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Reports on Encounters of Medical Cultures: Two Physicians in Sweden's Medical and Colonial Connections in the Late Eighteenth Century

In 1798, two Swedish physicians reported to Collegium Medicum, the Swedish state medical college, from a faraway land: the first one in London, the other one in the Swedish colony of St Barthélemy in the Caribbean Sea. Although Swedish medical presence in such distant locations was exceptional at the time, the fact that the reports came in the same year is a coincidence. The locations and physicians had nothing to do with each other, but their experiences abroad share some common elements, which are interesting in the context of this book's themes: medical transnational networks between countries and continents, hybridisation and pluralism of medicine, and transferring ideas between different medical cultures. They also show Swedish medical and scientific activity outside the actual medical culture of the motherland, and especially in the colonial and Atlantic context, a point of view traditionally consigned to the margins of Swedish history.[1]

Having lost its status as a great power in the early eighteenth century, Sweden saw an opportunity in science. Swedish botanist Carl Linnaeus was one of the most famous naturalists at the time, known for developing and formalising the foundations of modern taxonomy. Linnaeus sent his students all over the world to spread his ideas and collect information. His policy is thought to have greatly influenced and encouraged early modern scientific travel in Europe. For example, Sir Joseph Banks, the famous British patron of science, was inspired by him and further promoted scientific travel. The journeys of Linnaeus' students (known as his apostles) continued for half a century. The students visited all five known continents and worked with several Swedish institutions, such as the East India Company.[2] The motives for these expeditions were more than just classifying species of plants and other organisms. It was thought that collecting foreign species

[1] Lauri Tähtinen and Kalle Kananoja, 'Atlantin historian haaste', in Pohjola, Atlantti, Maailma: Ylirajaisen vuorovaikutuksen historiaa 1600–1900-luvuilla, edited by Kalle Kananoja and Lauri Tähtinen (Helsinki: Suomalaisen Kirjallisuuden Seura, 2018), 28.
[2] Kenneth Nyberg, 'Linnaeus's Apostles and the Globalization of Knowledge, 1729–1756,' in Global Scientific Practice in an Age of Revolutions, 1750–1850, edited by Patrick Manning and Daniel Rood (Pittsburgh: University of Pittsburgh Press, 2016), 78–79; Sverker Sörlin, 'Globalizing Linnaeus – Economic Botany and Travelling Disciples,' TijdSchrift voor Skanivistiek 29 (2008): 118–119.

might make homeland cultivation possible and reduce expensive imports. Linnaeus personally was very patriotic and cameralist in his endeavours, and this economic aspect made the expeditions possible, as it was in accordance with the mercantilist policy of the period.[3]

Linnaean travel shaped a tradition that was linked with the medical exchange of ideas and colonial interests later on, at the turn of the century. Sweden was actively seeking ways to extend its power and tried to enter the colonial competition, but as a latecomer, it was relatively left out, acquiring only few, small and short-lived colonies. From 1638 to 1878, Sweden had overseas colonies in Africa (only in the seventeenth century) and America. Most of these lasted under Swedish rule for only a few years. Territorial aspirations were secondary. Science was a tool of colonial power: scientific exploration in colonies was thought to strengthen Sweden's position and international influence, as well as bringing economic advantage with transfers and adaptations of foreign products to Sweden.[4] Scandinavian colonial exploitation has often been portrayed as more subtle and humane than that of other European colonial powers. However, criticism of this perspective has pointed out that even though the Crown and some administrators encouraged peaceful means and questioned the racial justification of slavery, in practice Sweden participated in the slave trade and exploitation, and many colonial administrators shared the radical discriminating views that were thought to justify slavery.[5] Also the scientific motivation for colonialism has been regarded as morally superior to those of other European powers, even though the scientific perspective, too, was clearly shadowed by mercantilist ideology and economic profit. Moreover, Sweden benefited from what the other colonial powers had accomplished in the West Indies.[6]

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[3] Lisbet Koerner, Linnaeus: Nature and Nation (Cambridge, MA: Harvard University Press, 1999); Sverker Sörlin, 'Ordering the World for Europe: Science as Intelligence and Information As Seen from the Northern Periphery,' in Nature and Empire: Science and the Colonial Enterprise, edited by Roy MacLeod (Chicago: University of Chicago Press, 2000), 64; Sörlin, 'Globalizing Linnaeus', 125; Hanna Hodacs, 'Local, Universal, and Embodied Knowledge: Anglo-Swedish Contacts and Linnaean Natural History,' in Global Scientific Practice in an Age of Revolutions, 1750–1850, edited by Patrick Manning and Daniel Rood (Pittsburgh: University of Pittsburgh Press, 2016), 90.
[4] Sörlin, 'Ordering the World', 64, 69; Christina Skott, 'Expanding Flora's Empire: Linnaean Science and the Swedish East India Company,' in The Routledge History of Western Empires, edited by Robert Aldrich and Kirsten McKenzie (London: Routledge, 2014), 251.
[5] Magdalena Naum and Jonas M. Nordin, 'Introduction: Situating Scandinavian Colonialism,' in Scandinavian Colonialism and the Rise of Modernity: Small Time Agents in a Global Arena, edited by Magdalena Naum and Jonas M. Nordin (New York: Springer, 2013), 10.
[6] Nyberg, 'Linnaeus's Apostles', 79.

Against this background, the travels of physicians Fredric Schulzen and Samuel Fahlberg were part of the greater phenomena of scientific travel, colonial medicine, and knowledge transfer, but also personal quests and opportunities for homeland medicine to explore and share information. The traditions of scientific travel had been long established: both Fahlberg's and Schulzen's cases demonstrate the method of travel, observation, and report by letter. Fahlberg's reports also show how words shaped the colonial habit of discovery, description, and finally exploitation of foreign materials. A specific "philosophy of travel" advised scientists to observe and write everything down in detail.[7] It was also promoted by Linnaeus, who believed a scientist was also an observer of all fields and told his apostles to "ask about everything".[8]

In the following sections, the cases of Schulzen and Fahlberg are scrutinised as two exceptional colonial links connecting the West Indies and East Indies (via Britain) to Northern Europe. The focus of this analysis is on global networks and the interaction of physicians with the different medical systems between which they operated. It shows how Sweden participated in shaping and sharing medical information gained from the colonies outside Europe, impacting on how certain global diseases were managed and treated in their own sphere of influence, which extended from the Caribbean via London to Sweden. This chapter also contributes to the main themes of this book, hybridisation and pluralism of medical cultures (both between different cultures and between folk and official healers), as well as spatial connections and transfer of information between regions.

Two Physicians in Global Medical Networks

Fredric Schulzen (1770–1848)[9] graduated from Uppsala as a doctor in medicine in 1797 and left for a scientific excursion in October of that year. The trip was a long one, lasting until 1804.[10] His first destination was London, where he worked as an assistant in the library and museum of Sir Joseph Banks. Banks, President of the Royal Society of London, was a famous naturalist and botanist, also known for taking part in James Cook's first great voyage. Schulzen's appointment as Banks'

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[7] Sörlin, 'Ordering the World', 54.
[8] Skott, 'Expanding Flora's Empire', 240.
[9] Lars-Olof Skoglund, 'Schulzenheim, von (Schultz, Schulzen, von Schulzen), släkt,' Svenskt biografiskt lexicon. https://sok.riksarkivet.se/sbl/artikel/6564, accessed 4 March 2017.
[10] Otto E. A. Hjelt, Svenska och finska medicinalverkets historia 1663–1812 (Helsinki: Helsingfors Central-Tryckeri, 1893), III:695.

assistant ended after three years, but he continued his studies in England and Scotland until 1801.[11] This chapter is based on his 1798 report to Sweden about new potentially revolutionary findings in medicine in the British East Indian colony. His journal of the tour enlightens readers about the practicalities and reality of travelling for scientific purposes: his goals and how they were met, his financial situation while travelling, and above all else, his connection to East India and enthusiasm for new medical ideas transferred from there.

Schulzen was not the first Swedish assistant Banks had. There was a "natural history axis" between Uppsala and London from 1760 to 1810: Linnaeus' apostles, naturalists Daniel Solander (1733–1782) and Jonas Carlsson Dryander (1748–1810), and botanist Adam Afzelius (1750–1837) had been Banks' secretaries and librarians before Schulzen – Dryander and Afzelius even at the same time as Schulzen in 1798.[12] During his appointment in London, Schulzen met Dryander,[13] at least, but his connection to Linnaeus' other apostles is uncertain. Schulzen had studied in Uppsala,[14] but he was not Linnaeus' student, as the great naturalist had died in 1778. However, Schulzen benefited from the connection Linnaeus had created. Even if he was not a naturalist, the "natural history axis" paved the way for Schulzen, too, as Banks already knew the Uppsala students. Especially Solander, who came to London in 1760 and – against Linnaeus' expectations – decided to stay in Britain, played a significant role in establishing a connection and trust between British and Scandinavian academics.[15] There was, after all, a special kinship between natural history and medicine: several physicians of the eighteenth century besides Linnaeus were also natural historians, including another key figure in this chapter, Samuel Fahlberg. Dryander's uncle Lars Montin was a physician and one of the most influential Swedish naturalists of the era, too.[16]

Some of Linnaeus' students also had degrees in medicine, but the motives for their journeys were not medical. As such, Schulzen's preconditions for travelling were somewhat different from theirs. In the eighteenth century, the Swedish Kingdom had a severe lack of official physicians. The cornerstones of medical development had been laid in the latter half of the seventeenth century with the foundation of Collegium Medicum and a proposal for regional physician's offices, but it

[11] Skoglund, 'Schulzenheim, von'.
[12] Hodacs, 'Local, Universal, and Embodied Knowledge,' 91–93.
[13] Skoglund, 'Schulzenheim, von'.
[14] Skoglund, 'Schulzenheim, von'.
[15] Sörlin, 'Globalizing Linnaeus', 134; Hodacs, 'Local, Universal, and Embodied Knowledge,' 98.
[16] Hodacs, 'Local, Universal, and Embodied Knowledge,' 103.

took decades, even centuries, before this was actually put into practice. Medicine was a new profession and not very appealing to students, and medical education in itself was insufficient, so there were not enough medical graduates. In the seventeenth and eighteenth centuries, the few physicians in the whole kingdom were commonly of Central European origin (the Netherlands, France, Germany).[17] Aspiring physicians sought a better medical education abroad. In the eighteenth century, Swedish medical students travelled abroad to study in universities such as Leiden, Utrecht, and Harderwijk in the Netherlands, Greifswald and Halle in Germany, and Reims in France, where they eventually graduated as doctors in medicine.[18] In the nineteenth century, studying abroad was much less common.[19] Swedish universities had developed enough to offer higher-quality education to the growing number of medical students, and there was no need to travel abroad to get a degree in medicine. Instead, study tours were done – by default – to acquire and share medical knowledge during one's studies or at a more advanced stage in a physician's medical career.[20]

This was also the case with Schulzen. However, the true motives of medical scientific tours are hard to trace. An individual desire to see the world and get to know foreign colleagues cannot be ignored. According to several studies of students' motives, the attraction of Western culture, humanism and the Enlightenment were indeed significant pull factors for academic mobility,[21] and their importance only grew in the nineteenth century when the educational conditions improved. Even Linnaeus' apostles are thought to have been partly motivated by "curiosity" or a "desire to explore the world," with an emphasis on the students' individual aspirations, not only the general good resulting from these expeditions.[22]

Samuel Fahlberg's case is somewhat different. He was sent to work as a physician in Sweden's Caribbean colony, St Barthélemy, in 1785. Thus, he is one of the farthest-travelled Swedish

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[17] Hjelt, Svenska och finska medicinalverkets, 675–701.
[18] Hjelt, Svenska och finska medicinalverkets, 675–701.
[19] Physician database 1749–1856 (Saara-Maija Kontturi, 2015–2017). Collection of data on Finnish physicians, compiled from several primary and secondary sources: CVs and journals of physicians, registers, biographies, and research literature.
[20] Physician database 1749–1856.
[21] Pieter Dhondt, 'A Difficult Balance between Rhetoric and Practice: Student Mobility in Finland and Other European Countries from 1800 to 1930,' in Students, Staff, and Academic Mobility in Higher Education Account, edited by Fred Dervin and Michael Byram (Newcastle: Cambridge Scholars Publishing, 2008), 51.
[22] Nyberg, 'Linnaeus's Apostles', 85, 87.

physicians of the eighteenth century. He wrote several reports to Sweden concerning epidemics, weather, and the natural history of the island. These journals have been used as sources for this chapter. His experiences and observations provide a window on cultural and environmental influences on European medicine, far from the actual sphere of influence of the motherland. They show the interaction between different medical systems and the challenges European medicine encountered in an unfamiliar environment. Schulzen and Fahlberg travelled for different reasons: Schulzen's trip was temporary, although a lengthy one. Fahlberg settled down in the Caribbean West Indies permanently; leaving Sweden was a requirement for and purpose of his appointment, rather than a means for achieving something through it.

The aspiration for a colony physician's office is understandable in the overall European context. The experience gained from the East and West Indian colonies was valuable and respected among medical practitioners, and the physicians of the colonies were considered to have a significant effect on medicine in the homeland. Colonial medicine has a special position in the history of medicine in this regard. It forced European medicine to adjust its perceptions to a new environment and conditions and thus encouraged the observational method of developing medicine. Especially, it made medical practitioners consider the relationship between environment and disease. Colonial medicine was a hybridised system, even refined: it had to combine scientific methods with the learned traditions and folklore of a different, even conflicting system. As stated in the introduction to this book, conflict and hybridisation were not mutually exclusive. Colonial practitioners often declared themselves – directly or indirectly – independent from professional authorities, and the colonies attracted people who were independently inclined to start with, not to mention adventurous and ambitious, willing to promote their personal career or scientific interests.[23]

[23] David N. Livingstone, Putting Science in its Place: Geographies of Scientific Knowledge (Chicago: Chicago University Press, 2003); Mark Harrison, Medicine in an Age of Commerce & Empire: Britain and Its Tropical Colonies 1660–1830 (Oxford: Oxford University Press, 2010), 3–5.

Reporting on the New Cure for Venereal Disease

In 1798 Schulzen, a newly-qualified doctor of medicine, sent a letter to Collegium Medicum from London:

"since October last year I have been in London, where I have by all possible means aspired to educate myself with the situation in Medicine and Surgery; but to this day, as a stranger and newcomer, I have not fully reached my goal. My desire to deliver something worthwhile to the Royal College has thus been unmet. Despite these difficulties, I have acquainted myself with one person and another with a lot to give to medicine."[24]

Schulzen's letter shows a clear indication of his motives for the trip: to be of use to medicine in his homeland. Despite having served as an assistant to Joseph Banks for some time and even having made some acquaintances, he had struggled to find his place in a new medical and professional environment. By this time, Schulzen was not aware of where the trip would take him or how long it would last. His route went through several countries, but most is known about his time in London.

During this time, Schulzen also had access to letters concerning medical observations, probably via Banks. These included letters from two surgeons, Bartlett and Sandford.[25] In his report, Schulzen pays special attention to one of these letters, which was sent directly to Banks. In 1796, with the contribution of Banks, the letter was published in the London-based medical journal Annals of Medicine.[26] The letter was written by – as Szhulzen wrote – "Mr Scot from Bombay," who claimed to have found a new cure for the venereal disease, syphilis.[27] In Europe, syphilis was generally considered a public and pernicious problem. Even though it was not usually lethal, it afflicted a

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[24] "at sedan October månad förl. år warit wistande i London, hwarest jag tillika på möjeligaste sätt sökt underrätta mig om tilståndet I Medicine och Chirurgien; men såsom ännu främmande och nykommen har jag ej fullkomligen wunnit mit ändamål. Min längtan at få meddela något wärdigt Kongl. Collegii upmärksamhet har härigenom blifvit oupfylld. Dessa swårigheter åaktad har jag dock gjort mig bekant med en eller annan som tyckste lofva läkarekonsten mycken nytta." Riksarkivet, Stockholm, Collegium Medicum, Årsberättelser från provinsialläkare: 1796–1799 [hereafter, RA/CM, ÅFP], Fredric Schulzen 1798.
[25] RA/CM, ÅFP Fredric Schulzen 1798.
[26] Mark Harrison, 'Medical Experimentation in British India: The Case of Helenus Scott,' in The Development of Modern Medicine in Non-Western Countries: Historical Perspectives, edited by Hormoz Ebrahimnejad (London: Routledge, 2009), 32.
[27] RA/CM, ÅFP Fredric Schulzen 1798.

remarkable percentage of the population; both its victims and the whole society suffering from it bore a heavy stigma. The usual preventive methods (quarantine, isolation) were typically impractical or ineffective because of the nature of the disease (long duration, often no visible signs or imminent threat of transmission). The stigma prevented the victims from seeking treatment, they were able to conceal the disease, and thus spread it further. Syphilis soon became a global problem.[28] As Schulzen wrote, there was a need for proper treatment; the customary mercury treatment was usually even more harmful than the disease itself.[29]

By "Mr Scot"[30] Schulzen meant the Scottish physician Helenus Scott, the developer of nitric acid treatment,[31] which had raised a "glimmer of hope" of a new efficient successor for mercury.[32] Scott had been in India since 1782 as a member of the British East India Company. He was very young at the time, probably around 25 years of age (his exact birth date is unknown). One of his early appointments in India was as an apothecary in the East India Company's hospital in Bombay, which offered him the opportunity to get in contact with indigenous practitioners and traders. Scott had sent his first letter to Banks in 1790, but the first one concerning the nitric acid treatment was sent in 1796.[33] This was the letter Schulzen was referring to in his journal.

Scott had been studying nitric acid for several years. Because nitric acid was not widely in use, he thought it appropriate to test it on himself first.[34] Indeed, referring to what he had read in Scott's letter, Schulzen described how Scott had used nitric acid to treat his own liver problems and found it to have had similar effects to mercury, with fewer side effects. The article published in Annals of Medicine sparked immediate interest, and several trials were begun. In the Royal Naval Hospital in Plymouth, over 50 syphilis patients were treated with nitric acid, most of them "of the worst kind." The treatment was deemed successful. A surgeon in the hospital, Mr Stephen Hammick, wrote a letter about the trials to the physician Thomas Beddoes, another prominent figure in science and medicine in late eighteenth-century Britain. Beddoes was enthusiastic about the

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[28] Peter Baldwin, Contagion and the State in Europe, 1830-1930 (Cambridge: Cambridge University Press, 2005), 355–356.
[29] RA/CM, ÅFP Fredric Schulzen 1798; Baldwin, Contagion and the State, 355.
[30] The surname "Scott" has been sometimes spelled with only one "t". Harrison, 'Medical Experimentation', 38.
[31] Harrison, Medicine in an Age of Commerce, 158–168.
[32] RA/CM, ÅFP Fredric Schulzen 1798; Harrison, 'Medical Experimentation', 32.
[33] Harrison, 'Medical Experimentation', 27–28.
[34] Harrison, 'Medical Experimentation', 30.

findings and started to heavily promote further trials. A publication on the Plymouth hospital trial came out in 1797.[35]

In autumn 1797, enthusiasm about the potentially revolutionary treatment was still high, with reportedly some 100 cases having been cured in trials. In 1798, the finding was attracting more than just praise and the tone of medical writings started to shift towards scepticism and criticism. Scott seemed to be let down by this, but in a letter of 1799 he was still offering an explanation for failed trials of the treatment: the amount of nitric acid used in the failed trials was too small. This letter was his last one concerning nitric acid treatment; in his later letters to Banks he focused on other medical subjects.[36]

In his journal, Schulzen offered a few brief descriptions of nitric acid treatment. These referred to trials by other physicians and surgeons, including Beddoes, Bartlett, and Sandford. He cited the successful case of a 20-year-old woman, who had been cured within a month of nitric acid treatment. Schulzen pointed out that, according to Beddoes, nitric acid seemed to be beneficial for the primary symptoms of Lues (syphilis) and in some cases even in the secondary phase. Therefore, he argued, treatment should always be started with nitric acid before anything else. Furthermore, Schulzen wrote that in many cases, nitric acid seemed to increase appetite; this was reported with an asthmatic patient and some delicate women, "among whom lack of appetite is the most prevalent condition." Bartlett had also successfully treated Typhus Nervosa with nitric acid.[37]

Despite the apparent enthusiasm and praise for nitric acid treatment, Schulzen clearly wanted to appear critical and objective. He summed up some reports by Sandford "in order to give examples of a different kind of success."[38] Case one, a young man, had been cured successfully within weeks. Case two, a 45-year-old man, had been more complicated: the treatment had caused him side effects, such as burning in the throat, stomach pain and flatulence, which had led to discontinuing the treatment. After a second trial and the same result, the man had been given opium to alleviate his symptoms. Case three, a 22-year-old man, had been cured with nitric acid and sent home from

[35] RA/CM, ÅFP Fredric Schulzen 1798.
[36] Harrison, 'Medical Experimentation', 33–35.
[37] RA/CM, ÅFP Fredric Schulzen 1798.
[38] RA/CM, ÅFP Fredric Schulzen 1798.

the hospital, but with a curious side effect: his face had become inflamed and bloated to the point that he had become almost unrecognisable.[39]

After summing up these cases, Schulzen shifted back to Scott, who in a very recent letter had written that he was still continuing to use nitric acid with great success. This time, Scott had found that the treatment was effective both externally and internally, which, according to Schulzen, was a "fortunate situation, for admittedly certain patients are bothered by its effects on the stomach and bowel."[40] Scott was recommending a bath with nitric acid blended in, from half an hour to an hour at a time. According to Harrison, Scott recounted the use of nitric acid baths in his last letter concerning nitric acid from 1799,[41] but Schulzen was aware of the bath treatment even when writing his letter, signed 20 February 1798. It appears that Scott had written about the bath treatment even earlier on.

Schulzen was clearly aware of the inconsistent trial results and especially the conflicting response from physicians. He had heard of disappointing reports from some English hospitals: for example, in the Lock Hospital in London, the treatment had not met the expectations of physicians, having cured only some symptoms but not the disease altogether. Taking this into account, Schulzen wanted to wait for more trials, so that "some physicians become less excited about its recognition, and others less captivated by prejudice."[42] Only then could he provide more reliable information and conclude whether the treatment should be implemented or not.[43]

Schulzen was one of several foreign physicians to seize on the findings: they continued to practice and develop the nitric acid treatment even after Scott himself had given up on it and moved on to other subjects.[44] However, Swedish physicians did not seem to adopt the use of nitric acid, at least not as a customary treatment alongside mercury; it was not mentioned in journals thereafter.

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[39] RA/CM, ÅFP Fredric Schulzen 1798.
[40] "…lycklig omständighet, då onekeligen somlige Patienter ganska mycket besväras af dess värkan på magen och tarmarne." RA/CM, ÅFP Fredric Schulzen 1798.
[41] Harrison, 'Medical Experimentation', 35.
[42] "en del Practici blifvit mindre ifriga för dess beröm, och andre mindre intagne af fördom." RA/CM, ÅFP Fredric Schulzen 1798.
[43] RA/CM, ÅFP Fredric Schulzen 1798.
[44] Harrison, 'Medical Experimentation', 36–37.

Scott caused a sensation with his findings at the time, but history remembers him mainly through the writings of others rather than his own publications – which were scarce. Harrison describes him as an almost forgotten figure in the history of medicine.[45] However, on a larger scale, Harrison argues that the colonies had a significant influence on British and European medicine. Traditionally this influence has been viewed as one-sided and coming from Britain to the colonies, but the colonies also fostered new practices, which spread to Britain and Europe. The British East India Company took pride in being independent from the motherland's scientific and metropolitan authority. Many Indian-based therapies were brought to and practiced in Britain, and Harrison also notes that colonial research on the natural history of disease and on morbid anatomy had a significant effect on European medicine. The different circumstances sparked new ideas and promoted empirical practice. As such, Harrison notes, the influence of the colonies was central rather than peripheral, and Scott is only one of numerous examples.[46] The case of Schulzen also demonstrates how medical networks connected colonies to motherlands, Europe and the North, through distinctive physicians and scientists. A famous name, Joseph Banks, connected Schulzen and Scott, two young and aspiring physicians, and helped transfer ideas from Bombay to Sweden. According to Harrison, there was also a Protestant connection between colonial practitioners and Danish and German missionaries, who further delivered new ideas to Northern Europe.[47]

By the time of his letter, Schulzen was planning to stay in London until the end of the next year (1799). He emphasised that this was necessary in order to achieve "sufficient knowledge" in medicine and surgery. After that, he was planning to travel to Paris, but the costs of his trip were already exceeding his means. He ended his letter with a plea to Collegium Medicum to support his trip with a grant. He expressed that with "such a remarkable support in these costly conditions," he would feel indebted and obliged to be of more use to his "beloved fatherland" in the future.[48] Schulzen signed his letter 20 February 1798. He would travel to Paris, but two years later than he originally thought; he first continued his studies in England and Scotland until 1801. He also

[45] Harrison, 'Medical Experimentation', 23.
[46] Harrison, 'Medical Experimentation', 24.
[47] Harrison, 'Medical Experimentation', 25.
[48] RA/CM, ÅFP Fredric Schulzen 1798.

travelled to Vienna and Berlin before returning home in 1804.[49] It is not known how he actually funded the rest of his trip, but his assignment as Banks' assistant continued at least until 1800.

Scott was not the only physician with new ideas to end up in Schulzen's reports. The other became one of the biggest names of the history of medicine. In 1798, Edward Jenner published his observations about the use of cowpox in inducing smallpox immunity, and Schulzen reported to Sweden about this "new inoculation", later known as vaccination. He was the first one who sent the vaccination material to Sweden stored in glass, but this material was not used yet.[50] Schulzen returned to Sweden in 1804 and became a quarantine doctor in the Känsö quarantine station near Gothenburg. He held this office until 1847 and died the following year. During the course of his career, he also temporarily worked as a second city physician, military physician, and manager of a vaccine stock.[51]

The nitric acid treatment connected the East and West Indies in a curious way and showcases the transfer of information from an eastern colony to a western one. Scott brought the idea of nitric acid treatment from the East Indies to Britain via a letter to Banks. Another British doctor working in Liverpool, James Currie, trialled the treatment and suggested it be used in the West Indies, where some practitioners did so with success[52] – and where the other physician discussed here, Samuel Fahlberg, was working while Schulzen was in London.

Interaction between Medical Cultures in St Barthélemy

Long before it had a Caribbean colony, Sweden was already actively trading in the Caribbean and felt it necessary to obtain its own island. Several attempts were made to negotiate and buy islands in the West Indies from European colonial powers, especially Tobago, but most of these plans failed. Tobago was seen as an ideal colony: its rich soil enabled the cultivation of raw materials such as sugar, coffee, and indigo, it was easy to defend, and in a favourable location. Aspirations

[49] Skoglund, 'Schulzenheim, von'.
[50] Skoglund, 'Schulzenheim, von'.
[51] Skoglund, 'Schulzenheim, von'.
[52] Londa Schiebinger, 'Scientific Exchange in the Eighteenth Century Atlantic World,' in Soundings in Atlantic History: Latent Structures and Intellectual Currents, 1500–1830, edited by Bernard Bailyn and Patricia L. Denault (Cambridge, MA: Harvard University Press, 2009), 325.

for a colony finally bore fruit when France sold the West Indies island St Barthélemy to Sweden in exchange for trading rights at Gothenburg in 1784. At the time of acquisition, Sweden was not aware of the island's potential and took a risk. In comparison to Tobago, St Barthélemy was more of a compromise. The agricultural conditions were difficult: it was small, mountainous and unfertile, and there was no fresh water. Sweden was clearly disappointed in St Barthélemy, demonstrated by the fact that it tried to acquire yet another island from Spain.[53]

Upon arrival on the island in 1784 it became clear that cultivation there would bear no fruit. Other plans for the island were made swiftly. St Barthélemy was expected to become a transit port for goods and the slave trade.[54] At first, the plan seemed successful. St Barthélemy had a population of 739 in 1787, of which 458 were of European background (Swedes, French, English, and Dutch) and 281 were African. In 1800, the population of the island had exceeded 5000. The Swedish West India Company was founded and the capital city of Gustavia established, named in honour of the king, Gustaf III.[55] Gustavia was built from scratch, and the population growth came mainly from migrants from other Caribbean islands. This was a desired outcome and deliberate strategy, as opposed to the potential floods of migrants coming from the motherland. Especially among Finnish peasants, there was great interest in emigrating to the New World, but it was promptly suppressed.[56]

The Swedish government and the Swedish West India Company sought administrative personnel to send to the colony, with a preference for people who had some experience of the New World. A young Swedish surgeon, Samuel Fahlberg, had the advantage of having been in North America before in the service of Jean Francois de la Perouse, a French naval officer and explorer. Fahlberg was wounded in a battle with the English in Hudson's Bay and returned to Stockholm in 1784. That same year, he was selected as a government secretary and physician to St Barthélemy.

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[53] Eric Schnakenbourg, 'Sweden and the Atlantic: The Dynamism of Sweden's Colonial Projects in the Eighteenth Century,' in Scandinavian Colonialism and the Rise of Modernity: Small Time Agents in a Global Arena, edited by Magdalena Naum and Jonas M. Nordin (New York: Springer, 2013), 229–242; Holger Weiss, Slavhandel och slaveri under svensk flagg: Koloniala drömmar och verklighet i Afrika och Karibien 1770–1847 (Helsingfors: Svenska Litteratursällskapet, 2016), 51–57; Victor Wilson, Commerce in Disguise: War and Trade in the Caribbean Free Port of Gustavia, 1793–1815. Unpublished Ph.D. thesis, Åbo Akademi University (2016), 66.
[54] Schnakenbourg, 'Sweden and the Atlantic,' 238–239.
[55] Neil Kent, A Concise History of Sweden (Cambridge: University Press, 2008), 134–135.
[56] Wilson, Commerce in Disguise, 83–84.

Fahlberg had qualified as a surgeon in 1782 at the age of 24. His first appointment had been as a surgeon on a merchant ship, followed soon by service in de la Perouse's fleet. He had very little administrative experience when he was appointed as a physician to St Barthélemy. Fahlberg gave up his position as government secretary only two years later and took the assignments of customs inspector and cashier instead. He also became a provincial doctor and acted as a surveyor and naturalist on the island.[57] However, he is best known for his work as a cartographer. He mapped St Barthélemy and several surrounding islands with distinctive accuracy and aestheticism; his 1801 map of St Barthélemy, Charta öfver ÖN St BARTHELEMY, is considered one of the most significant historical maps of the island.[58]

Fahlberg described his arrival on the island in 1785:

"Here to St Barthélemy we came on fifth of March ---. This island is quite mountainous, all the peaks are growing different kinds of Cacti, Opuntiae and an immeasurable amount of stinging and poisonous rambling plants, so that getting through is almost impossible, at the very least extremely difficult and dangerous; which is one of the reasons why the island is so uncultivated. Furthermore, the only relief for the inhabitants' poverty is to grow cotton, the natural product of the island. There are approximately 80 residences and the population comes to 450 whites and 278 Negroes; all of them very uncultured and at times disorderly, since they have no proper administration; certainly, they have a so-called Commandant, appointed by themselves, but the French do not seem to have been very attentive to them. Surely, it seems that the island's favourable location and short distance from several other islands should make commerce here considerable."[59]

Fahlberg described the climate of St Barthélemy as "healthy". There was no fresh water and rain was scarce, so the inhabitants needed to get their water from the neighbouring islands, St

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[57] Dennis Reinhartz, 'The Caribbean Cartography of Samuel Fahlberg,' in History of Cartography, edited by Elri Liebenberg and Imre Josef Demhardt (Berlin: Springer, 2010), 21–22.
[58] Reinhartz, 'The Caribbean Cartography', 25.
[59] Hit til St Barthelemy kommo vi d. 5 Martii ---. Denna Ö är ganska bergaktig, alla höjder öfverväxte med flere slags Cactus, Opuntiae och en oräknelig hop stickande och giftiga Tråd (a), at man dels ogörligt, dels med största svårighet och fara kand komma fram; hvilket är en af ordsakerne at Öen är så litet upodlad; Därtil bidrager dock mäst Inbyggarnes fattigdom, som endast plantera något Bomull, hvilken är Öens naturliga product. Habitationer finnas ungefärligen 80 St och Folk-nummern stiger til 450 hvita och 278 Negrer; alla mycket ohyfsade och fins emellan oeniga, emedan de icke haft någon ordentlig styrelse; väl hafva de haft en så kallad Commendant, som varit utsedd af den sjelfve, men Frankrike synes ej hafva gjordt stor upmärksamhet på dem. Dock synes det som skulle Öens fördelaktiga belägenhet och ringa afstånd från flere andra Öar, göra handeln härstädes med tiden ansenlig … " Samuel Fahlberg, 'Utdrag af Bref från Hr. SAMUEL FAHLBORG dat. St Barthelemi d. 14 Maji 1785, til Prof. Bergius,' (1785).

Eustatius and St Christopher.[60] His daily weather accounts demonstrate the dryness of the island with few rainy days.[61] Fahlberg noted that Europeans were unaccustomed to the climate and lifestyle of the islands and thus were susceptible to diarrhoea, pleurisy and rheumatic catarrh. They also felt uncomfortable in the heat and sought for relief in shade and cool gusts, sometimes undressed. Fahlberg thought these activities made them all the more vulnerable to the diseases. Another common condition was sunstroke, which often followed long periods spent in the sun in the countryside.[62] Contemporary medicine took the general view that the constitution of Europeans had been shaped by the cold climate; diseases or conditions were not that different from those in Europe, but they were more severe in nature, especially for Europeans with their unaccustomed constitution.[63] Fahlberg also noted that because constitution and temperament varied from person to person, not all medicine was effective for everyone: even though they had the same illness, the effect of the medicine also depended on the patient's constitution and temperament.[64]

Natural susceptibility to certain diseases is also one of the reasons why Fahlberg systematically distinguished between European colonisers and African slaves. The Africans were thought to be prone to different diseases and were treated separately.[65] Fahlberg sorted out the cases of disease and death into white people and "people of colour". For example, the cause of death Trånsjuka was only present in the mortality list of non-whites in a 1787 report.[66] Trånsjuka usually meant death by cachexia or atrophy, and it was often connected with gastrointestinal diseases.[67] Fahlberg also wrote that leg wounds and rotten sores were getting more common among the

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[60] Samuel Fahlberg, 'Utdrag af Samlingar til Natural-Historien öfver Ön St Barthelemi i Vest-Indien,' Kungl. Vetenskapsakademiens Nya Handlingar 7 (1786): 215–240 and 248–254.
[61] Samuel Fahlberg, 'Observationer öfver Varmen, Vinden och Väderleken på Ön St Barthelemi i Vest-Indien,' Kungl. Vetenskapsakademiens Nya Handlingar 8 (1787): 143–154.
[62] Fahlberg, 'Utdrag af Samlingar'.
[63] Niklas Thode Jensen, 'The Creolization of Medicine: Perceptions and Policies of Health and Medicine in the Danish-Norwegian West Indies, 1750–1850,' in Citizens, Courtrooms, Crossings: Conference Proceedings, edited by Astri Andresen et al. (Stein Rokkan Centre for Social Studies, 2008), 162.
[64] Fahlberg, 'Observationer öfver Varmen'.
[65] Jensen, 'The Creolization of Medicine,' 162.
[66] Samuel Fahlberg, 'Mortalitets-Lista för Ön St Barthelemi, upsatt af Gouvernements-Medicus Hr. SAMUEL FAHLBERG, dat. den 23 April 1787.'
[67] Heikki S. Vuorinen, Tautinen historia (Tampere: Vastapaino, 2002), 782.

Africans, and that they blamed the soil for it: where they lived, the soil was calcareous, whereas elsewhere it was saline.[68]

European medicine in the West Indies also had to come to terms with African medicine, sometimes resulting in conflict. The enslaved Africans held on to their own medicine and only accepted selected parts of the European medical tradition into their own.[69] Despite some European doctors' contempt for African medicine, many others generally respected and even valued it. Africans and their "slave doctors" were thought to know more about the nature and treatment of tropical diseases – from which the Europeans suffered a great deal.[70] Cross-cultural medical interaction, as defined in this volume, was thus happening simultaneously in both directions: conflict and contestation, but also accepting and even embracing some ideas, resulting in a form of hybridisation.

Fahlberg reported that syphilis was "very common, especially in the town" and that "among negroes in the countryside, venereal scabies is found every now and then." According to Fahlberg, in treatment, "they use nothing else" besides the bark of the guaiac tree and mercury lotion applied to the venereal sore.[71] Fahlberg's choice of words can be interpreted in two ways: that the African slaves only accepted these particular treatment methods or that they did not consider any other treatment necessary. Whichever the explanation, it shows the independence and detachment of African from European medicine – they themselves chose what was best for them. Fahlberg also repeatedly wrote about African treatments in terms of what they did instead of what was done to them. For example, when describing the use of guaiac tree bark in his Utdrag af Samlingar til Natural-Historien Öfver Ön St Barthelemi i Vest-Indien,[72] he wrote that the islanders cultivated it both for their own use and for sale outside the island, and the Africans used it to treat venereal disease grated and boiled.[73]

The medicine practiced on the island was shaped by nature's offerings. Fahlberg was very interested in the island's flora and described their characteristics and uses in detail in his

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[68] Fahlberg, 'Mortalitets-Lista'.
[69] Jensen, 'The Creolization of Medicine,' 162–164.
[70] Schiebinger, 'Scientific Exchange', 300.
[71] Fahlberg, 'Mortalitets-Lista'.
[72] "Excerpt of Collections on the Natural History of the St Barthélemy Island in the West-Indies." Fahlberg, 'Utdrag af Samlingar'.
[73] Fahlberg, 'Utdrag af Samlingar'.

Anmärkningar vid åtskilliga Vestindiska Trädarter (Observations on Several West Indian Wood Species)[74]. For example, in his 1787 report, he wrote that he had used Bois de guajac & Bois de foires to treat venereal disease.[75] He also described Bois de guajac (the guaiac tree) in Anmärkningar vid åtskilliga Vestindiska Trädarter and in Utdrag af Samlingar til Natural-Historien Öfver Ön St Barthelemi i Vest-Indien. In the former, he stated that when dried and consumed as a tea, it strengthened the stomach and purified the blood. It could be used by white and black people,[76] demonstrating that not every medicine was thought to be suitable for both.

The above examples show the actual position of Fahlberg in relation to the island's medical culture. In his writings, Fahlberg objectively described what was customary among the islanders. Another example was his description of calabash (according to him, reminiscent of "our apple tree"). The inhabitants made a soup from it as "a good and guaranteed treatment for a prolonged and deeply-rooted diarrhoea."[77] Above all, he was an observer and learner, respectful of the medical traditions of the island, both of the slaves and the free Europeans. His approving and adopting attitude is also visible in his description of the castor oil plant (Palma Christi): an oil produced from it could be used to treat headache from the heat of the sun. According to Fahlberg, it brought good relief.[78] As Fahlberg was not the only medical practitioner with neutral or even positive attitudes towards differing medical cultures, his attitude can be regarded as a sign of exotification rather than contempt of the "foreign", and of respect for the experience gained in different living environments – in essence, empiricism surpassing rationalism. It was a solid foundation for open interaction, rather than contest or conflict, between different medical cultures.

In his 1787 report, Fahlberg stated that neither smallpox nor severe fevers had appeared during the few years he had lived on the island.[79] Given that the small island was quite an isolated community and the population was not large in the first years of the colony, it is easy to understand why epidemics were few. But the fact that the island served as a transit port ensured that infectious diseases tried to make their way there every now and then. This and the growing

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[74] Fahlberg, 'Utdrag af Samlingar'.
[75] Fahlberg, 'Observationer öfver Varmen'.
[76] Fahlberg, 'Utdrag af Samlingar'.
[77] Fahlberg, 'Utdrag af Samlingar'.
[78] Fahlberg, 'Utdrag af Samlingar'.
[79] Fahlberg, 'Observationer öfver Varmen'.

population may have accounted for the increasing outbreaks of epidemics. Even though in 1798 Fahlberg still stated that St Barthélemy was one of the healthiest islands in the West Indies, his report was much more concerned about epidemics by then, especially "the fevers so common in the hot climates."[80] A specific disease was known to have affected the West Indies, which was first called Maladie de Siam and, in the English islands, Bantam Fever. In the last few years, especially from 1787 onwards, it had become more common in the English colonies and known as Yellow Fever, distinguished by yellowness of the skin. The disease had been very deadly in the beginning, causing violent convulsions and unnatural distortion of the body in patients who had died of the disease. The physicians of the West Indies felt powerless to combat it: the usual treatment, such as emetics and bloodletting, were found only to speed up death. According to Fahlberg, the works of several famous physicians, such as Chisholm, Duncan, Clark, and Rush, eventually offered some useful remedies, such as calomel, helping to counter the deadly effects of the disease.[81]

Smallpox, endemic worldwide and regarded as one of the most disastrous diseases of the time,[82] had spared St Barthélemy, but it was menacing the island in 1798. By the date of his report, 22 August 1798, Fahlberg had administered 185 inoculations – predecessors of vaccinations, smallpox immunity induced by human smallpox virus – to "people of all colours," ranging from one to 67 years of age. He also wrote that two French physicians and one English physician had together inoculated about 700 people.[83] Eventually, the whole population of the island was inoculated by these four physicians. According to the governor, Fahlberg had saved the lives of a great proportion of the island's population, and in comparison with the other West Indies, Fahlberg was a pioneer of systematic inoculation.[84] Later, after the introduction of vaccination at the turn of the nineteenth century, effectively performed vaccinations would also become the norm in the West Indies. In the Danish-Norwegian West Indies, a strict vaccination policy was put into operation. Vaccinations differed from inoculations by the fact that they were performed with cowpox virus[85]

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[80] Fahlberg, 'Utdrag af Samlingar'.
[81] RA/CM, ÅFP Samuel Fahlberg 1798.
[82] Baldwin, Contagion and the State, 244.
[83] RA/CM, ÅFP Samuel Fahlberg 1798.
[84] Ingegerd Hildebrand, 'Samuel Fahlberg'. Svenskt biografiskt lexicon (1956). https://sok.riksarkivet.se/sbl/artikel/14963, accessed 27 June 2017.
[85] Contemporary science called the vaccine virus cowpox virus; however, it has been known since 1930 that the virus differed from today's cowpox virus, and recent research has shown that at least some vaccines contained a virus more similar to today's horsepox. It is possible that both cowpox and horsepox (and possibly a pox that is not known today) were used interchangeably in vaccines. Livia Schrick, Simon H.

instead of the human smallpox virus, which first led to problems with transporting the live virus to the West Indies; the virus did not survive alive for a long time, and it was not readily available in the way that smallpox was. In 1803, this changed: the virus was transported to the islands with living patients. A closed community enabled better social control over the vaccinations, with unvaccinated children banned from getting confirmed in church or attending school. Slaves were vaccinated, too, and if their children were left unvaccinated, their owners were fined. Inoculation was prohibited altogether.[86] Despite it causing immunity, its risks were imminent: usually one in every 100-200 inoculated people perished because of the milder smallpox that inoculation caused. Fahlberg reported five fatalities for over 700 inoculated people on the island.[87] Even though inoculations were not considered as safe and effective as vaccinations, a strict, controlled policy, made possible by the closed community of the colony, ensured much more extensive coverage than in the homeland, where inoculations were still voluntary and not accepted by the majority of people.[88]

Fahlberg's reports from St Barthélemy demonstrate an awareness of the situation in other West Indian islands and co-operation with other physicians, especially French and English ones, who also dominated language policy in the West Indies. Gustavia, the capital of St Barthélemy, was itself a lively town with a multicultural, multilingual and mobile population. Fahlberg was only one of the many migrants who travelled around other West Indian islands, where he even had some properties and family ties.[89] Fahlberg's wife Elisabeth Sievers was from the neighbouring island of St Eustatius, and his daughters lived during their adult years on another island, St Martin.[90] It is no wonder that by the early 19th century, the West Indies had started to develop into a set of islands with its own cultural and social identity.

Tausch, Woejciech P. Dabrowski, , Clarissa R. Damaso, José Esparza, and Andreas Nitsche, 'An Early American Smallpox Vaccine Based on Horsepox,' The New England Journal of Medicine 344 (2017): 1492–1492.

[86] Jensen, 'The Creolization of Medicine,' 164–165.

[87] RA/CM, ÅFP Samuel Fahlberg 1798.

[88] Saara-Maija Kontturi, Parantajat ja tieteentekijät: Piirilääkärit Ruotsin valtakunnassa 1700-luvun lopulta 1800-luvun alkuun. Unpublished MA thesis, University of Jyväskylä (2014), 33.

[89] Victor Wilson, 'Gustavia, Saint-Barthélemy, 1793–1815: Karibianmeren ruotsalainen vapaasatama,' in Pohjola, Atlantti, Maailma: Ylirajaisen vuorovaikutuksen historiaa 1600–1900-luvuilla, edited by Kalle Kananoja and Lauri Tähtinen (Helsinki: Suomalaisen Kirjallisuuden Seura, 2018), 114.

[90] Reinhartz, 'The Caribbean Cartography', 24; Weiss, Slavhandel och slaveri, 72.

After over 20 years spent in the Caribbean, it is easy to understand why Fahlberg's ties with his homeland were loosening. During the French Revolution and Napoleonic Wars, the political situation on St Barthélemy was getting complicated, and the population was divided into pro-French and pro-British groups.[91] Fahlberg was on good terms with the leader of the pro-British camp, and after his appointment as commander of a Swedish militia company, he tried to stop the privateering activities of the pro-French faction. His neutrality lost, Fahlberg was exiled to the neighbouring island, St Eustatius, in 1810. Fahlberg did not give up his political stand and even sent two letters to the Swedish government in 1811, advocating a declaration of neutrality under British protection for the island. Fahlberg was tried for conspiracy against the Swedish government and sentenced to death; however, the sentence was never carried out. Deprived of his positions and property, Fahlberg spent the period from 1810 to 1816 on St Eustatius and 1816 to 1829 on St Martin, where his two married daughters lived. In 1829, he returned to St Eustatius, where lived until his death on 28 November 1834. Right before his death, the Swedish government sent him a pardon under a general amnesty, but he did not live to see it.[92]

The success of St Barthélemy did not last either. In the 1840s, trade started to wane fast, in part because former Spanish colonies were now independent and free to choose their own trading partners. The economy of the island relied on slaves, and with the decision to abolish slavery and the emancipation of all 1800 slaves on the island in 1846, many of the island's planters went into bankruptcy. Mass emigration followed, and the overall economy of the island collapsed. The colony had become a burden to Sweden, to the point that in 1868, negotiations were started with the United States to sell the colony. Negotiations were later initiated with Italy, too, but neither country wanted the island. Only negotiations with France, its former owner, resulted in returning the island in exchange for 320,000 francs.[93]

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[91] Hildebrand, 'Samuel Fahlberg'.
[92] Reinhartz, 'The Caribbean Cartography', 24.
[93] Kent, A Concise History of Sweden, 191–192.

Conclusions

In 1782, Helenus Scott, a young British doctor, was sent to the British Indian Colony with the British East India Company. In 1784, another young doctor from Sweden, Samuel Fahlberg, was sent to the West Indies to the Swedish Caribbean colony of St Barthélemy. Scott reported on the new nitric acid treatment to Sir Joseph Banks in London in 1797. At the time, another Swedish physician, Fredric Schulzen, was working as Banks' assistant and relayed Scott's findings to Sweden. Yet another British physician, James Currie, reported about the same treatment to the West Indies, where Fahlberg was still working – and reported to Sweden in 1798, just as Schulzen had done. The physicians, connected by Banks, form an interesting circle of medical information between eastern and western colonies, three continents and different European countries, encompassing a surprisingly wide spatial and cultural sphere.

The two Swedish physicians discussed here were in many respects exceptions in the medical system of their day. Their contribution to medicine in Sweden was transferring ideas from both the East and West Indies, but perhaps even more significant was their work at their destination, especially in the case of Fahlberg, who made his lifework in the West Indies over the course of 24 years. Both physicians were young when they left Sweden: Schulzen was 27, Fahlberg only 24. Despite his age, Fahlberg had more practical experience; Schulzen had only graduated in the year when he left. Fahlberg's previous journey had given him outstanding experience overseas that ensured him a position as a colony physician, despite his lack of experience in medical practice. Schulzen could expect to benefit from his trip when returning to Sweden, but for Fahlberg, it was a permanent decision – whether he knew it then or not. After more than 20 years spent in the Caribbean, where his family had taken root, would he have returned to Sweden even if he had not been exiled?

Medical journeys were part of a greater phenomenon of international scientific travel in the Linnaean tradition. The homeland expected to benefit from physicians' mobility, so they were required to report even from a great distance. Fahlberg's descriptions of St Barthélemy's habitat, agriculture and vegetation directly follow the Linnaean ideals of all-encompassing curiosity and knowledge in every field, especially the natural sciences. Medical interest is seen especially in Schulzen's report: he made it clear that he wanted to deliver useful new currents of medicine from Britain, especially because the trip was most likely – at least initially – funded by Collegium

Medicum. Schulzen applied for further funding for his trip in the report, arguing that it would benefit his homeland. His report from London was also highly apologetic for not having been able to deliver more useful information earlier, although he clearly believed his news on a new colonial-based treatment for venereal disease might prove revolutionary. Schulzen was a link between colonial practitioners, in this case another young physician, Scott, and Northern Europe – often considered peripheral and distant from Central European trends in medicine. The network of connections was created through the famous British patron of science, Sir Joseph Banks.

Despite conflicting results in trials, Schulzen considered nitric acid treatment interesting enough to report about it to Sweden. He wanted to believe this new treatment could work, as venereal disease had proven hard to get rid of and the traditional cures were heavy on the patients. Another factor that may have made him write the report was the sensation the new treatment had caused in Britain. In the end, nitric acid treatment did not become a prevailing method, but it continued to be used in the colonies and by some foreign practitioners who, like Schulzen, had spread the word outside Britain.

Colonial medicine was shaped by the interaction of differing cultures, countries, medical systems and demographic groups. This interaction could be conflicted, rivalrous, or peaceful coexistence, neutral observation, even curious and appreciative, thus resulting in hybridisation. All forms of interaction could be happening at the same time. In the West Indies, medical systems were affected in both ways. Interaction made possible a separate "West Indian medical culture" – a diverse hybrid of medicine from several European countries and the islanders, including African slaves with their own medicine. An even smaller medical circle was the island of St Barthélemy itself, with its distinctive vegetation used by the free and enslaved inhabitants as medicine. Fahlberg's reports date from the first year of his presence in the West Indies, which in part explains his role as an observer and learner. Yet his sympathy and curiosity towards the unfamiliar medical system come through his writings: he was approving of the cures the islanders had found useful. Even though some other parts of the West Indies saw conflict between European and African medicine, Fahlberg seems to have been one of the European medical practitioners who took a neutral or even positive stance towards different medical cultures. He was promoting hybridisation, learning, and coexistence rather than prohibition or control of unofficial systems.

Fahlberg's later career was ruined by political convolutions, but his contribution to the colony of St Barthélemy was significant in medical as well as in other respects, such as the natural history and mapping of the island. With his foreign colleagues, he saved the people of St Barthélemy from a devastating smallpox epidemic with the protection of extensive inoculation. He brought Swedish medicine to terms with the Caribbean climate, ecosystem, and way of life, combining his knowledge and experience as a physician with his awareness of new diseases and medical plants of the Caribbean. Fahlberg reported on his medical experiences and thoughts but did not bring them back to Sweden – his legacy was left mostly on the shores of St Barthélemy.