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THE CHOLERA YEARS
The United States in 1832, 1849, and 1866
WITH A NEW AFTERWORD

CHICAGO AND LONDON
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INTRODUCTION

There has not been an active case of cholera in the United States for almost fifty years, and to the present-day American physician it is no more than a chapter in a textbook of tropical medicine. To his nineteenth-century counterpart it was a soul-trying and sometimes fatal reality.

Cholera was the classic epidemic disease of the nineteenth century, as plague had been of the fourteenth. When cholera first appeared in the United States in 1832, yellow fever and smallpox, the great epidemic diseases of the previous two centuries, were no longer truly national problems. Yellow fever had disappeared from the North, and vaccination had deprived smallpox of much of its menace. Cholera, on the other hand, appeared in almost every part of the country in the course of the century. It flourished in the great cities, New York, Cincinnati, Chicago; it crossed the continent with the forty-niners; its victims included Iowa dirt farmers and New York longshoremen, Wisconsin lead miners and Negro field hands.

Before 1817, there had probably never been a cholera epidemic outside the Far East; during the nineteenth century, it spread through almost the entire world.\(^1\) Of all epidemic dis-

\(^1\) Though there is some controversy as to the extent of cholera's early peregrinations, most historians of the disease agree that it has been endemic only
eases, only influenza in the twentieth century has had a more extensive odyssey.

Cholera could not have thrived where filth and want did not already exist; nor could it have traveled so widely without an unprecedented development of trade and transportation. The cholera pandemics were transitory phenomena, destined to occupy the world stage for only a short time—the period during which public health and medical science were catching up with urbanization and the transportation revolution. Indeed, cholera was to play a key role in its own devastation from the Western world; the cholera epidemics of the nineteenth century provided much of the impetus needed to overcome centuries of governmental inaction and indifference in regard to problems of public health.

It was not easy for survivors to forget a cholera epidemic. The symptoms of cholera are spectacular; they could not be ignored or romanticized as were the physical manifestations of malaria and tuberculosis. One could as easily ignore a case of acute arsenical poisoning, the symptoms of which are strikingly similar to those of cholera. The onset of cholera is marked by diarrhea, acute apoplectic vomiting, and painful cramp. Consequent dehydration, often accompanied by cyanosis, gives to the sufferer a characteristic and disquieting appearance: his face blue and pinched, his extremities cold.


A cholera epidemic provided an ideal occasion for the removal of unwanted groups, en masse and immediately aged uncles, and the like. See, for example, Boston Medical and Surgical Journal, VII (February 15, 1832), 19, Herald (New York), August 14, 1849; Sun (New York), August 8, 1849.
and darkened, the skin of his hands and feet drawn and puckered. "One often," recalled a New York physician, "thought of the Laocoon, but looked in vain for the serpent." Death may intervene within a day, sometimes within a few hours of the appearance of the first symptoms. And these first symptoms appear with little or no warning. He felt no premonition of cholera at all, reported a New Yorker in 1832, until he pitched forward in the street, "as if knocked down with an axe."

The abrupt onset and fearful symptoms of cholera made Americans apprehensive and reflective—as they were not by the equally deadly, but more deliberate, ravages of tuberculosis or malaria. "To see individuals well in the morning & buried before night, retiring apparently well & dead in the morning is something which is appalling to the boldest heart." It is not surprising that the growing public health movement found in cholera an effective ally.

It was not until 1883 that Robert Koch, directing a German scientific commission in Egypt, isolated the organism that causes cholera—*Vibrio comma*, a motile, comma-shaped bacterium. Once they find their way into the human intestine, these vibrios are capable of producing an acute disease which, if untreated, kills roughly a half of those unfortunate enough to contract it. Cholera, like typhoid, can be spread along any pathway leading to the human digestive tract. Unwashed hands or uncooked fruits and vegetables, for example, are frequently responsible for the transmission of the disease, though sewage-contaminated water supplies have been the

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4 Diary of a Young Man in Albany, July 16, 1832, Manuscript Division, New York Historical Society.

5 In Russia in 1921, for example, there were some 207,000 cases with a mortality of 44.8 per cent (Richard P. Strong, *Stirr's Diagnosis, Prevention, and Treatment of Tropical Diseases* [Philadelphia, 1944], II, 322).
INTRODUCTION

in the United States. The introduction of cholera to the United States in 1832 was one of the most severe, widespread, and explosive cholera epidemics.

Though never endemic in this country, cholera returned to the United States four times after its initial appearance in 1832-34. After this two-year visit, North America was free of the disease until the winter of 1849-50. Between 1849 and 1854, however, no twelve-month period passed without cholera appearing in some part of the United States. Then this disease disappeared as abruptly as it had in 1834; it was not to return until 1854.

Thirty-four years are a short time in man's history. Yet few historians would question the significance or magnitude of the changes effected in American society between 1832 and 1866. Relatively brief, however, has been written in a systematic attempt to define the dimensions of this social change or to describe the nature of the processes which brought it about.

The following pages attempt not simply to describe three epidemics, but to understand something of America in the cholera years—1832, 1849, and 1854.

In all of his miseries, few Americans actually died of cholera; for each of its victims, malaria and tuberculosis claimed scores. Unlike them, however, it was novel and terrifying, a crisis demanding a response in every area of American life and thought. I have sought to make the cholera epidemics serve as sampling technique as well as subject. They represented a constant and— in the sense that cholera was never endemic in the United States—randomly occurring stimulus against which the various reactions of Americans could be judged.

Perhaps most striking of the changes in America between 1832 and 1854 was the disintegration of the party system characteristic of many Americans in the Age of Jackson. The evangelical fervor of this earlier generation had been ended by a...

It appeared again in 1832, but was on the occasion limited almost exclusively to the Mississippi River Valley. It was found in 1849-50, and later that cholera would again be imported. On another occasion, however, did it establish itself in this country.
The means of improving the public health seemed clear enough. Clean streets, airy apartments, a pure supply of water, were certain safeguards against epidemic disease. And by 1866, advocates of sanitary reform could in justification of their programs point to the discovery of John Snow, a London physician, that cholera was spread through a contaminated water supply. The matter-of-fact, empirical approach to epidemiology which enabled Snow to confirm his theory of the disease’s transmission would have been rare a century before. He had, as well, new theories of disease causation, of the very nature of disease, available to him. Cholera in 1849, for example, was assumed by the great majority of physicians to be a specific disease, whereas in 1832, most practitioners had even regarded cholera as a vague atmospheric malaise and had vigorously disavowed the very existence of specific disease entities.

In 1832, most Americans regarded the United States as a land of health, virtue, and tacit simplicity. Cities seemed often unnatural and perhaps ultimately undesirable excrences in our otherwise green and pleasant realm. By 1866, this was no longer the case. America’s cities had grown immensely in size and significance; they could be deplored, but no longer ignored. But though the existence of the city might be inevitable, its evils were not. The willingness to accept the city and its continued growth was an indispensable step in the finding of appropriate solutions to the problems such growth created. Flight to the country was no longer in 1866, as it had been in 1849, an acceptable solution to urban problems. A pure water supply, adequate sanitation, and a reliable police force were necessary if the dangerous and unhealthy conditions of city life were to be alleviated.

*Snow originally published his theory of the mode of communication of cholera in 1849. It was not until the London cholera epidemic of 1854, however, that he was able to prove empirically his earlier assertion. Snow’s writings on cholera have been conveniently reprinted under the auspices of the Commonwealth Fund, Snow on Cholera, Being a Reprint of Two Papers by John Snow, M.D. . . . (New York, 1956).*
In materialism already present in 1832, but seemingly triumphant by 1866. Habits of thought and patterns of rhetoric had changed as well. A more critical and empirical temper had begun to replace the abstract rationalism of an earlier day. In medicine, for example, thoughtful physicians scorned those concepts which could not be expressed in tables and percentages. The most skeptical disavowed traditional therapy and relied upon the body's natural powers to triumph over disease. This "positivistic" temper of thought and expression infiltrated the pulpit and editorial page as well as the laboratory and constitution room. Cholera, a scourge of the sinful to many Americans in 1832, had, by 1866, become the consequence of remediable faults in sanitation. Whereas ministers in 1832 urged morality upon their congregations as a guarantee of health, their forward-looking counterparts in 1866 endorsed sanitary reform as a necessary prerequisite to moral improvement. There could be no public virtue without public health.


2 It might be argued that this picture is overdrawn, that if another disease were to be studied, smallpox let us say or syphilis, very different conclusions might be reached. A student of the history of smallpox, for example, might conclude that theistic explanations of disease had almost disappeared by 1832. Yet, as is apparent, this would not be attributable to any necessary decrease in individual piety, but to a somewhat fortuitous advance in scientific knowledge (that is, vaccination) which made such explanations increasingly irrelevant. In the case of venereal disease, on the other hand, very different factors were at work; the emotion-laden response of even physicians to its sexual mode of transmission helped preserve the moralistic attitudes with which such ills were regarded until well into the twentieth century. There is no necessary contradiction in these conclusions; moralism is not piety and smallpox is not syphilis. A disease is no absolute physical entity but a complex intellectual construct, an amalgam of biological, psychological, and social definitions. The reactions of Americans to cholera changed between 1832 and 1840, between 1832 and 1866. This is unquestionable. My task has been to understand something of the factors which enabled Americans to perceive this old phenomenon in a new way.
When in the spring of 1832 Americans awaited cholera, they reassured themselves that this new pestilence attacked only the filthy, the hungry, the ignorant. There seemed few such in the United States. In the spring of 1866, when Americans again prepared themselves for an impending cholera epidemic, they expected no such exemption. North America had nurtured slums as squalid as any of those festering in the Old World. Their inhabitants, moreover, were not the pious, cleanly, and ambitious Americans of an earlier generation. Filthy, illiterate peasants could expect no greater exemption from cholera in Boston than that which they had received in Ireland. America was no longer a city set upon a hill. The piety which sustained such a belief and the confidence which this belief engendered were both disappearing. Americans were adjusting to life on the plain.

These remarks are, I hope, sufficient to suggest the kinds of problems dealt with in the following pages. The body of this study is divided into three sections, corresponding to the three major cholera outbreaks on American soil. Each section is intended to be self-sufficient, and all are roughly parallel in organization. Inclusions and omissions which may seem arbitrary in any one of the three sections have been dictated by the design of the work as a whole.

Social attitudes reflect needs as well as realities, wish as well as fulfillment. Many of the ideas outlined in the following pages are inconsistent, even contradictory; rarely do they correspond accurately to the realities of American life, for men perceive their world through a glass darkened by the particular assumptions and predispositions of their generation. Yet popular convictions must not be dismissed as merely crude, or inconsistent, or even irrational. The ideas which

18 Compare the remarks of Pieter Geyl on the problem of irrationality in the causation of the American Civil War, Debates with Historians (New York, 1958), chap. xii, "The American Civil War and the Problem of Inevitability," pp. 144-45.
men have held in the past become, through their belief, truth—at least historical truth.

Not that every American, or even any particular American, in 1832, 1849, or 1866 believed in all those ideas which I suggest as typical of their time. Indeed, many were opposed, implicitly or explicitly, to the predominately Protestant and "middle-class" assumptions of their generation. Yet these values were the accepted, the official ones of nineteenth-century America.

A final apology. Much of the narrative portion of this study, as well as many of the illustrative examples of other sections, is drawn from the experience of New York City during the cholera epidemics. This is due only partially to the relative abundance and accessibility of sources describing New York's bouts with cholera. Rather than spending scores of pages in the repetitious chronicling of cholera in city after city, it seemed more profitable to sketch in greater detail the story of these epidemics in one community. And New York was not just another community; it was the largest and most important city in North America.

The sources for this study are varied, though almost half of the research was done in contemporary newspapers and periodicals. For each of the cholera years, at least one hundred newspapers have been consulted. These were chosen in the hope of arriving at a balanced sampling of opinion, urban and rural, northern and southern, secular and denominational. Periodicals, far less numerous than newspapers in mid-nineteenth-century America, have been examined whenever available.

Perhaps a fourth of the material used in this book was gleaned from medical sources. These include medical journals, treatises, casebooks, and the like. With almost nothing known of cholera and its cause, physicians, especially in 1832 and 1849, clearly reflected the values and preconceptions of their class and time in the discussion of what are ostensibly medical
problems. A careful study of their writings on cholera discloses as well something of the slow and complex way in which scientific ideas change, not necessarily in the minds of a few great men, but in that substrate of assumption and accepted wisdom which constitutes the intellectual texture of an age.
1. THE EPIDEMIC: 1832

It had been an unhealthy winter and the dry spring promised a sickly summer. But New York, a vigorous city of almost a quarter of a million, had other concerns in the spring of 1832. She was the greatest port of the continent, one of the greatest in the world, and her leaders were busy at wharves and in counting rooms ensuring her continued eminence. It was an election year, and the readers of New York’s score of newspapers were not allowed to forget the Indian troubles, the tariff controversy, or the bank question.

Like Boston, Philadelphia, and Baltimore, New York was a city which faced Europe, and there was disquieting news from across the Atlantic. Cholera had broken out in England; a cordon sanitaire—enforced by heavily armed troops—had failed to halt the spread of the disease westward from Poland and Russia. Quarantine restrictions seemed to be of no avail, and as the summer of 1832 approached, it appeared more than likely that America, like Russia, France, and England, would be visited by this newest judgment. Only the Atlantic Ocean continued to protect the United States.

This, the first invasion of Europe by cholera, had not gone unnoticed in America. Throughout the fall and winter of 1831–32, newspapers, magazines, and pamphlets reported in alarming detail its westward spread. Most dismaying, because...
most dispassionate, were the reports of the French and English medical commissions sent to study the disease in Russia and Poland. American medical men turned to the treaties of East India Company physicians, familiar for decades with this pestilence new to the medical world of Europe, in hopes of finding some remedy. By July of 1832, it seemed questionable whether a single periodical had appeared in the past six months without "something on this all engrossing subject."

Private citizens were not alone in their concern. On September 6, 1831, the New York City Board of Health had resolved that three of the city's most prominent physicians be requested to form a committee of correspondence to gather information. In January, Martin Van Buren, minister to the Court of St. James, began sending home reports of the epidemic which had just broken out in Sunderland. In February, the Massachusetts Medical Society appointed a committee of seven to study the history of the disease in an attempt to discover how it might best be treated and whether or not it was contagious.1

Collecting information could not alone prevent disease. Stringent quarantines were immediately invoked against Europe's cholera-ridden ports. In the past, restrictions had been applied only during the summer months. But cholera, unlike yellow fever, seemed to show no preference for warm climates, and quarantine regulations were maintained in America's Atlantic ports throughout the winter of 1831-32. As early as September 17, 1831, Mayor Walter Bowne of New York announced that he had made arrangements for a special depot for quarantined goods. Boston, Philadelphia, Charleston, and Baltimore soon followed suit, quarantining all goods and passengers from infected ports in Russia and the

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1 New York City Board of Health, Minutes, September 6, 1831, Municipal Archives and Records Center (cited hereinafter as Minutes). Later references to the actions of the Board of Health for which no reference is cited may be presumed to have come from these minutes. Martin Van Buren, London, to Edward Livingston, Washington, January 14, 1832, Martin Van Buren Papers (microfilm, Columbia University Library); Massachusetts Medical Society, A Report on Spasmodic Cholera . . . (Boston, 1832), p. 1.
The British Isles were added to the interdicted areas as soon as it became known that cholera had made its appearance in England. With the spring of 1832 and the recrudescence of the epidemic in Europe, only the most sanguine remained confident that America would continue to be spared. It was, in the words of one editor, "not only absurd but morally wrong for any man to assert" that cholera would not appear in the United States. Our exemption "would imply little less than a miracle in our behalf," for American commerce with infected ports continued unabated. Even the common folk began to sense omens. All that year, one Washingtonian recalled: "The Sun Rised and Set Red... and two Black Spots could be discovered dissint in the Sun."

But Americans were not without consolation. Cholera did not attack all, nor did it seem to be an arbitrary imposition of God. It was subject to natural laws and acted through second causes, attacking only those who had somehow weakened or "predisposed" themselves. Filth, misery, vice, and poverty conspired to produce its unfortunate victims. Few such could be found in a land enjoying those unique blessings granted the United States. The healthy farmers and sturdy mechanics of the United States could, Americans believed, never provide such hecatombs of victims as cholera had claimed from among the pagans, Moslems, and papists of Europe and the East. America had no class to compare with the miserable slum-dwellers of Paris and London or with the brutalized serfs of

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2 Boston Medical and Surgical Journal (cited hereinafter as BMSJ), V (September 20, 1831), 77; V (November 15, 1831), 226. A memorial from the New York Board of Health to Congress (Minutes, January 4, 1832), suggesting the appointment of a commission to study the disease in Europe, found much support in medical circles. The petition was reported on adversely by the Committee of the House, although in doing so, it affirmed the power of the federal government to institute a national quarantine if such were to prove necessary. U.S. Congress, Cholera Morbus, 23rd Cong., 1st Sess., January 20, 1833, House Report 126.

3 Religious Examinier (Washington, Ohio), V (1832), 63-64; Argus (Albany), June 1, 1832; Diary of Michael Shiner, p. 49, Manuscript Division, Library of Congress.
Nicholas' Russia. Even New England mill hands were as well fed and clothed as any class in the world, their habits perfectly regular and temperate. "With clean persons and clean consciences," Americans were prepared to meet the disease without trembling.

Americans, as they readily acknowledged, were the best educated, the freest, and the most pious of people. No established clergy harnessed upon them; here, "where reason is free to combat error," the printed word enjoyed its greatest influence. Americans would never lose heart, they reassured themselves, become panic stricken, and like the Paris mob, loot and murder when assailed by the disease. English by inheritance, North Americans could be expected to behave calmly and with valor. An unswerving faith in Christ was a bulwark even more secure. The history of cholera seemed to demonstrate clearly that those countries with fewest Christians had been scourged most severely. America's chastisement would certainly be light, the pious hopefully predicted, for fully one half of the world's evangelical Christians lived within her boundaries.

It did not seem, moreover, that a nation predominately rural could be severely tried. Only in the densely populated cities of the Old World had cholera raged uncontrolled. Rural communities were assured that their pure atmosphere, uncrowded streets, and isolation guaranteed exemption from the disease. Even America's great eastern cities seemed cleaner and their inhabitants of better character than their counterparts in Europe. Boston, in particular, prided herself on the cleanliness, the virtue, the regularity and morality of her citizens. Where, as a Congregational sermonist put it, "on the wide earth is there another to be compared with it in point of cleanliness, health, comfort, intelligence, morals, and most of those things which minister to human happiness and improvement."

*Samuel Barrett, A Sermon Preached in the Twelfth Congregational Church, Boston, Thursday, August 9, 1832... (Boston, 1832), pp. 7, 11.
Nevertheless, few pious Americans dared deny that their nation, despite the great favors granted it by the Lord, still harbored a great many of the sinful and vicious—more than enough to provoke divine judgment. New York seemed especially vulnerable, the largest and filthiest, the most crowded and vice-disfigured of American cities.

Apprehensive New Yorkers took stock of their city and were not reassured by what they saw and smelled. New York was dirty, and dirt seemed to breed disease—not only cholera, but yellow fever, malaria, and every other sort of pestilence. Boston and Philadelphia seemed immaculate country villages by comparison.

The thousands of swine that roamed its streets were the city’s shame, but, nevertheless, its only efficient scavengers. The indifference of the Common Council to the problem of sanitation almost necessitated the lenience, if not affection, with which the pigs were treated. Ordinances to control them were passed from time to time, but never enforced. Respectable folk were continually exasperated by the sight of the beasts, some even threatening to shoot them on sight.

Pigs, goats, and dogs did not provide the only street cleaning apparatus. Citizens were required by law to sweep in front of their houses on certain specified days. Dust and rubbish were to be gathered into a pile in the middle of the gutter from which place they were to be collected by the municipality. An item of Tammany graft or inefficiency, this collection was usually neglected, and appropriately, the decomposing mass of filth which adorned the middle of the streets was called “corporation pie” (New Yorkers, it should be noted, ordinarily referred to their municipal government as the Corporation). In any case, most informed citizens agreed, the streets could never be cleaned properly unless an adequate supply of water was introduced into the city.

Four decades of agitation for a municipal water system had
failed to bring results. Few travelers failed to comment on the poor quality of New York water. A standing joke maintained that city water was far better than any other, since it served as a purgative as well as for washing and cooking. Most people were sensible enough not to drink it, except when forced by poverty or betrayed through inadvertence. Only the poor used the city pumps. Those who could afford the expense had their water supplied in hogsheads from the "pure" springs and wells of the countryside.

Foreigners regarded dyspepsia as America's national malady, and an American dinner could easily be an unnerving experience. Filthy and adulterated food was prepared with little care or cleanliness in kitchens swarming with flies and then bolted as rapidly as possible—perhaps in self-defense. Although cleanliness was appreciated as an abstract virtue, its observance in practice left much to be desired. A New England physician remarked that not one in five of his patients bathed or washed their bodies in water once a year. And this was the wholesome New England countryside. For the city poor, maintaining any kind of cleanliness was almost impossible. Most lived in tiny unventilated apartments, often with whole families—and perhaps a few boarders—occupying the same room, a condition deplored by physicians and moralists alike. The most miserable and degraded lived in unfinished cellars, their walls a mat of slime, sewage, and moisture after every rain. Houses adjoined stables, abattoirs, and soap factories; their front yards were the meeting place of dogs, swine, chickens, and horses.

Their city a seemingly foreordained stopping place for cholera, New Yorkers naturally questioned the powers which their municipal government would be able to call upon should there be an epidemic. The experience of the city in a series of

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8 For a discussion of these efforts, see Nelson Blake, Water for the Cities (Syracuse, 1956).
9 [A Physician], A Rational View of the Spasmodic Cholera... (Boston, 1832), p. 17.
yellow fever epidemics had provided the administrative framework of a public health organization. The temporary health committees of the 1790's had, by 1831, evolved into a permanent Board of Health with accepted powers and duties, which was, however, almost always quiescent unless an epidemic was actually in progress. (The Board of Health consisted of the aldermen meeting with the recorder and mayor, the mayor acting as president of the board and exercising its powers when it was not in session.) In the ten years after the yellow fever epidemic of 1822, the board met at stated but infrequent intervals, although interest was so slight that the necessary quorum was often unobtainable. The Board of Health was charged with the administration and enforcement of the city's public health regulations, which, in practice, consisted almost entirely of enforcing quarantine. The connection between yellow fever in the West Indies or the South and New York's outbreaks of the disease was too obvious to have been ignored. Thus, almost all of the board's stated meetings took place during the summer, when there was danger from the South. The day-to-day business of keeping a city of a quarter of a million healthy was the responsibility of only three men, the health officer of the port, the resident physician, and the city inspector.

The health officer, appointed by the state and working in conjunction with the Board of Health, was responsible for enforcing the quarantine regulations. The duty of the resident physician, a municipal appointee, was to diagnose and report any communicable diseases which might exist in the city. This was a peculiarly vulnerable position, for premature diagnosis of an epidemic disease would mean severe loss to the city's business.1 The resident physician in 1819 who had had the

1 This characterization of the Board of Health is drawn primarily from the Minutes of the board, complete for the period June 5, 1829, to November 23, 1836. The Municipal Archives, at which these minutes are deposited, also contains the complete papers of the board for 1832, including some fifteen hundred reports of cases made by physicians. There are a few articles which shed some light on the activities and evolution of the board. See especially
temerity to diagnose a case of yellow fever was bestowed with "every abusive epithet which could degrade or disgrace" and threatened with personal injury. (The board itself was, as William Dunlap remarked to his friend Dr. John W. Francis, "more afraid of the merchants than of lying.") The city inspector, another municipal officer, was more strictly an administrator, charged with the keeping of vital statistics and the enforcement of sanitary regulations.

The weaknesses of the board were apparent to even the most casual observer. Composed of laymen, it was dependent for advice upon the city's physicians, while as an executive committee, it was dependent upon the Board of Assistant Aldermen for financial and legislative support. The board had only three regular employees, a secretary and two assistants. It had no office, no dispensary, not even a library. It hibernated each winter. Its membership was undistinguished, and as events were to show, slow to act on professional advice when it seemed to endanger the financial well-being of the city.

As spring warmed into summer, the inactivity of the Corporation began to provoke more and more criticism. Nothing, it seemed, had been done to protect the city. Cholera would rage uncontrollably should it arrive "at this moment," one critic warned early in June, "in the midst of the filth and stench with which our streets are filled." But the authorities had not been completely supine. Walter Bowne, the mayor, had hastened to proclaim a blanket quarantine against almost all of Europe and Asia. On June 4, a new act to regulate the cleaning of the city's streets was introduced into the Board of

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George Rosen, "Public Health Problems in New York City during the Nineteenth Century," New York State Journal of Medicine, L (1950), 73-79.


Truth Teller (New York), June 1, 1832.
Two days later, on the fifteenth, the threat became more real and more imminent. The Albany steamboat which docked that Friday afternoon brought word that cholera had broken out in Quebec and Montreal. The Atlantic had been forded—America’s last great defense had failed, and it hardly seemed possible that she could be spared.

New York was not a large city. By Saturday morning, June 16, nearly everyone had heard the news from Canada. Philip Hone, the usually imperturbable ex-mayor, did not see how New York could escape. He could not think of a European city as dirty as New York; certainly neither Quebec nor Montreal was dirtier. Miasma arising from the filth rotting in the streets, yards, and cellars was quite capable of producing sickness without the added influence of cholera in the atmosphere.

The members of the Common Council were equally conscious of the sights and smells; self-preservation as well as political expediency demanded their immediate action. On Saturday morning, the Board of Assistants held a special meeting and voted $25,000 to the Board of Health for “the erection of hospitals and other means to alleviate and prevent the cholera.” The board was also urged to send a suitable observer to report on the epidemic in Canada. Skilled observation would provide insight and understanding, perhaps even a cure or preventive for the disease.

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10 Evening Post (New York), February 3, 1832, reprints the Mayor’s quarantine proclamation issued the previous day. New York City, Board of Assistants, Report of the Committee on Cleaning Streets, Dec. 36 (New York, 1832).


12 N.Y.C. Common Council, Proceedings of the Board of Assistants, from May 9, 1832 to May 14, 1833 (New York, 1837), II, 33, 36. Doctors DeKay and Rhinelander were sent by the board to observe the disease in Canada.
The news from Canada was uniformly discouraging. The mortality rate in Quebec and Montreal had not been surpassed in any part of the world, and there was little dissent when Mayor Bowne proclaimed an unprecedentedly severe quarantine. Without the permission of the Board of Health, no ship could approach closer than three hundred yards to the city; no vehicle closer than a mile and a half.\(^{13}\)

It seemed on Sunday that every minister in the city had chosen cholera as his text. “The consternation in the city is universal,” a young artist noted in his journal, “Wall Street and the Exchange are crowded with eager groups waiting for the latest intelligence.”\(^{14}\) The Sabbath was profaned by the *Courier and Enquirer*, which printed a cholera extra of ten thousand copies. The *Standard* also issued an extra, while hopeful apothecaries circulated and posted handbills for opium, camphor, and laudanum—all sovereign remedies and preventives for cholera. The price of camphor doubled immedately.

The medical profession was particularly conscious of the danger and of its responsibility should there be an epidemic. Accordingly, the Medical Society, which represented two-thirds of the city’s licensed physicians, formed a special committee of fifteen to study the problem. At their first meeting, this committee formulated a program of public and individual hygiene for the days ahead. It was most important, they urged, that the streets be kept clean throughout the coming summer. To help accomplish this, and to purify the atmosphere, water should be run from the hydrants several times a week. The streets themselves, as well as private sinks, yards, and cesspools should be disinfected with chloride of lime or quicklime. Individuals were urged to be calm, to be temperate in dining and drinking, and to be especially scrupulous in washing. Learned in a generation of yellow fever epidemics

\(^{13}\) *Evening Post* (New York), June 26, 1832.

\(^{14}\) Diary of Thomas Kelah Wharton, June 17, 1832, Manuscript Division, New York Public Library.
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and gleaned from accounts of cholera in Europe, these recommendations represented the best medical opinion of the time. Despite such excellent and reassuring advice, many New Yorkers were already leaving or planning to leave the city. Those who stayed stockpiled, if they could afford to, on the cholera specifics which were being hurriedly concocted, bottled, and labeled by apothecaries and free-lance quacks. Even the more irreverent were sobered by the threat of this "pestilence that walketh in darkness." The twenty-ninth of June was generally observed as a day of fasting, prayer, and humiliation by the city's numerous congregations. The neighboring city of Brooklyn had observed a similar fast the previous day.

Still, in the face of increasing public concern, the Corporation appeared strangely negligent. To be sure, it had seemed for a few days that the city would be zealous in banishing its filth. A new system of street-cleaning was instituted, and householders were urged individually to clean and purify their buildings and grounds. By the end of the week, however, it was becoming apparent that this ambitious program had come to a halt as abruptly as it had begun. The dirt and rubbish which householders had gathered now lay in ridges in the streets waiting to be carted away. William Cullen Bryant's Evening Post (June 22, 23) suggested that the legislature step in to protect the city, the Corporation having proved itself irremediably incompetent.

Cholera appeared in Montreal on June 6. By June 14, it was in Whitehall, New York; by June 18, at Mechanicsville and Ogdensburg.

At the first news of cholera's arrival in Canada, few Ameri-

16 Truth Teller (New York), June 13, 1832.
17 Observer (New York), June 30, 1832.
18 A detailed survey of the disease's spread through New York State may be found in Lewis Beck, "Report on Cholera, made to his Excellency Gov. Throop, August, 1832." Transactions of the Medical Society of the State of New York, 1832-33, pp. 353 ff.
cans could continue to hope that their country might long escape the fate of its northern neighbor. Most of the immigrants who landed in such great numbers in Canada had no intention of staying, but quickly made their way to the United States. Despite the assurance of physicians that cholera was not contagious, it was hard to believe that these dirty, poverty-stricken wanderers did not bring death as well as hunger and squalor with them.

Bands of American physicians set out immediately for Quebec and Montreal to study the disease. Few others, however, were willing to chance an encounter with cholera. Roads leading from Albany, New York, Philadelphia, and other eastern cities were crowded with families leaving prematurely for country homes. Towns and cities in upper New York State, Vermont, and along the Erie Canal invoked quarantine regulations, but with little success. Emigrants leaped from halted canal boats and passed the locks on foot, despite efforts by contingents of armed militia to stop them.

Enos Throop, the governor of New York, had called a special session of the legislature to meet at noon Thursday, the twenty-first of June. A committee appointed that afternoon reported a public health bill on Friday morning. In what may well have been record time, the bill became law, passed by both houses and signed by the Governor the same day. The act called for a quarantine between upper and lower Canada and New York. More important, it empowered each city and incorporated village not having a board of health to establish one. In the next few weeks, meetings all over the state formed boards of health, usually manned by the overseers of the poor and other local officials. Health officers were appointed, quarantines instituted, and doctors and hostelry keepers required to report cases of cholera. Householders were to clean and purify their properties; persistent nuisances were to be treated as misdemeanors.

THE EPIDEMIC

New York State was not alone in such hectic preparations, though her needs were most immediate. In every part of the country, communities hastened to form boards of health and to publish recommendations against cholera. Quarantines were established in booming river and canal towns, and indignant letters filled local newspapers, urging the immediate cleansing and purification of streets and alleys. Owners and overseers white-washed slave cabins and stocked medicine chests with cayenne pepper, laudanum, and calomel, which had been recommended as unfailing preventives. Others appealed to God. The faithful gathered in scores of churches, praying and fasting that the Lord might temper his judgment.

New Yorkers anxiously noted the filth accumulating in their streets, the decaying garbage and stagnant pools in vacant lots, and grew even more alarmed as cholera moved steadily south from Montreal and Quebec. Their fears and conjectures were soon to become reality.

Late Monday night, June 26, an Irish immigrant named Fitzgerald came home violently ill. The pain in his stomach grew worse during the night, and in the morning he called a doctor. When the doctor arrived, Fitzgerald was already feeling better, but his two children were sick, complaining of ag.

It is more than likely that cholera was imported into New York independently of the outbreak in Canada. Years later, Dr. Westervelt, the port physician in 1832, stated that "in 1832 cholera arrived in infected ships prior to its outbreak upon the St. Lawrence, but that for prudential motives, the facts were suppressed by the Board of Health. The sick were cared for in the quarantine hospital, and the well emigrants were shipped rapidly from the city." When Ely McLellan was writing his history of cholera in 1874, he attempted to verify Westervelt's story, but found the quarantine records for April, May, and June of 1832 to be missing, while records of preceding and succeeding months were all perfect. The Cholera Epidemic of 1832 in the United States, 43d Cong., 1st sess., Doc. 95 (Washington, 1875), pp. 67-68. This is confirmed by Alexander Vache, Letters on Yellow Fever, Cholera, and Quarantine . . . (New York, 1812), p. 47 n. In any case, the ship Brenda had arrived in Baltimore on the sixth of June after having had fourteen cholera deaths on her passage from Liverpool; Freeman's Banner (Baltimore), June 16, 1832; Horatio G. Jameson, "Observations on Epidemic Cholera as it Appeared at Baltimore, in the Summer of 1832," Maryland Medical Recorder, III (1832), 377.
onizing cramps in their stomachs. The children died on Wednesday, but not before they were seen by many physicians, all of whom agreed upon a diagnosis of Asiatic cholera. Mrs. Fitzgerald died on Friday, and the next few days brought a scattering of similar cases: patients suffering with intestinal spasms, diarrhea, and vomiting. Most of them died.

By the end of the week, the Board of Health had received several reports of cholera cases. On Friday (June 30), Dr. James Manley, the resident physician responsible for the diagnosis of contagious disease, reported two "undoubted cases." Despite such convincing evidence, the Board of Health and the mayor were still reluctant to make these reports public.

Regardless of official silence, the fact that cholera existed in the city could hardly be kept secret. On his Sunday walk, Philip Hone met the editor of the Standard, who had just seen an unmistakable case at the bridewell. Rumors that cholera was moving west and not south from Canada could not stem the growing panic; mass exodus from the city had already begun. A hyperbolic and sarcastic observer remarked later that Sunday had seen "fifty thousand stout hearted" New Yorkers scampering "away in steamboats, stages, cars, and wheelbarrows." Methodists began the prayer meetings which they were to hold every morning that summer from half-past five to half-past six.

20 N.Y.C. Board of Health, Reports of Hospital Physicians and Other Documents in Relation to the Epidemic Cholera of 1832, edited by Dudley Atkins (New York, 1832), pp. 9-10. Statements of witnesses living in 1866, however, affirmed that the first case of cholera occurred on the twenty-first of June in the person of an immigrant who had just arrived from Montreal. Evening Post (New York), May 5, 1866.

21 The original reports may be found in the City Clerk's Papers, File Drawer U-58, Municipal Archives and Records Center. John Stearns, one of the city's most prominent physicians, went to the mayor and begged him to announce that the epidemic had broken out. The mayor, however, denied that the cases reported were anything out of the ordinary. John Stearns, Concerning the Cholera Epidemic, MS 170, Rare Book Room, New York Academy of Medicine.

22 Diary of Philip Hone, July 1, 1832, Manuscript Division, New York Historical Society.
The Medical Society and its special committee on cholera felt that they could no longer wait upon the dilatory Board of Health—only prompt and decisive action could save the city. On Monday morning (July 2), the Medical Society stated publicly that nine cases of cholera had occurred. Only one had survived.

This announcement was immediately attacked by those New Yorkers who feared—and hoped—that it might have been premature or unwarranted. Unwilling to face the consequences of an epidemic, they turned instinctively against the physicians who had made it impossible to ignore any longer the presence of cholera in the city. The Medical Society was castigated as a private organization usurping the functions of the Board of Health, as a group of private citizens having no authority to make statements affecting the welfare of the entire city. There were many who agreed with banker John Pintard that this "officious report" was an "impertinent interference" with the Board of Health. Had the eager physicians, he asked, any idea of the disaster which such an announcement would bring to the city’s business?23

Meeting on the same Monday morning, the Board of Health began to take belated measures against the epidemic already in their midst. From that day forward, the board resolved to meet each day at noon. More important, they decided to appoint a select advisory council of seven prominent physicians. This Special Medical Council, a group for which there was neither precedent nor legal sanction, was to become the "brain trust" of the Board of Health, making most of the decisions in fighting the epidemic.

Meanwhile, the equivocal statements of the Board of Health had been more inscrutable than reassuring. The exodus from the city continued. Carts which a few days before had carried merchandise through the streets were now seen loaded

23 John Pintard, Letters from John Pintard to His Daughter Liza Noel Pinta-}

rd Davidson 1816-1833 (New York, 1941), IV, 60.
with the beds, chairs, linen, and tables of families making for
the pure air of the country.

The roads, in all directions, were lined with well-filled stage
coaches, livery coaches, private vehicles and equestrians, all panic
struck, fleeing from the city, as we may suppose the inhabitants
of Pompeii or Reggio fled from those devoted places, when the
red lava showered down upon their houses, or when the walls were
shaken sunder by an earthquake.24

By the end of the first week in July, almost everyone who
could afford to had left the city. Farm houses and country
homes within a thirty-mile radius were completely filled.
Roads leading from the city were crowded not only with
carts, horses, and carriages, but with "oceans" of pedestrians,
trudging in the mid-summer heat with packs on their backs.
A merchant living on one of the principal residential streets
recalled that his and one other family were the only ones on
the street to remain. The young wife of another merchant
baked all the bread and cake eaten in her house during the
epidemic—at the end of the summer even making the yeast.
Visitors to the city were struck by the deathly silence of the
streets, unaccustomedly clean and strewn with lime. Even on
Broadway, passers-by were so few that a man on horseback
drew curious faces to upper windows. One young woman
recalled seeing tufts of grass growing in the little-used thor-
oughfares.

The Fourth of July proved to be an unnaturally quiet one.
Churches were open for divine service, although many pews
were empty, their occupants having left the city. Some min-
isters had departed as well, heeding the example of their
scattered flocks. Most uncommonly, the "utmost harmony
prevailed during the day, not a single incident occurred."
Cholera had forestalled even the knifings, brawls, and shoot-
ings which customarily adorned the Fourth. The church bells
were silent, and the only noise was that of a "pretty smart can-
onade of crackers" provided by the boys of the city.

24 Evening Post (New York), July 3, 1832.
Nevertheless, the epidemic increased. On Thursday, July 5, the Court of Sessions discharged on their own recognizance all prisoners confined in the almshouse for misdemeanors. Cholera had broken out at the almshouse, and it seemed unjust to expose petty offenders to probable death. The felons in the penitentiary and the bridewell were soon sent to temporary shelters on Blackwells Island.

On Friday the board began to issue daily cholera reports. The appearance of these bulletins at noon soon became the central event of the day, around which besieged New Yorkers built their daily routine. Mornings were given over to speculation about the new report, while afternoons were devoted to discussions of the identity and circumstances of the latest victims. Even the city's score of thriving newspapers were unable to satisfy a seemingly insatiable public curiosity.

On Thursday, July 5, the Gazette published two extras, one in the morning and one in the afternoon; still, the "run for them was so great that it was impossible to supply the demand."26

At last the Board of Health began to take action, outfitting five special cholera hospitals, one in the Hall of Records, another in a school, a third in an old bank, and a fourth in an abandoned workshop. These tardy measures could not still a growing criticism. Had the lives of the city's humble artisans and mechanics been sacrificed to the commercial interests which seemed to have paralyzed the board into inactivity? Editorials urged that the Board of Health be forced to resign if it could not fulfill its duties.27 The Board itself was becoming desperate: one member—Alderman Meigs—proposed a reward of twenty dollars for any licensed physician who cured a case of cholera (July 14).

Fortunately, the disorganization of the city was never to become complete. Respectable persons of regular habits re-

26 Gazette and General Advertiser (New York), July 6, 1832.
27 Cholera Bulletin, July 9, 13, 1832. This publication was issued twice weekly during the epidemic by "an association of physicians."
assured themselves that they had little to fear. Only the dirty, the intemperate, those who had somehow predisposed themselves, were cholera's intended victims. The Special Medical Council announced on July 10, a day on which there had been forty-five deaths, "that the disease in the city is confined to the imprudent, the intemperate, and to those who injure themselves by taking improper medicines."

Obviously then, the most important task in preventing the spread of cholera was to safeguard the common people against their dangerous habits of life. Accordingly, the Special Medical Council drew up the following recommendations, which were distributed in handbills and published prominently in all of the city's newspapers.

**Notice**

*Be temperate in eating and drinking,*

*avoid crude vegetables and fruits;*

*abstain from cold water, when heated;*

*and above all from ardent spirits and*

*if habit have rendered it indispensable, take much less than usual.*

**Sleep and clothe warm**

*Avoid labor in the heat of day.*

*Do not sleep or sit in a draught of air when heated.*

**Avoid getting wet**

*Take no medicines without advice.*

As business in the city stagnated, even the most deserving among the poor were soon penniless. In the month of July, the Savings Bank paid out almost $100,000; on one day, Saturday the seventh, over $20,000.\(^{27}\) On Tuesday, July 16, a

\(^{27}\) Minutes, July 10, 1832. This communication was ordered printed in all of the city's newspapers. So common were reports of this kind that it is almost impossible to find a newspaper published in one of America's choleste-infected communities which did not, at some time during the summer, contain a similar declaration.

\(^{28}\) John Finard, op. cit., IV, 66-69, 73, 75-76.
large meeting at the Merchant's Exchange collected almost $1,700 for the relief of the poor. Three nights later, another meeting was held at which $3,811.75 was subscribed, seventeen of the city's more prominent merchants giving one hundred dollars apiece. Those who could not give cash were urged to contribute food or clothing. Distribution and collection centers were established in each of the city's fifteen wards. By the end of July, this informal Committee of the Benevolent was providing some five hundred families with food in one ward alone.

There was never a more delightful exhibition of Christian benevolence than is now witnessed in this city... Numbers of our most accomplished ladies are engaged day after day in making garments for the poor and distressed, while Committees of gentle men... are searching out the abode of poverty, filth, and disease, and administering personally to the wants of the wretched inmates... They have... caused the tenements to be whitewashed and cleansed, and the sick to be provided with physicians or sent to the Hospitals, not omitting to warn the wicked of their evil ways, and point them to the Great Physician of the Soul.26

The Executive Committee of the Board of Health solicited clothing and food from merchants for use in the hospitals, and jobs were provided for at least some of those turned out of work by the epidemic.27 The city employed additional men in construction of the new Seventh Avenue. Church groups set women to work sewing; one church, the Dutch Reformed at Nassau and Ann streets, supplied work for eighty women each day.

When Lorenzo Da Ponte arranged for the visit of an Italian opera company to New York, he could hardly have visualized...
their arrival in the midst of a cholera epidemic. Nor could the company have imagined that their first weeks in the New World would be spent lounging on the grass outside a lonely quarantine station. There were few signs of a prospective opera audience on July 30, when Signor Montresor and his troupe of fifty arrived in New York.

There had been thirty-nine deaths that day, and it was common knowledge that many doctors did not even bother to report their cases. Earlier in the week, over a hundred deaths a day had been recorded. Cartloads of coffins rumbled through the streets, and when filled, returned through the streets to the cemeteries. Dead bodies lay unburied in the gutters, and coffin-makers had to work on the Sabbath to supply the demand. Charles G. Finney, the evangelist, recalled having seen five hearses drawn up at the same time at different houses within sight of his door. Harsh smoke from burning clothes and bedding filled the air, mingling with the acrid fumes of burning tar, pitch, and other time-tested preventives. Houses stood empty, prey to dust, burglary, and vandalism. By August, many of the churches were closed—especially those with wealthier congregations. St. George’s shut its doors for almost the entire month; its pastor wrote that three-quarters of his flock were absent anyway.

The deserted houses and shops were a constant temptation to the criminal and near-criminal elements of the city, and the Board of Health soon authorized the mayor to employ additional watchmen. Even this did not seem to have been too effective in checking what one newspaperman spoke of as an "epidemic of burglaries." Here, too, was an area for criticism of the municipal authorities.

The cases of housebreaking are numerous, and the plunderers of private dwellings in the wantonness of mischief destroy what they cannot carry away. Carpets are cut to pieces and furniture broken to pieces by these wretches. We hear of persons procuring an insurance against theft, at 5%. The laws, the city regula-
tions, the municipal police ought to be the insurers of the property of every citizen...

Breaking and entering was not the only means of taking advantage of the city's disorganization. Swindlers attempted to defraud the Savings Bank by presenting falsified passbooks, while businessmen were accused of using the epidemic as an excuse for defaulting on their obligations.

The poor, deserving and undeserving, resented the unwonted intrusion of authority into their affairs. As had been the case in epidemics since the Middle Ages, the lower classes forcibly discouraged attempts to take their sick to hospitals, which were regarded as little more than charnel houses. Physicians and city officials were attacked and brutally beaten. Mobs opposed the precipitate burial of the dead that had been dictated by the Special Medical Council. The inmates of one tenement, "a miscellaneous mob of men and women," blocked the hallways of their building, forcing the authorities to lower a coffin out of a window. When it reached the ground, the women of the building stood upon it to prevent its being taken away. They had planned to wake the corpse, and a sizable number of black eyes and bloody noses on both sides testified to the fervor of their convictions.

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The Five Points, the city's red-light district, had always been an object of distaste for the respectable, but at no time was their indignation greater than during the epidemic. The case rate was highest in this moral slough, and the disease soon spread to respectable citizens unfortunate enough to live in the vicinity.

The Five Points... are inhabited by a race of beings of all colours, ages, sexes, and nations, though generally of but one condition, and that... almost of the vilest brute. With such a crew,

81 Evening Post (New York), July 23, 1832. At least some of this vandalism must have stemmed from resentment toward those whose wealth had allowed them to escape the epidemic.

82 Commercial Advertiser (New York), July 3, August 14, 1832.
inhabiting the most populous and central portion of the city, when may we be considered secure from pestilence. Be the air pure from Heaven, their breath would contaminate it, and infect it with disease.33

William A. Caruthers, a young Virginia physician and novelist-to-be, helping to treat the poor in the Five Points was shocked at the misery he saw—far worse, he later wrote, than that to be found among the most ill-used of slaves in his native South. The inhabitants of the Five Points seemed to the young physician no longer human. Dead at heart, they endured cholera like "a flock of sheep swept off suddenly by some distemper." Rum was their only anodyne. Loaves of bread distributed by the benevolent had to be cut into quarters, for intact loaves were pawned for drink.34

By July 10, the cholera epidemic had reached its height. August brought with it a gradual but steady decline in the number of new cases, and though the epidemic smouldered on throughout that fall, it had completely disappeared by Christmas.

The factors causing its subsidence can, in retrospect, only be guessed at, even by the trained epidemiologist. Almost certainly, however, an important reason was the disappearance of dense concentrations of susceptible persons living in crowded and filthy conditions. Those of the poor who had not died either had some sort of immunity or had been removed by the authorities to less exposed quarters. Changes in the temperature and humidity may have affected either the cholera vibrio or the ability of the water supply to act as a carrier. In any case, cholera's stay in New York was short and left behind no endemic foci from which new epidemics might originate.

33 Evening Post (New York), July 23, 1832. The area was known as the Five Points because it centered on a square at which five streets intersected.
34 Caruthers, The Kentuckian in New-York ... (New York, 1834), II, 28-29.
In the first weeks of August, merchants began to insert notices in the newspapers, announcing that they were open for business and urging the immediate return of those who had fled. The city, they reassured, held no perils for the temperate and prudent. (Still, the Special Medical Council could not declare itself in favor of such a course. It warned those safely ensconced in the country not to risk the fatigue and anxiety of the trip back to the city.) It soon became apparent that the epidemic had spent itself; in the second half of August, the refugees began to trickle back into the city. On August 28, the Special Medical Council pronounced New York safe, and two days later issued its last cholera report. As early as August 10, the Board of Health had begun to close the cholera hospitals, displaying an alacrity conspicuously absent in its preparations for the epidemic. On August 17, the board began to make provisions for the storage and inventory of its remaining supplies. By the end of the month, only one hospital remained open.

With the last days of August, the city began to come fully alive. Some of the "most abominable cowards," it was observed, were already "becoming satirical." John Pintard, who stayed through the whole terrible summer, was pleased at the return of New York to its accustomed animation. His usually acrid prose became almost joyous as he described the resurrected metropolis.

The stores are all open, footwalks lined with bales and Boxes & streets crowded with carts & porters cars. What a contrast to the middle of July when this Bazar of our dry-goods [Pearl Street] had appeared as still & gloomy as the Valley of the Shadow of death, here and there a solitary person standing at the door or leaning across the empty counters mourning over his departed custom. Now all life & bustle, smiling faces, clerks busy in making out Bills, porters in unpacking & repacking Boxes, joy & animation in every countenance.80

80 Pintard, op. cit., IV, 90. This letter is dated August 18, 1832.
But the epidemic had not become a memory for all New Yorkers. William Dunlap wrote on September 1 that more people were dying than when the Corporation reported. And the winter promised to be a severe one: there were hundreds of widows and orphans to be provided for, and beggars could be found in every busy street.

Americans prided themselves on their railroads, canals, and steamboats. Before the end of 1832, cholera was to travel on them all. Few communities, however remote, escaped its visits; and hastily dug graves in every state between Maine and Wisconsin bore witness to the extent of cholera's wanderings. It followed the army of General Scott against Blackhawk, killing white and Indian alike and spreading to Wisconsin and Illinois. So terrifying was the disease that settlers deserted the shelter of Chicago, where it had broken out, preferring to take their chances with the scalping knives of the savages.

New York was probably the most thoroughly scourged among the states. Each of the thriving towns along the Erie Canal suffered in its turn, despite quarantines and last-minute attempts at "purification." But it was the immense mortality of the epidemic in New York City that attracted most attention. Accounts soon filled the columns of newspapers in every part of the country, and local governments in New England, the South, and the West absorbed in their turn the abuse and indignation of fellow citizens. What town could boast of its freedom from the filth and decay which invited cholera? Even rural areas contained piles of festering manure and other nuisances capable of attracting the disease.

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36 Dunlap, op. cit., IV, 617.
The larger cities established cholera hospitals, instigated feverish clean-ups, and continued their quarantines. Despite these efforts, only Boston and Charleston among America's larger cities were to escape; New Orleans was probably the most severely visited. Cholera claimed five thousand lives in the Crescent City.  

The South was spared until August and September. Some sections, escaping lightly even then, were to be visited with greater severity in the spring of 1833, when the disease, quiescent during the cold of winter, broke out with undiminished virulence in the West and South. Small villages, even isolated farms, were stricken. And here the disease was most terrifying: it had to be faced alone, often without friend, minister, or physician. The appearance of cholera in even the smallest hamlet was the signal for a general exodus of the inhabitants, who, in their headlong flight, spread the disease throughout the surrounding countryside.

Unswayed by the arguments of physicians, common folk insisted that the disease must be contagious. In Chester, Pennsylvania, several persons suspected of carrying the pestilence were reportedly murdered, along with the man who had sheltered them. Armed Rhode Islanders turned back New Yorkers fleeing across Long Island Sound. At Ypsilanti, the local militia fired upon the mail stage from cholera-infested Detroit. Everywhere there were stringent quarantines. The newly arrived foreign immigrants were particularly feared. Even if they did not carry the disease, the dirty and crowded conditions in which they lived and moved provided the perfect soil in which to germinate the seeds of pestilence.

Those who could deserted cities for the pure air and waters of the countryside. Those who could not experimented with

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other means of prevention. Many dosed themselves with the "cholera preventives" which enriched apothecaries and quacks throughout the country. A greater number took refuge in alcohol; French brandy and port were held in particularly high esteem for their bracing qualities. The more temperate enveloped themselves in camphor vapors, hoping to neutralize the cholera influence which tainted the atmosphere, while many communities hoped to achieve the same end with the fumes of burning tar or pitch. In New Orleans, such clouds of smoke covered whole blocks. No chances could be taken, no possibility ignored. On one Louisiana plantation, the main house was fumigated morning and evening with burning sugar and vinegar, while its inhabitants were enveloped at all times in clouds of dense smoke from tar burning in the yard. Meats were served smothered in garlic, and no one ventured abroad without camphor somewhere on his person.39

The epidemic provoked anxiety even in those places fortunate enough to have escaped its effects. Cholera created a peculiar tension—in the words of a young Bostonian, "a state about midway between hope and fear." For some, this tension, added to a life of toil and hard work, was almost too much to bear. One rural mother, unsure if her son were alive or dead, scrawled in her diary: "Our anxiety increases. The troubles of my life are neither few nor small I have felt today, as tho the brittle thread would not last long."40 Mothers feared for their young children, even those seemingly healthy. In cholera times, the slightest malaise might be a premonitory symptom of the disease. The country, especially clean and elevated places, seemed to offer the only security against the disease.

Despite many pious hopes, cholera was no converting ordi-

40 Diary of Lucretia Mott Hall, August 12, 1832, Manuscript Division, New York Historical Society.
nance. The vicious seemed merely to have been hardened in their depravity, though the spiritually minded Christian was confirmed in his faith. Deserted streets and desolate towns returned to life with almost indecent haste. Even before the epidemic had run its course, the infidel theaters had opened their doors. In September, Philadelphians applauded Mr. Hackett as a dashing Colonel Nimrod Wildfire, while in New York, Mr. Rice was enjoying his usual success as Jim Crow.

Cholera returned again in 1833 and 1836, then vanished as abruptly as it had come. It was to be fifteen years before it was again to find root in American soil.
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 inescrutable 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
GOD'S JUSTICE?

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.

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.

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, 955; American for the Country (New York), June 26, 1832.

2 Republican (Nashville), October 29, 1832; Boston Recorder, June 27, 1832; Dr. John L. Cobb, Virginian (Lynchburg), August 27, 1832.
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. “Not-
withstanding 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 com-
fort. . . . The disease is now, more than before rioting in the
haunts of infamy and pollution. A prostitute at 65 Mott Street,
who was dressing 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 secur-
ity.9
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 circum-
stances.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 to-
gether like swine in their polluted habitations.” A week later,
at the very height of the epidemic, Pintard was still calm.

9 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 war-
rant, a dozen oysters, suicide. Overindulgence in alcohol was the most dan-
gerous 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."

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." 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."

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 damnation.

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4 Pintard, Letters from John Pintard to His Daughter Eliza Noel Pintard Davison, 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. 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. . . .*  

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 dwelt in Jerusalem?”

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.” 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).  

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. 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.

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 nearly 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.

Universalists and their "infidel" allies were quick to point

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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! World 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 emi-

15 "Anti-Formalist," Philadelphia Liberalist, August 8, 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.
gent 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. 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.

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.
nously a resolution calling for a day of fasting and prayer. 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. 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). 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 left their authors open to bitter and often personal attacks. Political opponents commented that better...
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 watch 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 its 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.”

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.”

38 American Tract Society, An Appeal on the Subject of the Cholera to the Prepared and Unprepared (1832), p. 3.
39 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. Especially, though not exclusively in New England, the opponents of Old Hickory could be labeled theocrats, as well as Federalists and aristocrats. 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 increases 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." 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 "theocratic" of denominations, Presbyterians, orthodox Congregationalists, and Universalists were virtuous.
god's justice?

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.28 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. 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.

28 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.

The dictates of Christian Science would have been regarded as not only absurd but iniquitous—this despite a current view that nineteenth-century clergymen opposed the prevention of disease as insevered, cf. Reinald Reynolds, Cleanliness and Godliness... (Garden City, 1945), pp. 160-170. David Schneider, in History of Public Welfare in the State of New York 1669-1886 (Chicago, 1938), p. 176, 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.

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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 I wait,
Not slip one opportunity.
To marry Church and State!
Hope gives them dreams of wealth and ease,
And Beebebeb sends pride,
And whilst they sleep, the sheaves leap up,
And on the tithes 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?29

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 days.

29 John R. Boles, The Protestant Clergy and Public Issues, 1812-1848 (New York, 1954), asserts that such clerical respect for the separation of Church and State did not impede an attempt 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.
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III. OR MAN'S INJUSTICE?

Asian cholera was a disease not only of the slums 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—inconstancy, immorality, impiety—which doomed a man to poverty were the same ones which predisposed him to cholera. The Irish and Negroes, 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." The vices which predisposed to cholera were charac-

54 1832
He is not a fatalist. He believes it to be disobedience to God, not to employ the aids which God furnishes for his use. . .26

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 fevers and morasses" of society were potential sources of danger to every member of the community.


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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. 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." 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 762 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), I (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 (Philadelphia, 1832), p. 47. 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."

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.

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."

*Dr. J. C. Love to the Board of Health, July 12, 1832, Filed Papers of the Common Council, File Drawer T-205, Municipal Archives and Records Center; Henry Lincoln to May Ann Lincoln, August 12, 1832, Lincoln Family Papers, in the possession of Mrs. J. F. Towne, New Haven, Connecticut.*

*Bernhard J. Stein, *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.*

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, many 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 workingmen 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."

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." Though not a

1 Mrs. P. Roosevelt to S. R. Johnson, July 13, 1832, Roosevelt Papers, General Theological Seminary, Cincinnati Mirror, 1 (August 18, 1832), 101; Lunsford P. Yandell, "An Account of the Spasmodic Cholera, as It Appeared in the City of Lexington, in June 1832," Transylvania Journal of Medicine, VI (1832), 202-3; Forbes Winslow, Medical Magazine, 1 (1832), 240-42.

2 Workingman'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. . . .

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.  

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

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


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 Negroes was almost twice as great as that among whites—probably a reliable, if informal, index to the poverty in which the North’s free Negroes lived. Whether he was free or slave, Americans believed, the Negro’s 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 Negro 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 manummision. In Lynchburg, for example, free Negroes 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, Negroes 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 Negro man already comatose, “which he felt so acutely, that he leaped up instantly and appeared to be in great agony.”

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 bondmen.) Richmond, anticipating cholera, established special hos-
pitals for the Negro 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 cautionary appeals had to be made. The "cry of fanaticism, colonization, 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 control 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 loathsome 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 Negroes 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-

14Enquirer (Richmond), August 17, September 18, 1832; Henry Clay to Peter B. Porter, July 3, 1833, Peter B. Porter Papers, Buffalo Historical Society.  
15A Country Physician," Enquirer (Richmond), October 6, 1832.  
16Mary Holley to her daughter, November 15, 1833, 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 habit, much addicted to intemperance and crowded together into the worst portions of the city." 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 starved 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." 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." 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-

18 Niles' Register, XLII (July 21, 1832), 372; 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 encouraging in the arrival of such immigrants. "They have brought the cholera this year," he observed in September, and they will always bring wretchedness and want. The boast that 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 distasteful 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 benevolent 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 10, 1832, Manuscript Division, New York Historical Society.
waxing temper of anti-Catholicism. Even so militant a Protestant as Ezra Stiles Ely, editor of the ultra-orthodox Philadelphian 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. 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.”

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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 Philadelphian, August 30, 1832. For additional comment on the Sisters of Charity, see Beacon (St. Louis), November 15, 1832; Illinois Whig (Vandalia), November 18, 1832; Franklin Repository (Chambersburg, Pa.), August 31, 1832; Patriot (Baltimore), n.d., cited in the United States Telegraph (Washington, D.C.), August 17, 1832; Niles' Register, XLII (August 18, 1832), 439; Utter Palladium (Kingston, N.Y.), August 29, 1832; Liberalist (Philadelphia), September 15, 1832.
23 United States Catholic Intelligencer, March 13, July 27, August 17, September 31, 1832. John Pintard 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 Pintard to His Daughter Eliza Noel Pintard Davidson, 1816-1833 (New York, 1945), IV, 93.
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 premonitory 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." 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 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.
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 premonitory 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 spasm 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."4

Calomel, a chalky mercury compound, employed almost universally as a cathartic, was the most widely used choleric 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 advo-

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4 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," Transylvania Journal of Medicine, V (1833), 496-99; Ibid., VI (1833), 207, 331, 353.

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

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."

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. Others dosed themselves with the cures and preventives.

8 For tobacco as a remedy, see J. N. Casanova, General Observations Respecting Cholera Mortua (Philadelphia and Baltimore, 1832), pp. 61-63; the president of the mass 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.

9 Watson, Lectures on the Principles and Practice of Physic ... (Philadelphia, 1842), p. 715. At least a few American physicians had begun to reach similar conclusions. Cf. George C. Shattuck, Jr., to G. C. Shattuck, Septem-
ber 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-350, 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 therapies. 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."

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 contending; 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!"

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), 111-11; Heber C. Kimball, "Journal," Times and Seasons (Nauvoo, Ill.), VI (March 15, 1841), 940.
8 Cholera Bulletin, July 13, 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 seemed 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 11, 1832, Municipal Archives and Records Center; George Rosen, Fees and Fee Bills: Some Economic Aspects of Medical Practice in Nineteenth-Century America (Supplement of 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; drunks, 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 cause 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.13

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.14 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,

Lae, Phyic and Divinity;

And while these three remain combined,

They keep the world oppressed and blind.

On Lab'rs 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, 1954).

14 "R. H.," Thomsonian Recorder, 1 (1831), 89.

15 Samuel Thomson, Learned Quackery Exposed: Or Theory According to Art... (Boston, 1836), pp. 17-19. See also Thomsonian Recorder, 1 (1831), vii; John Thomson, A Philosophical Theory of an "Empiri," Proved Practically... (Albany, 1833), p. 5.
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. Equalitarian, 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 healer with a set of *Appeal to Reason* or Ingersoll's speeches on the 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*, 1831-33, 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.”) 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.”

17 “On the contrary,” the author continues, disease “is virtually dis-order, an alteration of the natural state or action 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, 1831), 397; Diary of William Darrach, August 19, 1832, Pennsylvania Historical Society; E. Cutbush, Western Medical Gazette, I (1833), 69.
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. Comforting 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 factors should be presumed to play a role in its causation. Those succumbing to the ubiquitous "epidemic influence" had somehow predisposed themselves, had overeaten, 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).

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-


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 97 physicians who clearly expressed their opinion as to the actual cause of the disease, 48 considered it to be due to some material 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 ("miasmatists"). 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.
necessary, content to intone such phrases as "epidemic influence," "choleraic disintemperature," 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 monitory 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 Pittsburg, 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.\footnote{Evening Post (New York), June 21, 1832; Charles T. Jackson, "Cholera in Vienna," Medical Magazine, 1 (1832), 314; Chronicle (Cincinnati), October 13, 1832.} 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-
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 antiasocial. 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

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 animalcule theory, subject of so much attention by medical historians, was in 1832 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 animalcule as "poisonous, invisible, aerial insects, of the same or similar habits with the gnat." This theory, which did recognize the need for assuming 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. 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, 1831), 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 "flatter 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 cordon 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.

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.20

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 anticontagionists. "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

20Boston Medical and Surgical Journal, V (September 6, 1832), 65.

30Evening Post (New York), July 11, 1832; Christopher C. Yates, Observations on the Epidemic Now Prevailing in the City of New-York... (New York, 1831), 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 anticontagionists were leading scientists. To them this was a fight for science, against outdated 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. 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 1814 and 1867," Bulletin of the History of Medicine, XXII [1948], 567.) In America, it might be added, the omnipresent rhetoric of progress and democracy nearly 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, 1947), IV, 29; Diary of Philip Hone, September 20, 1832, Manuscript Division, New York Historical Society.
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, 1949).

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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.

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 1831-32.1

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.2

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

1 See chap. i.
2 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. 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 expedients, 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 expedients 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-

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gated. 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. 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.

5This committee was originally created (Minutes, July 3, 1832) to provide accommodations for the sick "in the public hospitals or elsewhere." The Minutes for February 16, 1833, show that the Executive Committee spent $67,544.63 of the city's total expenditure of $117,687.41 in fighting the epidemic.

6James 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).
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. In theory, funds had to be appropriated by the Common Council and then allotted by the comptroller 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 helterskelter 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.

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. 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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To the several wards</td>
<td>$43,744.73</td>
</tr>
<tr>
<td>To the several almshouses</td>
<td>$6,565.28</td>
</tr>
<tr>
<td>To the hospitals</td>
<td>$15,171.84</td>
</tr>
<tr>
<td>To the Special Medical Council</td>
<td>$7,248.00</td>
</tr>
<tr>
<td>To miscellaneous objects</td>
<td>$15,951.23</td>
</tr>
<tr>
<td>To chloride of lime—on hand</td>
<td>$902.47</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$117,687.41</strong></td>
</tr>
</tbody>
</table>

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, Doc. No. 49 (New York, 1832).
hospital had refused to accept cholera patients. Despite the
earest solicitation 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-com-
pleted 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
days after opening the hospital there was much irregularity,
noises and confusion from men engaged in whitewashing the in-
terior of the building; from carpenters at work inside and out;
and from the press of patients, received, dying, and in agony
with cramps and vomiting.11

Few, understandably, wished to live near one of these hos-
pitals. 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 fulfill their
contracts. The opinion of these humble shipwrights was
shared by most of their betters.12

Preventing the disease was even more important than car-
ing for those unfortunate who had already fallen victim: the
acknowledged first duty of the government in protecting the

10 Diary of Philip Hone, July 4, 1832, Manuscript Division, New York
Historical Society; Minutes, July 5, 1832.
11 N.Y.C. Board of Health, Reports of Hospital Physicians . . . . p. 112.
12 H.C. Treasurers of the Public Schools to Mayor Bowens, n.d., Filed Papers of
the Common Council, File Drawer T-194, Municipal Archives and
Records Center, Town Hall (New York), August 21, 1832; Minutes,
August 13, September 12, 1832; John W. Casilear to John Kensett, July 8,
1832; Edwin D. Morgan Papers, Manuscript Division, New York State Li-
brary.
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 attendances, 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.

14 Commercial Advertiser (New York), July 14, 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 rainstorms completely soaked the inhabitants and their belongings. 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.

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.

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

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16 Evening Post (New York), July 27, 1832; Minutes, July 14, 1832.
17 Executive Committee to the Board of Health, August 10, 1832; City Clerk's Papers, File Drawer U-59, Municipal Archives and Records Center.
18 The daily newspapers carried the notices of the several ward committees, telling where foods and medicines might be obtained.
of the poor of this city. 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. 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."

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

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19 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.
10 The same penalty was imposed for the same offense in previous yellow fever epidemics. Cf. James Hamilton, An Account of the Malignant Fever Which Prevailed in the City of New York, during the Autumn of 1805 (New York, 1806), 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 wailing 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 "organizations 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 $10,000 in public funds in fighting the epidemic. What city besides Boston could, or would, appropriate $30,000 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-
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. 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. 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?” 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.”24 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

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23 Boston Relief Association, Regulations of the Boston Relief Association, with a List of Members (Boston, 1832), pp. 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 13, 1832.

"martial 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. 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. 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 fitted 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

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.

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, 1863), I, 256. Other accounts, however, suggest that the city was not long in returning to its accustomed condition.
sort and debasee." It was, protested one physician, unfair that the "respectable" poor should have to be treated in choleratic 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 "daughter-houses," they would become the helpless subjects for the experiments of eager young physicians. In Utica, an infuriated mob of Irish workmen stormed the choleratic hospital; and even in enlightened Philadelphia, physicians and attendants were vilified and abused.20

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 wolf." 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.20


20 Alexander H. Stever, "On the Communicability of Asiatic Cholera,"
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 Connecticut physician demanded, that boards of health have “the power to change the habits of the sensual, the vicious, the intemperate.” 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 enfiladed 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.” 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-

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Transactioes 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. Yandell, Transylvania Journal of Medicine, VI, 100; Free Press (Hagerstown), n.d., cited in the Enquirer (Richmond), October 2, 1832.

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31 Mercury (New York), July 25, 1832.
lies 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 (1831), 330.

33 Washington, D.C., Cleveland, and Haverhill, Massachusetts, were three communities which did so. Cf. Liberator (Boston), August 18, 1832; Western Luminary (Lexington, Ky.), July 25, 1832; John A. Knox, The Origins of Prohibition (New York, 1951), pp. 131-35.

34 Frank E. Stevens, The Black Hawk 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, 1865), p. 64, recalled that as health commissioner of Montreal in 1832, he was warned against announcing that cholera did not seem to be any more prevalent among drunkards. Daniel Drake experienced similar pressures in Cincinnati.
foods. It was easier to offend the market gardeners, fishmongers, 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. 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. 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.

37Evening 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. 4, 1832.

38See American for the Country (New York), September 4, 1832.