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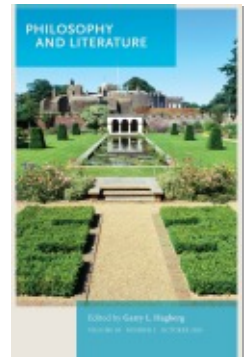
Where Does Common Sense Come From? "A Modest Proposal" and  
the Inoculation Controversy

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## Coda

### WHERE DOES COMMON SENSE COME FROM? “A MODEST PROPOSAL” AND THE INOCULATION CONTROVERSY

BY STEWART JUSTMAN

#### I

“THERE ARE THREE KINDS of lies: lies, damned lies, and statistics,” said Twain—or was it Disraeli? Even if statistics are honest, they submerge individual differences in generality. On a hostile interpretation, statistics are a deceiver’s toolkit, a numerical expression of the tyranny of the average, a power capable of denaturing anything it touches. Many a clinical trial boasts results with statistical, albeit not clinical, significance.<sup>1</sup>

For the hater of statistics Swift’s “A Modest Proposal” is a locus classicus. Purporting to correct the “computations” of other pamphleteers, the narrator of this masterpiece of irony gives a numerical cast to his argument for the butchering of human yearlings as the solution to Ireland’s poverty. Writes Swift:

The number of souls in this kingdom being usually reckoned one million and a half, of these I calculate there may be about two hundred thousand couple whose wives are breeders; from which number I subtract thirty thousand couples who are able to maintain their own children, although I apprehend there cannot be so many, under the present distresses of the kingdom; but this being granted, there will remain an hundred and seventy thousand breeders. I again subtract fifty thousand for those women who miscarry, or whose children die by accident or disease within the year. There only remain one hundred and twenty thousand children of poor parents annually born. The question therefore is, how this number shall be reared and provided for.<sup>2</sup>

Appalled at the use of numerical abstractions to vaporize multitudes, the reader feels more strongly than ever that statistics are an inhuman language. I suggest that this sentiment is unjust and that “A Modest

Proposal” does not expose the lunacy of the numerical mind. While statistics are an abstract language, they are not necessarily a fantastic or inhuman one. As a case in point, I propose to discuss an important controversy raging at the time of “A Modest Proposal,” one in which statistics and common sense—in whose name Swift derides statistics—ultimately pointed to the same conclusion.

Behind the grim play of “A Modest Proposal” with its scheme for the sale of the carcasses of Irish infants lies, of course, a protest against the subjection of Ireland by England. In effect, Ireland was reduced to the status of a colony like its cousin across the Atlantic, with the doctrines of mercantilism setting the terms of England’s relation to both.<sup>3</sup> And the same precepts of political economy that dictated the subordination of colonies justified the subjection of the population in general. As George Wittkowsky emphasized eighty years ago in his seminal investigation of the sources both mined and travestied in “A Modest Proposal,” mercantilist thinking rested squarely on the axiom that “the good of the individual must be subordinated to the economic welfare of the state.”<sup>4</sup>

That doctrine, in turn, plays out in the maximally provocative writings of Swift’s contemporary and fellow satirist Bernard Mandeville, who was prepared to argue in all candor that “In a free nation where slaves are not allowed of, the surest wealth consists in a multitude of laborious poor,” from which it follows that the children of the poor must be kept ignorant and put to work as early as possible for the public good.<sup>5</sup> Only so, argues Mandeville, can England “out-sell our neighbours and at the same time increase our number,” objectives dear to mercantilism. In the Ireland of “A Modest Proposal,” the poor are many but want work; hence the narrator’s scheme to build up the national wealth by slaughtering infants at the age of one. When this nameless thinker envisions a statue of himself as a national hero, his fantasy echoes that of a national greatness built upon the misery of the population.

“I again subtract fifty thousand for those women who miscarry, or whose children die by accident or disease within the year.” Statistics like this in “A Modest Proposal” parody the use of political arithmetic (as it was called) in the service of the principles of mercantilism. But not all computation on matters of public concern was open to the charge of inhumanity. According to an axiom of mercantilism, people are the riches of a nation; and if this is so, then the untold grief and loss caused by a disease that depresses the population itself—such as smallpox—also represents an injury to the state. It was for this reason that governments across Europe around the time of “A Modest Proposal” took an interest

in the one promising means of preventing smallpox: inoculation (that is, the technique of “engrafting” infectious matter from smallpox pustules in order to produce immunity).<sup>6</sup>

In these circumstances, an investigator quite free of the mental defects of Swift’s narrator might seek to compare the mortality rate of inoculation to that of smallpox per se, or indeed compute the number of children who die in a given year of smallpox. Of the thousands of Irish children lost to disease each year, according to “A Modest Proposal,” many must die of *this* disease, one that seeks out those who have not yet acquired immunity. Many an eighteenth-century parent must have felt insecure in the possession of children until they had passed through smallpox. The first inoculee on English soil was an infant,<sup>7</sup> and at the time of “A Modest Proposal” most inoculees in England were children.<sup>8</sup> When the foremost defender of inoculation in England was asked his real opinion of the procedure, he answered that he “had just inoculated one of his own children.”<sup>9</sup>

The controversy over inoculation in the 1720s saw the introduction of statistics into medical literature. As it happens, the defender of inoculation just mentioned—the physician and mathematician James Jurin—served as secretary of the Royal Society, the same body of which William Petty, author of *Political Arithmetic* and *The Political Anatomy of Ireland*, was a founder.<sup>10</sup> Many pro-inoculation pamphlets, including Jurin’s, feature not only statistical comparisons but professions of public spirit and other rhetorical touches that remind us of “A Modest Proposal” irresistibly, haunted as we are to this day by the power of Swift’s pen. Consider this passage from the conclusion of Jurin’s 1724 survey of the state of inoculation in England:

For these ten years last past, there have died of the small pox, within the bills of mortality [that is, London], at a medium, 2287 souls per ann. Let us now consider a little, what may be the consequence, in case inoculation should hereafter become a general practice. . . . The number of the dead would be reduced seven parts in eight; and consequently, 2000 persons that are yearly cut off within the bills of mortality alone, and those generally in the beginning or prime of life, might be preserved to their king and country.<sup>11</sup>

While Jurin somewhat rhetorically invokes the mercantilist principle that the individual subserves “king and country,” he was anything but a mad calculator swollen with delusions of grandeur like the narrator of

“A Modest Proposal.” Though he and other proponents of inoculation were unlikely to convince anyone who hated statistics, they used them not only with care but—sometimes—actual modesty.

## II

Both “A Modest Proposal,” in which an insane idea is expounded in a perfectly reasonable manner, and the inoculation story, in which a highly contested practice eventually came to seem like common sense, prompt reflection on what it means to make sense.

Whether or not the practice of inoculation struck its critics in the 1720s as insane, it did seem to them preposterous and far-fetched. In a literal sense it *was* far-fetched, having been imported into England by the wife of the British ambassador to Turkey, Lady Mary Wortley Montagu, upon her return from Constantinople. Following the experimental inoculation of six prisoners at Newgate in 1721 and the also-successful inoculation of two granddaughters of George I, the procedure began to be performed here and there in England. Among the first to do so was Yorkshire physician Thomas Nettleton.

While none of sixty-one persons Nettleton treated by 1722 died, he came to feel that if any should die as a result of inoculation, it would be excusable because the prevention of smallpox so greatly benefited the public at large. “Whenever any shall happen to miscarry under this operation, that will indeed be very unfortunate and ill, but in this case you will have recourse to the merchant’s logic; state the account of profit and loss to find on which side the balance lies with respect to the public, and form a judgement accordingly.”<sup>12</sup> We would err to read this as a facile dismissal of inoculation fatalities as a side issue. Note that Nettleton appeals to ordinary bookkeeping, not the lofty art of political economy; to merchant’s logic,<sup>13</sup> not political arithmetic. The implication of this close focus is that any fatality associated with inoculation should be diligently investigated; none can be summarily written off as necessary for the greater good (a maneuver that would undoubtedly have inflamed the opposition). Much space is given to such inquests in the pro-inoculation literature of the 1720s.

Knowing that his work needed to be replicated, Nettleton relayed his figures to Jurin, who in turn solicited reports from inoculators in the four corners of the kingdom. The figures he gathered, supplemented with data from bills of mortality, allowed him to report provisionally in 1723

That of all the children that are born, there will, some time or other, die of the small pox one in fourteen.

That of persons of all ages taken ill of the natural small pox, there will die of that distemper one in five or six, or two in eleven.

That of persons of all ages inoculated, without regard to the healthiness or unhealthiness of the subject, as was practiced in New England, there will die one in sixty. (*LL*, p. 17)

On this showing, inoculation is many times less dangerous than natural smallpox even when practiced on all and sundry. Given that Jurin counts some deaths that took place following, but not necessarily because of, inoculation, the case for the procedure was actually more robust than his numerical summary suggests. Jurin argues cautiously. Like Nettleton, he does not simply write off inoculation fatalities as being necessary for the greater good; and whereas Nettleton espouses “merchant’s logic” rather than political arithmetic, Jurin is not so political as to suggest either that inoculation could somehow give England an advantage over France or that the practice should be maximized for reasons of utility. If he had been interested in the latter, he would not have recommended rather strict limits on inoculation, such as confining it to subjects in perfect health, and this despite reports known to him that inoculation could be practiced across the board with little or no loss of life.

If the narrator of “A Modest Proposal” recommends an outrageous practice inspired by foreign models, so did the early advocates of inoculation, according to their opponents. Jurin indeed cites accounts from America on the one hand and Constantinople on the other, and such modes of accreditation are parodied in “A Modest Proposal,” whose narrator, in the course of expounding his pet idea, refers to precedents in America and Formosa (the latter by way of the notorious impostor Psalmanazar) (“MP,” p. 4). Exactly what Swift thought of inoculation we don’t know, but because he lampoons the Royal Society in general and mathematics in particular in *Gulliver’s Travels*, and Jurin belonged to the first and practiced the second, we can easily imagine Swift pouring scorn on the nonsensical project of introducing a dreaded disease into the body in order to prevent that very disease. He might also have read Jurin’s numerical defense of inoculation as an attempt to introduce the practice from above, as from the height of a flying island.

We can hardly help drawing such inferences because a sort of generic Jurin is parodied to great effect in “A Modest Proposal,” as if he had his voice stolen. While nothing could be further from his careful handling

of numerical data than the casual computations of “A Modest Proposal,” Swift writes so memorably and powerfully that we seem to hear the very accent of his demented narrator in Jurin’s words.

**Swift:** I think it is agreed by all parties that this prodigious number of children in the arms, or on the backs, or at the heels of their mothers, and frequently of their fathers, is in the present deplorable state of the kingdom a very great additional grievance; and, therefore, whoever could find out a fair, cheap, and easy method of making these children sound, useful members of the commonwealth, would deserve so well of the public as to have his statue set up for a preserver of the nation. (“MP,” p. 2)

**Jurin:** We have seen, for some considerable time past, above 100 persons per week in this city and suburbs, taking one week with another, to be carried off by [smallpox]; a consideration that certainly ought to dispose us to enter into any measures, by which we may reasonably hope to put some stop to the progress of so cruel a distemper. (*LL*, p. 4)

Both parties establish the gravity of a crisis, propose “measures” to remedy it, and speak in the voice of a reasonable man. But inoculation was by no means a harebrained scheme to preserve the nation.

Unlike cannibalism, inoculation did in fact offer a solution to disaster. While fees were high and price gougers may have exploited the panics that sent people racing to inoculate themselves and their children when smallpox struck, entire communities in the 1760s—rich and poor alike, hundreds at a time—were inoculated as a preventive measure. In this eminently practical sense, inoculation had become “fair, cheap, and easy.” But even at the time of Jurin’s pamphlets, there was a precedent for making inoculation available to all, regardless of status.

Jurin received his information about the practice of inoculation in New England from an unlikely champion of the procedure, the divine Cotton Mather. In his 1723 pamphlet Jurin reports, “Mr. Mather tells us, that persons inoculated were young and old, from 1 year to 70, weak and strong” (*LL*, p. 6). In the original, Mather goes further, making his point with considerable flair and flourish:

How many lives might have been saved, if our unhappy physicians had not poisoned and bewitched our people with a blind rage . . . against the method of relief and safety in the way of the small pox inoculated? I prevailed with one physician to introduce the practice; and the experiment has been made upon almost three hundred subjects in our neighbourhood,

young and old, from one year to seventy; weak and strong, male and female, white and black; in midsummer, in autumn and winter: and it succeeds to admiration. I cannot learn that anyone has died of it, though the experiment has been made under various and marvelous disadvantages. Five or six have died upon it or after it; but from other accidents.<sup>14</sup>

In “A Modest Proposal” yearlings are sold for meat; in New England children as young as one are eligible for inoculation against smallpox. In actuality the practice in New England was even more inclusive than Mather claims, extending to poor folk as well as a number of Indian inoculees, as attested by the “one physician” who listened to Mather, Zabdiel Boylston. Boylston’s chronicle of his work, published in England three years before “A Modest Proposal,” bears the title *Account of the Small-Pox Inoculated in New England, Upon All Sorts of Persons, Whites, Blacks, and of All Ages and Constitutions*. Like smallpox itself, inoculation cuts across human differences. One doubts the equality of all, regardless of social position, had ever been asserted quite so factually—that is, not as an ideal but a standing reality. And the New England data flows like a tributary into Jurin’s numerical argument.

For his part, when Jurin computes the number of lives lost in London that might have been “preserved to their king and country,” he makes no distinction between rich and poor or men and women. And while the invocation of king and country resonates with the mercantilist principle that people are the riches of a nation, never does Jurin lament that smallpox does not distinguish between the useful and useless members of the commonwealth, as Petty once remarked of the plague (“SMP,” p. 84). Indeed, in an early publication Jurin specifically calculates the smallpox mortality of young children, a group classified by mercantilists as “impotent” or useless because incapable of labor (*LL*, p. 11; “SMP,” p. 83). The ambition of making the useless useful fires the imagination of the narrator of “A Modest Proposal.”

In France the mercantilist thinking travestied in “A Modest Proposal” entered the inoculation controversy, with proponents reasoning that because people are the riches of a nation and inoculation preserves life, universal inoculation would give France a decided advantage in its rivalry with England.<sup>15</sup> At the same time, however, they recognized that inoculation was too private and sensitive a decision to be dictated from above. In England, where inoculation by edict was even more unthinkable, it took some decades for the practice to spread, and when it did, the general public could hardly have been conversant with the



new science of probability.<sup>16</sup> Jurin's inoculation pamphlets were never intended to inspire a movement anyway. They were intended to justify a practice, then in its infancy, that faced bitter opposition from his profession, the clergy, and the public itself.

### III

As if describing the narrator of "A Modest Proposal," Hannah Arendt once derided certain policy analysts as "problem-solvers trained in translating all factual contents into the language of numbers and percentages, where they can be calculated."<sup>17</sup> In the case of the "Proposal," a desperate crisis gives rise to the facility of a numerical solution. Our plausible lunatic seems lost in his computations, estranged from reality. It is indeed both the strength and the weakness of statistics that they remove us from the world's disorder and transport us to a realm of abstractions. Presumably it was a distrust of abstractions that led the early opponents of inoculation to focus the power of their arguments on cases, not statistics.

The opponents viewed inoculation as reckless, unproven, and contrary to the art of medicine. According to the foremost of this party, William Wagstaffe, physicians of old never dared "to take the work out of nature's hands, and raise distempers by art in a human body. They thought physicians had enough to do in curing diseases which are naturally incident to mankind."<sup>18</sup> The rage and ridicule in the inoculation debate belonged to the opposition, and Swift, a virtuoso of both, probably would have enjoyed this stroke of sarcasm. He would also have appreciated the absence of statistics in Wagstaffe's pamphlet. The closest thing to a statistic advanced there is the loose claim that "As [inoculation] has been practised commonly upon children, it scarce amounts to a fair trial; since hardly one in an hundred have died of the natural sort in this season." We note that Wagstaffe does not descend to the use of specific numbers.

By contrast, the proponents of inoculation, led by Jurin, present statistics heavily in favor of the practice even on the most unfavorable estimate of casualties. If one in five or six victims of smallpox dies, while only one in sixty dies when all comers are inoculated amid the panic of an epidemic (though Jurin's source for this figure maintains that not one person of nearly three hundred inoculated in New England died as a result of the procedure), then the case for inoculation is strong.<sup>19</sup> But not everyone was impressed. A sardonic critic, Martin Warren,

maintained that Jurin's statistics rest on misinformation and derided the pro-inoculation David Hartley, who corresponded with Jurin and used statistics himself, as "a man of great figures," a "geometrician," "our exact numerist, "our calculator."<sup>20</sup> For Warren, Hartley indeed exemplifies the lunacy of the numerical mind.

If Jurin scored a point in the pamphlet war by making a strong numerical case for inoculation (Warren's objections notwithstanding), it's hard to say what this honor really signified. While the power of his statistics, combined with the Lockean clarity and civility of his rhetoric, may have won over some members of his profession, inoculation made scant progress among the population at large. By Jurin's count, in 1726, the last year covered by his annual reports on the state of inoculation in England, only 105 people in the entirety of England underwent the procedure. The following year the number dwindled to 76, and in 1728 to the Lilliputian figure of 37 (*SM*, p. 35). By 1733, Nettleton, then the leading inoculator in the country, appears to have to have inoculated a grand total of 119 persons, with one fatality (*RW*, p. 5). Regardless of the statistical case to be made for inoculation, it remained a practice without roots in England, subject to general distrust and clerical censure.

Even as he reported an almost perfect record, Nettleton was acutely aware that a "great majority" in Halifax and elsewhere stood against inoculation.<sup>21</sup> Over the next half century, inoculation passed from an unpopular to a common practice in England. What happened? The secrets of immunology were not discovered, nor did the arguments in favor of inoculation improve (for they were laid out superlatively to begin with). While the risks of the procedure did eventually decrease, they were always lower, and probably very much lower, than those of natural smallpox, and in any case people did not necessarily wait for the decrease before seeking out the inoculator. Prices for inoculation were high, but it grew in popularity even so, suggesting that people saw merit in it. Clerical hostility waned by mid-century, though this may mean no more than that the clergy got used to a practice that could no longer be viewed as a heathenish innovation. A sign that inoculation was no passing fashion was the founding of the Small-Pox and Inoculation Hospital in London in 1746.

In any event, as the initially paltry number of takers multiplied over the decades, the case for inoculation grew less abstract. At some point people could perceive the merits of the procedure for themselves, a species of evidence more persuasive than figures on the page. Wrote the dissenter Philip Doddridge of Northampton in a defense of inoculation

published in 1750 amid an outbreak of smallpox: "I have never known a single instance in which a child has miscarried by [inoculation]. I have seen, or been most credibly informed of, a multitude of instances in which grown persons have passed through it safely and very comfortably."<sup>22</sup> Thus did Jurin's numbers come to life.

#### IV

We should not assume that as physicians and clergymen were won over by the statistical argument for inoculation, everyone else was won over with them. People do not always follow their leaders, nor do numerical arguments in print necessarily carry even those who can read them. If they did, then Benjamin Franklin, who believed in inoculation and well knew the statistical case for it, and lost a child to smallpox whom he intended to inoculate, would certainly have emphasized the statistical argument in the person of his alter ego, the wry populist and oracle of prudence Poor Richard. Instead, Poor Richard barely mentions the inoculation statistics. Rather than appealing to "merchant's logic" to justify inoculation as Nettleton advised, he teaches his readers to count their pennies and think like merchants in the first place. Nor, of course, was it only in the Anglosphere that statistics lacked the power they appear to wield on paper. Though universal inoculation would lengthen life expectancy in France by two years according to Daniel Bernoulli's calculations, the nation was unmoved.<sup>23</sup>

If the statistical argument by itself was not enough to persuade people to seek inoculation (whether because probabilistic reasoning was unfamiliar or because they did not care to hazard their lives on it), what then inspired the general acceptance of this formerly marginal practice?

Johnson in his mid-century dictionary defines inoculation as "the practice of transplanting the small-pox, by infusion of the matter from ripened pustules into the veins of the uninfected, in hopes of procuring a milder sort than what frequently comes by infection." In all likelihood inoculation gained ground as people concluded that it did indeed "procure a milder sort" of smallpox, not because statistical tables said so but because they knew or knew of cases where it did just that. That is, they applied the common sense glaringly lacking in Swift's projector.

Though all of us at one time or another mock common sense as more "common" than "sense," in truth it is a lot more than the faculty that says the earth is flat. Without common sense, one would learn nothing from observation and repeated experience, like Don Quixote.

Common sense refers to the guidance given by these tutors as we make practical judgments, and it was this kind of instruction, not the lessons of statistical tables, that made inoculation—in time—a mainstream practice. Surely it was by observation that people first learned, and later confirmed and reconfirmed, that anyone who recovers from smallpox is thereafter immune. How else to account for the remarkable and highly salient fact that every smallpox survivor will pass unscathed through an outbreak otherwise so deadly that it thins the population? People also saw with their own eyes that inoculation regularly and quickly gives rise to a benign case of smallpox. Not only did they see that inoculation worked, they heeded what they saw.

Boylston reports that when he began inoculating, “It was plain and easy to see, with pleasure, the difference between having smallpox this way and . . . having it in the natural way.”<sup>24</sup> Similarly, according to Nettleton, it was when people in Halifax saw for themselves how much better subjects fared under inoculation than natural smallpox that the practice began to catch on. In time such evidence would reduce the polemics against inoculation to cavils. Nor was this the only evidence in favor of inoculation that struck the eye. From Nettleton we also learn that in many families where some children were inoculated, others contracted smallpox, “and they have lain together in the same bed all the time; but we have not yet found that ever any [inoculated child] had the distemper twice” (AA, p. 11).

A demonstration like this—a spontaneous clinical trial—would be more persuasive than any pamphlet.<sup>25</sup> Over time, such ocular proofs could well add up and change the sense of the community. Certainly if communities were not convinced that inoculation produced a mild case of smallpox, they would not have regulated the practice, for fear that inoculees would resume their normal lives forthwith and thus spread infection. By the same token, if inoculees had really died in droves as the opponents of the practice alleged, this hardly would have escaped the notice of their neighbors.

While we can only imagine the riveting power of the public trial of inoculation on the Newgate prisoners in 1721, people also must have watched intently as others known to them underwent the procedure. An examination of Boylston’s log reveals many inoculated some days after the successful inoculation of one close to them, as if in response to a persuasive demonstration. Following their inoculation on July 19, 1721, John Webb, Joseph Webb, and his wife “passed gently through the distemper and were soon well.” Esther Webb, 19, nursed her parents

(presumably the latter two) through their recovery and was herself inoculated on August 5. Edward Langdon, 25, was inoculated on August 12; his symptoms were “gentle” and he soon recovered. Nathaniel Langdon, 27, and Margaret Langdon, 20, were inoculated on August 23. Samuel Valentine, 19, was inoculated on August 22 with good results; his wife Elizabeth, 18, followed on September 20. On August 30 John Colman, 18, was inoculated; he “had a kind and favourable smallpox, as is common in this way, and soon got well.” Mrs. Jane Colman, about 14, followed on September 11. Similarly, after inoculation on November 20, John Gardner, 18, had a benign case of smallpox and soon recovered; one Samuel Gardner, 26, underwent the procedure on November 26. Rev. Ebenezer Pierpont, 24, was inoculated on November 2 and recovered routinely; one John Pierpont, 27, had the same treatment on November 28. Following the inoculation of Jonathan Belcher’s son Andrew, 15, on November 25, Joseph (aged 22) and his unnamed brother (aged 18) were treated on December 6. In each case one inoculation seems to inspire another. Boylston’s log reminds us that inoculees lead embedded lives, and, this being so, the successful inoculation of someone close can act as a powerful example—evidence more compelling than a statistic. John Webb and all the rest did not follow statistics; they made statistics (AS).

In England, when inoculation grew into a veritable movement later in the century, not just members of the same family (like many of Boylston’s clients) but whole communities were inoculated at once. “The impact of these events was enormous,” in that they dramatized the efficacy of inoculation for all to see. “Any lingering doubts about the protective power of inoculation were dispelled” (*SM*, p. 48). Other communities followed suit. Also replicated were the innovations introduced by the Sutton family of inoculators in the 1760s, such as inoculation houses: rentals for groups who underwent a now-minimally invasive procedure together, as if on holiday. One thinks of the brigade of storytellers in the *Decameron*, refugees from plague-stricken Florence, now flourishing in one another’s presence.

Leaving far behind the early trials of inoculation with their often-meager numbers, Daniel Sutton alone is said to have inoculated “22,000 people between 1763 and 1766 with only three deaths:”<sup>26</sup> the seal of a practice fully established and no longer dependent on statistics at all. By 1784 it appeared indisputable to Johnson, who was no statistician, that “inoculation has saved more lives than war destroys.”<sup>27</sup> By the end of the century, the populace was so attached to inoculation that they resisted the new technique of vaccination, which would lead eventually to the eradication of smallpox from the face of the earth.

It is only too easy to forget the social character of inoculation. Some would say that in the eighteenth century, one deciding whether or not to inoculate had to weigh the risks of the procedure against the uncertain gains of immunity to a disease that might never strike—an unequal contest of the present against the future, reminiscent of the distinction between vivid and weak impressions in Hume. This formulation is too abstract. Unlike Swift’s idea-crazed narrator who seems removed from the human race despite nominally being a husband and father, one pondering inoculation dwells among others; and if some of these others have already been inoculated, and each contracted in due course a mild case of smallpox, she will have living arguments in favor of inoculation—vivid, nonabstract examples—in her community and maybe in front of her eyes. According to an anecdotal account in *Gentleman’s Magazine* in 1752, a surgeon near Guilford, paid by a local nobleman to inoculate country folk, carried his materials with him as he went;

by which he readily inoculated several, who having the distemper very happily, and becoming well again, country people came every market day to have the operation performed, then went home, kept themselves warm, drank wine whey, and in eight days took the distemper; and so much success attended the practice, that it was a common answer to their acquaintance, of 3 or 4 hurrying along the town together, that they were going to be *inoculated*. (*AI*, p. 154)

The multiplier effect of local examples could hardly be illustrated more clearly.

## V

Swift asserted “the rights of common sense”<sup>28</sup> and administered satiric justice to those who violate them, such as the political economist of “A Modest Proposal” or the academicians of Lagado in *Gulliver’s Travels*, modeled after the members of the Royal Society. A review of any of the defenses of inoculation by the secretary of the Royal Society is enough to convince us that Swift misread that institution badly. But it was not statistical arguments like Jurin’s that established inoculation in England. Only with the passage of time and the accumulation of “an infinity of experiments”<sup>29</sup> as inoculation seeped into the community’s experience did the procedure win out. Based as it was on evidence amassed over time, the triumph of inoculation occurred in a manner totally unlike

the instantaneous mass conversion to cannibalism envisioned by the narrator of "A Modest Proposal."

With his distrust of abstractions and insistence on the body, Swift in one of his better moments might have appreciated this story of the advance of a practice as people heeded the evidence of the eye—with embodied, not disembodied, numbers making the difference. Inoculation entered England as a foreign technique, one that struck a physician like Wagstaffe as alien to medicine and repugnant to reason. As smallpox epidemics recurred and proof of the value of inoculation piled up, at some point the evidence reached critical mass, and a practice at one time hotly contested was on the way to general acceptance. In thus embracing inoculation, people behaved not like academicians or devotees of statistics—and not like haters of statistics either, for that matter—but parties to the consensus we call common sense.

While the crisis depicted in "A Modest Proposal" is as dire as a lethal outbreak of a contagious disease (albeit with no foreseeable end), no such consensus as that which eventually saw the inoculation of whole communities appears to have been possible in Ireland. If common sense is grounded in experience, by 1729 bitter experience had taught Swift that none of the nonironic solutions to Ireland's crisis mentioned, only to be dismissed, in "A Modest Proposal"—such as "quitting our animosities, and factions" ("MP," p. 6)—had the slightest chance of being adopted. But while "A Modest Proposal" grieves and protests conditions in Ireland, it lashes and burlesques theories, pamphlets, schemes, and projects that concern themselves with Ireland and (it is implied) only make things worse with their cleverness. The story of the gradual formation of a consensus strong enough to produce mass inoculations one after another suggests why it is that this outpouring of bright ideas about the Irish question (some of which actually styled themselves Modest Proposals) might have struck Swift as violations of common sense.

Consensus regarding inoculation was an agreement of the parties themselves; nothing less could possibly have moved them as one to adopt this method of guarding their community against smallpox. Such a consensus cannot be decreed from above, and not even the argumentation of Jurin—a beautiful example of Enlightenment reasoning—can bring it about before the parties themselves create it. Consensus, or common sense, does not spring into being all at once in the manner of the sudden national adoption of cannibalism in "A Modest Proposal." The inoculation story suggests that it does not arise from above, or from without, at all.

1. David Healy, *Pharmageddon* (Berkeley: University of California Press, 2012).
2. Jonathan Swift, "A Modest Proposal," Renaissance Editions (Portland: University of Oregon, 1999), [scholarsbank.uoregon.edu/server/api/core/bitstreams/912f528a-90da-4acd-9b01-ba4d9e275588/content](http://scholarsbank.uoregon.edu/server/api/core/bitstreams/912f528a-90da-4acd-9b01-ba4d9e275588/content), p. 2; hereafter abbreviated "MP."
3. Swift embraced the economic maxims of mercantilism while denying English supremacy; see Louis Landa, "Swift's Economic Views and Mercantilism," in *Essays in Eighteenth-Century English Literature* (Princeton: Princeton University Press, 1980).
4. George Wittkowsky, "Swift's Modest Proposal: The Biography of an Early Georgian Pamphlet," *Journal of the History of Ideas* 4 (1943): 102; hereafter abbreviated "SMP."
5. Bernard Mandeville, "An Essay on Charity and Charity-Schools," in *The Fable of the Bees* (Penguin: London, 1989), p. 294.
6. Genevieve Miller, *The Adoption of Inoculation for Smallpox in England and France* (Philadelphia: University of Pennsylvania Press, 1957), pp. 226, 273; hereafter abbreviated *AI*.
7. The daughter of Lady Mary Wortley Montagu.
8. J. R. Smith, *The Speckled Monster: Smallpox in England, 1670–1970, with Particular Reference to Essex* (Chelmsford: Essex Record Office, 1987), p. 35; hereafter abbreviated *SM*. On the "high vulnerability of children in their first five years," see p. 63.
9. David Hartley, *Reasons Why the Practice of Inoculation Ought to be Introduced into the Town of Bury at Present* (Bury St. Edmunds, 1733); hereafter abbreviated *RW*. Using data from the bills of mortality, Jurin calculated that of every one thousand children who die, seventy-two die of smallpox. See James Jurin, *Letter to the Learned Caleb Cotesworth, M.D.* (London, 1723); hereafter abbreviated *LL*. Presumably the number would be higher but for the children lost to other diseases first, many listed by Jurin.
10. The outrageousness of "A Modest Proposal" matches that of a medical analogy in the "Advertisement" of Petty's *Political Anatomy of Ireland*: "As students in medicine practice their inquiries upon cheap and common animals . . . I have chosen Ireland as such a political animal" (William Petty, *Economic Writings* [Cambridge: Cambridge University Press, 1899], p. 129).
11. James Jurin, *An Account of the Success of Inoculating the Small Pox in Great Britain* (London, 1724).
12. Thomas Nettleton to James Jurin, Jan. 24, 1723, in *The Correspondence of James Jurin*, ed. Andrea Rusnock (Amsterdam: Rodopi, 1996), p. 126; spelling regularized.
13. Andrea Rusnock, "'The Merchant's Logick': Numerical Debates over Smallpox Inoculation in Eighteenth-Century England," in *The Road to Medical Statistics*, ed. Eileen Magnello and Anne Hardy (Amsterdam: Rodopi, 2002), pp. 37–54.
14. Letter from Cotton Mather to Mr. Maitland (1721–22), appended to the latter's *Account of Inoculating the Small Pox Vindicated, from Dr. Wagstaffe's Misrepresentations of That Practice* (London, 1722).
15. Elise Lipkowitz, "The Physicians' Dilemma in the 18th-Century French Smallpox Debate," *JAMA* 290 (2003): 2329–30.



16. In his very defense of inoculation, Voltaire, the most prominent crusader for the cause in Europe, botched simple percentages. See Letter XI of his *Philosophical Letters*.
17. Hannah Arendt, *Crises of the Republic* (New York: Harcourt Brace Jovanovich, 1972), p. 18.
18. W. Wagstaffe, MD, *A Letter to Dr. Freind Showing the Danger and Uncertainty of Inoculating the Small Pox*, 2nd ed. (London, 1722).
19. It is true that inoculees could spread infection, but if it behooves anyone with smallpox, whether induced or natural, not to communicate the disease, then perhaps the recklessness of an inoculee should not be charged to the inoculator. On inoculation itself as a vector of infection see David Wootton, *Bad Medicine: Doctors Doing Harm since Hippocrates* (Oxford: Oxford University Press, 2006).
20. Martin Warren, *An Answer to a Pamphlet Entitled, Some Reasons Why the Practice of Inoculation Ought to be Introduced into the Town of Bury at Present* (Bury St. Edmunds, 1733).
21. Thomas Nettleton, *An Account of Inoculating the Small Pox in a Letter to Dr. William Whitaker* (London, 1722); hereafter abbreviated AA.
22. P. Doddridge, *The Case of Receiving the Small-Pox by Inoculation, Impartially Considered, and Especially in a Religious View* (London, 1750).
23. For an excellent discussion see David Spadafora, "Mortality Data, Risk Probability, and the Psychology of Assent in the Enlightenment Smallpox Debate," *Heftoen International* (Winter 2021).
24. Zabdiel Boylston, *Account of the Small-Pox Inoculated in New England, Upon All Sorts of Persons, Whites, Blacks, and of All Ages and Constitutions* (London, 1726); hereafter abbreviated AS.
25. One of the Newgate prisoners spared on the condition that they undergo inoculation was soon thereafter sent to Hertford and made to share the bed of a boy sick with smallpox. She did not contract the disease. This and similar demonstrations seem to have convinced many physicians of the merit of inoculation. See Hans Sloane, "An Account of Inoculation," *Philosophical Transactions of the Royal Society* 49 (1755–56): 516–20; and *AI*, pp. 87–88.
26. Arthur Boylston, "Daniel Sutton, A Forgotten 18th-Century Clinician Scientist," *Journal of the Royal Society of Medicine* 105 (2012): 85. Also see Gavin Weightman, *The Great Inoculator: The Untold Story of Daniel Sutton and His Medical Revolution* (New Haven: Yale University Press, 2020).
27. James Boswell, *The Life of Samuel Johnson* (New York: Knopf, 1992), p. 1144.
28. Ricardo Quintana, *Two Augustans: John Locke, Jonathan Swift* (Madison: University of Wisconsin Press, 1978), p. 131.
29. Dr. James Mackenzie, writing in 1760; quoted in *AI*, p. 156.