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COVER: Illustration for title page of *L'Arbre des Batailles et Fleur de Chevalerie*, [1527].

In October, 1782, Benjamin Rush proposed to name the college he had founded after John Dickinson and his "worthy lady" — JOHN AND MARY'S COLLEGE.

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"DON'T STOP IN CARLISLE": REACTIONS TO PHILADELPHIA'S 1793 YELLOW FEVER EPIDEMIC

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INTRODUCTION

In the face of Philadelphia's devastating 1793 yellow fever epidemic, people fled despite reassurances by the medical profession that the disease was not contagious. In response, residents of such Pennsylvania towns as Carlisle joined their neighbors in forbidding access to Philadelphia refugees, taking to heart the warning that "all unnecessary intercourse should be avoided with such persons as are infected by [the malignant and contagious fever]."¹ A Carlisle ordinance called for men to guard all entrances to the town and for a tent to be erected away from the borough to receive travellers. No one could enter Carlisle without careful medical examination to certify that he was absolutely "not infected."

All infectious fevers, and especially such epidemic examples as yellow fever, evoked dread in the eighteenth century because people believed that those diseases were highly contagious, but the medical world provided no answers about what caused disease or how to avoid or cure it. Since there existed no shared agreement on theories and methods by which medical questions could be considered systematically, physicians could provide no effective medical response to epidemics. They succeeded only in offering a variety of ineffectual treatments and stop-gap measures to relieve symptoms. Aggravated by hopelessly inadequate communications, the incomplete and confused medical response occasionally generated a dramatic social response.

To understand such representative reactions as Carlisle's passage of its 1793 ordinance, this paper will first portray the general situation by discussing briefly what happened in Philadelphia and outlining the medical theories and medical advice advanced. Then, through examination of newspaper and archival records, an understanding of Carlisle's impressions and reactions to the Philadelphia fever will be developed in order to explain the apparent discrepancy between Carlisle's social response and the medical fact that not a single case of yellow fever had occurred west of Philadelphia.

PHILADELPHIA: REACTIONS AND EXPLANATIONS

After a long absence, yellow fever appeared in Philadelphia in mid-August 1793. Although the town usually experienced some type of fever late each summer and into the fall, especially after exceptionally hot and dry seasons, this time the cases seemed more severe and involved the unusual black vomit and jaundice characteristic of yellow fever. At first the several cases in the poorer sections of town perplexed but did not seriously disturb the physicians who had forgotten or had never known what yellow fever was like. The situation seemed to offer no cause for alarm beyond the usual concern about the fall fevers. Then, on 19 August as the number of cases increased daily, the ever confident physician Benjamin Rush decided that the symptoms were the same as those which he recalled from his student

days during the 1762 epidemic in Philadelphia.² Rush called the disease a “bilious remitting yellow fever.” “Bilious” referred to the infection of the bile resulting from liver deterioration, which physicians suspected from the ugly black vomit and recognized from early autopsies. The disease was “remitting” because the symptoms moderated in severity, then returned, and it was a “yellow fever” because of the jaundiced, yellow hue which patients acquired.

Even though many physicians had no personal experience with the disease, they knew what it could do. They also knew that it was serious and that its presence would cause alarm. Many people, including physicians, did not accept Rush’s diagnosis at first, but Rush was as positive as he always was in the face of opposition. He alerted his friends that an unusually fatal epidemic had begun and that they should leave town as soon as possible. He also advised his wife to remain in New Jersey where she was spending the summer. Some physicians continued to disagree with Rush and to argue that no true yellow fever existed, while others believed that the appearance of several cases, even if they were yellow fever, did not signify that an epidemic would ensue.

In the face of this disagreement within the medical profession, a general public uneasiness followed Rush’s declarations. Some citizens left the city immediately or sent their families away, but at first most did not act upon Rush’s warning. Some agreed with those physicians who denied that yellow fever existed in Philadelphia; others failed to believe that the few cases constituted or foretold an epidemic; still others questioned whether the fever would be so widely fatal as Rush predicted. For someone living in Philadelphia it would have been very difficult to have known what to do since even the physicians continued to disagree among themselves.

The newspapers carried almost no information except for recommendations by the mayor to clean the city and items of folk advice advocating such preventative measures as wearing tarred ropes, smoking tobacco, or chewing garlic, for example. Philadelphia’s Mayor Clarkson and the committees of the council wanted to avoid spreading alarm which might disrupt all aspects of city life, including economic trade. Since in this early period the disease seemed only to have attacked the poor and specifically only a few victims near the docks, many hoped that it would be confined to that group and would not spread. To declare an epidemic constituted a very serious action, and alarming the city unnecessarily could be disastrous. Of course, failure to alert the people could be even more disastrous, so the situation was confusing and the proper course of action unclear. As the number of deaths increased and as people in other areas of the city far away from the docks became ill, more and more people were convinced that at least some epidemic was underway. As the young and the healthy began to succumb, it became evident that this epidemic was not an ordinary fever.

Very quickly fear spread, so that, as Matthew Carey related in his widely read account of the fever, “the consternation of the people of Philadelphia at the period was carried beyond all bounds. Dismay and affright were visible in almost every person’s countenance. Most of those who could by any means make it convenient, fled from the city.”³ For some weeks, according to Carey, wagons and carts formed a constant parade to the country. Soon even rude huts outside the city commanded rents as high as the most elegant houses in the city had earned so shortly before.

Some fortunate individuals had cottages in the country to which they retired with selected friends, but most had no such convenience and found it difficult to leave.

The most promising way to avoid panic was obviously for physicians to develop convincing treatments. Unfortunately, such effective medical responses generally grow out of understanding of disease causes, which can then be eliminated and counteracted. But because of the general lack of information or the abundance of misinformation, the question of what caused yellow fever created particular difficulties for eighteenth-century medical theorists. Having decided that an identifiable complex of symptoms called yellow fever did exist, physicians had to determine whether the disease had one specific cause, more than one, or some general cause such as bad environment. Since germs did not exist for the eighteenth-century physician, if he postulated that a specific cause existed for a particular disease, he had to determine whether the cause was some specific non-living material thing, a complex of material entities, or some special vital entity. Unfortunately, the factors which caused disease remained invisible and, as we know now, in the case of yellow fever they acted only indirectly several days after being introduced into the blood stream. Hence, physicians could only speculate about causes and about treatments. And speculate they did.

Some physicians believed that direct contact with the sick led to almost inevitable sickness because the disease cause was the infected air or water around the patient; for them the direct contact was necessary. On the other extreme, others saw the whole atmosphere as full of infection so that anyone exposed to that environment could contract the prevailing disease while those outside could not, even if they had direct contact with sick people.

The outspoken Rush had his own theory, which involved the interaction of three factors: some sort of "putrid exhalations" which could be passed from one person to another—an idea of contagion that he later denied; an "inflammatory constitution of the atmosphere"; and an "exciting cause" including great heat or cold, fatigue from too much exercise, intemperance in eating and drinking, indigestion, or a violent emotion. Even ice creams could excite one to take the fever! The exceptional virulence of yellow fever resulted from the strong conjunction of the three factors with an unusually inflammatory atmosphere, according to Rush.⁴

In addition to the various material and atmospheric causes postulated to explain yellow fever, many people believed that immorality effected the disastrous epidemic nature of yellow fever in Philadelphia, and a motion before the General Assembly reflected this view. It called for all Christians to "humble themselves before the Judge of all the Earth, at all times, and particularly at this awful period." Thereby, the motion resolved, let the playhouses of the city and country be closed by the legislature and let the other "sports and diversions that tend to lead people into idleness, forgetfulness, and dissipation" be shut down as well.⁵ Not everyone believed that the disease had a moral cause, but the measure nonetheless received considerable sympathy even though it failed to pass.

Generation of theories was not limited to the medical profession or to Philadelphia proper. For example, the president of Carlisle's Dickinson College, the Reverend Charles Nisbet, felt that Philadelphia's moral decrepitude earned it its sickly state. He did not hold out much hope for Philadelphians, of whom he did not

have a high opinion. He wrote in April 1794 to his friend, Philadelphia bookseller William Young, that he had heard that the city was "now as thoughtless and wicked, as before its late awful Visitation, and I hear of no Reformation in the Country, which commonly borrows its Manners from the City." He felt that the presence or absence of yellow fever remained inconsequential compared to the "Infection of Sin" which influenced all else. It seemed to amaze Nisbet that the "Extraordinary Instance of the Goodness of God to this worthless Country" had kept the yellow fever from spreading outside Philadelphia.⁶ He probably would have been less surprised if the entire country had become infected, a fate for which he saw some justification.

Further, like others of various political persuasions, Nisbet hypothesized that yellow fever had a political cause, a view which held almost as much credence as the medically more traditional theories. During a less major repeat epidemic of 1795 Nisbet wrote to Young that "I hope that the Goodness of Providence and the present cold weather may check it in spite of all the efforts of your good Citizens to extend its Influence, I wonder that the Democrats of New York have not ascribed the Yellow Fever to the Treaty with England, but as it is a French Disease perhaps they thought this might rather be too bold a Fiction." Thus Nisbet identified the disease with the French, whose rabble-rousing republican spirit he disliked.⁷ In 1795 he accused the French and the American republican sympathies for importing fever in that year: "I am afraid that heavy Judgments are hanging over this land, . . . and that our Treaty with the French is likely to do us a great Deal of more harm than our Treaty with Great Britain, by importing the yellow fever from the West Indies."⁸ Clearly, all manner of theories were possible.

The question as to whether any disease could be contagious also lay at the root of understanding yellow fever. At first in 1793 the general population believed that epidemic diseases were contagious, meaning that somehow the infection could spread from one person to another by either direct or indirect contact.⁹ For such a disease, the obvious means of preventing its transmission involved cutting off the channels of infectious communication. Quarantining ships which might carry the fever, avoiding contact with the sick by covering the nose and walking on the other side of the street, and finally leaving the infected city: these were efforts which Philadelphia implemented. These methods failed. No matter how careful, people continued to contract the disease. By 18 September it had become clear that trying to avoid infection was hopeless for, according to Rush, "Everything is infected in our city. . . . So universal is the contagion in our city, that you meet no one in the street who has not a yellow eye, and a dilated pupil."¹⁰ The only recourse, then, was to leave and risk carrying the infection to the country.

So it seemed. But could yellow fever be carried into the country? Perhaps yellow fever was not strictly contagious after all. Perhaps whatever caused it could not be passed from one person to another, but also required some additional critical elements such as a "morbid atmosphere." As the fever continued and in the years after 1793 when it reappeared, this latter view gained support so that strong opposing theories co-existed.

With physicians disagreeing about what caused the yellow fever and whether it was contagious, people were bound to feel uneasy. All that people felt they could do

was to try to avoid contact with anyone and anything from Philadelphia. If the disease could truly develop only in a bad atmosphere, then no town with fresh water and air need worry. But the summer was hot and dry, and few could rest assured of the purity of their air. Besides, Rush might be wrong and the bad atmosphere might not be requisite. Furthermore, with all those undefinable and invisible causes floating around, even the apparently healthy might harbor the infectious factor. Thus people fled Philadelphia and towns passed travel restrictions like Carlisle's.

REACTIONS FROM CARLISLE

Carlisle was close enough to have had easy contact and frequent trade with Philadelphia, which then served as the center of the state and federal government. Since the educated of Carlisle looked to Philadelphia for news and example in matters of education and culture, they took a personal interest in life there. Carlisle was located on the east-west road which connected Philadelphia and the East with Pittsburgh and the western frontier, and the town constituted essentially the final area secure from the Indians and rugged travel before one encountered the mountains, so travellers often stopped there. In addition to its favorable location, Carlisle had recently fostered a new college with close connections to Philadelphia through its Trustees and founders, one of whom was Benjamin Rush. Carlisle residents were thus in an excellent position to feel and to record from a distance the effects of the epidemic raging in Philadelphia.¹¹

Less than a decade before yellow fever devastated Philadelphia, the energetic Benjamin Rush had travelled to Carlisle to attend his first meeting as a founding Trustee and major influence for the newly organized Dickinson College, "west of the Susquehannah." Describing his travels, he related that his party had left Philadelphia on 2 April 1784.¹² Two days later they had reached the Susquehannah River at Chamber's ferry, after lodging at Middletown, then they had ridden along "deep and difficult roads to White's 10 miles from Carlisle." They had observed neat homes belonging to the industrious Germans and, in contrast, the ill-kept, windowless homes of the Irish. On 5 April, their fourth day of travel, they arrived in Carlisle, which Rush described as a pleasant town of about 300 houses, mostly stone, some large and quite elegant. Rush seemed impressed by the town, but perhaps this should not be surprising since he had already endorsed it as a fit site for the new college.¹³

Another description of "Dickinson College, Carlisle," in 1791, presumably by Dickinson professor the Reverend Robert Davidson, referred to thirteen boarding houses and [number omitted] inhabitants. The missing number of residents is provided by the 1800 census which lists 2032, of whom 52 were reportedly slaves.¹⁴ According to Davidson, "the air is at all times of the year, pure, and the water excellent," and, he enthused, "Carlisle is a handsome town, free from luxury, and other vices, to as great a degree as perhaps any town or village in the U.S." In an attempt to reassure hesitant parents of prospective students about the very important issue of health conditions in Carlisle, Davidson urged that "It ought to be a great inducement to Parents to send their sons to this place, for an education, that it is remarkably healthy; — as a part of which it may be remarked, that not a single one of the many Students, put here for education, since the rise of the Seminary

[Dickinson College], has been carried off by any disease; and it is but seldom that any of them are indisposed."¹⁵

Since this "handsome town" lay 120 miles from Philadelphia, it was far enough that one might expect Carlisle residents not to have been affected by the 1793 fever except through curiosity or concern for friends and relatives who remained in the city. Yet fear evidently carried rapidly over the long distance, and the concern caused one citizen, Dickinson College President Charles Nisbet, to remark that the fall season in Carlisle had brought talk of little besides the fever.¹⁶ In the face of a fever that killed nearly 4000 victims (roughly one tenth of Philadelphia's population), 120 miles probably did not seem very far.¹⁷

At first those outside of Philadelphia had no information at all aside from rumors and whatever hints they could read in Philadelphia newspapers, received several days after publication. What little news did reach them was undoubtedly fragmented and bewildering. Since other towns, including Carlisle, were also suffering from bouts with influenza, fevers and agues, Carlisle residents probably paid little attention to Philadelphia's ills at first.¹⁸

September brought drastic changes, however, which could not be ignored. In the 4 September 1793 edition of the Carlisle paper, the *Carlisle Gazette and Western Repository of Knowledge*, the first formal recognition of Philadelphia's unusual plight appeared. An item originally from the 31 August Philadelphia *American Daily Advertiser* published the advice which the College of Physicians had presented to Mayor Clarkson. The announcement followed that "The College of Physicians having taken into consideration the malignant and contagious fever, which now prevails in the city, have agreed to recommend to their fellow citizens, the following means of preventing its progress": avoid unnecessary personal contact, mark doors of the infected, place infected persons in the center of airy rooms, provide a hospital, stop the tolling bells, bury victims quickly and quietly, clean the city, avoid fatigue and intemperance, and dress appropriately.¹⁹ Now, this was serious indeed. Both the prefatory remark and the recommendation implied a very severe plague requiring extreme measures. No longer could doubt remain that something far worse than usual was afoot.

Surely, this news from Philadelphia conveyed rather frightful images which supplemented the stories told by refugees from the city. The next Carlisle paper of 11 September carried two items which would have reinforced the growing concern. First, the text from a 29 August address by Governor Mifflin cited, among other things, the need to gather taxes and to improve the Health Office, which Mifflin said,

becomes daily more important to the well being of our metropolis. At this moment an alarm prevents respecting the appearance of an infectious disorder . . . In the meantime, I have instituted the proper inquiries to ascertain the nature, extent and remedy for the existing disease, and permit me to assure you, that the health officer and physician of the port, aided by the officers of the police and the gentlemen of the faculty, will pursue every rational measure to allay the public inquietude, and effectually remove its cause.²⁰

Attempts to "allay the public inquietude" were doomed to failure, however, in the light of such items as the one which followed Mifflin's address. "Accounts from Philadelphia are very distressing," according to the report, as "little or no mention is

made in the papers of that city, respecting the malignant fever: From travellers and letters we learn, that it is very mortal—among the deaths, we hear Doctor Hutchinson—the Legislature of this State adjourned on Thursday last, sine die.”²¹ The much-liked and well-known port physician had died and the state government had adjourned! In addition, travellers and correspondents reported high mortality (in September the number of deaths had increased toward a high of ninety-six on the 24th). What more was needed to arouse fears even as far away as Carlisle and to assure the public that something must be done? No one knew how far the disease might travel or whether it was contagious. Carlisle residents, like nearly all their neighbors, did not wish to take any chances.

On 18 September the Carlisle paper was full of news relating to the fever. First came a letter from the unfortunate resident Nathaniel Weakley who stoutly denied accusations that “persons infected with the Malignant disease, now prevailing in the city of Philadelphia, have been received into and are now lying in my house.” It was his duty, he felt, to allay fears by demonstrating that the dreaded fever was not involved. To this end he appended a signed statement by town physicians to the effect that they had examined the sick guest and had concluded that “He appears to us not to be infected with the putrid fever, now raging in the city of Philadelphia.” Rather, they wrote, he seemed to have a usual fall fever, which was not contagious. But one could not be too careful, and it seems very likely that Mr. Weakley had fewer visitors than usual following this announcement.²²

The College of Physicians had recommended avoiding contact with infected persons. Some people thought this could be effected by restricting trade with the West Indies and Barbados, known to be infected with a raging malignant fever. Others thought that contact among individuals in Philadelphia should be restricted. This could be recommended, but legislation promised to be more successful. Carlisle residents read in the 18 September *Gazette* of proposed legislation by the General Assembly, which reminded citizens of God’s judgment in the face of the terrible “pestilential disorder.” The Assembly’s call for increased humility and forgiveness underlined the centrality of religious resources in their lives.²³

The news in the same paper both that people had left and that contact with the infected was to be avoided carried a clear message to those outside Philadelphia. After all, 15,000 inhabitants had left and had to be going somewhere.²⁴ They might be carrying the infection with them. Obviously it was necessary for towns outside Philadelphia to take action to ensure that the fugitives and their potential infection went somewhere else—anywhere else.

Although not reported in the paper, probably because it occurred just after the 18 September issue was printed and was old news by the next week, Carlisle passed an ordinance on 18 September to protect the town from infection. Accordingly:

An ordinance of the 18th of September of [1793], enacted that no inhabitant should receive into his house or family any sick person from Philadelphia or elsewhere, until after examination by a physician of the borough, and a certificate from him that such person was “not infected.”—Men were employed to guard the passes from Philadelphia, and stop all wagons entering town, conducting them past the borough “by the commons.” A tent was authorized to be erected at a distance from the borough, for the reception of individuals supposed to be infected.²⁵

The zeal for disinfecting visitors was so great that "an unfortunate negro, who had arrived in town from Philadelphia, despite the vigilance of the citizens, and which he eluded for two days, had a reward of ten dollars offered for his apprehension, that his body might be secured and his clothing buried."²⁶ The town took all efforts to ensure that no individual nor putrid environment could bring the disease to Carlisle.

Further, perhaps in response to the recommendation by an "inhabitant" of Carlisle in the 18 September paper, there was an order that the usual funeral bells not be tolled "lest it might alarm the sick." This citizen who feared that the bell tolling might be fatal to the ill wrote, "Since I began to write these lines, the Bell has been tolled for two deaths, which may at least produce two more from among the number now lying sick, who might otherwise have recovered."²⁷ Also, because people believed that bad air and water produced miasmata which in turn might produce disease in weakened people, the tanning yards and mills were ordered cleaned by a town ordinance, dams were razed as public nuisances which prevented the purifying free flow of water, and nearby LeTort's spring was thoroughly cleaned and the channel cleared to remove any stagnant water, which was thought to produce an unhealthful atmosphere.

As might be expected, Carlisle did not act alone in taking such measures and in passing its ordinance; virtually every town passed some precautionary restrictions on travellers from Philadelphia.²⁸ In addition, farmers no longer travelled to Philadelphia markets for the traditional fall trading; instead, they went to Baltimore with obvious long term economic consequences for Philadelphia. The federal government moved from Philadelphia to Germantown and sought to avoid communication with Philadelphians until it became generally acknowledged that Germantown was somehow safe from the disease.

Those outside Philadelphia who read the papers must have wondered about the contradictions. In one issue readers received news that a book on the Infectious Fever was available, that the government had just left Philadelphia, that contact with the sick was to be avoided, and that Philadelphians were leaving the city in droves, possibly carrying the fever with them. On 9 October they learned that "the free and open air of the country seems to absorb the infection so far, as not to leave it strength enough to communicate itself" and that "It appears, from experience, to the highest degree improbable, that any infection can be taken, except by resorting to sick houses—having some near and constant intercourse with the sick; or by intemperance; putting the constitution into such a state as to receive the contagion readily from the slightest cause."²⁹ Other conflicting reports followed those messages. Which was true: was the fever contagious or not? The disagreement could only increase people's apprehensions to the point that the only safe response was to assume that it was and to act accordingly.

Thus the *Carlisle Gazette* offered readers stories from nearby towns of such prudent reactions, resulting in exemplars of man's inhumanity to fellow man. In some cases the writers implored citizens to have mercy on the suffering, but people would clearly rather take such indirect actions as raising money than risk their lives. The stories probably reinforced the fear and convictions to restrict travel rather than the opposite. On 9 October a report came about Milford, Delaware, where a wagon with dry goods from Philadelphia was seized by a group of inhabitants and burned,

wagon and all, for fear of its being infected with the contagion. Then, according to the report, "the enraged crowd that seized the wagon, manifested every token of desperate fury, and terror. And in the height of their temporary madness, [they] seized a woman that was in the wagon, stripped, tarred and feathered, and otherwise ill-treated her, to the lasting disgrace of the people of that town and neighbourhood, who could so far throw aside the native dignity of man, as to permit such a shameful outrage."³⁰

In the town of New Castle people would not even hand out a piece of dry cheese to the unfortunate refugees from Philadelphia, and many towns stopped perfectly healthy people and prohibited their passing through town because of the fears of the citizens. A man from Trenton starved to death because he had been forced to remain in the house where one person supposedly had died of the yellow fever, and no one would give him food.

Another story described a poor sick fellow travelling west from Philadelphia toward Lancaster, Pennsylvania. He was

refused all comfort and shelter by the inhuman inhabitants until oppressed with his calamity, and shocked by the brutality of his fellow men he sank down and died by a fence, a few paces beyond the tavern . . . where he could not obtain admittance. Ye unfeeling savages! Ye monsters in the shape of men! "how can ye hope for mercy tendering none!" Remember, that the great rule of equity by which your social conduct will be judged is, "whatsoever ye would that men would do unto you, do ye even the same unto them!"³¹

Such appeals did not go unheeded; there were a few exceptions. For example, Elizabethtown received praise for offering asylum to the sick and for raising money to send to the afflicted and suffering in Philadelphia. But the primary social response was to ignore medical discussions and to avoid all possibility of infection.

This desire to avoid infection by the "malignant fever" affected even college attendance. In eighteenth-century American colleges, the customary graduation came in September, followed by a long vacation. One item in the Carlisle paper relayed from Princeton, New Jersey, the report of 28 September that the students there had left the college early because of fear of the fever. Because Dickinson College was similar to Princeton, Dickinson affiliates were no doubt disturbed by this report and by the additional fact that the Princeton "commencement, which is held annually on the last Wednesday in September, is postponed."³² This news might affect Dickinson and with it Carlisle.

Most of Dickinson's students in those early days came from the South. There could be no concern about their bringing the yellow fever to Dickinson with them on their return after vacation, therefore, since the disease had not struck outside the Philadelphia area. But the students might themselves be afraid to return to a town so near the raging infection. Perhaps the students had heard reports or rumors that Carlisle had even been infected. Given the lack of adequate information, such newspaper items as Weakley's rebuttal of the presence of the fever in his house would not have inspired confidence in those some distance away.

By October, word that Carlisle was infected had circulated and the citizens of Carlisle realized the need to dispel the rumors. They sought to discredit such stories through newspaper announcements, for in fact there was no yellow fever there.

"There is reason to believe, that many reports have been circulated thro' the country, tending to excite an apprehension that the Yellow Fever has made its appearance in this Borough," reported the *Gazette*. "But we are happy in having it in our power to assure the public, that no such fever as far as we know has yet appeared here. The Physicians of the Borough have observed no symptoms of any such thing." Rather, came the reassurance, the town is simply suffering from the usual variety of fevers which every town experiences during this time of the fall; there have been no unusual number of deaths here, and "There are indeed some weeks, in which there is scarcely a funeral. This is published to quiet the groundless fears that may have been excited abroad: and in thankful acknowledgement of the Divine goodness." Charles Nisbet's letters upheld the assertion about Carlisle's health, for he wrote to a friend that Carlisle had been free of fevers "almost by miracle."³³

Then a full month after the first denial of yellow fever in Carlisle, and after the fever had subsided almost completely in Philadelphia, on 7 November the Carlisle paper reported that the editor had recently learned of further stories "relating to the health of the inhabitants of this town." These stories had no basis in fact since no contagious diseases, and especially not yellow fever, existed in Carlisle, according to the story. Admittedly, more fevers and agues had been suffered than usual due to the "dry and unhealthy season," but this was true throughout Pennsylvania, and "we know of few or no places where the inhabitants, in general, enjoy a greater degree of health, than in this town and its neighbourhood."³⁴

Despite these attempts to defuse fears outside of Carlisle, some students hesitated to return after the Dickinson break. On 8 November Charles Nisbet wrote to his daughter Mary, who lived with her husband in Pittsburgh, that "Our students are not yet returned, and I fear that the Report that was of the Philadelphia Fever's being in this Place, has prevented their Return." Even by 30 November many students had failed to return as recorded in the minutes of the Belles Lettres Literary Society at Dickinson. According to these minutes, six students had failed to return from home after vacation, a high absentee rate since those six represented about half the Society's membership and about one fifth of the student body.³⁵ If the Belles Lettres Society was representative, then Dickinson's attendance must have been quite low. This was a difficult time in the College's history for a variety of reasons, and the absentee rate could have had fatal consequences for the school. As Nisbet wrote, "The Disorder and Philadelphia has engrossed all our Attention and Conversation" possibly to the detriment of the College, which suffered a bad year in which the Trustees failed to meet, no class was graduated, and all salaries were not paid.³⁶ Though the College did survive, yellow fever certainly had not helped.

Having ensured the lack of contact with people through enforcement of the 18 September ordinance, the Carlisle residents also sought to restrict non-personal trade. After all, the factor producing yellow fever, whatever it was, might be carried in clothing or other material goods. Supporting this view, a much-circulated story from Philadelphia told of a man who had opened a trunk of clothes from the West Indies. The owner of the clothes had died of yellow fever, and the contagion was still in his clothes or somehow in the trunk, so that the unsuspecting fellow who opened it immediately fell sick and died.³⁷ If one man had died because of exposure to a trunk of clothing, what else could carry the disease?

Charles Nisbet wrote to his daughter that she should not buy any goods from Philadelphia and should not enter shops which carried them.³⁸ He had probably read the 16 October story from Hagerstown, Maryland, in the Carlisle paper and knew that that town had restricted trade with Philadelphia formally, by refusing to accept clothing sent to troops there, by demanding that “no merchant shall bring any goods from Philadelphia or other infected places,” and by determining that citizens would act as guards to ensure that these regulations were observed. Several years later after another epidemic, Nisbet still feared imported goods. To his daughter, then residing near Philadelphia, he wrote that it was important to beware of yellow fever carried in material goods and specifically to watch out for infected feather beds. “When I was at Mr. McFarquhar’s,” he wrote,

I learned an Event that ought to put us all on our Guard against Yellow Fever . . . A rich German farmer . . . bought some feather Beds at an Auction in Philadelphia last fall, but lest they should be infected, he left them in Lancaster till Christmas last, and then brought them here to his House. They were occupied without any Accident, till the Weather began to wax warm, when himself, his wife, and three of his Children, were all seized with the yellow fever, and died and two others still remain, whose life is despaired of. . . . I hope you will beware of making any Purchases of that kind for a long time, as you are so near the original Place of Infection.³⁹

Many others echoed Nisbet’s cautious attitude toward such items as feather beds. In fact, throughout the nineteenth century people believed that yellow fever (as well as other diseases) might be caused by “fomites” which they thought could reside in clothing or other articles. The belief that these fomites might be material entities increased as the century progressed, but it was never quite clear what they were or even whether they were living or inanimate. Thus once again the overwhelming social response was to avoid potentially infected material objects as well as people.

AFTERMATH

While Philadelphians continued to discuss what should be done and the climbing mortality rates appeared in the papers, reports emerged that the disease was declining. Thus the 23 October Carlisle paper carried a report from Philadelphia of 19 October that the mortality “has suddenly and surprisingly abated since the rain on Tuesday last, and the consequent cold northern winds, and frosts.” As Rush wrote to his wife on 20 October, even “the most malignant and deadly contagion has its laws, and its bounds.” Unfortunately, those laws also held that improved weather would result in more fever, which in fact occurred.⁴⁰ As people began to return to the city in response to favorable reports, they became subject to the remaining contagious elements, so the papers warned people not to rush back too quickly or all at once. By mid-November, nonetheless, Philadelphia had begun returning to an approximation of normal conditions with the fever gone, most people returning, and trade resuming. By 20 November the government and public offices had reopened and good health generally prevailed. All that remained was to clean up, sort out the confusion created by 4000 deaths, and determine what should be done to prevent a recurrence.

Was the epidemic over? Charles Nisbet, the eternal worrier, feared that it had not yet left or that the fever would return with equal force in the spring. The fever, which had captured so much attention all fall, remained a center of interest. Nisbet worried about

the government, although he professed not to care, wondering whether the officials would return to action. Further, he fretted about whether Carlisle residents were taking up trade with Philadelphia too early. For years after 1793 Nisbet worried anew about the fever. Perhaps his feelings of isolation from the center of social and cultural activity left him dissatisfied and eager for contact with the great stories of the day. Perhaps he regretted his isolation at the same time that he was thankful for the small town atmosphere and purity for keeping away the yellow fever. At any rate, as late as June 1794 Nisbet continued to write to Young to inquire whether the fever was quite gone since he had heard reports that there were still as many as sixteen deaths per day in Philadelphia due to the fever.⁴¹

In the aftermath of the epidemic, Philadelphians resorted to various measures. For example, a published letter from the interim government of Philadelphia of 14 November suggested purifying the houses which had been infected and urged people to clean or destroy clothing and other goods which had been used by the dead. After all, they pointed out, losing material goods was better than becoming infected and dying. In addition, Governor Mifflin proclaimed 12 December as a day of Humiliation, Thanksgiving and Prayer throughout the state when citizens might express their "penitence, submission, and gratitude" to God.

Time had come for physicians to sit down and figure out just what had happened and why. So they did sit down—but individually. Without solid facts which they could all accept, they could not agree on interpretations. Amid the discussions and medical debates there emerged two questions which became personal issues on which lawsuits were actually filed. These two major questions concerned: first, whether physicians and ministers, as guardians of the people, should have left the city during the epidemic and, second, whether the treatments did more harm than good.

Many people, Rush among them, felt that doctors and ministers should have remained in Philadelphia. Others felt that they were justified in leaving, especially those who believed that professionals could not have offered any effective treatment anyway. For example, Nisbet wrote to William Young concerning Mr. Marshal, presumably the Reverend William Marshal[[]], whom Young and many others had criticized for leaving the city during the fever. Nisbet presented the case that anyone would have been justified in leaving, citing at length the case of the Christians when approached by the Roman armies moving toward Jerusalem. The Lord, Nisbet reminded his friend, had urged the Christians, faced by a threat comparable to the late disease in his opinion, to flee to the mountains and to save themselves rather than remain under dangerous conditions. Nisbet regretted the abuse against those who had fled and exhorted Young not to give in to such arguments. Later, in 1797, he modified his point of view somewhat when he maintained that those who had left early were fully justified while those who had gone later, after they were infected, should have stayed.⁴² This was not a surprising point of view for one who had good friends who had left but who wished to avoid infection himself.

Generally, while people wanted support from doctors especially, they recognized that medicine could do very little and they seemed to resent the fact that some physicians such as Rush claimed the opposite, that medicine could treat disease effectively. The conflicts exemplified by reactions to yellow fever arose from the confusion and disagreements among the public and medical representatives about

what medicine should be and what it could and should do. Without an effective and coherent medical response, social reactions drew upon public prejudices against trusting confused authorities and against taking risks, however safe such outspoken representatives of the medical profession might claim the situation to be.

NOTES

1. *Carlisle Gazette and Western Repository of Knowledge*, (hereafter *Gazette*), the sole newspaper in Carlisle at that time, 4 September 1793, from the *American Intelligence*, submitted by Philadelphia Mayor Matthew Clarkson.
2. Benjamin Rush referred to his early experience with the disease and gave tribute to his teacher John Redman for its recognition and treatment in those early times: Rush to John R. B. Rodgers, 3 October 1793, in *Letters of Benjamin Rush, 1761-1813*, edited by L. H. Butterfield ([Princeton]: American Philosophical Society, 1951). J. H. Powell, *Bring Out Your Dead* (New York: Time, 1965), describes Redman's role in 1793 and Rush's relation to Redman's ideas, especially pp. 92-94.
3. Matthew Carey, *A Short Account of the Malignant Fever Lately Prevalent in Philadelphia* (New York: Arno Press, 1970; originally 1793 and subsequent editions), p. 21.
4. Benjamin Rush, *Observations upon the Origin of the Malignant Bilious, or Yellow Fever in Philadelphia, and upon the Means of Preventing it: addressed to the Citizens of Philadelphia* (Philadelphia: Thomas Dobson, 1799), p. 6.
5. *Gazette*, 18 September 1793.
6. Charles Nisbet, letter to William Young, 23 April 1794; 13 November 1797, Dickinson College Special Collections, hereinafter DC.
7. Charles Nisbet, 12 December 1795, letter to Young, from New York Public Library, copy in DC.
8. Charles Nisbet, 11 August and 5 September 1795, letters to Young from New York Public Library, copy in DC.
9. James Tytler, *A Treatise on the Plague and Yellow Fever* (Salem, Massachusetts: Joshua Cushing, 1799), Part 2 "Of the Yellow Fever," pp. 371-544. R. La Roche, *Yellow Fever Considered in its Historical, Pathological, Etiological, and Therapeutic Relations* (Philadelphia: Blanchard and Lea, 1855). Both discuss the popular belief in contagion in various contexts relating to yellow fever.
10. Benjamin Rush made this comment many times in the course of the epidemic as revealed in his letters to his wife Julia and in his letters edited by Butterfield.
11. While Charles Nisbet's abundant correspondence provides a useful core of information, other letters, along with various pamphlets and notes by such notables as Benjamin Rush and Joseph Priestley, add to the value of the Dickinson College resources. Dickinson's Special Collections also contain such archival data as Trustees' minutes (which are, however, missing for the year 1793) and notes from student societies which reflect the impact of the disease on college life. Perhaps because Rush and many other physicians played important roles in Dickinson's history, the collection also contains a surprisingly impressive selection of contemporary printed accounts of the fever. In addition, the Cumberland County Historical Society in Carlisle has copies of the local weekly newspaper. Combined with other materials, this collection, while not paralleling the richness of Philadelphia's records for study of the epidemic itself, provides something different: an excellent picture of rural reactions to the fever from the perspective of one town.
12. Benjamin Rush, "Diary of a journey to Carlisle," 2-12 April 1784, photostat and typescript, Rush Collection, DC. This journal was edited and published by L. H. Butterfield, "Dr. Benjamin Rush's Journal of a Trip to Carlisle in 1784," *Pennsylvania Magazine of History and Biography* (October 1950):443-456.
13. After all, it would have been rather impolitic for Rush to have pointed out the faults at that late date after he had crusaded heavily to build the college in Carlisle.
14. [Robert Davidson], "Dickinson College in Carlisle," 1791, DC. United States second census, "Return of the Whole Numbers . . .," U.S. Census Office, Washington D.C., 1802.

15. [Davidson], also subtitled "A brief state of the College of Carlisle for publication—given by the Trustees of the same."
16. Charles Nisbet, letter to his daughter Mary Turnbull in Pittsburgh, 8 November 1793.
17. J.H. Powell discusses statistics on numbers affected and numbers who died.
18. This is reflected in issues of the Carlisle paper prior to September 1793. There are stories about other fevers, but nothing on Philadelphia or yellow fever.
19. *Gazette*, 4 September 1793. All dates mentioned below are to 1793 editions of the *Gazette*, unless otherwise noted.
20. *Gazette*, 11 September. This address by Mifflin was presumably widely printed throughout the state.
21. *Gazette*, 11 September. Powell discusses numbers affected and the early impact, p. 120 and elsewhere.
22. The item by Weakley was addressed "To the Public" and was evidently entered by Weakley himself to eliminate accusations, *Gazette*, 18 September.
23. *Gazette*, 18 September, Mr. William West read the motion which appeared in the report of the General Assembly.
24. *Gazette*, 18 September.
25. *Charter and Ordinances of the Borough of Carlisle* (Carlisle: the Herald Office, 1841) compiled earlier legislative pieces. The 18 September ordinance is presented in summary, p. 14, and is reprinted by Daniel I. Rupp, *The History and Topography of Dauphin, Cumberland, . . . Counties* (Lancaster, Pennsylvania: Gilbert Hills, 1846), p. 407.
26. *Gazette*, 16 October.
27. *Gazette*, 18 September, from an "Inhabitant" who added that the tolling of bells for the dead seemed papist anyway and hence unbecoming.
28. Powell cites various similar rulings throughout his book. Also see William Egle, *History of the Commonwealth of Pennsylvania* (Philadelphia: F. M. Gardner, 1883).
29. *Gazette*, 9 October, letters from Elizabethtown to a Philadelphia resident and from a New Jersey inhabitant.
30. *Gazette*, 9 October.
31. *Gazette*, 9 October.
32. *Gazette*, 2 October from New Jersey.
33. *Gazette*, 2 October; Charles Nisbet, letter to his friend William Young, 12 December, 1793, Addison Collection in Ridgeway Library, Philadelphia. Microfilm in DC.
34. *Gazette*, 7 November.
35. Belles Lettres Society Minutes, vol. II, 1793: 30 November.
36. As judged from College records. Also Nisbet, 8 November 1793, letter to his daughter Mary Turnbull in Pittsburgh; letter to Young, 12 December 1793: "It was reported in many Places, that the Infection had reached this Town, which has been a Loss to this Seminary, and the greatest Part of our Students have not returned," DC and Addison Collection, Ridgeway Library, Philadelphia.
37. *Gazette*, 25 September.
38. Charles Nisbet, letter to Mary Turnbull, 8 November 1793.
39. Charles Nisbet, letter to Mary Turnbull, 1 June 1799.
40. *Gazette*, 23 October. Rush, letters to Julia of 20 and 23 October 1793, in *Old Family Letters*, pp. 79–81.
41. Charles Nisbet, 18 January, 1794, letter to Young, DC. Powell cites data to suggest this was not true.
42. Charles Nisbet, 25 March 1794, letter to Young, DC.

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