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Matthew Wynn Sivils

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Dissecting the Pamphlet Literature of the Boston Smallpox Inoculation Controversy

Matthew Wynn Sivils

“COTTON MATHER, You Dog, Dam You; I’ll inoculate you with this, with a Pox to you.”

—note tied to an unexploded bomb, November 14, 1721¹

In April of 1721, a number of ships from the West Indies docked in Boston Harbor. One of these vessels, the HMS *Seahorse*, hailing from Salt Tortuga, delivered a shipment of cargo to the colony. It also brought smallpox. Despite efforts to quarantine the infected, by the end of May, eight people had contracted the deadly virus, and with the specter of an epidemic looming over the city, the citizens of Boston looked to two different sources for medical leadership: the clergy and an assortment of medical practitioners.² The clergy, led by Cotton Mather, championed the relatively new practice of inoculation, or variolation, as a preventative for smallpox, while the physicians, represented by the Scots-born physician, William Douglass, scorned such a strategy as dangerous to the general population. A battle of words ensued between these camps, with each publishing fiery arguments in the pages of Boston’s newspaper and pamphlet literature. The key documents of this debate—distributed as the epidemic claimed life after life—stand as powerful cultural narratives that reveal the complex rhetorical and literary strategies employed by these two groups at a crucial moment in the story of the institutionalization of medical knowledge-making in America.

Historians of the event, such as Perry Miller and John T. Barrett, tend, in the words of Margot Minardi, to portray “the inoculation controversy as a contest for professional authority, epitomized by

the clash between the preacher Mather and the physician Douglass."³ But, Minardi explains, "Their conflict was not between religion and medicine *per se*. Rather, the question was what roles men of the cloth and other medical amateurs were to be permitted in the realm of medicine."⁴ Underscoring that the controversy was more than simply a case of Boston's religious leaders butting heads with its more secular physicians, John B. Blake writes that "One source of opposition to inoculation was the religious scruples of earnest and devout people. Some maintained that it was a sin for a healthy person to bring sickness upon himself . . . and that he should in submission to God's will leave it to Him to determine whether or not he would suffer the disease."⁵ Pro-inoculation ministers, such as Increase Mather and his son, Cotton, eased such religious qualms by arguing that inoculation should be encouraged because it prevented a more severe sickness. Plus, they argued, no one resisted other forms of preventative medicine such as purgatives and medicines meant to induce vomiting.⁶ Hence, in equating it to other forms of preventative medicine, Mather's group of clerical inoculationists championed the practice as one example of the free access of medical knowledge to the general public. Douglass's group, on the other hand, represented the beginning of a drive to create a more exclusive American medical establishment. The rhetoric of these two groups reflects two markedly different appeals. The inoculationists presented themselves as the beneficent servants of God, whose experience and common sense gave them the right to prescribe the technique. The anti-inoculationists portrayed themselves as members of an elite medical profession and based their rhetoric on fear, the fear that people such as the inoculationists would worsen the spread of smallpox with their unqualified meddling.

Given that there were few other venues for airing their arguments, it was inevitable that the inoculation debate would enter the public discourse of Boston through one of that community's most powerful forums, its pamphlet literature. The pamphlet texts employed a variety of rhetorical appeals coupled with what was often an irregular narrative structure. The clergy, in particular, took advantage of the literary nature of this medium by making use of story-telling as a way to appeal to an audience used to narratives in sermons and to promote a more inclusive, and ostensibly democratic, method of dispensing medical expertise. Anti-inoculationists, notably Douglass, likewise employed narrative, but in a more subtle, epistolary manner that was targeted, if often indirectly, toward the general populace of Boston. Each side then drew upon the pamphlet literature tradition to invoke powerful

cultural narratives meant to sway the afflicted and frightened people of Boston to their respective sides.

"Rhetoric," writes Sonja K. Foss, "is not simply the translation of some knowledge that we acquired somewhere else into persuasive form. It is the process by which knowledge comes to be; reality or knowledge of what is in the world is the result of communicating about it."⁷ In the Boston smallpox debate, the conflicting groups manipulated scientific information to create two opposing, rhetorically invented realities. The inoculationists championed a democratic dissemination of medical knowledge, while the anti-inoculationists sought an institutionalized approach that bolstered their claim to medical authority and to a monopoly on the use of such knowledge. The inoculationist rhetoric represents much of what James P. Zappen calls a democratic science, which he describes as an approach to science that incorporates traditionally excluded groups of people and that is significantly influenced by humanitarian and social concerns.⁸ This concept of a scientific framework that includes the general populace directly relates to the medical world of colonial Boston. But in the end, the anti-inoculationists prevailed, and their arguments, as presented in the writings of Douglass, represent a redirection of medical scientific knowledge from the many to the few.

Scholars such as Blake and Minardi have ably related the history of this intriguing medical controversy, so in this article I instead examine the inoculation controversy by directing attention to the cultural implications of the pamphlets themselves, which functioned as intriguingly political literary texts—a trait common to the pamphlet literature of the time. Ultimately, as distinctive literary artifacts, these pamphlets demonstrate how the narratives and rhetoric employed on both sides of the debate represent more than just a series of persuasive techniques; they are nothing less than forceful cultural portrayals of one of the most heated and influential medical debates of the period.

Due to the undeveloped nature of the colonies, the clergy had a long history of medical involvement in New England. In a land devoid of physicians, religious leaders were bound by their calling to ease suffering, and they did much to help the colonists endure all manner of maladies. "According to Mather," Schmotter writes, "God presented His clerical ambassadors with a double commission in the field of medicine. In areas without trained physicians they must care for their parishioners' bodies as well as their souls."⁹ This care often came in the form of visits to the homes of the afflicted where the clergyman-physician would mix prayer with folk medicine in hopes of

curing the ills of his parishioners. By 1721, Cotton Mather had much experience in community medical service. For example, in 1702, he saw Boston engulfed in a double epidemic of smallpox and scarlet fever, and in response to the outbreak, he went with characteristic vigor to the aid of his community. As Mather biographer, Kenneth Silverman, writes, "Always busy, Mather became doubly so. He also prayed with his sick neighbors, large numbers of whom he visited. Finding it impossible to visit them all, but considering it his duty to counsel them in the epidemic, he had three men distribute to the many stricken families in his neighborhood copies of his *Wholesome Words; or, A Visit of Advice to Families visited with Sickness*, which he had published at his own expense."¹⁰ Mather's own children were also afflicted with smallpox, and he turned his study into a hospital for their care, where they slowly recovered from their illness. But by the end of the epidemic, over three hundred less fortunate citizens had succumbed to disease.¹¹

Mather's ordeal was repeated during the Boston measles epidemic of 1713, when he again hoped to "spare himself some of his visiting duties by offering practical medical advice in written form."¹² This time Mather distributed what is probably one of America's first medical self-help manuals, *A Letter—About A Good Management Under the Distemper of the Measles*.¹³ In this pamphlet, he seems to anticipate and attempt to diffuse objections from those who might claim he was overstepping his bounds, writing: "I know not . . . what Censures this Action may meet withal. I am sure, nothing but a pure act of Charity to the Poor, where Physicians are wanting, is now intended."¹⁴ Employing persuasive techniques meant to appeal to the layperson during a time of extreme medical crisis, Mather's *A Letter—About A Good Management* is a clear predecessor to his later smallpox inoculation pamphlets and demonstrates the extent to which New England pamphlet literature possessed an impressive rhetorical flexibility. Pamphlet literature was a powerful medium capable not only of efficient dissemination of medical information but also of the defense of that dissemination against naysayers.

Mather's family was particularly hard hit by the measles outbreak, which Silverman writes was "the worst epidemic of measles in colonial American history . . . it infected thousands of people and killed 160 in two months."¹⁵ Among that number were Mather's wife and three of his children. Given his traumatic experiences with these two earlier epidemics—during which quarantines had failed to stop the spread of infection—it is perhaps unsurprising that he would advocate a more aggressive solution to a similar medical crisis eight years later.

As the 1721 smallpox epidemic began to take its toll, the medical practitioners began to form their own ideas about inoculation and about how it related to their professional authority. At this period, few trained physicians existed, and of the eleven men who acted as doctors in Boston at the time, only Douglass, who had obtained his MD from the University of Edinburgh, was actually licensed to practice medicine.¹⁶ In the colonies, where there was no formal requirement to practice medicine, one needed only to profess a knowledge of medicine to tend to the ill. Medicine was seen as a trade instead of a calling, and it best resembled those professions that required an apprenticeship, but in the colonies, even this amount of training was scarce. Douglass, as Schmotter points out, probably did not immediately see the epidemic as “an opportunity to try to reshape the Boston medical community along European lines,”¹⁷ but it eventually became exactly that. Douglass, a man produced by and in favor of the European medical establishment, came to view the crisis as a chance to create an institutional framework akin to the one he had enjoyed in England, which boasted a structure complete with medical schools, guilds, and societies that partitioned the field into specialties such as apothecaries, surgeons (who shared a union with the barbers), and trained physicians.¹⁸ This system was lucrative for the practitioners, who, through their training and guilds, held a monopoly over their specialties, which ensured the demand for their services; it also created a series of professional organizations, and by its very nature, placed medical knowledge in the hands of the few who belonged to the exclusive profession. The economic benefits for those who enjoyed this monopoly were obvious; those who were licensed to practice medicine, distribute remedies, and perform surgeries could and did charge what they wanted in a system that did little to promote the concept of free enterprise. Of course, this institutionalization of medicine had its positive side for patients as well; the requirements for entry into the medical profession were much more rigorous than in the colonies, and therefore, led to practitioners who were more qualified to dispense medical treatment.

The motivation of the anti-inoculationists was complicated by their status as doctors in a city with only a fledgling medical establishment. Douglass opposed the practice of inoculation not because he thought it was ineffective, but because he resented the meddling of the clergy, namely Cotton Mather, in matters best left to those trained in medicine. Mather and his fellow clergymen did not directly attempt to subvert the role of the medical practitioners. Instead, the inoculationists presented themselves as wise educators who wished to inform

the people of Boston about a procedure they saw as instrumental in reducing the toll of the epidemic. In order to accomplish what they viewed as a humanitarian effort, the inoculationists published the smallpox inoculation procedure in an easy to understand format. The inoculationist documents, particularly Boylston and Mather's *Some Account of What is Said of Inoculating or Transplanting the Small Pox*, argue for a humanistic and democratic dissemination of medical knowledge, a distribution of knowledge at odds with the European system that Douglass and his supporters passionately advocated. Contrary to the approach of the inoculationists, Douglass's anti-inoculationist ethos was based on his formal education as a physician and his friendships with learned European colleagues.

While inoculation might have been new to the colonies, it was an established practice in India, Turkey, Greece, China, and portions of Africa, where it had been employed in excess of 1000 years. In 1713, the Greek physician, Emanuel Timonius of Constantinople recorded the process of inoculation made prevalent by another Greek physician, Giacomo Pylarini. Timonius sent his paper to John Woodward, a London physician, who in 1714, published it in the *Philosophical Transactions* of the Royal Society.¹⁹ The practice found some use in England, most famously by Lady Mary Wortley Montagu and King George I. After the royal family supported the procedure, it became popular, but amongst physicians, the practice was still suspect because "the ensuing and protecting attack of smallpox was by no means always a mild one . . . two or three persons died out of every hundred inoculated," and the procedure had the potential to "spread the disease more widely by multiplying the foci of infection."²⁰

On the other side of the Atlantic, Cotton Mather (also a Fellow of the Royal Society) read Timonius's article with interest, but, as Silverman writes, "Mather had learned about inoculation 'many months' before the appearance of Timonius's account. His black servant, Onesimus, had described to him the use of inoculation among his people, the Guramantese, and had shown him a scar on his arm left by it."²¹ Given these proofs of its efficacy, Mather saw the procedure as a way to combat the impending epidemic, and in late June of 1721, he advocated the use of the procedure by the skillful, if self-taught, Dr. Zabdiel Boylston, who inoculated three people as an experiment: "a thirty-six-year-old black servant, a two-and-a-half-year-old black child, and his own six-year-old son Thomas."²² In response to these experiments—which were successful—the anti-inoculationists countered with newspaper columns, pamphlets, and broadsides condemning the

treatment. As the debate ensued, citizens continued to die. According to Schmotter, "in September [of 1721] 10 Bostonians died of smallpox; in October 411,"²³ and as the number of dead increased, so did tensions between the general populace of Boston and the inoculationists. The anti-inoculationist rhetoric, especially the valid argument that inoculation could potentially spread the disease, turned a significant portion of the people against Mather and Boylston. Indeed, accusing the inoculationists of jeopardizing the public health worked so well that Boylston was forced to go into temporary hiding to avoid a lynch mob. Mather, too, suffered the public's wrath. On November 14, 1721, an unknown person tossed a bomb through a window of his house. The bomb was packed with enough powder and turpentine to have destroyed the house, but a malfunctioning fuse foiled the device. A note attached to the bomb contained its own explosive sentiment: "COTTON MATHER, *You Dog, Dam You; I'll inoculate you with this, with a Pox to you.*"²⁴ That same month another 249 people died of smallpox, and the following month thirty-one more succumbed to the disease.²⁵ The threats did not stop Mather from promoting inoculation, nor Boylston from engaging in it. Between June and December of 1721 approximately 300 persons in and around Boston were inoculated against smallpox (including Mather's son), with Boylston performing the vast majority of the procedures and with apparently none of the patients dying from the resulting mild infection.²⁶

The open dissemination of medical treatment and information is a prevalent theme of one of the most important documents of the inoculation debate, Boylston and Mather's, *Some Account of What is Said of Inoculating or Transplanting the Small Pox. By the Learned Dr. Emanuel Timonius, and Jacobus Pylarinus with Some Remarks Thereon. To Which Are Added, a Few Queries in Answer to the Scruples of Many about the Lawfulness of this Method.*²⁷ This pro-inoculationist tract, published in 1721 by Boston's two major inoculation advocates, serves a number of purposes. It refutes criticism leveled at Mather and the inoculationists in general, while also acting as a how-to manual for inoculating people against smallpox. In addition to these purposes, the document argues the case for inoculation and attempts to allay the fears of skeptical Bostonians. One of the keys to its effectiveness is its reliance upon a series of literary techniques that readers of the time would have known from their consumption of sermons and other forms of pamphlet literature. Bolstered by a series of narrative episodes, *Some Account* invites the layperson to understand inoculation as a well-tested medical practice that even those of lower social classes had accepted as safe.

Hence, *Some Account* appeals for a more democratic approach to dealing with the developing medical science that affected the citizens by attempting to draw in those readers themselves. Probably the most obvious aspect of *Some Account's* democratic agenda is in the way it addresses its audience: Boylston and Mather speak directly to the general population. Simply by addressing the general public, *Some Account* gestures toward the democratic ideal, but Boylston and Mather also bring in other voiceless groups. In attempting to calm fears aroused by anti-inoculationist newspaper columns and tracts, Boylston and Mather state, "I have made my *Experiments* with all the *Disadvantages* that can be imagined, on *Old* and *Young*, on *Strong* and *Weak*, on *Male* and *Female*, on *White* and *Black* . . . and it has succeeded well in all, even beyond Expectation."²⁸ While it can hardly be argued that these experimental subjects are directly contributing to the medical discourse, this particular statement incorporates a broad audience in two significant ways. First, the authors consider the effect of inoculation on a wide range of subjects, regardless of their race, gender, or age, which may on the surface seem a minor point, but for Mather and Boylston to even consider the results of Africans in a study as applicable to European Americans is an important gesture toward democratic inclusion. Second, those behind these "experiments" are Boylston and Mather, the former a self-proclaimed doctor and the other a well-known clergyman.

The traditional view of the controversy is that Douglass and his proponents argued against non-doctors performing the procedure of inoculation,²⁹ but this interpretation is complicated because, of the few medical practitioners available in Boston, only Douglass was actually trained in the profession. Thus, when viewed within the context of democratic science, the conflict can be more readily connected to the urge to hoard medical knowledge and power. To the anti-inoculationists—especially those who had little to no medical education—a democratic view of medicine threatened to further open the field and to thereby diminish their fragile authority. Uneducated practitioners probably felt more threatened by the inoculationists than even Douglass because their medical expertise rested completely upon guarding what limited medical knowledge and experience they possessed. As Boston had no medical establishment akin to that of Europe, Douglass was in little danger of losing further prestige, but for the self-trained practitioners, Boylston must have seemed a traitor bent on eroding their position. So while Douglass was the most outspoken of the anti-inoculationists, he actually had less to lose than the uneducated practitioners who

were in peril of becoming obsolete in a de-mystified and democratic medical system.

Their argument that all people, regardless of gender, age, or race can benefit from inoculation, demonstrates that Boylston's and Mather's inclusive view of medical knowledge-making presented in *Some Account* involves narratives portraying groups of people traditionally excluded from most scientific discourse. Indeed, *Some Account* includes a group so excluded from Boston society that some did not even consider them human, the African slaves. In a remarkable move, Boylston and Mather use the testimony of slaves to help prove the value and veracity of their claims: "There is at this Time a considerable Number of *Africans* in this Town, who can have no Conspiracy or Combination to cheat us. No body has instructed them to tell their Story. The more plainly, brokenly, and blunderingly, and like Ideots, they tell their Story, it will be with reasonable Men, but the much more credible."³⁰ Obviously Boylston and Mather are not attempting to include the Africans in the actual discussion; the slaves are viewed as coarse and uneducated witnesses to the benefits of inoculation. In this shrewd, if racist, approach, the authors use the perceived ignorance of the slaves to further their agenda, implicitly arguing that the Africans are "Ideots" who cannot convincingly lie. To emphasize their point, Boylston and Mather include a quotation presumably from Mather's slave, Onesimus:

. . . all [Africans] agree in one *story*; 'That abundance of poor Negro's die of the *Small Pox*, till they learn this *Way*; that People take the Juice of the *Small Pox*, and *Cut the Skin*, and put in a drop; then by'nd by a little *Sick*, then few *Small Pox*; and no body dye of it: no body have *Small Pox* any more.'

Here we have a clear Evidence, that in *Africa*, where the Poor Creatures dye of the *Small Pox* in the common way like Rotten Sheep, a merciful GOD has taught them a wonderful *Preservative*.³¹

Boylston and Mather include this brief narrative in the "plainly, brokenly, and blunderingly" style that they credit as undeniably honest.³² Their inclusion of what are claimed to be the words of a slave himself is an interesting use of democratic language from a social group most definitely excluded from institutional scientific discussion. Silverman writes, "Mather's use of dialect here mattered, for . . . the opponents of inoculation made much of the social class and intellectual credentials of those testifying to its effectiveness," and Mather is careful to

follow with the testimony of people like Dr. Timonius because, as Silverman suggests, Mather was “Keenly aware that Onesimus’ folkish narrative would not be persuasive enough.”³³ Still, as Minardi argues, we should “read the inoculation controversy as part of the ongoing construction of race in the early modern world,” and, at a later point in her argument she asserts that “[t]he controversy’s significance is . . . that it shows how, in the colonial context of early America, racial language and thought informed dialogues that, on the surface, had little to do with race at all.”³⁴ Here Boylston and Mather, while not actually including the slaves in the general citizenry, still find a way to incorporate their words into the debate, and while their purpose is not to actually address the slaves, the authors use this passage of testimony to appeal to the racism of the Bostonians. The implicit argument being that if an “Ideot” slave can understand the value of inoculation, no one of European heritage should have trouble accepting the idea.

The broader issue of race plays an important role in Boylston and Mather’s argument for inoculation and is complicated in both overall structure and rhetorical strategy. After detailing the inoculation procedure, they begin the “Remarks” section of *Some Account*, a section that serves as a rebuttal for what were the main arguments against inoculation. Those arguments that used racism and religious prejudice were particularly damaging in the context of eighteenth-century Boston, and the authors, sensitive to the possibility of alienating their audience, end their first discussion of the origins and testimony of inoculation by writing: “It is a Common Practice, and is is [*sic*] attended with Success. I have as a full Evidence of this, as I have that there are Lions in Africa. And I don’t know why ‘tis more unlawful to learn of Africans, how to help against the Poison of the Small Pox, than it is to learn of our Indians, how to help against the Poison of a Rattle Snake.”³⁵ With this argument for inoculation presented in a way that refutes those who employed racial prejudice against the use of the procedure, Boylston and Mather then wait until nearly the end of the document to launch their most powerful argument involving racial and religious biases. Knowing that their audience would probably distrust any medical procedure originating from racial and social groups viewed as inferior, they cleverly connect the great minds of Greece—that is, sources of classical knowledge—with those of less accepted racial groups:

It is *Cavilled* . . . that this *New Way* comes to us from the *Heathen*, and we *Christians* must not *Learn the Way of the Heathen*. I Enquire, whether our *Hippocrates* were not an *Heathen*? And whether our *Galen* were not an *Heathen*? And whether we have not our *Mithradate* from the *Heathen*? And whether the first Inventaer of our *Treacle* were not *Nero's Physician*? And whether we have not learnt some of our very Good Medicines from our *Indians*? But this *New Way* has been used by many Thousands of *Christians*; And it is from *Christians* we have the Communications of this *New Way*.³⁶

This passage serves to defuse one of the uglier arguments against smallpox inoculation. Boylston and Mather knew their audience well and perhaps realized both from experience and from the anti-inoculationist rhetoric they saw in the newspaper that they would have to find a way around various Bostonian prejudices. Indeed, the slave-holding Mather probably agreed with some of the racist rhetoric, but as *Some Account* reveals, he realized that one way to circumvent this argument was by citing precedent in the form of three great non-Christian medical minds: Hippocrates, Galen, and “*Nero's Physician*.” With this portion of his counter-argument in place, they then bring the American Indians into the discussion, arguing what the general populace already knew, that some of the best medical treatments for New World ailments came from what they considered a “Heathen” and racially inferior group.

To bolster this position, the authors of *Some Account* immediately invoke the concept of “GOD,” which—given Mather’s hand in the text—is unsurprising, but it is notable that the authors wait until approximately halfway through the document before mentioning the divine figure. Boylston and Mather predictably argue that it is God’s will for Boston to inoculate themselves against smallpox, but the reason for their delayed introduction of God is perhaps related to the fact that in 1721 Boston, the consummate example of a highly institutionalized professional group was the clergy itself. These men enjoyed a structured professional existence that essentially guaranteed their livelihood. This system of occupational security based upon a monopoly was highly suggestive of the medical institution in England. Both Cotton Mather and his father, Increase, fully personified the professional aspects of their calling. Perhaps because of this aspect of his career, Mather deflected attention from his own highly exclusive profession to limit associations of the clergy with institutionalized medicine.

For the first half of *Some Account*, Boylston and Mather took instead an approach that was likely to appeal to a large range of their

Bostonian audience, that of the self-help manual. In *Some Account*, the authors repeat the approach of Mather's earlier document on measles, *A Letter—About A Good Management*. Both are plainly worded sets of instructions concerning self-medication. *Some Account* blends two separate techniques for inoculation while simultaneously arguing the lawfulness and validity of the procedure. After further divorcing inoculation from its African origins by giving a brief overview of how inoculation originated from both Greece and Turkey, Boylston and Mather proceed to break down the medical knowledge barrier by providing detailed instructions on how to inoculate a person for smallpox. The instructions contain a sufficient amount of straightforward detail allowing almost anyone who could read—or at least be read to—to understand the procedure. The wording and structure of the instructions are simple; their style lacks technical or medical jargon and assumes that the reader brings no real medical knowledge to the reading, resulting in a document geared for a general and decidedly non-scientific audience. The distribution of *Some Account* was perhaps more threatening to the anti-inoculationists than any single counter-argument promoting inoculation because the information it contained directly threatened their fledgling attempt at institutionalization and exclusion. The smallpox inoculation procedure as described in *Some Account* became public knowledge instead of the guarded property of an elite and selective institution. *Some Account's* plain and democratic method of medical communication likely made it the most effective of all inoculationist literature; it interwove counter-arguments attacking anti-inoculationist positions, and it even bullied readers by telling them not to follow the example “of a few Cowards that are afraid of their Shadows.”³⁷

Douglass certainly felt the need to respond to those who proposed smallpox inoculation, and in his 1722 pamphlet (written and published with the aid of Alexander Stuart and James Franklin), *The Abuses and Scandals of Some Late Pamphlets in Favour of Inoculation and the Small Pox, Modestly Obviated, and Inoculation Further Consider'd in A Letter From one in the Country to A.S. M.D. & F.R.S. in London*,³⁸ he attempts to counter the arguments of Mather, Boylston, and others who favored the widespread use of the procedure. This document is more than just a pamphlet of counter-arguments; it serves as an example of how Douglass believed medical knowledge and debate should be distributed: as discourse meant only for those members of an organized and exclusive profession.

Significantly, in *Abuses and Scandals*, Douglass criticizes not only the arguments of his foes, but also what he calls their “stile.” In fact, their “stile” so bothered Douglass that he begins the pamphlet by writing: “Notwithstanding the most vile *Personal Abuses*, and unprecedented Calumnies lately spewed out, it was resolved, to drop the Affair, that Contention might cease, and leave the *habitual Scriblers* master of the Field of Scandal, they having already (after little or no Opposition) given up their Titles to correct Stile, Justness of Thought, and Force of Argument.”³⁹ From this passage it seems that Boylston and Mather’s democratic rhetoric offends Douglass no less than what he calls their “Personal Abuses.” In this pamphlet, Douglass overtly refers to the need for Boston to create a firm medical institution that excludes those who, in his opinion, are not qualified to practice. This charge, of course, is aimed at the clergy, whose profession Douglass equates with that of the physicians when he writes:

In some Circumstances a Layman (it’s said) may perform several of the Offices of a Clergyman, where learned and suitably qualify’d Clerks are not to be found and so some sarcastick Writers tell us, that in the Infancy of this and some other Colonies, their Teachers, besides civil Polity and Physick, also exerted some meaner and mechanick Callings. But now our Colony is of Age and for several years past our Ministers have not been allowed to act in civil Affairs.⁴⁰

In asserting that Boston is a mature colony, Douglass erases any former claims that the clergy may have on the practice of medicine, law, or any other profession not directly related to the church. This assertion is key to Douglass’s argument because he must dissolve the credibility of the ministers in regard to medicine before he can undermine arguments that the average person should also practice medicine or engage in related scientific debate.

As with other pamphlets written by Douglass, this one takes the form of a mock letter addressed to a peer. In the case of *Abuses and Scandals*, the peer is a London doctor. Douglass pitches his language, however, toward Bostonians in general, and, like Boylston and Mather, he avoids the use of medical jargon. Nevertheless, the false audience is not the general public, but only a single person, and this person is, predictably, a physician who resides in the more medically sophisticated London and who happens to be a Fellow of the Royal Society,⁴¹ making him a member of an exclusive group of medical practitioners.

Douglass creates a false elite audience in a pamphlet intended for the general populace in part to increase his professional credibility. By counting among his friends a Fellow of the Royal Society, Douglass classes himself with the intellectual elite, a gesture meant to impress his actual audience of average Bostonians. Also, by addressing a false intellectual audience, he implies that this discussion is properly the domain of those credentialed members of the medical profession and hence not for the ministers, who according to Douglass, would have Boston believe their “pretensions to Physick is as good as that of the ablest Practitioners in the Land.”⁴²

Despite addressing *Abuses and Scandals* to a British peer, Douglass penned the pamphlet to dissuade Bostonians from practicing inoculation unless under certain controlled conditions. This admission that certain favorable conditions for inoculation exist demonstrates how Douglass does not so much argue against the procedure as for an institutional framework to oversee it. According to Douglass, this institutional control would belong not to the people in general or to the church, but to medical practitioners. For example, in another of Douglass’s pamphlets, *A Letter From one in the Country, to his Friend in the City: In Relation to their Distresses occasioned by the doubtful and prevailing Practice of the Inoculation of the Smallpox*,⁴³ he passionately advocates the creation of just such an institutional approach to inoculation: “How daringly bold this Practice? for one single Apothecary, without consent of his Brethen, without asking the Civil Power, without consent of the Neighbors; yea, against their Fears, their Cries and Clamours, to infect his Family, with a Disease very Mortal and very Contagious! . . . To spread a mortal Contagion, What is it but to cast abroad Arrows and Death? If a man should willfully throw a Bomb into a Town, burn a House or kill a man, ought he not to die?”⁴⁴ Here is Douglass at his most dramatic, his most literary, condemning the actions of those, mainly Boylston, who without the permission of any controlling body or “Civil Power” inoculated families against smallpox. Douglass begins by calling any such inoculator a mere “Apothecary” and follows this name-calling with an appeal to “Civil Power,” which is the institutional framework he hopes to associate with medical practice. Douglass then shapes his appeal to reach the average Bostonian. His language of sadness and fear, of crime and punishment, capitalizes on the feelings of those who were at that time watching their loved ones suffer the ravages of smallpox. Douglass equates inoculation with murder and suggests that those who inoculate others should face execution. Yet following this passionate section, he then qualifies his statements by setting forth

guidelines for responsible inoculation. According to Douglass, any person who wished to freely use inoculation must “withdraw from the Community,”⁴⁵ and therefore, stand apart from the social system. For the most part he admits there is value in the inoculation procedure, but he fears, rightly, that it might spread the disease to others.

Later, in *A Letter From one in the Country*, Douglass asks, “did the Gentlemen that promoted it ever think of any regulation?”⁴⁶ thus returning to the concept of regulation after publicizing the dangers of inoculation by unqualified individuals. He also restates that “at present I am neither Inoculator nor Anti-inoculator, considering it only in a Physical sence But when I hear of Quacks boldly meddling with these edged tools, in such a rash and lawless manner; (tho’ the hand of God is to be seen in this also,) yet it raises other resentments in me.”⁴⁷ Douglass presents the inoculators as “Quacks” who fail to understand the dangerous nature of their “meddling” in the world of medical science, and to his credit, his concerns were legitimate; the procedure used a live virus, and though the ministers and Boylston seem to have thought otherwise, those who purposely contracted the less severe form of the disease were still capable of spreading it to others.

Douglass’s further manipulation of the audience is best demonstrated in his concluding statement in *A Letter From one in the Country*. After attacking the medical credibility of the ministers and calling into doubt the wisdom of the current procedure, he then concludes: “And now afterall, to their Consideration we must leave it, hoping in their care and wisdom this matter may be brought under some regulation.”⁴⁸ Douglass addresses his explicitly stated audience of the London physician yet actually directs the comments, like the rest of the pamphlet, to his implicit Boston readers. *A Letter From one in the Country* is designed to read as an overheard statement, or as a private letter purloined from the actual addressee.

Douglass employs this convoluted strategy for three reasons. First, he tries to maintain a degree of professional distance from the debate by packaging his arguments in the form of letters to learned friends, an approach that allows him to occupy a position of reserved protest more dignified than one of direct address to the people of Boston. Second, Douglass supposedly sends his *A Letter From one in the Country* to a renowned London physician, and in addressing this false audience, he attempts to convince Bostonians that the people, at least those who belong to the elite medical profession, of supposedly more sophisticated London will see Boston as a backward city. Lastly,

Douglass presents his arguments as letters to his colleagues to highlight his opinion that discussions of medical science and practice should be reserved for those who have the credentials necessary to belong to the profession. A tone of intellectual superiority prevails in these letters, and Douglass openly pities the uneducated Bostonians whom pompous ministers have dangerously misled. This last reason speaks directly to his desire to foster a European-styled medical institution, one that would exclude all but those who by their formal training in medicine are allowed into the profession.

Furthermore, in presenting *Abuses and Scandals* as well as *A Letter From one in the Country* as mock letters, Douglass took advantage of the narrative power inherent in epistolary texts. That is, by writing his pamphlets in the form of letters, he could simultaneously address his readers in the first person and easily shift to the story form as necessary. The power of this form becomes clear when Douglass—in concluding *Abuses and Scandals*—provides to his false London physician reader an update on the sad tale of his misguided fellow Bostonians:

Since my last to you, the *Small Pox* has made little or no progress in the Country; Our News Papers tell us, that in some Towns it is entirely ceased, in others much abated. Who then but Madmen, would have advised Inoculation in the severest Season to those who are like forever to escape the Small Pox? In this Town several Hundreds have escaped, and it is probably many more might have escaped (as was the Case Nineteen Years ago) if Inoculation had not rendered the Infection so universal and intense. . . . Inoculation of the Small Pox this Time set us all in a *Flame*, and in half the Time leaves few People exempt from its rage. With what Face can any Man call our Methods of Inoculation a regular procedure?⁴⁹

Ending his point-by-point rebuttal of the inoculationist argument with a brief historical account comparing an earlier, milder epidemic with their current harsh one, Douglass firmly places the blame at Mather and Boylston's door. By the time of this pamphlet's publication in February 1722 (with the epidemic largely at an end), Douglass's summary of the disease's toll, as well as his charges against the inoculationists of fanning its "*Flame*" must have been quite persuasive. The violent reactions Bostonians had toward the inoculationists indicate that the anti-inoculationist rhetoric of fear and blame proved too powerful for the inclusive approach of Mather and Boylston's camp, a situation likely exacerbated by the death toll of the epidemic itself. By February

1722, with the epidemic largely over, Boston officials estimated that of the 5,889 who had contracted smallpox, 844 had died.⁵⁰

The trend toward institutionalized medicine increased as American medical practice shifted from a craft to an academically and professionally organized endeavor. For a period of time the clergymen continued to practice medicine when few physicians were available, but the organized strength of the anti-inoculationists and the rhetoric they employed to combat the inoculationists built a framework for the institutionalized medical establishment we see today. Alan G. Gross writes that “as rhetorical analysis proceeds unabated, science may be progressively revealed not as the privileged route to certain knowledge but as another intellectual enterprise, an activity that takes its place beside, but not above, philosophy, literary criticism, history, and rhetoric itself.”⁵¹ This conception of science as reliant upon the same subjective factors as humanistic inquiry allows us to better appreciate the persuasive processes that dictate our technological and cultural development. Through the study of such historical medical texts as the ones examined in this essay we gain a wider understanding of how our lives are controlled as much by the way science is explained as by how it is implemented.

NOTES

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1. Quoted in Silverman, *The Life and Times of Cotton Mather*, 350.

2. Schmotter, “William Douglass and the Beginnings of American Medical Professionalism,” 26 and Silverman, 337.

3. Minardi, “The Boston Inoculation Controversy of 1721–1722,” 5. Other historians who have shaped our understanding of the inoculation controversy include Barrett, “The Inoculation Controversy in Puritan New England”; Beall and Shryock, *Cotton Mather*; Miller, *The New England Mind*; and Van de Wetering, “A Reconsideration of the Inoculation Controversy.”

4. Minardi, 5.

5. Blake, “The Inoculation Controversy in Boston,” 234.

6. *Ibid.*

7. Foss, *Rhetorical Criticism*, 4.

8. Zappen, “Francis Bacon and the Historiography of Scientific Rhetoric,” 52.

9. Schmotter, 25.

10. Silverman, 182.

11. *Ibid.*

12. Van de Wetering, 58.

13. Hereafter cited as *A Letter—About A Good Management*. In reproducing passages from these colonial documents I have changed instances of the so-called long “s” to match current usage.

14. Mather, *A Letter—About A Good Management*, 41.

15. Silverman, 269.

16. Schmotter, 36.

17. *Ibid.*, 26

18. *Ibid.*, 24.

19. Cartwright and Biddiss, *Disease and History*, 123.

20. *Ibid.*, 124.

21. Silverman, 339.

22. *Ibid.*, 341.

23. Schmotter, 31.

24. Quoted in Silverman, 350.

25. Schmotter, 31.

26. Silverman, 349–351.

27. Hereafter cited as *Some Account*.

28. Boylston and Mather, *Some Account*, 11.

29. For these earlier views of the inoculation controversy see Barrett and Beall, and Shryock.

30. Boylston and Mather, 9.

31. *Ibid.*

32. *Ibid.*

33. Silverman, 339.

34. Minardi, 48, 55.

35. Boylston and Mather, 9.

36. *Ibid.*, 21.

37. *Ibid.*, 6.

38. Hereafter cited as *Abuses and Scandals*.

39. Douglass, *Abuses and Scandals*, “Introduction,” 1.

40. *Ibid.*, 7.

41. Cotton Mather’s status as a Fellow of the Royal Society is not emphasized by either side of the inoculationist debate, but probably for different reasons. Mather likely deemphasized his membership for the same reason he mutes his status as a clergyman, to remove himself from established institutions. Douglass, on the other hand, may have seen Mather’s membership as a threat to his claims against Mather’s credibility.

42. Douglass, *Abuses and Scandals*, “Introduction,” 1.

43. Hereafter cited as *A Letter From one in the Country*.

44. Douglass, *A Letter From one in the Country*, 3.

45. *Ibid.*, 4.

46. *Ibid.*, 7.

47. *Ibid.*, 7–8.

48. *Ibid.*, 8.

49. Douglass, *Abuses and Scandals*, 10–11.

50. Silverman, 359.

51. Gross, *The Rhetoric of Science*, 3.

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