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Fothergill's Web: Transnational Quaker Networks and the Pennsylvania Medical Library

Abstract: *This historiographic essay provides an account of the enlightenment scholar and London-based medical practitioner John Fothergill's efforts to negotiate the emergence and solidification of reliable medical knowledge in written exchanges with a host of pen pals. Fothergill's epistolary exchanges are presented in view of the institutional practices of transnational collection and dissemination of the first Medical Library in Philadelphia. The microstudy aims to show the intellectual work and the practices of knowledge production that are involved in institutionalizing a knowledge network of 'professional' medicine that by the end of the 18th century paves the way for the success of rationalized pathological medicine in the Western hemispheres. The letters investigated here frequently borrow from established literary genres underscoring the fact that 'science' as well as the notion of the 'professional' remain anachronisms into the 19th century.*

In 1765, John Fothergill, Jr., published his *Considerations Relative to the North American Colonies*. Fothergill never visited any of the thirteen colonies in his lifetime, but his little book surprises with an unexpected agenda and well-informed view on the spatial, political, and economic situation of the North American colonies. It concludes with a proposition that, at least from a contemporary perspective, seems to underline the English physician's awareness of global connectivity and transnational flows. Moreover, it points to the existence of what Hesford and Schell would label as "networks and relations across cultural groups" (465). In thinking about how to build bridges between American and British higher education, Fothergill conceives the following lines:

If we promote scholarships for Americans in our [British] universities; give posts and benefits in America to such Americans who have studied here [in Great Britain], preferably to others; if the government permits such youth as come to Europe, on account of their studies, to come over in the king's ships *gratis*, we shall still unite them more firmly. The Americans, by mixing with our own youth at the University, will diffuse a spirit of enquiry after America and its affairs; they will

cement friendships on both sides [of the Atlantic], which will be of more lasting benefit to both countries, than all the armies that Britain can send thither. (416)

The London resident writes these lines while the Stamp Act of 1765 is stirring an ever-increasing number of armed protests against new taxes the British raised in the preceding years. Fothergill's fascination with the colonies was due to the international work of his father, who represented the Society of Friends in the early 18th century on three visits to Maryland, Virginia, and Pennsylvania (Corner 77). It is the latter of these stations that shall be of interest to this paper.

It is worthwhile noting here that Fothergill, an Enlightenment scholar and medical practitioner, subscribed to the age's notion of rationality and what Daston and Galison call "truth-to-nature" representations both in writing and illustrating (18). In this light, he falls in line with enlightenment's educated class whose members work in, write for, and winnow their scholarly networks in search for "working objects": "atlas images, type specimens, or laboratory processes – any manageable, communal representative of the sector of nature under investigation" (Daston and Galison 19). As will be shown here, Fothergill's Quaker network is interested in finding a collectively sharable, identifiable, and usable knowledge – in short, an epistemologically encoded enunciation of knowledge. He and his penpals negotiate ways of generalizing and regularizing their working objects apart from folklore and native medicine. Their common project is thus the negotiation of generic principles that would turn a collectively shared notion of medical truth into medical knowledge. By the same token, however, Fothergill's web is constitutive of institutionalizing and safeguarding mechanisms that would regulate both the access to and the dispersion of knowledge. Their work exists within the discursive constraints of what Hayden White would identify as a "discourse that narrativizes [...] and] feigns to make the world speak itself and speak itself *as a story*" (6–7, emphasis in original). In order to mediate their findings, the nodes in this network come to life via letter writing, authoring manuscripts, or the regulating principles of their archiving institutions. In that sense all intermediaries resort to the production of text, and via writing they produce the codes of their social experience and the symbols of their group's history. In historicizing their experience, these intermediaries necessitate narrative. It is in this wide approach to a concept of literature that this paper studies Fothergill's web.

As a “Quaker colony” (cf. Barbour and Frost 6), historical Pennsylvania is now thought to be a peculiar hotbed of international knowledge productions and the financing of early institutions that are today regarded as predecessors of modern medicine, such as the Pennsylvania General Hospital and its first Medical Library. This microstudy intends to sketch said library out as a transnational contact zone. From this point of view, the library space can be read as an instance of institutionalized power that aims at categorizing and classifying medical knowledge in that it allows for an authoritative collection area that displays select items to interpellate select individuals through a channeled and supervised deployment of knowledge. By synchronically tracing a small selection of both Fothergill's penpals and their publications, the following pages shall elucidate the nexus between Quaker networks and the appropriation of folk medical knowledge. The aim is to show the intellectual work and the practices of knowledge production that are involved in institutionalizing a knowledge network of ‘professional’¹ medicine that by the end of the 18th century paves the way for the success of rationalized pathological medicine in the Western hemispheres. The term ‘professional’ is an anachronism here, can only be applied in retrospect, and would not have been used by the individuals of this study. However, this paper tries to provide an approach to a genealogy of the term and will use it therefore in quotation marks.

To work on this specific subject, I first need to establish the context in which the transit and production of knowledge occurred. Two developments from a time briefly before Fothergill's *Considerations* – one in medical knowledge and one in the form and organization of the medical market – furthered the tendencies towards new theories of a disease's nature and, accordingly, its treatments. Fothergill's work as physician and

1 The category of ‘professional’ is put in doubt here as the designation of the terms implies a negotiation between use-knowledge and use-value. It is unclear how value is assessed in this case. The category of usefulness here seems to be strictly bound on the creation of closely-knit, regulated, and utilitarian institutions. Interestingly, these concepts seem to emerge unbound to nations — in this paper these are discussed according to how they spread through private networks – and seem to strive for a sort of universal based on the consensus that they are “useful.” The question would be for whom or what, and if this is right and how this is right to whom.

consultant to the Philadelphia Yearly Meeting of the Society of Friends is framed by the geographical advantage of colonial medicine, in which the learned traditions and scientific investigation methods from the Old World were enhanced by the local bazaars and folklore of the colonies. Surgeons and military physicians such as most of Fothergill's penpals "were part of a new disciplinary regime that aimed to protect their employers' human capital and improve its productivity" (Harrison 5). In the 18th century, it was a common circumstance that British doctors such as John Fothergill, military surgeons, and apothecaries who accompanied British troops soon established their own networks for sharing newly gathered information they thought useful for maintaining the health of the soldiers. In the meantime, the *Philosophical Transactions of the Royal Society* became an important institution to invite, collect, peer-review, publish, and thus circulate the findings of doctors who worked abroad.

Three factors were of particular importance in this context:

- 1) Practicing medical workers got acquainted with new diseases and plagues in these colonial environments (one may think, for example, of yellow fever and its long-lasting impacts on the health of people living in the colonies);
- 2) access to dead bodies for dissection was less constrained in the colonies than in Britain (cf. Harrison 4) plus their supply was at its peak during times of colonial warfare;
- 3) the geographical specifics sparked a whole new interest on the influence of weather and climate conditions on diseases.

In short, the insights gathered from the colonies triggered a change in the conception of the human body, as no longer only internal factors such as a wrong diet, immoral behavior, or sanitary disregard were considered as reasons for a disease. Owing very much to Newton's classical mechanics, the body was now seen as a more pneumatic or mechanical entity that directly responds to external conditions. In the books that I am going to present shortly, one encounters the contagious and lethal effects of dysentery and tropical fevers and their connections to the existing weather conditions in the colonies. To treat sick soldiers while they are in the field rather than replacing them with new troops highlights a new conception of military health that reflects the utilitarian tendencies of a medical market that relies

on a fiduciary rather than an authoritative relationship between doctors and patients. Thus, instead of having sick soldiers removed from the military camps, they were now to be treated and restored within the military camp. Such a plan suggests the “centrality of economical considerations to military medical reform” and thus the direct influence of utilitarian thinking with regard to general medical treatment as has been so common in “nearly all the military and naval medical works of the eighteenth century” (Harrison 17).

Resulting from a tradition in which the rise of colonial empires impacted the early modern taxonomy of knowledge, according to which no longer experience and wisdom validate the production of truth, the medical work in Europe and the colonies reshaped the ideological framework of medical staff in the colonies accordingly. The roots of early modern medical sciences lie in the distinction between *theorica* and *practica* – the conversation about diseases and the application of truths (cf. Dear 393). Two schools of thought maintained this distinction and accompanied the modernization of medical thought – the non-utilitarian natural philosophical school with its epistemological traditions and the utilitarian natural philosophical school that is “geared toward the production of practical effects” (397). Two theories of the latter school as mediated via the medical literature of that time – the miasma theory of Thomas Sydenham and Herman Boerhaave’s theory of diseases as resulting from an imbalance of natural activities – particularly in the early 18th century advanced a mechanical conception of the body that is very much taken for granted in the books of this microstudy. Indeed, colonial practitioners experiencing tropical climates and studying the according fevers grew fonder of these approaches, in particular of the Leiden University professor’s hydraulic model of the human body. Added to this interest is the new-found necessity of empirical work that allows for the production of truths about diseases and their cures – particularly based on the new commercial goods found in the colonies. Colonial powers such as Spain and England established institutions – the Casa de la Contratación in Spain and the colonial offices in England – responsible for controlling and developing empirical practices that supported the seizure of the natural goods from the colonies (cf. Barrera 164). In these new knowledge-producing practice regimes, strategies for the collection, systematization, archiving, and channeled dissemination of authoritative knowledge accumulated. Hence, I will focus on the practice of John Fothergill’s letter writing and

publication requests that are formative for the enunciative possibilities of ‘professional’ medicine in the North American colonies.

John “Fothergill [...] was the linchpin of the medical community in England [...] His great strengths as a physician were practical and empirical: he was restrained in the use of the lancet, and he listened to and watched his patients” (Rousseau 53–54). In 1748, his book *An Account of the Sore Throat Attended with Ulcers* made the young physician’s name well known far beyond the kingdom’s borders. It was widely read and saw a plethora of editions. As a consequence, “his advice was sought in writing by practitioners in more distant parts, in the British colonies, and other countries” (Fox 20). An avid reader and writer, Fothergill kept his relations with former study colleagues from his circles at the Edinburgh University and the Royal Medical Society of Edinburgh, among them Dr. Georgius Cleghorn, an appointed surgeon in the 22nd regiment of Foot stationed in Minorca. Both communicated in fluent Latin, the literary code of the time, and, in light of Sydenham’s *Observationes Medicae*, shared an interest in the nexus between meteorological observations and medical therapy. Fothergill passed on books for Cleghorn’s library abroad and repeatedly encouraged him to write up his observations of the Minorcan climate and the fever epidemics in the colony. Upon Cleghorn’s return to England in 1750, Fothergill invited him home and eventually financed the publication of his *Observations on the Epidemical Diseases of Minorca from the Year 1744 to 1749*. The book ran in five editions and was even translated into German (Fox 20).

Cleghorn’s study shall be of particular interest, as it illustrates the codified relations between a precisely constructed, working object – the surgeon’s experience with a native herbal therapy for dysentery and fevers – and the author’s epistemologically encoded enunciation of this knowledge in his role as the bearer of medical truth. On pleurisy, he writes:

To ease the pains in the breast the large leaves of opuntia, toasted in an oven, and split through the middle, were frequently applied: these being thick and succulent, retain the heat a long time, and produce all the good effects that attend anodyne emolient cataplasms and fomentations; as I have frequently experienced in tertian fevers, dysenteries, and other diseases with inflamed bowels, as well as in this disease, since I first learned the virtues of the leaves from the natives of Minorca. (169)

The opuntia, or Indian fig, is a significant good here. Cleghorn earlier on introduced the fruit in likening it to “fruits common in England” (11) and by stressing the economic availability of the fig tree as one “which not only produces large quantities of excellent fruit (some kinds of it, two crops in a year) but affords a convenient shade” (12), thus making it attractive as a commercial trading good. In the above quote, opuntia is applied as a compress to cure fevers. In order to construct opuntia's value as a credible healing plant, however, Cleghorn stresses his experience through the method of observation and establishes his credibility through his direct access to the natives of Minorca. Folk healers thus are granted authority and knowledge, but at the same time this position is seized by Cleghorn's superior position as observer and interpreter of the native tongue. He produces knowledge about the economic and medical value of a colonial natural good and defines its value in economic terms for the Western medical market. It is through his narrative mediation of his observations that Cleghorn enunciates the rational code of his discipline, hails the representatives of his educated medical group, and reiterates the knowledge producing mechanisms of his discipline. Simultaneously, the superiority and authority of the English surgeon's knowledge is sustained by his repeated condescension of the natives' rampant superstitions: “In the opinion of the natives no diseases are more frequent here than witchcraft, charms, and evil spirits. Those nevertheless, I shall entirely omit, having neither leisure nor inclination to enlarge upon the craft of the clergy, and the credulity of their flocks” (“Introduction” 40). Being encouraged and brought into circulation by Fothergill's financial aid, Cleghorn's study allowed for *a priori* knowledge by contrast to other Western writers, but more importantly, a representation of the superiority of empirical natural history to folk medicine.

In a similar vein, Fothergill supported the work of William Hillary, a former friend from Bradford. Hillary was probably apprenticed at the same apothecary as Fothergill. The London physician supports the Bradford apprentice in his wishes to serve abroad and as the Society of Friends' ‘correspondent’ to Barbados (Fox 299) arranges for him a position as appointed surgeon on the island. Again, the epistolary friendship between the two allowed for a vivid flow of information and Fothergill eventually encouraged and sponsored Hillary in putting together his observations of the tropical diseases and the weather conditions. Published in 1759,

his book *Observations on the Changes of the Air and the Concomitant Epidemical Diseases in the Island of Barbados* includes a description of tropical sprue and gives advice on fashion choices in the tropical climate of Barbados. Harrison points to Hillary as “one of the first to claim that a study of a particular locality [...] might have relevance for other climates in the Torrid Zone” (56). In his writings, Hillary establishes a distance to the superstitious beliefs of the native population and establishes his observation as more rational and empirical. Interestingly, Hillary seeks a different mode of producing credibility about his observations by referring to colonial explorers and authenticating their encounters with the native population:

We are told by some of the first Voyagers into this Part of the World, that the original Natives of these Islands were then and still are so subject to a cutaneous Disease, [...] which they call in their Language a Cowrap; that they have a Tradition among themselves, that one of the seven first People that were created when the World was first made, (for so many they say were at first created) was a Cowrap. (353)

Here Hillary seizes the privileged position of fellow colonizing authorities as a mediating means for framing an argumentative link with already established travelogues and accounts of those who cartographed Barbados in the first place. His work is thus to be read in line with the truth claims of these authorized accounts.

Both examples of medical literature matter as they will be among the first on the shelves of the Medical Library of the Pennsylvania Hospital (Pennsylvania Hospital 20–21) and therefore enable, constitute, and constrain the constructions of medical knowledge of the physicians and students who seek access to the institution. Again, it is due to Fothergill’s epistolary discipline and his privilege earned by kinship (his father) and his accumulated wealth that his funded research projects find their way to Philadelphia. Resulting from his father’s travels to the North American colonies, Fothergill represented the Society of Friends as official London correspondent. As such, he was in close correspondence with the acclaimed horticulturist John Bartram, who provided Fothergill with rare seeds for his herbal garden in Surrey. The botanist also was an original member of the American Philosophical Society, the first learned society in the North American colonies. Functioning as patent office, national academy of science, and both national library and museum, the Society holds a pivotal position in governing the

enunciation of 'professional' knowledge, or in short what is said or unsaid, recorded or unrecorded in the dawning American scientific discourse. Another founding member, Benjamin Franklin, would become another dear penpal to Fothergill. It is in a conversation with Franklin that Fothergill was able to get involved in what is to become "his dearest project" (Corner 78) in writing and designing from afar, the Pennsylvania Hospital.

Dr. Thomas Bond, another study friend of Fothergill, instituted the Pennsylvania Hospital in 1751. This decision was supported by Benjamin Franklin, who was the magistrate of the Pennsylvania Almshouse, the intended location of the Hospital, in 1753. It was eventually commissioned in 1755. At that time, it was already an established tradition for practicing physicians to give lectures in obstetrics in the almshouse. A close connection to the College of Philadelphia was additionally fostered by the commissioning of both an anatomical theatre and the medical library. As Fothergill during the "transit of culture"² (Shryock 18) received medical students from the colonies in his home, he was able to maintain the correspondence with the intelligentsia of the colonies. In 1762, the London physician sent a small parcel to the offices of the Pennsylvania Hospital in Philadelphia: a textbook, some anatomical drawings, as well as three anatomical plaster casts. He proposed this shipment as "a present to the Hospital of some intrinsic value" (qt. in Fox 367), which arrived conveniently on time for the opening of the Medical Library at Pennsylvania Hospital, the first of its kind in the North American colonies. The book sent by Fothergill, the *Experimental History of the Materia Medica* by William Lewis, was not only the first book to be included in the library collection but would also become a significant resource for Dr. Shippen's students, as would the anatomical plaster casts.

The package was delivered by Shippen upon his return from his studies in England. The enclosed note by John Fothergill proposes him as an apt choice as practicing physician, natural historian, and scholar in Philadelphia. Fothergill also announces "an able assistant" (qt. Fox 367)

2 The term refers to the institutionalized 'professionalization' of American physicians. In large numbers they traveled to Edinburgh or London. Once arrived in either of these 'medical centers' they intended to study medicine and then (most often) returned to the colonies as "first-class medical men" (cf. Shryock 18–19).

to Shippen, Dr. John Morgan, who in 1765 will found the Pennsylvania School of Medicine. Modeled on the University of Edinburgh, this school advocated bedside training and thus worked in close cooperation with the Pennsylvania Hospital. In this sense, Fothergill supported the introduction and application of European utilitarian medicine in Philadelphia and thus the foundation of the profession:

Whether practical or theoretical, European training translated to vastly increased credibility in Philadelphia. Even in 1762, the young William Shippen lectured on anatomy before an amphitheater packed with auditors whose age and experience far outstripped Shippen's twenty-six years. The famed brothers [William and John] Hunter contributed the content of his lecture. Fothergill contributed the anatomical plates he used to illustrate his arguments. The prestige of Europe gave a young man something to teach his elders. (Finger 39–40)

Elsewhere it has been established that the anatomical studies based on William Harvey's insights on the body's circulatory system that Shippen, Morgan, and Bond represented and further developed in their work already has impacted the perception of systems beyond the medical realm. For example, "theorists like William Paterson likewise imagined the economy as a closed body-system where wealth could be circulated and re-circulated" (Landers and Muñoz 3).³ Hence, the opportunities for researching and mastering the physical conditions of the human body goes hand in hand with improving and exploiting the workforce of human capital in the market economy. This ties in well with Fothergill's financial support of the hospital and the medical school. As an official manager of the Hospital, he sent funds, had a say in the human resources of the hospital, and gave advice on the handling of real estate funds and the venture capital trust of the hospital:

Permit me just to mention what has sometimes occurred to my thoughts respecting the disposition of the money. I would by no means be thought to dictate in the least. Would it not be proper to vest £6000 or £7000 in proper securities, land or otherwise, towards the constant support of the house and employ the residue according to the present exigencies? (Fothergill to James Pemberton qt. in Fox 374)

In addition to the established literary tradition of discrediting folk medical conventions in the 'professional' literature of colonial surgeons that form

3 Paterson later institutionalized his thinking as a co-founder of the Bank of England.

the knowledge basis of the first medical library in Philadelphia, the impact of the epistemological traditions of a utilitarian natural philosophical school are palpable in the foundation of the medical tradition of the Northern American colonies.⁴

Lastly, Fothergill also opened his doors to another notable historical character in the American medical tradition during the 1760s. When Benjamin Rush studied in England, Fothergill and his wife saw the young student as a frequent guest over breakfast. It is to no surprise that the English physician in his letters to Thomas Bond recommended Rush as another suitable candidate for the newly established medical school in Philadelphia. Upon his return to North America, Rush was to become the new professor for chemistry – “thus all four of the first faculty of the University of Pennsylvania School of Medicine [Bond, Morgan, Shippen, and Rush] had been encouraged and advised by Dr. Fothergill” (Corner and Booth 15). Today, Rush is remembered as one of the Nation's Founding Fathers and for his pioneer work in smallpox vaccination. However, when looking closely on the shelves of the Medical Library of the Pennsylvania Hospital at the beginning of the 19th century, we find again newer editions of Hillary's and Cleghorn's works. All are edited by Benjamin Rush and feature notes of praise and further annotations. By then, these colonial medical books had become a staple in the medical school's curricula and library. By contrast to the lectures on obstetrics and anatomical studies in Philadelphia, this form of re-publication, annotation, and recirculation proposes a system that relies on serial repetition as a means to manifest credibility and the effectiveness of a utilitarian approach to medicine.

As this microstudy has shown, the British American colonies can be read as a breeding ground for new theories of diseases, their causes, and the corresponding treatments. This development is supported by the circulation and commercialization of medical print media in the first regulated

4 Utilitarianism as a mental concept emerges before its explicit use by intellectual pioneers such as Jeremy Bentham. As this paper proposes, a similar movement can be traced in the medical discourses of the time. Here a thinking about what, how, and why something is valuable emerges. Fothergill's epistolary web shows that his transnational endeavor aims at establishing a universal notion of 'value' in medical concepts.

medical institutions and their practices of knowledge production. Further, this medical knowledge was spread through semi-institutionalized networks such as Fothergill's epistolary web that propelled media change from folk medical knowledge (oral) to institutionalized ('professional') knowledge in textbook-formats. As the writings by Hillary and Cleghorn have shown, colonial medicine revalued folk medicine and made possible the appropriation of folk traditions in 'professional' medicine. In that sense, colonial medical practice can be argued as being bound to semi-institutionalized spaces that are connected to custodians of knowledge but work like social networks – they are user-based, community-driven, and rely on a semi-authoritarian dispersion of knowledge. This microstudy has further shown how the established medical tradition is countered by colonial medicine's reliance on then new medical theories such as those of Harvey, Boerhaave, and Sydenham. Thus, colonial medicine on the surface is to be seen as being in constant conflict with the established medical profession in Britain. However, colonial medical institutions and their ways of knowledge production penetrate established 'professional' networks in the Old World by re-appropriating their established practices of knowledge production such as archiving, bedside training, and the facilitation and management of medical schools.

As can be seen in the accounts of Cleghorn and Hillary, colonial medical writings also read like travelogues. They report experiences resulting from cross-cultural contact, relate travel routes, and observations about folk medical practice. By the same token, they negotiate authorship, authority, and agency of the reporting observer. Further Fothergill's letters have a legitimizing function: as a patron and official London correspondent to the Society of Friends he has a gatekeeping position that allows him, as a man of letters, to decide on and forward "working objects" that can become objects of knowledge. In his letters, the enclosed documents, and his recommendations regarding staff and finances, Fothergill has a share in enabling, constraining, and constituting medical practices and forms of knowledge. Both the textbooks and Fothergill's letters trace colonial medicine's transformation from a set of practical skills to a systemically shaped and regulated body of knowledge. That these text forms borrow from established literary genres is reminiscent of the missing gap between literature and science of that age. Science as well as the notion of "professional" are still anachronisms here

and would only become fashionable in the 19th century as terms to tell apart the acquisition of knowledge from reading or studying of letters or books and the very form of knowledge as a personal attribute. Until then, “science was in effect a variety of literature,” or as Matthew Arnold has it, literature “could include ‘everything written with letters or printed in a book’” (Otis xvii–xviii).

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