Shippen, the same physician who inoculated Jefferson in Philadelphia in 1766. Robert's brothers, Martin and James, were inoculated in 1778.\textsuperscript{43} While slaves who worked in close proximity to their owners had a greater chance of being inoculated regardless of whether they were in the northern states or southern states, the prevalence of inoculation among field slaves was different. Virginia's aversion to inoculation meant that field slaves in that colony were inoculated at great peril to their owners.\textsuperscript{44} In the spring of 1769, Cornelius Calvert, former mayor of Norfolk, Virginia, ignited a riot when he paid Dr. John Dalgleish to inoculate three of his slaves. In defending his actions in the \textit{Virginia Gazette}, an unrepentant Calvert wrote, "I now declare that rioters . . . or any mob that can be raised, shall [not] intimidate me from securing the lives of the rest of my children."\textsuperscript{45} Even after Virginia permitted inoculation in 1777, the potential for the procedure to ignite violence persisted.

In November 1781, twelve years after the Norfolk riots and three years after Virginia repealed its anti-inoculation law, the residents of Cumberland County, Virginia, threatened Christopher Febiger of the 2nd Virginia Regiment with violence after he proposed inoculating his troops in their county. According to Febiger, Colonel Mosby, who acted as the citizen representative, threatened him with "loaded guns" and "made use of some very imprudent expressions" in order to intimidate Febiger from going forward with his plan. Those who signed the petition that Mosby presented to Febiger, objected to inoculation in their county because they believed "It will be almost impossible to keep


\textsuperscript{44} Savitt, 223-224.

\textsuperscript{45} Keith Mason, 152; Patrick Henderson, 418; \textit{Virginia Gazette}, January 9, 1772. See also Chapter 2.
the infected" soldiers "within their quarters, the consequence of which will be, that our slaves will from them catch the contagion in the natural way, from whence the whole family will be infected and many valuable lives lost which might otherwise have been preserved." 46

While citizens of both Norfolk and Cumberland County objected to inoculation, their objections were based on very different reasons. The protest in Norfolk in 1769 erupted over the possibility that inoculating slaves might spread smallpox among the white population of the town and region, whereas the protest that erupted in Cumberland County in 1781 was over the possibility that inoculating white soldiers might spread smallpox to the enslaved black population, something that would result in the loss of "valuable lives." Unlike urban Norfolk where the voice of the mob carried the day, in rural Virginia the voice of the planters was louder.

Frugality also influenced the inoculation decisions of many Virginia planters. The procedure was expensive, especially prior to the late 1760s when many physicians were still using costly preparation regimens on their patients. The procedure was also expensive in terms of lost work and production. If slaves were going to be inoculated, they all needed to be inoculated at once, otherwise natural smallpox would spread among their numbers. However, to inoculate all the slaves at once meant a plantation's entire workforce would be incapacitated for upwards of two weeks, something few plantation

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46 To Colonel Christian Febiger Commndt. at the Barracks near Cumberland O. Ct. House, November 16, 1781, Palmer, 602; Colonel Christopher Febiger to Governor Nelson, November 16, 1781, Cumberland, VA, in ibid: 604.
owners could afford and were unwilling to undertake unless there was an imminent threat from smallpox.\textsuperscript{47}

Slaves were a substantial investment for any plantation owner; therefore, at the end of the day some Virginia slave owners conceded that inoculation was a way to protect their investment and consequently were willing to inoculate their slaves despite popular opinion or the law. When Norfolk mayor Cornelius Calvert had his three slaves inoculated in 1769, he did so knowing full well that the people of the town would object.\textsuperscript{48} Colonel Theodorick Bland of Virginia was willing to break Virginia law when he had his slaves inoculated in February 1777. Writing from Philadelphia to comfort his wife, Martha, who had recently been inoculated at their Virginia plantation, Bland told her to remind the doctor to inoculate their slaves. "I will pay him money for inoculating the negroes, as much as he asks," Bland told his wife.\textsuperscript{49} Bland was not the only Virginia slave holder to break the law that year and inoculate his slaves; Bland’s friend, George Washington, did too. Dr. James Craik, the physician who performed the procedure on Washington's Mount Vernon slaves, reported to Washington that "I have the pleasure to inform you that . . . all your Negroes who have been inoculated " have "got over the smallpox very well."\textsuperscript{50}

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\textsuperscript{47} Savitt, 221-223.
\textsuperscript{48} There were two riots in Norfolk over inoculation; one in 1768 and one in 1769. Calvert was the focus of the first riot, so when he inoculated his slaves in 1769, he knew what the consequences would be.
\textsuperscript{49} Letter from Theodrick Bland, Jr., to his lady, February 1777, \textit{The Bland Papers: Being a Selection from the Manuscripts of Colonel Theodorick Bland, Jr.}, Vol. 1, Charles Campbell, ed. (Bedford, MA: Applewood Books, 1840), 49.
\textsuperscript{50} James Craik to George Washington, Port Tobacco, Maryland, May 13, 1777, \textit{The Papers of George Washington}, vol. 9, 409. Washington’s decision to inoculate his slaves may have been partially motivated by the army’s inoculation hospital at Alexandria, Virginia. Mount Vernon is approximately eight miles from Alexandria, where Dr. William Rickman was ordered to begin inoculating soldiers of the Continental Army (see Chapter 5).
\end{flushright}
There were options, however, for those Virginia slave owners who wanted to inoculate their slaves without getting in trouble. One slave owner suggested inoculating slaves in secret. When smallpox erupted in Williamsburg in 1752, a writer to the *Virginia Gazette* known only as "R.W." believed inoculation could be done without the knowledge of a plantation owner's neighbors since the tracts of land separating plantations "are very large." He believed the procedure could also be done without the help of a physician since all "the skill required in the operation, being nothing more than making an incision in that part of each arm where issues are generally placed, and conveying into them some infectious matter." According to R.W., he knew "a very sensible gentleman" in "Westmorland County [VA] who has within these few weeks inoculated seventeen of his negroes, without any of them being in danger of life."\(^{51}\)

Virginia slave owners could also take their slaves to Maryland to have them inoculated. Dr. Henry Stevenson, the physician who inoculated Mary Ambler and her children, offered to inoculate both whites and blacks at his Baltimore, Maryland, inoculation house "according to the most successful American system" of inoculation. Stevenson also advertised "Negroes will be insured at 5 per cent" of their value.\(^{52}\) Although it is unknown how many slave owners inoculated in secret or took advantage of Stevenson's offer, considering the number of slaves who fled to the British lines and died of smallpox in 1775 and 1780, not many did.

Unlike Virginia, South Carolina's slave owners were more amenable to inoculating their slaves. During Charleston's 1760 smallpox epidemic, Robert Pringle had

\(^{51}\) *Virginia Gazette*, March 3, 1752.

\(^{52}\) *Virginia Gazette*, August 15, 1770.
five of his "house negroes" inoculated and all survived but two.\textsuperscript{53} Eliza Pinckney inoculated her slaves without any hesitation. So many people inoculated that Eliza Pinckney wrote that the people of Charleston were "inoculation mad" and "rushed into it" without the proper care of physicians.\textsuperscript{54}

The number of physicians who specialized in inoculating slaves is a testament to the importance Charleston slave owners placed on inoculation during epidemics.\textsuperscript{55} When smallpox erupted again in Charleston in 1763, a cadre of physicians appeared who specialized in inoculating slaves. Dr. William Loocock of Charleston, South Carolina, catered exclusively to those "Gentlemen or Ladies, in town and country" who owned slaves. In his advertisement for his Charleston inoculation house, Loocock announced he inoculated both "town and country negroes" at "fifteen pounds per head" providing "nurses, medicines, and every necessary." Loocock even offered to insure the lives of the slaves he inoculated "at five per cent" of their value.\textsuperscript{56} Dr. Lewis Mottet advertised he inoculated slaves at "fifteen pounds per head" at his Foster's Creek inoculation hospital not far from Charleston. Mottet assured owners that their slaves would "be most carefully attended, and provided with nurses and all necessaries." Unlike Loocock, however, Dr. Mottet inoculated "white persons" as well, advertising "conveniences for six" white

\textsuperscript{54} Eliza Pinckney to Mrs. Evance, June 19, 1760, Ravenel, \textit{Eliza Pinckney}, 1-4; Eliza Pinckney, \textit{The Letterbook of Eliza Lucas Pinckney}, 148.
\textsuperscript{55} Nash, \textit{Red, White, and Black}, 318-319.
\textsuperscript{56} South Carolina Gazette, May 7, 1763. Not every physician offered in their advertisements to inoculate slaves. See for example, Frederick, Maryland, physician John McDonald's advertisement in the \textit{Virginia Gazette} for March 28, 1771.
"gentlemen or ladies" who he offered to inoculate at "thirty shillings each per day." Charleston physicians Samuel Crane and Robert Wilson opened an inoculation hospital at the plantation of "Mr. Chisolme . . . in Christ Church parish" where "all such slaves as shall be sent will be duly attended and taken care of." Competition for patients during Charleston's 1763 epidemic must have been fierce since physicians began spreading disparaging rumors about one another. In May 1763, the *South Carolina Gazette* published a letter written by Dr. Loocock in which he informed the public that since some of his "very good friends" had "spread an injurious report" that claimed he lost "many patients in the smallpox" he felt he had "publically to declare" that he lost only four patients out of 463. When slave owners inoculated their slaves, they conveyed to them lifelong immunity to the disease, something many white colonists could only hope for. But inoculation also conveyed an important disadvantage to slaves.

**Slaves and the Marks of Inoculation**

Adult slaves were expected to have scars left either by natural smallpox or by inoculation; not to have them was unusual. When a runaway "negro boy of the name of Peter Woodward" arrived at the doorstep of Philadelphia Quaker Elizabeth Drinker all "ragged and lousy," one of the first things Elizabeth noticed as she examined the child was that he "has not had the smallpox." Just as natural smallpox left indelible scars on the face, so too was the indelible incision left by the inoculation scalpel. The scars left by the inoculation incision were just as much identifying marks as the scars left by natural smallpox. Elizabeth certainly looked for this scar as well before she arrived at her

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57 *South Carolina Gazette*, May 28, 1763.
58 *South Carolina Gazette*, May 21, 1763.
59 *South Carolina Gazette*, May 28, 1763.
60 Biddle, 250.
conclusion. In his runaway advertisement, Henry Allen, a thirty-five year old slave from Great Neck, Long Island, was described as being "5 feet 9 inches high, a well set likely fellow, has a mark from his wrist to his elbow of his left arm," and a "scar of inoculation just under his right knee." Henry's scar was unusual in that it was not on a part of his body that was usually visible; most inoculation incisions on slaves were in areas of the body that were plainly visible. After eighteen year old Cato from Hampton, New Hampshire, absconded, his runaway notice said "the place on his arm where he was inoculated is plain to be discovered." On most blacks, inoculations were performed on the forearm, which was more visible and easily inspected by slave catchers. The advertisement for a seventeen year old runaway named Dick from Fredericksburg, Virginia, mentioned the scar left by the inoculation incision “when he went off was very plain in his arm, but little other appearance of the disorder remaining.” The inoculation scar for Christmas, a thirty year old slave from Fredericksburg, Virginia, was also on his arm. Christmas’s runaway notice stated he "has been inoculated for the smallpox," but had "no marks except the scar of the incision on the arm." And when twenty-five year old "Congamochu, alias Squingal," ran away, his owner described him as being "5 feet 10 inches high, straight and slim, large white teeth, he has many large scars on his belly and arms," among them his inoculation scar "for the smallpox in the left arm."

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61 *New York Gazette*, May 21, 1770.
62 *New England Chronicle or Essex Gazette*, January 4 to January 11, 1776.
63 *Virginia Gazette*, August 10, 1779.
64 *Virginia Gazette*, March 11, 1772.
65 *The Pennsylvania Gazette*, June 22, 1769.
Scars on the body are important because they are markers of the power struggles that ensued between gender, class, and, in this case, race. The overwhelming number of advertisements for runaway slaves that mentioned inoculation scars noted the scars were on the forearm. Being in such an obvious place, the scars became a form of branding, a constant reminder to the slave of his or her status within the white dominated colonial community. By mentioning this mark, slave owners ascribed the inoculation scar to other remnant scars of the perennial power struggle between blacks and whites, namely the scars left from whippings and other forms of mutilations.66 When inoculation scars appeared in advertisements for slave sales, they were marks of value; however, when these scars appeared in advertisements for runaway slaves, the scar became a symbol of bondage.67 As the Revolution began, inoculation took on another characteristic of control and dominance, one that further defined rather than blurred the lines between free and enslaved persons.

**Slaves, Inoculation, and the Fight for Independence**

On November 14, 1775, on board the ship the *William*, anchored in Norfolk harbor, Virginia's last royal governor, John Murray, Earl of Dunmore, issued a proclamation offering freedom to "all indentured servants, negroes, or others" who were "able and willing to bear arms, they joining His Majesty's Troops as soon as may be, for the more speedily reducing the colony to a proper sense of their duty, to His Majesty's

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66 Letters, journals and diary entries of white colonists rarely identified where inoculation was performed let alone any reference to the inoculation scar.

crown and dignity.” Intended to pertain only to healthy black males and male indentured servants who were willing and able to fight for the British, Dunmore’s proclamation enticed enslaved blacks, regardless of gender, age, or physical condition, to flee their plantations. According to some accounts, "slaves flocked" to Dunmore "in abundance." From December 1775 to June 1776, between eight hundred and one thousand slaves ran away from plantations to the promised safety of Dunmore's ships. Many of these individuals, however, ultimately paid for their freedom with their lives as smallpox began to ravage their ranks not long after they arrived among the British. Initial attempts by the British to stop the spread of the disease through quarantine failed, so in March 1776 Dunmore began inoculating all former slaves among his ranks.

Despite the Governor's efforts, inoculation had little effect on the heavy mortality of the runaways. As soon as new runaways arrived they contracted natural smallpox, and those lucky enough to survive smallpox quickly contracted and succumbed to typhoid fever. Both diseases, according to Dunmore, "carried off an incredible number of our people, especially the blacks." But Dunmore had devious designs. In early June 1776 his flotilla anchored at Gwyn's Island, a 2,300 acre tract of land at the mouth of the Rappahannock River. Once there, reports began to surface that the Governor was

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70 Pybus, 249; Nash, *The Unknown American Revolution*, 163.

inoculating blacks.\textsuperscript{72} On June 15, the \textit{Virginia Gazette} announced that "Lord Dunmore has erected hospitals upon Gwyn's Island . . . and that they are inoculating the blacks for the smallpox. His Lordship, before the departure of the fleet from Norfolk harbor, had two of those wretches inoculated and sent ashore in order to spread the infection."\textsuperscript{73}

Although it is impossible to tell for certain if Dunmore was the cause of the epidemic, over the next several months smallpox spread throughout eastern Maryland and northern Virginia, throwing plantation owners into a state of panic. In Talbot County, Henry Holliday inoculated his slaves as well as others living and working on his plantation. He inoculated them in the order of their importance. His three children, a visiting guest, and her child were inoculated on the first day, followed on the second day by the overseers and skilled slaves, including "Old Dick," a house slave. On days three and four, thirty-three slaves were inoculated including "the residue of the black folks."\textsuperscript{74}

The effects of smallpox among Dunmore's contingent of former slaves put to rest any plans he may have had on forming his Ethiopian Regiment -- a regiment of soldiers comprised entirely of former slaves. In a letter to Lord George Germaine, the British Secretary of State for America, Dunmore lamented, "Had it not been for this horrid disorder [smallpox], I am satisfied I should have had two thousand blacks, with whom I should have had no doubt of penetrating into the heart of this colony." According to Dunmore he had "done everything" in his "power to get the better of it, but . . . all our efforts have hitherto proved ineffectual." With little hope of victory and all signs of an


\textsuperscript{73} \textit{Virginia Gazette}, June 15, 1776; Fenn, \textit{Pox Americana}, 56-69.

\textsuperscript{74} Daniel Blake Smith, 253.
imminent attack on his position on Gwyn's Island by rebel forces, Dunmore abandoned
the island on July 9. With three hundred black soldiers, Dunmore sailed for New York,
sending the remainder of his former slaves to Saint Augustine and the Bermuda islands.75

When the rebel forces arrived on Gwyn's Island after Dunmore's departure, they
were "struck with horror at the number of dead bodies" they found laying about.
According to one anonymous account, bodies covered the island for "about two miles in
length, without a shovelful of earth upon them." "Many were burnt alive in brush huts,
which, in their confusion, had got on fire." Soldiers counted "near five hundred" graves,
many of them "loosely covered over with earth," among them "twelve dead negroes
laying in the open air." Those who were still alive were found "gasping for life" along the
island's shoreline. Such was this "scene of misery, distress, and cruelty." 76

Despite such grim prospects for success, from 1775 until the end of the
Revolution in 1781, slaves from the middle states, Chesapeake region, and Low Country
continued to escape to British lines whenever possible. After Cuff Dix, a slave from
Berks County, Pennsylvania, ran away in June 1776, his owner believed he was headed
south to join Dunmore's flotilla. According to the advertisement calling for Dix's return,
"negroes in general think that Lord Dunmore is contending for their liberty," therefore, "
it is not improbable that said negro is on his march to join his Lordship's own black

75 Lord Dunmore to Lord George Germaine, Ship Dunmore, in Elizabeth River, Virginia, June 26, 1776,
Force, American Archives, 5th ser., vol. 2: 162; Quarles, "Lord Dunmore," 505-506; Fenn, Pox
Americana, 60; Force, American Archives, 5th ser., vol., 1: 152.
76 "Particular Account of the Attack and Rout of Lord Dunmore, with His Piratical Crew from Gwyn's
Island, " no date, Force, American Archives, 5th ser., vol. 1:151; Extract of a Letter Dated Williamsburg,
Virginia, July 13, 1776, in ibid., 152.
This exodus of slaves grew after General George Clinton issued his "Philipsburg Proclamation" on June 30, 1779. Similar to Dunmore's proclamation four years earlier, the Philipsburg Proclamation promised security and safety to rebel slaves who left plantations in order to serve the British army.

Once again, slaves left plantations in droves; it was not unusual for plantation owners to awaken in the morning to find their slaves gone. Mrs. William Byrd, a wealthy widow from Charles County, Virginia, lost forty-nine of "her people," which caused her great distress. "If I do not recover my people," Byrd wrote to a friend, "my family are ruined." Byrd, however, was lucky; Scottish born physician Robert Honyman wrote in May 1781 that many plantation owners in Virginia "lost 30, 40, 50, 60, or 70 negroes... Some plantations were entirely cleared, & not a single negro remained." While many slave owners moved their "negroes up the country," away from British lines, others who chose to remain discovered their "slaves went off by the way & went to the enemy." As with Dunmore's proclamation, Clinton's was not intended to be a general emancipation, but, instead, was to apply only to black males who were willing

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77 Pennsylvania Gazette, July 17, 1776.
78 Frey, Water from the Rock, 113-114, 118-119; Berlin, Many Thousands Gone, 295-298.
79 Estimates of the number of slaves who fled to the British between 1775 and 1783 are unreliable. Sylvia Frey estimates that between 80,000 and 100,000 ran away (Frey, Water from the Rock, 211, n22) whereas Cassandra Pybus argues that only eight to ten thousand fled to the British lines (Cassandra Pybus, "Jefferson's Faulty Math", 243-264).
80 Letter from Mrs. M. Byrd to ______. August 10, 1781, Palmer, ed., Calendar of State Papers, Vol., 2: 313. Mrs. Byrd was writing to an unknown recipient about the loss of her slaves and other property. Apparently she committed an offense when she entered British lines under a flag of truce in an attempt to retrieve her slaves; this was the subject of the August 10 letter. In March 1781, Jefferson provided her with legal advice on the subject. See "To Mrs. William Byrd (Nee Mary Willing). In Council, March 1st, 1781" in Paul L. Ford, ed., The Works of Thomas Jefferson, Vol., 3 (NY,NY: Putnam's Sons, 1904).
to labor for the British; it did not apply to all slaves. As Ira Berlin noted, "the British proved to be unreliable liberators"; as women, children, and the elderly arrived at the British camps, they were often turned away, and if slaves of loyalists were among those who fled to the British, they were often returned to their loyalists owners. Considering what was in store for slaves who found safety behind British lines, the ones who were turned away or chose not to flee at all may have been the lucky ones.

The desire to be free, which was too much for slaves to ignore, quickly became too overwhelming for the British to accept. After British General Alexander Leslie occupied Portsmouth, Virginia, in October 1780, hundreds of slaves fled to his camp. In keeping with the Philipsburg Proclamation, Leslie took them into his ranks, but, as happened in Dunmore's camp five years earlier, smallpox soon took hold of the population of former slaves now allied with the British. In a July 13, 1781 letter to General Lord Cornwallis, who was in charge of Britain's forces in the South, Leslie wrote that "Above 700 negroes are come down the river in the smallpox . . . which was bad enough before." However, where most people would recoil in horror from the suffering these slaves were enduring, Leslie saw promise. "I shall distribute them about the rebel plantations," Leslie told Cornwallis.83

When Leslie abandoned Portsmouth in August 1781 to join Cornwallis at Yorktown, British General Charles O'Hara, who replaced Leslie as commander, left "near 400 wretched negroes" in the town, sending the rest to Cornwallis. Of the four hundred

83 Fenn, *Pox Americana*, 132.
healthy blacks O'Hara sent to Cornwallis, smallpox soon infected their ranks as well.\textsuperscript{84} While more sensitive to the plight of the slaves than Leslie and O'Hara, Cornwallis was not above engaging in the same tactics. With resources already stretched to their limit, Cornwallis elected not to inoculate all the uninfected slaves, but only as many as he needed in order to infect the Continental Army bearing down on his position. So in October 1781, Cornwallis expelled from his ranks slaves who were already sick with smallpox and those he recently inoculated.\textsuperscript{85}

For many in the Continental Army, the reason Cornwallis expelled the slaves was clear. After Lieutenant William Feltman from Pennsylvania found "one negro man with the smallpox laying on the road side" near Jamestown, Virginia, he wrote in his journal that the British "frequently" left "numbers" of slaves "in that condition" in order "to prevent the Virginia militia from pursuing them."\textsuperscript{86} In the last days of the war, Continental Army physician James Thacher observed "large numbers of negroes, sick with the smallpox" outside of Yorktown, Virginia, sent by the British "for the purpose of communicating the infection to our army." "Thus our inhuman enemies resort to every method in their power, however, barbarous or cruel," Thacher wrote, "to injure and distress, and thus to gain an advantage over their oppressors."\textsuperscript{87}

Historians generally agree that Cornwallis used biological warfare in order to impede the advancement of the Continental Army. According to Elizabeth Fenn "It

\textsuperscript{84} O'Hara to Cornwallis, August 15, 1781, as found in Sylvia Frey, "Virginia Blacks in the Revolution," 393.
\textsuperscript{87} Thacher, 281.
would be easy to dismiss" the accusations of biological warfare made by witnesses like Atkins and Denny "as so much American hyperbole," but, Fenn argues, the "evidence indicates that in fact, the British did exactly what the Americans said they did", namely, they used smallpox infected slaves to spread the disease among the Continental Army.\footnote{Fenn, \textit{Pox Americana}, 132.}

While these accusations that the British used inoculated and natural smallpox as weapons are certainly correct, why were so many slaves susceptible to being infected with smallpox either naturally or by inoculation to begin with?

The population of slaves Cornwallis's had attracted were mostly from Virginia and the Carolinas. As for the slaves from Virginia, their colony was never very receptive to inoculation to begin with; therefore few of the Virginia slaves who joined Cornwallis were inoculated. Because of the severity of the smallpox epidemic of 1759-1760, many in South Carolina believed the disease was spread "chiefly . . . by persons causing their slaves to be inoculated." Therefore, in 1760, the colony renewed a 1738 law that restricted inoculation. According to the law, no one could inoculate within Charleston or a two mile radius outside the town. It specifically penalized slave owners who inoculated their slaves. Since it would be "highly injurious, to punish the slave" if a slave was found to be inoculated, it was "the owner, or other person having the care or charge of every such slave" who was punished.\footnote{"An Act for Preventing (as Much as May Be) the Continuance of the Small Pox in Charleston, and the Further Spreading of the distemper in this Province," \textit{The Statutes at Large of South Carolina}, Vol., 4, Thomas Cooper, MD, LLD, ed., 106-109; "An Act, "\textit{The South Carolina Gazette}, May 31, 1760; Krebsbach, 36.} Such a law may have compelled many slave owners to shy away from inoculating their slaves, which meant that by 1780 a new generation of
slaves who were never exposed to the disease were ready to be used as biological weapons by Cornwallis.

**Conclusion**

For blacks, both enslaved and free, the entire inoculation experience was a reminder of their subjugation to whites. Whether done by slave traffickers in Africa or by owners in the colonies, the actual process of inoculation became a ceremony of possession enacted by whites to express their ownership and control over blacks. On an enslaved African, the scar left behind by the inoculation procedure became a visible symbol of this control, joining other indelible marks, such as brandings and whippings, of the power struggle that existed between slave owner and slave. Inoculation was also used on blacks for diabolical reasons, namely to infect them with smallpox so they could be used as biological weapons against the Continental Army; a sharp contrast to how inoculation was used on whites. Just as inoculation often reinforced and affirmed the subordinate gender ordered positions of white women in Revolutionary society as wives and mothers, inoculation ultimately perpetuated and reinforced the subordinate racially ordered positions of blacks.

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CHAPTER 5. POLITICS, PATRIOTISM, AND INOCULATION

Introduction

On June 27, 1768, a group of wealthy Scottish residents led by Norfolk physician Archibald Campbell, Norfolk merchant James Parker, and newly elected Norfolk mayor Cornelius Calvert, teamed together and had their families and friends inoculated by Dr. John Dalgleish at Campbell's Tanner Creek plantation. Although inoculation was legal in Virginia, its use was still discouraged in the colony because of its potential to spread natural smallpox. Having heard what Campbell and his associates were planning to do, on June 25 a group of Norfolk citizens who were opposed to inoculation appealed to the county magistrates to stop the inoculations from taking place. Leading the group were a number of prominent Norfolk men, among them former mayors George Abyvon, Paul Loyall, and Dr. James Taylor, former burgess Samuel Boush, Jr., Thomas Newton, Jr., a justice of the peace at the time of the riot, and, quite surprisingly, Maximilian and Joseph

1 Patrick Henderson, "Smallpox and Patriotism: The Norfolk Riots, 1768-1769," The Virginia Magazine of History and Biography, vol. 73, No. 4 (Oct. 1965): 413-415; Keith Mason, "A Loyalist's Journey: James Parker's Response to the Revolutionary Crisis," The Virginia Magazine of History and Biography 102, no. 2 (April, 1999): 139, 151. Frank Dewey, "Thomas Jefferson's Law Practice: The Norfolk Anti-Inoculation Riots," The Virginia Magazine of History and Biography 91 (Jan., 1983): 40. All indications are that Dr. Dalgleish was considered a bit of a rogue physician. In June 1767, he was "censured" for attempting to "inoculate his apprentice privately in town . . .without leave asked or obtained," and then in February 1768, he "endeavored privately to lease a house very near the town in order to carry on inoculation." He was involved in a number of controversial attempts to inoculate, when finally, on January 9, 1772, Maximilian Calvert, then the mayor of Norfolk, issued a warrant for his Dalgleish's arrest on the charge he inoculated "sundry Negros with the smallpox in the county of Norfolk, to the great annoyance and disturbance of the inhabitants." He was previously cited in December 24, 1771. See the Virginia Gazette, September 8, 1768 and the Virginia Gazette, January 9, 1772.
Calvert, brothers of mayor Archibald Calvert. Unfortunately, since Virginia law was "silent in the matter" of inoculation, the magistrates determined the only thing they could do was to express their "dissent and disapprobation" about Campbell and his associates' impending plan to inoculate. Faced with a government that could not act, Joseph Calvert and a group of enraged citizens proceeded to assemble "in a large body" and went to Doctor Campbell's plantation to settle the matter themselves. After threats of violence from both sides, Campbell "agreed to do nothing in the matter until there was a meeting of the inhabitants in town." However, Campbell reneged on his promise; on June 27 he and his associates were inoculated.

When word reached the Calvert brothers and their group of anti-inoculationists of Campbell’s deception, they "were much disturbed in their minds." Arguing that Campbell and his friends had "never consulted the public whether it was agreeable or disagreeable" before they inoculated, the Calverts lead a mob of townspeople and stormed Campbell's house shouting "Out, damn them, out!" Despite a raging thunderstorm, the mob forced the occupants of the house to flee on foot to the town's pest house some distance away. As a further expression of their anger, when the mob returned to Norfolk that night they proceeded to vandalize the houses of other members of Campbell's party, specifically the houses belonging to Parker and Calvert. But the matter was not settled.

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2 Dewy, 40.
3 Virginia Gazette, September 8, 1768.
4 Henderson, 413, 417; The Virginia Gazette, September 8, 1768.
5 Henderson, 414, 420, 424; Mason, 151-152; Fenn, Pox Americana, 38; Dewey, 40-41; Paul A. Gilje, Rioting in America (Bloomington, Indiana: Indiana University Press, 1996), 44; Keith Mason, 150-157; Dewey, 41.
In spite of the backlash, Calvert and Dr. Dalgleish remained undeterred in their use of inoculation. One year later, Calvert had two of his slaves inoculated by Dalgleish and once again when news of the inoculations reached Norfolk, a disgruntled group of citizens moved into action. This time, a mob from Norfolk first proceeded to vandalize Calvert's house, after which they went to Campbell's home where Dalgleish was hold up. The mob proceeded to break windows and vandalize the property, injuring Dalgleish in the process.\(^6\) Next the rabble moved to Parker's home. However, forewarned of their approach and unwilling to tolerate a repeat of the previous year's violence, a recalcitrant Parker stood armed and waiting. As the mob entered the front gate of his property, Parker "put out the muzzle of a gun," ordering the group to lay down their rocks and to leave his property, something which, according to Parker, "they very readily did."\(^7\) Although the group left without incident, several members vowed revenge, "threatening at the same time to be back." While inoculation sparked this latest round of riots, Parker believed there were other motivations behind the mob's reaction. Reflecting on the event in a letter to his friend and fellow Virginia merchant Charles Steuart, Parker said "The villains wanted only a shadow of pretense to this riot."\(^8\) Indeed, Parker was correct.

In the numerous instances prior to Norfolk where colonists protested inoculation, the reasons for their protests were almost always over the possibility that inoculation might start an epidemic of natural smallpox. However, the events in Norfolk, occurring amidst the developing crisis between Great Britain and the colonies, took on a whole new

\(^6\) Mason, 152. \\
\(^7\) Henderson, 418, 419; Mason, 139, 152; Dewy, 44. James Parker to Charles Steuart, May 1769 and James Parker to Charles Steuart, October 20, 1769, as found in Mason, 139, 152. \\
\(^8\) Quotes as found in Henderson, 420. See also Mason, 152.
meaning. Maximilian and Joseph Calvert, together with other members of their anti-inoculationist group were all native born Virginians who were professed patriots. For example, Maximilian Calvert had vehemently opposed both the Stamp Act and Sugar Act.9 On the other hand, Parker, Campbell, as well as a number of other members of their pro-inoculation group were among a minority of Virginia colonists born in Scotland who moved to colony to seek their fortunes. Many of these individuals, including Parker, succeeded in becoming wealthy by shipping tobacco to England and by lending money to others in their communities, most notably tobacco farmers. This wealth and dependency only fueled the ire of many poorer native born Virginians, many of whom were convinced by the time the rift between Great Britain and the colonies began to widen that these Scottish born merchants had loyalist sympathies, which, indeed, many of them, including Parker and Campbell, did.10 While inoculation supplied the reason for the mob to attack the homes of Campbell, Parker, and others of their pro-inoculation group, it was not the true cause of the attacks. The underlying cause of the assaults was the loyalties of Campbell, Parker and the other members of their group.

The Norfolk inoculation riots are important because they are the first instance during the Revolutionary era when the politics of the prevailing struggle between Great Britain and the colonies intersected with inoculation. As the crisis between Britain and the colonies continued to evolve, it invited colonists to interpret inoculation in a different way. Inoculation was no longer just medical procedure that could both spare lives as well

9 Henderson, 414, 420.
as take them, or as a means for perpetuating beauty or class, but for many colonists it was an opportunity to act and react politically. This was especially evident when the people of Salem, Massachusetts opened their inoculation hospital in the autumn of 1773.

**Salem, Politics, and Inoculation**

At their town meeting held on October 27, 1773, the people of Salem, Massachusetts, voted "by a large majority" to construct an inoculation hospital "large enough to accommodate 100 patients" in order to abate the spread of smallpox that erupted in their town earlier in the month. Rather than allow a "few individuals" to finance and build the hospital "for their own private emolument," the people of Salem decided to raise the necessary funds through "subscription." Unlike the town of neighboring Marblehead that had recently allowed a group of investors to construct and manage the town's inoculation hospital, Salem decided to keep its hospital "entirely under the regulation of the town." Salem planned to charge each patient "a small sum of 12 [pounds]" to cover the cost of inoculation and "for the use of the building and furniture." Once enough funds were earned from inoculation, the subscribers would be "reimbursed (without interest) the money advanced" to Salem, and the hospital would become the "property of the town." The subscribers who advanced money to the town were Richard Routh, Nathaniel Sparhawk, Thomas Robie, and Samuel Curwen, all prominent citizens of Salem. With financing for the hospital now out of the way, the Selectmen proceeded to choose members of a committee that would locate a suitable site for the hospital and also write a "draft of Articles for the Government and Regulation of the

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11 *Essex Gazette*, November 2, 1773; *Boston News Letter*, October 7, 1773.
12 Subscription is similar to selling municipal bonds.
13 *Essex Gazette*, November 2, 1773; *Essex Gazette*, November 9; Wehrman, "The Siege of 'Castle Pox,'" 404.
same." The committee was instructed to report back to the Selectmen at their next meeting just five days away.\footnote{Essex Gazette, November 9: Wehrman, ""The Siege of Castle Pox,"" 404. For the list of subscribers see The Life of Timothy Pickering, vol. 1, (Boston, MA: Little, Brown, and Company, 1867), 43.}

On November 1, 1773, the committee reported to the Selectmen that it had identified the southeast corner of "Great Pasture" as the place for the hospital and, as instructed, it had developed Articles of Regulation for the hospital to follow; when both the proposed location of the hospital and articles were put to the town for a vote, both were "unanimously accepted." The committee's work now done, the Selectmen proceeded to choose "five Overseers to manage and direct all the affairs of the hospital" and then ordered construction to commence.\footnote{Joseph B. Felt, Annals of Salem, vol. 2 (Salem, MA: W.&S.B. Ives, 1849), 434. For a full list of the Salem hospital's rules and regulations see Bulletin of the Essex Institute, vol. 13-14: 38-39.} Chosen as Overseers were Jonathan Gardner, Jr., Stephen Higginson, John Prince, and William Pickering. Also chosen as an Overseer was Timothy Pickering, Jr., currently a Selectman for Salem and supporter of the patriot cause.\footnote{Bulletin of the Essex Institute, vol. 13-14, 41. Picker became a colonel in the Continental Army (1775), Adjutant General and Quartermaster of the Continental Army (1777-1784), and later Secretary of War and Secretary of State (1795-1800) under George Washington.}

On November 3, 1774, the Essex Gazette reported that "one of the Selectmen" of Salem left for New York "in order to engage some experienced physician to undertake the practice of inoculation" at Salem's inoculation hospital. What the Gazette failed to report, but what many in Salem already suspected, was that the Selectmen had chosen as their physician the famed British inoculation doctor James Latham and that Timothy Pickering, Jr., was the Selectman chosen to personally ride to Albany in order to present
Latham with Salem’s offer. In 1769, Latham had become "a partner with the celebrated English inoculator" Daniel Sutton, who gave Latham an exclusive license to practice the Suttonian method of inoculation (also known as the British method of inoculation) in the colonies. The scheme made Latham a very famous and wealthy man in the colonies, and it was this fame and "boasted eminence" that initially drew the attention and praise of Salem's Selectmen. Ironically, it was also this fame that drew the ire of many of Salem's citizens, including, eventually, Timothy Pickering, Jr.

Even before the hospital was completed and Latham arrived, a number of "patriotic" citizens began a newspaper campaign that questioned the Selectmen's choice of Latham. Many believed that rather than a British physician who practiced the Suttonian method of inoculation, the committee should have chosen an American doctor who practiced the American inoculation method, just like the proprietors of the Marblehead hospital had just done in August. Less than six miles away, the proprietors of Marblehead's Essex Hospital, situated on Cat Island in the middle of Salem harbor, chose as their inoculating physician "Dr. [Hall] Jackson, the American" of Portsmouth, New Hampshire. As one writer to the Essex Gazette noted, Dr. Jackson had "practiced the American method of inoculation long before Dr. Sutton was ever heard of." While not

17 Essex Gazette, November 9, 1774; Proceedings of the Essex Institute, vol. 1, 1848-1856 (Salem, MA: William Ives and George W. Pease, 1856), 124; Winslow, 90-91; Essex Gazette, March 22 to March 29, 1774.
18 Connecticut Journal, October 8, 1773; Essex Gazette, March 22 to March 29, 1774; Timothy Pickering to Rev. Mr. Weeks, March 2, 1774, Salem, MA as found in The Life of Timothy Pickering, vol. 1, 43.
19 Essex Gazette, October 26, 1773 to November 2, 1773; Roads, 92-93.
as well known as Latham, Jackson was, nevertheless, a well respected inoculation physician in his own right and, above all, an American by birth.\textsuperscript{20}

Other than the fact that Latham was British, what especially incited the colonists was his claim that the Suttonian method of inoculation was better than the American method. "To me it is amazing, how Dr. Latham can have the assurance to pretend, that he inoculates in a different way from that which was discovered and has been long successfully practiced in this country," wrote an anonymous contributor to the \textit{Essex Gazette}. "He well knows, that his method . . . is the same which has been long in use in America . . . It ought therefore to be called the AMERICAN, not the Suttonian method of inoculation.\textsuperscript{21}" According to the writer, it was Dr. Hall Jackson, "the American" who had used the "American method of inoculation long before Dr. Sutton was ever heard of," practicing it "ten years ago" when Boston allowed general inoculation during its 1764 smallpox epidemic, and it was Dr. Jackson who was currently using the American method at the \textit{Essex Hospital} with great success.\textsuperscript{22} Heralding the superiority of the American method of inoculation, the writer claimed, Dr. Jackson's patients did not get as sick as those inoculated by Latham, many having "only one pock, some none, and none of them more than thirty . . . Did ever Sutton pretend to do more? Indeed, my countrymen, what can we desire more?\textsuperscript{23} It was not that the Suttonian method was any better than the American method -- it was not. The problem was that the Suttonian

\begin{itemize}
\item \textsuperscript{21} Capitalization of "American" is original and not added here for emphasis.
\item \textsuperscript{22} \textit{Essex Gazette}, October 26, 1773 to November 2, 1773; J. Estes, 1-5, 26-28.
\item \textsuperscript{23} \textit{Essex Gazette}, October 26, 1773 to November 2, 1773.
\end{itemize}
method was the American method -- the two were practically identical. As another unnamed contributor to the Gazette proclaimed, "The object of contention is this; The Suttonians give Dr. Sutton the credit of a discovery which is really due to America."\textsuperscript{24}

The American method of inoculation was generally credited to American physician, Adam Thomson, who in 1738 advocated a two-week preparation regime that called for a "vegetable and milk diet," moderate bleedings and purgings, so as not to "render" the patient "too weak to undergo so tedious a disease," cooling of the body once inoculated, and the light use of mercury and antimony "under proper management."\textsuperscript{25}

While Thomson's entire preparation process was novel for the time, it was his use of mercury that made him famous in the colonies and led his process of inoculation to be termed the "American method." Many physicians and patients claimed that the use of mercury reduced the number of smallpox pustules the patient developed and greatly improved a patient's chances of surviving inoculation. By 1773, many physicians in the colonies were using Thomson's method of inoculation, or one based on Thomson's.\textsuperscript{26}

But competing with the American method was one devised in 1762 and patented in Britain in 1766 by British physician Robert Sutton and his six sons. Just like Thomson, the Suttons also called for a light diet, few purgings and bloodlettings, and a cooling regimen for the body after inoculation. However, unlike Thomson, the Suttons claimed they did not use mercury, but, instead, administered a pill that they claimed was

\textsuperscript{24} Essex Gazette, November 9, 1773 to November 16, 1773.
\textsuperscript{25} Adam Thomson, \textit{A Discourse on the Preparation of the Body for the Smallpox: And the Manner of Receiving the Infection} (Philadelphia, PA: Franklin and D. Hall, 1750), 12-13; Wolman, 94-97.
\textsuperscript{26} Henry Lee Smith, M.D., "Dr. Adam Thomson, Originator of the American Method of Inoculation for Small-Pox: An Historical Sketch," \textit{Journal of the Medical Library Association}, June 1, 1909, (151-154), 154. Wolman, 129.
a secret mixture of ingredients and was considered as much a wonder drug in the
administration of inoculation as mercury was.

It did not take long, however, for physicians in both England and the colonies to
decode Sutton's miracle pill, and what they discovered was both surprising and appalling.
Despite his claim to the contrary, Sutton's pills did contain mercury which, in the eyes of
American colonists, made his method of inoculating identical to the American method.
Making matters worse, not only did Sutton use mercury, but he used a lot of mercury. 27
In 1766, British physician Dr. George Barker discovered that Sutton's pills consisted
"partly of a mercurial preparation," which was "demonstrated by its having made the
gums of several people sore, and even salivated others." 28 From his 1767 analysis
Philadelphia physician Thomas Ruston discovered Sutton's pills contained 16 grams of
calomel, which is mercurous chloride, another form of mercury, and Aethiops Mineral,
also a durative of mercury. 29 Another analysis claimed the pills Sutton and Latham used
contained "a whole gram, by weight, of crude mercury . . . with a small addition of
calomel." While there was "not one physician in America but who gives it [mercury]
almost daily" as a "certain antidote for that malignant poison" of smallpox, these
physicians used it as Thomson had suggested -- in small quantities. However, Sutton and
his partner-physicians such as Latham were using mercury in such high doses that many
of their patients "were salivated to a considerable degree" and developed "a looseness of

27 Hopkins, 59-60; Fenn, Pox Americana, 35-36; Wolman, 147,148.
28 George Baker, An Inquiry into the Merits of a Method of Inoculating the Smallpox, in which is Now
Practiced in Several Countries in England (London, 1766).
29 Thomas Ruston, M.D., An Essay on Inoculation for the Small Pox Wherein the Nature of the Disease is
Explained (London, 1767).
their teeth and soreness of gums." In some instances, patients even succumbed to the treatment.  

The American method benefited from the high esteem accorded other notable American inventions. "Two of the most useful discoveries of the present age are owing to America," a contributor to the *Essex Gazette* asserted. "I mean pointed rods, which guard our houses from the effects of lightening, and this new method of inoculation, which saves our lives from the ravages of a destructive pestilence." Putting the American method of inoculation in the same league with Franklin and his lightning rod was an enormous compliment, and one that only made the accusation that the Suttons and Latham were "endeavoring to rob" America of the "honor" of inoculation all the more egregious and insulting. What was "intolerable," the writer declared, was that the Suttons and Latham should enrich themselves by its use "in the very country where that art was first discovered." Incensed, the writer finished by calling the colonists to action:

"Americans! arouse and resent such insults offered to your understandings."  

It was later discovered that the author of many of these initial letters denouncing the Suttons and their claim, and protesting Latham's selection as Salem's inoculating physician, was Presbyterian minister Nathaniel Whitaker, pastor of Salem's Third Church.  

An ardent champion of the growing rebel cause, Whitaker had a reputation of going where angels feared to tread, throwing himself into controversies with zeal, and not

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30 A Lover of Truth, *Essex Gazette*, February 8 to 15, 1774. Heavy salivation, loose teeth and sore gums are all signs of mercury poisoning.  
31 *Essex Gazette*, October 26, 1773 to November 2, 1773.  
32 Winslow, 91.
above starting a controversy or two, himself.\textsuperscript{33} As Salem jurist and loyalist refugee, Samuel Curwe, wrote of Whitaker, he was "a mischievous incendiary, of a proud, restless, turbulent spirit."\textsuperscript{34} When Whitaker channeled such a spirit into denunciations of the Suttons and Latham, and rallied his fellow Americans to rise up in protest against these "impostors," he signaled an important milestone in the evolution of inoculation in the colonies, namely, he associated the medical procedure of inoculation with the developing political crisis between Great Britain and her American colonies. Over the next several months as the crisis over inoculation in Salem progressed, the connection of inoculation and politics only grew more pronounced. This association, however, did not begin in 1773, but almost ten years earlier.

**Setting the Stage: Taxes and Tea**

Between 1764 and 1773, the colonies had suffered a number of affronts to their liberties and freedoms at the hands of Britain's Parliament. The Sugar Act (1764), the Stamp Act (1765), the Declaratory Act (1766), and the Townshend Acts (1767) all conspired to anger the colonies and force them to rethink their relationship with Great Britain. And when Whitaker's letters were published in the *Essex Gazette*, the colonies had just been dealt one more indignity by Parliament.\textsuperscript{35} In May 1773, Parliament passed the Tea Act, which gave the East India Company an exclusive license to export tea directly to the American colonies. Intended to save the company from bankruptcy, the act also eliminated the middleman in the tea trade, allowing the East India Company to sell

\textsuperscript{33} *Proceedings of the Essex Institute*, vol. 1: 125-128.
\textsuperscript{34} Ibid., 127.
tea directly to the colonists; such a relationship actually would have resulted in cheaper tea in the colonies. However, when word of the act reached the colonies, it was interpreted as the workings of "some persons with an evil intent" and a harbinger of even worse things to come. 36 Colonists reasoned that if Parliament could set up the East India Company as a monopoly, what would prevent Parliament from establishing other monopolies on other goods shipped to the colonies? More egregiously, since the colonists still had to pay a three pence per pound tax on imported tea, the Tea Act was perceived as just another attempt, like the Stamp Act, Sugar Act, and the Townshend Revenue Act before it, at taxation without representation. 37

To show their displeasure over the Tea Act, on the night of December 16, 1773, a group of over one-hundred "brave and resolute men" donned Indian costumes, boarded three tea ships in Boston harbor, and proceeded to dump 342 chests filled with tea into the icy waters. Watched by over a thousand spectators, one observer noted that "the Spirit of the people on this occasion, surprised all parties, who view[ed] the scene." 38 Hearing of the event the next day, John Adams heralded the actions of the "Mohawks" as "the most magnificent of all" affronts against the British, finding a "dignity, a majesty, a sublimity, in this last effort of the Patriots," which he "greatly admired." 39

Considering the many protests against the British that occurred throughout the Revolutionary period, the Boston Tea Party, as it came to be known, was a relatively

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36 Newport Mercury, December 15, 1773.
38 "Boston, December 16," Pennsylvania Gazette, December 24, 1773; Carp, Defiance of the Patriots, 124.
subdued affair, however, its contribution to the American Revolution and the ultimate success of the patriot cause cannot be underestimated. As T.H. Breen suggests, the event "transformed the political landscape of colonial America."\textsuperscript{40} In response to the Boston Tea Party, Parliament passed a series of four bills collectively known as the Coercive Acts that drastically altered the structure of Massachusetts's government, giving greater powers to the royally appointed governor and military while taking power away from local town councils. However, while the acts only applied to Massachusetts and the town of Boston, they had far reaching consequences for the British.\textsuperscript{41} According to Breen, the Coercive Acts brought on an "abrupt intensification of popular resistance" that "no one" at the time "could plausibly have predicted." As Breen argues, as a result of the events in Boston and Parliament's response, colonists who never "paid much attention to the imperial conflict suddenly did so," finding various "ways to express their anger," such as refusing to purchase goods made in Britain, that helped destroy "British authority beyond occupied Boston."\textsuperscript{42} It was the Tea Act that inspired and informed the inoculation controversies in both Salem and Marblehead, and placed them alongside the Boston Tea party as challenges to British authority.

\textbf{The Salem Inoculation Debate, Part Two}

From the time the Salem hospital opened in November 1773 until it closed in March 1774, the town was engulfed in a contentious debate over inoculation that divided

\textsuperscript{40} T.H. Breen, \textit{American Insurgents American Patriots: The Revolution of the People} (NY,NY: Hill and Wang, 2010), 52.

\textsuperscript{41} Cogliano, 47; Breen, \textit{American Insurgents}, 53. Many historians, including Breen, argue that the Boston Tea Party was the spark that ignited the American Revolution since the Coercive Acts ended up uniting the colonies, thus precipitating the Revolution (see, for example, Carp, 126).

\textsuperscript{42} Breen, \textit{American Insurgents},52,53.
the town into two opposing camps. As was the case in Boston in 1721, local newspapers were the venue where the debate played out, as leaders from both sides pleaded their cases to a divided public and launched venomous personal attacks against one another. Writing under the name "A Dr. of Divinity," Whitaker called Sutton a "blacksmith and furrier" who he claimed "knew nothing of physic, except for horses," and he labeled Latham an incompetent, not having any "knowledge in the art of inoculation" at all.\(^\text{43}\) In response, an anonymous pro-Latham writer from "Beverly," Massachusetts, praised Latham as a "very ingenious, regular bred physician, who inoculates for the smallpox . . . with great success, and to universal satisfaction." The writer found Latham to be "a gentleman, agreeable in conversation, benevolent in disposition, and free from the vile temper of slandering his neighbor."\(^\text{44}\) Such was the tone for the rest of the debate.

Not long after the first class left Salem's hospital, reports began to circulate that claimed Latham's patients took longer to recover and had other complications associated with inoculation compared to those patients inoculated at the nearby Essex Hospital by the "American" physician, Hall Jackson.\(^\text{45}\) Although Latham assured potential patients that he did not use mercury (despite evidence to the contrary) and that "Sore arms and sore mouths were not a part of, or did not take place in, his practice," many of the patients

\(^{43}\) *Essex Gazette*, November 2 to November 9, 1773.

\(^{44}\) Ibid.

\(^{45}\) Joseph B. Felt, *Annals of Salem from Its First Settlement* (Salem, MA: W&S.R. Ives, 1827), 487; *Essex Gazette*, March 8 to March 15, 1774. Apparently, the readers of the *Essex Gazette* became so weary of the animosity that transpired, that in late March 1774, the paper printed, "We have been inadvertently led into the publication of a long dispute respecting Dr. Latham, which we have reason to think has been unsatisfactory to many of our good customers. We now assure them that in future no physical, eccleasticale \([\text{sic}]\) or personal disputes shall unnecessarily find place in this paper to the exclusion of other matters of more importance." See *Essex Gazette*, March 22 to March 29, 1774.
he inoculated at the Salem hospital frequently complained of these symptoms, which were all signs of mercury poisoning.\textsuperscript{46} On February 8, 1774, the \textit{Boston New Letter} reported that "We hear" from Salem "that three persons at Ipswich have been lately taken with the smallpox, and that two of them received it by inoculation performed in a private manner by a physician [Latham] of that town."\textsuperscript{47} Such accusations prompted an additional round of attacks against Latham. A February 1774 letter published in the \textit{Essex Gazette} labeled Latham a "Detested Impostor!" and claimed that patients in all three of his inoculation classes exhibited symptoms indicative of ingesting high doses of mercury, much higher than usually prescribed by physicians practicing the America method of inoculation. While the letters to the \textit{Gazette} and the charges they contained were shocking in and of themselves, even more shocking was the person who wrote and sent them to the newspaper -- Timothy Pickering, the hospital Overseer who rode to Albany to recruit Latham and who was the anonymous pro-Latham writer from "Beverly" who early on in the debate, defended Latham in the press, praising him for being "a gentleman, agreeable in conversation, benevolent in disposition, and free from the vile temper of slandering his neighbor."\textsuperscript{48}

A noted Whig and ardent supporter of the patriot cause, Pickering confessed he was never comfortable with the choice of Latham. Stories of "unfavorable accidents" that Pickering heard about Latham's inoculation practices, as well as his own experiences with Latham when he first met the doctor in Albany, led Pickering to believe that Latham's

\textsuperscript{46} \textit{Essex Gazette}, February 22 to March 1, 1774, Wolman, 169.
\textsuperscript{47} \textit{Boston News Letter}, February 10, 1774.
\textsuperscript{48} \textit{Essex Gazette}, November 2 to November 9, 1772.
fame was "groundless" and "acquired by the most dishonest means." Once the many complaints about Latham's suspected use of mercury were confirmed in February 1774, Pickering knew it was time to publically expose the doctor and himself.

Between February and April 1774, Pickering wrote a series of five letters under the name "A Lover of Truth" that were published in the *Essex Gazette*. In his letters, Pickering claimed Latham and those who practiced Suttonian inoculation thrived by "imposture and deceit," putting the lives of their patients at risk in the name of profits. Just as Whitaker had asserted in November 1773, Pickering now wrote that the Suttons were thieves who were determined to "get the whole business of inoculation" in the American colonies "engrossed by the Sutton company." According to Pickering, "After wrestling from America the honor of its invaluable discovery," both Latham and the Suttons were going to "rob its worthy, learned physicians of their just profits" from inoculation. In making a distinction between Latham and American physicians, particularly Hall Jackson, Pickering asked, "Did any American inoculator ever excuse his blunders by telling the world his patients had got the natural smallpox" before entering the hospital, as Latham had recently done when one of his patients died? Claiming that more of Latham's patients became ill than those inoculated by American physicians, Pickering asked, "Is it not a fact, a clear and certain fact, that Dr. Latham's patients have had the smallpox worse, instead of better, than those of American inoculators?"

50 *Essex Gazette*, February 8 to February 15, 1774.
51 *Essex Gazette*, March 8 to March 15, 1774.
Latham was furious over Pickering's accusations. Several of Latham's former patients reported that he could often be found "storming about" the hospital "in mere rage," calling Pickering "a damned rascal"—something which, when told, only amused Pickering. And although it was never plainly stated, it is suspected that Latham even challenged Pickering to a duel. On March 19, 1774, Latham wrote Pickering, requesting that Pickering meet him "at Mr. Goodhue's tavern, next Monday, about half an hour after eleven o'clock, in the forenoon," or at some other time that day Pickering could "be at leisure" to meet. In his response, Pickering wrote, "I am ignorant of any business you can have there to transact with me. When you have informed me of your design in making this request, I shall be able to give you a further answer." The two never met.

Pickering was not finished. In his fifth and last installment in the *Essex Gazette*, Pickering laid out his final indictment of the Suttons and Latham for the “safety” of his "fellow-citizens and countrymen.” Among his accusations against Latham and the Suttons, Pickering claimed that “notwithstanding all insinuations and assertions to the contrary, mercury is the basis of the Suttonian method of inoculation” and that the Suttonians’ “new and immensely valuable discoveries in the art of inoculation” were “boldfaced lies,” that were not only known in Europe by the time Sutton began inoculating in the early 1760s, “but even in America.” Pickering also claimed in his indictment that all the “Suttonians” were “a company of impudent impostors” and should have been “marked out to the public as objects of its just abhorrence and contempt.”

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52 James Latham to Timothy Pickering, March 19, 1774, Salem, MA, *Historical Index to the Pickering Papers, Collections of the Massachusetts Historical Society* vol. 8 (Boston, 1896), 276; Octavius Pickering, *The Life of Timothy Pickering* vol., 1: 47.

53 Timothy Pickering to James Latham, March 21, 1774, Salem, MA, *Historical Index to the Pickering Papers*, 276; Octavius Pickering, 47.
for Dr. Latham, “Sutton’s chief craftsman in America, whose practice had been attended with such fatal mis-cheifs [sic],” Pickering believed he should “be painted in such striking colors, that even the most simple, by his vain boastings, might no more be deluded.” Not the tar-and-feathering that most loyalists, loyalist sympathizers, or unpatriotic citizens had to endure, but a public branding nevertheless.

Pickering was not alone in his campaign against Latham. In addition to Whitaker and a cadre of other Latham detractors, Pickering was joined in his attacks by his friend the Reverend Asa Dunbar. Under the name "A Friend to the Public," Dunbar's letter published in the Essex Gazette in early March 1774 amounted to nothing less than a personal assault on Latham à la Whitaker. The doctor was a "dirty... avaricious pretender" and a "villain" who "came to Salem under every possible advantage, excepting that of a competent knowledge in the art of inoculation." Dunbar claimed that Latham was also a man whose "success has not been equal to his boastings," who lied about his abilities and took advantage of the colonists at the expense of their lives. According to Dunbar, Latham was willing to "trifle with, and abuse" the people of Salem "by the imposition of falsehood" and, for doing so, Dunbar suggested hanging the doctor. But since there was "no law for hanging mountebanks [deceivers]" that he knew of "in this land of liberty," Dunbar had to be content with publically humiliating the man in the press.

Pickering's outspokenness put him at odds with a number of hospital subscribers.

When Pickering was called before the group in late February to justify his public

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54 Essex Gazette, April 12 to April 19, 1774; Octavius Pickering, 41-42.
55 Essex Gazette, March 8 to March 15, 1774.
denouncements of Latham, he found himself facing Richard Routh, Nathaniel Sparhawk, Thomas Robie, and Samuel Curwen, or the "Lathamites" as Pickering called them. Writing to his cousin Reverend Weeks of nearby Marblehead, Pickering confessed that he had "no conception of a possibility" of Latham "being so strongly supported" by the subscribers. Pickering insisted that the only reason Latham was supported was because of the doctor's "extensive fame."\textsuperscript{56} When ask by the subscribers to justify his earlier support for Latham, Pickering said he was "induced to believe" that Suttonian inoculation "was superior to the American" method, and that Dr. Latham, "as one of the Sutton company," was "a better inoculator" than any American doctor, "notwithstanding some reports" to the contrary.\textsuperscript{57} Pickering insisted that while he initially supported Latham in the press, at no time did he raise "Dr. Latham's character to heaven." Unlike Whitaker, Pickering initially reserved his comments on Latham's character, deferring to the will of the people who were in "so much support" of the doctor at the time.\textsuperscript{58}

Latham’s fame, however, may not have been the only thing that originally secured him his position in Salem; instead, it was more than likely the political allegiances of the Lathamites. In addition to supporting Latham, this group also supported the British cause, as they were all loyalists. Richard Routh was the Collector of Customs in Salem, and when the British Army evacuated Boston and sailed to Halifax, Nova Scotia, in 1776, Routh went with them.\textsuperscript{59} Harvard graduate and wealthy Boston merchant Nathaniel Sparhawk left the colonies for Great Britain in 1776 only to return to the United States in

\textsuperscript{56} Octavius Pickering, 43-44.
\textsuperscript{57} \textit{Essex Gazettes} for November 23, 1773 and March 22 to March 29, 1774.
\textsuperscript{58} Ibid.
\textsuperscript{59} Lorenzo Sabine, \textit{Biographical Sketches of Loyalists of the American Revolution}, vol.2 (Boston, MA: Little, Brown, and Company, 1864), 239.
1814 to reclaim property he left behind. Samuel Curwen, a merchant by profession, served the Crown in a number of official capacities including Judge of the Admiralty Court. He, too, left for England, in 1775, only to return to the colonies nine years later.

And Marblehead merchant Thomas Robie, a vehement loyalist, became just as vehemently loathed by the citizens of Marblehead and Salem. When Robie and his wife were boarding the schooner to take them into exile in Halifax in January 1776, Mrs. Robie was heard to say, "I hope that I shall live to return, find this wicked rebellion crushed, and see the streets of Marblehead run with rebel blood." According to accounts of the incident, only "her sex" prevented her from being assaulted by the crowd taunting her and her loyalist friends as they departed.

With such controversy surrounding Latham, the Selectmen, accepted the reality of the situation, namely, that a great faction of Salem had grown to detest the doctor since the hospital opened. This was evident in the hospital's declining enrollment numbers. When the hospital opened on December 7, 1773, nine days before the Boston Tea Party, the first class of patients admitted to the hospital consisted of 132 individuals who were "wholly of the inhabitants of Salem" and filled the hospital to capacity. The hospital was again "in full" when the second class of patients -- 137 in all -- was admitted on

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62 Stark, 458-459. The people of Marblehead and surrounding communities did not forget Mrs. Robie's offense. When the Robies attempted to return to the colonies after the conclusion of the Revolution in 1783, crowds of Marblehead residents lined the docks threatening physical harm if the Robies came ashore.
63 Essex Gazette, December 7 to December 14, 1774.
December 27, 1773, and, as before, the class consisted entirely of citizens from Salem.64 However, on January 24, 1774, the third class that was scheduled to be admitted at the end of the month still had sixty vacancies. This prompted the Overseers to run an announcement in the Essex Gazette that, in addition to admitting citizens of Salem, they had opened admittance to inhabitants "of other towns." This was the first time the Overseers were compelled to make such a move, and it was one that was repeated when applications were accepted in February 1774 for the fourth and last class admitted to the Salem hospital.65

Considering the effects of the negative campaign against Latham together with the declining enrollments, the inhabitants of Salem voted on March 7, 1774, to end inoculation in their town, and on March 29 the Selectmen announced that the "Salem hospital, being now clear of patients, is to be shut up, by order of the town."66 In the end, Pickering got what he wished for, namely, Latham lost his job. In a letter to his cousin Reverend Weeks, Pickering wrote "Dr. Latham's punishment, though severe, yet I trust you will judge no more than adequate to his offences."67 As for Reverend Whitaker, in his last reference in the Essex Gazette to the events of the past six months, he wrote "I will take no further notice of such mean stuff on this head."68 In March 1777, Salem

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64 Essex Gazette, December 27, 1773 to January 3, 1774; Bulletin of the Essex Institute, vol. 13-14, 37.
65 Essex Gazette, January 24, 1774 to January 31, 1774.
66 Ibid., Felt, 487.
67 Octavius Pickering, 1:45.
68 Essex Gazette, March 15 to March 22, 1774.
again opened an inoculation hospital, this time choosing Edward A. Holyoke, an eminent Salem doctor who was born in America, as their inoculating physician.\textsuperscript{69}

The acrimony of the controversy in Salem demonstrates how inoculation and politics had become intertwined as a result of the ongoing struggle with Great Britain. While inoculation was controversial ever since the procedure was first introduced in the colonies in 1721, the debate in Salem in 1773 was different. Without exception, the discourse in all previous inoculation controversies turned on questions of how inoculation challenged God's authority or whether it could ignite an epidemic of natural smallpox. However, for the first time in the American colonies, a debate on inoculation turned purely on politics.\textsuperscript{70} As reflected in the patriotic themes of the debate, the controversy was influenced by the politics of the ongoing struggle with Great Britain. But where the controversy in Salem was a "tepid" affair, other controversies over inoculation during the Revolutionary period took more violent turns.

As Breen noted, some colonists "took tepid steps" in their resistance to Great Britain, “small sacrifices in the name of a common cause," while others "followed more violent paths" in order to effect political change. Although Salem's inoculation controversy was a "tepid" step compared to the Boston Tea Party and the many other protests of the day, it was, nevertheless, equally important in effecting political change.

\textsuperscript{69} \textit{Bulletin of the Essex Institute}, vol. 13-14: 42-43. Is spelled "Holyoak" in the meeting minutes of the Salem Selectmen. Holyoke and his family was well respected in and around Salem prior to the imperial crisis. His father, Rev. Edward Holyoke, was appointed president of Harvard in 1737. Although the younger Holyoke was slow to declare his political loyalties, by 1777 he became a believer in the Patriot cause. See Edward Augustus Holyoke, 1728 - 1829, Physician and Scientist as found on \textit{Welcome to Salem, Massachusetts, the City Guide} www.salemweb.com/tales/holyoke.shtml accessed on 1/2/13.

\textsuperscript{70} One thing that is especially striking about the Salem debate is the absence of any discussion or concern about the potential negative effects inoculation might have on public health; a subject that dominated the dialogue of all previous controversies in one way or another.
and fostering the revolutionary struggle. Those who challenged Latham and Sutton's inoculation efforts helped to distinguish, define, and defend what and who were American and what and who were British. Arguments that claimed the British method of inoculation Latham practiced was actually one of the "useful discoveries of the present age" that were "owing to America" distinguish the accomplishments of the American colonies. Assertions that Dr. Hall Jackson, "the American," was a much better inoculator than Dr. Latham, the British inoculator, further distinguished and glorified America and American accomplishments. At a time when the colonies were striving to separate themselves from Great Britain, such attempts to define Americans differently were important to the success of the American cause. Furthermore, when the discourse made distinctions between what was American and what was British, and when the anti-Latham forces succeeded in driving Latham from Salem, they effectively challenged British authority -- both scientific and political -- thus furthering the American cause. But, where such challenges to British authority in Salem furthered the American cause, could the same be said of the events in neighboring Marblehead which challenged the authority of many American patriots?

**The Marblehead Inoculation Controversy of 1773**

Smallpox arrived in Marblehead in early June 1773. The source of the infection was suspected to be William Matthews, a crewman on a fishing schooner captained by John Wooldredge. While fishing off the coast of New England, Wooldredge's ship encountered a French merchant vessel and, as was frequently the custom at the time when two such ships encountered one another at sea, their crews exchanged souvenirs, trinkets,

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<sup>71</sup> *Essex Gazette*, October 26, 1773 to November 2, 1773.
and other items. Not long after Wooldredge's ship returned to shore, Matthews' wife came
down with smallpox, the source of which, it was claimed, was a bar of soap Mathews
acquired from the French sailors and which Matthews subsequently gave to his wife. As
Mrs. Matthews became progressively worse, her friends and neighbors came to care for
her; however, while their intentions were just, they inadvertently spread the infection
throughout Marblehead's maritime community.

The largest fishing port in Britain's North American colonies, Marblehead had a
maritime population of over 1,200 sailors and their families, the majority of whom were
of the lower sort or teetering on the edge between the middle and lower sort.72 Living in
tight quarters and densely populated neighborhoods, the infection rapidly spread among
the fishing community, and it was just a matter of time before it moved to other
populations of Marblehead. By late July, smallpox had infected more than one hundred
people in the town, killing over thirty-one. In an attempt to contain the disease, the
Selectmen ordered those infected to be moved to a pest house five miles away. In
addition, streets where houses of the infected were located were ordered fenced off and,
because they were suspected of spreading the disease, "all the dogs in town" were ordered
"to be killed immediately." According to ship captain Ashley Bowen, by the beginning of
August conditions had become so bad in Marblehead that "the whole town was in an
uproar about smallpox."73

Quarterly 69, (December 1996): 545-546; Roads, 91; Pauline Maier, "Popular Uprisings and Civil
Authority in Eighteenth-Century America," The William and Mary Quarterly, 3rd series, vol 27, no. 1
73 Roads, 91-92; Bowen, 92-95.
In response to the growing epidemic, at Marblehead's August 9, 1773 town meeting, prominent Marblehead citizens and ardent supporters of the patriot cause Elbridge Gerry, Azor Orne, Jonathan Glover, and John Glover petitioned the town to either construct an inoculation hospital using taxpayer funds or "allow certain individuals," namely themselves, to build the hospital "at their own expense." Believing the cost of the hospital too much for the town to bear, the citizens of Marblehead reluctantly voted to allow Gerry and his associates to finance and build the hospital themselves, but only under certain conditions. Since the hospital was initially expected to be constructed on Tinker's Island inside Salem's jurisdiction, Massachusetts law required the proprietors first had to obtain the consent of Salem's Selectmen before construction could commence. In addition, the proprietors had to agree to a set of "Articles of Regulation" that amounted to fourteen rules intended to prevent smallpox from spreading from the island to the mainland. According to the regulations, no person should go to the island "without producing a permit from the proprietors of the hospital," no patient would be allowed off the island until "such person has a certificate from the doctor of the hospital, that he is clear of infection," and "the boatman shall bring every person, coming from the island, to Marblehead; and detain them in the boat until leave is given by the Selectmen to land such persons.

However, not long after the August vote, the people of Marblehead soured on the idea of the hospital. During the proprietors' presentation to Salem’s Selectmen on

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76 *New Hampshire Gazette*, October 15, 1773; Wehrman, "The Siege of 'Castle Pox'," 395; Hurd, 1081-82.
September 2, 1773, the proprietors revealed that the location of the inoculation hospital was going to be Cat Island, located in Salem Harbor, a site closer to the mainland and in full view of Marblehead, rather than the original site of Tinker's Island, which was further south, within Salem's jurisdiction and out of view of Marblehead. This change in location did not sit well with many in Marblehead. Despite the fact that construction began on the hospital on September 3 -- the day after the Salem meeting -- a number of "freeholders" petitioned Marblehead’s Selectmen to stop the project, but their petition went nowhere. Just as in Salem, where the British majority among the hospital's Overseers were prejudiced in favor of Dr. Latham, the Selectmen in Marblehead were prejudiced in favor of the proprietors, the reason being that Azor Orne and Jonathan Glover, two of the proprietors of the hospital, were Marblehead Selectmen, and Thomas Gerry, the brother of Elbridge Gerry, was also a Selectman. Clearly the deck was stacked against the citizens of the town.

Undeterred, opposition to the hospital grew among the citizens to such a degree that the proprietors had no choice but to call another town meeting. On September 12, 1773, the town gathered to voice their concern but, by this time, in addition to the hospital's location being a point of contention, the price of inoculation became an issue of debate as well. The townspeople were originally told that the price of inoculation would be seven pounds, a price low enough that anyone who wanted to could be inoculated. However, rumors began to circulate that the price the Selectmen approved was twelve pounds.

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78 Wehrman, "The Siege of 'Castle Pox""397.
pounds, five pounds more than people were originally told. At another town meeting held the next day, the proprietors offered to sell the hospital to the town at cost; an offer which, as the proprietors knew when they made it, the people of Marblehead turned down. Although the townspeople rejected the offer to purchase the hospital, they did call for a vote to reconsider whether the hospital was needed; however, the Selectmen quickly adjourned the meeting before the motion for the vote could be made.

Despite the displeasure of the people, work on the hospital continued. Once finished, the structure reached three stories high and included ten "well-furnished" patient rooms capable of holding eight to ten patients each, a large kitchen, quarters for physicians and nurses, an assembly room, and a signaling system on the roof by which the overall conditions of the patients could be transmitted to people on shore. The first class of patients entered the Essex Hospital on October 19, 1773, under the supervision of Dr. Hall Jackson, of New Hampshire, the soon to be rival of Dr. Latham. According to the Essex Gazette, the first class to sail to Cat Island consisted of 103 individuals who included "a number of respectable persons, of both sexes." Since the hospital was still "clear of infection," a number of "gentlemen of the town" accompanied the first class for the opening festivities, the Gazette reporting that "the hospital was thronged in every quarter" with patients and other celebrants.

The first inoculations proceeded without incident, and on November 1, 1773, the proprietors announced, "It is with pleasure we can inform the public that the hundred and

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79 Ibid., 397; Hurd, 1082; Bulletin of the Essex Institute, vol. 9: 152.
80 Wehrman, "The Siege of 'Castle Pox.'" 399; Hurd, 1082.
81 Bulletin of the Essex Institute, vol. 9: 152.
82 Roads, 92-93; Essex Gazette, October 19 to October 26, 1773; Estes, 26.
83 Essex Gazette, October 19 to October 26, 1773.
three patients, first entered at the Essex Hospital, are well recovered of the smallpox."\(^{84}\) The second class, admitted on November 15 had similar success.\(^{85}\) Although the first two classes were trouble free, it was the third class admitted on December 15 that finally ignited the full anger of the people of Marblehead.

According to the events printed in the *Essex Gazette*, a "considerable disturbance arose" in Marblehead on January 11, 1774, when patients from the December 15 class were being put ashore "at a different place from that lately voted by the town for their landing," causing a "considerable number of the inhabitants" of Marblehead to "beat or push" the boats away from the shore "two or three times," ultimately being compelled to set the hospital boat afire.\(^{86}\) Clearly, the rules the proprietors of the hospital agreed to follow had been violated. As if this were not enough to incite the town, on January 12 twenty-two cases of smallpox broke out in Marblehead. Instantly the hospital and its proprietors were blamed, finally giving the people of Marblehead the reason they needed to take matters into their own hands. As happened in Norfolk six years earlier, mobs thronged to the homes of the proprietors, vandalizing their houses and threatening the proprietors with acts of physical violence, including lynching. Fearful for his life, proprietor Jonathan Glover installed two small cannons in the foyer of his house with the intention of firing on anyone who came through his front door.\(^{87}\)

In comparison to many of the other patriotically inspired riots of the time, most notably the Boston Tea Party which lasted only a few hours, the action against the

\(^{84}\) *Boston News Letter*, November 4, 1773.

\(^{85}\) *Essex Gazette*, November 16 to November 23, 1773.

\(^{86}\) *Essex Gazette*, January 11 to January 18, 1774; Roads, 93; *Boston Post Boy*, January 17, 1774.

\(^{87}\) Roads, 94; *Bulletin of the Essex Institute*, vol. 9: 156.
proprietors of the Essex Hospital was a drawn out affair; according to one account, the
mob paraded the streets of Marblehead for "several days" to the "utmost terror of the
inhabitants." Only after the proprietors announced on January 15, 1774, that they were
going to close the hospital "until the town should think it necessary to be opened again"
did the mob disperse and the riot end -- but only for a short time.89

On January 19 four men were caught stealing clothing from the island, clothing
that might have carried smallpox scabs that could have further infected the town. Writing
about the event in his diary, Ashley Bowen noted that after the four thieves left the island,
they were "pursued by several boats" from Marblehead.90 Once on shore, they were
"immediately seized" and "secured until the next day" when a "large body of mobility
assembled."91 The Essex Gazette reported that on January 20 this group of "exasperated"
people began "to inflict upon" the four "the modern punishment (tar and feathers)." As
Bowen described the event, after the "four objects of resentment" were tarred and
feathered, they were "placed in a cart, facing each other . . . a fifer and one drummer were
placed in the front of the carriage." Accompanied by "one thousand people, chiefly
dressed in uniform," the procession marched from Marblehead to Salem, where they
proceeded to "parade through the principal streets" of the town "with drums beating, a
fife playing, and a large white flag flying from the cart." Bowen noted that the
"appearance of the four tarred and feathered objects of derision, exhibited a very

88 New Hampshire Gazette, February 10, 1775.
89 Bulletin of the Essex Institute, vol. 9: 156.
90 Bowen, 102.
91 Ibid., 102; Boston Post-Boy, January 17, 1774.
laughable and truly comic scene. “92 But the torture was not over. The next day, January 21, the four were "taken from their respective dwelling houses," tarred and feathered again, and "fixed on a sled, as before, and carried over to Salem, from thence back to Marblehead," where they were "finally dismissed."93 However, matters did not end there.

On January 24, the people of Marblehead held a meeting in order to "put a stop to the disorders" in the town. Since the violence stemmed as a result of the Essex Hospital, "it was agreed by the proprietors to shut it up" for good.94 Not convinced, a group of about twenty townspeople, some of them "disguised as Mohawks," took matters into their own hands. However, unlike the tea incident at Boston a month earlier when colonists dressed as Mohawk Indians limited their anger to throwing tea into Boston Harbor, on the evening of January 26 the Marblehead Mohawks sailed to Cat Island and set the hospital ablaze, burning it to the ground. Ashley Bowen noted that the "Ruffians who perpetrated this act, went from the town prepared with tar tubs . . . and proceeded setting fire to all parts of the house without any attempt to awake the people" inside. One occupant of the hospital was "struck down" by the "villains" when he jumped from his bed, running from the flames," while another individual "with a child at her breast," ran screaming "to the smoke house, fainting several times as she went."95 According to the Boston Evening Post, the hospital was destroyed because of the "uneasiness and dread" of the people of Marblehead "having had the distemper [smallpox] spread among them, by the patients

92 Bowen, 104.
93 Boston Post-Boy, January 17, 1774; Roads, 93.
95 Bowen, 104.
and others not conforming to the rules and regulations by which the hospital was at first permitted to be erected.”

Regardless of the accusations against them, the proprietors of the hospital wanted justice for the destruction of their property. On February 8, 1774, Gerry and his associates filed a petition with the Massachusetts "House of Representatives in General Court Assembled" for redress. In their petition, the group depicted Marblehead as a town in a state of anarchy since early January, ruled by a mob, and themselves as not having "the least protection from the laws and government of the land." According to the petition, "not a magistrate has there been to command the peace.”

Acting on the petition, the General Court ordered an investigation, and on February 25, 1774, "Deputy Sheriff Brown" of Salem arrested John Watts and John Guillard, the suspected perpetrators of the event, and committed them to Salem's jail for safekeeping. However, according to the Boston News Letter, "Almost as soon as the keys were turned . . . the people began, in small companies, to enter the town from Marblehead, and continued coming over in this manner till near night, rendezvousing near the goal [jail]." The paper estimated "the number of 4 or 500" people, all whom had armed "themselves with clubs, sticks and wood," broke into the prison freeing Watts and Guillard. "Thus having got the two prisoners, in less than ten minutes from the first onset," the mob returned to Marblehead "where they soon dispersed." Unwilling to

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96 Boston Evening Post, January 31, 1774.
97 The legislature of Massachusetts was, and still is, called the General Court of Massachusetts. Prior to the adoption of its Constitution in 1780, the legislature also sat as a judicial court of appeals.
99 Ibid., 159.
100 Boston Newsletter, March 7, 1774; Connecticut Journal, March 18, 1774.
concede to the rabble's whishes, the "High Sheriff of the county . . . gave orders to his deputy" in Salem "to command the inhabitants" of Salem "to meet . . . with arms and ammunition according to the law." They were supposed to "march to Marblehead, and assist the Sheriff in retaking the said prisoners, as well as to apprehend the principals concerned in breaking the goal." Along with the larger political crisis that prevailed around them, a small war between Salem and Marblehead was poised to begin.

When word of the sheriff's orders spread, an estimated six to eight-hundred citizens of Marblehead began to take up arms, "determined to repel, to the last extremity, any force that should be brought against them." However, cooler heads prevailed when the "proprietors of the late Essex Hospital" at the urging of some other "substantial citizens" agreed to "relinquish all demands that they might have . . . in consequence of the rescue and escape" of the prisoners, and also "to discontinue all proceedings respecting the burning [of] the hospital."\(^{101}\) The reason for Gerry and his friends’ capitulation becomes clear when we consider the pressure that was brought to bear on them and why.

Interpreting the uprising over the hospital as a personal rejection by the people of Marblehead, Gerry and the other proprietors, most of whom were on Marblehead’s Committee of Correspondence, "resigned the several offices" which they "acted for the town of Marblehead," refusing to "accept them no more -- without material alteration in the conduct of the inhabitants" of Marblehead.\(^{102}\) While these measures served the

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\(^{101}\) *Essex Gazette*, March 8, 1774.

proprietors immediate purposes, the long-term implications of their actions were of concern to others.

Worried that the proprietors’ actions, along with the violence that precipitated them, "might issue to the prejudice of the common cause of American freedom," Boston's Committee of Correspondence wrote a letter on April 2, 1774, to Gerry and his associates to express their sentiments over events. "When we heard of the unhappy circumstances of that town, the contest that had arisen to so great a degree of violence on account of the hospital," the Committee wrote, "it gave us great concern and anxiety." The Committee feared that individuals, both wealthy and poor, who were presently united against the British, might become "disaffected to each other" because of the incident. As a consequence, the Committee believed the "advantage hitherto experienced" from the "united efforts" of the supporters of the rebel cause "would cease." Rather than resign from their public offices in Marblehead, the Committee asked the proprietors to take advantage of all “that have prevailed and still prevail in the town of Marblehead” in order to “strengthen” their “connections with the people."103 Clearly Boston's Committee of Correspondence realized the value "the people" played in the success of the movement, and how the actions of Gerry and his associates might affect that success.

Expressing his personal bewilderment at the proprietors’ actions, Samuel Adams, then a member of the Massachusetts General Court as well as Boston's Committee of Correspondence, also wrote to Gerry, stating, "I am loath to believe, nay, I cannot yet believe, that the gentlemen of Marblehead, who have borne so early and so noble a

103 “Committee of Correspondence to Mr. Gerry and Others,” Boston, April 2, 1774, in Austin, 39-40.
testimony to the cause for American freedom will desert that cause, only from a
difference of sentiments among themselves concerning a matter which has no relation to
it." As with Boston's Committee of Correspondence, Adams was “fearful” that the
“enemies” of the American Cause “would make an ill improvement” of the events in
Marblehead, especially if the violence in the town had risen to such a level that “the
friends of liberty” were “obliged to have recourse to military aid” in order to “protect
them from the fury of an ungoverned mob.” In comparing the actions of the
Marblehead mob to the actions of the "Mohawks" in Boston, Adams believed the
destruction of the Essex Hospital was a "lawless attack on property," whereas the
destruction of British tea was an expression of a people acting "deliberately and . . .
rationally" in the "necessary defense of their liberties." While Adams clearly
understood how the controversy in Marblehead might damage the patriot cause, he failed
to recognize the significance of the mob in this instance. The events that doomed the
Essex hospital were as much influenced by and reflective of the politics of the day as the
Boston Tea Party.

Crowd uprisings were not uncommon in colonial America; in many instances they
were considered a legitimate form of protest. As historian Gordon S. Wood argues, "In all
the colonies mobs had erupted almost continually in the eighteenth century, aiming at
particular targets in protest against problems that the regular process of government
seemed unable to solve." Colonial authorities expected colonists, especially those of the

\begin{footnotes}
\footnote{104}{Ibid., 161.}
\footnote{105}{Mr. Adams to Mr. Gerry, Boston, March 25, 1774 as found in Austin, 36-38.}
\footnote{106}{Wehrman, "The Siege of Castle Pox," 386, 387.}
\footnote{107}{Wehrman, "The Siege of Castle Pox," 386, 387.}
\end{footnotes}
lower and middling sorts, to join together to express their differences with their
government. According to historian Pauline Maier, "While not advocating popular
uprisings," colonial governments "could still grant such incidents an established and
necessary role in free societies, one that made them an integral and even respected
element of the political order." Virginia jurist Thomas Mason certainly would have
agreed. In defending the 1768 and 1769 crowd action in Norfolk, Mason asked in court,
"What, my friends, were the good people of Virginia in the days of the Stamp Act but a
mob? Mobs are justifiable, useful, necessary and commendable."

Although colonists coming together as a mob to express their grievances was an
established practice in the colonies, there was something different about the Norfolk and
Marblehead mobs. Commenting on the Norfolk mob, historian Keith Mason noticed,
"the participants went beyond the prescribed rituals governing eighteenth-century protest
. . . Both the scale of the disturbances and the harsh treatment meted out to their
opponents were unusual." Indeed, beginning with the riots that erupted throughout the
colonies in the fall of 1765 over implementation of the Stamp Act, mob action became
more ideologically motivated and more violent than riots in the past.

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109 Thomson Mason quote found in Dewey, 48.
110 Keith Mason, 152.
Where crowd actions before 1765 were often in reaction to "problems that the regular process of government seemed unable to solve," they never posed a threat to the foundations of the established social or political order, or questioned the ability of the colonial elite to govern, and they never did so violently. But, beginning in 1765, mob actions became protracted uprisings, sometimes lasting weeks, where colonists came together not only to express their discontent about the inabilities of their government, but to challenge their government and the ability of their officials to govern, and, to do so with a level of popular violence never before seen in the colonies.\textsuperscript{112} With implementation of the Stamp Act of 1765, some colonists saw nothing morally wrong with acting violently in order to nullify legislation which they perceived was an affront to their liberties, was oppressive, or which they had never given their consent to, or to act in order to protect themselves and their communities when they believed their government was either unwilling or unable to do so.\textsuperscript{113}

The reaction of the mobs in Marblehead and Norfolk were influenced by and reflective of this prevailing political atmosphere of the growing revolutionary movement. In Norfolk, the mob's actions were in response to a government that was \textit{powerless} to act against an uncompromising loyalist, non-native born elite and in Marblehead the mob's actions were in response to a government that \textit{refused} to act against an uncompromising


native born patriot elite. While in both cases the responses were against local elites rather than Parliament, they were consistent with the tenets of the revolutionary movement to challenge authority, to effect change, to protect the community's interests, and to do so using violent action if need be. This is what Gerry and his associates, as well as Samuel Adams, failed to understand when they were so perplexed at the violence in Marblehead.

**Legislation and a New Framing of Inoculation**

The intersection of inoculation and the politics of the imperial crisis can also be found in the legislation many of the New England and Southern colonies enacted beginning in the early 1760s. An examination of the laws of the period that affected inoculation shows a clear influence of the patriot cause on who eventually made decisions about the procedure in a colony. As in the cases of Norfolk and Marblehead, some of the changes were motivated by citizen concerns, while others were motivated by necessity; namely to further the objectives of the patriot cause.

Originally, and without exception, those colonies that began to pass legislation in the 1760s that restricted inoculation did so out of fear the procedure, if not properly regulated, could ignite a smallpox epidemic. While this danger was very real, the legislative response in many of the colonies was often disproportional to the threat posed by inoculation. Rather than pass laws that would carefully control and monitor inoculation, many colonial legislatures went to the extreme and enacted laws that either regulated the procedure to such a degree that it was virtually impossible for someone to be inoculated within their borders or enacted laws that outright banned the procedure.

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114 Wehrman, *The Contagion of Liberty*, 110, 111.
criminalizing its use and its user. Boston physician Benjamin Gale recognized this situation early in the inoculation hospital boom. Commenting on a 1764 Massachusetts law that practically banned private inoculation hospitals, Gale noted, "instead of regulating such hospitals . . . by well-adapted laws" Massachusetts "prohibited inoculation within the limits of this colony, on very severe penalties."\(^{115}\)

Prior to the 1760s, many colonies enacted laws that addressed ways to prevent the spread of natural smallpox rather than laws that regulated inoculation. These laws were usually in response to a specific smallpox outbreak or threat of an outbreak, and relied on quarantining those already infected with the virus or those exposed to someone infected, without addressing inoculation. For example, in June 1738, New York City made all ships coming from "South Carolina, Barbados, Antigua and other places" where smallpox was "rife," to anchor at "Bedlows Island" in New York harbor "and there wait till they be visited by some of the physicians of this city, and not put on shore any of the goods or persons on board."\(^{116}\) In 1759, New Hampshire passed "An Act Providing in Case of Sickness," that empowered the Selectmen of each town to remove "sick or infecting person or persons to, and in a separate house or houses." In addition, the act ordered passengers on any ship that arrived "to any port, or harbor" in New Hampshire coming from any place where smallpox "prevailed," to be prevented by the justices of the peace,

\(^{115}\) Benjamin Gale, 195-196.

sheriff, or constable "from coming on shore."\textsuperscript{117} While these laws attempted to prevent the spread of natural smallpox, they did not prohibit or curtail inoculation.

Although colonial assemblies were very cognizant of the dangers inoculation posed, prior to the early 1760s it was understood in the New England as well as the southern colonies of Virginia, the Carolinas, and Georgia, that inoculation was only to be used during epidemics and then only with the approval of a colony's legislature or governor; rarely was inoculation used in these colonies, even illicitly, when there was no threat of smallpox.\textsuperscript{118} But, with the advent of the profitable inoculation hospital and the growing popularity of inoculation came the fear that natural smallpox could erupt as a result, so beginning in the early 1760s the New England and Southern colonies began to enact laws that prohibited or severely restricted inoculation; Connecticut being one of the first to do so.\textsuperscript{119}

In March 1760, after "divers persons have presumed to go into the practice of being inoculated . . . to the great terror of the inhabitants and disturbance of the peace," Connecticut's General Assembly passed the colony's first inoculation law. According to the new statute, "No person shall hereafter within the limits of any town in this colony . . . give or communicate the infection of the smallpox either to themselves or to any other person or persons, by way of inoculation or in any such like method, without first

\textsuperscript{117} Acts and Laws of His Majesty's Province of New Hampshire in New England (Portsmouth, NH: Daniel Fowle, 1761), 184-185.
\textsuperscript{118} Duffy, Epicemics, 36; Blake, Public Health, 81-82; Gale, 193. In 1738, South Carolina passed legislation which prohibited inoculation in the city of Charleston and within two miles outside its limits, but did not prohibit the procedure altogether in the colony. In 1747, Governor Clinton of New York, prohibited inoculation in New York City, but, like South Carolina, did not completely ban the procedure.
\textsuperscript{119} Duffy, Epidemics, 40. As discussed in Chapter 1, by the early 1760s, inoculation was freely practiced in Pennsylvania, New York, New Jersey, and Maryland.
obtaining a certificate from the major part of the civil authority and of the selectmen in such town." While this initial act did not prohibit inoculation altogether, it did codify its use into law and placed the inoculation decision in the hands of elected officials; it was illegal to inoculate unless approval was first obtained from the local authorities, which was often hard, if not impossible, to obtain. However, claiming that inoculation still "greatly terrified many of the inhabitants," Connecticut's Assembly conceded to the demands of its citizens and in May 1761 it amended the 1760 law and completely banned inoculation in the colony. Rather than establish regulations whereby inoculation could be safely practiced by physicians and individuals, Connecticut completely disregarded the proven benefits of inoculation, making it illegal to "set up or carry on the practice of inoculation" anywhere in the colony.

The response in other New England and Southern colonies was similar -- initial inoculation legislation was often conceived out of fear, had drastic effects, and often prohibited inoculation entirely or overly restricted its use. After South Carolina's 1760 smallpox epidemic was under control, the colony's General Assembly made it illegal "to or for any person or persons whosoever" to bring into the colony any smallpox matter with the intent to inoculate or for anyone to inoculate or be inoculated in the colony; the penalty for doing so was one-hundred pounds or "three months imprisonment, in the common gaol in Charlestown, without bail or mainprise." Georgia's General Assembly had a similar reaction. At its May 31, 1764, session, the General Assembly passed "An

121Ibid., 500-501.
122The South Carolina Gazette, May 31, 1760.
Act to Prevent the Further Spreading of the Smallpox in Savannah, and in other Parts of This Province." This was Georgia's first piece of legislation that addressed inoculation; the act made it illegal for any person to bring smallpox matter into the colony with the intention to inoculate, as well as illegal for any person to inoculate or be inoculated. As in South Carolina, the penalty for violating the law was a fine or imprisonment. Virginia did not regulate inoculation until after the Norfolk inoculation riots of 1768 and 1769. In reaction to the riots, Virginia's General Assembly passed "An Act to Regulate the Inoculation of the Smallpox Within this Colony." The June 1770 law allowed inoculation only in cases where the procedure was the sole means of saving a person who was "unavoidably exposed to the danger of taking the distemper in the natural way." But before anyone could be inoculated, they had to "give notice . . . to the sheriff of any county, or the mayor or chief magistrate of any city" who would then "summon all the acting magistrates" of their jurisdiction to "consider whether upon the whole circumstances of the case, inoculation may be prudent or necessary." Anyone who violated the law could be sent "to the gaol of his county, there to be confined until such security is given." Similar to South Carolina and Georgia, Virginia's first attempt to legislate inoculation was onerous and essentially resulted in a complete ban on the procedure.

Inoculation legislation in Massachusetts and its principal town, Boston, was slightly different from these other colonies. Massachusetts had the longest history with

123 Georgia Gazette, May 31, 1764.
inoculation of all the colonies, which influenced how it legislated the procedure. While the colony realized the dangers of inoculation, it also realized its benefits; therefore, between the time when the procedure was introduced in the colony in 1721 until it was first regulated in 1764, the General Court of Massachusetts as well as the Selectmen of Boston passed laws similar to those found in other colonies, and relied on quarantining those infected with smallpox rather than laws that legislated inoculation. But when it was discovered after Boston's 1764 smallpox epidemic was over that colonists who rushed to inoculate at private inoculation hospitals helped spread smallpox, the General Court passed "An Act in Addition to An Act, Entitled 'An Act Providing in Case of Sickness,'" which was the colony's first comprehensive inoculation law. Among its many provisions, the law made it illegal for anyone to open a private inoculation hospital or inoculate in their own house "without the consent of the town or district where such house may be, first obtained." If the proposed inoculation hospital was within a mile of any "dwelling-house being in another town or district," then "the consent of such town or district shall be had before such inoculating-hospital shall be erected or used."  

While Massachusetts did not ban inoculation as Connecticut had, its first attempt at regulating the procedure proved that colonists were still apprehensive about its use. However, this apprehension was not because colonists feared inoculation -- prior

125 Blake, Public Health, 71-78.
126 The Acts and Resolves, Public and Private of the Province of The Massachusetts Bay, vol. 4 (Boston: Rand, Avery, & Co., 1881),728-729; Blake, Public Health, 95-96. This was the law that Benjamin Gale was referring to when he wrote about the Massachusetts law prohibiting inoculation and this was the law that applied to Salem when they opened their hospital in 1773, and also why the proprietors of the Essex Hospital had to obtain permission to build their hospital when they were originally going to construct it on Tinker's Island. They later changed the location to Cat Island, further away from Salem and closer to Marblehead.
epidemics provided clear evidence that inoculation saved lives and that colonists were willing to inoculate -- instead, it was because people feared the physicians who inoculated and those they inoculated, specifically that they would not act responsibly and that their actions might actually result in an epidemic of natural smallpox. The people were comfortable with inoculation, but only under government control -- especially a government that was willing to listen to the will of the majority of the people rather than a small elite minority. This was plainly evident from the course of events in Marblehead as compared to those in Salem.

The Revolution and Legislative Changes

Once soldiers of the Continental Army started to gather and deploy throughout the colonies after the battles of Lexington and Concord in April 1775, the threat of smallpox spreading as a result compelled some colonial legislatures to rethink their inoculation policies. The results were usually laws that pushed inoculation decisions closer to the local levels of government -- in other words closer to the people. For example, fearful of the "great danger that the inhabitants of the United Colonies" might face if smallpox, that "dreadful distemper," rendered them "incapable of defense at a time when their safety may depend upon their most vigorous exertions," Rhode Island's Assembly changed its law on inoculation in June 1776. Where the previously law empowered the Assembly to decide whether or not to allow colonists to inoculate, the new law allowed individual town councils to make the decision. Now towns in Rhode Island no longer had to waste valuable time waiting for the Assembly to act when smallpox threatened, but,

128 John R. Bartlett, Records of the Colony of Rhode Island and Providence Plantations, in New England, vol. 7 (Providence, RI: A. Crawford Green, 1862), 559-560. Ten individuals protested against the bill.
instead, could do what was right for them and their citizens. This legislation also had residual effects. Colonists no longer had to leave Rhode Island to inoculate; if a town did not allow the procedure, all a colonist had to do was go to a town in Rhode Island that did. This legislation also kept inoculation money in Rhode Island. The money colonists would have normally spent going to another colony to inoculate now stayed in Rhode Island. Massachusetts made a similar move to push the inoculation decision to the local level, but did so at the insistence of the people of the state.

On June 6, 1776, the Massachusetts General Court commissioned a committee to make a report on "the state of the smallpox" in the colony. The 1764 inoculation legislation had lapsed and, with the new potential for smallpox to spread because of the movements of the Continental Army, the General Court believed it was time to revisit the matter. On June 8, 1776, the committee reported that notwithstanding efforts by the General Court and Selectmen of various towns to control inoculation, the procedure "hath been practiced in a very secret and unjustifiable manner among the inhabitants and Army," which threatened to infect "those who had not passed through the distemper." According to the committee, in order to avoid catching natural smallpox, many people traveled to the "Westward part of the colony . . . to be inoculated." However, the committee reported it appeared "that many inhabitants of this colony are desirous for their own safety, and that of the public, that there be some place under the regulations of the General Court where persons might be inoculated without exposing themselves to the penalties of the laws." As demonstrated by the 1764 law, people were no longer afraid of
inoculation but wanted government oversight and protection from those who would abuse the procedure.

As a result, the committee recommended that the General Court "allow of one, or more inoculating hospitals in some interior part of the colony to be properly regulated by law of this assembly." In response, on July 4, 1776, the Massachusetts General Court passed "An Act Empowering the Justices of the Court of General Sessions of the Peace in the Several Counties in this Colony to Permit One or More Inoculating Hospitals to be Enacted in Each of the Said Counties." Unlike the 1764 legislation that allowed town councils to decide on inoculation, this 1776 law moved the inoculation decision up to the county courts; now magistrates decided whether to "allow of and permit" privately run inoculation hospitals "to be erected and established" in their jurisdictions "under such regulations and restrictions" as the county courts "may agree upon and order." The individual county courts were not the most favorable of bodies to decide on inoculation because they often failed to act in the best interests or desires of the people within their jurisdictions as the town of Lincoln Humbly discovered.

On April 7, 1777, the Selectmen and Committee of Correspondence of Lincoln Humbly petitioned the Massachusetts General Court "to obtain liberty to take the infection of the smallpox by inoculation." As required by the July 4, 1776, inoculation act, the people first went to their local justices of the Court of General Sessions for

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130 Massachusetts Acts and Resolves, vol. 5, 552-553 554-555. The act was originally passed on July 4, 1776, but “mislaid or lost,” it was passed again on July 9, 1776. See also Blake, Public Health in the Town of Boston, 128. In April 1777, Massachusetts revised the June 1777 act to allow the Selectmen to close a hospital if it posed a danger to the community; something they failed to originally consider (Massachusetts Acts and Resolves vol. 5: 633-34).
approval to open an inoculation house, but "the said court declined at the time to grant any license." However, because many people of surrounding towns were "daily inoculating not under any legal regulations," and because many of Lincoln Humbly's inhabitants were "often called out for the defense of their country" and were therefore exposed to smallpox, the Selectmen and Committee of Correspondence appealed the local court's decision to the colony's General Court. In response to the town's plea, on April 11, 1777, the General Court revised its July 4, 1776 inoculation law. The revised act declared that the "consent and approbation" of the town's citizens must first "be had and obtained" by popular vote before a county justice could allow or deny the "erecting [of] any hospital, or improving any house as an hospital, for inoculating for the smallpox."^{131} Now, the citizens of Massachusetts could decide directly whether to allow inoculation in their towns rather than the county courts, town councils, or Selectmen.

Connecticut passed a similar measure. On May 1, 1777, the state's General Assembly repealed its oppressive May 1761 law that completely forbad inoculation. Under the new legislation, anyone who wanted to be inoculated or to establish an inoculation hospital in the colony first had to obtain a "certificate from the major part of the civil authority and of the Selectmen of such town approving of and permitting the same." However, the civil authorities and Selectmen could not grant permission without first obtaining the "approbation" by a "vote of two-thirds of the voters assembled in a legal town meeting."^{132} As with Massachusetts, Connecticut put the decision to allow

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^{131} The Acts and Resolves, Public and Private, of the Province of The Massachusetts Bay, vol. 5: 661, 634-634, 714.
inoculation into the hands of the citizens of each town, making locally elected officials, such as magistrates or Selectmen the voice of, rather than the decision makers for, the people.

Farther south, Virginia took the most drastic step to make the inoculation decision more democratic. On January 28, 1778, Virginia revised its 1770 inoculation law and empowered its citizens, acting between themselves and without government interference, to decide whether or not to allow inoculation in their towns. The colony's new legislation, "An Act to Amend an Act Intituled [sic] an Act to Regulate the Inoculation of the Smallpox Within this Colony," stated that "Whereas the smallpox, at this time in many parts of the commonwealth, is likely to spread and become general, and it hath been proved, by incontestable experience, that the late discoveries and improvements therein" have made receiving smallpox "comparatively mild and safe by inoculation" the act of 1769 "be amended." This new law, purportedly written by Thomas Jefferson who was a delegate in the House of Burgesses at the time, was a stark departure from the colony's 1769 inoculation law. Where the previous law required consent of a town's magistrates before a person could inoculate, the new law required only the "consent of a majority of the housekeepers [heads of families] residing within two miles" before an

133 Journal of the House of Delegates of the Commonwealth of Virginia . . on Monday, the Fifth Day of May, in the Year of Our Lord, One Thousand Seven Hundred and Seventy-Seven (Richmond, VA: Thomas W. White, 1827), 93,136. William W. Hening, ed., The Statutes at Large, Being A collection of All of the Laws of Virginia, vol. 9: 371-372. The bill was read for the first time on June 2, 1777 and passed on January 28, 1778.
134 Barbara B. Oberg, ed., The Papers of Thomas Jefferson (Charlottesville, VA: University of VA Press, Rotunda, 2008), 122-124. The bill was actually introduced on December 27, 1777, and passed on January 14, 1778. 
individual could "inoculate, or be inoculated for the smallpox." And, since Virginia was predominantly a rural state with a widely scattered population, such consent would not have been hard to obtain if it was even needed at all. But what do the actions of Massachusetts, Connecticut, Virginia, and other colonies reveal about the influence of the politics and the patriot cause on inoculation?

As discussed, with its increased popularity, inoculation became a lucrative economic opportunity for many doctors, entrepreneurs, and even local governments. However, as happened in Norfolk and Marblehead, despite laws that regulated inoculation, decisions about the procedure made by local authorities, such as Selectmen, were often informed by greed and corruption, and ran counter to the wishes of the majority of the people. As a result of the formation of the Continental Army in 1775 and fears that their movements might spread smallpox, colonial legislatures empowered citizens at the local level, rather than town councils or Selectmen, to decide directly on inoculation in their towns -- in other words, as a result of the Revolution, inoculation decisions became more democratic and, in many respects, more patriotic.

**Inoculation and Patriotism**

For many colonists, inoculation was synonymous with patriotism. Some colonists, such as Salem's Reverend Whitaker, identified a method of inoculation -- the American method -- as a symbol of patriotism, while others saw the actual act of being inoculated as patriotic. Writing from Massachusetts, Dr. John Morgan, in his 1776 pamphlet, *A Recommendation of Inoculation According to Baron Dimsdale's Method*, argued that the

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people of New England should put aside "the apprehensions which have filled their minds . . . concerning the fatal effects" of inoculation, especially "at so delicate a juncture when we are struggling with an oppressive war." Morgan believed that "From the present posture of public affairs . . . nothing can be more interesting to this country than the manner in which the present attempt to introduce inoculation may be received and encouraged." For the sake of the Continental Army and the success of the ongoing struggle, Massachusetts should set an example among the New England colonies. If inoculation "were once to establish itself in this province," Morgan argued, "it would be the surest means of extending its salutary influence throughout the neighboring colonies."

Morgan clearly recognized the contribution inoculation made to saving people's lives and to ensuring the success of the patriot cause; he believed it was the patriotic duty for colonies to allow inoculation and for individual colonists to get inoculated.136

A similar message was espoused by an anonymous writer to the New England Chronicle identified only as "A.B." Because of the potential for the Continental Army to spread smallpox as it moved, A.B. believed "At this critical season, we cannot be too speedy or diligent in every where applying this inestimable gift of Heaven for our own security." A.B. urged the "justices of the several Counties," who were responsible at the time for authorizing inoculation, to ensure that inoculation was "speedily carried into effect." According to A.B., the justices could not "in any way more effectively serve this colony, and the common cause of America" than to allow inoculation. And to all colonists loyal to the American Cause, A.B. said they could not "fail to contribute the aid

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136 John Morgan, A Recommendation of Inoculation, 12, 13-14.
to a service of so much importance," than to get themselves inoculated. To Morgan and the anonymous A.B., inoculation was a patriotic act, one that offered ordinary citizens a way to express themselves politically and contribute to the success of the patriot cause.

There were many instances throughout the Revolution where colonists put aside their apprehensions about inoculation for the good of the American cause. When, in February 1777, soldiers sent to convalesce in the Moravian community of Bethlehem, Pennsylvania, brought smallpox with them, the citizens of the town willingly submitted to inoculation in order to save their own lives as well as those of the soldiers. In early 1777, the Massachusetts town of Brookline Humbly "silently submitted" to the presence of a Continental Army inoculation hospital in their town because "they were unwilling to obstruct any measure that appeared to be calculated for the public good, though inconvenient to themselves." In January 1777, smallpox broke out in Morristown, New Jersey, after Washington settled his army there for the winter. "Fearing that no precaution can prevent it from running through the whole of our Army," Washington issued orders on February 6, 1777, to begin inoculating his three-thousand soldiers encamped in and around the town. In addition to his troops, he also offered inoculation free of charge to

137 New England Chronicle, July 18, 1776.
140 Letter from George Washington to Dr. William Shippen, February 6 (January 6), 1777, The Writings of George Washington from the Original Manuscript Sources, vol. 6, ed. John Clement Fitzpatrick (Washington, DC, 1931), 474. It is important to note that historians have cited the February 6 letter to Dr. Shippen as being written on January 6; this is not correct. When the letter was transcribed, the "copyist inadvertently" changed the date of the letter from its true date of February 6, 1777 to January 6, 1777. See the footnote to the letter from George Washington to William Shippen, Jr. dated February 6, 1777, The Papers of George Washington: Revolutionary War Series, vol. 8, Frank E. Grizzard, Jr. ed., page 264, electronic edition found at: http://gwpapers.virginia.edu/project/volumes/revwar.html. Also see The
the civilian population who now risked infection with natural smallpox. At first, Washington's plan "produced great alarm" among the citizens of Morristown and the surrounding villages, but after some encouragement by local clergy, the citizens agreed and viewed inoculation as their duty in order "to ensure the success of a battle" and also "for the general good of the community." In these and other instances, citizens willingly cast aside doubts and apprehensions about inoculation to assume the risk of the procedure not only for themselves but for the good of the American cause. For many of these individuals, being inoculated was a political act since it gave them a chance, maybe their only chance, to act patriots.

However, while inoculation could provide the means for some to affirm their dedication to the patriot cause, for others it was a means to openly challenge the cause. On January 31, 1777, Governor Jonathan Trumbull of Connecticut and the state's Council of Safety issued a Proclamation "setting forth the dangers of spreading" smallpox through inoculation. Hearing that some "mischievous persons" among the civilian population were inoculating "against [the] law and without regulation" Trumbull and the Council feared smallpox might spread among the general population or into the Continental Army as it moved through the colony. This concern continued throughout the rest of the winter and into spring until "Timothy Wheeler and 12 other persons of Stratfield . . . informed the legislature that notwithstanding all the measures . . . to prevent the spread of

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142 Jones, 87-94; Tuttle, 50.
the smallpox," the disease had "affected every part" of their town. The source of the infestation was suspected to be the neighboring town of Stratford (not to be confused with Stratfield). Stratford allowed its citizens, as well as anyone from other towns, including Stratfield, to come and inoculate within its borders. However, as people were inoculated and returned to their hometowns, they subsequently carried smallpox along with them, thus spreading it throughout the colony.\(^\text{144}\)

Wheeler and his compatriots initially appealed to Stratford's Selectmen, asking that they take action to stop inoculation in their town, but the appeal fell on deaf ears, having "no effectual measure." The outcome was not surprising since "those appointed to execute the law, prove to be its violators." Two justices of the peace from Stratford as well as the Chief Justice of the state and two judges of Fairfield County inoculated in violation of Connecticut's inoculation law at the time. According to Stratford's Constable, Wolcott Hawley, the disease was "spread in Stratford in defiance of law" and by "men in authority . . . especially by the Tories," which the three justices were.\(^\text{145}\) Reacting to Stratford's inoculation policies, one commentator to the Connecticut Journal asked, "Why is inoculation (except the Continental troops) permitted, contrary to an express law of this state, and proclamation of the Governor and Council?" Noticing a discrepancy in inoculations along political lines, the commentator stated, "None but Tory families have inoculated -- scarce a Whig has done it, except where they have been threatened with the infection by those enemies to freedom, peace, and happiness of America."\(^\text{146}\) The writer

\(^{144}\) Royal R. Hinman, ed., Historical Collection, From Official Records, Files, &c., of the Part Sustained by Connecticut During the Revolution (Hartford, CT: E. Gleason, 1842), 585,586.

\(^{145}\) Ibid., 585,586.

\(^{146}\) Connecticut Journal, April 2, 1777.
clearly associated inoculation with the British and tyranny, and the procedure as a last
resort for a patriotic American in order to thwart that tyranny.

Inoculation often became the point of contention in the colonies between those loyal to
the American Cause and those loyal to the British. Accusations of its use were frequently
employed by rebels to question an individual's loyalty.

In early June 1775, rumors spread in Sag Harbor, Long Island, that loyalists were
inoculating with the sole intention of spreading smallpox. In an extract from a letter
published in the Providence Gazette, the writer reported that the hospital at Sag Harbor
had three "very disagreeable" individuals whom they were holding whose "design" it was
to "spread the smallpox in our army" by going into the army's encampment after the three
were inoculated and in an infectious state. The letter mentioned that the three were "noted
enemies to the Cause of America." In May 1776, New York City inoculating
physician Azor Betts was arrested and jailed on charges he was "a dangerous person"
because he illegally inoculated members of the Continental Army. This was Betts's
second trip to jail; he was jailed in January for his "bad tendency" to engage in the
"wicked practices" of inoculation, but later released. During his second trip to the gaol,
Betts confessed he was a loyalist, something which got him exiled to Nova Scotia.

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147 “Extract of a Letter from a Gentleman at Sag Harbor on Long Island, to another in this Town, dated June 7," Providence Gazette, Providence, RI, June 17, 1775. See also the letter from the Newport, RI,
Committee of Safety to the Easthampton, NY, Committee of Safety, dated June 14, 1775, requesting the

148 Connecticut Journal, June 21, 1775; Connecticut Courant, June 26, 1775; Force, American Archives,
4th series, vol. 4: 1043. Betts was sent to the Ulster jail on January 23, 1776 (see Letter from New York
Committee of Safety to Committee of Kingston, Ulster County, January 23, 1776, as found in Force,
American Archives Series 4, vol. 4: 1070; Petition of Azor Betts [Betts] to the New York Congress, to be
released from Prison, Force, American Archives Series 4, vol. 4: 1212; Force, American Archives, 4th
series, vol. 5: 1427; Letter from the Committee of Kingston to the New York Congress, Force, American
Archives, 4th series, vol. 6: 446. Rev. Charles Melbourne Selleck, Norwalk (Norwalk, CT, 1896), 248.
May 1777, Dr. Oliver Bwleley had to publically defend himself against accusations of
disloyalty after several of his inoculation patients died. According to Bwleley, "A number
of persons, influenced by prejudice, having endeavored to asperse my character, with a
view to destroy my reputation as a physician, particularly with regard to inoculating for
the smallpox; and have also reported that I was inimical to the liberties of America." 149
With the colonies rife with fear that loyalists were intentionally spreading smallpox,
when word got out that someone with questionable loyalties to the American Cause was
inoculated, their actions often became the reason to suspect their collusion with the
British.

After Dr. Elihu Ashley of Deerfield, Massachusetts, returned home on May 26,
1775, from his three-week stay in an inoculation house, his landlady Mrs. Eager informed
him that "the people" of the town were "afraid" he "took the smallpox with a design to
spread it." Those perpetrating the rumor did not believe Ashley's intention was to infect
the town, but to "go down to the army and there spread it." 150 Deerfield was a staunchly
Patriot outpost in western Massachusetts with little tolerance for anyone who exhibited
the slightest sign of pro-British loyalty. As Ashley's diary attests, he was aloof as to his
political leanings during the Revolution. He had friends on both sides of the crisis and
never actually proclaimed a stand himself -- something that cast suspicions about his
loyalties to the American cause. 151

149 Connecticut Gazette, Friday, May 16, 1777.
150 Amelia F. Miller and A.R. Riggs, eds., Romance, Remedies, and Revolution: The Journal of Dr. Elihu
Ashley of Deerfield, Massachusetts, 1773-1775 (Amherst, MA: University of Massachusetts Press,
151 Ibid.,2-3, 14,20
Adding to these existing suspicions was Elihu's father, the Reverend Jonathan Ashley. Like his son, the elder Ashley failed to declare his allegiance in the crisis, but instead remained aloof as to which side he supported. However, where Elihu Ashley's ambivalence toward his loyalties might be credited to his youth, the Reverend Ashley's could not. As a leader in the community, he was expected to clearly support the rebel cause, and his failure to do so had dire consequences: his congregation split and the Reverend was labeled a Tory; an association that ultimately branded Elihu Ashley "as great" a Tory as his father.152

The rumors that circulated about Elihu were started by fellow physician Moses Morse. According to Elihu, Dr. Morse's suspicions were "founded" on a letter Elihu received from his father, Reverend Ashley, advising him to be inoculated. Since inoculation was first used in the colonies, members of the clergy were its biggest supporters and it was not unusual for clergyman with children to advise them to get inoculated (recall the Reverend Ezera Stiles from Chapter 2). However, these were not normal times, and since both Reverend Ashley and his son's political sympathies were in question, the advice assumed a more diabolical meaning.153 How Morse obtained the letter is unknown, however, a possible reason why he made its contents public exists. In early April 1775, Dr. Morse was elected to the Provincial Congress of Massachusetts and quite possibly the politically charged threat from inoculation provided the reason to

152 Ibid., 14.
153 Miller & Riggs, 213-214.
publically question the younger Ashley's loyalties and intentions and thus bolster the
newly elected Congressman’s standing in the Provincial Congress. 154

When Ashley returned home from the pest house, suspicions that the British were
sending infected civilians into the lines of the Continental Army surrounding Boston had
already spread throughout Deerfield -- something that only exacerbated Ashley's
situation. 155 So when the people of Deerfield discovered Ashley had been inoculated, it
was no wonder they suspected ill intent; it was in keeping with their knowledge of how
smallpox and inoculation had been and were currently being used by the British Army
and loyalist against the colonists. To alleviate the town's fears and to clear his name
"from the aspersion of Doctor Morse," Ashley wrote a certificate in which he attested to
his innocence and which he asked the Committee of Inspection to sign. He also asked a
number of prominent Deerfield citizens to sign the certificate, which they did "without
the least hesitation." 156 This seemed to quell any further accusations against Ashley.
While Ashley was able to dispel concerns over his loyalties and spare himself
imprisonment or exile, there were other physicians who were not so lucky

In 1776, inoculation and politics intersected in Keene, New Hampshire, after
physician Josiah Pomeroy opened an inoculation hospital in response to an outbreak of

155 One report George Washington received in early December 1775, came from a sailor who defected to
the American side and said that "a number" of the civilians "coming out" of Boston "have been inoculated
with design of spreading the smallpox through this country and camp." Initially, Washington could "hardly
give credit" to the report, but, much to his shock, it turned out to be true. In a letter to the Continental
Congress, Washington wrote that he believed inoculation was "a weapon of defense" the British "are using
against us." See George Washington to the Continental Congress, Cambridge, MA, December 4, 1775, in
George Washington Papers at the Library of Congress, Series 2, Letterbook 7; Fenn, Pox Americana, 50,
88-89.
156 Miller & Riggs, 214-215.
156 Ibid., 214-215.
smallpox.\textsuperscript{157} Not long after the hospital opened, a group of townspeople petitioned the state's Committee of Safety to put a "Speedy and effectual stop" to Pomeroy's actions. According to the petitioners, people were being released from the hospital too soon and were actually contributing to the spread of smallpox in Keene and "other towns to the Great Determent of the public Good.\textsuperscript{158} The petitioners first attempted to reason with Pomeroy to get him to follow proper "Restrictions and Regulations," but to no avail; in frustration, they sought the intervention of the Committee.\textsuperscript{159} Convinced of the danger to the community, the petition was adopted by the Committee on December 5, 1776, and the hospital was closed.\textsuperscript{160} While the fear that inoculation could spread smallpox was real, this may not have been the only factor influencing the petitioners.

Keene was squarely on the side of the rebel cause.\textsuperscript{161} On March 6, 1776, nine months prior to their appeal to the Committee about Pomeroy, the town's inhabitants signed an oath of loyalty to the rebel cause, claiming to "solemnly engage, and promise . . . to the utmost of our power, at the risk of our lives and fortunes, with ARMS oppose the hostile proceedings of the British Fleets and Armies against the United American COLONIES."\textsuperscript{162} Names of those who refused to sign the oath were listed at the end of the document, and Dr. Pomeroy's was among them. Because of his refusal to sign the

\textsuperscript{157} Also spelled Pomroy.
\textsuperscript{159} Isaac W. Hammond, ed., \textit{Documents Relating to Towns in New Hampshire}, vol. 12 (Concord, NH: Parsons B. Cogswell, 1883), 311-312.
\textsuperscript{160} Nathaniel Bouton, D.D., ed., \textit{Documents and Records Relating to the Province of New Hampshire}, vol. 7 (Nashua, NH:Orren C. Moore, State Printer, 1874), 418-419. See ibid., vol. 9: 394 for a petition from Pomeroy to open an inoculation hospital.
\textsuperscript{161} Hale, 22.
\textsuperscript{162} Capitalization of arms and colonies is original and not added here for emphasis.
oath, Pomeroy's loyalties were now in question. This, combined with the fact that he operated an inoculation hospital, certainly made many in Keene suspicious of Pomeroy's intentions.\textsuperscript{163}

The petition to close the hospital was politically motivated and done so in the name of patriotism. Many of those who signed the December 1776 petition to close the hospital were the same people who signed the March 1776 loyalty oath, and included farmers, tavern owners, mill operators, wealthy and poor, educated and uneducated. Also signing the December petition were a number of staunch Patriots including Jeremiah Stiles, who became a delegate to the state's Constitutional Convention and a captain in the Continental Army, and Timothy Ellis, who was a member of a committee established to procure arms and other supplies for the Continental Army.\textsuperscript{164} Not long after the incident, Pomeroy fled to Canada. In 1778 his name appeared in "The Banishment act of the State of Massachusetts," and in November 1779, the state legislature took Pomeroy's property under the Confiscation Act and leased it to General James Reed of the Continental Army.\textsuperscript{165}

Clearly, during the Revolutionary crisis inoculation could be a used to interpret one's loyalties. For those loyal to the American cause, to inoculate often became a symbol of their patriotism and affirmation of the Cause. For those with questionable allegiances, inoculation often cast further suspicion on their loyalties to the American Cause. And for those with British sympathies, inoculation became a method to hinder the

\textsuperscript{163} Griffin, 161, 204-205; David R. Proper, "A Narrative of Keene, New Hampshire, 1732-1967," in \textit{Upper Ashuelot: A History of Keene, New Hampshire, by the Keene History Committee} (Keene, NH, 1968), 27.

\textsuperscript{164} Griffin, 215; Proper, 28; Stark, 138, 141-142; Sabine, 545.

\textsuperscript{165} Stark, 137; \textit{Massachusetts Spy}, Worcester, MA, October 29, 1778.

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American Cause and the reason colonists loyal to the American Cause needed to banish them. In all three scenarios, inoculation assumed a political significance that had nothing to do with its medical benefits.

**Conclusion**

While not often easy to see or interpret, as a result of the imperial crisis a medical procedure became infused with politics. With the beginning of the crisis in 1764, disputes, debates, and actions over inoculation turned less on religion and science and more on politics and patriotism. As the events in Salem demonstrated, debates and discussions on inoculation drew from the growing lexicon of the patriot cause as words and phrases such as "patriotic," "this land of liberty," "American physician," permeated the discourse. Such an action helped to define and defend what and who were American and what and who were British. And, in addition to fostering an American identity, such definitions also challenged British authority, joining other more notable challenges as the Boston Tea Party.

The intersections of politics and inoculation can also be seen in much of the inoculation legislation the New England and Southern colonies enacted throughout the Revolutionary period. In response to the demands of the Revolution, beginning in 1775 many colonial legislatures began to allow local towns to make inoculation decisions that were right for them -- a distinct departure from when the legislatures themselves made such decisions. While inoculation laws after 1775 were intended to cater to the needs of the Revolution, they had the residual effect of making the inoculation decision more democratic and thus reflective of the philosophical goals of the patriot cause.
Lastly, while the actual act of being inoculated always carried with it a certain degree of risk to the individual and the community, during the Revolutionary crisis inoculation took on a whole new set of risks: to inoculate someone or to be inoculated were now politically charged practices. As in the case of Morristown, Bethlehem, and Brookline Humbly, inoculation was a way for their citizens to act politically and patriotically. However, for some individuals, inoculation was sometimes interpreted as a sign of disloyalty to the rebel effort. As demonstrated by the actions perpetrated against Elihu Ashley, Azor Belts, and Josiah Pomeroy, inoculation was often reason enough to doubt or confirm a person's loyalties to the patriot cause. No longer was the act of inoculation simply a military or a medical procedure to further public health, it now became a political weapon as well.
CHAPTER 6. INOCULATION AND THE CONTINENTAL ARMY

Introduction

On July 1, 1776, John Adams wrote to his friend and fellow rebel Archibald Bulloch that a vote on a "Declaration that these colonies are free and independent states" was imminent, adding, "May Heaven prosper the new born republic and make it more glorious than any former republics have been." After five months of continuous and often contentious debate, the Continental Congress was finally poised to declare independence, thus formally severing ties with Great Britain. However, along with Adams’ prayer for the new republic came somber and dire news. Commenting on the Continental Army's recently failed invasion of Canada, Adams remarked that "The Small Pox has ruined the American Army in Canada, and of consequence the American Cause. A series of disasters has happened there; partly owing I fear to the indecision at Philadelphia, and partly to the mistakes or misconduct of our officers, in that department.” However, Adams reserved special scorn for the unseen enemy. “But the smallpox,” Adams wrote to Bulloch, “which infected every man we sent there, completed our ruin, and have compelled us to evacuate that important province.”

Proposed by Major General Philip Schuyler in March 1775 and approved by the Second Continental Congress on June 27, the capture of Canada was intended to secure

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the colonies' northern borders from attack by the British; thus the province's capture was considered vital to the success of the American cause.2 As George Washington wrote to Benedict Arnold, "To whomsoever it belongs, in their favor, probably, will the balance turn."3 But, the plan was destined to fail from the start. The Second Continental Congress, which had just convened in Philadelphia on May 10, 1775 could barely agree on declaring independence from Great Britain let alone coordinating the logistics of a major military offensive.4 While Congress’s neglect certainly affected the invasion’s success, it was smallpox, just as Adams had observed, that ultimately doomed the expedition.

By the time the invasion departed in September 1775, smallpox had already spread throughout British controlled Boston and was threatening to jump the lines of the Continental Army laying siege to the city. However, despite the prevalence of smallpox, Congress failed to plan for the possibility that the army headed to Canada would contract the disease. There was no plan to monitor the health of the army or treat those who became sick. Absent these things, physicians who accompanied the army on its trek into Canada were left to improvise as best they could. As a result, hundreds of men sent on the expedition succumbed to the virus and hundreds more were incapacitated by it. But what Adams neglected to mention was inoculation and the part it played in the disaster.

Not only did Congress fail to provide for those who became ill with smallpox, but they made no provision to prevent the virus's spread by formulating a plan for orderly

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4 Stephenson, 222.; Colonel Wait to Colonel Hurd, in Force, American Archives, 5th Series, vol. 4: 479; Loosing, The Life and Times of Philip Schuyler, 335-337.
inoculation of the troops. Instead, orders were issued forbidding soldiers to inoculate and stating those who did would be punished. Faced with the prospect of catching natural smallpox, many soldiers disobeyed orders and inoculated themselves. While these soldiers saved their own lives, they became the catalyst for spreading smallpox to their compatriots, thus contributing to the ultimate demise of the invasion.

The specter of the defeat in Canada cannot be underestimated. Over the course of the next five years, Washington and his Generals harkened back to how inoculation was used and abused in Canada when they had to make decisions about how to confront smallpox as well as inoculation. When they did so, fissures in the army were exposed that presented problems that were often dangerous distractions to the fight against the British.

The Canada Plan

The plan authorized by Congress called for two forces to move into Canada and converge on Quebec City. The first force left Ticonderoga, New York, on August 28 and consisted of approximately 2,000 men from New York, Connecticut, and New Hampshire, as well as Green Mountain Boys from Vermont. Originally placed under the command of General Philip Schuyler, Schuyler was replaced by General Richard Montgomery after he fell ill less than a month into the expedition. The second invasion force consisted of approximately 1,100 soldiers from Connecticut, Pennsylvania, Maryland, and Virginia, many of them experienced riflemen. Under the command of Colonel Benedict Arnold, the army departed Cambridge, Massachusetts, on September

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5 Alden, 199; The Northern Department consisted of the entire colony of New York (see Lossing, The Empire State, 221-222).
Unlike Montgomery and his force, Arnold was to proceed along a more circuitous route through the uncharted wildness of Maine, the objective being to meet up with Montgomery at Quebec City. Confidence filled the ranks when the soldiers embarked Cambridge. "The army set off in high spirits," noted one captain, and, according to twenty-two year old private Abner Stocking, he and his compatriots were "intending to endure with fortitude all the fatigues and hardships" that they "might meet with on our march to Quebec." Little did they know the hardships that lay ahead.

**The Invasion Begins**

Although the invasion went well at first with Montgomery's capture of the fort at Chambly on October 18, 1775 followed by the capture of St. Johns on November 3 and Montreal on November 13, 1775, the victories were short lived. Arnold's force did not fare as well as Montgomery's. Originally intended to take twenty days, the 300 mile trek through the wilderness of Maine took Arnold forty-five. "Unthought-of obstacles" impeded Arnold's progress at almost every turn. Swift rapids, boats that fell to pieces when wet, the bone-chilling cold, and soldiers without the proper clothing for the early Canadian winter, all hindered the army's march northward and seasoned it for the disaster to come. When Arnold arrived at Point Levis on the shore of St. Lawrence River opposite Quebec City on November 9, his army was a sickly, emaciated shell of the one that departed Cambridge two months earlier. Of the original 1,100 soldiers who set out on

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7 Alden, 202; Cogliano, 59, 73-74; Stone, viii, xi; Commager and Morris, 184-85; Smith, 509.
10 Stone, xi
the march, only 600 arrived to see the city of Quebec.\textsuperscript{11} Making matters worse, expecting to find a weak British force willing to surrender on demand, Arnold instead encountered a well defended city, strengthened earlier in October by General Guy Carleton who had retreated from Montreal with seven-hundred soldiers in the wake of Montgomery's victory.\textsuperscript{12} When Montgomery finally arrived at Quebec on December 2 with his remaining army of three hundred men, he found Arnold's army on the verge of collapse, a British garrison that was well fortified and defended, and, most devastating of all, a smallpox epidemic just beginning to embrace the army.

**The Devastation Begins**

In his diary entry for December 6, Private Caleb Haskell of Massachusetts wrote, "The small pox is all around us, and there is great danger of its spreading in the army." And spread it did. On December 18, Haskell and four others of his company were taken to a hastily erected hospital, Haskell noting that he "broke out with smallpox." On December 21, Haskel again noted that "the smallpox spreads fast in our army."

Unprepared for the growing epidemic, Arnold and Montgomery appropriated homes outside the walls of Quebec City to house the growing number of infected soldiers. According to Haskell, "All houses in the neighborhood" where they were encamped" are full of our soldiers with the smallpox."\textsuperscript{13} The spread of smallpox among the Continental Army did not go unnoticed by the British. Thomas Ainslie, a captain in the British army, mentioned in his journal that deserters from the Continental Army reported "small pox

\textsuperscript{11} 300 soldiers under the command of Colonel Enos voted to return to Cambridge. (Stone, 9-11)
\textsuperscript{12} Stone, xiv; Commager and Morris, 185.
does havoc among them -- there are 200 now in hospitals, tis a deadly infection in Yanky veins."\(^{14}\)

Accounts at the time reported that the British intentionally introduced smallpox into the Continental Army as early as December 1775.\(^{15}\) John Joseph Henry, a seventeen-year-old rifleman from Pennsylvania, wrote smallpox "had been introduced into our cantonments by the indecorous, yet fascinating arts of the enemy," specifically by women who were "loaded with the infection" and allowed by the British to go outside the city walls and into the Continental lines.\(^{16}\) Hector McNeal, a captain serving in the Continental Army, had a similar observation. McNeal believed that British General Guy Carleton inoculated “the poor people at government expense” and then sent them out into the American lines "for the purpose of giving it to our army."\(^{17}\)

While smallpox and inoculation made many in the Continental Army recoil in horror, the British army had no fear of either. Most British soldiers were immune to smallpox, having had the disease as children in England or through inoculation once in the British Army.\(^{18}\) However, the British were well aware that the opposite situation existed among the Continental forces. For instance, knowing that many soldiers in the Continental Army were adverse to inoculation and were susceptible to smallpox, one

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\(^{14}\) "Journal of Thomas Ainslie," as found in *Blockade of Quebec in 1775-1776 by the American Revolutionists*, Fred C. Wurtele, ed. (Quebec, Canada: The Daily Telegraph Job Printing House, 1905), 21-22.

\(^{15}\) John Codman, *Arnold's Expedition to Quebec* (NY, NY: The MacMillan Co., 1902), 190, 199-200


British military treatise suggested that soldiers dip "arrows in the matter of smallpox" and then "twang them at the American rebels, in order to inoculate them; this would sooner disband these stubborn, ignorant, enthusiastic savages."\(^{19}\)

Accusations that the British Army used biological warfare against its enemies were not unfounded. In the most celebrated incident of alleged eighteenth-century biological warfare, British General Jeffrey Amherst reportedly authorized Colonel Henry Bouquet, the commander at Fort Pitt, to give pox ridden blankets to Native Americans in the vicinity of the fort. "You will do well to try to inoculate the Indians by means of blankets," Amherst wrote Bouquet, "as well as to try every other method that can serve to extirpate this execrable race."\(^{20}\) It was the beginning of Pontiac’s Rebellion in 1763, and Amherst was determined to eliminate the Indian threat. Soon after Amherst's orders, smallpox spread throughout the Indian tribes of western Pennsylvania and Ohio, their Indian populations.\(^{21}\) Whether or not it was on account of the British is still a matter of speculation among scholars.

The first historian to suggest a connection between Amherst and the spread of smallpox among the Indians was Francis Parkman. In his book, *The Conspiracy of Pontiac and the Indian War after the Conquest of Canada*, Parkman described Amherst's and Bouquet's plan as "detestable," insisting that Bouquet had other options that were "worthy of a man and soldier" to use against the Indians. But despite the damming correspondence between Amherst and Bouquet and the appearance of smallpox among

\(^{21}\) Ibid., 41.
the Indian population of the region soon after the idea was suggested, Parkman concedes that there is "no direct evidence" that Bouquet executed "the shameful plan." Donald Hopkins shares Parkman's conclusion. In his book, Princes and Peasants: Smallpox in History, Donald Hopkins concludes "The result of this conspiracy is unknown." Historian Philip Ranlet, however, is more certain about Amherst's role. According to Ranlet, the accusation that the British intentionally spread smallpox among the Indian population around Fort Pitt "is unwarranted." Ranlet argues that smallpox had already been "present among the Indians well before the Fort Pitt incident took place," therefore, Amherst is innocent.

Elizabeth Fenn, however, is certain about Amherst's culpability in the matter.

In her book, Pox Americana, Fenn concludes the British "demonstrated their willingness to use biological warfare in 1763, when Indians organized under the Ottawa leader Pontiac had threatened the safety of Fort Pitt." But rather than debate whether Amherst did nor did not order the Indians to be infected, she cautions us not to be too quick to judge Amherst. In her essay “Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst,” Fenn maintains that while Amherst’s guilt is secure in history, his motivations need to be examined within the context of the time rather than from the perspective of the twenty-first century. According to Fenn, "Many of the

23 Hopkins, 246.
24 Ranlet, “The British, the Indians, and Smallpox,” 431, 435 438. Also see Bernhard Knollenberg, "General Amherst and Germ Warfare," The Mississippi Valley Historical Review, vol. 41, no. 3 (December 1954): 494, in which Knollenberg argues historians have drawn "conclusions about British responsibility for germ warfare against the Indians in 1763-1764 which the nature of the evidence does not support."
25 Fenn, Pox Americana, 88.
combatants in America's wars of empire had the knowledge and technology to attempt biological warfare with the smallpox virus," and many "also adhered to a code of ethics that did not constrain them from doing so." Therefore, Fenn concludes that the "Amherst affair becomes not so much an aberration as part of a larger continuum in which accusations and discussions of biological warfare were common" at the time "and actual incidents may have occurred more frequently than scholars have previously acknowledged."\(^{26}\) Considering Fenn's conclusions, it is possible that Amherst did, indeed, sanction the use of smallpox as a weapon against the Indians, however, smallpox was just one more weapon among many weapons in the British arsenal, rather than an extraordinary weapon to be used under dire circumstances. Such a view might help explain why other British commanders, such as Dunmore, were also accused of intentionally spreading smallpox when they confronted rebel soldiers.

Following his hasty departure from Williamsburg in June 1775 for the safety of a flotilla of ships, Lord John Murray, Earl of Dunmore, and the last royally appointed governor of Virginia, was blamed for starting a smallpox epidemic throughout the northern regions of the colony. After skirting the coastline of Virginia for almost a year, large numbers of his men, many of them slaves who fled to his flotilla seeking freedom, came down with smallpox; unable to care for such large numbers of sick, many were left behind, igniting an epidemic. According to the *Virginia Gazette*, Dunmore intentionally

\(^{26}\) Fenn, *Pox Americana*, 88; Fenn, “Biological Warfare,”1552-53,1580.
infected the slaves and sent them "ashore, in order to spread the infection" among the colonists.27

During the Continental Army's siege of Boston, from April 1775 to March 1776, Washington and the rebel leadership came to suspect that British General William Howe intentionally inoculated civilian refugees being sent out of the city in order to purposely infect the Continental Army. In a letter Washington wrote on December 4, 1775, to John Hancock, President of Congress, Washington noted he received intelligence that "a number of those coming out [of Boston] have been inoculated, with the design of spreading the smallpox through this country and camp."28 At first, Washington "could not suppose them [the British] capable" of such an act, but after many of the refugees came down with smallpox, Washington conceded he "must give some credit" to the reports.29 Further intelligence Washington received led him to believe Howe was using inoculation as a defensive weapon as well. After smallpox began to spread in Boston, Howe ordered soldiers who had never had the disease to be inoculated. Washington, knowing the susceptibility his men had to smallpox, told Hancock "This, I apprehend is a weapon of defense they are using against us."30 Did the British intentionally use inoculation in order to infect Washington's army and thwart his plans? In all likelihood,

29 George Washington to the President of Congress, Cambridge, December 11, 1775, in ibid., 270.
yes. The intelligence Washington received from escaped soldiers, sailors, and others, about British plans to use the virus was confirmed when refugees did, in fact, come down with smallpox. But, in the absence of any definite order or letter stating as much, we are left to speculate.

**Washington's Initial Approach to Smallpox and Inoculation**

In the early months of armed conflict with the British, Washington took precautions to limit the Continental Army's potential exposure to smallpox throughout its siege of Boston. Those soldiers who exhibited signs of the disease were immediately quarantined and the movements of healthy soldiers were seriously curtailed. On July 4, 1775, Washington issued orders that prohibited his soldiers from traveling in areas that might be infected with smallpox since "there may be danger of introducing smallpox into the army." 31 Especially worried that the refugees from Boston coming across the lines might infect his army, in December 1775 Washington cautioned his generals to "prevent any of your officers from any intercourse with the people . . . who came out of Boston. . . .there is great reason to suspect that the smallpox is amongst them, which every precaution must be used to prevent its spreading."32

When the British abandoned Boston on March 17, 1776, Washington continued to go to great lengths in order to ensure smallpox did not spread to his soldiers. On March 13, he ordered that only soldiers who were immune to the disease could enter Boston.

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once the British left, all others should not "presume to go into Boston, without leave."33

By the summer of 1776, smallpox had reached such epidemic proportions in the town that on July 3, 1776, the General Court of Massachusetts allowed inoculation until July 15, "after which time it is forbidden on severe penalties both on the inoculator and inoculated." To prevent the spread of smallpox to the countryside, the Court also permitted "hospitals for inoculating the smallpox" to be constructed in each county of the state.34

Almost five-thousand people from in and around Boston took advantage of the opportunity to inoculate, among them Abigail Adams and her children.35 However, despite all attempts to the contrary, smallpox found its way into the rebel army. On July 4, 1776, Major General Artemas Ward informed Washington that "so many of the soldiers got the disorder, that I apprehend the remainder of them must soon be inoculated."36 Fearful of what might happen should Ward inoculate, on July 11 Washington instructed Ward not to do so. "The calamities that would flow from smallpox being communicated to the whole army" as a result of inoculation, Washington told Ward, "are too obvious to need mention." Washington urged quarantine in order to

34 Freeman's Journal, Portsmouth, NH, July 13, 1777. See also Continental Journal, Boston, MA, July 18, 1776.
"prevent those that are well from taking the infection." Ward did not receive Washington's letter in time, not that it would have made much difference. Acting on his own authority, Ward already ordered inoculations to begin. According to army physician James Thacher, on July 3 "Orders" were "given to inoculate for the smallpox, all the soldiers and inhabitants in town... Dr. Townsend and myself are now constantly engaged in this business." On July 15, Ward informed Washington what he had done, arguing that since the "legislature of this Government gave permission for the inhabitants to inoculate, and as so many of the troops in town had taken the disorder, I thought it might be most for the general good to permit the remainder of the two regiments in town to be inoculated."

When Washington received Ward's letter, he was actually relieved that Ward took the actions he did. Needing soldiers immune from smallpox at Fort Ticonderoga in New York, Washington told Ward that the two regiments he inoculated "will be much the properest [sic]" since they "had the smallpox" and were now immune. One of these regiments destined for Ticonderoga was Colonel Whitcomb's, which was inoculated by Dr. Thacher in July. By August 7, Whitcomb's five hundred men had "gone through the

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37 George Washington to Major General Artemas Ward, New York, July 11, 1776, The Papers of George Washington, Vol., 5: 276-278. Although the civilians of Boston had permission from the General Court to inoculate, Washington did not want his soldiers inoculating because he feared it might spread natural smallpox throughout the army.
38 James Thacher, Military Journal, During the American Revolutionary War, from 1775 to 1783 (Hartford, CT: Silas Andrus & Son, 1854), 54
smallpox” and were "preparing to march to Ticonderoga”; Thacher was among them. Although it is not know for sure the extent to which Ward's actions in Boston ultimately informed Washington's February 1777 decision to inoculate his army, Washington surely considered them. By inoculating his men, Ward showed how, under controlled circumstances, inoculation could be beneficial. However, while controlled inoculation proved to be an ally in the fight against smallpox in Boston, Canada was a different story.

The Beginning of the End: The Raid on Quebec City

With their army diminishing by the hour due to smallpox and faced with an added worry of enlistments that were set to expire on January 1, 1776, Arnold and Montgomery knew their window of opportunity to take Quebec City was closing. In the early morning hours of December 31, 1775, Arnold and Montgomery rushed to attack the city, a decision that proved disastrous for everyone but the British. The attack did not go well from the beginning. It was snowing when the call went out for the combined Continental Army of 800 men to begin its assault against the British garrison of 1900 well equipped soldiers. Describing the scene, Private John Joseph Henry noted that the snow storm the troops marched through "was outrageous, and the cold was extremely biting," the snow blowing "horizontally" into the faces of the men as they began their assault. When they reached the city, things quickly deteriorated. Within the first minutes of the battle, General Montgomery, the hero of St. John's and Montreal, was dead -- shot through the

41 Thacher, 62.
44 Henry, 107; Duffy, Epidemics, 96. Henry’s rank and who he served with is from Henry Steele Commager and Richard B. Morris, eds., The Spirit of Seventy-Six: The Story of the American Revolution as Told by its Participants, 202. Henry was from Lancaster, Pennsylvania.
head attempting to scale a wall -- not long after which Arnold was wounded in the leg and had to be taken from the field. With Montgomery dead and Arnold now injured, the Continental Army's offensive quickly crumbled.

Of the force of 800 men who went into the battle, 51 were killed, 36 wounded and 387 taken prisoner, one of whom was Private Henry. Writing about his company's defeat, Henry noted, "About nine o'clock, A.M., it was apparent to all of us that we must surrender. It was done." All those who remained retreated back to the fields surrounding Quebec to begin a six month siege of the city. The only thing more disheartening to Continental forces than their defeat was the horrifying devastation to come. While smallpox had already established its hold on the Continental Army before the assault, it was during the siege of Quebec City and subsequent retreat from Canada that the virus reached horrific proportions. By the time the army abandoned Quebec City on May 6, 1776, and began its retreat south, hundreds of soldiers contracted and died from the virus and hundreds more were left incapacitated and unable to fight. The spread of smallpox, the levels of mortality, and the number of soldiers left incapacitated could not have reached the heights they did without inoculation; it was inoculation that helped spread and sustain the virus in the Continental Army throughout the entire invasion.

As soon as smallpox first appeared among Arnold's force in early December 1775, soldiers began to inoculate themselves and their compatriots with reckless abandon. One only needed to procure smallpox puss or scabs from an infected individual,

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45 Thacher, 36
which would not have been hard to do under the circumstances at Quebec City, and then insert the matter in a cut or "under the finger nails, by means of pins or needles." 48

While the inoculee spared his own life, once he developed the typical inoculation rash, he was infectious and risked infecting all the non-immune around him with natural smallpox. As more soldiers became infected, more inoculated, and as more soldiers inoculated, more became infected. And so this "spiraling sequence of events" continued throughout the remainder of the campaign and into the months that followed.49

It was obvious to many that if inoculation was allowed to continue, it would have disastrous consequences on the Continental Army and, consequently, the success of the war. One individual who realized this was Connecticut Governor Jonathan Trumbull. The only colonial governor to retain his office after the outbreak of hostilities with Great Britain, Trumbull was a trusted advisor to George Washington and a constant voice of caution when it came to inoculation.50 On August 22, 1776, one month after the retreat from Canada was completed, Trumbull warned General Schuyler that if inoculation was "not timely restrained . . . it must prove fatal to all our operations, and may ruin the country." Trumbull hoped that "a practice so pernicious in every respect" would be "discouraged" in the army.51

However, many leaders of the Revolution knew that inoculation could save lives. George Washington, who contracted natural smallpox while in Barbados in 1751,  

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48 Ibid., 143-144; Stephenson, 175.
51 Governor Trumbull to General Schuyler, Lebanon, CT, August 22, 1776, Force, American Archives, 5th Series, vol. 5: 1115.
believed inoculation so important that he would "compel the masters of families to inoculate every child born within a certain limited time under severe penalties."

Inoculated in April 1764, John Adams wished the procedure found "more universal" acceptance in the colonies and "that the whole people was inoculated." Thomas Jefferson, who was inoculated in Philadelphia in 1766 on his way to New York City, reportedly crafted Virginia's 1778 revision to the colony's restrictive 1770 inoculation law. The new law allowed citizens, acting between themselves and without government interference, to decide whether or not to allow inoculation in their towns. And, of course, Benjamin Franklin, probably the most ardent supporter of inoculation in the colonies, believed the procedure so important that he convinced British physician William Heberden to write "A small pamphlet . . . in plain language . . . encouraging

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54 Barbara B. Oberg, ed., The Papers of Thomas Jefferson (Charlottesville, VA: University of VA Press, Rotunda, 2008), 122-124. It is unknown why Jefferson inoculated in Philadelphia, however, it may have been because in 1766 the city was considered "the place" in the colonies to undergo the procedure; Jefferson may have chosen to stop there on his way to New York. For evidence of this, see The Papers of Thomas Jefferson, Main Series, Vol., 1 (1760-1776), page 18 and Jefferson's letter to his friend John Page dated May 25, 1766, written in Annapolis, Maryland, while on route to Philadelphia. Some historians contend that Jefferson was inoculated in Philadelphia because the practice was illegal in Virginia at the time, but this is simply not true. As discussed in Chapter 5, while frowned upon in Virginia, inoculation was still legal in the colony in 1766. The procedure was not prohibit there until 1770. Some historians also contend that Jefferson's sole purpose for the trip north was to go to Philadelphia to inoculate, however, there is no evidence to support this claim. See, for example, Willard S. Randall's, Thomas Jefferson, A Life, 84-85,86, and Nathan Schachner, Thomas Jefferson, A Biography, vol., 1 (NY,NY: Appleton-Century-Crofts, Inc., 1951), 57. For the Virginia statute restricting inoculation, see William W. Hening, ed., Statues at Large: Being a Collection of All the Laws of Virginia, VIII (Richmond, VA: J&G Cochran, 1821), 371-372. For the Virginia statute relaxing these restrictions, see Journal of the House of Delegates of the Commonwealth of Virginia . . . on Monday, the Fifth Day of May, in the Year of Our Lord, One Thousand Seven Hundred and Seventy-Seven ,48, 93, 136.
parents to inoculate their own children” at home, without any assistance of a physician.55

While these men knew the benefits of inoculation, they were also well aware of its dangers, namely that if inoculation was not properly regulated and patients properly quarantined, natural smallpox could erupt and spread uncontrollably, just as it did in Canada. And therein was the problem that confronted Washington in the first eighteen months of the Revolution. Although the Continental Congress officially established the Continental Army on June 14, 1775, it was not until February 1777 when George Washington ordered, and Congress approved, inoculation of the soldiers that any coordinated plan was in effect. Until then, potential recruits were subject to the inoculation laws of their own colonies, something that made for an army with varying degrees of immunity to smallpox and acceptance of inoculation. For example, although many of the New England and southern colonies were just beginning to change their restrictive inoculation laws in 1775 in order to allow their citizens to protect themselves from smallpox spread by the army, for many new recruits it was too late; they joined the Continental Army uninoculated and thus susceptible to smallpox.56 In comparison, those recruits from Philadelphia, where inoculation was freely practiced, either had smallpox before they joined the army and were therefore immune, or were more willing to undergo the procedure once in the army -- either by a doctor’s hand or their own.

Clandestine Inoculation in Canada

55 Benjamin Franklin, Introduction to William Heberden’s Some Account of the Success of Inoculation for the Small-Pox in England and America. For more on Franklin and his support of inoculation, see Chapter 2 of this dissertation.
56 James E. Gibson, “Bodo Otto: Senior Hospital Physician and Surgeon of Valley Forge,” Historical Review of Berks County (October 1935), 11.
As smallpox began to spread throughout the army's encampment around Quebec City and the grisly ravages of the virus appeared on the faces and bodies of its victims, many soldiers disobeyed order and inoculated themselves. Private Henry noted that a number of his comrades in the Pennsylvania Company who had not had smallpox before performed the procedure on themselves "either to obtain an avoidance of duty, or to get over that horrible disorder in an easy and speedy way.” Thanks to the efforts of Benjamin Franklin and others, the inoculation process was well known and not difficult to perform. In addition, soldiers ignored the preparation process doctors prescribed under normal conditions, which made the procedure much more simple. The practice rapidly spread throughout the entire soldiery of the Continental Army surrounding Quebec City, something that proved as caustic to the rebel army's success in Canada as the British.

On February 11, 1776, Arnold gave orders for physicians and individual soldiers to stop inoculating, these were followed on March 15 with additional orders stating "The Surgeons of the Army are forbid, under the severest penalty, to inoculate any person. And as many officers and men are preparing for the small-pox, it is said with an intention of taking it by inoculation . . . those who are found guilty, if officers, will be immediately cashiered; if private soldiers, punished at the discretion of a Court-Martial." Again, Arnold's orders were ignored by many soldiers under his command. When Major General John Thomas arrived in Quebec on May 1, 1776, to take command of the Continental Army, he was horrified to find almost half of his force of two thousand men afflicted with smallpox, most as a result of self-inoculation. A medical doctor himself, Thomas

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was aware of the lethality of smallpox as well as the consequences of unregulated inoculation, which led him to "prohibit the practice" and proclaim "it should be death for any person to inoculate."\textsuperscript{58}

Soldiers who inoculated and were caught or turned in by their compatriots were punished. Lieutenant Benjamin Mooney was sentenced to be discharged and have his name "published in the public papers" after he was court-martialed and found guilty of "being inoculated for the smallpox."\textsuperscript{59} On July 23, 1776, Lieutenant Josiah Fuller was court-martialed for "Inoculating and disobedience of orders"; fortunately for him, he was "honorably acquitted," but still discharged.\textsuperscript{60} Clandestine inoculation was considered so heinous an act that punishment for undergoing the procedure without permission extended into the years after inoculation was made mandatory. In February 1777, Dr. Richard Hill noted in his diary that "two doctors were brought into town, and put into prison, for inoculating in their families." According to Hill, this was "contrary to the orders" of Continental Army General Israel Putnam.\textsuperscript{61} After Elias Stephens, Roswell Stephens, and Benjamin Benedict of Cananna, Connecticut, enlisted as Minutemen in April 1778, they "voluntarily took the small-pox by inoculation" in private and on the

\textsuperscript{58} Stone, xix; Henry, 143-144; Thacher, 54-55; Letter from John Thomas to the Commissioners to Canada, May 7, 1776 as found in \textit{The Papers of Benjamin Franklin}, William, 610; Not long after his arrival in Quebec, Thomas began to exhibit symptoms of smallpox and by June 2, 1776, he was dead. Commissioners to President of Congress, Montreal, May 27, 1776, in Force, \textit{American Archives}, 4th Ser., vol. 6: 590.

\textsuperscript{59} Force, \textit{American Archives}, 5th Ser., vol. 2: 1081. See also, Secretary of the Commonwealth, \textit{Massachusetts Soldiers and Sailors of the Revolutionary War} (Boston, MA: Wright & Potter Printing Co., 1902), 877.


advice of their commanding officer, Lieutenant Hewit, and the Selectmen of Cananna. All three individuals were arrested once they were in the army. 62

In order to avoid getting caught and therefore punished, soldiers devised creative ways to inoculate. Rather than inoculate on their arms or legs where the incision would be obvious to officers, John Joseph Henry noted that "Great numbers of soldiers" in his company "inoculated themselves under the finger nails, by means of pins or needles." 63

In Colonel Seth Warner's regiment of Green Mountain Boys, 271 of his 373 men, or 73 percent, were sick with "smallpox by inoculation." 64 Contributing to this number was Josiah Sabin of Massachusetts, a private in Warner's regiment. After Sabin obtained smallpox matter from the regiment's hospital, he anonymously inoculated soldiers from his regiment by having them come into his room blindfolded. As an added guarantee for both parties against getting caught, Sabin inoculated the men on their thighs where the incision would not be noticed. Sabin, however, was caught and arraigned before Arnold, only to be reprieved after Colonel Warner said he approved Sabin's actions. 65

Regardless of any threats of punishment or reprisals, soldiers continued to inoculate. In a March 30, 1776 letter to Silas Deane, a member of Connecticut's delegation to the Continental Congress, Arnold complained that "a variety of orders have been repeatedly given" to stop inoculation "and as repeatedly disobeyed or neglected." 66

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63 Henry, 143-144; Stephenson, 175.
soon as any reinforcements arrived, Arnold noted that they "privately prepared and inoculated." And despite General Thomas's threat to execute anyone caught inoculating, soldiers continued to engage in the practice, especially in May. Finding his position hopeless because of the lack of supplies, Thomas abandoned the fields surrounding Quebec City on May 6 for the safety of Sorrell, eighty miles north along the St. Lawrence River. This retreat only promoted the spread of smallpox as the sick were mingled with the healthy in the hastily organized exodus. Commenting on the retreat, Lieutenant Charles Cushing of Massachusetts wrote that the "army from Quebec began to scatter into Sorrel" where they carried and spread smallpox. "Boatloads of sick" with smallpox "were landed among us so that, there seemed no possibility of escaping it." The arrival at Sorrel was soon followed by a retreat to Chambly, then Montreal, St. Jeans, Isle-aux-Noix, Crown Point, and finally, by July 25, 1776, the safety of Fort Ticonderoga in New York.

Throughout the Continental Army's retreat, smallpox spread and soldiers of all ranks continued to inoculate contrary to orders. On May 18, army chaplain Ammi Robbins wrote in his diary that prior to his departure from Chambly, he inoculated his aide Stephen "two or three miles" outside of camp, leaving him "somewhat cheerful." Dr. Isaac Senter noted in his journal that "The small-pox still continued in the army.

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66 General Arnold to Silas Deane, Quebec, Canada, March 30, 1776, Peter Force, American Archives, 4th Ser., vol. 5: 549.
Numbers of the soldiers inoculated themselves, and indeed several officers, though contrary to orders at this time." Among those who inoculated "contrary to orders" were Sergeant William Chamberlin and the officers of his company. When Chamberlin and his company arrived at Isle-aux-Noix in late May, they found the island "covered with the people sick with the smallpox in its various stages." Since "Every commissioned officer" in his company had already "been inoculated for the smallpox" and since "there was no possibility of escaping the contagion." Chamberlin acquired some smallpox matter, made an incision in his arm with his knife, and inoculated himself. Chamberlin was clearly following the example set by the officers of his company. Among those soldiers in Boston after the British evacuated the town, leaving it infested with smallpox, was army physician James Thacher. Fearful of catching natural smallpox, Thacher said he was "advised" by his friends "to inoculate for my own safety, though contrary to general orders." According to Thacher, he was inoculated in late May 1776 by Dr. John Homans, passing "through the disease in the most favorable manner, not suffering one day's confinement." Thacher's infraction was never discovered.

The continued disobedience frustrated General Thomas. "Notwithstanding which and the most express orders to the contrary, both officers and soldiers privately inoculate themselves," Thomas complained to the commission Congress sent to Canada to invite

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72 Thacher, 44.
the province to join the patriot cause. However, unknown to Thomas at the time, when he wrote this letter he was infected with smallpox himself. In an ironic twist of fate, on June 2, 1776, Thomas died from the disease.

As more and more soldiers fell to smallpox, army physicians such as Thacher, Homans, and Beebe were often blamed by commanding officers for spreading the virus by inoculation thus contributing to the defeat in Canada. Philadelphia physician John Morgan, one of the more respected surgeons of the army and supporter of inoculation himself, shared his thoughts on the outcome of events with Samuel Adams. "I am not sure that our disgrace and misfortunes in Canada are not owing, in a great measure, to the shameful proceedings of the surgeons in spreading the smallpox, by inoculation, amongst the soldiery," Morgan wrote Adams. Rather than inoculate soldiers, Morgan suggested to "keep in pay a surgeon and mate to attend all that fell ill of the smallpox"; in other words the army should treat those infected rather than attempt to prevent the infection through inoculation. Morgan's approach was not a criticism of inoculation; on the contrary, Morgan was a supporter of the procedure. Instead Morgan's beliefs as they pertained to the events in Canada were an acknowledgment of the obvious, namely that uncontrolled inoculation perpetrated, in part, by the physicians ultimately spread smallpox.

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73 General Thomas to Commissioners of Congress, Force, American Archives, 4th Ser., vol. 6: 588-589. The committee included Benjamin Franklin, Samuel Chase, Father John Carroll, and Charles Carroll; see Alden, 208.
75 Dr. Morgan to Samuel Dams, New York, June 25, 1776, Force, American Archives, 4th Ser., vol. 6: 1069.
76 See, John Morgan, MD, Recommendation of inoculation, According to Baron Dimsdale's Method, 11, 15.
For Washington, however, the actions of the doctors confirmed what he already suspected, namely, that the physicians could not be trusted. As a young man, Washington believed many physicians were "Quacks . . . whose only study is to swell their Bills, and to make their profit of the country." Now older and in command of the Continental Army, Washington's beliefs had not changed much. "The regimental surgeons," Washington wrote John Hancock, "are very great rascals, constantly countenancing the men in sham complaints to exempt them from duty, and often receiving bribes to certify illnesses with a view to procure discharges or furloughs." Indeed, the "sick returns" of the Continental Army were staggering. In June 1776, the percentage of soldiers in the entire Continental Army reported on troop returns as "sick" was 9.7 percent, the low for the year. However, after June, the number of soldiers reported as sick began to climb. In July it was 16.6 percent, in August, 25 percent, and in September 31 percent, reaching a high of 34.9 percent in December, the second highest of the entire Revolution. At a

78 George Washington to the President of Congress, Harlem, NY, September 24, 1776, The Writings of George Washington, Lawrence B. Evans, Ph.D., edr (NY, NY: The Knickerbocker Press, 1908), 74. After Washington's brother Sam lost his wife on account of inoculation in 1777, it was the physicians Washington blamed, declaring "some mismanagement must surely have been in the way." According to Washington, "the great skill which many of the faculty [medical community] pretend to have in the management of this disorder . . . is neither more nor less than a cheat upon the world; that in general an old woman may inoculate with as much success as the best physician." See, George Washington to John Washington, June 1, 1777, George Washington Papers at the Library of Congress, 1741-1799, in Series 4. General Correspondence. 1697-1799.
79 Charles H. Lesser, ed., The Sinews of Independence: Monthly Strength Reports of the Continental Army (Chicago, IL: University of Chicago Press, 1976), xxx. The highest sick return was 35.5 percent in February 1778. The average sick rate from the twenty-four month period beginning January 1, 1777 to December 31, 1778 was 23 percent. This figure was arrived at by adding the "Rank and File Total" for the twenty-four month period beginning January 1777 through December 1776 (389,176 soldiers) as found in the table on page xxx in Lesser's, The Sinews of Independence, and dividing it by the twenty-four month total of the "Sick Total" column (90,097 soldiers). The percentage sick is most likely higher since the months of January through March 1777 are missing and these are the months when smallpox was at its strongest in Philadelphia and Morristown, New Jersey.
time when Washington desperately needed soldiers, his army was hemorrhaging men, greatly owing to smallpox, inoculation, and, according to Washington, physicians.

Determined to put an end to the unauthorized use of inoculation, Washington issued General Orders in late May 1776 instructing officers in the Continental Army to "take the strictest care, to examine into the state of their respective Corps, and thereby prevent inoculation amongst them." His instructions required the "severest punishment" for any enlisted soldier who inoculated himself or had himself inoculated. For any officer "who shall suffer himself to be inoculated," Washington ordered him to "be cashiered and turned out of the army."

The commander of a battalion stationed at Fort Ticonderoga took Washington's instructions seriously. In August 1776, he ordered all soldiers who became infected with smallpox to take an oath that they contracted the virus in the "natural way" rather than through inoculation. Anyone who received the virus through inoculation was to "Declare the name of the person who inoculated him & the place where it was done, that the perpetrator of so villainous an act may immediately be brought to condign punishment."

However, as with the orders issued by Arnold and Thomas, Washington's orders were likewise ignored; officers and enlisted continued to inoculate with reckless abandon. In August 1776, recruits from Blanford and Granville, Massachusetts, inoculated "without any orders." The result of their actions caused a deficit in the quota of soldiers

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Massachusetts was able to supply for the month.\textsuperscript{82} In a report he made to the Congress on August 6, 1776, General Gates noted that "Colonel Woodbridge, Lieutenant Colonel Leonard, and Major Stacy, all from the county of Hampshire, in Massachusetts, left their regiment . . . and went home to be inoculated," an act Gates believed should not go unpunished. "An example so shameful in officers of their rank must be taken notice of," Gates proclaimed. "I shall bring them to a court martial the instant they arrive in camp."\textsuperscript{83}

Among Washington's generals, it was Gates who was especially hawkish on punishing those who inoculated. When Captain Samuel Wetherbee had his men inoculated at Charlestown, New Hampshire, in late July 1777, Gates ordered them court marshaled. According to Charlestown's Reverend Olcott, however, court marshals for several of Wetherbee's men were not necessary. "Death has saved Colonel Fuller the trouble of a court-martial," Olcott wrote Gates, "and another of his company is . . . at the point of death; so that they are like to pay dear for their imprudence and breach of orders."\textsuperscript{84}

Unsupervised by higher ranking officers, many lower ranking officers such as Wetherbee as well as enlisted soldiers often detoured to visit an inoculation doctor while en route to join their regiments. On August 16, 1776, General Schuyler reported to Congress that "some of the militia from the eastward have inoculated themselves" while on their way to join their regiment at Skenesborough, New York, and that he heard "that

\textsuperscript{82} Major Hawley to Massachusetts Council, Northampton, August 5, 1776, Force, \textit{American Archives}, 5th Ser., vol., 1: 779.
\textsuperscript{83} The Canadian Department was created on January 17, 1776 to manage territory taken in Canada by the Continental Army. However, with the loss of Quebec and thus Canada in June 1776, the department was closed in July 1776. Robert K. Wright, \textit{The Continental Army} (Washington, DC: United States Army Center of Military History, 1983), 56,62-63. General Gates to President of Congress, Ticonderoga, August 6, 1776, Peter Force, \textit{American Archives} 5th Ser., Vol., 1:797.
\textsuperscript{84} Rev. Mr. Olcott to General Gates, Charlestown, August 26, 1776, Force, \textit{American Archives} 5th Ser., vol. 1: 1170. See also General Gates to Major Hawley, Tyconderoga, August 10, 1776, ibid., 901.
all of the field officers of one regiment have done the same" as well as "a number of carpenters from Rhode Island." Infuriated, Schuyler put Congress on notice that had he not been ill "under the intermittent fever," he would go to Williamstown "to remove these wretches" himself. But the wretches were about to be punished anyway, saving Schuyler the effort.

The carpenters Schuyler spoke of were sent by Rhode Island Governor Nicholas Cooke at the request of John Hancock, President of the Continental Congress, for the purpose of building "vessels on the lakes" to transport troops in preparation for another assault on Canada. In response to Hancock's request, Cooke sent a "Captain and thirty-nine carpenters" from Rhode Island to Skenesborough, New York, in late July 1776. Under the command of Captain Eddy, the carpenters, who were "hired by the United States at prodigious wages," stopped along the way at Williamstown, Massachusetts, to be inoculated. In addition to General Schuyler, General Gates was furious once he learned of the detour. In an August 11, 1776, letter to Governor Trumbull of Connecticut, Gates asked Trumbull to write to Governor Cooke asking him "to dismiss" the carpenters without pay. To express his personal displeasure over the carpenters' actions, Gates appointed Brigadier General David Waterbury, Jr., to write to Captain Eddy and his "Company of Carpenters." In his letter dated August 12, Waterbury informed Eddy and

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86 Ibid., 984-985.
87 John Hancock to George Washington, Philadelphia, July 6, 1776, in *Correspondence of the American Revolution*, vol., 1256.
89 Ibid., 900.
his men that Gates decided that "The companies of ship carpenters from Rhode Island, who have been inoculated at Williamstown, should be discharged, and not suffered to come forward" to Skenesborough. Waterbury continued, "we don't intend to let anyone come into this place that has lately had the smallpox . . . we are determined to use every precaution to keep it clear" of the army. In a closing remark, Waterbury admonished the group, stating "for men to go and inoculate, and presume to come here [Skenesborough] among fresh troops, we think it monstrous."90

Unfortunately for Eddy and his men, by the time Waterbury's letter arrived, their circumstances had become more grievous since they were inoculated in late July; Captain Eddy was "taken with a violent dysentery" and "despairs of life." Not expected to live, Eddy was "anxious for the welfare of his soldiers," and appealed to General Gates "to do something for them." No longer in the army, they could not continue their "march to Skenesborough," and having had to reimburse the Williamstown Committee of Safety for "their doctoring and nursing," the men were now out of money and could not afford to pay for their return home to Rhode Island.91 In short, Eddy's men were stranded. If this was not enough, their situation was further compounded since their tools, which were their "own property," had been sent on ahead to Skenesborough; if the carpenters were to return to Rhode Island, "they would be out of business" because they no longer had the tools of their trade with which to make a living.92 An unsympathetic Gates never replied.

90 David Waterbury, Jr. to The Captain and Company of Carpenters at Williamstown, Force, American Archives, 5th Ser., vol.1: 1004.
91 See meeting minutes of the Williamstown Committee of Safety of August 4, 1774, ibid., 1003-1004.
92 Captain Eddy to General Gates, Williamstown, August 17, 1776, ibid., 1003-1004.
The incident is revealing in that it demonstrates just how disjointed perceptions and objectives vis-a-vis inoculation were within the Continental Army one month after the retreat from Canada was complete and just six months before inoculation became army policy. How Gates and Schuyler responded to the carpenters speaks to how they and the rest of the command structure of the Continental Army framed inoculation as a "monstrous" and unpatriotic act, one which could bring ruin to the rebel cause; therefore, the objective was to stop it at any cost. However, the fact that soldiers took it upon themselves to inoculate against orders shows an acceptance of the procedure and a determination to seek it out despite threats of punishment. Such a risks reveal motives that went beyond the desire for some soldiers to protect their lives.

**Motivations for Clandestine Inoculation**

The probability of catching natural smallpox during the expedition into Canada and the months following the end of the retreat was high. For instance, Captain Nathan Peirce noted that "A few days" after he and his men arrived at Quebec in late February 1776 to reinforce the soldiers already there, they became ill with natural smallpox. According to Peirce, he lost three men under his command to smallpox, with soldiers in other commands being "unwell." Peirce noted that "Captain Hall is dead and Capt [illegible] is dead with the smallpox." Peirce also caught smallpox, writing that he "had a little trimming," or signs, of the disease but he expected he would recover. Unfortunately for Peirce, he did not.93

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Many soldiers who went to Canada knew that contracting natural smallpox was a virtual death sentence. The evidence was all around them. Dr. Lewis Beebe, a physician in Arnold's army, observed "large barns filled with men in the very height of the smallpox," and estimated that "between 4[00]and 500" soldiers were infected. According to Beebe, death had become such a regular occurrence that it was "as little regarded as the singing of birds."\(^{94}\) Compared to inoculation, the chances of surviving an infection of natural smallpox were slim. Captain Hector McNeal testified to a Congressional Committee charged with investigating the Canada debacle that one in four (25 percent) who contracted natural smallpox in his regiment died, while only one in twenty (5 percent) who "inoculated themselves and had no assistance of Doctors" passed away.\(^{95}\) McNeal's mortality estimate for natural smallpox was probably low. After retreating from Canada to Crown Point, Captain Charles Cushing wrote that "we have buried great numbers" of soldiers in the first eight days at Crown Point, "some days not less than fifteen or twenty," most of whom died from "the small pox." According to Cushing, natural smallpox was so bad among those who "did not inoculate" that one colonel expected to lose one-third of his men "by the time it has gone through" his regiment. Cushing pointed out, however, that he had his men inoculated, albeit against orders. "I led a company of seventy-six men into Canada and brought them all out, seventy-four of whom had the small pox [by inoculation] while we remained there."\(^{96}\) Cushing believed it was the fear of catching natural smallpox that motivated soldiers to "run any hazard" in

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\(^{94}\) Lewis Beebe, *Journal*, as found in Commager and Morris, 820, 822.

\(^{95}\) Statistics on inoculation from "Notes of Witnesses' Testimony," *Papers of Thomas Jefferson*, See account by Captain Hector McNeal, July 2, 1776, page 436.

order to avoid the disease, even if it meant possible execution for doing so. However, if the chances and fear of contracting natural smallpox were not enough to convince even the ardent anti-inoculator to cast off his apprehensions, the field hospitals were.

The Dreaded Army Medical Department

The Army Medical Department created by the Continental Congress in May 1775 was a department on paper only. Wrought with supply problems, lack of competent staff, corruption, and plagued with infighting and political patronage, the Medical Department was sorely unprepared to contend with the medical crisis that the Canada invasion created. After the Continental Army completed its retreat from Canada in July 1776, Samuel Adams lamented to Dr. John Morgan that "From all I am able to learn, everything in the Medical Department in Canada displays one scene of confusion and anarchy." Confusion and anarchy it was. Writing about the hospital at Sorel, army physician Lewis Beebe noted the sick and wounded were "thrown into this dirty, stinking place and left to care of themselves." After a heavy downpour of rain that flooded his camp, Beebe further wrote that “Many of the sick lay their whole lengths in the water…One man

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97 Ibid., 128.
100 Lewis Beebe, Journal, as found in Commager and Morris, 820.
having the small pox bad, and unable to help himself, drowned.” 101 This lack of adequate care was also the experience of Private Caleb Haskell. While recovering from natural smallpox in the army's smallpox hospital at Quebec, Haskell wrote in his diary that he had "Poor attendance, no bed to lie on; no medicine to take." 102 Haskell, however, was fortunate. Despite his sufferings, Haskell survived his encounter with smallpox and, especially, the army hospital.

To most soldiers who were seriously wounded or sick, the inadequacies of these hospitals equated to certain death. 103 General John Lacey of Pennsylvania noted that, of those who were in one hospital he visited, "most" were "infected with the smallpox" of whom "scarcely a single one" survived. According to Lacey, the scene was "indescribable." "Some of the men in and some out of tents sick on the bare ground -- infected with fluxes, fevers, smallpox and over run with legions of lice... My eyes never before beheld such a scene, nor do I ever desire to see such another -- the lice and maggots seem to vie with each other, were creeping in millions over the victims; the doctors themselves sick or out of medicine." 104 "Dreadful suffering," Reverend Ammi Robbins wrote of the hospital he visited, adding "Never was such a portrait of human misery, as in these hospitals." 105 Considering the sufferings soldiers had to look forward to, not only from natural smallpox but also from the hospitals should they end up in one, it is certainly conceivable that those soldiers who never thought of inoculating in civilian

101 Lewis Beebe, Journal, as found in Commager and Morris, 820, 822.
102 Haskell, 15.
103 Kerber, 60-61
105 Robbins, 10, 29, 31.
life considered doing so once in the military. While it makes sense that inoculation was preferable to the sufferings and almost certain death from natural smallpox and the hospitals, were these the only reasons soldiers inoculated? Were there other motives that pushed the truculent anti-inoculationists to inoculate?

As previously argued, a marked face indicated a person of low social status, low "moral worth," and "flawed character." As Christopher Lukasik suggests in his study of eighteenth century America, under such terms the face became "an important site in the struggle for distinction." For the elites who constituted the bulk of the officer corps, it was important to have a clean, unmarked face to convey their social status. As Charles Royster notes in his study of the Continental Army, "gentility" was a mark of an officer, and many young officers "came to the army as naive as the privates" but carried with them "the extra freight of gentlemanly ideals." Royster suggests that these young officers often went to "great lengths to establish their status," at times becoming so preoccupied "with themselves" that they sometimes acted in their own best interests and "at the expense of effective service to the Cause." This would certainly account for the actions of many junior officers, such as Cushing, who inoculated against orders and with little concern for the lives of their comrades or for the rebel movement. Inoculation allowed these men not only to save their own lives but also to avoid the indelible marks of natural smallpox and thus the markings of the lower-sort that may have limited their chances for

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107 Royster, 90, 93.
advancement in the army. In this respect, when officers inoculated, they not only expressed power over their bodies but also exercised control over their careers.

This battle for control became more determined, and thus apparent, among the enlisted men, most of whom were of the lower sorts such as farmers and farmers' sons, merchants and their sons, and the urban and rural poor. As General Gates described the enlisted men of the Continental Army after the defeat in Canada, "The sick, the lame, and lazy . . . make an unreasonable proportion in our Army." The enlisted comprised the bulk of the Continental Army in Canada as well as the remaining years of the Revolution, most of whom were from rural areas of the New England and southern colonies, and consequently unaccustomed to taking orders and undisciplined -- in short, less than military quality. However, these flaws were often overlooked because many of these soldiers from the enlisted ranks were infused with "the spirit of freedom," that, according to General Montgomery, they carried "into the field." But while the rhetoric of revolution inspired his men to fight, Gates also found it empowered them to "think for themselves," something not conducive in any military setting.

Those in command constantly struggled with free thinking among the enlisted ranks. Many of the enlisted refused to stand watch and dig privies, or simply shrugged off orders they did not like. For instance, the reputation of the riflemen from the frontiers of

Pennsylvania and Virginia as excellent marksmen was only exceeded by their reputation as being disobedient and confrontational with officers. Often the riflemen refused to perform tasks they believed were beneath them, such as sentry duty, something that their commanding officers often ignored because of the riflemen's skills.\textsuperscript{111} Such disobedience was seen by Washington and others in command as a detriment to the Canada campaign's success. Washington confessed to General Sullivan, who was placed in charge of the army in Canada after General Thomas died, that he was "convinced many of our misfortunes are to be attributed to a want of discipline, and a proper regard to the conduct of the soldiery." What Washington meant by a "want of discipline" was the lack of control evidenced by the refusal on the part of soldiers to surrender their bodies to the greater good of the patriot cause. Not only was Washington waging a battle against the British for control over the colonies, but he was also waging a battle against his soldiers for control over their bodies -- a battle he was not winning.

As Simon Newman argues in his discussion of the poor of late eighteenth-century Philadelphia, the bodies of the lower-sort became points of resistance between the elite who saw these bodies as "objects to be controlled" and the lower-sort who perceived their bodies as "the loci of individual agency and power" to be defended. According to Newman, for many of the lower-sort their bodies were "virtually all that they owned and thus the primary means whereby they might achieve some measure of control over their own lives."\textsuperscript{112} While it was the fear of catching natural smallpox that spurred many of

\textsuperscript{112} Newman, 17.
the enlisted to consider inoculation, it was ultimately their desire to control their own bodies that actually compelled them to disobey orders and push the smallpox needle into their skin. In doing so, these men used their bodies to carve out some "small degree of independence" in a setting designed to curtail such acts.¹¹³ For the enlisted it was, in many respects, an act of defiance symbolic of the greater revolutionary struggle, namely to challenge authority. However, as with any act of defiance, there were implications.

**Implications of Clandestine Inoculation**

As historians have clearly demonstrated and as previously mentioned, when soldiers inoculated against orders there were epidemiological consequences to their actions, namely, the spread of smallpox among their ranks.¹¹⁴ But aside from the spread of smallpox on account of inoculation, historians have largely ignored the more subtle implications inoculation had on the Continental Army. Soldiers who inoculated and those they inadvertently infected with natural smallpox sapped resources from the critically undermanned army and undersupplied Medical Department. With fewer resources, many sick and wounded were not properly cared for, which created army hospitals that were nothing more than "dirty, stinking" places.¹¹⁵ Afraid of ending up in one of these shops of horrors, many soldiers self-inoculated, often spreading natural smallpox to others; thus the smallpox-inoculation cycle continued.

In addition, when soldiers inoculated and infected others with natural smallpox, healthy soldiers were required to pick up the slack. Doctor Coates, who accompanied

¹¹³ Ibid., 17.
Arnold's force into Canada, testified to the congressional committee investigating the Canada debacle, that smallpox "made [a] considerable appearance" among the Continental army "before the defeat" at the gates of Quebec City on January 1, 1776. Coates testified that soldiers "did inoculate" despite orders to the contrary, which only further spread smallpox throughout the camp. After the Continental Army's attack on Quebec City was repulsed, "The first recruits . . . came in about 6 weeks," Coates told the committee, "after which they kept dropping in by companies." But, according to Coates, "as fast as they came they were laid up with the smallpox." Coates estimated that of the approximately 2800 soldiers who arrived to reinforce the army, "not more than 800 or 900 were effective," and as a consequence "duty fell chiefly on Pennsylvanians and New Jersey men" who had already had smallpox.

Because soldiers from New York, Pennsylvania, and New Jersey were more likely to be immune from smallpox, they became especially desirable in many circumstances. To buffer the retreating Continental Army from the pursuing British, General Thompson wrote to Washington that he wished he had "the command of the Jersey and Pennsylvania Regiments" since "the New England troops are so much infected with or afraid of the smallpox as almost to prevent their doing duty."* Although Thompson never got his wish, Connecticut Governor Jonathan Trumbull did. Since smallpox "strikes a greater dread into our men who have never had it," Trumbull proposed to John Hancock on July 5, 1776, that Connecticut troops be sent where they would not contract smallpox, such as New York. Trumbull proposed that soldiers from

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his state could "serve there, instead of the York or Jersey battalions, which have generally passed through that distemper [smallpox]." Since smallpox was not as prevalent in New York, Trumbull believed that "Such an exchange would be very agreeable" to his state's recruiting efforts and would "greatly facilitate the filling up of our regiments." Trumbull apparently ignored the possibility that the New Jersey and Pennsylvania Regiments might be placed in more dangerous battle conditions than originally intended as a result of this exchange.\textsuperscript{117}

Trumbull's persistence paid off. On March 20, 1777, Trumbull informed the Connecticut Council of Safety that he was given "the strongest assurance from his Excellency General Washington" that "should there be the least danger" of the Connecticut enlistees getting smallpox, "none who have not had it shall march further than Peekskill [New York], where there is no danger of it." Given this assurance, Connecticut was prepared to forward its troops to field commands. In their minutes for March 22, 1777, the Council of Safety noted that a letter was sent to Washington "informing him of orders being given for 2000 militia according to his request and that they were assured according to his directions, that they shall not be sent into Jersey if danger of smallpox" prevails.\textsuperscript{118}

In addition to the ill effects on manpower, there was also a monetary impact associated with the clandestine inoculation that was difficult for the financially strapped army to bear. Benedict Arnold estimated that the public would "incur an expense of at

\textsuperscript{117} Governor Trumbull to The President of Congress, Lebanon, CT, July 5, 1776, Force, \textit{American Archives}, 5th Ser., Vol., 1: 28-29.
least twenty pounds for each of those people" who inoculated against orders until they
"are fit for duty." To cover these costs, General Thompson recommended that those
who inoculated and became unfit for duty should bear the expense. "Near thirty
carpenters have inoculated themselves without orders," Thompson wrote to Congress's
Canada commission, adding "Should not their pay be stopped and provisions charged to
them, till they are fit for duty?" Alluding to the seriousness of the carpenters' actions and
the implications they had on the outcome of the Canada expedition, Thompson believed
that "both officers and men, who have, through cowardice, obliged their General to
retreat, in so disgraceful a manner, from before Quebec, should be called to account,
particularly the Field Officers, and all pay stopped until their characters appear in a
proper light."120

While difficult to assess accurately, Thompson certainly was correct that those
who self-inoculated contributed to the defeat in Canada. When soldiers disobeyed orders
issued by Arnold, Thomas, Washington, and others to stop inoculating, they further
stressed the already precarious resources and command structure of the Continental
Army, threatening the Revolution in the process. However, once inoculation became
mandatory in the army, the dynamic changed. Whereas in Canada nervous generals
attempted to prevent soldiers from inoculating while fearful soldiers did the opposite,
after mandatory inoculation was ordered by George Washington on February 6, 1777,

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119 General Arnold to Silas Deane, Quebec, Canada, March 30, 1776, Force, American Archives, 4th Ser.,
vol. 5: 549.
120 General Thompson to the Commissioners in Canada, Camp at Sorel, May 25, 1776, Peter Force,
American Archives, vol. 6, series 4: 593-596
generals attempted to inoculate soldiers while many soldiers attempted to avoid the procedure. Why the change in attitude on the part of the soldiery?

**Smallpox and Morristown, New Jersey**

Most of 1776 was not kind to George Washington. The year began with the failure to capture Canada, which resulted in the long and humiliating retreat from the province that did not end until July, this was followed by the loss of New York in September, which was followed by the capture of General Charles Lee, Washington's second in command, in early December.\(^{121}\) If 1777 was to be like 1776, the Revolution was certainly doomed. Therefore, to bolster morale and to save the Revolution, Washington needed to end 1776 with a victory.

After a great deal of planning and coordination, on December 25, 1776, Washington made his now famous mid-night voyage across the Delaware River to attack the Hessians encamped at Trenton, New Jersey. Caught by surprise, the Hessians put up nominal resistance and surrendered.\(^{122}\) Although attacking on a day when it was traditionally understood by belligerent parties that hostilities would be suspended, Washington, nevertheless, got the victory he so desperately needed. But another was to follow. On January 3, 1777, Washington attacked the British garrison at Princeton, New Jersey. Again, Washington prevailed, giving him his second victory in less than two

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weeks.\footnote{Alden, 281-283; Peckham, 27-29.} Not only did Washington end 1776 with a bang, he began 1777 with a roar. But, his jubilation was short lived. In the absence of a concerted strategy to confront smallpox Washington found himself once again at the doorstep of defeat.

With his army now exhausted, Washington settled his force of 3,000 men in for the winter at Morristown, New Jersey. Situated half-way between Philadelphia and New York, Morristown was a small community of approximately 350 people and offered Washington the advantages of an established and productive iron works that could be used to produce cannons and shells in addition to a hospitable population sympathetic to the American cause.\footnote{Alden, 281-283; Chadwick, 73-75.} However, possibly brought by the army, possibly already percolating among the civilian population, smallpox erupted in the town and surrounding villages soon after the army's arrival on January 6, 1777. Unknown to all parties at the time, this situation altered the course of the Revolution.\footnote{A. Vanderpoel, History of Chatham, New Jersey (NY,NY: Charles Francis Press, 1921), 188.}

The spread of smallpox started slowly. Martha Ball, age 55, widow of Joshua Ball, died on January 11 from smallpox; she was the first civilian in town to die from the disease that year. She was followed by Greshom Hathaway, age 57, who expired from smallpox on January 24. Greshom was followed into the grave by 25 year old Ebenezer Winds, who passed away on January 31.\footnote{See the Bill of Mortality: Being a Register of All the Deaths in the Presbyterian and Baptist Congregations of Morristown, New Jersey, William Cherry, ed. (Morristown, NJ: Jacob Mann, 1806).} Three deaths from a disease does not an epidemic make, unless the disease is smallpox. Although initially the mortality rate was low, Washington knew it was just a matter of time before someone in his army caught the infection and introduced it among the troops. Fearing a repeat of events in Canada,
Washington decided to assess the extent of the infection not only in Morristown but throughout the region and to seek advice on how to stop its spread.

On January 20, 1777, Washington wrote to Lieutenant Colonel Harrison, then stationed in Newtown, Pennsylvania, twenty miles north of Philadelphia, to "consult, and in my name advise and direct, such measures as shall appear most effectual to stop the progress of the smallpox." Harrison was Washington's official secretary at the time and a trusted pre-war friend. Washington confided in Harrison that with the debacle in Canada still fresh in his mind, he shuddered "at the consequences of this disorder [smallpox] if some vigorous steps are not taken to stop the spreading of it." Washington insisted that "Vigorous measures must be adopted (however disagreeable & inconvenient to individuals) to remove the infected & infection before we feel too sensibly the effects." It is important to note that these vigorous measures did not yet involve inoculation, but instead removal or quarantine of the infected. In a post script, Washington informed Harrison that Doctor Cochran was going to join him in Newtown to "assist . . . in the matters before mentioned relative to the smallpox." 127

Writing to Cochran the same day as Harrison, Washington ordered him to proceed to Newtown and "inquire into the state of the smallpox" in the town "and use every possible means in your power to prevent that disease from spreading in the army and among the inhabitants." Washington gave Cochran broad powers to that end. "You are to take such houses, as will be convenient in the most retired parts of the country and best

calculated to answer that purpose." As with Harrison, there was no mention of inoculation; instead, the emphasis was on quarantining the infected. After his assignment in Newtown, Cochran was ordered to proceed to Philadelphia to consult with Doctor Shippen, then the Director of the Medical Department, about what further measures could be taken to stop the spread of smallpox. 128

For the next five days, Washington's correspondence was silent on the matter of smallpox and inoculation. 129 There is no record of Harrison ever reporting back to Washington, although he certainly did. But on January 25, Shippen wrote Washington from Philadelphia. The intended purpose of his letter was to propose a plan to restructure the Medical Department that, at the time, was plainly inefficient and ineffective. Taking advantage of the opportunity, Shippen also commented on the "great number" of troops he found in Philadelphia who were "in a miserable situation" from smallpox. Smallpox was endemic in Philadelphia since its founding in the late seventeenth century and most of the city's inhabitants had acquired immunity to the disease either through inoculation or from a bout with natural smallpox. But with the impending arrival of non-immune soldiers from the Southern colonies where smallpox was rare and inoculation all but banned, the number of infected was sure to increase. Shippen informed Washington that it was "the opinion of the committee of Congress & the generals that inoculation should take place immediately." In order to quantify the severity of the matter, Shippen told Washington that the infected in Philadelphia outnumbered the non-infected "3 to 1" and

that smallpox would surely be carried "into the army" unless the army was inoculated. This was the first time anyone proposed inoculation to Washington as a course of military policy.

Shippen's plan, however, was dead on arrival. On January 28, Washington wrote to Major General Gates telling him about Shippen's proposal. "Doctor Shippen wrote to me that he intended to inoculate the Troops as they came in," Washington told Gates, "but that never can safely be done except inoculation was to go through the whole Army." Consistent with his beliefs about the procedure's use in the army, Washington proclaimed that "We should check, not spread the infection" through inoculation. Washington was especially concerned about the soldiers from Virginia and the Carolinas who were very susceptible to smallpox and already marching north to Philadelphia. If they entered Philadelphia, they would certainly "be infected with the smallpox," something that would have disastrous consequences. According to Washington, "instead of having an Army . . . we shall have a Hospital." To avoid such a situation, Washington told Gates he ordered the southern troops "marched into Germantown" rather than Philadelphia, as Shippen had originally proposed, where they would remain until their "arms and accoutrements" were ready. As for the soldiers already in Philadelphia, Washington believed they should first recover from smallpox before they joined the army. This is an interesting letter from Washington. Less than two weeks before he

130 William Shippen, Jr. to George Washington, Philadelphia, January 25, 1777, The Papers of George Washington, Revolutionary War Series, Vol. 8, W.W., 156. Shippen does not mention who the "generals" were, nor is there any correspondence to shed light on the subject.
ordered mass inoculations to begin, he still perceived the procedure as being too
dangerous because of the chance of spreading natural smallpox throughout the entire
army.

In his response to Shippen, Washington agreed that inoculating the soldiers would
"be a very salutary measure," but only if there was some way they could prevent the
inoculated soldiers "from bringing the infection" into the rest of the army. This was
something Washington could not see happening. Washington told Shippen it was his
belief that the inoculated troops would infect others, especially if they "cannot have a
change of clothes" from those they wore while they recuperated from inoculation. And
since new clothing was "impossible," Washington told Shippen he ordered General Gates
to divert the Southern troops, now marching to Philadelphia, to Germantown; as for those
already infected in Philadelphia, he ordered Shippen to quarantine them at "the hospital
upon Province Island" and the "barracks upon Fort Island." On January 31, Shippen
acknowledged Washington's orders, stating he would "pay a strict obedience . . .
particularly with regard to the smallpox." As for Dr. Cochran and Lieutenant Colonel
Harrison, whom Washington sent to Newtown on January 20, they must have been busy.
In a post script, Shippen informed Washington that Dr. Cochran "was necessarily

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Writings of George Washington from the Original Manuscript Sources, 1745-1799, Vol., 7: 75-76.
detained at Newtown four days, removing smallpox patients, procuring a house . . . and will set out for camp in a few days.”

**Washington's Change of Mind and the Decision to Inoculate**

Once again, there is a lapse in Washington's writings on the subject of smallpox and inoculation; between January 31, 1777 and February 5, 1777, the two topics do not appear in any of Washington's correspondence. However, on February 5, Washington expressed a surprising change of mind. In a letter to General Gates, Washington wrote that he still did not want to begin inoculating the soldiers, but this time his reluctance was based on strategic implications rather than on the health of his army. "I am much at a loss what step to take to prevent the spreading of the smallpox," Washington told Gates, adding that "should we inoculate generally, the enemy, knowing it, will certainly take advantage of our situation." Instead, Washington decided that until some "good mode can be adopted" to inoculate the army, he was not going to entertain the idea. However, in a post script to the letter, Washington informed Gates that he had had a change of heart. "Since writing the above, I have come to the resolution of inoculating the troops, and have given orders to that purpose, as well at Philadelphia as here [Morristown], this is the only effectual method of putting a period to the disorder." Why the sudden epiphany?

One possible reason was the increase in deaths due to smallpox or symptoms attributed to smallpox. While in the whole month of January, there were only four deaths from to smallpox listed in the Bill of Mortality for Morristown, over the six day period of January 31 to February 5, four people died from the disease. This included Ebenezer

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Winds who died of smallpox January 31, followed by "Frank," a servant of Captain Hallsey, and two year old Abraham Tompkins, "son of Uzal Tompkins," who both died on February 2 of "fever," which was often an early sign of smallpox. Their deaths were followed by Silas Hallsey, who also succumbed to fever on February 4. If the mortality rates in the army in the beginning week of February were anything like those in the civilian population, this certainly would have influenced Washington's judgment by February 5. While quarantining infected soldiers was the preferred approach, it was often ineffective; by the time a soldier exhibited any symptoms of smallpox that would have caused him to be sent to a smallpox hospital, he had already spread the disease to others. After all, Washington and his army were stuck in Morristown; not only was it winter and therefore difficult to pack and move an army, but if he did move, he risked spreading smallpox even further throughout the region, which would have only angered the civilian population.

In addition to his letter to Gates, Washington also wrote John Hancock, President of Congress, to tell him of the decision. "The small pox has made such head in every quarter," Washington informed Hancock, "that I find it impossible to keep it from spreading through the whole Army in the natural way. I have therefore determined, not only to inoculate all the troops now here, that have not had it, but shall order Doctor Shippen to inoculate the Recruits as fast as they come in to Philadelphia. They will lose

\[134\] Unfortunately, the Strength Reports for January through March 1777 never existed. See Charles H. Lesser, ed., *The Sinews of Independence: Monthly Strength Reports of the Continental Army*, xxxi, xxxii

\[135\] See, for example, the letter from Dr. Morgan to Samuel Adams, New York, June 25, 1776, in Force, *American Archives*, 4th Series, vol. 6: 1069.
no time, because they will go thro’ the disorder while their clothing Arms and
accoutrements are getting ready.”

To that end, on February 6, 1777, Washington gave the following instructions to
Dr. Shippen, then in Philadelphia:

Finding the small pox to be spreading much and fearing that no
precaution can prevent it from running thro’ the whole of our Army, I
have determined that the Troops shall be inoculated. This Expedient may
be attended with some inconveniences and some disadvantages, but yet I
trust, in its consequences will have the most happy effects. Necessity not
only authorizes but seems to require the measure, for should the disorder
infect the Army, in the natural way, and rage with its usual Virulence,
we should have more to dread from it, than from the Sword of the
Enemy. Under these Circumstances, I have directed Doctor Bond, to
prepare immediately for inoculating in this Quarter, keeping the matter
as secret as possible, and request, that you will without delay inoculate
all the Continental Troops that are in Philadelphia and those that shall
come in, as fast as they arrive. You will spare no pains to carry them
thru’ the disorder with the utmost expedition, and to have them cleansed
from the infection when recovered, that they may proceed to Camp, with
as little injury as possible, to the Country thro’ which they pass. If the
business is immediately begun and favored with the common success, I
would faint hope they will be soon fit for duty, and that in a short space
of time we shall have an Army not subject to this, the greatest of all
calamities that can befall it, when taken in the natural way. I am &c.

The short and long term implications of Washington’s decision cannot be underestimated.

First, they signified a major policy shift in how inoculation would be framed in the

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136 Chadwick, 95.
137 It is important to note that historians have cited the February 6 letter to Dr. Shippen as being written on
January 6; this is not correct. When the letter was transcribed, the “copyist inadvertently” changed the date
of the letter from its true date of February 6, 1777 to January 6, 1777. See the footnote to the letter from
George Washington to William Shippen, Jr. dated February 6, 1777, The Papers of George Washington:
Revolutionary War Series, Vol., 8, Frank E. Grizzard, Jr. ed., page 264, electronic edition found at:
http://gwpapers.virginia.edu/project/volumes/revwar.html. Also see The Correspondence of George
Washington, Commander in Chief of the Continental Army, vol., 1, June 17, 1775-October 19, 1778
(Washington, DC, 1915), 230.
138 George Washington to Doctor William Shippen, J r., Head Quarters, Morristown, NJ, January 6, 1777.
The Writings of George Washington From the Original Manuscript Sources, 1745-1799, Vol., 6, John C.
letter was actually written on February 6, 1777, not January 6, 1777.
Continental Army throughout the remainder of the Revolution. Initially perceived by the military and the Continental Congress as a detriment to the success of the Revolution, inoculation was now considered a strategic necessity. Gates, Schulyer, and others who had exhauste=ed themselves since January 1776 in attempting to eradicate the use of inoculation in the army were now asked to embrace the procedure; this was not always easy for them to do. Second, Washington’s order signified the first use of preventative medicine in the Continental Army, one that also had immediate and long lasting implications to public health as a whole. In order to prevent the spread of smallpox to the general population, Washington also offered inoculation to civilians at government expense. While it helped keep the infection rate among the civilian population low, this action also helped dispel many lingering aversions to inoculation, making the procedure and its successor, vaccination, more acceptable and accepted throughout the states.\footnote{139} Just like the Trenton campaign, Washington’s attack on smallpox was not executed as planned but would, nevertheless, be successful.

**Inoculation Begins**

Washington’s plan for attacking smallpox involved coordinating the logistics of inoculating an entire army, then getting them well and back out into the field before the spring of 1777, all while keeping the entire operation secret so that the British ”may remain uninformed as long as possible.”\footnote{140} In order to do this, Washington ordered the Medical Department to set up inoculation sites at key locations throughout the colonies where soldiers would be sent in order to undergo the procedure in an orderly and

\footnote{139} Blanco, *Physician of the American Revolution*, 135.
controlled manner, similar to how Major General Artemas Ward had his men inoculated in Boston in July 1776 rather than how inoculation was carried out in Canada. The locations were to be distanced enough from the front lines so as to protect the hospitals from a British surprise attack, yet close enough so that "if the enemy . . . should make an attempt to fall upon us" those undergoing the procedure would "be as able to give opposition as if they were entirely well."\textsuperscript{141} Soldiers already traveling north from the southern colonies, as well as those from Maryland and those already stationed in Pennsylvania and New Jersey, were ordered to inoculate at hospitals in Philadelphia, Bethlehem, and Newtown, Pennsylvania, and in Trenton and Morristown, New Jersey. Future recruits from Virginia, Georgia, and the Carolinas, were ordered to stop at Dumfries, Virginia, Alexandria, Virginia, or Georgetown, Maryland, to undergo inoculation as the marched north. Soldiers from New York and parts of Massachusetts and Connecticut were ordered to inoculate at hospitals located at Fishkill, Peekskill, and Ticonderoga, New York.\textsuperscript{142}

Just as Washington took personal command of the battle of Trenton, he also took personal command of directing whose troops were to be inoculated where and when. Time was critical; Washington knew he had to get as many soldiers through the process and sent to battlefield commands as he could before a new round of hostilities began in the spring, otherwise the British might "take the field before we can collect a force any

ways adequate to making a proper opposition." Much of Washington's correspondence to his generals and to several governors between February and April 1777 reveals his personal involvement as well as an anxiety in seeing that the troops were inoculated before the spring.

On February 10, 1777, Washington wrote to Brigadier General Samuel Parsons in Connecticut that he was "compelled, from the spreading of the smallpox in our army to submit to the necessity of inoculation and have accordingly ordered all the Continental troops now here [Morristown, NJ] and coming from the eastern States to be inoculated immediately on their arrival." Consequently, Washington ordered Parsons to begin inoculating soldiers from Connecticut and Rhode Island, telling Parsons it was "of the greatest importance" and "must have the preference" to any other "enterprise." Parsons got right to work. On February 23, Parsons reported that he had "established hospitals in different parts" of Connecticut and that "soldiers are now under the operation." By March 6, Parsons was able to report that "some" troops "will come out" of the hospital, "in about ten days."

Washington's orders to General Schuyler were similar. On February 19, Washington informed Schuyler, then stationed in Albany, New York, that "notwithstanding every precaution to prevent" smallpox and "knowing that the fatal consequences that must result if it should become general, I have directed inoculation

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here [Morristown, NJ], and think it highly advisable, that it should be immediately begun in the Northern Army, and the troops inoculated as fast as they arrive." A week later, Schuyler wrote back that he would begin to "direct the troops to be inoculated."146 Schuyler who, along with General Gates, aggressively attempted to prevent the use of inoculation in the army over the past year, was now ordered to embrace and to ensure its use.

Washington was obsessed with getting the army inoculated before spring. In a March 15, 1777, letter to Brigadier General Alexander McDougall in Peekskill, New York, Washington wrote that he had "given orders to the State of Massachusetts to send on eight of their regiments to Peekskill... I have directed, that such as are clothed and armed may be immediately sent on, and pass through inoculation there." Speed was critical in order to have enough soldiers to face the British come spring. When Washington received a letter from McDougall that made no mention of inoculation, he wrote back, "I do not find any mention of inoculation in your letter. This is an object of great importance, and what I wished to claim your first attention." Washington told McDougall that with the arrival of spring, hostilities would "soon be open" and if inoculation had not already started, he feared "the troops" could not "be carried through the disorder so soon as will be necessary."147

Beginning in March, Washington’s desperation to have enough inoculated soldiers in time to counter any British attack was palpable. "I cannot help again repeating my distress for the want of men," Washington wrote to Major General William Heath in Boston. "The general backwardness of the recruiting service, to which must be added the necessary delay of inoculation, makes me very fearful, that the enemy will be enabled to take the field before we can collect a force any ways adequate to making a proper opposition."  

Washington was not about to accept any excuses as to why his orders were not being followed. On March 12, a desperate Washington ordered regimental commanders throughout the Continental Army to "immediately...march all recruits" who were "over the smallpox" to "join the Army," telling them that "No pleas for delay...can be admitted." After all, the British were about to come out of their hibernation, and the need for troops immune to smallpox was critical. On April 17, 1777, Washington instructed Brigadier General William Maxwell that since "the Enemy are upon the point of opening the campaign," Maxwell was to take particular "care" in seeing that the men under his command were "carried through the small pox, by inoculation, as fast as the surgeons, under the direction of the hospital, can possibly accomplish it."  

However, many soldiers had other intentions. When, during the Canada expedition, there was a movement among soldiers to disobey orders and inoculate, it was now clear to Washington that just the opposite was

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149 See the Circulars to Colonels of Connecticut, New York, New Jersey, Pennsylvania, Maryland, and Virginia all dated March 12, 1777, as found in The Writings of George Washington from the Original Manuscript Sources, 1745-1799, Vol., 7:277-279.
true; many soldiers were not inoculating. On April 7, an angry Washington wrote Colonel Samuel Blachley Webb stationed in Wethersfield, Connecticut, to complain of his low inoculation returns. "The campaign is on the very eve of opening," an agitated Washington told Webb, and "officers, in direct disobedience of my repeated orders, wait at their respective homes in good quarters" and are not inoculated. "My orders therefore to send on the troops as they recover from the smallpox . . . must be strictly complied with—None must be delayed." But there were obvious delays. In his recruitment report to John Hancock, Washington noted that for the month of March, General Parsons was able to recruit 1800 men, however, "many to have the smallpox [inoculated]," which meant they were useless. As a percentage of recruitment, inoculation was very low. Of the 360 men Rhode Island enlisted in March, Washington reported that 200, or 56 percent were "yet to be inoculated." And although New Jersey recruited 3,519 men in March, only 571, or 16 percent were inoculated; most of these were at the inoculation hospitals around Morristown.

What would account for such defiance? Why would some soldiers hesitate to inoculate now that inoculation was mandatory, yet rushed to inoculate in Canada when it was prohibited? What problems did Washington confront when he ordered mass inoculation of his troops?

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Problems with Inoculation

In his rush to have his soldiers inoculated, Washington neglected to consider a number of factors that may not have been important to him, but were nevertheless important to the success of his inoculation plan. A Medical Department that was under-supplied and lacked competent physicians was a constant impediment to the progress of inoculation. Colonel Jedediah Huntington wrote Washington that the "badness of the physick" caused his men to have "the smallpox severely" after they were inoculated, resulting in the deaths of "three or four" of them, thus slowing the inoculation process.154 Likewise, on March 21, 1777, General Parsons complained to Washington that the "want of proper medicine . . . will soon put a stop to inoculation," a complaint Washington should have taken seriously but did not.155 Distressed over the hospital system at his disposal, Parsons enlisted private physicians in New London, Norwich, and Pomfret, Connecticut, to inoculate enlistees. In late February 1777, the Connecticut Gazette announced that "Officers and soldiers intending to take benefit" of inoculation "are to apply immediately to the director of the hospital most convenient to them."156 Parson's plan worked. On February 23, Parsons informed Washington that he had "established hospitals in different parts" of Connecticut and that "soldiers are now under the operation." And in his report on March 6, Parsons wrote that some troops "will come out in about ten days."157 Parsons was the first general to supply Washington with inoculated

solders mostly because of his resourcefulness to work around the ineffective Medical Department.

Parsons was not the only one who acted resourcefully. Private physicians often advertised their inoculating services to new recruits. Samuel and Levi Willard advertised that they inoculated "the public in general and especially those of our brethren who are going forth into the public service" at their inoculation house in Mendon, Massachusetts, "about a mile from Amertown's Tavern." Wickes and Senter also offered inoculation to recruits at "the house of Capt. John Rhodes" in Warwick, Rhode Island, where they assured patients that "All necessary attendance hath been, and will be given." This tendency for soldiers to enlist the services of private physicians did not sit well with the Medical Department.

In early February 1778, the Surgeon General of the Eastern Department issued orders that "recruiting officers in the eastern department" were not to "give encouragement" to any "enlisted soldier of the Continental Army, of inoculating for the smallpox out of the channel of the military hospital." According to the Surgeon General, the military hospitals were well equipped to inoculate soldiers, "as every provision necessary is there already made, and the best attendance given." Going forward "no bills will be allowed by the Director to those inoculated in private houses." Additional orders were given in March 1778 by the Deputy Director General of the Eastern

158 Massachusetts Spy, Worcester, MA, Thursday, April 3, 1777, see also Connecticut Gazette, New London, CT, April 11, 1777 and June 6, 1777.
159 Providence Gazette, Providence, RI, September 13, 1777.
160 Norwich Packet, Norwich, CT, March 2, 1778.
Department, informing officers that "no allowance" would be made "for private inoculation." The officers were told they must personally visit their men who were undergoing inoculation in one of the military hospitals in order to ensure they were actually inoculated there rather than at some "designing tavern keepers" out to make quick money by inoculating young, unsuspecting recruits.\textsuperscript{161} It is clear from these instances that, as in Canada two years earlier, soldiers still had a fear of the military hospital system, something that was not wholly unfounded.

After recruits coming north from the Carolinas were ordered to stop at the towns of Dumfries, Colchester, and Alexandria, Virginia, to be inoculated, accusations soon surfaced that the soldiers who underwent the procedure at Alexandria were not properly cared for. According to testimony from Colonel Williams, of North Carolina, and several others, soldiers who were inoculated in Alexandria between September 22 and November 30, 1777, could be found sleeping in doorways and languishing about the streets in very poor states of health.\textsuperscript{162} Witnesses blamed Dr. William Rickman, Director of the Hospitals of the Southern Department, whom they claimed inoculated the soldiers but never bothered to check on them. In December 1777, Congress investigated and found Rickman guilty "of great neglect in not giving proper attendance to the officers and soldiers under inoculation at Alexandria" and suspended him.\textsuperscript{163} However, the

\textsuperscript{161} Continental Journal, Boston, MA, April 16, 1778.
\textsuperscript{162} Lt. Col. Louis C. Duncan, Medical Men in the American Revolution, 1775-1783 (Carlisle, PA, 1931), 202; On June 2, 1777, however, Dr. Shippen informed Washington that there were over 1,100 men inoculated at Dumfries, Alexandria, and Georgetown, all "are in [a] fine state." See Shippen to Washington, June 2, 1777, General Hospital, Philadelphia, PA, in George Washington Papers at the Library of Congress, Series 4, General Correspondence, 1697-1799.
\textsuperscript{163} Journals of the Continental Congress, 1774-1789, Saturday, December 20, 1777 page 1039. On Rickman's removal see, Journals of the Continental Congress, 1774-1789, Vol. 9, Worthington Chauncey
suspension did not last long. While the Committee believed the soldiers Rickman inoculated "suffered, in general, more in the course of the disease than is usual, and that a number of them did die," it also determined that Rickman was not at fault. The Committee found that many of the soldiers Rickman and his people inoculated were "badly clothed" and physically unfit to undergo the procedure, having just endured "a long and fatiguing march" from the Carolinas that weakened them. On March 7, 1778, the Medical Committee of the Congress lifted Rickman's suspension.  

Also influencing the Committee's decision to lift Rickman's suspension was the belief that many soldiers died due to the poor "accommodation in the hospitals." This finding was most likely accurate. As noted, the army hospitals had a constant shortage of food and medical supplies; this surely contributed to the situation in Alexandria. Because of the lack of supplies, physicians were often forced to discharge soldiers as soon as they could walk; it was not unusual to see soldiers wandering the streets begging the local inhabitants for food or, according to witnesses in Alexandria, taking shelter in doorways.  The town was overwhelmed with soldiers and townspeople who were sick with the smallpox. When Nicholas Cresswell visited Alexandria in April 1777, he was shocked at the number of people under inoculation. "All the townspeople and a regiment of soldiers that are quartered here all inoculated for the smallpox," Cresswell noted in his

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Ford, ed. (Washington DC, 1907), 1038-1039. On Rickman's appointment as director and chief physician of the Virginia hospitals, see Journals of the Continental Congress, 1774-1789, Vol. 9: 364-365. The Virginia hospitals and Rickman's appointment as director were authorized by the Continental Congress on May 18, 1776.


diary, "Such a pock-eyed place I never was in before."\textsuperscript{166} One could certainly argue that Rickman should have refused to inoculate the soldiers until they had time to rest, but more than likely, Washington's orders to inoculate soldiers as fast as possible precluded Rickman from waiting and thus contributed to him inoculating more soldiers than he or his assistants could care for.

Washington discovered soon after he ordered mandatory inoculation of the army that, in addition to the poor medical care, regional aversions to inoculation that many soldiers were willing to put aside in Canada often reemerged and became points of contention. On November 7, 1777, Lewis Hicks of Topsail, North Carolina, declined to accept a commission in the Continental Army; among his reasons was having to go through inoculation. "I am apprehensive I could not go through the smallpox with safety," Hicks wrote North Carolina Governor Richard Caswell, but he gave his "hearty thanks" to the Governor, and apologized for "relinquishing a commission in so laudable a cause."\textsuperscript{167} North Carolinians were not very receptive to inoculation, something which certainly influenced Hicks' decision. Such regional aversions frequently reappeared after mandatory inoculation was announced.

During the Continental Army's stay in Morristown in 1777, Colonel Andrew Ward, stationed at the village of Chatham six miles east of Morristown, wrote a letter to Washington voicing his objections to inoculating his regiment of Connecticut militia. From a state that had an inherent mistrust of inoculation, Ward insisted there was an

\textsuperscript{166} Nicholas Cresswell, \textit{The Journal of Nicholas Cresswell, 1774-1777} (NY, NY: The Dial Press, 1924), 203
\textsuperscript{167} Lewis Hicks to Richard Caswell, November 7, 1777, Topsail, NC, in, \textit{Documenting the American South: Colonial and State Records of North Carolina}, Vol., 11, Walter Clark, ed. (North Carolina, 1895), 672-673.
"order, not to inoculate militia until all the Continental troops had undergone the operation"; Ward was clearly attempting to delay, if not completely avoid, the procedure. Responding on Washington's behalf to Ward's concern was Alexander Hamilton, one of Washington's aides at the time. Writing to Ward's commanding officer, Major General Adam Stephen, Hamilton said that "His Excellency desires that" Colonel Ward's "objections should cease" and that he and his men should "immediately be admitted to the benefit of inoculation." In writing to Ward directly, Hamilton said that "The General . . . has removed the difficulty in the way of inoculating your regiment," namely, Washington rescinded the order that precluded the militia from being inoculated before all the Continental troops underwent the procedure. Now, Ward and his men had to inoculate.

Many Virginians also wanted nothing to do with the "benefit of inoculation," a factor that greatly hindered the speed at which soldiers from that state were recruited and new recruits were sent into the field. Writing to Washington on January 20, 1778, Brigadier General Thomas Nelson, Jr., of Virginia lamented that there are "many difficulties that are thrown in the way of inoculating the troops for the small pox, within this state," that "will prevent their joining the army, so soon as you expected them, or as the circumstances may require." Virginians did not differentiate between natural

170 Selby, 130-131
smallpox and inoculated smallpox, since to them both could kill. Nelson believed the people of Virginia were "So perverse" to inoculation and smallpox that British General Howe could easily take the state with a "few phials of smallpox matter than he could by his whole train of artillery." According to Nelson, Virginians "would hazard almost American independency rather than submit to a temporary ill" of inoculation. Because of "this unaccountable timidity" on the part of Virginians, Nelson told Washington that the "raising of volunteers" would be "greatly impeded." In his response, Washington wrote Nelson, "It is with pain and grief I find . . . that our countrymen are still averse to inoculation, especially when consequences so apparently ill must result from it," specifically the hindrance inoculation had on the state's recruiting efforts.

A native of Virginia himself, Washington was very aware of his fellow "countrymen's" negative views on inoculation, something he believed was owing to the state's 1770 anti-inoculation law. In a letter Washington wrote to Virginia Governor Patrick Henry in April 1777, he said, "I am induced to believe that the apprehensions of the smallpox and its calamitous consequences have greatly retarded the enlistments." Such objections, Washington almost naively believed, could be "easily done away by introducing inoculation into the state," but first, the "regulation preventing" the use of inoculation had to go. Although the law was overturned in January 1778, thus allowing people to inoculate, it had little impact on Virginia's ability to recruit soldiers. In 1776 the state recruited 6,181 Continental and militia soldiers, in 1777 the number decreased to

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5,744 soldiers, in 1778 enlistments dropped to 5,236, and the trend to decrease continued. In 1783, the last year of the Revolution, Virginia recruited only 629 soldiers.\textsuperscript{174} While the fear of smallpox was certainly not the only factor contributing to this decline, the removal of legal restrictions on inoculation surely did nothing to ameliorate the fears of smallpox or inoculation; Virginians still did not inoculate.

Avoidance of inoculation was plainly evident during the infamous winter of 1777 when Washington and his army were encamped at Valley Forge, Pennsylvania.

"Notwithstanding the orders I had given last year to have all the recruits inoculated," Washington wrote Governor Trumbull, "I found, upon examination, that between three and four thousand men had not had the smallpox."\textsuperscript{175} Among them were soldiers from New York state. When a regiment of New York soldiers under the command of Lt. Colonel Smith were sent to Valley Forge without first being inoculated, Washington reprimanded Major General William Heath, the general responsible. "After the repeated directions, which I had given to have all the recruits who had not had that disorder [smallpox] inoculated the moment they were enlisted, I was not less surprised than mortified to find that the fine detachment of men that came forward under Lt. Colo. Smith [were] rendered entirely useless for this campaign by my orders not being attended


\textsuperscript{175} George Washington to Jonathan Trumbull, Sr., Headquarters, Valley Forge, March 31, 1778, \textit{The Papers of George Washington, Revolutionary War Series}, Vol.,14: 375. Whether Washington was referring directly to troops from Connecticut or troops in general is unclear. Recruits from Connecticut for the year 1777 amounted to 4,563 men (militia and Continental), so if he was referring to just Connecticut, then this would have been a substantial number who avoided the procedure. For recruitment numbers, see Louis C. Duncan, \textit{Medical Men of the Revolution}, 1775-1783, 376.
to." According to Washington, once they reached camp, "smallpox broke out upon them," which "obliged" Washington to "send the whole into the hospital." In his response to Washington, Heath said he "misapprehended" his orders.\footnote{George Washington to Major General William Heath, Headquarters, Gulph Mills, PA, December 17, 1777, \textit{The Papers of George Washington, Revolutionary War Series}, Vol.,12: 623.}

Such an omission could have had calamitous consequences. When Colonel Theodore Bland, Jr., of Virginia described the arrival of these uninoculated soldiers to a friend, he said they were "a new obstacle" at Valley Forge, one that "had the most hideous appearance." Upon their arrival, the soldiers "were immediately ordered to be inoculated," something which only delayed their effectiveness for another month. According to Bland, "had not the enemy, through a strange infatuation or weakness, lain still in their quarters . . . the main [Continental] Army might have been at their mercy whenever they had chosen to have attacked it."\footnote{Major General William Heath to George Washington, Headquarters, Boston, MA, January 6, 1778, \textit{ibid.}, Vol., 13: 162.} Had the British attacked while these soldiers were under inoculation or had the soldiers contracted natural smallpox at the height of a campaign against the British, the course of the Revolution may have been altered.

But why, only a year after the Canada campaign exposed the horrors of smallpox and witnessed soldiers from all ranks and colonies rushing to inoculate, were officers and individual soldiers avoiding the procedure? On one hand, it was once again a game of odds. While the chances of catching smallpox as the Continental Army marched to and fro among the colonies in 1777 were high, they were not as high as when a large group of

\footnote{Theodorick Bland, Jr., \textit{The Bland Papers: Being a Selection from the Manuscripts of Colonel Theodorick Bland, Jr., of Prince George County, Virginia}, Charles Campbell, ed., vol, 1 (Petersburg, VA: Edmund & Julian C. Ruffin, 1840), 55. The letter is without an address or a recipient.}
men were huddled together in the hostile and unfamiliar environs of Canada during the winter of 1776. Aversions to the procedure that were put aside in Canada as a matter of necessity were resurrected during the fighting in the colonies. In addition, where clandestine inoculation in Canada was a way for soldiers to act out against the establishment and avoid duty, mandatory inoculation was seen as just the opposite. To submit to mandatory inoculation ensured an enlisted man's submission to authority as well as something that ensured he would be fit for duty. But why were generals as well as several state governors not following Washington's orders?

Throughout the Revolution, individual state governors had a great deal of input into military matters, especially when decisions involved soldiers of their states. It was the governors of the states to whom Washington appealed for recruits and often it was the governors of the states who decided when their recruits would be sent off to battle. Such involvement had its consequences when it came to effectively and efficiently implementing Washington's inoculation plans. "The many difficulties" that General Nelson told Washington he was experiencing in January 1778 in getting Virginia troops inoculated were a result of the state's "governor and council." According to Nelson, they slowed the process down by ordering the new recruits to Dr. James McClurg's inoculation hospital at Hampton, Virginia, "where not more than fifty" soldiers could be inoculated "at a time." This meant that a regiment would not be ready to march "before the end of the next campaign," or, in other words, not before December 1778.179 As noted earlier, Virginia was very fearful of smallpox, so the most probable motivation for the

Governor and Council to inoculate such a small body of men at such a remote location was to avoid the possibility of starting a smallpox epidemic in the state. Regardless, Virginia was looking out for its best interests, something that other states did as well.

On March 3, 1777, Washington informed newly promoted Brigadier General James Mitchell Varnum of Rhode Island that he "recommend inoculation to all recruits in the new army, who have not had the small pox," and instructed Varnum to send new recruits to "some convenient place and there take the infection" as soon as they entered the army. Washington asked Varnum to send him "from time to time" the "number of men enlisted" and sent on to other locations in the colonies. However, when Rhode Island Governor Nicholas Cooke discovered Washington ordered Varnum "to have the two Continental battalions" being raised by Rhode Island "inoculated as early as possible" so they could be sent to protect other colonies, Cooke complained to Washington. "I cannot think while so large a body of the enemy are upon Rhode Island and we left so defenseless, that your Excellency will order them [Continental soldiers] away." Clearly Cooke was concerned that his state would be defenseless once spring arrived and the British soldiers who had taken up winter quarters in Rhode Island would be ready to fight.

By late March, it was apparent to Washington that something was amiss in Rhode Island. Despite Washington's orders, Varnum failed to report his progress on inoculating the soldiers under his command or the number of men he was able to enlist. In fact,

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Varnum never even acknowledged Washington's correspondence of March 3, a serious breach of protocol. As if this was not enough, on March 26, Major General Joseph Spencer, stationed with Varnum in Providence, informed Washington that "The first class of the Continental Officers of this state are about leaving the pest house," having gone through the process of inoculation. Possibly believing he was giving Washington good news, Spencer wrote that "the [enlisted] soldiers will soon begin to take the infection. General Varnum has been preparing hospitals several days for that business."\(^{182}\)

Washington was obviously bewildered by Spencer's report. The enlisted soldiers were just now, in late March, beginning "to take the infection"? Why not earlier in the month? Why not with the officers? This was not what Washington expected.

On April 3, Washington sent another letter to Varnum. "Not having been favored with an answer to my letter to you on the 3rd Ulto [last month], I flattered myself that the order it contained . . . had been executed." But having received reports from Spencer that his orders were not followed, Washington said, "I can't find a good excuse for this delay." Clearly agitated, Washington continued, "I am therefore under the necessity of ordering you to march immediately to Peek's Kill."\(^{183}\) But Varnum had his reasons for not responding to Washington and not following Washington's original orders.

The same day Washington wrote Varnum, he also responded to Cooke's March 18 letter. Attempting to alleviate Cooke's fears about the British, Washington wrote that he was "convinced that they [the British] intend to leave Rhode Island" in order to "join their

\(^{182}\) Major General Joseph Spencer to George Washington, Providence, RI, March 26, 1777, ibid., 640.

main body" of soldiers currently encamped near Washington's headquarters in Morristown, New Jersey. Washington told Cooke that he was unable "to consent" to Cooke's request to allow two of Rhode Island's battalions to "remain at home," but instead he informed the Governor that "I am obliged, in the most positive terms, to order every man who has had the smallpox, to come immediately forward" into the main body of the army. Washington gave assurances that since it was his "duty to afford equal protection to every part of the continent," that if he believed there was "any real danger to be apprehended from the enemy at Rhode Island," he would keep the troops in the state "instead of drawing the Continental troops from that quarter." However, Washington left the best for last. In his closing remarks to Cooke, Washington commented on Varnum's slowness in inoculating recruits. "Strange that this should have been neglected so long," Washington chided Cooke, "when my orders to him were given on the 3rd of March, to provide quarters and to inoculate immediately."184 Strange from Washington's perspective perhaps, but not from Cooke's or Varnum's.

Clearly Varnum and Cooke had conspired to deliberately delay inoculating Rhode Island's troops, something Washington obviously realized.185 Faced with a possible British offensive, Cooke feared sending recruits from his state off to protect other states. Knowing that Washington wanted all troops inoculated before they were sent, Varnum deliberately delayed inoculation as long as possible so his men could not be moved, an

act that had the potential to jeopardize the Revolution.  Varnum's and Cooke's actions speak to a problem Washington had to contend with throughout the Revolution and one that was exposed through Washington's need to have an army immune to smallpox -- states were acting in what they perceived as their own best interests rather than the best interests of the patriot cause.

As General Nathaniel Green noted when the Revolution began, "It is next to impossible to unhinge the prejudices that people have for places and things they have had a long connection with." Such sentiments continued to exist throughout the Revolution. As demonstrated here, loyalties to the rebel cause often went only as far as loyalties to one's own state. Used to acting independently, it was hard for many states to relinquish authority to a new government and, especially, to a relatively unknown general. Where Washington's response to Cooke clearly demonstrated his determination to do what was best for all the states and the success of the Revolution, Cooke's response showed the provincialism that still existed among the states and affected the vulnerability of recruits to smallpox and therefore the success of the Revolution. It was here at the intersection of military and civilian sectors that inoculation presented its strongest challenge to the patriot cause; this was especially true at the local level.

**Intersections of the Military and Civilian Sectors**

Washington's inoculation policy greatly affected the civilian populations of the towns and villages that the Continental Army encountered in its wanderings. When

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Washington first announced his intention to inoculate soldiers in and around Morristown, his plan "produced great alarm" among the populace. Of special concern was his intention to house his men with area families and inoculate both the soldiers and their hosts at the same time and at government expense. And, in an extra effort to prevent the further spread of smallpox throughout the civilian population at large, Washington made the same offer available to any civilian who wanted to undergo the procedure. This did not appease the general population. Representing the people of Morristown and surrounding villages, the Reverend Jacob Green, pastor of the Presbyterian Church in Hanover, together with a number of other prominent citizens, visited Washington at his headquarters in order to express the people's concern. Green and his associates proposed separating the soldiers from the citizens for the purpose of inoculation, however, Washington insisted such a plan would only result in the eventual spread of the disease among the uninoculated citizenry. Conceding to Washington's logic and considering it their duty "to ensure the success of a battle, or for the general good of the community," the men relented and pledged their support.

In addition to Morristown, Washington intended to set up inoculation hospitals in private dwellings in the nearby towns of Westfield, Whippany, and Chatham, where local churches would also be confiscated and converted to smallpox hospitals in order to house those soldiers who contracted natural smallpox. While this system was established to ensure that as many of the 3,000 men in and around Morristown were inoculated as fast

188 For more information on Jacob Green see Stephen Wickes, MD, *History of Medicine in New Jersey*, 266-69.
as possible, inoculations were not proceeding as fast as Washington liked. In a letter to General Stephen, commander of the soldiers encamped at Chatham, Alexander Hamilton passed on some suggestions to make the inoculation process faster.190 “There is no need to wait precisely for the moment the hospital becomes vacant before the infection is communicated to others,” Hamilton told General Stephen. "Four or five days before one set [of soldiers] is fit to leave it, another set may be preparing to go in, which would save a great deal of time, and forward the business exceedingly." Hamilton suggested that this process should "be urged upon the doctors, and everything else done which may be conducive to dispatch, in a matter of so great importance."191 However, such haste to inoculate had dire consequences for the civilian population.

While Washington offered to inoculate citizens for free, for unknown reasons, he did not make inoculation mandatory, something which had disastrous consequences. Many civilians who refused the procedure ended up contracting the disease. This was especially true in Morristown where some private dwellings were converted into inoculation hospitals where individual citizens could come, get inoculated, and then go home. This resulted in the spread of the disease in the natural way as "many were exposed, whilst waiting their turn" to be inoculated.192

The effect of inoculation on the civilian population in and around Morristown is clear. The Morristown bill of mortality for 1777 lists 205 deaths that year, double the number of deaths in 1776, triple the number in 1775, and more than seven times the

190 Hamilton was one of Washington's aids at the time.
192 Tuttle, 50,51,52.
number of deaths that occurred in 1778. Of the 205 who died in 1777, sixty-seven, or 33 percent, died from smallpox. This is extraordinary when we consider that of the 94 people who passed away in 1776 and the 29 who died in 1778, none died from the disease.

In addition, after Washington ordered inoculation to begin on February 6, townspeople began to die in greater numbers. The Hathaway family was particularly hard hit. Samuel Hathaway, age 13, died on February 17 and was the first to die after Washington's order. He was joined three days later by his father, Eleazer, his two younger brothers, Benoni and John, and an unnamed servant child of the family. Mary Metarr died on February 22 followed by the "Wife of Nicholas Comesau" on February 24. Just like the Hathaway family, the Munson family was all but wiped out. Phoebe Munson died on February 25 followed by her father, Waitstill, the following day and her two younger brothers, Samuel and Moses, on February 27. In all eighteen percent of Morristown's population died from smallpox that year.\textsuperscript{193}

The soldiers themselves most likely contributed to this high mortality rate. Writing to Dr. Shippen, Washington noted that he had the "greatest reason to believe that soldiers, when they are dismissed [from] the hospitals, in which they have been . . . go strolling about the country at their own option."\textsuperscript{194} Barring proper precautions, which

\textsuperscript{193} The Pennsylvania Journal, July 3, 1776, as found in Documents Relating to the Revolutionary History of the State of New Jersey, Vol., 1, William S. Stryker, ed., n325. See also William Cherry, Bill of Mortality Being a Register of all the Deaths Which have Occurred in the Presbyterian and Baptists Congregations of Morristown, New Jersey (Morristown, NJ: Jacob Mann, 1806), 3; and, Melvin J. Weig and Vera B. Craig, Morristown: A Military Capital of the American Revolution (National Park Service, 1950, reprinted 1961), 8-9.

were most likely not taken considering the rush to get soldiers in and out of the hospitals, smallpox material was carried out of the hospitals on the soldiers' clothing, on their skin, and in their hair, thus infecting others as the soldiers walked about the streets begging for provisions. Such a residual epidemic caused by inoculation had always been a reason to restrict or prohibit the procedure.

This fear that inoculation could spread smallpox continued to dog the military and its inoculation efforts for the remainder of the Revolution. When the village of Hanover, Pennsylvania, twenty miles west of Lancaster, discovered it might be selected as a location for an army field hospital, the citizens wrote to Washington requesting that "no Continental soldiers be inoculated" in their town. Dominated by German settlers who were known to have a cultural aversion to inoculation and living on the frontier of the colonies where exposure to smallpox was rare, the citizens of Hanover informed Washington that "Comparatively very few in our town has had that infectious disorder,” and therefore, they feared the virus would spread if soldiers should inoculate in Hanover.195

The residents of Cumberland County, Virginia, had a similar complaint. After they learned that Colonel Christopher Febiger of the 2nd Virginia Regiment proposed inoculating his troops in the county, the citizens of Cumberland County protested to Febiger, stating "It will be almost impossible to keep the infected within their quarters, the consequence of which . . . many valuable lives [will be] lost which might otherwise

195 Letter from the Citizens of Hanover, Pennsylvania to George Washington, February 12, 1777, Hanover, PA. The Papers of George Washington Digital Edition, Revolutionary War Series, Vol., 8: 317. The letter is written in such very bad English that it was most likely composed by a German speaker.
have been preserved." The people of Cumberland County were so adamant about preventing Febiger from inoculating that they were willing to resort to drastic measures. In his letter to Virginia's Governor Thomas Nelson explaining the issue and seeking guidance, Febiger said the citizens threatened to "withhold all supplies and cease all communications" with Febiger's camp. Febiger also told Nelson that Colonel Mosby, the citizen's representative, "spoke also of loaded guns, and in fact made use of some very imprudent expressions." Governor Nelson never responded to Febiger's letter and Febiger never inoculated his troops, much to the relief of the people of Cumberland County.196

While the potential for the army to infect civilians through its inoculation efforts was very real, there was just as real a potential for the inoculation efforts of civilians to infect the army and impact the Revolution. On May 20, 1777, General Silliman informed Governor Trumbull of Connecticut that he may need to surrender the coastal towns of the state to the British. Silliman's troops protecting the coast line of the state had come down with natural smallpox, the culprits being civilians of "Stratford and Stratfield" who had inoculated in "great numbers" and then went "into houses near the seashore" to recover. This, Silliman told Trumbull, was a "measure, that the enemy themselves could not have better planned to strip the sea coast of its guards."197

General Alexander McDougall was equally vexed by civilians inoculating. After several civilians were inoculated at a tavern near Fredricksborough, New York, in early

196 To Colonel Christian Febiger Commtd. at the Barracks near Cumberland O. Ct. House, November 16, 1781, Calendar of Virginia State Papers and Other Manuscripts, From April 1 1781 to December 31, 1781, Wm. P. Palmer, M.D., ed., 602; Colonel Christopher Febiger to Governor Nelson, November 16, 1781, Cumberland, VA, Ibid: 604.

197 Letter from Gen. Silliman to Governor Trumbull, May 20, 1777, as found in Historical Collection from the Official Records, Files, Etc. of the Part Sustained by Connecticut During the War of the Revolution (Hartford, CT: E. Gleson, 1842), 586. As discussed in Chapter 3, Stratfield became a hub of inoculation.
April 1777, McDougall complained to New York Governor George Clinton. The tavern's close proximity to the road, McDougall informed Clinton, made it "difficult to get teams to bring supplies for the army," since the soldiers moving the supplies feared infection. McDougall said he did not wish "to interfere with any civil concerns," but if nothing could be done about inoculations at the tavern, "we may not expect to get men or provisions from the east."\(^{198}\) Apparently, the Governor did not act; a month later, McDougall again complained to Clinton about civilians inoculating. On May 6, 1778, McDougall wrote Clinton that "smallpox is still kept" in Fishkill and that he wanted to know what law "that puts the inoculation under restrictions" that he could enforce; there was none. By May 1778, New York had revised its laws to allow inoculation. McDougall entertained the idea of taking matters into his own hands to stop the citizens from inoculation, but he feared that if he resorted to "violent measures to prevent it, a clamor will be raised."\(^{199}\) The people were not about to allow McDougall to stop the only protection they had against smallpox, especially when the disease was being spread by the army.

Even before Washington's 1777 inoculation order, tensions often flared between the military and civilian authorities over inoculation. In early July 1776, the Council of Massachusetts expressed their indignation to General Artemas Ward after they were "informed" that he had "given liberty" to "a number of Continental troops now stationed at Winter Hill," five miles to the north of Boston, "to receive the smallpox by

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\(^{198}\) Letter from General McDougall to Governor Clinton, Fish Kill, NY, April 3, 1778, as found in *Public Papers of Governor Clinton*, Vol., 3 (Albany, NY: James B. Lyon, 1900), 128-129.

\(^{199}\) Letter from General McDougall to Governor Clinton, Fish Kill, NY, May 6, 1778, as found in ibid., 273-274.
inoculation." The Council told Ward they were "unwilling to credit such a report," since "there is an act of this colony prohibiting inoculation except in the town of Boston," and instructed him that if he had "given out any such orders" he must "immediately recall them." After the General Court of Massachusetts permitted civilians to inoculate in Boston in July, Ward took it upon himself to have his soldiers stationed in the city inoculated as well; an act that was against orders and one which initially brought rebuke from Washington. The Council most likely thought it was not beyond Ward to act independently and against orders again. Responding to the Council, Ward noted that there were no Continental troops at Winter Hill other than a "guard at the powder magazine" who had already had smallpox. But, he did say that the Selectmen of Medford "applied" to him "for leave to make use of one of the barracks at or near Winter Hill for a smallpox hospital," since smallpox had "broken out in said town." Unwilling to address the incident any further, Ward closed his letter by saying "I thought then, and I think now, I had a right so to do." Although the incident turned out to be over civilian use of a military barrack as a smallpox hospital rather than illegal inoculation of soldiers, it nevertheless demonstrates the perceptions civilian authorities had of inoculation and, more importantly, the degree to which civilian and military leaders were at odds over who was in charge. In this instance, Ward clearly thought the military had the upper hand

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202 General Ward to Council of Massachusetts, Boston, July 9, 1776, Force, American Archives, Series 5, vol.1: 146-47
over civilian authorities, however, in Charlestown, New Hampshire, matters were different.

Two months after the Winter Hill incident, the New Hampshire Committee of Safety wrote to the Selectmen of Charlestown, New Hampshire, to inform them that General Gates complained "loudly" about "the conduct of some persons" in their town "acting as physicians" and "inoculating soldiers for the smallpox, thereby hindering them from joining the army." Gates told the Committee that it must "stop this most pernicious practice," and if they failed to do so, "the disorder will be spread in the new army." However, the Selectmen saw things differently. Unrepentant, the Selectmen told the Committee of Safety that they "conceive it rather hard" that they "should bear the whole weight of General Gates' resentment." According to the Selectmen, Gates' "complaint" was not "founded upon the whole truth of facts," but on rumors spread by "an enemy to the doctor, or to the scheme of inoculating for the smallpox." In addition, the Selectmen pointed out that there was no evidence to believe "that the soldiers have carried" smallpox "from hence to the army"; after all, other towns in the state, such as "Keene and Claremont," inoculated, so maybe they were the source of smallpox "carried to the army." Turning the tables of the argument against Gates, the Selectmen insisted that their town did not infect the army, but instead it was the other way around. "The smallpox has been, by the soldiery, brought and left here," the Selectmen claimed, citing three instances when sick soldiers arrived in town already infected with smallpox. The Selectmen believed that it was a "breach of privilege to be denied of the same liberty (of inoculating our families) that other towns in this colony enjoy, which we suppose at
present to be highly expedient for their safety." Before the Selectmen would consider stopping inoculations in Charlestown, they wanted an assurance from Gates that "the smallpox shall not be brought here again by the soldiers, who are continually marching to and from the army." 203 They were given no such assurance.

This incident is very revealing about the strengths and weaknesses of the patriot cause so soon after independence was declared. First, when the Selectmen claimed Keene and Claremont were both inoculating without any infringements on their "liberty," they were clearly pandering to the prevailing rhetoric of equality as justification for their reluctance to stop. In short, Charlestown demanded to be treated equally. Second, the incident further demonstrates the provincialism that still existed in the colonies. Charlestown was clearly more concerned with what was best for them rather than what was best for the overall cause. Lastly, Charlestown's recalcitrance shows how fragile the patriot cause was at the time. Clearly, their response to Gates by way of the Committee of Safety reflected their belief that they were in charge, at least of their part of the colony, not the military and certainly not Gates. Regardless, inoculation added an extra stress to an already stressful situation, exposing a very real tension that existed between military and civilian leaders.

203 Letter from the Selectmen of Charlestown to the New Hampshire Committee of Safety, Charleston, MA, September 6, 1776. American Archives Series 5, vol. 2: 208. See also Wehrman, The Contagion of Liberty, 233-36; General Gates to Major Hawley, Ticonderoga, August 10, 1776, Force, American Archives, Series 5, vol. 1: 902; General Gates to Rev. Mr. Olcott, Ticonderoga, August 19, 1776, ibid., 1074; Documents and Records Relating to the State of New Hampshire During the Period of the American Revolution, From 1776 to 1783, Vol.3. Nathaniel Bouton, D.D. ed. (Concord, NH: Edward A. Jenkins, 1874), 220. Indeed it is possible that the Selectmen had a legitimate concern. State papers show that on August 31, 1776, the Selectmen petitioned the Council for reimbursement for care the Selectmen had given to a "discharged continental soldier" who arrived in town from Ticonderoga on July 23, already sick with smallpox. According to the Selectmen, "Doctor Stevens . . . provided for him, until August 17, when he died." See Documents and Records Relating to the State of New Hampshire During the Period of the American Revolution, Vol. 11, Isaac Hammond, ed. (Concord, NH: Parsons B. Cogswell, 1882), 294.
Conclusion

Whether a Governor of a state, a General of the army, the Selectmen of a town, or an individual colonist, and no matter what the circumstances, the decision to inoculate always required the party or parties involved to assess the benefits and risks of the procedure. However, once open hostilities between the British and the colonists began, the analysis became more complicated. After April 1775, any inoculation decision also had to take into account what the benefits and the risks were to the Revolution, not the individual state or colonists. As demonstrated here, this was not always the case. Soldiers inoculated against orders, thus spreading smallpox, Generals delayed inoculation to avoid sending troops to the front, thus threatening the outcome of a battle, and Selectmen made inoculation decisions that, while right for their constituencies, were not right for the Continental Army. In many respects, Washington was fighting three enemies: an external enemy he knew all too well called the British, an external enemy he also knew all too well called smallpox, and an internal enemy he may or may not have known who took many names -- Selectman, governor, general, private -- who formed inoculation decisions without regard to what was best for the Continental Army and the ultimate success of the Revolution. It was when Washington had to confront this unknown internal enemy that the patriot cause was most challenged.
CONCLUSION

On February 20, 1781, nearly eight months before General Cornwallis surrendered to George Washington at Yorktown, Virginia, Dr. Benjamin Rush delivered a lecture to a gathering of University of Philadelphia medical students on the "new" technique of inoculation that he developed almost ten years earlier.1 Entitled "The New Method of Inoculating for the Smallpox," Rush began his lecture by juxtaposing inoculation with the revolutionary conflict transpiring around him. "It must afford no small pleasure to be a benevolent mind in the midst of a war, which daily makes so much havoc with the human species," declared Rush, "[than] to reflect that the smallpox, which once proved equally fatal to thousands, has been checked in its career, and in a great degree subdued by the practice of inoculation."2 In many respects, Rush was correct in his assessment. By 1781, inoculation had made great strides in curtailing the spread of smallpox in the

American colonies. Between 1763 and 1781, the number of colonists who contracted natural smallpox declined while the number who inoculated increased. But what Rush failed to realize, or neglected to mention, was that the advancement of inoculation did not happen in spite of the war "which daily makes so much havoc with the human species," it happened because of the war.

Between 1763 and 1781, smallpox was a constant problem. Soldiers returning to their homes at the conclusion of the French and Indian War in 1763 carried and spread the virus, igniting smallpox epidemics throughout the colonies. And once soldiers from the Continental Army began to gather and deploy in 1775, they again carried and spread the virus. This constant threat from smallpox precipitated a drastic response from both the civilian and military sectors. Beginning in the 1760s, many colonists who never would have considered inoculation now began to seek it out. So many colonists rushed to inoculate in Boston in July 1776, that a surprised James Warren informed John Adams that the town "is now become a great hospital for inoculation." According to Warren, the "rage for inoculation" brought "a collection of good, bad, and indifferent of all orders, sexes, ages, and conditions" into Boston. As this dissertation has argued, such demand helped alter inoculation from the life saving medical procedure Mather and Boylston

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3 For example, there were 5,545 cases of natural smallpox in Boston in 1752 and 2,124 cases of inoculated smallpox. In 1764, there were 699 cases of natural smallpox in Boston and 4,977 cases of inoculated smallpox. In 1776, there were 304 cases of natural smallpox in Boston and 4,988 of inoculated smallpox, and in 1778 there were 122 cases of natural smallpox and 2,121 cases of inoculated smallpox. According to John Duffy, the low number of inoculated smallpox in 1778 reflects births since 1776 and refugees who came into the city since 1778; everyone else in Boston either had natural smallpox or was inoculated. Duffy, Epidemics, 36, 37. See also Blake, Public Health, 244.


introduced into the colonies in 1721, into a commodity to be bought and sold by the 1770s. Inoculation had become so popular by 1776 that Boston resident Hannah Winthrop, declared it "as modish as running away from the troops of a barbarous [King] George."\(^6\)

Within the Continental Army, inoculation became just as popular as it was in civilian sectors. When smallpox took hold of the Continental Army in September 1775, soldiers began to inoculate themselves, often against orders. As Benedict Arnold noted in March 1776, soldiers under his command in Canada "repeatedly disobeyed or neglected" orders and "privately prepared and inoculated."\(^7\) But clandestine inoculation was no longer necessary once Washington issued orders in February 1777 that required all soldiers of the Continental Army to undergo the procedure. This mass inoculation of soldiers that began in February 1777 and continued throughout the remainder of the Revolution helped produced an army that was more prepared to confront a British army that was largely immune to smallpox and was known to use the virus as a biological weapon against its enemies.

As this dissertation has shown, when inoculation intersected with the American cause for independence tensions often erupted that challenged its success. For example, the viability of the Continental Army was threatened and the lack of cohesiveness exposed when soldiers inoculated themselves against orders and without concern for what their actions meant to their compatriots or the Revolution. The degree to which the

\(^7\) General Arnold to Silas Deane, Quebec, Canada, March 30, 1776, Peter Force, American Archives, 4th Ser., vol. 5: 549.
lower and middle sorts subscribed to the egalitarian principles of the patriot cause were demonstrated when they violently protested the inoculation efforts of the upper sort. Lingering provincialism and the lack of dedication to the concept of the new United States was exposed when governors and state legislatures failed to inoculate their troops in order to prevent them from being sent to protect other states. The tensions that erupted between the military and civilian sectors when the inoculation requirements of the army conflicted with inoculation laws of local communities were an unnecessary distraction. And, on the cusp of a new nation founded on principles of equality and freedom, inoculation only did more to reinforce established eighteenth century concepts of race and gender for women and enslaved blacks.

By studying the intersections of inoculation and the American struggle for independence, this dissertation has introduced into the scholarship of the Revolutionary period the concept that inoculation was just as influential and often just as threatening to the struggle as smallpox. This dissertation has also challenged a number of arguments that have permeated the scholarship of the last sixty years. It has shown that the desire to preserve one's facial appearance rather than to preserve one's life was often a motivating factor behind inoculation. Contrary to existing scholarship, this dissertation has shown that the reason the poor did not inoculate often had less to do with the cost of inoculation and more to do with ethnic based healing traditions and a fear of medicine.

As evidence of this, this dissertation has explored the many free inoculation venues the poor had at their disposal, including widely disseminated instructions on how to inoculate for free at home, arguing that, despite these venues, the poor still did not
inoculate. And this dissertation has shown that contributing to the growth in the popularity of inoculation was the influence of physicians who were more than willing to cater to the demand for inoculation as well as create demand themselves. The findings in this dissertation have confirmed that at the same time colonists were redefining their relationship with Great Britain they were also redefining their relationship with inoculation, which, as with Great Britain, always presented a challenge to the cause.
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CURRICULUM VITAE

Jeffrey M. Weir received his Bachelor of Science degree from Albright College, Reading, Pennsylvania, in 1985, and his Masters of Arts degree in American History from George Mason University, Fairfax, Virginia, in 2003. From 1991 until 1995, Mr. Weir was Assistant Director of the Reading Public Museum, Reading, Pennsylvania, and from 1995 until 2001, Operations Director at Winrock International, Washington, DC, a global non-profit organization. Since 2001 Mr. Weir has worked as a Senior Research Administrator at the Biostatistics Center of the George Washington University, Washington, DC. In addition, Mr. Weir is an adjunct Professor of History at the Northern Virginia Community College, Alexandria, Virginia, and a 2009 McKinnon-Morton Dissertation Fellowship award recipient.