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THE CHOLERA YEARS

The United States in 1832, 1849, and 1866

WITH A NEW AFTERWORD

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eligible, though upper-class parents were
entering except perhaps to join in football games. School

Lord. At least there did not seem to be. Theology was underwritten by the prestige of science, while the injunctions of medicine seemed in perfect accord with the teachings of morality.

Even before cholera had reached this continent, knowledgeable Americans were convinced that only those of irregular habits had anything to fear from the disease. Of "fourteen hundred lewd women" in one street in Paris, newspapers reported, thirteen hundred had died of cholera. In some European cities, it had been the exception for drunkards to survive a cholera epidemic. It was clear, proclaimed the governor of New York, that "an infinitely wise and just God has seen fit to employ pestilence as one means of scourging the human race for their sins, and it seems to be an appropriate one for the sins of uncleanness and intemperance. . . ." The editor of one newspaper could not credit letters from Montreal which stated that cholera was beginning to attack the respectable. Not knowing the writer, he could scarcely believe so unlikely a statement.¹

Once the disease had arrived, it would be too late for the toper or gourmand to reform. A few days of moderation could scarcely undo the physical ravages of a lifetime given over to drink and gluttony. Sexual excess as well left its devotees weakened and "artificially stimulated," their systems defenseless against cholera.²

Having finally reached the United States, cholera affirmed such convictions again and again. Dozens of instances seemed to prove that the disease was a scourge almost exclusively of the thoughtless and immoral. Alexander H. Stevens, president of New York's Special Medical Council, reassured fellow citizens by reporting that "the disease had been confined to

¹ New York State, *Messages from the Governors, Comprising Executive Communications to the Legislature . . .* (Albany, 1909), III, 395; *American for the Country* (New York), June 26, 1832.

² *Republican* (Nashville), October 29, 1832; *Boston Recorder*, June 27, 1832; Dr. John L. Cobb, *Vir-*in*ian* (Lynchburg), August 27, 1832.

II. GOD'S JUSTICE?

Even so disquieting a disease as cholera could not alter existing patterns of thought. It reinforced convictions; it could not change them. To those critical of American society, cholera was the consequence of an unjust social system. To the physician, it was a new and inscrutable threat to be understood and subdued. But to many ordinary householders, it was a consequence of sin; man had infringed upon the laws of God, and cholera was an inevitable and inescapable judgment.

Medical opinion was unanimous in agreeing that the intemperate, the imprudent, the filthy were particularly vulnerable. Cholera was an influence in the atmosphere—debilitating, but malignant only to those who had somehow weakened themselves. And it was not difficult to expose oneself to cholera; the "predisposing" or "exciting causes" were as varied as the occasions for sin. Any imprudence or excess could provoke an attack. In this doctrine of predisposing causes, the needs and attitudes of an awakening science found practical reconciliation with the ancient, and reassuring, idea of sin as a cause of disease. Cholera was a scourge not of mankind but of the sinner.

Faith and reason, religion and science had been interwoven so as to provide a usable context in which to place the epidemic. There was no necessary inconsistency between the doctrine of predisposing causes and that of retribution by the

the intemperate and the dissolute with but few exceptions." In one house on Laurens Street, thirteen prostitutes had been attacked, and all but three had died almost immediately. "Notwithstanding the increase of sickness and death," one observer noted,

every day's experience gives us increased assurance of the safety of the temperate and prudent, who are in circumstances of comfort. . . . The disease is now, more than before rioting in the haunts of infamy and pollution. A prostitute at 62 Mott Street, who was decking herself before the glass at 1 o'clock yesterday, was carried away in a hearse at half past three o'clock. The broken down constitutions of these miserable creatures, perish almost instantly on the attack. . . . But the business part of our population, in general, appear to be in perfect health and security.³

Whenever any person of substance died of cholera, it was an immediate cause of consternation, a consternation invariably allayed by reports that this ordinarily praiseworthy man either had some secret vice or else had indulged in some unwonted excess. To die of cholera was to die in suspicious circumstances.⁴

John Pintard, merchant, banker, and founder of the New York Historical Society, remarked on July 13 that the alarm in New York City would be great indeed if the disease were ever to attack the "regular householders." He thanked God that it remained "almost exclusively confined to the lower classes of intemperate dissolute & filthy people huddled together like swine in their polluted habitations." A week later, at the very height of the epidemic, Pintard was still calm.

³ *Mercury* (New York), July 18, 1832.

⁴ In general, indiscretions in drink and diet were regarded as the most important predisposing causes: a pineapple or watermelon was a death warrant, a dozen oysters, suicide. Overindulgence in alcohol was the most dangerous of all "exciting causes." "Though temperance might not save the lives of confirmed drunkards, yet it would 'save their friends the unspeakable mortification of having it doubted whether Cholera or dissipation was the cause of their death.'" *Mercury* (New York), July 18, 1832.

Those attacked were "chiefly of the very scum of the city"; and the sooner this group was dispatched, the sooner the disease would run its course. A newspaper moralist likened cholera to syphilis—scourges created to bring retribution to the transgressor of moral law. Even if New York had to mourn the loss of some estimable citizens, it would be "mere affectation" not to acknowledge that hundreds had been removed "who were festering wounds in the face of society."⁵

Most Americans did not doubt that cholera was a divine imposition. It was a punishment, moreover, coming from God's own hand. "Atheists may deny, but the intelligence and piety, the real wisdom among us, will acknowledge the providence of God; and this acknowledgment will be made by the great majority of our population. They feel that God is chastising us."⁶ Cholera was a reminder of man's mortality and of God's omnipotence. Pestilence, like war and famine, was, according to most clergymen, a "rod in the hand of God," a final resort of the deity, an appeal to man's fears when there seemed no recourse in appealing to his gratitude or hope. "Fear is the basest passion of our nature to which motives can be addressed, but it is often the only avenue to the soul."⁷

Cholera had another function besides demonstrating to man the power of the Lord and the futility of earthly values. This was to "promote the cause of righteousness, by sweeping away the obdurate and the incorrigible," and "to drain off the filth and scum which contaminate and defile human society." The great majority of those who fell before this destroyer were the enemies of God. They lived only to scatter about them the "firebrands, arrows, and death" of eternal damna-

⁵ Pintard, *Letters from John Pintard to His Daughter Eliza Noel Pintard Davidson, 1816-1833* (New York, 1941), IV, 72, 75, July 13, 19, 1832; *Mercury* (New York), August 1, 1832.

⁶ "Subscriber," *Commercial Advertiser* (New York), August 2, 1832.

⁷ Gardiner Spring, *A Sermon preached August 3, 1832, A Day Set Apart in the City of New-York for Public Fasting, Humiliation, and Prayer* . . . (New York, 1832).

tion.⁸ The order of the universe required the destruction of unregenerate sinners on the same ground that human society required jails and chains for those who disturbed its peace. As the editor of the *Western Sunday School Messenger* explained to the "dear children" who studied his weekly column:

*Drunkards and filthy, wicked people of all descriptions, are swept away in heaps, as if the Holy God could no longer bear their wickedness, just as we sweep away a mass of filth when it has become so corrupt that we cannot bear it. . . . The cholera is not caused by intemperance and filth, in themselves, but it is a scourge, a rod in the hand of God. . . .*⁹

Cholera, the flood, the plague of locusts were temporal means by which the Lord achieved the world's moral purification.

But there were many other clergymen who could not share these harsh beliefs, who could not conceive of the God of Mercy as a vengeful Old Testament war lord, interposing himself in temporal affairs and punishing the sinner with death. Only God, they argued, could judge the sins of men, and none but the self-righteous pharisee would presume to know his intentions. Did not Christ himself say that those killed when the tower of Siloam fell were not sinners "above all men that dwell in Jerusalem?"¹⁰

Only miracles could be said to come directly from the hand of God. "Famine, sword, or pestilence may depopulate a nation, and no link in the thousand stranded chain of causes be displaced or superseded."¹¹ Although punishment did not come directly from the hand of God, such liberal clergymen

⁸ *Ibid.*

⁹ September 1, 1832.

¹⁰ F. W. P. Greenwood, *Prayer for the Sick. A Sermon Preached at King's Chapel, Boston, on Thursday, August 9, 1832* . . . (Boston, 1832), p. 10. John G. Palfrey, *A Discourse Delivered in the Church in Brattle-Square, Boston, August 9, 1832* . . . (Boston, 1832), p. 10.

¹¹ Mrs. H. Groswell Tuttle, *History of St. Luke's Church in the City of New York 1820-1920* (New York, 1927), pp. 496-511, reprints a sermon on cholera preached by the Reverend William Whittingham on August 3, 1832, from which this statement is taken.

were quick to add, it was nevertheless a consequence of the actions of men, of their individual and collective sins.

The pestilence was an inevitable result of man's failure to observe the laws of nature. Man has free will, and when he fails to observe these laws, brings inescapable punishment upon himself. Cholera was caused by intemperance and filth and vice—liberals emphasized—conditions which had never been imposed by God.¹² Just as the misuse of a machine must inevitably damage it, so any abuse of our bodies would bring its inescapable punishment.

If one will eat and drink improper substances, or to excess, he . . . must look for disease. . . . We must cease to violate the laws of our constitution—must conform in body and soul to the will of the Creator. . . . It is by this practical obedience that we furnish the best proof of our piety; it is by sacredly observing the laws of our nature, physical, mental, and moral, that we make the most acceptable acknowledgment of Divine Providence, and use the surest means of obtaining for earth the blessings of Heaven.¹³

In the same way as ordinary folk, most religious thinkers managed to keep a foot in both camps, maintaining with traditional rhetoric that cholera was sent by God as a punishment for sin, while at the same time asserting that it did not violate natural laws. All accepted the elaborate doctrine of predisposing causes provided by physicians, a doctrine which seemed to resolve neatly this inherent paradox. The Catholic Bishop of Philadelphia could, for example, warn his diocese that every Christian must realize that cholera was a visitation of God, and in the same pastoral letter, dispense with the Friday fast, since "prudent physicians" regarded fish as an important predisposing cause of the epidemic.¹⁴

Universalists and their "infidel" allies were quick to point

¹² *Gazette and General Advertiser* (New York), July 9, 1832.

¹³ Samuel Barrett, *A Sermon Preached in the Twelfth Congregational Church, Boston, Thursday, August 9, 1832* . . . (Boston, 1832), p. 9. This casual confounding of the spiritual and material was typical of the writings of almost all denominations.

¹⁴ July 12, 1832. *Catholic Telegraph* (Cincinnati) August 4, 1832.

out such seeming inconsistencies. It was "unphilosophical," they argued, to consider cholera a direct imposition of the deity. God operated through "fixed and secondary principles." The day of miracles was past—if it had ever been; every scientific discovery demonstrated with greater clarity the exclusive power of natural law. Man sees in every natural thing the effects of uniform laws. . . . In every flower that adorns the garden, in every blade of grass that adorns the field, and in every tree that beautifies the grove, he sees the effect of particular laws. . . . Imperfect as he is, he sees, in the world in which he lives, in the myriads of worlds around him, one grand, vast, and glorious system. . . . This glorious world!—this harmonious system! Would God

"The dread order break—for whom?—for thee?
Vile worm! O madness! pride! impiety!"¹⁵

If man would rid himself of cholera, he must himself "lend a hand." Natural diseases could only be cured by natural means, not by the prayer and homilies of the orthodox; one might with equal logic attempt to convert sinners by cupping, bleeding, and purging. It was always preferable, wrote one physician, to account for natural happenings on "philosophic" rather than theological principles. "Between Prayer & the answer," jotted another physician in his casebook, "there are many common place events. No miracle but common human agencies."¹⁶

The more perceptive among the orthodox were genuinely alarmed. God, they feared, was rapidly becoming a prisoner of his own laws. The intimate and peaceful coexistence with science enjoyed by most of their brethren must soon culminate in a religion without a God. Thomas Chalmers—the eminent

¹⁵ "Anti-Formalist," *Philadelphia Liberator*, August 18, 1832. Such explicitly deistic rhetoric is not found among the Unitarians or liberal Congregationalists, but only in the writings of the Universalists and freethinkers, infidels equally in the vocabulary of the orthodox.

¹⁶ Diary of William Darrach, August 20, 1832, Manuscript Division, Pennsylvania Historical Society.

Scottish divine, influential in both the United States and the United Kingdom, was intensely aware of such dangers. The most common sort of infidelity, he warned in a widely reprinted fast-day sermon, was that which made the laws of nature autonomous and ignored the overarching power of God. As far as we know, Chalmers conceded, temporal happenings always follow certain laws, certain chains of secondary causes. But man, he affirmed, is capable only of observing the last and crudest of links in this chain. God exerts his influence on a far higher level, one forever hidden from human observation.¹⁷ The danger, of course, lay in the scientist's assumption that he had discovered the meaning of an entire process when he had merely discovered the last in a chain of second causes. We know, a Massachusetts Baptist pointed out to his congregation, that the complex machinery of a mill is powered by gravity which turns the water wheel—but what then is gravity? To state that God had created the world and then allowed it to function independent of his own commands was but an insidious form of infidelity.¹⁸

It was inevitable that these inconsistent views should clash upon some convenient pretext. And in the outspoken America of Andrew Jackson, such an occasion was not long in presenting itself. It came when President Jackson refused, on constitutional grounds, to recommend a day of public fasting and humiliation. Political animosity in an election year made the conflict even sharper, the Jacksonians holding firmly against any public recommendation of a fast day and their opponents uniformly supporting the idea.

On Monday evening, June 20, a large meeting of New York clergymen and prominent laymen was held at the American Bible Society. Those attending approved unani-

¹⁷ Thomas Chalmers, *The Efficacy of Prayer. A Sermon Preached at St. George's Church, Edinburgh, on Thursday, March 22, 1832, Being the Day Appointed for a National Fast* . . . (Boston, 1832).

¹⁸ Elijah Foster, "God's Judgments . . .," *Christian-Watchman* (Boston), September 14, 1832.

mously a resolution calling for a day of fasting and prayer.¹⁹ Throughout the month of June, such meetings were held in dozens of cities and towns. Episcopal bishops and meetings of the general assemblies and synods of the Presbyterian, Congregational, and Dutch Reformed churches soon appointed fast days for their denominations. City councils, mayors, governors, and eventually Congress received petitions requesting public recommendation of such fast days.

The issue became more than a local one when Henry Clay proposed to the Senate that a joint committee wait upon the President and urge him to appoint a day of national fasting, prayer, and humiliation.²⁰ This would seem to have been merely a pretext for embarrassing Old Hickory, who had already made public his decision not to recommend a fast day (in a letter to John Schermerhorn, who, as a representative of the General Synod of the Dutch Reformed church, had requested the President to set aside such a day).²¹ General Jackson had prudently affirmed his belief in the efficacy of prayer and his hope that America might be protected from the impending pestilence. Nevertheless, he felt that his recommendation of a fast day would be "transcending the limits prescribed by the Constitution for the President." Indeed, he warned, such an action might well interfere with the freedom that religion had always enjoyed in the United States; it was the duty of churches to recommend their own days of religious observance. Two weeks later, Governor Enos Throop of New York replied in a similar vein to a similar request.

These refusals let their authors open to bitter and often personal attacks. Political opponents commented that better

¹⁹ *Evening Post* (New York), June 20, 1832.

²⁰ There is an account of this episode in Charles Warren, *Old By-gones in American History* (Cambridge, Mass., 1942), chap. xii, "How Andrew Jackson Opposed a National Fast Day," pp. 221-45.

²¹ The letter was dated June 12, 1832, and was reprinted throughout the country before the month was out.

men than Jackson, serving in the same high office, had not entertained such lofty scruples. Washington, Adams, and Madison had all recommended fast days. Talk of the separation of Church and State, they noted with scorn, was that much cant, "the warch word of infidels and drunkards and the very dregs of human society." What man whose "moral sense was not entirely obliterated by sceptical notions" could object to the mere recommendation of a day of fasting? The reasoning in Jackson's letter served to demonstrate the weakness of his intellect, and his motivation to illumine with equal clarity his moral infirmity—his willingness to cater to the sentiments of the lowest order of demagogues and newspapers. But one could expect little else in Jacksonian America, sighed one Connecticut guardian of orthodoxy; the very habits of ungodliness which had made the United States so vulnerable to the disease had also motivated the President in his refusal to proclaim a fast day. The pious and patriotic were proscribed, "while the rabble are courted and applauded, the vicious promoted to office, and the cry which is chanted in their Bacchanalian and nightly revels, is in time of emergency and dread gravely echoed from places of power."²²

The practical impiety displayed in a refusal to encourage public prayer would, they warned, reap an inevitable punishment. Had not England softened the blow by her day of national prayer? Had not the atheism of France been admonished by the severity of the cholera epidemic in that unhappy country? And certainly America, God's chosen among the nations, was sunk in depravity and had much to repent. Perhaps only cholera, orthodox pulpits warned, was a remedy severe enough to save this once-favored nation from atheism and infidelity. Our political life and our newspapers, the much-lauded props of a God-granted democracy, were shamefully polluted; the Sabbath was everywhere flouted—profaned by the movement of stages, steamboats, and even the mails. A

²² "C," *Connecticut Observer* (Hartford), July 16, 1832.

pamphlet distributed by the American Tract Society in enormous quantities—over one hundred and sixty thousand copies in several weeks—summed up the argument: “The highest privileges ever granted to a people have been by multitudes neglected and scorned. Obscene impurities, drunkenness, profaneness, and infidelity, prevail among us to a fearful extent. Iniquity runs down our streets like a river.”²³

Such jeremiads do not seem to have shorn Jackson of many supporters. His followers were accustomed to such gestures of orthodox despair. Orthodox clergymen had thundered against democracy for generations, against Jefferson and Madison as well as against General Jackson. Several denominations, moreover, supported the President in his stand. The Baptists applauded such a clear affirmation of the separation of Church and State. Catholics, Universalists, and Unitarians also approved of Jackson’s position. (Only the Universalists, however, carried their opposition to days of public prayer and humiliation to the point of not participating in them, even when such days were set aside by private groups and not local governments.)

Henry Clay was, moreover, ill-chosen as the proponent of national piety. A duelist, drinker, and gambler, the notorious Kentuckian inspired few with faith in his sincerity. The unfortunate Clay had also unwisely remarked in the past that war, famine, and pestilence would be preferable to Andrew Jackson in the White House. He was not allowed to forget that now. Few could have been convinced by his singularly apathetic confession of faith—that he was not a professor of religion, regretted that he was not, and hoped and trusted that he might one day be. “Could he gain votes by it,” one Jackson man jeered, “he would kiss the toe of the Pope and prostrate himself before the grand lama.”²⁴

²³ American Tract Society, *An Appeal on the Subject of the Cholera to the Prepared and Unprepared* (1832), p. 3.

²⁴ *Times* (Hartford), July 9, August 6, 1832. See also *People’s Advocate* (Tolland, Conn.), July 18, 1832.

Though frequently ignored by historians, a peculiarly American variety of anticlericalism had a real place in the rhetoric of Andrew Jackson’s democracy.²⁵ Especially, though not exclusively in New England, the opponents of Old Hickory could be labeled theologians, as well as Federalists and artists. Orthodox divines had profaned President Madison’s fast day with political abuse, Jacksonians charged, and would so profane another if given the opportunity. Even if they refrained from political controversy, the Calvinist priests would pervert a fast day into an occasion for proselytizing. Their “whining cant” would play on the fears of the people, create panic, and only increase the ravages of cholera. The fast-day controversy was an occasion for the expression of long-standing religious and social differences, differences which played a very real part in establishing the political configuration of Jacksonian America.

The self-consciously rationalistic children of the enlightenment, the freethinkers and Universalists, seem to have been almost unanimous in their allegiance to Jackson. Their publications, without exception, ardently supported the General. (Not that all Jacksonians were freethinkers, but all freethinkers were Jacksonians.) At a Tom Paine anniversary, to cite a charming if extreme example, glasses were raised in a toast to “Christianity and the Banks, on their last legs.”²⁶ Of course, most Jacksonians were not infidels. They could, nevertheless, be expected to react vehemently against any proposal that could be branded as a “union of church and state.” This principle of separation had, by 1832, become as sacred as the Constitution into which it had been written. Even the most “theoretical” of denominations, Presbyterians, orthodox Congre-

²⁵ Although using the rhetorical forms of eighteenth-century anticlericalism, Jacksonian anticlericalism was directed not against the Catholic church, which played no significant part in American life, but against the domestic theologians, especially the Presbyterians and orthodox Congregationalists.

²⁶ Albert Post, *Popular Freethought in America, 1825-1850* (New York, 1943), p. 157.

gationalists, and Roman Catholics, made regular obeisances in its direction.²⁷

Talk of fast days and divine mercy was merely part of a clerical plot to effect the union of Church and State. So at least the radicals charged; pious wailings over cholera were but one link in the chain of bigotry and superstition which the orthodox would fasten upon the American people.

The skilled in lore and mystery
From time to time await,
Nor slip one opportunity,
To marry Church and State!
Hope gives them dreams of wealth and ease,
And Beelzebub sends pride,
And whilst they sleep, *the sheaves leap up,*
And on the tithe cart ride!
Reflect—ye who drink deep at doubt's
Broad fountain—full and free;
Can priests avert the shafts of fate,
or change our destiny?²⁸

George Henry Evans, the radical journalist, urged his readers to ignore a fast-day recommendation made by New York City's Common Council. Such a recommendation constituted an "insidious and dangerous encroachment" upon the separation of Church and State. It would be observed by "none but the ignorant bigot, and the less ignorant enemy of freedom of opinion."²⁹

Actually, Jackson and Throop were not typical in their actions. Executive appointment of days of fasting and prayer was accepted procedure, especially in New England. The governors of at least eleven states eventually proclaimed fast

²⁷ John R. Bodo, *The Protestant Clergy and Public Issues, 1812-1848* (Princeton, 1954), asserts that such theoretical respect for the separation of Church and State did not impede orthodox attempts to make American government "Christian." Catholic papers were, of course, fervent in their praise of this principle of government.

²⁸ *Sentinel* (New York), June 30, 1832.

²⁹ *Sentinel* (New York), July 31, 1832.

days in an effort to avert cholera.³⁰ Yet most, wary of the issue of Church and State, were careful to state that their proclamations were merely recommendations and not executive decrees.

No one, regardless of his theoretical position, could remain idle while the sinner perished. Men who believed cholera to be a God-sent scourge espoused exactly the same prophylactic measures as those who attributed the prevalence of the disease to the injustice of human society.³¹ Common humanity allied with primal fear demanded that prompt and effective action be taken.

An integral part of a faith in the Lord was faith in the efficacy of his means. Clergymen of all denominations agreed that prayer alone could not prevent cholera. It would be as much an abuse of the power of prayer to expect it to avert cholera while streets remained filthy as for the husbandman to anticipate a harvest where he had planted no seed. If science could discover laws by which cholera might be prevented, religion itself would prompt us to observe them. What, indeed, were medicines but treasures drawn from God's great storehouse?

So far from despising them, therefore, the religious man will regard them as things divine; he will regard medical skill, as an art and gift divine; and he will make use of them when necessary. . . .

³⁰ These included Connecticut, Georgia, Indiana, Kentucky, Maryland, Massachusetts, New Jersey, North Carolina, Ohio, Pennsylvania, and Vermont. In Rhode Island, the legislature proclaimed a fast day.

³¹ The dictates of Christian Science would have been regarded as not only absurd but impious—this despite a current view that nineteenth-century clergymen opposed the prevention of disease as irreverence; cf. Reginald Reynolds, *Cleanliness and Godliness* . . . (Garden City, 1946), pp. 116-17. David Schneider, in *History of Public Welfare in the State of New York 1609-1866* (Chicago, 1938), p. 256, wrote of the New York cholera epidemic of 1832 that "many individuals, including physicians doubted whether any positive measures to check an epidemic should be taken at all, on the ground that a plague was a God sent form of punishment. . . ." No evidence is cited to support this statement, and I have not found any which would.

He is not a fatalist. He believes it to be disobedience to God, not to employ the aids which God furnishes for his use. . . .⁵²

Common prudence as well demanded that the epidemic be fought as effectively as possible. The reassurance garnered from the doctrine of predisposing causes, and from belief in the non-contagiousness of the disease, was vitiated by the conviction that cholera could become indiscriminately virulent if it were to rage uncontrolled in particularly dirty and confined locations. (And what city did not have its own "Five Points"?) The "epidemic influence" generated under such circumstances might well prove fatal even to those of regular habits; the "moral fens and morasses" of society were potential sources of danger to every member of the community.

⁵² F. W. P. Greenwood, *op. cit.*, pp. 12-13.

III. OR MAN'S INJUSTICE?

Asiatic cholera was a disease not only of the sinner but of the poor. Neither poverty nor wealth seemed to be an accidental condition, and many well-to-do Americans saw in their riches visible testimony to the regularity of their habits. The vices—intemperance, immorality, impiety—which doomed a man to poverty were the same ones which predisposed him to cholera. The poor, considered the most filthy, intemperate, and imprudent portion of the population and hence the poorest of Americans, were, not surprisingly, the most frequent victims of cholera.

Americans fearful of cholera in the spring of 1832 were encouraged by the reflection that there was little real poverty in the United States. "People call themselves poor among us," Americans confidently reflected, "who never knew, from birth to death, what it is to lack a wholesome meal, or comfortable clothing, or clean and good lodgings." The American mechanic had qualities far superior to those of his European counterpart. In "true worth and usefulness," he was "scarcely surpassed" by even the farmer. Wealth was, moreover, no hereditary perquisite. It seemed to lie within each man's grasp: "The sons of the poor die rich—while the sons of the rich die poor."¹ The vices which predisposed to cholera were charac-

¹ *Gazette* (Salem), n.d., cited in the *National Gazette* (Philadelphia), August 7, 1832; *Free Press* (Detroit), July 18, 1832.

teristic in Europe of both the very highest and the very lowest classes. America, which had few of either, seemed to have little to fear. "The middle and respectable ranks," to which the great mass of Americans belonged, were the "most sober and temperate" of classes, and would, accordingly, escape though both high and low be swept away.² Unfortunately, not all of the poor were hard-working mechanics, farmers, or shopkeepers.

Though there existed a poverty so exalted as to form a Christian virtue, there was, Americans believed, "another and more frequent kind of poverty which is both the consequence and origin of vice." Idleness and intemperance were not only vices often found among the poor; they were, in the minds of many Americans, the chief cause of their poverty. Such habits, moreover, not only clothed men in rags, but were "the natural parent of disease."³ It was not the healthy and industrious workingman who need fear cholera but the vicious and indolent among the poor.

Cholera seemed indeed to be a "poor man's plague." In Paris, there were so few deaths outside of the lower classes, that the poor regarded the epidemic as a poison plot fomented by the aristocracy and executed by the doctors. The majority of the 853 cholera victims in Baltimore in the summer of 1832 were of the "most worthless" sort. In contrast, of the 362 subscribers to Quebec's Exchange Coffee House, all persons "enjoying comfortable and good circumstances, only one died." Even if the epidemic did eventually spread to the better sort, it always began among the lowest and most dissolute. To suf-

² *Yeoman's Gazette* (Concord, Mass.), July 7, 1832; *Workingman's Shield* (Cincinnati), 1 (September 8, 1832), 15. Workers with their hands, the artisan and the mechanic, it was argued, would find an additional measure of safety in the strength of their work-hardened constitutions.

³ Marshall Tufts, *A History of the Cholera*, pp. 59-60; "B," *Observer* (New York), July 21, 1832; *Thomsonian Recorder*, 1 (1832), 63; John Bell and D. Francis Condie, *All the Material Facts in the History of Epidemic Cholera* (Philadelphia, 1832), p. 5. This ambivalent and contradictory attitude toward the poor continued throughout the century, the negative aspects increasing as confidence in America's divine exemption from European strife and misery waned. See John Hay's *Breadwinners*, for example.

fer from cholera was socially inexcusable. One New York physician failed for some time to report a case in a young lady "of tender constitution." He feared that "the circumstances of her being noticed in the papers, as Cholera, would produce a mental depression detrimental to her final recovery." "Confined mostly to the lower classes," cholera was, in the words of an irreverent young medical student, "decidedly vulgar."⁴

The disease did, in reality, select a disproportionately large number of its victims from among the poor, a fact verified in almost every cholera epidemic for which statistics are available. In Hamburg, the case rate in 1892 among those with an income of a thousand marks or less was nineteen times greater than the rate among those with an income of fifty thousand marks or more. In New York during the epidemic in 1832, almost all who died were buried either at the Potter's Field or in St. Patrick's cemetery. Of one hundred cholera deaths on one July day, ninety-five were buried in the Potter's Field. In Richmond, Virginia, the poorhouse graveyard was the last resting place for nine-tenths of those who had died of cholera.⁵

The real suffering of the poor is easily explained. They lived in the worst houses in the most crowded portions of the city and could not afford to flee when threatened by the epidemic. In New York, for example, it was not until death and public removal had thinned their ranks that the epidemic began to subside. Basement apartments were from four to six feet below the surface of the ground, and from these warrens came the "greater proportions and worst forms of cases."⁶

⁴ Dr. J. C. Lovel to the Board of Health, July 12, 1832, Filed Papers of the Common Council, File Drawer T-592, Municipal Archives and Records Center, Henry Lincoln to May Ann Lincoln, August 12, 1832, Lincoln Family Papers, in the possession of Mrs. J. F. Townsend, New Haven, Connecticut.

⁵ Bernhard J. Stern, *Society and Medical Progress* (Princeton, 1941), p. 134; Report of the Potter's Field Keeper, Cornelius Myers, to the Board of Health, City Clerk's Papers, U-57, Municipal Archives and Records Center; *Constitutional Whig* (Richmond), October 9, 1832.

⁶ N.Y.C. Board of Health, *Reports of Hospital Physicians . . .* (New York, 1832), pp. 14-15.

Unable to afford water brought from outside the city, the poor had to depend upon the river or New York's shallow and polluted wells for their supply.

To many Americans, the extent of poverty revealed by the epidemic was genuinely disturbing. Only on such extraordinary occasions, wrote one New York matron, was the "dreadful misery and distress of the City known." A Cincinnati editor observed that if the disease was caused by poor food, poor lodgings, filth, and intemperance, "the number of victims gives us a melancholy idea of the present state of society." Physicians, if any of whom were making calls in unaccustomed quarters, were acutely conscious of the misery in which so many of their fellow citizens existed. A Lexington, Kentucky, practitioner was amazed at the amount of "squalid wretchedness" revealed by the cholera epidemic in the midst of what he had assumed to be general prosperity. Shocked by the conditions of the Irish workmen in London, a young Boston physician wrote home arguing that the only way to check the epidemic was to remove "the *predisposition of the poor* . . . Give food to the hungry, clothe the naked, remove the filth from the habitations of the poor, and the cholera will quickly disappear."⁷

To a professed radical like George Henry Evans, cholera was no heavenly decree, but rather an inevitable result of human injustice; men, not God, permitted filth, wretchedness, and poverty to exist. Evans advocated a graduated income tax to provide the funds necessary to make the recurrence of *any* disease impossible. For he believed that the origin and spread of cholera, and of disease in general, was due to "poverty, occasioned by unjust remuneration of labor."⁸ Though not a

⁷ Mrs. P. Roosevelt to S. R. Johnson, July 13, 1832, Roosevelt Papers, General Theological Seminary; *Cincinnati Mirror*, I (August 18, 1832), 191; Lunsford P. Yandell, "An Account of the Spasmodic Cholera, as It Appeared in the City of Lexington, in June 1833," *Tennessee Journal of Medicine*, VI (1833), 202-3; Forbes Winslow, *Medical Magazine*, I (1832), 261-62.

⁸ *Worthington's Advocate* (New York), August 11, 1832.

scourge of the vicious, cholera had taught a lesson—a very simple one: there must be an end to poverty, destitution, and ignorance.

Yet still will wealth presumptuous cry
 What though the hand of death be thus outstretched
 It will not reach the lordly and the high
 But only strike the lowly and the wretched,
 Tush!—what have we to quail at? Let us fold
 Our arms, and trust to luxury and gold.
 O thou reforming cholera! thou'rt sent
 Not as a scourge alone, but as a teacher. . . .⁹

To at least some Americans, cholera seemed an unmistakable indictment of the society which allowed it to exist. Cholera was but a most recent and acute consequence of man's chronic inhumanity to man.¹⁰

Who were the worst sufferers? There was no doubt in the minds of most observers; the Irish and Blacks seemed its foreordained victims. Easily panic-stricken, filthy, intemperate, and imprudent, they offered little resistance to the onslaughts of the disease.

Despite rumors that Blacks in Canada had escaped unscathed, it was soon apparent that they suffered as much as the most ill-favored of the white population.¹¹ In Philadelphia, the

⁹ "The Cholera Morbus," *Atlas*, IV (1831-32), 109.

¹⁰ Boston Board of Health Commissioners, *Report of the Medical Deputation Appointed . . . To Visit New York . . .* (Boston, 1832), p. 3, strongly affirms that the idea that the disease affects classes differently "is true only in reference to habits, and not to condition. The laboring part of the community, when temperate and prudent in their modes of living, are as likely as any who could be named, to escape the disease."

¹¹ As a number of contemporaries pointed out, this false belief probably had its origin in the fact that there were almost no Negroes in Quebec or Montreal. See the *Commercial Advertiser* (New York), July 21, 1832, and the *Cholera Gazette*, August 1, 1832, for reports contradicting this rumor. Only one physician, but that the ordinarily astute clinician Daniel Drake, felt that the Negro had any racial affinity for the disease. Drake, *An Account of the Epidemic Cholera, as It Appeared in Cincinnati* (New York, 1832), p. 19.

case rate among Blacks was almost twice as great as that among whites—probably a reliable, if informal, index to the poverty in which the North's free Blacks lived.¹² Whether he was free or slave, Americans believed, the Blacks' innate character invited cholera. He was, with few exceptions, filthy and careless in his personal habits, lazy and ignorant by temperament. A natural fatalist, moreover, he took no steps to protect himself from disease and shared, to an exaggerated extent, the distaste of the poor for hospitals and the medical profession. "Thoughtless and careless," the free Black had few resources beyond the product of his daily labor, and would not work at all, most Americans were convinced, unless threatened by starvation. Accordingly, the freedman enjoyed a ward's status even after manumission. In Lynchburg, for example, free Blacks failing to comply with sanitary regulations received ten lashes on the bare back. No punishments were contemplated for white offenders. As a final item in the sum of their misery, Blacks were the defenseless subjects for the experiments of eager southern physicians. One such practitioner, hearing that cholera impaired "nervous sensibility," poured boiling water on the legs of a Black man already comatose, "which he felt so acutely, that he leaped up instantly and appeared to be in great agony."¹³

Throughout the summer of 1832, editors of southern newspapers filled their columns with recipes and hygienic recommendations, while physicians published numbers of cholera treatises specifically for worried planters. (Though the hygienic recommendations were, in many cases, quite sensible, the ingredients of the recipes which accompanied them must certainly have put an abrupt end to the lives of many bondsmen.) Richmond, anticipating cholera, established special hos-

¹² Samuel Jackson, "Personal Observations and Experience of Epidemic or Malignant Cholera in the City of Philadelphia," *American Journal of the Medical Sciences*, XI (1832), 293.

¹³ P. M. Kollock, "An Account of Cholera, as It Prevailed in the City of Savannah . . .," *Southern Medical Journal*, I (1836), 329-30.

pitais for the Black workers in her tobacco factories. Many masters—like Henry Clay who postponed a political trip rather than leave Ashland and his "family" of sixty when they were threatened by the epidemic—felt deep concern for the welfare of their "people."¹⁴

Judging, however, from the tone of hundreds of southern articles on cholera, it was to the pocket and not the heart that such cartoonary appeals had to be made. The "cry of fanaticism, or ionization, abolition," wrote one Virginia physician, greeted any proposal for ameliorating the condition of the slaves. Cholera was but the final proof, he continued, of the "deformity and gross stupidity" of the Old Dominion's labor system.

A quarter plantation well supplied with all the necessary labour &c., given up by its owner to exclusive controul of one of your thorough fellows, whose interest is made to depend entirely on the amount produced each year, furnishes to my mind a picture of moral deformity, the most frightful, and the most loathesome in the world. Upon such estates so situated, I expect to hear every day of the occurrence of cholera. . . .¹⁵

And the progress of cholera through the South was clear enough proof that where Blacks lived best, they lived longest and suffered least. Perhaps, wrote a Louisiana plantation mistress, avarice might produce the improvement in their conditions which humanity had never been able to achieve.¹⁶

The newly arrived immigrants played an equally tragic role during the epidemic; populating the foulest slums of America's cities, they suffered far out of proportion to their numbers. To most respectable Americans, however, their premature deaths were the inevitable consequence of a life mis-

¹⁴ *Enquirer* (Richmond), August 17, September 18, 1832; Henry Clay to Peter B. Porter, July 2, 1833; Peter B. Porter Papers, Buffalo Historical Society.

¹⁵ "A Country Physician," *Enquirer* (Richmond), October 2, 1832.

¹⁶ Mary Holley to her daughter, November 25, 1832, Division of Archives, University of Texas, cited in William D. Postell, *The Health of Slaves* (Baton Rouge, 1951), p. 78.

spent. In New York, the Board of Health reported that "the low Irish suffered the most, being exceedingly dirty in their habits, much addicted to intemperance and crowded together into the worst portions of the city."¹⁷ Even in rural areas, Irish workers on canals and railroads were often the first and sometimes the only ones to suffer from cholera. If fortunate enough to escape with his life, the immigrant still had to bear the onus of having brought the disease with him on his passage to the New World. Despite the assurances of medical men that cholera was not contagious, the newly arrived immigrant found all doors closed to him. Hundreds wandered straved and half-naked along the Canadian border.

The cholera epidemic was, to many Americans, but one of the alarming consequences of an unprecedented increase in immigration. Even the optimistic Hezekiah Niles felt that such quantities of labor would only add to the difficulties of native workers in finding employment. Our cities, the Baltimore editor accused, had long been taxed "for the support of miserable foreigners, just arrived. Our poor houses are filled with them. Let not those who have sucked the orange throw its skin at us."¹⁸ Mrs. Peter Roosevelt predicted that the entire nation would soon be "overrun with paupers," for the immigrants were, with few exceptions, "a set of beggars."¹⁹ The Irish had already earned themselves the resentment of the godly for the skill and rapidity with which they had filled the roles of politico and saloonkeeper. And few Americans were willing to deny that the liquor trade and corrupt municipal governments had multiplied the number of cholera victims. Americans believed that theirs was a nation in which abso-

¹⁷ N.Y.C. Board of Health, *Reports of Hospital Physicians* . . . (New York, 1832), pp. 14-15.

¹⁸ *Niles' Register*, XLII (July 21, 1832), 377; Niles reserved most of his dislike for the Irish. He exempted the Germans, "an industrious and moral race," from his strictures and rejoiced that America was still a haven for the oppressed. *Ibid.*, XLIII (September 29, 1832), 68.

¹⁹ Mrs. P. Roosevelt to S. R. Johnson, July 13, 1832, Roosevelt Papers, General Theological Seminary.

lute freedom reigned; the people governed, and continued high standards of education and morality were necessary if democracy was to survive. Yet all too often, the foreigners pouring in upon the United States had notions either despotic and monarchic or else vicious and licentious. Philip Hone, the diarist, self-made man, and eminently conservative New Yorker, could find little encouragement in the arrival of such immigrants. "They have brewed the cholera this year," he observed in September,

and they will always bring wretchedness and want. The boast of our country is the asylum for the oppressed in other parts of the world is very philanthropic and sentimental, but I fear that we shall before long derive little comfort from being made the almshouse and refuge for the poor of other countries.²⁰

Despite the immigrant's often distraught personal characteristics, the great majority of native Americans still regarded him as more deserving of pity than censure. He had fled centuries of poverty and oppression to the one land which offered him liberty and asylum; cholera was but a final entry in the sum of his misfortunes. Having survived the hardships of a debilitating ocean voyage, he must now wander hungry and ill-clothed because Americans feared that he might be a carrier of disease. Throughout the eastern United States, the benighted contributed to the relief of these homeless wayfarers.

Even Roman Catholics benefited from a tolerance far greater than that accorded them later in the century. Though admittedly ignorant and superstitious, they received little but praise for their conduct during the epidemic. (Those opposed to the "puritan priests" found particular enjoyment in praising Roman Catholic benevolence.) If anything, the heroic works of the Catholic clergy and religious women during the epidemic acted, if only momentarily, to moderate an already

²⁰ Diary of Philip Hone, September 20, 1832, Manuscript Division, New York Historical Society.

waxing temper of anti-Catholicism.²¹ Even so militant a Protestant as Ezra Stiles Ely, editor of the ultra-orthodox *Philadelphia* and founder of the Christian Party a few years before, had to admit that the Catholic clergy had shown great fidelity. In a half-dozen cities, the Sisters of Charity nursed the sick when other nurses could not be found. This "practical tendency" in their benevolence, allied with a romantically tinged view of the sisters as self-sacrificing women, could not but produce sympathy for the church to which they had dedicated their lives.²² The fidelity of all ranks among the Catholic clergy was doubly striking when contrasted with the frequent defections among their Protestant contemporaries. Many ministers chose to take their summer vacations during cholera epidemics, while others were accused of barricading themselves in their houses and refusing to answer the calls of the sick. As Catholics were quick to point out, the poor, unless Catholic, were left without spiritual guidance during a time of mortal and spiritual peril. "The poor of no other church have a clergy, it is only the rich."²³

²¹ This is also suggested by Hugh Nolan in his biography of *The Most Reverend Francis Patrick Kenrick, Third Bishop of Philadelphia, 1830-1851* (Philadelphia, 1948), p. 159.

²² *Philadelphia*, August 30, 1832. For additional comment on the Sisters of Charity, see *Beacon* (St. Louis), November 15, 1832; *Illinois Whig* (Vandalia), November 28, 1832; *Franklin Repository* (Chambersburg, Pa.), August 21, 1832; *Patriot* (Baltimore), n.d., cited in the *United States Telegraph* (Washington, D.C.), August 17, 1832; *Niles' Register*, XLII (August 18, 1832), 439; *Lister Palladium* (Kingston, N.Y.), August 29, 1832; *Liberator* (Philadelphia), September 15, 1832.

²³ *United States Catholic Intelligencer*, March 23, July 27, August 17, September 21, 1832. John Pinard was forced to comment that "whatever be the errors of Roman Catholics, we must give them credit for their zeal & faith. God help us Protestants, I wish that we manifested more of both. . . ." *Letters from John Pinard to His Daughter Eliza Noel Pinard Davidson, 1816-1833* (New York, 1941), IV, 92.

IV. THE MEDICAL PROFESSION I

American medicine was provincial. The average physician, ill-paid and poorly trained, struggled constantly to retain the dignity and prestige traditionally accorded his learned profession. The cholera epidemic of 1832 was an unavoidable challenge to his status and, perhaps more importantly, to his ideas and assumptions.

Cholera was a manageable disease. Of this the regular physicians were assured. It could be deprived of its malignancy if the "premonitory symptoms" were treated in time; and it had been proven that a "painless diarrhea" was the universal preliminary symptom. Belief in the efficacy of this—or some—principle of treatment was a necessary and, perhaps, inevitable means by which physicians and laymen alike preserved their equanimity when surrounded by uncertainty and death. "All that was obscure, mysterious, and empirical" had been replaced by a cure "dependent on rules of science easily comprehended."¹ Only those who had first predisposed themselves, and had then ignored the premonitory symptoms, became cholera victims. In dozens of American communities, physicians could confidently point to cases of incipient cholera that had been cured by opportune treatment.²

¹ James B. Kirk, *Practical Observations on Cholera Asphyxia . . .* (New York, 1832), p. 4.

² These encouraging results were almost certainly due to the fact that they were treating persons who did not have cholera, or who had at the very worst a minor case.

of a bond. Generally, all boys after a few weeks are eligible, though upper-class parents frowned on their sons entering except perhaps to join in football games. School

Still, there were problems of therapy. How was the preliminary painless diarrhea to be treated? And what was to be done for those unfortunates who had progressed beyond the preliminary symptoms? Here it seemed that no two physicians could agree precisely, each practitioner employing a favorite remedy or combination of remedies. A representative course of treatment was that recommended by New York's Special Medical Council. They advised general bloodletting "to mitigate the spasms and render the system more susceptible to the action of the grand remedy, Mercury." The patient's skin was to be kept warm by continued rubbing with such substances as powdered chalk, cayenne pepper, mercury ointment, and calomel; he could be regarded as out of danger "when [his] mouth becomes sore or the discharges bilious, from the operation of mercury."³

Calomel, a chalky mercury compound, employed almost universally as a cathartic, was the most widely used cholera remedy. Immense dosages were prescribed: quantities of the drug which a generation before had been thought "fit for a horse" were now used routinely for children. The suppurating gums symptomatic of mercury poisoning were regarded by many physicians as a hopeful sign, an indication that the drug was working efficiently. Other physicians relied on massive doses of laudanum or bleeding. The more eclectic combined all three—laudanum, calomel, and bleeding.⁴ A Louisiana physician boasted that he had drawn "blood enough to float the General Jackson steamboat, and gave calomel enough to freight her."⁵

This was conservative treatment. The more radical advocated

³ N.Y.C. Board of Health, *Questions of the Board of Health, in relation to the Malignant Cholera, with the Answers of the Special Medical Council* (New York, 1832), p. 5.

⁴ "Calomel in Cholera," *Medical Magazine*, II (1833-34), 596; John Esten Cooke, "Remarks on Spasmodic Cholera," *Transylvanian Journal of Medicine*, V (1832), 498-99; *Ibid.*, VI (1833), 207, 331, 553.

⁵ Charles A. Lee, *Boston Medical and Surgical Journal*, VII (August 15, 1832), 18.

cared such expedients as tobacco smoke enemas, electric shocks, and the injection of saline solutions into the veins. The president of New York State Medical Society, a practical soul, suggested that the rectum be plugged with beeswax or oilcloth so as to check the diarrhea. Charles G. Finney must have been only one among many to recall that the means used to cure him of cholera left his "system" with a "terrible shock, from which it took long to recover."⁶

Few physicians were able to admit, even to themselves, that they could do nothing for a well-developed case of cholera. Only a man as candid and as perceptive as Sir Thomas Watson, the great English clinician, could have concluded, that "if the balance could be fairly struck, and the exact truth ascertained, I question whether we should find the aggregate mortality from cholera, in this country, was any way disturbed by our craft."⁷

There were never enough physicians to treat every case of cholera. Quacks of every description flourished, encouraged not only by the scarcity but by the high fees and draconic remedies of the "regulars." Many common folk were ministered to by kind-hearted neighbors, relatives, or even clergymen.¹ Others dosed themselves with the cures and preventives

⁶ For tobacco as a remedy, see J. N. Casanova, *General Observations Respecting Cholera Morbus* (Philadelphia and Baltimore, 1832), pp. 61-65; the president of the state medical society was Thomas Spencer, *Practical Observations on Epidemic Diarrhoea, Known as the Epidemic Cholera . . .* (Utica, 1832); Finney, *Memoirs of Rev. Charles G. Finney* (New York, 1876), pp. 320-21. Though the injection of saline solutions seems to us reasonable, the manner in which it was undertaken tended to discredit it and, by implication, the physiological reasoning upon which this therapy was based. (European physicians had, by comparing the proportion of "liquids" and "solids" in the blood of normal persons with that found in cholera sufferers, found a much higher proportion of solids in the blood of those afflicted with cholera—hence, the recommendation of saline solutions to restore a proper balance.)

⁷ Watson, *Lectures on the Principles and Practice of Physic . . .* (Philadelphia, 1844), p. 722. At least a few American physicians had begun to reach similar conclusions. Cf. George C. Shattuck, Jr., to G. C. Shattuck, September 10, 1832, Shattuck Papers, Manuscript Division, Massachusetts Historical Society; Drs. Alwyn Bogard, J. F. D. Lobstein, and W. Anderson to the Board of Health, August 16, 1832, Filed Papers of the Common Council, File Drawer T-590, Municipal Archives and Records Center.

advertised everywhere in newspapers and handbills. A Philadelphia handbill proclaimed a nostrum for "the Prevention and Cure of Cholera Morbus, and *all other diseases*." Were this medicine generally used, the advertisement emphatically concluded, "death from *any* kind of disease, would be a *rare* occurrence." In the absence of physicians, necessity often dictated therapeutics. The Mormons, for instance, treated their sick by immersing them in icy water, "which had the desired effect of stopping the purging, vomiting, and cramping."⁸

The conflicting and uniformly unsuccessful modes of treatment followed by the medical profession shook an already insecure public confidence. Some of the poor and unenlightened hid their symptoms as long as they could, unwilling to trust themselves to a physician's care, while even the most credulous displayed an increasing skepticism toward the therapeutic claims of the profession.

Alas! then for the public, for whom doctors and cholera are con-tending; they watch the fierce onslaught, and ever and anon are struck by the random blows that proceed from the combatants. Yes! for "Cholera kills, and Doctors slay, and every foe will have its way!"⁹

The old adage that "doctors will differ" was never better exemplified than now, when there was greatest need for unanimity, bitterly observed William Cullen Bryant's *New York Evening Post* (July 9). But the doctors themselves were at sea. What, wailed one physician, were we "small fry" to do, when there was no "paramount authority," whose opinions might safely be quoted?

The behavior of many physicians during the epidemic did little to increase the prestige of their profession. In some cases, panic-stricken physicians fled from the epidemic, while others were charged with profiteering. Night calls were particularly

⁸ The handbill was reprinted in the *Journal of Health*, III (1832), 332-33; Heber C. Kimball, "Journal," *Times and Seasons* (Nauvoo, Ill.), VI (March 15, 1845), 840.

⁹ *Cholera Bulletin*, July 23, 1832.

onerous, and many physicians would not make them under any circumstances. Some, victims of a public unwillingness to admit the presence of cholera, were accused of manufacturing cases in order to further their own reputations. And, despite their generally circumspect attitude toward accepted morality, "materialistic" physicians were persistently attacked by temperance advocates for prescribing port and brandy in the treatment of the disease.

Still, to most practitioners, the epidemic meant long hours of exhausting, discouraging, and dangerous work. And, in the main, physicians fulfilled their duties in good faith. For each complaint that doctors had fled, there was at least one hymn of praise for their fidelity. In New York, at least ten physicians were cholera victims. (Each of the ten medical men of the city's Second Ward was presented with a piece of silver, "suitably inscribed," for his gratuitous services to the poor during the epidemic.) It took courage to be a physician in such times, a simple truth recognized in the higher fees which were, by custom, charged during an epidemic.¹⁰

To their credit as well, American physicians seem eagerly to have sought understanding of this new disease. Medical journals were filled with the writings of Frenchmen, Englishmen, Germans, and Russians on the nature and treatment of cholera, while dozens of American medical men traveled to Canada or New York to study the disease. Others wrote to colleagues and teachers who had treated cholera, begging their advice.¹¹ Many were of an inquiring disposition and did

¹⁰ New York City Board of Health, Minutes, December 22, 1832, Municipal Archives and Records Center; George Rosen, *Fees and Fee Bills: Some Economic Aspects of Medical Practice in Nineteenth-Century America* (Supplement to the *Bulletin of the History of Medicine*, No. 6, 1946).

¹¹ In surveying local newspapers, I have found mention of at least twenty-three physicians who traveled to New York to observe the disease. They came from points as distant as Lynchburg, Virginia, and Gardiner, Maine. Some were reimbursed by local health boards, others by "associations of citizens," while still others paid their own way. The College of Physicians of Philadelphia possesses a bound scrapbook filled with letters written by former students to Professor Samuel Jackson in the summer of 1832, asking guidance in the treatment of this exotic disease.

not limit themselves to collecting second-hand information. They performed dozens of autopsies—regarded as dangerous even by men who denied the contagiousness of the disease.

No physician showed more courage and integrity during the epidemic than did Daniel Drake, the Benjamin Rush of America's West. Defying the abuse of his fellow Cincinnatians, he had been the first in the city to announce that cholera had broken out. Later, he denied that cholera claimed as victims only the vicious and poverty-stricken; drunkards, he felt himself compelled to conclude, were no more liable to attacks of the disease than the temperate. "I expect," he wrote,

to be censured for publishing this fact. But I am writing a medical history, not a temperance address . . . the use of scientific truth suffers from the suppression not less than the perversion of facts. There are obligations to science, as well as morality; and they can never, in fact, be incompatible.¹²

Despite its often heroic exertions, the medical profession could ill-afford the burden of its own pretensions. A pragmatic society found little in their results to justify claims to a monopoly of medical practice. His own attainments, many Americans believed, rather than legislative fiat, should determine the physician's status. It was a poor compliment to the "intelligence and discernment of the population," to assume that they were incompetent to choose their own physicians.

There were many who made a profession of medicine without benefit of license or diploma. The most numerous and vocal of these were the followers of Thomsonianism. A home-grown medical heresy, Thomsonianism, or botanic medicine, rejected drugs of mineral origin, relying on the "natural" powers of certain herbs.¹³ The basic mixtures were patented

¹² Drake, *An Account of the Epidemic Cholera, as It Appeared in Cincinnati* (New York, 1832), pp. 18-19.

¹³ Why minerals were less natural than herbs is not clear, though the idea is appealing, as can be seen in the long life of such statements, which have

and could be purchased in kits for home use. Do-it-yourself medicine appealed to Jacksonian America.

There was no place in the United States for a privileged and monopolistic class of physicians. Thomsonian attacks identified the regulars with monopoly, traditionalism, and intolerance. Like priest-craft, doctor-craft would soon be put to an end. "May the time soon come when men and women will become their own priests, physicians and lawyers—when self-government, equal rights and moral philosophy will take the place of all popular crafts of every description."¹⁴ Samuel Thomson, founder of botanic medicine and something of a versifier, summed up the argument against the status-conscious learned professions.

The nest of college-birds are three,
Lazv, Phytic and Divinity;
And while these three remain combined,
They keep the world oppressed and blind.
On Lab'ers money lawyers feast,
Also the Doctor and the Priest;

.
The Priest pretends to save the soul,
Doctors to make the body whole;
For money, lawyers make their plea;
We'll save it and dismiss the three.

.
Come freemen all, unveil your eyes,
If you this slavish yoke despise;
Now is the time to be set free,
From Priests' and Doctors' slavery.¹⁵

persisted until the present time. An excellent account of the botanic system is that by Alex Berman, "The Impact of the Nineteenth-Century Botanical Medical Movement in American Pharmacy and Medicine" (unpublished doctoral dissertation, University of Wisconsin, 1934).

¹⁴ "R. H.," *Thomsonian Recorder*, I (1832), 89.

¹⁵ Samuel Thomson, *Learned Quackery Exposed: Or Theory According to Art* . . . (Boston, 1836), pp. 17-19. See also *Thomsonian Recorder*, I (1832), vii; John Thomson, *A Philosophical Theory of an "Empiric," Proved Practically* . . . (Albany, 1833), p. 5.

unformulated: indeed, . . .
of a bond. Generally, all boys after a few weeks at work . . .
eligible, though upper-class parents frowned on their sons'
entering except perhaps to join in football games. School-

Only the dullard would pay the doctor, the priest, or the lawyer to do his thinking for him. Where was the practical justification for the proscriptive demands of the learned professions? The lesson of cholera was clear enough: those physicians who had not fled had merely hurried the passage of their patients from this world.

Thomsonianism was a rural and lower-class phenomenon. In New York, for instance, Thomsonian petitions to the Board of Health were crudely scrawled on cheap paper. Egalitarian, antiauthoritarian, and anticlerical, the rhetoric of Thomsonianism was as peculiarly a product of Jacksonian America as the image of Old Hickory himself—of whom, one assumes, the devotees of botanic medicine were almost unanimous supporters. (It is tempting to visualize the great-grandson of a Thomsonian heritor with a set of *Appeal to Reason* or Ingersoll's speeches on one same shelf which had borne his great-grandfather's cabinet of herbs, tinctures, and infusions.)

Spokesmen for the regular medical corps were quite conscious that the attack made upon their status was only part of a thoroughgoing assault which menaced all of the learned professions. In the words of one physician arguing against the incorporation of a botanic medical society in New York, the prosperity of the medical profession was inseparable from the prosperity of every well-regulated community. If it fall, the other liberal professions will be weakened in their character, impaired in their usefulness, and finally they will all sink into mere trades, for the cunning, the avaricious, and the unprincipled.¹⁶

Fortunately, the medical profession still retained the patronage of the wealthy, the educated, and the respectable.

Though physicians could not agree on a means of treating cholera, their opinions of the predisposing causes and of the proper means of prophylaxis were almost unanimous. Poor and marshy land was dangerous, as were filthy and ill-venti-

¹⁶ *Transactions of the Medical Society of the State of New York*, 1832-33, p. 84, appendix.

lated apartments. The poor who lived in such squalor were to be removed to clean, dry, and airy houses as soon as possible. Even more important was a careful attention to diet; not only strong drink but every kind of food not easily digestible had to be avoided scrupulously. Newspapers printed scores of stories of temperate men who had died as a result of eating a green apple or chewing a plug of tobacco. Fear was another potent predisposing cause—fear or any other violent emotion.

In 1832, the idea that disease was a specific, well-defined biological entity was controversial and, indeed, highly suspect. Many American physicians were careful to disclaim any belief in what they termed "ontology." ("That is, in the idea that disease is an *entity*—a being—a something added to the system."¹⁷) Disease was a protean and dynamic condition. Psychic and somatic ills were not rigidly demarcated: mental, moral, climatic, and hygienic factors all interacted continuously to vary the manifestations of disease. Just as most men of the cloth failed clearly to demarcate the spheres of God and of material means, so the physician viewed disease as a changed state of being affecting the whole man and capable of being altered by any of his myriad activities.

Even before they had seen cholera, some American physicians wrote soothingly that it was but another form of "sinking typhus," others that it was a variety of bilious fever or a "Lymphatic Hemorrhage." One rural New York doctor cited Benjamin Rush to lend authority to his own classification of cholera as a "suffocated fever."¹⁸

¹⁷ "On the contrary," the author continues, disease "is virtually disorder, an alteration of the natural state or actions of the tissues or organs of the economy." Hugh L. Hodge, "On the Pathology and Therapeutics of Cholera Maligna," *American Journal of the Medical Sciences*, XII (1833), 388. Hodge cites Broussais and Bichat, and like most American physicians of his day seems not to have assimilated the work of those younger men opposed to Broussais, who sought to define specific clinical entities and whose influence was so great upon the succeeding generation of American physicians.

¹⁸ John Esten Cooke, *op. cit.*, V, 481-500; Thomas Miner, *Boston Medical and Surgical Journal*, VI (August 1, 1832), 397; Diary of William Darrach, August 19, 1832, Pennsylvania Historical Society; E. Cutbush, *Western Medical Gazette*, I (1833), 63.

Most common was the opinion that cholera was only an aggravated form of "cholera morbus"—a flexible term used to describe ailments as diverse as dysentery and diarrhea. Complicating in its familiarity, this nomenclature also played another role, implying a local origin for the disease and, hence, non-importation and non-contagion. In the words of Daniel Drake, cholera bore to "cholera morbus, a relation similar to that of influenza to a common cold." It differed only in virulence. One physician reported finding three or four different degrees of cholera in the same family, ranging from common cholera to the Asiatic or malignant type.¹⁹

With disease so flexible a concept, it was only natural that mental and moral forces should be presumed to play a role in its causation. Those succumbing to the ubiquitous "epidemic influence" had somehow predisposed themselves, had overreached, had been intemperate, or had become panic-stricken. Despite the obvious moralism of such injunctions, medical thinkers did not, of course, regard the disease as being a direct imposition of the Lord. Cholera resulted from the physical effect of transgressing natural laws.²⁰ An active exercise of faith in God and his mercy, for example, would protect one from fear and thus from cholera—but it was "pre-eminently by the physical influences of that faith" that one was protected. For fear has

a more specific operation upon the human body, than any other passion; it spasmodically contracts the mouths of thousands of our perspiring or exhaling vessels, flings the acrid perspirable matter upon the insides of our digestive organs, which it stimulates, and causes by abstracting much of the watery part of our blood, a looseness and congestion in our bowels, the very proximate cause of the Epidemic Cholera.

¹⁹ Daniel Drake, *Western Journal of Medical and Physical Science*, VI (1832), 79; James McNaughton, *Letter on the Epidemic Cholera of Albany* . . . (Albany, 1832).

²⁰ See, for example, Thomas Spencer, "Annual Address, on the Nature of the Epidemic, Usually Called ASIATIC CHOLERA . . .," *Transactions of the Medical Society of the State of New York*, 1832-33, p. 220.

Indeed the entire epidemic might be understood as a mass psychological phenomenon akin to the "jerks" at a camp meeting. William Beaumont was only expressing a medical truism of his time, when he wrote that "the Greater proportional number of deaths in the cholera epidemics are, in my opinion, caused more by fright and presentiment of death than from the fatal tendency . . . of the disease."²¹

Despite the attention given to the problems of prophylaxis and treatment, the medical debate which generated the most emotion was that over the possibly contagious nature of cholera. For if cholera were contagious, it would define the conduct of the whole community: how the hospitals were to be organized, what prophylactic measures were to be emphasized, and, most important, whether a quarantine was to be instituted—the last a measure which vitally concerned every man of business.

In 1832, few medical men believed that cholera was a contagious disease. Its cause lay in the atmosphere.²² The more precise attributed the disease either to some change in the normal constituents of the atmosphere or in the addition to it of some deleterious substance of terrestrial origin.

A greater number found such intellectual refinements un-

²¹ The paragraph quoted above, typical of many, is from C. L. Seeger, *A Lecture on the Epidemic Cholera* . . . (Boston, 1832), p. 25; Jesse S. Mayer, *Life and Letters of Dr. William Beaumont* (St. Louis, 1912), pp. 142-43.

²² A sample of the opinions expressed by 109 American physicians during the years 1832-34 shows that 90 did not consider the disease to be at all contagious, while only 5 considered the disease to be primarily contagious. The other 14 considered it to be primarily non-contagious but admitted that under some circumstances cholera might become communicable (contingent-contagionism). Of the 87 physicians who clearly expressed their opinion as to the actual cause of the disease, 48 considered it to be due to some substance added to the atmosphere or some change in its constituents. Others, expressing only their opinion that the disease was an "epidemic," may also be presumed to have believed in its atmospheric transmission, since an "epidemic" disease was usually defined as one spread through the atmosphere. Ten physicians regarded the disease as being caused by some substance of "terrene" origin in the atmosphere ("miasmatics"). These opinions have been garnered from books, pamphlets, medical journals, newspapers, diaries, letters, and journals. A similar procedure has been followed for the 1849-54 and 1866 epidemics.

unformulated: indeed, participants of a bond. Generally, all boys after a few weeks at work were eligible, though upper-class parents frowned on their sons' entering except perhaps to join in football games. School-

necessary, content to intone such phrases as "epidemic influence," "choleraic distemperature," or "uncontrollable atmospheric peculiarity." There were but few to question. The atmospheric theory was too convenient: flexible and amorphous enough to explain the varied phenomenon of the disease, it served also as a weapon against the "antisocial" and "antiquated" doctrine of contagion. The doctrine of predisposing causes played more than a honorary role; it reinforced the weakest link in the atmospheric theory, explaining how some were stricken while others were not, though all breathed the same atmosphere.

Epidemiological thought in the United States had been conditioned by experience with yellow fever, and the black vomit seemed obviously non-contagious. As was the case with yellow fever, so it was with cholera: there could never be found any pattern within the cases that would support a contagionist argument. Cholera, like yellow fever, seemed to start simultaneously in widely separated parts of a city.

These local concentrations of cases, as well as their often sudden and widely scattered outbreak, seemed strong evidence against contagion and for the atmospheric origin of the disease. A Dr. Kane of Plattsburg, for example, appointed by his community to study cholera in Montreal, became convinced that it was not contagious, for it had descended in many parts of the city simultaneously "like a shower of hail." An American physician, observing the disease in Vienna, concluded that its cause must be some alteration in the atmosphere—the only thing that could have affected so many people at the same time. Daniel Drake reached a similar conclusion after observing the disease in Cincinnati.²³ Concentrations of cholera cases in circumscribed slum areas might be charged either to the moral shortcomings of the victims or to the presence of crowded tenements, decaying filth, resident pigs—to any-

²³ *Evangelist* (New York), June 30, 1832; Charles T. Jackson, "Cholera in Vienna," *Medical Magazine*, I (1832-33), 214; *Chronicle* (Cincinnati), October 13, 1832.

thing which might produce miasmata or somehow vitiate the air needed to maintain normal respiration. Only those so weakened would be attacked by the latent poison in the atmosphere.

Experience with vaccination in smallpox, the one undoubtedly new element in etiological thought in the first third of the nineteenth century, served only to reinforce the dominant anticontagionism. Unable to abandon older ideas, medical thinkers failed to generalize from their experience with vaccination and to assume that a similar, though as yet undiscovered, process might be present in other diseases. Any disease not conforming to the rigid and arbitrary "laws" assigned to smallpox could not be contagious.

Nor was it difficult to show by such analogies that cholera was not contagious. Cholera could be contracted more than once, while a contagious disease—defined in terms of smallpox—could not. Even if cholera, like yellow fever, was transmitted from place to place, it did not seem to be passed "from one body to another, or through the medium of those morbid secretions of the human system which preserve and multiply the sources of infection in contagious diseases." Moreover, smallpox was not influenced by atmospheric and climatic changes as were cholera and other "epidemic diseases" (epidemic diseases being, by definition, atmospheric, not contagious). Regardless of external conditions, all exposed to the poison of smallpox would inevitably fall victim unless they had been vaccinated or had recovered from an attack. This was manifestly not the case with cholera.²⁴

Contagionism was, moreover, decidedly antisocial. To the socially conscious physician, the doctrine of contagion was in itself an "exciting cause" of the disease. The fear, it was argued, caused by a general belief in cholera's contagiousness

²⁴ [Patrick Macauley], *How Is the Cholera Propagated?* . . . (London, 1831), p. 6; N.Y.C. Board of Health, *Reports of Hospital Physicians* . . . (New York, 1832), p. 140; *Boston Recorder*, June 27, 1832; Joseph M. Smith, *Discourse on the Epidemic Cholera* . . . (New York, 1831), pp. 24-25.

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would not only result in many additional cases, but it would completely disrupt the structure of society. Cities would be deserted; commerce would cease; the sick would be left to die alone and without the simplest comforts.

An equally important reason for the almost universal acceptance of the atmospheric theory was the absence of alternatives. The animalcular theory, subject of so much attention by medical historians, was in 1932 merely a variation of standard atmospheric ideas, differing in that the cholera-causing substance in the air was specified as being a "small winged insect not visible to the naked eye." Daniel Drake, the only American physician who held this view in a sample of over a hundred, conceived of the animalcula as "poisonous, invisible, aerial insects, of the same or similar habits with the gnats."²⁵ This theory, which did recognize the need for assuaging some specific material cause for disease and which did suggest that it might be organic, found few converts. It was a notion with "but few enlightened advocates."

Contagionism was the one plausible alternative to the atmospheric theory—and it was in an almost moribund state. In a sample of the opinions of over one hundred American physicians, only one could be found who believed that cholera was invariably contagious.²⁶ He could be ignored. A sizable minority of physicians, however, believed that in particularly filthy and confined situations the disease might become contagious. These contingent-contagionists, as they were called, had to be shown conclusively that cholera could never be communicated from person to person. Belief in a second cause, they were admonished, when one was sufficient, was "unphilosophical," and reeked of empiricism. (At this time,

²⁵ Drake, *A Practical Treatise on Epidemic Cholera* (Cincinnati, 1832), p. 44.

²⁶ Bernard M. Byrne, *An Essay To Prove the Contagious Character of Malignant Cholera . . .* (Baltimore, 1833), pp. 3-4, 7, 9, 59, and *passim*.

significantly, "empiric" was—as it had been for generations—a synonym for quack.)²⁷

American physicians, like most of their European contemporaries, were still thinking in scholastic terms, hoping by elaborate chains of reasoning to discover the "true philosophy" of a disease. Such reasoning, formal in its rhetoric, based perhaps on a random observation, recalled the eighteenth century, rather than prefigured the second half of the nineteenth.

While cholera ravaged Europe in 1831 and the early months of 1832, American physicians filled newspapers, medical journals, and pamphlets with debate over the necessity of quarantine. Prevailing medical opinion was decidedly hostile. The establishment of quarantines would serve merely to "fetter vulgar prejudices," and "embarrass with unnecessary restrictions, the commerce and industry of the country." Energies futilely expended in their enforcement would be diverted from the cleansing and purification that alone could temper or prevent the disease. Quarantines and sanitary cordons were the engines of oppression, despotism, and bureaucracy.²⁸

Before the epidemic, however, there was still much opposition to any precipitate discarding of quarantine regulations.

²⁷ One New Jersey physician, reporting on a group of cholera cases, stated that though he could not explain them on any basis other than contagion, he could not consider cholera contagious, for he had seen instances where it had not spread by contagion, and it was "unphilosophical" to suppose that there were more causes responsible for a given effect than are absolutely necessary. S. H. Pennington, "Report for the Eastern District," *Transactions of the Medical Society of the State of New Jersey*, 1833, p. 308. Dr. Pennington who could not believe the evidence of his own senses is only an extreme case of a very common view.

²⁸ C. R. Gilman, *Hints to the People on the Prevention and Early Treatment of Spaniotic Cholera* (New York, 1832), p. 6; Horatio G. Janneson, "Observations on Epidemic Cholera, as It Appeared at Baltimore, in the Summer of 1832," *Maryland Medical Recorder*, II (1831), 393; *American Journal of the Medical Sciences*, X (1832), 204; *Journal of Health*, III (November 9, 1831), 75-76.

tion, membership . . . indeed, participants were . . . unformulated: indeed, all boys after a few weeks at work were of a bond. Generally, all boys after a few weeks at work were eligible, though upper-class parents frowned on their sons' entering except perhaps to join in football games. School-

As the editor of the *Boston Medical and Surgical Journal* put it:

Were the problem of the disease being contagious much less than it is, it would still be fairly worth considering whether the removal of a probable or even possible source of infection to our whole population, were not worth a temporary inconvenience to a few individuals.²⁹

By the time cholera had run its course in the United States, even this moderate position had become indefensible.

The seeming failure of quarantine, and the unpredictable pattern of cases during the epidemic, brought complete victory for the anti-contagionists. "Non-Contagion," a sardonic and pseudonymous physician, urged that all those who furthered the "wicked doctrine of contagion, should forthwith be put *hors de combat*, or delivered over to the keeper of a cholera or insane asylum." Another cynical medical man declared that existing quarantines were the result of a yielding by the thinking part of the community to the irrational fears of the panic-stricken multitude. "Some future historian," he reflected, "will record our folly and credulity in the same chapter of events with Salem witchcraft, divining rods, and animal magnetism."³⁰

²⁹ *Boston Medical and Surgical Journal*, V (September 6, 1832), 65.

³⁰ *Evening Post* (New York), July 12, 1832; Christopher C. Yates, *Observations on the Epidemic Now Prevailing in the City of New-York* . . . (New York, 1832), p. 34; Alexander H. Stephens, in a letter to John Collins Warren (July 18, 1832; Warren Papers, Massachusetts Historical Society), characterized the quarantine which he was supposed to help enforce as president of New York's Special Medical Council as a "useless embarrassment to commerce."

It seems at first thought paradoxical that the idea of contagionism should have but a few decades before the discoveries of Pasteur and Koch been held in such low esteem. In an article discussed widely by historians of medicine, Erwin H. Ackerknecht has attempted to define some of the causal factors in this apparently anomalous circumstance. As the nineteenth century opened, he suggests, contagionism seemed a medieval belief, one which had never been subjected to scientific scrutiny: "It is no accident that so many leading anti-contagionists were leading scientists. To them this was a fight for science, anti-contagionists were leading scientists. To them this was a fight for science, against outworn authorities and medieval mysticism; for observation and research against systems and speculation." Quarantines, the logical result of

The conviction that cholera was not contagious was, however, limited to the medical profession and to the more enlightened among the laity. Most ordinary folk believed that the disease was spread by some specific contagion. Despite the soothing words of physicians, it was almost impossible to rent even the meanest sort of building for use as a cholera hospital. It was equally difficult to hire nurses to work in them.

Some intelligent and articulate lay observers, not burdened with the theoretical knowledge of the medical men, were also impressed with evidences of contagion. Charles Francis Adams noted in his diary that the disease followed the tracks of commerce, which "would seem to sustain the doctrine of contagion." To shrewd old Deborah Logan, chronicler of Philadelphia society, contagion was too apparent to be doubted. To respectable New Yorkers like John Pintard and Philip Hone, it seemed quite likely that the disease was communicable.³¹ Not to have enforced quarantines would have been politically suicidal.

a belief in contagion "meant to the rapidly growing classes of merchants and industrialists, a source of losses, a limitation to expansion, a weapon of bureaucratic control that it was no longer willing to tolerate. Contagionism would, through its association with the old bureaucratic powers, be suspect to all liberals, trying to reduce state interference to a minimum." ("Anti-Contagionism between 1821 and 1867," *Bulletin of the History of Medicine*, XXII [1948], 567.) In America, it might be added, the omnipresent rhetoric of progress and democracy neatly allied itself with a tender concern for the needs of commerce. Indeed, there could be no conflict, for trade was progress, and there could be no progress without trade.

³¹ Diary of Charles Francis Adams, June 24, 1832, microfilm, Columbia University Library; Diary of Deborah Norris Logan, August 4, 1832, Manuscript Division, Pennsylvania Historical Society; Pintard, *Letters from John Pintard to His Daughter Eliza Noel Pintard Davidson, 1816-1833* (New York, 1941), IV, 78; Diary of Philip Hone, September 20, 1832, Manuscript Division, New York Historical Society.

tion, membership . . . unformulated: indeed, participants were of a bond. Generally, all boys after a few weeks at work were eligible, though upper-class parents frowned on their sons' entering except perhaps to join in football games. School-

State and municipal governments had grown in experience and power in the forty years between 1793 and 1832. A dozen bouts with yellow fever during these same years had prepared and conditioned New York City for its struggle with cholera. During the summer of 1832, its Board of Health was able to assume, at least temporarily, many of the functions of the twentieth-century government—hospital and welfare services, slum clearance, and food and drug control. Informal responses to overwhelming necessity, however, these functions were as short-lived as the epidemic which created them.

Cholera could not be ignored. Medicines, nursing, and hospitals must be provided for the sick. The dead must be buried, the orphans cared for. Houses, streets, and lots must be inspected, cleaned, and disinfected, and the common people guarded against themselves, made to understand that it would mean death to continue their ordinary habits in cholera times. All this demanded money, money and organization, and the co-operation of government, physicians, and citizens.

Until relatively recent times, leadership during epidemics has come almost invariably from outside established administrative circles. Temporary committees, organized and led by the more courageous members of the community, exercised the functions of a paralyzed municipal government. As soon as the epidemic declined in virulence, these committees began spontaneously to disintegrate, leaving behind no permanent organization to prevent or cope with future outbreaks. This traditional pattern continued unbroken until well into the nineteenth century; America's most famous epidemic—Philadelphia's encounter with yellow fever in 1793—exhibited perfectly the workings of such a surrogate government. For two months, a city almost in chaos was administered by a completely unofficial group of public-spirited citizens.¹

¹ For an excellent account of this epidemic, see John H. Powell, *Bring Out Your Dead: The Great Plague of Yellow Fever in Philadelphia in 1793* (Philadelphia, 1946).

The Board of Health was quite conscious of the role it should have to fill were cholera to appear in New York City and had begun to take what preventive measures it could almost a year before the disease crossed the Atlantic. The board organized a committee to gather information, urged the national government to send a medical commission to Europe, and enforced quarantine throughout the winter of 1831-32.²

The day after the news that cholera had broken out in Canada became known (June 16), the board met to formulate a program to protect the city. They resolved that the city councilmen should act as health wardens for their own wards, with full power to enforce the directives of the board, and agreed to send a commission to Montreal and Quebec. Before adjourning, the board also appointed a committee to inquire into the nature and extent of its powers.³

A few days later, this committee reported encouragingly that the powers of the board were, under existing statutes, "full and ample to meet every emergency." In the presence of "epidemic or pestilential disease," it had the power to regulate

² See chap. i.

³ New York City Board of Health, Minutes, June 16, 1832. Municipal Archives and Records Center (hereinafter cited as Minutes). It will be recalled that the Board of Health consisted of the Board of Aldermen meeting with the mayor and recorder.

internal as well as external commerce, impose a quarantine on individuals, and "exercise all such other powers . . . as in their judgment the circumstances of the case and the public good shall require." It was the board, moreover, which decided when a disease was "epidemic or pestilential," and thus when these broad powers could be exercised.⁴ The report concluded by warning that all actions of the board should be made by its official agents. Its two regular employees were, of course, unable to perform the countless tasks demanded by the epidemic. To meet day-to-day needs, the board depended upon administrative expeditors, temporary personnel, and the co-operation of the permanent agencies of the municipality, such as the Commissioners of the Alms-House and the standing committees of the City Council.

The most important of the board's administrative expeditors was the Special Medical Council, created early in July by the Board of Health and manned by seven of the city's more prominent physicians. Since the board was, with one accidental exception, composed of laymen, it was the Special Medical Council that made the key decisions in fighting the epidemic, decisions enforced by committees of the Board of Health.

These committees, usually consisting of three members, implemented all of the board's decisions. When, for example, it was decided to rent several buildings to house the poor removed from their slum homes, a three-man committee was formed. These three aldermen, "with power," spent several days inspecting dozens of buildings and haggling with as many landlords before making final arrangements and reporting their results. The board had a kind of amoeba-like existence, extruding temporary "organs" as it required them.

The most important of these was a three-man committee to which the executive powers of the board had been dele-

⁴ Report of the Committee Appointed To Report on the Powers of the Board, City Clerk's Papers, File Drawer U-57, Municipal Archives and Records Center.

gated.⁵ This special Executive Committee supervised the purchase and distribution of supplies to the hospitals and dispensaries, the hiring and firing of doctors and nurses, and scores of other minor, but necessary, tasks. More frequently than not, it was the Executive Committee that put into effect the decisions of the Special Medical Council. When their medical advisors urged the board to forbid the sale of fruit or submitted their nominations for hospital physicians, these communications were referred to the Executive Committee.

The ward was the practical basis of administration. Physicians and dispensaries were assigned by ward, as were all appropriations for relief and sanitation. Only the hospitals were established without reference to ward divisions. In each of the city's fifteen wards, the alderman and assistant alderman, acting as health wardens, organized and supervised the purification of streets and houses and in many cases provided for the care of the sick. However, the advantages of personal familiarity and responsibility which this system provided were offset by equally obvious disadvantages. The councilmen were elected officials before they were health wardens, and could ill-afford to ignore the demands of practical politics. Nepotism and political considerations influenced medical appointments.⁶ The board could never bring itself to take any action against the saloons—and their political co-workers, the saloonkeepers—although medical opinion was unanimous in denouncing their continued existence. Appropriations had to be the same for every ward, although their needs differed widely.

⁵ This committee was originally created (Minutes, July 3, 1832) to provide accommodations for the sick "in the public hospitals or elsewhere." The Minutes for February 18, 1833, show that the Executive Committee spent \$67,544.63 of the city's total expenditure of \$117,687.41 in fighting the epidemic.

⁶ James R. Manley, for instance, later claimed that the appointment of the Special Medical Council was merely part of a plot by the recorder, Richard Riker, to oust him from his position as resident physician, so that his (Riker's) son-in-law could be appointed instead. James R. Manley, *Letters Addressed to the Board of Health . . .* (New York, 1832).

tion, membership stood . . . unformulated: indeed, participants were many of a bond. Generally, all boys after a few weeks at work were eligible, though upper-class parents frowned on their sons' entering except perhaps to join in football games. School

Fortunately, city finances were adequate to the emergency. The funds used by the Board of Health to combat the epidemic came from the city treasury, and no special appeals or loans were needed.⁷ In theory, funds had to be appropriated by the Common Council and then allotted by the controller to the Board of Health. Actually, during the summer of 1832, the board was spending money much faster than it was being appropriated. (The Board of Assistant Aldermen was not, as yet, a part of the Board of Health, and their assent was required for appropriations.) There was an undoubted helper-skelter in its finances. Myndert Van Schaick, the treasurer, had to spend several hundred dollars of his own to settle accounts; and dozens of lawsuits remained to be settled after the epidemic.⁸

Months before the city had had to care for its first case of cholera, thinking New Yorkers were conscious of the need for providing hospitals, medicine, and doctors for the city's poor. Nevertheless, it was not until the evening of July 4 that the Board of Health's first makeshift cholera hospital opened its doors.⁹ The board had had to start from scratch in providing for the sick. The operation of hospitals, as distinct from almshouses, was not, at this time, considered a municipal responsibility; and the trustees of New York's one private

⁷ Minutes, February 18, 1833, contain a summary of the municipal disbursements:

To the several wards	\$ 41,144.73
To the almshouses	6,546.28
To the hospitals	45,173.08
To the Special Medical Council	7,748.00
To miscellaneous objects	16,096.23
To chloride of lime—on hand	979.09
Total	\$117,687.41

⁸ N.Y.C. Board of Assistants, *Report of the Special Committee, to Whom Was Referred the Two Resolutions of Alderman Van Schaick . . .*, Doc. No. 49 (New York, 1832).

⁹ N.Y.C. Board of Health, *Reports of Hospital Physicians . . .* (New York, 1832), pp. 11-12. By September, the five hospitals that the city had eventually established had treated 2,030 patients. An additional 555 cases were treated at the Bellevue Almshouse.

hospital had refused to accept cholera patients. Despite the earnest solicitations of the board, James DePeyster, Philip Hone, and the other governors of New York Hospital decided that their bylaws forbade the hospital to patients suffering from "infectious diseases."¹⁰

The temporary hospitals of the board were a makeshift and ill-assorted set of buildings: a school, a bank, the half-completed Hall of Records. The hospital at Corlear's Hook was an old workshop which

when first opened for the reception of patients . . . was without a sash or pane of glass to the windows, and the weather boards and doors were full of cracks and crevices, through which winds and rain were freely admitted. It required several days before it could be made tight, clean, and comfortable, as two carpenters only could be induced to work among the sick and dying. For the first few days after opening the hospital there was much irregularity, noises and confusion from men engaged in whitewashing the interior of the building; from carpenters at work inside and out; and from the press of patients, received, dying, and in agonies with cramps and vomiting.¹¹

Few, understandably, wished to live near one of these hospitals. Workers in a shipyard adjoining the Corlear's Hook Hospital left work so unanimously and precipitately at its establishment that their employers were unable to fulfil their contracts. The opinion of these humble shipwrights was shared by most of their betters.¹²

Preventing the disease was even more important than caring for those unfortunates who had already fallen victim: the acknowledged first duty of the government in protecting the

¹⁰ Diary of Philip Hone, July 5, 1832, Manuscript Division, New York Historical Society; Minutes, July 5, 8, 1832.

¹¹ N.Y.C. Board of Health, *Reports of Hospital Physicians . . .*, p. 112.

¹² Cf. Trustees of the Public Schools to Mayor Bowne, n.d., Filed Papers of the Common Council, File Drawer T-594, Municipal Archives and Records Center; *Truth Teller* (New York), August 11, 1832; Minutes, August 25, September 12, 1832; John W. Casilear to John Kensert, July 8, 1832, Edwin D. Morgan Papers, Manuscript Division, New York State Library.

tion, membership soon formulated: indeed, participants were many of a bond. Generally, all boys after a few weeks at work were eligible, though upper-class parents frowned on their sons' entering except perhaps to join in football games. School

public health was to cleanse and "purify" streets and houses. New York's Board of Health spent a good proportion of its time during the summer of 1832 in seeing that the streets, lots, cellars, and docks were denuded of their decades' accumulation of filth. With some exceptions, the streets were cleaner and less noisome than they had been at any time within the memory of New Yorkers.

How surprised, then, were the citizens of New York . . . to behold the tidiness of their streets. "Where in the world did all these stones come from?" said one old lady who had lived all her life in the city; "I never knew that the streets were covered with stones before. How very droll!"¹³

But this cleanliness, so marked in some sections of the city, was not to be found at all in others. At the height of the epidemic, a house at 31 Renwick Street was found to have in its yard "from forty to fifty hogs, four cows, and two horses," and to be "so filthy that the first physician called . . . refused to enter."¹⁴

The Board of Health and its medical advisors, following precedents formed during a generation of yellow fever epidemics, felt that the lives of the poor could be saved only by depopulating the city's worst slums; and they were evacuated, despite the lawsuits of anguished landlords. With Bellevue a pesthouse, the Board of Health was faced with the necessity of finding housing for the indigent and now homeless poor. In characteristic fashion, it created a Committee to Provide Suitable Accommodations for the Destitute Poor. Within a few days of their appointment, its three members could report to the board (July 14) that they had rented several buildings, hired attendants, and arranged with the Executive Committee and the Commissioners of the Alms-House for the supply of food, medicines, and clothing. In addition to the two brick buildings that they had rented, the committee had had "ranges of shanties" erected in a half-dozen places in the city.

¹³ [Asa Greene], *A Glance at New York . . .* (New York, 1837), pp. 173.

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¹⁴ *Commercial Advertiser* (New York), July 25, 1832.

This housing seems to have been something less than satisfactory. Hastily thrown-together shanties were ill-suited to the preservation of health; those at Tenth Street and Avenue C, "for the accommodation of colored people in health," were so leaky that the first rainstorm completely soaked the inhabitants and their belongings.¹⁵ Rents paid for several buildings were extortionate; and the budget-conscious Executive Committee, speaking for many New Yorkers, was quick to criticize arrangements that provided the poor with food, clothing, and lodgings and yet allowed them to "wander about the city all day in great measure indifferent whether they find employ or not." All further aid, they concluded, should be given through the Commissioners of the Alms-House.¹⁶

However, the Commissioners of the Alms-House—prototype of the modern welfare department—were already overburdened. Their resources were inadequate to the task of providing subsistence for the families of thousands of wage earners thrown out of work by the abrupt cessation of the city's business. Though the commissioners had erected temporary buildings on their grounds and were issuing rations to some of the unemployed, at least half of the relief work was being undertaken by private citizens, churches, and the well-organized Committee of the Benevolent. This latter group, divided into fifteen subcommittees corresponding to the city's fifteen wards, had embarked upon a comprehensive program of aid. They paid the poor for sewing and "for cleansing and purifying their own dwellings." The committee established soup kitchens in each ward. In the Fifth Ward, for example, the poor could get meat, soup, and bread from ten to four o'clock on the North Battery at the foot of Hubert Street.¹⁷

There were those who felt that such activities were the concern of the municipal government, "the legitimate father

¹⁵ *Evening Post* (New York), July 27, 1832; Minutes, July 14, 1832.

¹⁶ Executive Committee to the Board of Health, August 19, 1832, City Clerk's Papers, File Drawer U-59, Municipal Archives and Records Center.

¹⁷ The daily newspapers carried the notices of the several ward committees, telling where foods and medicines might be obtained.

tion, membership stood unformulated: indeed, participants were hardly eligible, though upper-class parents frowned on their sons' entering except perhaps to join in football games. School-

of the poor of this city."¹⁸ But it was their criticism, and not the procedure, which was new. This mixture of public and private charity was accepted in times of crisis—in the embargo period, for example, or during the yellow fever epidemics of 1798, 1805, and 1822.

A constant source of embarrassment to the Board of Health was the admitted inaccuracy of the cholera reports that they issued. Official statements continued to be unreliable even after doctors had been threatened with a fifty-dollar fine for each unreported case of cholera.¹⁹ More dangerous were the disgraceful conditions at the Potter's Field and at St. Patrick's cemetery. Dead bodies lay unburied for days before being thrown into shallow pits and covered with a foot or two of loose earth, which served neither to keep the rats out nor the odors of putrefaction in. In response to dozens of complaints, the Board of Health directed the keeper of the Potter's Field to bury the dead no more than three deep and to cover the top tier of coffins with at least six inches of quicklime and five feet of earth. Conditions at St. Patrick's were at least as bad. The entrance to the vault was found to have been "*partially closed by an old door surrounded by thousands of flies, and the stench from it unbearable.*"²⁰

Day after day, throughout the summer of 1832, the Board of Health absorbed the almost unanimous criticism of indignant New Yorkers. And much of it was justified. While some of the city's streets were so clean as to be unrecognizable, others seem never to have been touched by a broom. On this score, the board can be defended, for the practical difficulties

¹⁸ *Cholera Bulletin*, July 20, 1832. This passage is also cited in David Schneider, *The History of Public Welfare in New York State, 1609-1866* (Chicago, 1938), p. 256.

¹⁹ The same penalty was imposed for the same offense in previous yellow fever epidemics. Cf. James Hardie, *An Account of the Malignant Fever Which Prevailed in the City of New York, during the Autumn of 1805* (New York, 1805), p. 32.

²⁰ Minutes, July 22, 29, 1832; Henry Wyckoff to the Board of Health, July 7, 1832, City Clerk's Papers, File Drawer U-58, Municipal Archives and Records Center.

of undoing the neglect of decades was enormous. There can be no real defense for the lack of courage and foresight that the board members displayed in refusing to acknowledge the presence of the disease or in their waiting until cholera was already upon them to set up hospitals. Despite bold words affirming the adequacy of their powers, the board lacked the precedents, the imagination, and the disinterest to use them fully.

Americans were unrivaled joiners. Every misstep by the Board of Health provoked a flurry of letters suggesting that its functions be assumed by "combinations of citizens." Still, the struggle of New York against cholera was carried out almost entirely by the regularly constituted municipal authorities. The same was true of Boston, Philadelphia, Baltimore—of almost every one of America's cities.

This seeming commonplace is not without significance. American cities were no longer hypertrophied villages, and their governments had begun to assume the powers necessary for dealing with the problems which their growth had made inevitable. Outside of the largest cities, however, municipal governments were in a far more rudimentary state and were ill-equipped to cope unaided with a threat so disruptive as cholera.

The problem of finance was almost insurmountable for many small towns and even good-sized cities. A community as small as Albany spent over \$19,000 in public funds in fighting the epidemic. What city besides Boston could, or would, appropriate \$50,000 at the mere whisper of cholera? Raising the money to pay physicians, to hire health wardens and street-cleaners, and to purchase medicines and chloride of lime represented a financial crisis to even flourishing communities. In Newark, New Jersey, and Kingston, New York, citizens at public meetings promised to make good any money spent by their health boards. In many New England towns, meetings were called to authorize expenditures. Cincinnati could scrape up no funds at all for cleansing; and in desperation, Cin-

tion, membership stood unformulated: indeed, participants were hardly of a bond. Generally, all boys after a few weeks at work were eligible, though upper-class parents frowned on their sons' except perhaps to join in football games. School

cinnatians proposed that several dozen of the largest taxpayers come forward, pay their taxes early, and thus provide funds for the Board of Health. The St. Louis treasury was so empty that it would have been impossible to clean the city without the authorization of a special loan. Most small towns and villages avoided the problem by spending almost no money, the health officer and health wardens volunteering their services.²¹

Few towns, however large, had regular boards of health. A city as progressive as Boston created a special Board of Health Commissioners late in June, 1832, but its life was limited to six months.²² In New York, it will be recalled, the state legislature was forced to pass a special act enabling towns and incorporated villages to form such bodies. In some cities, like Nashville, Tennessee, the Board of Health was identical with the local medical society. More frequently, the board consisted of several members of the city government meeting with the physicians of the town. In many other communities, as in New York, the mayor and other elected officials acted as a board of health. Smaller towns often chose volunteer health committees at public meetings.

Almost everywhere, private citizens formed impromptu organizations to aid public authorities in efforts to combat the epidemic. In New England, town meetings authorized the expenditures and approved the policies of their local health boards. In other towns, public meetings endorsed or attacked board of health policies, and formed voluntary committees to help fight the epidemic. Cities were divided into districts, wards into subwards, their residents volunteering to search them thoroughly for nuisances, to care for the sick, and to collect and distribute food, clothing, and money for the poor.

²¹ Albany Finance Department, *Report of the Chamberlain . . . of the Expenses Incurred by the Board of Health, of the City of Albany during the Prevalence of the Cholera* (Albany, 1832), p. 3; *Independent Chronicle* (Boston), August 1, 1832; *Monitor* (Newark), July 3, 1832; *Sentinel of Freedom* (Newark), June 26, 1832; *Ulster Palladium* (Kingston, N.Y.), June 20, 1832; *Chronicle* (Cincinnati), September 22, 1832; and *Beacon* (St. Louis), September 20, 1832.

²² Boston City Council, *Ordered . . . June 20, 1832* (Boston, 1832), p. 3.

Boston, thorough, virtuous, and public-spirited as usual, boasted what was probably the most elaborate such organization. The Boston Relief Association consisted of thirteen ward committees directed by a central committee. Members could be transferred from one ward to another, though they could not absent themselves without an excuse. Aid was to be rendered to the sick, but in a manner that should "avoid even the appearance of ostentation or officiousness." In other cities, Rochester and Washington, for example, boards of health appointed ward committees to collect and distribute aid for the poor. Broadsides proclaimed that ladies might be requested as well to form committees to care for widows and orphans.²³

The true philanthropist had other responsibilities. Perhaps most important was his obligation not to flee and throw those dependent upon him out of work. "Is it *morally right* thus to inflict utter misery and ruin upon others, for a contingent benefit to ourselves?"²⁴ Nor did the responsibility end with the mere providing of work. Those having charge of laboring men were urged to "institute the most wholesome regulations as to regimen and diet, and act as fathers of families, and there will be much less danger from hard and continued labor than from relaxation, indolence, idleness and indulgence."²⁵ Dwellers in communities unscathed by the epidemic could show their concern by contributing to the poor in stricken areas.

The same problems faced each community, whether it had an elaborate board of health or merely a makeshift committee of citizens. First, attempts must be made to prevent the disease. Here, despite the scorn of the medically enlightened, the most important step was that of instituting a quarantine. Coastal cities, lake ports, and canal and river towns of whatever size enforced quarantines. Rhode Island proclaimed

²³ Boston Relief Association, *Regulations of the Boston Relief Association, with a List of Members* (Boston, 1832), p. 5-7; *Republican* (Rochester), August 14, 1832; City of Washington, "Cholera," September 5, 1832, Broadsides, Portfolio 194, No. 32, Library of Congress.

²⁴ *Banner of the Church* (Boston), August 25, 1832.

²⁵ *Christian Intelligencer* (New York), June 23, 1832.

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"marital law," with the governor having wide powers including that of taking "requisite" money from the treasury. The administration of such quarantine must have been a severe strain to many small communities. Troy, for instance, an Erie Canal town, was forced to provide for some seven hundred quarantined immigrants.²⁶

The towns themselves had to be cleaned. And it was no easy task to remove tons of encrusted dirt with carts, shovels, and brooms. Even if this conglomerate of rotting garbage, dead animals, and excrement was removed from streets and lots, what could be done with it? In New York, it was thrown into the river. In many inland towns, it was merely taken a few hundred yards outside the corporate limits and there deposited to rot in the sun and fill the atmosphere with the noxious miasmas which, it was believed, lowered men's vitality and predisposed them to disease. Only Boston seemed to have been conspicuously successful in its ablutions.²⁷ In most places, the clean-up ended with the municipal filth undisturbed, but covered with a reassuring layer of chloride of lime.

Hospitals, nurses, and physicians had to be provided for the poor. And this was no simple task; the establishments fired up for cholera patients provoked widespread distaste. Neighbors resorted to everything from humble petitions to arson in their efforts to have them removed. Not that respectable folk opposed cholera hospitals. Everyone agreed they were necessary—but on someone else's street.

A cholera hospital, like an almshouse, was an institution for those who could afford no better; death in a cholera hospital was evidence of a life misspent. "The visitor," it was reported, "finds few others in those receptacles than the impenetrable

²⁶ *Ohio State Journal* (Columbus), June 30, 1832, prints the proclamation of Governor Duncan MacArthur dated June 28; C. S. J. Goodrich, "Cholera at Troy, New York," *Cholera Gazette*, I (September 19, 1832), 166 ff.

²⁷ John Collins Warren recalled that the city had never had such a thorough cleaning, and never again returned to the filthy condition in which it had been before 1832. Edward Warren, *The Life of John Collins Warren, M.D.* . . . (Boston, 1866), I, 256. Other accounts, however, suggest that the city was not long in returning to its accustomed condition.

sot and debauchee." It was, protested one physician, unfair that the "respectable" poor should have to be treated in cholera hospitals and not in their homes. Prospective patients were terrified of them. One old woman in New York's Five Points preferred, she said, to die locked in her miserable apartment than to be taken away to perish in unfamiliar surroundings and at the hands of callous strangers. The poor were quite certain as well that once in these "slaughterhouses," they would become the helpless subjects for the experiments of eager young physicians. In Utica, an infuriated mob of Irish workmen stormed the cholera hospital; and even in enlightened Philadelphia, physicians and attendants were vilified and abused.²⁸

Nurses were almost impossible to find. It was dirty work, and despite the reassurances of physicians, dangerous. (At New York's Greenwich Hospital, fourteen of sixteen nurses died of cholera contracted while caring for patients.) Offers of exorbitant salaries attracted only "mercenaries, who appear to possess as little sympathy or humanity as the walls." In Philadelphia's Arch Street Prison, the inmates cared for each other. The same was true at many almshouses where no money could be spared for nurses. In Lexington, Kentucky, nurses could not be obtained at any salary, with the result that no cholera hospital was established. Hagerstown, Maryland, avoided this problem by establishing a hospital without attendants. Visitors to hospitals were often pressed into service and the benevolent urged to volunteer their labor. Only the Sisters of Charity could be depended upon to serve faithfully; in Philadelphia, Baltimore, Louisville, St. Louis, and Cincinnati, they staffed the cholera hospitals, working with little sleep or food until the epidemic subsided.²⁹

²⁸ *Christian Mirror* (Portland, Me.), August 2, 1832; John Thomson, *A Philosophical Theory of an "Empiric," Proved Practically* . . . (Albany, 1833), p. 5; *Utica Observer*, n.d., cited in *National Intelligencer* (Washington, D.C.), September 11, 1832; Board of Medical Advisers to the Philadelphia Sanitary Committee, August 6, 1832, *Saturday Courier* (Philadelphia), August 11, 1832.

²⁹ Alexander H. Stevens, "On the Communicability of Asiatic Cholera,"

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With personal habits conceded to be a major cause of cholera, it was the duty of a public health board to protect the poor and vicious from themselves. It was necessary, as a Con-necticut physician demanded, that boards of health have "the power to *change the habits of the sensual, the vicious, the intemperate.*"³⁰ And in America in 1832, there were many willing to undertake so godly a task.

In the four decades before the Civil War, America was a holy land upon whose soil were waged the battles of numberless crusaders for the millennium. Sin in all of its manifestations, from slavery to corsets, was enflamed by a generation of self-assured moral reformers. To these zealots, cholera seemed but a dramatic testament to the pertinence of their particular cause. Strict Sabbatarians felt that the prevalence of the disease was "owing to vices which a proper regard to the Sabbath would check more effectually than anything else."³¹ Health reformers like the Grahamites and social reformers of all sorts managed to find convenient object lessons in the prevailing epidemic, but none with the success of the vociferous and well-organized temperance advocates.

Whiskey, temperance orators charged, was directly responsible for one-half of all madness, one-half of all sudden death, and one-fourth of all adult deaths. Drink itself could cause almost any disease from cancer to rheumatism, while the drunkard himself, as Charles Caldwell put it, was "as truly a monomaniac, as he who, sound in his other conceptions, be-

Transactions of the Medical Society of the State of New York, 1850, p. 36; "A. Liberal Advocate (Rochester), August 4, 1832; Pennsylvania House of Representatives, *Report of the Committee Appointed To Investigate the Local Causes of Cholera in the Arch Street Prison* . . . (Harrisburg, 1833), p. 200; Lunsford P. Vandell, *Transylvania Journal of Medicine*, VI, 200; *Free Press* (Hagerstown), n.d., cited in the *Enquirer* (Richmond), October 2, 1832.

³⁰ Amariah Brigham, *A Treatise on Epidemic Cholera* (Hartford, 1832), p. 338.

³¹ *Mercury* (New York), July 25, 1832.

lieves his feet and legs to be made of glass or butter, or his head of copper."³²

The doctrine of predisposing causes lent scientific plausibility to the claims of the temperance reformers; it seemed obvious that, with a cholera influence in the atmosphere, the saloons were literally being allowed to dispense poison. A number of communities finally did forbid the sale of intoxicating beverages for the duration of the epidemic.³³ General Scott, commanding American troops in their expedition against Black Hawk, ordered that any soldier found intoxicated should, as soon as he was sober, be forced to dig his own grave.³⁴

At least one physician felt in retrospect that the cholera epidemic had been fortunate, for it had made unmistakable the connection between strong drink and disease. A New Jersey practitioner, noting that the drunkards within his purview seemed, if anything, more immune than the temperate, resolved not to circulate his perverse observation. "If it not be so in fact, still, for the sake of temperance and good order, let it stand that the drunkard is peculiarly the victim of cholera."³⁵ Physicians prepared to question the connection between cholera and drink knew that they would gain only criticism for their scientific scruples. Moral imperatives were still foremost in the American mind.

Almost as dangerous as alcohol were coarse and indigestible

³² Caldwell, "Thoughts on the Pathology, Prevention and Treatment of Intemperance, as a Form of Mental Derangement," *Transylvania Medical Journal*, V (1832), 330.

³³ Washington, D.C., Cleveland, and Haverhill, Massachusetts, were three communities which did so. Cf. *Liberator* (Boston), August 18, 1832; *Western Liberator* (Lexington, Ky.), July 25, 1832; John A. Krou, *The Origins of Prohibition* (New York, 1925), pp. 232-33.

³⁴ Frank E. Stevens, *The Blackhawk War* (Chicago, 1903), pp. 248-49.

³⁵ S. H. Pennington, *Transactions of the Medical Society of New Jersey*, 1833, p. 308; R. Nelson, in *Asiatic Cholera* (New York, 1866), p. 64, recalled announcing that cholera did not seem to be any more prevalent among drunkards. Daniel Drake experienced similar pressures in Cincinnati.

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foods. It was easier to offend the market gardeners, fish-mongers, and butchers than the saloonkeepers, and in almost every community in which cholera prevailed, the sale of at least some foods was forbidden. In New York, for example, the Market Committee banned the sale of "green and unripe fruits of every kind, and more especially of gooseberries, apples, pears, and also of cucumbers and green corn." Despite the jibes of the facetious, most Americans believed implicitly that a green apple or a roasting ear, when eaten in a "cholera atmosphere" was equivalent to that much arsenic. In Baltimore, it was reported that a laboring man upon returning home found his wife and children about to eat a watermelon. He warned them against eating it and gave the melon to a hog, which died promptly of cholera.³⁶ Only the poor, who could not afford to vary their diet, returned each day with their market baskets filled with the forbidden—though plentiful—fruit.

It would be comforting to close this chapter on an optimistic note, to dwell on a series of public-spirited and enlightened reforms resulting from the epidemic. Unfortunately, this is impossible. Boards of health evaporated as abruptly as they had come into being. The modest measures of cleanliness which New York had attained in the summer of 1832 did not outlast the heat of August as the Board of Health settled into its customary apathy.³⁷ For a few years—and especially during the minor cholera epidemic of 1834—it met more regularly and attempted to institute some of the public health measures which the city needed so badly. But the board never did institute such reforms and, by 1836, was functioning precisely as it had in 1831, meeting irregularly and existing in a kind of administrative latency. It awaited the stimulus of a new epidemic to bring it to life.

³⁶ *Evening Post* (New York), July 30, 1832; *Palladium* (New Haven), September 13, 1832. This, of course, was the sort of story ridiculed by the more irreverent. Cf. *Sentinel* (New York), August 27, 28, 1832; *Constellation* (New York), Sept. 1, 1832.

³⁷ See *American for the Country* (New York), September 4, 1832.