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William Douglass and the Beginnings of American Medical Professionalism: A Reinterpretation of the 1721 Boston Inoculation Controversy

by James W. Schmotter

Few incidents in the history of early American medicine have attracted more attention than the introduction of inoculation during the 1721 Boston smallpox epidemic. All students of colonial medicine are familiar with Cotton Mather and Zabdiel Boylston's courageous advocacy of the untried practice in the face of widespread and even violent popular disapproval. Far less attention, however, has been paid to the opponents of inoculation in Boston, the town's medical practitioners led by the Scottish physician William Douglass. In most accounts, Douglass and his colleagues represent the hidebound forces of traditionalism in medical practice, and their criticisms of Mather and Boylston are viewed only as obstacles in the path of scientific progress.¹

Yet Douglass and his followers introduced innovations in American medicine perhaps even more important than Mather and Boylston. Their opposition to inoculation resulted in a new definition of the status of American practitioners, for the writings of Douglass and others during the months of the controversy represented the earliest calls for medical professionalism heard in the colonies. In their fight against what they considered a dangerous practice, the anti-inoculators argued that medicine was a learned profession requiring special training and expertise and regulation by its own practitioners. In short, they demanded the professional prerogatives enjoyed by European medical men. To publicize these views they founded an organization called the "Society of Physicians Anti-Inoculators" which provided the first American precedent for later medical societies designed to protect the status of practitioners, regulate practice, and set professional standards. Such arguments were more than an attempt to elevate the position of physicians; they directly challenged the reputation of New England's only self-conscious professional men, the Congregational ministry, and this challenge made the inoculation controversy more than a debate over a specific medical treatment.

The demand of the anti-inoculators stood in sharp contrast to existing conditions; of the region's professions in 1720 only the ministry possessed the authority and organization to control entry into its ranks and discipline its members.² No formal requirements existed for medical practice. As early as 1649 the General Court of Massachusetts had adopted a law to regulate "Chirurgeons, Midwives, Physitians, or others who were employed at any preservation of life, or health." These practitioners needed only "the advice and consent of such as are skilful in the same Art (if such may be had) or at least some of the wisest and gravest then present...."³ This act apparently proved ineffectual, for only four years later the General Court received a petition complaining that incompetents still practiced, "to the detriment of many." The petition urged that the Court restrain the unskilled until "authorized Physitians and Chirurgeons" could approve their abilities and magistrates grant them licenses. Nothing, however, resulted from this petition.⁴ By the 1670s some county courts licensed medical practitioners, but paid little attention to applicants' qualifications. For example, the Suffolk Court allowed William Snelling a license to practice "upon a certificate presented to the Court under the hands of severall of the benefit they have received by his administration of Physick."⁵ Such licenses won through successful practice provided little regulation for the medical profession.

In England various institutions—guilds, medical societies, medical schools — separated practitioners into categories according to their training and ability.⁶ At the top of this hierarchy stood the physicians, university graduates licensed to practice by the crown. Next in training came the apothecaries, whose guild had received a royal charter in 1617 that gave them a monopoly over the dispensing of drugs.⁷ Surgery held lower status, but the Barber-Surgeons had organized their own guild in 1540 and specified the limits of their practice.⁸ Likewise, most recognized midwifery as a separate field of endeavor. With the duties, abilities, and prestige of each practitioner, the individual's identification with one of these groups protected his professional status.

The colonial medical man had no such institutional framework to support him. New England's practitioners were primarily trained through apprenticeship and often possessed little formal education. All answered to the title "doctor", and most found it necessary to practice the skills of all of the specialities, as William Douglass indicated to Cadwalader Colden in 1721 when he complained that he was the only practitioner in Boston who did not run an apothecary shop.⁹ The early New England practitioner was a craftsman, not a professional in the European sense, and was dependent solely on public approbation to earn a living.

A career in medical practice did not offer the status, prestige, and income available in the ministry, government, or commerce, and the experience of Harvard graduates who became physicians before 1720 illustrates the lack of opportunities for educated men in this unregulated field. Of the 862 graduates between 1642 and 1720, only thirty-nine, or about 5 percent, became fulltime “practitioners of physick.”¹⁰ Moreover, of these, fifteen involved themselves in non-medical activities that probably occupied much of their time. For example, both Elisha Cooke the elder and his son, Elisha the younger, gained reputations in Massachusetts not for the practice of medicine, but for their political abilities.¹¹ Elisha the elder led the opposition to the Massachusetts royal charter of 1691 and later harrassed the governors who attempted to rule under it. His son became such a noted political figure in Boston that many of his generation believed the word “caucus” was a corruption of “Cooke’s house.”¹² Other physicians like Thomas Greaves and Thomas Berry gained prominence as magistrates.¹³

A further disincentive to a career in medical practice arose because many college graduates viewed medicine as an avocation and provided additional competition for apprentice-trained practitioners. Many New Englanders preferred to entrust their bodies to an educated man, and residents of communities outside of Boston usually came into close daily contact with only one such college graduate — the pastor of their church. For them to depend upon their ministers for medical as well as spiritual care seemed only natural, especially since many divines did not charge for their services. Moreover, the clergy themselves encouraged this dependence. As Cotton Mather affirmed in his 1710 volume, *Bonifacius: An Essay Upon the Good*. “Tis an angelical conjunction when the ministers who do the pleasure of CHRIST shall also be *physicians* and Raphaels unto their people.”¹⁴

According to Mather, 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 soul, a fact that ministers in rural New England already knew from personal experience. In addition, Mather emphasized the ministry’s self-proclaimed position as New England’s only learned profession, affirming that in populous areas like Boston ministers should pass on to the physicians any medical information discovered in their reading. Certainly the poorly educated bloodletter, herbalist, or apothecary could profit from the knowledge gained through years of ministerial study.¹⁵

Further, Mather believed himself especially qualified to provide the practitioners of Boston with useful information. Had not he read the classic medical works at Harvard College and in his father’s library? Had not the Royal Society of London granted him membership in 1713, affording him the opportunity to discuss scientific matters with the most learned physicians of the

western world?¹⁶ Mather only carried out his own injunction in *Bonifacius* when he published a pamphlet advising physicians how to prevent the spread of measles in 1713.¹⁷ His calling's responsibilities demanded that he serve his flock with all his mortal abilities, including his substantial medical knowledge. When another opportunity for such service arose in the summer of 1721 Mather responded immediately. The results of this attempt to the help of the people of Boston, however, were not what he had expected.

On April 22, 1721, several ships arrived in Boston from Tortugas in the West Indies. Aboard one of them, H.M.S. *Seahorse*, were a number of passengers, probably slaves, who were infected with smallpox.¹⁸ Despite the quarantine efforts of the town's selectman eight Bostonians had the disease by May 29.¹⁹ Clearly an epidemic threatened. To combat this spreading pestilence the town turned to its fourteen practitioners, the largest medical community in New England.²⁰ The best educated among them was William Douglass, a Scot who had studied at Utrecht and Paris and held an M.D. from the University of Edinburgh. Douglass had arrived in Boston around 1718, and although not impressed by the competence of the town's medical men, he soon realized he could "live handsomely by the incomes of my Practice, and save some small matter."²¹ Perhaps such certainty of profit gave him consolation in the late spring of 1721, for he certainly suspected that both he and his patients faced an awful ordeal. He probably did not anticipate, however, that the epidemic would allow him to air his strongly held views about standards and qualifications for medical practice and provide him an opportunity to try to reshape the Boston medical community along European lines.

These opportunities resulted because Cotton Mather once again ventured into the field of medicine to provide its practitioners with expert advice, presenting a plan to combat smallpox by deliberately infecting people with the disease, a technique reported in the *Philosophical Transactions* of the Royal Society but as yet untried in England or her colonies. On June sixth Mather made a polite, but forceful public appeal to the practitioners of Boston to meet and consider his proposal. Advising that inoculation never be undertaken but by a "Skilful PHYSICIAN," he repeated accounts of its success abroad and affirmed his confidence that "no person would miscarry in it, but what must most certainly have miscarried upon taking in the Common Way."²² However, only one practitioner, Zabdiel Boylston, responded to his appeal. In late June Boylston inoculated his own family and began performing the operation on paying patients as well.²³

With the disease spreading, Boylston's activities immediately became a topic of public concern, and the selectman met with several justices of the peace and physicians to discuss his new treatment. Their sentiments were overwhelmingly negative, as evidenced by the testimony of Laurence Dalhonde, a French practitioner living in Boston. Dalhonde recounted the effects of the

practice in Italy, Spain, and Flanders, where it had proven “the Death of many persons.” The selectmen, justices, and physicians agreed that if inoculation continued it would “prove of most dangerous consequence,” and reprimanded the inoculator.²⁴

Censure by the town’s physicians and civil authorities did not deter Boylston, however, and this disregard for the counsel of his professional colleagues spurred William Douglass to publish the first of a number of presentations of his opinions about recent medical events in Boston. Douglass’s writings reflected his belief in the efficacy of a self-regulating European medical profession, and other practitioners soon followed his example. Their writings began as attacks on Boylston and inoculation, but ended as arguments for the redefinition of standards and qualifications for medical practice in New England.

Douglass’s first contribution, a letter of July 24 to the *Boston News-Letter*, advanced an argument soon to become familiar to Bostonians — by rashly undertaking inoculation before he understood the dangers of the practice Boylston had demonstrated his professional incompetence. Douglass pointed out that the inoculator could not have read European accounts of the practice because of his ignorance of Latin. Further, Boylston, “by his own Confession never had but small Opportunity of seeing Practice in the Small Pox, and at the time of Publishing his dangerous quack *Advertisements*, had not one Patient in that disease.” Douglass also illustrated Boylston’s rashness by pointing out that he ignored the advice of Europeans who recommended inoculation only in winter and spring. Worst of all, by not quarantining his patients Boylston not only exposed healthy citizens to the disease but chanced that those who had been inoculated might contract a virulent and possible fatal case of smallpox. For such professional incompetence, Douglass declared, the authorities should indict the inoculator for having committed a felony.²⁵

The Scottish physician’s letter represented not only an attack on Boylston but on the ministers of Boston as well, for all, including Douglass, knew where Boylston’s ideas about the new practice had originated. A week later a letter from six of the town’s most eminent pastors defending Boylston and his practice appeared in the *Gazette*.²⁶ The six directed most of their attention to refuting Douglass’s slurs on Boylston’s medical abilities. It mattered little if the inoculator had no experience in the treatment of smallpox, the ministers maintained, for “we could easily speak of other Cases of equal hazard wherein the Dr. had serv’d with such success as must render him inestimable to them that have been snatched from the Jaws of Death by his happy hand.” He was, in short, a good physician; the ministers did not question his treatments as long as they worked. Likewise, his educational background and professional qualifications mattered little to them. They excused Boylston’s failure to receive a college degree, arguing that it had not been without “considerable *Study*,

expeuce in travel, a good *Genius*, diligent Application and much observation, that he had attain'd unto that knowledge and successful practice, which he had to give thanks to GOD for."²⁷

From this first exchange emerged the pattern of the inoculation controversy. Douglass, the European-trained practitioner, questioned the professional background and procedures of the inoculator and his supporters. Did they have sufficient medical expertise to know what they were doing? Did they understand the cautious route the experienced physician followed in undertaking a new method of treatment? On the other hand, Cotton Mather and his fellow clergymen argued that results, not professional training or conduct, were only criteria for medical practitioners. God offered Boston the gift of inoculation to save lives, they contended; certainly all Christians could see their duty to accept it.

A deeper reason than a belief in the efficacy of inoculation lay behind the strong clerical support for Boylston. The rejection of Mather's plan by most of the town's practitioners and Douglass's attack on Boylston implied that New England's self-acclaimed intellectual leaders were not competent to provide medical advice. Boston's ministers viewed this challenge to their medical expertise as an insult that threatened to damage their reputation. Ironically, because of their own professional sensitivity the ministers argued against Douglass's medical professionalism.

Late in the summer, Boylston tried to answer Douglass in a pamphlet entitled *Some Account of what is said of the Inoculating or Transplanting the Small-Pox*. Seeking to protect his professional reputation, he met the Scot on his own terms. Including a "faithful abridgment" of the writing of the European physicians Dr. Emanuel Timoni and Dr. Jacob Pylarini on inoculation in the *Philosophical Transactions*, Boylston emphasized the scientific reputation of the Royal Society. He observed that the medical profession usually showed an undue reluctance in trying out new cures, citing as examples two widely accepted treatments, cold baths and the use of Jesuits' bark, a cure for malaria.²⁸ He also described the experience of many blacks of Boston who had successfully undergone inoculation in Africa.²⁹

And while Boylston tried to answer Douglass's charges in medical terms, Cotton Mather's octogenarian father, Increase, openly equated ministerial prestige with the fortunes of inoculation. Soon after Boylston's pamphlet he circulated a broadside entitled *Several Reasons Proving that inoculation or Transplantation of the Small Pox, Is a Lawful Practice, And that it has been Blessed by God for the Savings of Many a Life*. This broadside continued the praise of Boylston's abilities, but more significantly it generalized about the friends and enemies of inoculation. "My sentiments, and my son's also, about

this matter are well known," the elder Mather explained. "Also, we hear that the reverend and learned Mr. Solomon Stoddard of Northampton concurs with us; so doth the reverend Mr. Wise of Ipswich, and many other younger divines, not only in Boston, but in the country, join with their father." On the other hand, he continued, "It cannot be denied, but that the known children of the wicked one, are generally fierce enemies to inoculation."³⁰ Bostonians had a clear choice on the issue, Mather contended. They could accept the advice of their trusted spiritual guides or follow the physicians, men of weak religious conviction. The choice taken by many of his townsmen would surprise him.

The Reverend Benjamin Colman continued the ministerial counter-attack by questioning the physicians' medical expertise in *Several Observations on the Method of Receiving the Small-Pox by Ingrafting or Inoculation*. The rejection of the evidence provided by black slaves showed the ignorance of Boston' medical practitioners, Colman contended, for did they not realize that "he that has learnt anything as he ought, has this — to be willing to learn of the poorest alive."³¹ Further, the Brattle Street minister asserted that the sickbed visits of his clerical colleagues gave them as much expertise with smallpox as the physicians. "*That the Inoculation has caus'd the dreadful Malignity and Infection, which has been in the Town,*" he declared; "To say this to *Us* who have been call'd from day to day to many *noxious chambers*, each of which have had *poison* eno' in 'em to have spread the Town over....requires an Assurance indeed."³²

The lines of the controversy were clearly drawn, and at this point a number of the town's practitioners saw an opportunity to elevate their own status and possibly increase their incomes by joining with Douglass to oppose inoculation. These practitioners were actually less well trained than the majority of the town's medical community. Most, like apothecary Samuel Checkly and tobacconist John Williams, followed other trades as well as medicine. In adopting Douglass's European model of organized, self-regulated practice and arguing that they were professionals, not craftsman, they attempted to gain a competitive edge over their apprentice-trained rivals. Douglass may not have respected their medical competence, but he had motives for accepting their support. Certainly he needed allies in his battle with the ministers. Further, with an organized group behind him he could lobby more effectively for a reshaping of the Boston medical community. With these purposes in mind and with the press of the openly anticlerical young printer James Franklin at their disposal, Douglass and his new "colleagues" met in August at Richard Hall's Coffee House to establish the Society of Physicians Anti-Inoculators.³³

The meaning of the controversy had shifted. What began as a debate over a specific medical treatment became a test of professional strength. the ministers, long accustomed to the prerogatives of a professional status based in great part on their intellectual attainments, now faced a direct challenge, for the

anti-inoculators went beyond veiled aspersions of Boylston's clerical supporters. On August 20 the first issue of Franklin's new newspaper, *The New England Courant*, contained "A Continuation of the History of Inoculation in Boston." Despite the decision of the selectmen, the article read, "*Six Gentlemen of Piety and Learning, profoundly ignorant of the Matter, after serious consideration of a Disease one of the most intricate practical Cases in Physick, do on the Merits their Character, and for no other reason*" advocate the inoculation of smallpox. The ministers' method of argument set a dangerous precedent, the article continued. "Prophane Persons" might also use the test of apparent expediency to advance all sorts of dangerous medical schemes.

Yet despite such an affront to their prestige, the ministers' response to the *Courant* article showed little enthusiasm for battle. The August 28 issue of the *Newsletter* contained an anonymous letter describing a vile organization in London known as the Hell-Fire Club. The letter suggested that this club's New England equivalent was the Society of Physicians Anti-Inoculators, and gave the same society credit for the "Flagrion and Wicked Paper" that now disgraced Boston.³⁵ Most ministers, however, remained silent, uncertain how to deal with the controversy's new direction.

The barrage of anti-inoculation writing intensified in the next weeks. Douglass replied in the *Gazette* to the anonymous letter of August 28, calling it libel and pointing out that "at present some of those whose Function and Business it is to cure indispositions of the mind do endeavor to procure and spread infatuations of the same."³⁶ *A Letter to a Friend in the Country*, a pamphlet by the Reverend William Cooper that presented the standard medical arguments for inoculation, met three sharp rebukes. The anonymous author of *A Letter from One in the Country* described Boylston's rash conduct, emphasizing that the "apothecary" introduced the new practice without the "consent of his Brethern."³⁷ Such unprofessional behavior disgusted the "country-man." "When I hear of Quacks boldly meddling with these edged tools in such a rash and lawless manner," he declared, "it raises other resentments in me."³⁸ Samuel Grainger, another anti-inoculator, sarcastically identified the medical opinions upon which the inoculator based his argument, noting that Boylston scorned the advice of Boston's "most eminent professors of that noble science [medicine]" because the physicians did not agree with "the *New Scheme* of those *Judicious* People call'd *Africans*."³⁹

The most resounding attack on Cooper's views came from John Williams, a practitioner and well-known frequenter of Boston's coffee houses. Williams indicted the Boston clergy for interfering where they had no business and claimed to speak for the people of the town, "chafed in their Minds, against Ministers of the Gospel, for their intermeddling with things that do not belong to their Function."⁴⁰ Bostonians feared, he continued, that "Ministers do affect a Rule over them in Temporals, as the Pope of *Rome* does."⁴¹ Finally, he

reminded his readers of a piece of New England's history that ministers had hoped they had forgotten. "With grief of Heart," Williams wrote, "I do seriously believe it [inoculation] a Delusion of the devil; and that there was never the like Delusion in New-England since the Time of the Witchcraft at Salem, when so many innocent Persons lost their lives."⁴² For the first time, blatant anticlericalism entered the controversy.

While William's invective flew the epidemic worsened. In September 10 Bostonians died of smallpox; in October, 411.⁴³ Spurred by constant fear of the disease and by the rhetoric of the physicians, a strong popular sentiment against inoculation developed. John Williams illustrated the common attitude toward Boylston in an incident he blamed on the meddling ministers. Seeing a horse that they mistakenly thought belonged to Boylston, some irate citizens placed a "good quantity" of tar in the saddle, ruining the breeches of the innocent owner when he mounted.⁴⁴ The opposition of some Bostonians to the inoculator grew even more hysterical, and they threatened to hang him. Popular antagonism forced Boylston to hide for a time in a "private place" known only to his wife. Even after the worst of this anger subsided, he could visit his patients only at night, and then in disguise.⁴⁵ Further, the wrath of some citizens extended beyond threats to the inoculator, for on the night of November 14 a bomb crashed through the window of Cotton Mather's house. The missile did not explode, but attached to it was a note that reflected at least one opinion of Mather's advocacy of inoculation: "COTTON MATHER You Dog, Dam You; I'll inoculate you with this, with a Pox to you."⁴⁶

Encouraged perhaps by this popular support, Douglass continued his offensive with *Inoculation of the Small Pox as Practiced in Boston*, the most scathing attack to date on the ministers. Douglass traced the history of inoculation in Boston from its beginning when Mather, a man of "whim and credulity," thought "this Juncture a fit Opportunity to undertake Experiments on his neighbors."⁴⁷ Speaking as a man of science, he questioned the inoculator's dependence on the accounts of Timoni and Pylarini. The Royal Society did not endorse all theories included in the pages of its journal, Douglass noted. He did not believe everything he read in the *Transactions*; if he did, "he might transcribe and publish ...many Projects and Amusements, no less seizeable than this, but which might prove *Dangerous Edge-Tools in the Hands of Fools*."⁴⁸ Likewise, he further ridiculed the testimony of blacks and Mather's judgment in believing it.⁴⁹

Throughout the pamphlet Douglass never lost a sense of responsibility to his profession; in every sentence he spoke as the physician's physician. He disdainfully dismissed the superficial medical knowledge of the ministers, asserting that they did not even know the difference between "Endemick" and "Contagious Epidemical" distempers.⁵⁰ As a judicious professional he admitted that inoculation might prove successful, but insisted that Boylston had

proceeded too rapidly.⁵¹ The practice needed a more careful scientific examination, and Douglass was disappointed with Boylston's non-professional application of it. "I am sorry the World cannot reap that Benefit from this rash and bold Experiment," he wrote. "Who knows but they who might have died or suffered much under Inoculation, if they had better Management, might have had a better fate."⁵² Finally, Douglass attacked the premises upon which the ministers had based their medical opinions. In appraising a practitioner's ability the criterion of success proved chimerical. "I need not tell them that there is *successful wickedness*, for a time;" he declared, "or as *John Williams* says *GOD permitted Pharaoh's Magicians, to imitate his own judgments, even to the hardening of the People's Hearts.*"

The ministers quickly responded to Douglass with an anonymous pamphlet entitled *A Vindication of the Ministers of Boston*. The *Vindication* reaffirmed the ministry's professional mission: "GOD had indulged to this People a very *Candid Learned and Religious* set of men, who in all things unbiasedly consult the good of their respective flocks; nor do they intermeddle with other *Men's Affairs* more than what is proper to their function."⁵⁴ Did the ministers receive a reward for this selfless service? No, instead the "prophane sons of Corah audaciously insulted, vilely trampled upon, and impiously buffon'd them."⁵⁵ This "shameful" treatment came at a time when the community faced a crisis that demanded action from all, for "if any persons, of any profession, had been appointed of a *safe method* to preserve his Neighbors Life, in a Time of common danger, and had not communicated it to him, he had approved himself to be of a very unnatural and un-Christian *Temper.*" Emphasizing the profession's record of scholarship, the *Vindication's* author suggested that "possibly there are among the MINISTERS OF BOSTON, such as the best PHYSICIANS in the land need not be ashamed to ask advice withal."⁵⁶

A Vindication of the Ministers of Boston was really the vindication of the ministry as the only true learned profession in New England. It affirmed the clergy's self-proclaimed duty to advise the community on all matters, including medicine. Yet the closing Jeremiad warnings of this pamphlet contained some prophetic lines. If the current way of treating ministers continued, the *Vindication* read, when pastors "offer their opinion for the Common Good, they shall be censured, for *going out of their line.*" Moreover, if they "rebuke the growing Sins of the Times, and put away any *notorious transgressors* in mind of the awful threatenings pronounced in the Holy Writings against them; it shall be *deem'd going out of their line.*"⁵⁷ The author of the *Vindication* revealed that he understood the implications for the ministry if other vocational groups espoused the professionalism that the anti-inoculators' writings reflected.

Douglass answered the *Vindication* with *The Abuses and Scandals of Some Late Pamphlets*, another assertion of medical professionalism. This pamphlet attempted "to maintain the practitioners in their *Rights and Privileges* against

the invasion of some vain self-conceited men," and continued with more disparaging remarks about Mather's medical knowledge.⁵⁸ Yet more important than Douglass's insults were his opinions about the place of the ministry in society. Once, he admitted, "in the Infancy of this and some other Colonies" men had pursued more than one vocation. In these times ministers had labored as magistrates and physicians, and had even followed "mechanick callings." But now, Douglass asserted, "Our Colony is come of Age," no longer did ministers serve in civil affairs, for qualified laymen were available. For the same reason, he insisted that pastors cease "pretending to Physick."⁵⁹

Yet through the arguments of Increase Mather, Colman, and the *Vindication* the ministry's professional prestige had become identified with their right to speak on medical matters. To retreat meant for many ministers a betrayal of their calling's place in New England. Faced with this dilemma, Boston's pastors followed two courses of action. The sensible ones remained silent and hoped that after the epidemic had ended the weight of decades of deference to the pulpit would overcome the physicians' rash assertions. After the *Vindication* no ministers attempted publicly to contradict Douglass's ideas about the medical profession. Others, not so sensible, resorted to personal attacks on the Scottish physician.

Isaac Greenwood, a Harvard divinity student, answered Douglass with biting sarcasm in *A Friendly Debate Between Academicus and Sawney & Mundungus*. Young Greenwood minced no words, announcing, "These are to inform the reader that the said W.D. [William Douglass] is a Credulous and Whimsical Blade, a Madman, and a Fool; and his account is full of LYES and EQUIVOCATIONS." He proceeded to mock the physician's Scottish accent and to portray him (Sawney) and his friend John Williams (Mundungus) as fawning idiots. For example, when Academicus (Greenwood) commanded Sawney to speak English, the ignorant Scotsman could only answer, "Indeed, Sar, I canno."⁶⁰ Academicus also found little ground for comparison between Cotton Mather and his chief opponent. While Mather had earned respect as a "Celebrated preacher" and won acknowledgement from foreign universities and the Royal Society, Sawney could not "spell the word Philosophy, nor construe the word 'Hades', tho' he had sent many people there."⁶¹

Greenwood's doggerel dialogue evinced the clergy's refusal to debate and succeeded only in embarrassing them. Neither a *Postscript to Abuses and Scandals* by Douglass nor another answer to the divinity student, *A Friendly Debate: or a Dialogue Between Rusticus and Academicus*, evoked any response from the ministers. They apparently realized that in the increasingly anticlerical atmosphere of Boston silence served their cause better than personal attacks like Greenwood's.

Moreover, the smallpox epidemic seemed to have run its course. The death rate dropped from 411 in October to 249 in November to thirty-one in December

and six in January.⁶² Cases of the disease appeared throughout the spring, and Boylston continued inoculating, but new issues, like the impending military campaign against the eastern Indians, soon began to attract more public attention. On May 11 the selectmen ordered Boylston to stop the practice for fear that its continuance might lead to renewed infection. This time he agreed, promising not to inoculate without the town's consent.⁶³ Four days later the town meeting discussed two remaining cases of inoculation that they believed threatened the community and voted to station guards to enforce a quarantine on the houses where Samuel Sewall and Joana Alford, the two inoculated patients, resided.⁶⁴ These decisions seemed to settle the issue; Boston's inoculation controversy had ended.

Historians of American medicine agree that Cotton Mather and Zabdiel Boylston were right in 1721. William Douglass himself admitted so in a 1730 publication, although he never forgave Mather and Boylston for the manner in which they initiated the practice.⁶⁵ The Royal Society added its approval by honoring Boylston when he visited England in 1723.⁶⁶ In the 1730s and 1740s inoculation gained many converts in the British medical profession, and within thirty years it became an accepted preventive treatment. During the American Revolution even the Continental Army's crude medical corps established inoculation hospitals to control the spread of the disease among the troops.⁶⁷ Despite the opposition of Boston's medical practitioners, Mather and Boylston had pioneered a valuable new technique in preventive medicine.

Still, the campaign of Douglass and his followers had an impact on the future role of medical practitioners in Boston. In not outlawing inoculation until after the epidemic had ended the selectmen deferred to the power and prestige of the pulpit, but in later years they increasingly consulted physicians, not clergymen, on matters of public health, a recognition of the professional integrity and responsibility that Douglass had articulated. In 1735 and 1736 they called upon the town's physicians to give judgment on a sore-throat distemper epidemic that threatened the community. In 1736 they also requested that Douglass examine an arriving vessel for smallpox and asked his opinion before allowing three men to leave the quarantine hospital at Spectacle Island. A year later they consulted several practitioners about a ship infected by the measles, and commissioned Drs. William Davis, John Cutler, and Thomas Bulfinch to examine a possible victim of smallpox.⁶⁸

As well as producing the first important innovation in American medicine, the inoculation controversy marked the beginning of professionalism among New England practitioners. William Douglass, the learned, self-confident European medical professional, represented a new phenomenon in provincial New England. To a number of ambitious practitioners he became an acknowledged leader, the articulate, if sometimes over-sensitive, spokesman for their professional interests. For the first time a group of American physicians

had founded a professional organization, and Douglass's Physicians Anti-Inoculators, loosely organized as they were, marked a step toward order in the practice of medicine.⁶⁹ Although the profession would not even begin to reach this goal until long after his death, the quarrelsome Scottish physician deserved credit as the first to point out the direction it should follow.

If the incident did not mark such an important turning point for the ministers, it provided them a glimpse of things to come. Clergymen continued practicing medicine in rural areas where no physicians resided, and the ministry remained New England's best organized, most prestigious and most powerful profession. Yet after the inoculation controversy ministers could no longer assume they were the region's only learned professionals. A rival, young and weak, but still a challenger, had been born in the coffee house meetings of the Society of Physicians Anti-Inoculators.

NOTES

1. See, for example, Otho T. Beall, Jr. and Richard H. Shryock, *Cotton Mather: First Significant Figure in American Medicine* (Baltimore, 1954); and John T. Barrett, "The Inoculation Controversy in Puritan New England," *Bulletin of the History of Medicine*, XII (1942), 169-190.
2. On clerical associations in early New England, see Robert F. Scholtz, "The Reverend Elders: Faith, Fellowship and Politics in the Ministerial Community of Massachusetts Bay, 1630-1919" (Ph.D. diss., University of Minnesota, 1968); and his "Clerical Consociation in Massachusetts Bay: Reassessing the New England Way and Its Origins," *William and Mary Quarterly*, 3d. Ser., XXIV (1972) 391-414; Alf Edgar Jacobson, "The Congregational Clergy in Eighteenth-Century New England" (Ph.D. diss., Harvard University, 1962), 273-274; and David D. Hall, *The Faithful Shepherd: A History of the New England Ministry in the Seventeenth Century* (Chapel Hill, N.C., 1972), 220.
3. Richard H. Shryock, *Medical Licensing in America* (Baltimore, 1967), vii.
4. Shryock, *Medical Licensing*, vii.
5. John B. Blake, *Public Helath in the Town of Boston, 1630-1822* (Baltimore, 1959), 9.
6. Richard H. Shryock, *Medicine and Society in America, 1660-1860*. (Ithaca, N.Y., 1960), 2-3.
7. Daniel J. Boorstin, *The Americans: The Colonial Experience* (New York, 1958), 228.
8. Boorstin, *Americans*, 228.
9. William Douglass to Cadwalader Colden, "Colden Papers," New York Historical Society, *Collections*, L., 114. See also Boorstin, *Americans*, 230; Shryock, *Medicine and Society in America*, 10; and Martin Kaufman, *American Medical Education: The Formative Years* (Westport, Ct., 1976).
10. See Joseph Kett, *The Formation of American Medical Profession* (New Haven, 1968), 9. For a quantitative view of the career choices of eighteenth-century college graduates, see Bailey B. Burritt, "Professional Distribution of College and University Graduates," United States Bureau of Education, *Bulletin*, IX (1912).
11. See Clifford K. Shipton, *Sibley's Harvard Graduates*, I, (Cambridge, Mass., 1934), 520-525.
12. *Ibid.*, IV, 350; G. B. Warden, *Boston, 1689-1776*. (Boston, 1970) Chs. 5-6.
13. See Shipton, *Sibley's Harvard Graduates*, V, 212, 123, 611-612.
14. Cotton Mather, *Bonifacius: An ESSAY upon the GOOD*, ed. David Levin (Cambridge, Mass., 1966), 82. On ministers as physicians, see Beall and Shryock, *Cotton Mather*, 29; Blake, *Public Health*, 21; Boorstin, *Americans*, 231, and Jacobson, *Congregational Clergy*, 285. Radical Puritan preachers during the English Civil Wars had argued for such clerical responsibilities in medicine. See Christopher Hill, *Change and Continuity in Seventeenth-Century England* (Cambridge, Mass., 1975), 157-180.
15. Mather, *Bonifacius*, ed. Levin. 82.
16. Raymond P. Stearns, "Colonial Fellows of the Royal Society of London," *William and Mary Quarterly*, 3d. Ser., III (1946), 226-227.
17. Mather's pamphlet was *A Letter — About a Good Management Under the Distemper of the Measles* (Boston, 1713).
18. Blake, *Public Health*, 54-55.
19. See Boston Registry Department, *A Report of the Record Commissioners of the City of Boston*. XIII (Boston, 1855), 81, 154 (Hereafter cited as *Boston Records*.)
20. Douglass to Colden, "Colden Papers," N.Y. His. Soc., *Coll.*, L., 114.
21. *Ibid.*
22. *A Vindication of the Ministers of Boston From the Abuses & Scandals Lately Cast Upon Them in Diverse Printed Papers* (Boston, 1722), 7-8.
23. Blake, *Public Health*, 56. On Boylston's career, see Beall and Shryock, *Cotton Mather*, 103; and James Thacher, *American Medical Biography* (New York, 1967), 186.

24. *Ibid.*, 56-57.
25. *Boston News-Letter*, July 24, 1721.
26. The letter's signers included Cotton and Increase Mather, Benjamin Colman and William Cooper from the Brattle Street Church, Thomas Prince, and John Webb.
27. *Boston Gazette*, July 31, 1721.
28. Zabdiel Boylston, *Some Account of What is Said of Inoculating or Transplanting the Small-Pox* (Boston, 1721), 22.
29. Boylston, *Some Account*, 9.
30. Increase Mather, "Several Reasons Proving that Inoculation or Transplanting of the Small Pox, Is a LAWFUL Practice, And That It HAS Been Blessed by GOD for the SAVING of Many a Life," *Mass. Hist. Soc., Coll.*, 1, IX (1858), 276-277.
31. Benjamin Colman, *Some Observations on the New Method of Receiving the Small-Pox By Ingrafting or Inoculating* (Boston, 1721), 16.
32. Colman, *Some Observations*, 11.
33. Barrett, "Inoculation Controversy in Puritan New England," 181.
34. *New England Courant*, August 7, 1721.
35. *Boston News-Letter*, August 28, 1721.
36. *Boston Gazette*, September 4, 1721.
37. *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 Inoculation of the Small-Pox* (Boston, 1721), 2-3.
38. *Letter from one in the Country*, 8.
39. Samuel Grainger, *The Imposition of Inoculation As a Duty Religiously Considered In a Letter to a Gentleman in the Country* (Boston, 1721), 3.
40. John Williams, *An Answer to a Late Pamphlet Entitled, A Letter to a Friend in the Country, Attempting a Solution of the Scruples and Objections of a Consciencious or Religious Nature, commonly made against the new Way of receiving the Small Pox* (Boston, 1721), 7.
41. Williams, *An Answer*, 11.
42. *Ibid.*, 4.
43. Figures from the selectmen's report in *New England Courant*, February 26, 1722.
44. Williams, *An Answer*, 12.
45. Thacher, *American Medical Biography*, 187.
46. See Cotton Mather, "The Diary of Cotton Mather," *Massachusetts Historical Society, Collections*, Ser. 7, VIII (1958), 267-268; and the *Boston News-Letter*, November 29, 1721.
47. William Douglass, *Inoculation of the Small Pox As Practiced in Boston, Consider'd in a Letter to A — S — M.D. & F.R.S. In London* (Boston, 1722), 1-2.
48. *Ibid.*, 20.
49. *Ibid.*, 7.
50. *Ibid.*, 9.
51. *Ibid.*, 13.
52. *Ibid.*, 1-2.
53. *Ibid.*, 11.
54. *Vindication of the Ministers of Boston*, 2.
55. *Ibid.*, 4.
56. *Ibid.*, 10.
57. *Ibid.*, 11.
58. William Douglass, *The Abuses and Scandals OF Some Late Pamphlets in Favour of Inoculation of the SmallPox Modestly Obviated and Inoculation further considered in a letter to A. — S. — M.D. & F.R.S.* (Boston, 1722), 1.
59. *Ibid.*, 7-8.
60. Academicus [Isaac Greenwood], *A Friendly Debate, or a Dialogue Between Academicus and Sawney & Mundungus* (Boston, 1722), 1.
61. *Ibid.*, 12.
62. Figures from report of Boston selectmen, *New England Courant*, February 26, 1722.
63. *Boston Gazette*, May 21, 1722.
64. *Ibid.*
65. See William Douglass, *A Dissertation Concerning Inoculation of the Small Pox* (Boston, 1730).
66. Thacher, *American Medical Biography*, 190.
67. See Raymond P. Stearns, "Introduction of Inoculation for Smallpox in England," *Bulletin of the History of Medicine*, XXIV (1950), 103-122; and Genevieve Miller, "Smallpox Inoculation in England and America: A Reappraisal," *William and Mary Quarterly*, 3d. Ser., XIII (1956), 476-492. Opposition to inoculation continued in some areas, however. See Pauline Maier, "Popular Uprisings and Civil Authority in Eighteenth-Century America," *William and Mary Quarterly*, 3d. Ser., XXVII (1970), 3-35.
68. Blake, *Public Health*, 46.
69. Douglass organized another group, "A Medical Society in Boston," in 1735. See Samuel Abbott Green, *A History of Medicine in Massachusetts* (Boston, 1881), 8-11. For discussions of other medical, professional, and learned societies in provincial America, see Lawrence A. Cremin, *American Education: The Colonial Experience* (New York, 1970), 410; Ralph S. Bates, *Scientific Societies in the United States* (New York, 1958); Brooke Hindle, *The Pursuit of Science in Revolutionary America, 1735-1789* (Chapel Hill, N.C., 1956); and Raymond P. Stearns, *Science in the British Colonies of North America* (Champaign-Urbana, Ill., 1970).