Location, location, location!

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The First State has more to offer residents than tax-free shopping. In addition to world-class museums, quiet neighborhoods, and many acres of park and farm land, Delaware is a convenient central location within the Mid-Atlantic region. Its largest city is half an hour from Philadelphia, an hour from the beaches, and two hours from New York City. For those working in the nation's capital, a quick train ride makes living in New Castle County an attractive alternative. While modern Delawareans may enjoy proximity to larger cities, epidemics often made this less appealing to our eighteenth-century predecessors. Regarding yellow fever, Wilmington's location mattered in surprising ways.

During the first annual meeting of the Medical Society of Delaware in Dover in 1790, members decided they needed to support original research on subjects of "general medicine or hygienic interest." They chose a topic for study, with doctors presenting their findings at the following annual meeting. Over the decades, the Society awarded prizes for groundbreaking work on diverse topics, including ophthalmia, influenza, cholera infantum, smallpox, and the "Epidemic of Bilious Colic in Dover." In the first year, however, they did not award a prize.

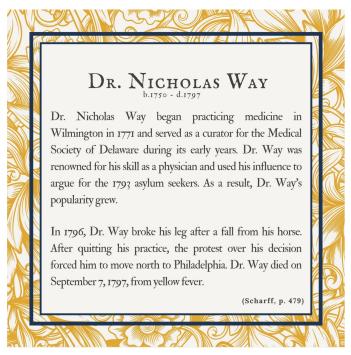
After attempting to discover the

"origin and nature of the noxious power which especially prevails in hot and moist climates during summer and autumn and produces intermittent and remittent fevers, and certain other disease, and by what means may this insalubrity of climate be corrected and the diseases thence arising be most successfully prevented and treated," (p. 472-473)

the Society agreed they had failed. The awarding committee determined that the research assumed too many facts without evidence. A lack of experimental inquiry resulted in "the defect of all original discovery." Even though Philadelphia saw an outbreak in 1762, yellow fever was just too obscure in Delaware to provide physicians with enough data to work with.¹

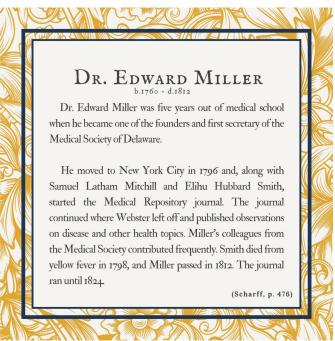
In 1793, a brutal yellow fever epidemic hit Philadelphia, killing thousands. Doctors in the city viciously argued in the newspapers over the cause and cure of the disease. In the meantime, twenty thousand people fled the city to seek asylum in the surrounding areas. Refugees crowded the roads and waterways to Wilmington. With the cause still unknown, city officials initially refused them entry. Dr. Nicholas Way, a founding member of the Medical Society of Delaware, and others convinced the city to accept them (Figure 1). Despite the risk, New Castle County escaped the 1793 outbreak unscathed.

Figure 1. Dr. Nicholas Way



Interestingly, those studying the disease fell into two camps: one believed that a miasma created by domestic filth and overcrowded conditions was the cause, and the other declared that international trade imported the contagion from more tropical locations. Dr. Benjamin Rush of Philadelphia became the leader of the first camp. Now that the disease was no longer obscure in the area, Delaware's doctors again sought to weigh in on the matter. In 1793, Dr. Edward Miller, a young Sussex County physician, prepared a paper defending the theory of the domestic origin of yellow fever (Figure 2). Upon reading the work, Dr. Rush declared its author "second to no physician in the United States."¹

Figure 2. Dr. Edward Miller



Regardless, the debate and the disease thrived beyond the Delaware River valley. In 1795, Noah Webster (of dictionary fame) placed a circular in American newspapers soliciting physicians to share their observations regarding the origins of yellow fever. Though not a doctor himself, Webster believed that physicians would not find the source of the disease until they examined all available evidence. Webster received nine responses. He compiled the letters into a volume titled *A Collection of Papers on the Subject of Bilious fevers, Prevalent in the United States for a Few Years Past,* and, using his own money, published the book in 1796. Even though Webster created what has been called the "world's first scientific survey," he did not continue his inquiry into the disease.^{2,3} His efforts were not in vain because others were inspired to pick up where he left off.

Yellow fever again devastated cities during the summers of 1796 and 1797. Both times, the disease spared Delaware, although the state's luck soon ran out. In late spring 1798, heavy rains flooded the region, and the land remained soggy and damp even with that summer's oppressive heat. The bilious fever attacked again in June; for a third time, Philadelphians fled for safety en masse. Now a deadlier strain of the disease followed them to Delaware. On August 7th, Wilmington saw its first cases of yellow fever. By the epidemic's end, more than 240 people had died in the city alone (Figure 3 & 4).

Figure 3. The Wilmington Mercury

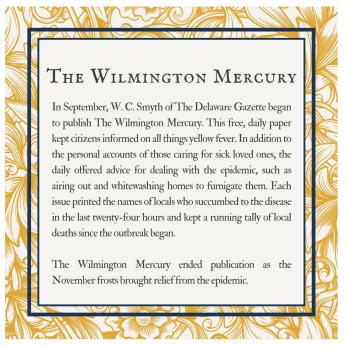


Figure 4. The Wilmington Mercury, October 23 & 24, 1798.



Printed Occasionally and Delivered Gratis-to the Patrons of The Delaware Gazette-By Smyth.

THIRD & FOURTH DAY (TUES. & WEDNES.) EVENINGS, TENTH MO. (OCT.) 23 & 24, 1798.

[ColleEted for the Wilmington Mercury.]

HEALTH-OFFICE. Wilmington, torb Mo. (Od.) 24. D E A T H S, For the laft Forty-Eight Hours, ending 6 o'Clock this Evening: Cornelius Crips, Ann Graham, 2 Borough Hofpital Report. From 22 to 24th of 10th Mo. (OEL.) Admitted, Died. Difcharged, cured, Remaining in Hofpital, 0

7 TOTAL DEATHS, From 8tb Mo. (Aug.) 7, to 10tb Mo. (O.J.) 24—inclusive.

Adults, 215 Children, 22

Tot. 237

DONATIONS received this Day. Meffrs. Riddle & Bird, 5 dolls. Mellis, Kladle & Did, 5 doils. John Peak, 4 quarters mutton Samuel Walker, 3lb. butter Publiked by Order of the Board, THOMAS MENDENHALL, Burddant

Prefident ;

JAMES LEA, Secretary. 1000

Singular Cafe of the Yellow Fever.

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The origin of the pestilence continued to evade physicians. In a letter from Dr. James Tilton to William Currie on November 13, 1798, he breaks from the domestic vs. foreign origin argument. He notes that neither thoroughly explains the unusual patterns of the disease:

The fever became epidemic between the 15th and 20th.—It commenced with persons immediately from Philadelphia, as well inhabitants of the borough, as of the city. Shallop-men and others, who passed from one place to the other by water, were the first victims. From there it extended rapidly to the inhabitants of fixed residence. A ship manned chiefly by French royalists that entered our port after the sickness had commenced was also suspected of contributing to the evil; but of this, I have no evidence. From all the information that came to my knowledge, every physician of this place and all others of correct observation agree that the disease was imported to us from Philadelphia by infected goods and furniture, as well as infected persons. We suppose the disease to be propagated by contagion, from infected persons, clothing, vessels, houses, &c. It is remarkable, however, that stronger exhalations arise from persons affected by this fever than in other febrile diseases, and we have reason to believe that many were affected by the contagion at a distance from the sick, reaching quite across our streets. No instance of those who fled to the country communicating it to others has come to my knowledge within the vicinity of Wilmington (p. 138-139).⁴

Tilton's letter was later published in William Curries' epidemiological study of the outbreak. The study included data on weather conditions, statistics on the sick and dead, and the proceedings of the Board of Health and Guardians of the Poor.

In *A Brief History of Disease and Pestilence*, Webster, citing evidence gathered by Tilton and Currie, theorizes why Wilmington avoided an outbreak until 1798:

The distemper has an atmosphere in which it is readily contracted. Beyond that atmosphere, it is not infectious. In other words, it is a condition of the atmosphere and not the effluvia from the sick, which is to be dreaded. Thus, in 1797, the fugitives and sick from Philadelphia did not spread the fever in Wilmington - in 1798, they did. That is, in 1797, the atmosphere of Wilmington would not generate and nurse the disease - in 1798, it would (p. 336).⁵

Even though physicians isolated the conditions in which the disease thrived and eliminated the possibility of direct patient-to-patient transmission, the third piece to the puzzle— mosquitoes— remained elusive until 1901. Regardless, the investigations into the 1790s yellow fever epidemics stand out as the earliest examples of interdisciplinary medical geography. Delaware's proximity to Philadelphia, the ease of travel between the two cities, and the international ports provided the ideal conditions for testing hypotheses on the origin and nature of the disease's spread. Location really does matter.

References

- 1. Scharf, J. T. (1888). History of Delaware: 1609-1888. Philadelphia, L.J. Richards & Co.
- 2. Skinner, D. (2021, Spring). Noah Webster, chronicler of disease. *Humanities (Washington)*, 42(2). Retrieved from https://www.neh.gov/article/noah-webster-chronicler-disease
- 3. Pak, C. (2021). Noah Webster, yellow fever, and the first U.S. medical journal. *Medical Humanities*. https://blogs.bmj.com/medical-humanities/2021/03/26/noah-webster-yellow-fever-and-the-first-u-s-medical-journal/
- 4. Currie, W. (1798). Memoirs of the yellow fever, which prevailed in Philadelphia, and other parts of the United States of America, in the summer and autumn of the present year, 1798. Philadelphia: Thomas Dobson.
- 5. Webster, N. (1799). A brief history of epidemic and pestilential diseases, with the principal phenomena of the physical world, which precede and accompany them, and observations deduced from the facts stated. Hartford: Hudson & Godwin.

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