The History Of Early America: Outbreaks Of Yellow Fever Epidemic In Philadelphia

Few outbreaks in the history of early America proved as tragic as the yellow fever epidemic that took place in Philadelphia. At that time, the illness was characterized by pains in the head and back, irregular pulse, color changes including yellow eyes and skin, and black bile and vomit, all of which were accompanied by a high fever (Rush 13-14). Using the 1793 epidemic and the writings of Drs. Benjamin Rush and William Currie, two Philadelphia-based physicians, I will explore how these men thought about the causes and treatments of yellow fever, as well as what their writings reveal about the practice of medicine in the United States at the end of the eighteenth century. Thus, this paper aims at examining the similarities and differences between the two in detail.

In 1793, people of Saint Domingue were fleeing a revolution and thousands of infected individuals arrived in Philadelphia. This, combined with the dry hot summer that year facilitated the spread of yellow fever (Currie 13). In observance of the fever, Dr. Rush believed it was caused by unsanitary conditions, such as rotting vegetables, putried animal hides, and “fume damaged coffee, which putrefied on a wharf near Arch ftreet” (Rush 17). From this anti-federal conclusion, Rush recognized that the illness was not transmitted from human to human contact but by the surrounding atmosphere. At that time, it was widely accepted that Saint Domingue revolution refugees attributed to the spreading of the illness. However, Rush was determined to not hold foreigners responsible but instead accuse the sanitary conditions of the city and urge citizens to clean up the city “to the fpot from whence this fevere malady has been derived” (Rush 26).

However, at that time many other physicians disagreed with Rush’s belief of the cause. Dr. Currie asserted that Rush’s justifications for the contaminated air as the source of the disease was deeply flawed. In a 1793 book he writes:

Any appregenfion of an infectious difeafe from that fource, can only be excufed in thofe who have not had fuitable opportunities of better information. (8) Even though people took many precautions and avoided the bad air according to the “bad air theory”, they were still getting sick. Currie later concludes that the disease was transmitted from person to person by direct or indirect contact. By claiming the disease was not spread by miasma or “bad air”, Currie alluded to the Federalist assumptions that the fever was spread through the Saint Domingue revolution refugees.

These special viewpoints influenced the general public health guidelines carried out in response to the epidemic. The federalist and anti-federalist disagreement about the origin of the disease played a significant role in Philadelphia's attempt to prevent yellow fever from spreading. Whether it was foreign or local, the epidemic has led to different strategies to stop the disease. In particular, Rush believed in the heroic treatment for yellow fever. He would often administer blood-letting and used it on nearly every case of fever he experienced. Blood-letting was used to treat most forms of hemorrhaging such as nosebleed or hemorrhoidal bleeding. The removal of blood was seen needed to prevent inflammation. In rare instances, Rush would take large amounts of blood. Furthermore, he often provided calomel, a mercury-based compound, as a

method for purging the bowels (8-13). Currie was on the opposing side. He believed in a stimulant treatment compared to Rush's heroic treatment. Currie’s treatment aimed at controlling and relieving the symptoms, thus leading to mild in nature remedies that often included cold baths, opium, wine, and rest (Currie 16-23).

Even though Benjamin Rush and William Currie were two Philadelphia-based physicians, they had many differences along with their similarities. They had vastly different ideas regarding the causes and treatments for yellow fever. Nevertheless, their writings revealed the growth of medicine and medical care in the United States at the end of the eighteenth century. Together their scientific methods left a legacy regarding emerging infectious diseases for future generations to follow.