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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.<sup>1</sup> Of all epidemic dis-

<sup>1</sup> 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 banishment from the Western world; the cholera epidemics of the nineteenth century provided much of the impetus needed to overcome centuries of governmental inertia 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.<sup>2</sup> The onset of cholera is marked by diarrhea, acute spasmodic vomiting, and painful cramps. Consequent dehydration, often accompanied by cyanosis, gives to the sufferer a characteristic and disquieting appearance: his face blue and pinched, his extremities cold

in India, especially in the Ganges River Valley. A recent and inclusive outline of cholera's history may be found in R. Pollitzer, *Cholera* (Geneva, 1959), pp. 11–50. Still important are August Hirsch, *Handbuch der historisch-geographischen Pathologie*, Bd. I, *Die allgemeinen acuten Infektionskrankheiten* (Stuttgart, 1881), pp. 278–348, and Georg Sticker, *Abhandlungen aus der Seuchengeschichte und Seuchenlehre*, Bd. II, *Die Cholera* (Giessen, 1912). The only general account of cholera in the United States is that by J. S. Chambers, *The Conquest of Cholera* (New York, 1938). This is based on the monument United States government report on cholera prepared between 1873 and 1875 by John Shaw Billings, Ely McClellan, and John C. Peters, *The Cholera Epidemic of 1873 in the United States*, 43d Cong., 2d sess., Doc. 95 (Washington, 1875).

<sup>2</sup> A cholera epidemic provided an ideal occasion for the removal of unwanted spouses, affluent and immoderately aged uncles, and the like. See, for example, *Boston Medical and Surgical Journal*, VII (February 15, 1832), 20; *Herald* (New York), August 14, 1849; *Sun* (New York), August 2, 1849.

and darkened, the skin of his hands and feet drawn and puckered. "One often," recalled a New York physician, "thought of the Laocöon, 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."<sup>3</sup>

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."<sup>4</sup> 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.<sup>5</sup> 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

<sup>3</sup> Edward H. Dixon, *Scenes in the Practice of a New York Surgeon* (New York, 1855), p. 15; John Stearns to the New York City Board of Health, July 19, 1832, Filed Papers of the Common Council, File Drawer T-592, Municipal Archives and Records Center.

<sup>4</sup> Diary of a Young Man in Albany, July 18, 1832, Manuscript Division, New York Historical Society.

<sup>5</sup> In Russia in 1921, for example, there were some 207,000 cases with a mortality of 44.8 per cent (Richard P. Strong, *Stint's Diagnosis, Prevention, and Treatment of Tropical Diseases* [Philadelphia, 1944], II, 592).



cause 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 1848-49. Between 1849 and 1854, however, no twelve-month period passed without cholera appearing in some part of the United States. Then the disease disappeared as abruptly as it had in 1834; it was not to return until 1866.<sup>6</sup>

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. Comparatively little, 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—in 1832, 1849, and 1866.

In point of numbers, 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 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 recurring stimulus against which the varying reactions of Americans could be judged.

Perhaps most striking of the changes in America between 1832 and 1866 was the dissipation of the piety still so characteristic of many Americans in the Age of Jackson. The evangelical fervor of this earlier generation had been eroded by a

<sup>6</sup> It appeared again in 1873, but was on this occasion limited almost exclusively to the Mississippi River Valley. It was feared in 1881-83 and 1892 that cholera would again be imported. On neither occasion, however, did it establish itself in this country.

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.<sup>7</sup> This "positivistic" temper of thought and expression infiltrated the pulpit and editorial page as well as the laboratory and consultation 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 guarantor of health, their forward-looking counterparts in 1866 endorsed sanitary reform as a necessary prerequisite to moral improvement.<sup>8</sup> There could be no public virtue without public health.

<sup>7</sup> Those medical men who dogmatically denied the efficacy of all remedies not validated "numerically" were termed by contemporaries "therapeutic nihilists." Cf. Erna Lesky, "Von den Ursprüngen des therapeutischen Nihilismus," *Sudhoffs Archiv*, XLIV (1960), 1-20; Walter Arelt, "Louis' amerikanische Schüler und die Krise der Therapie," *ibid.*, XLII (1958), 291-301; Erwin H. Ackerknecht, "Die Therapie der Pariser Kliniker zwischen 1795 und 1840," *Genevius*, XV (1958), 151-63.

<sup>8</sup> 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 state and social definition. The reactions of Americans to cholera changed between 1832 and 1849, between 1849 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.

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.<sup>9</sup> 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 still 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 rustic simplicity. Cities seemed often unnatural and perhaps ultimately undesirable excrescences 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 to many 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 unhealthful conditions of city life were to be ameliorated.

<sup>9</sup> 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 assertions. 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, 1936).

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.<sup>10</sup> The ideas which

<sup>10</sup> 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 Irrationality," pp. 244-63.

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.



PART I

1832

entering except perhaps to join in football games. School



## I. 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 treatises 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.<sup>1</sup>

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

<sup>1</sup> 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.

Baltic.<sup>2</sup> 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 distint in the Sun."<sup>3</sup>

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

<sup>2</sup> *Boston Medical and Surgical Journal* (cited hereinafter as *BMSJ*), V (September 20, 1831), 97; 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 Commerce Committee, 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*, 22d Cong., 1st sess., January 20, 1832, House Report 226.

<sup>3</sup> *Religious Examiner* (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 battered 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 unwavering 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 predominantly 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."<sup>4</sup>

<sup>4</sup> 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.<sup>5</sup> 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 hogsheds 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.<sup>6</sup> 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

<sup>5</sup> For a discussion of these efforts, see Nelson Blake, *Water for the Cities* (Syracuse, 1966).

<sup>6</sup> [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 1832, 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.<sup>7</sup> The resident physician in 1819 who had had the

<sup>7</sup> 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.")<sup>8</sup> 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."<sup>9</sup> 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

Assistants. The act, which was signed by the Mayor on Wednesday, June 13, completely reorganized New York's sanitation system.<sup>10</sup>

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.<sup>11</sup> 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.<sup>12</sup>

<sup>10</sup> *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*, Doc. 36 (New York, 1832).

<sup>11</sup> Diary of Philip Hone, June 15, 1832, Manuscript Division, New York Historical Society. A portion of Hone's comments may be found in Allan Nevins' edition of the Hone Diary, *The Diary of Philip Hone 1828-1851* (New York, 1927), I, 65-66.

<sup>12</sup> N.Y.C. Common Council, *Proceedings of the Board of Assistants, from May 8, 1832 to May 14, 1833* (New York, 1837), II, 33, 36. Doctors DeKay and Rhinelandt were sent by the board to observe the disease in Canada.

George Rosen, "Public Health Problems in New York City during the Nineteenth Century," *New York State Journal of Medicine*, L (1950), 73-79; Rosen, "Politics and Public Health in New York City (1833-1842)," *Bulletin of the History of Medicine*, XXIV (1950), 441-61; Charles F. Bolduan, "Public Health in New York City," *Bulletin of the New York Academy of Medicine*, 2d ser., XIX (1943), 423-41.

<sup>8</sup> William Dunlap, *Diary of William Dunlap (1766-1839)* (New York, 1930), III, 814.

<sup>9</sup> *Truth Teller* (New York), June 2, 1832.



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.<sup>13</sup>

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."<sup>14</sup> 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 immediately.

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

<sup>13</sup> *Evening Post* (New York), June 16, 1832.

<sup>14</sup> Diary of Thomas Kelah Wharton, June 17, 1832, Manuscript Division, New York Public Library.

and gleaned from accounts of cholera in Europe, these recommendations represented the best medical opinion of the time.<sup>15</sup>

Despite such excellent and reassuring advice, many New Yorkers were already leaving or planning to leave the city. Those who stayed stocked up, 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.<sup>16</sup>

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.<sup>17</sup>

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

<sup>15</sup> *Truth Teller* (New York), June 23, 1832.

<sup>16</sup> *Observer* (New York), June 30, 1832.

<sup>17</sup> A detailed survey of the disease's spread through New York State may be found in Lewis Beek, "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. 352 f.

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.<sup>18</sup> 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.

<sup>18</sup> Samuel Jackson, Charles Meigs, and Richard Harlan, *Report of the Commission Appointed by the Sanitary Board of the City Councils, To Visit Canada . . .* (Philadelphia, 1832), p. 37.

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.<sup>19</sup> 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-

<sup>19</sup> It is more than likely that cholera was imported into New York independently of the outbreak in Canada. Years later, Dr. Westervelt, the 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., 2d sess., Doc. 95 (Washington, 1875), pp. 567-68. This is confirmed by Alexander Vache, *Letters on Yellow Fever, Cholera, and Quarantine . . .* (New York, 1832), 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), 372.



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.<sup>20</sup> 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."<sup>21</sup> 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.<sup>22</sup> 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, carts, and wheelbarrows." Methodists began the prayer meetings which they were to hold every morning that summer from half-past five to half-past six.

<sup>20</sup> 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.

<sup>21</sup> 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.

<sup>22</sup> 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 "official 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?<sup>23</sup>

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

<sup>23</sup> John Pintard, *Letters from John Pintard to His Daughter Liza Noel Pintard Davidson 1816-1833* (New York, 1941), IV, 66.



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 asunder by an earthquake.<sup>24</sup>

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 thoroughfares.

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 ministers 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.<sup>25</sup> Cholera had forestalled even the knifings, brawls, and shootings which customarily adorned the Fourth. The church bells were silent, and the only noise was that of a "pretty smart cannonade of crackers" provided by the boys of the city.

<sup>24</sup> *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."<sup>26</sup>

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 fulfil its duties.<sup>26</sup> 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-

<sup>25</sup> *Gazette and General Advertiser* (New York), July 6, 1832.

<sup>26</sup> *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."<sup>27</sup>

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.<sup>28</sup> On Tuesday, July 16, a

<sup>27</sup> 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 cholera-infected communities which did not, at some time during the summer, contain a similar declaration.

<sup>28</sup> John Pintard, *op. cit.*, IV, 68-69, 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 gentlemen . . . 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.<sup>29</sup>

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.<sup>30</sup> 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

<sup>29</sup> Benjamin Cutler, *A Sermon in Behalf of the New-York Protestant Episcopal City-Mission Society* . . . (New York, 1832), p. 16.

<sup>30</sup> N.Y.C. Board of Health, Executive Committee Cashbook, Municipal Archives and Records Center, lists chronologically all the donations which the board received and their disposition.



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 propriety of every citizen. . . .<sup>31</sup>

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.<sup>32</sup>

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,

<sup>31</sup> *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.

<sup>32</sup> *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.<sup>33</sup>

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 disemper.” Ruin was their only anodyne. Loaves of bread distributed by the benevolent had to be cut into quarters, for intact loaves were pawned for drink.<sup>34</sup>

By July 20, 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.

<sup>33</sup> *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.

<sup>34</sup> 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 20, the Board of Health had begun to close the cholera hospitals, displaying an alacrity conspicuously absent in its preparations for the epidemic. On August 27, 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.<sup>35</sup>

<sup>35</sup> 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 3 that more people were dying than when the Corporation reported.<sup>36</sup> 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 visit; 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.<sup>37</sup>

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.

<sup>36</sup> Dunlap, *op. cit.*, IV, 617.

<sup>37</sup> Harvey E. Brown, *The Medical Department of the United States Army from 1776 to 1873* (Washington, 1873), pp. 149-52; Frank E. Stevens, *The Blackhawk War* (Chicago, 1903), pp. 242-50; and Augustus Walker, "Early Days on the Lakes, with an Account of the Cholera Visitation of 1832," *Publications of the Buffalo Historical Society*, V (1902), pp. 310-15; all contain accounts of General Scott's "cholera campaign."

The larger cities established cholera hospitals, instituted 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.<sup>38</sup>

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

<sup>38</sup> Theodore Clapp's *Autobiographical Sketches and Recollections* . . . (Boston, 1858), pp. 117-52, contains an excellent account of the epidemic in New Orleans. Cf. Leland A. Langridge, "Asiatic Cholera in Louisiana, 1832-1873" (unpublished Master's thesis, Louisiana State University, 1955). A yellow fever epidemic which raged simultaneously claimed almost as many lives as cholera in the unfortunate city.

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.<sup>38</sup>

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 tedium 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."<sup>40</sup> 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-

<sup>38</sup> Mary Holley, St. Charles Parish, to her daughter Harrietta, November 10, 1832, Mary Holley Papers, University of Texas, cited in William D. Postell, *Heath of Slaves on Southern Plantations* (Baton Rouge, 1951), pp. 76, 78.

<sup>40</sup> 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 1834, then vanished as abruptly as it had come. It was to be fifteen years before it was again to find root in American soil.