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## Cholera in an Indiana Market Town: “Boosters” and Public Health Policy in Lafayette, 1849

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The threat of cholera in mid-nineteenth-century America was a little like the threat of terrorist attacks in recent years. In both kinds of catastrophes casualties could be huge, inspiring widespread fear and threatening to disrupt the economy, with possible long-term effects on individual cities. There was no sure defense against these menaces. Just as terrorists might be lurking in the shadows ready to strike, so too might the dreaded cholera. Cholera's etiology was a mystery: no one yet knew that ingesting drinking water tainted with the feces of infected persons spread the disease. But people did know that cholera followed the trade routes from Europe to America and then took the rivers inland. In the winter of 1848–1849 the town of Lafayette, Indiana, followed cholera's progress with apprehension as it crept ever closer. Local newspapers, like those all over the region, covered cholera's advance from Europe to New York, New Orleans, and Cincinnati.<sup>1</sup> Would the disease follow the Ohio River from Cincinnati up the Wabash and strike Lafayette? “[T]he great emporium of trade on the upper Wabash” and the seat of Tippecanoe County, Lafayette was surrounded by a flourishing agricultural area in the northwest quadrant of Indiana. The county's small farms produced cash crops of corn, wheat, and hogs, crops that needed access to outside markets.<sup>2</sup> In addition to threatening the community's physical health, cholera could endanger its economic health by stopping the flow of goods on the Wabash River and the Wabash and Erie Canal. Lafayette had only been threatened by cholera in the 1830s; in 1849 it would not escape.

Some public health historians see epidemic cholera as a catalyst that impelled mid-nineteenth-century municipalities to take on

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<sup>1</sup>Lafayette *Wabash Atlas*, December 10, 26, 1848, January 2, 23, 1849.

<sup>2</sup>E. Chamberlain, *The Indiana Gazetteer or Topographical Dictionary of the State of Indiana* (Indianapolis, 1850), 34-38, 280-82, 399-401. See Sanford C. Cox, *Recollections of the Early Settlement of the Wabash Valley* (Lafayette, Ind., 1860), 58-60, for the competition among seven towns to become the upper Wabash River's “great emporium of trade.” For commerce in northwest Indiana see Robert Van Bolt, “The Indiana Scene in the 1840's,” *Indiana Magazine of History*, XLVII (December 1951), 345-48. For the development of towns in the Northwest see Harry N. Scheiber, ed., *The Old Northwest: Studies in Regional History, 1787–1910* (Lincoln, Nebr., 1969), ix.

responsibility for their citizens' health and argue that health measures adopted in cholera emergencies were the first steps in progressive civic presumption of responsibility for public health in general. Others observe that measures prompted by epidemics were short-lived and label municipal government a failure in the public health arena.<sup>3</sup> Still others argue that municipal governments' emergency public health actions were successful, because the overarching purpose of nineteenth-century urban government was not to promote general welfare but to allow individual pursuit of commerce and manufacturing.<sup>4</sup> Alan L. Marcus's examination of Cincinnati's response to cholera in 1849 supports this last interpretation; he contends that public health measures enacted during the epidemic were dropped because they had accomplished their function as short-term responses to catastrophes beyond the control of individuals, not because of municipal irresponsibility. Marcus concludes that the return of normal conditions proved the efficacy of the city's policy.<sup>5</sup> The Cincinnati study, however, examines just one part of the municipal response, that of the board of health. Looking at charters and ordinances, it ignores not only actual municipal practices but also the actions of individual citizens.

In exploring Lafayette's response to the problems presented by epidemic cholera—problems both of prevention and of the epidemic itself—this study goes beyond formal government actions (ordinances, city council pronouncements) to examine actual practices by authorities and by citizens, both members of the elite with large investments in the town, labeled “boosters” by scholars,<sup>6</sup> and ordinary

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<sup>3</sup>J. S. Chambers, *The Conquest of Cholera* (New York, 1938); Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago, 1962), 2; Richard Harrison Shryock, *Medicine in America: Historical Essays* (Baltimore, Md., 1966), 128-30; Paul Slack, “Introduction,” in *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, eds. Terence Ranger and Slack (New York, 1992), 10-13. Many accounts of cholera that detail temporary municipal responses in developing western communities generalize about the episode's positive impact on governmental assumption of responsibility for public health while presenting little evidence in support of their claims. See, for example, Paul W. Brewer, “Voluntarism on Trial: St. Louis' Response to the Cholera Epidemic of 1849,” *Bulletin of the History of Medicine*, XLIX (Spring 1975), 122; Peter T. Harstad, “Disease and Sickness on the Wisconsin Frontier: Cholera,” in Scheiber, *Old Northwest*, 162; Donald A. Hutslar, “God's Scourge: The Cholera Years in Ohio,” *Ohio History*, CV (Summer/Autumn 1996), 191; Mitchell Roth, “Cholera, Community, and Public Health in Gold Rush Sacramento and San Francisco,” *Pacific Historical Review*, LXVI (November 1997), 551.

<sup>4</sup>For a historiography of urban privatism see Robin L. Einhorn, *Property Rules: Political Economy in Chicago, 1833-1872* (Chicago, 1991), 5-26. Einhorn argues that rejection of public responsibility was crucial to the development of American cities.

<sup>5</sup>Alan I. Marcus, “The Strange Career of Municipal Health Initiatives: Cincinnati and City Government in the Early Nineteenth Century,” *Journal of Urban History*, VII (November 1980), 3-29.

<sup>6</sup>For boosters see Daniel J. Boorstin, *The Americans: The National Experience* (New York, 1965), 115-23; Richard C. Wade, “Urban Life in Western America, 1790-1830,” *American Historical Review*, LXIV (October 1958), 14-30. For boosters in one community see Dan Harrison Doyle, *The Social Order of a Frontier Community, Jacksonville, Illinois, 1825-1870* (Urbana, Ill., 1978), 62-91.

citizens. Even though anticontagionist/probusiness boosters on the town council and the board of health provided the structure for preparations to thwart the disease, this essay argues that municipal government's more valuable role in confronting cholera was to foster a probusiness environment that promoted personal autonomy and mutual collaboration. This environment encouraged the self-reliance and cooperation that underlay the actions of individual boosters and ordinary citizens outside of government—actions that taken all together dealt with the epidemic and allowed for the resumption of normal business.<sup>7</sup> Because Lafayette continued to prosper after 1849, cholera, rather than acting as a spur for governmental assumption of responsibility for public health, had the opposite effect, prompting less municipal involvement in the next epidemic.

Boosters guided Lafayette from its founding in 1825 as a plat map of 140 lots on land “thickly set with hazel and plum brush, grape vines and large forest trees” to its position as a bustling county seat with more than six thousand residents in 1849, Indiana's fourth largest town.<sup>8</sup> Lafayette's earliest corporation papers and ordinances support the view that its government's prime purpose was to promote business and commerce. After the town's formal incorporation in 1829, municipal officers promoted the exploitation of its site at the headwaters of the Wabash River by passing ordinances to establish, maintain, and regulate wharves, docks, and market houses.<sup>9</sup> At the same time unofficial boosters sought to build the transportation infrastructure vital to the town's commercial growth—roads, the Wabash and Erie Canal, and railroads—as well as making individual investments in land, stores, and warehouses.<sup>10</sup>

Public health during epidemics was a relatively minor concern of Lafayette's early government. Its 1837 charter gave the town the right to “make all necessary quarantine or other regulations for the preservation of public health”<sup>11</sup> and served to formalize powers the town had already assumed in two prior ordinances establishing boards of health, which were triggered by threats of cholera in 1833 and 1835.<sup>12</sup> Soon after cholera reached Indiana in June 1835, the town

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<sup>7</sup>Maureen Ogle, “Water Supply, Waste Disposal, and the Culture of Privatism in the Mid-Nineteenth-Century American City,” *Journal of Urban History*, XXV (March 1999), 326. Ogle calls this personal autonomy “the culture of individualism.”

<sup>8</sup>Cox, *Early Settlement of the Wabash Valley*, 21; Stanley K. Schultz, *Constructing Urban Culture: American Cities and City Planning, 1800–1920* (Philadelphia, Pa., 1989), 11–13.

<sup>9</sup>Lafayette *Sunday Morning Leader*, January 31, February 2, 1875. Although the original minutes of Lafayette's municipal government before 1853 are lost, they are detailed in a series of articles in 1875 in *ibid.*

<sup>10</sup>Lafayette *Wabash Mercury*, August 29, 1833; Lafayette *Free Press and Commercial Advertiser*, November 27, 1835; Lafayette *Journal & Free Press*, June 17, 1847.

<sup>11</sup>Lafayette *Free Press and Commercial Advertiser*, February 10, 1837.

<sup>12</sup>Lafayette *Tippecanoe Journal and Free Press*, July 29, 1833; Lafayette *Free Press*, July 10, 1835.

trustees acted swiftly to pass a board of health ordinance, just as they had done in 1833. But a month earlier, when a case of smallpox was discovered in town, the officials had taken no action. Smallpox, known to be contagious, was also known to be preventable: the *Lafayette Free Press* advised individuals “to embrace the present opportunity and be vaccinated.” When there were no further outbreaks, the paper’s editors observed, “It would appear that vaccination has had its desired effect.”<sup>13</sup> Smallpox continued to pop up now and then in mid-nineteenth-century Lafayette, but there were few cases and fewer deaths. Although town officials did pass an ordinance for a board of health when four persons contracted the disease in 1845, more often they took no action.<sup>14</sup> For example, a threat of smallpox in January 1854 engendered only a reminder in the newspaper—“As a preventative, let every person, especially children be vaccinated at once.”<sup>15</sup>

Because its causes were unknown, cholera presented different problems and provoked different responses. The illness was totally and immediately incapacitating; its swift, violent course (diarrhea, vomiting, cramps) was often fatal. Rapid dehydration could cause death in less than a day. No treatment appeared effective. Cholera’s etiology was controversial and its prevention consequently problematic. Some believed that cholera was contagious, spread by personal contact; some believed it was carried in the atmosphere by a miasma (noxious gases) emanating from putrescent matter; and many believed both explanations at the same time. The anticontagionists explained the fact that only some of those exposed to the miasma contracted the disease by pointing to individual fault. Those who were susceptible to the poisonous atmosphere were believed to have weakened themselves by leading an immoral or intemperate life.<sup>16</sup> Personal factors such as laziness and ignorance were also blamed for causing the accumulation of filth that was believed to emit dangerous miasmas. Maureen Ogle observes that when anticontagionists connected public health problems to individual behavior, the individual became both “the root of the problem and the source of the solution.”<sup>17</sup>

Lafayette’s 1833 and 1835 board of health ordinances reflected the contagion/anticontagion conflict by dealing with both theories. The ordinances endorsed measures to eliminate the filth that caused miasmas (which the 1845 smallpox ordinance had not). Street cleaning was compatible with municipal government’s general purpose of facilitating commerce, because streets were needed for business.

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<sup>13</sup>*Lafayette Free Press*, May 22, June 5, 1835.

<sup>14</sup>*Lafayette Tippecanoe Journal and Free Press*, June 12, 1845.

<sup>15</sup>*Lafayette Daily Courier*, January 19, 1854.

<sup>16</sup>See Phyllis Allen, “Etiological Theory in America Prior to the Civil War,” *Journal of the History of Medicine and Allied Sciences*, II (Autumn 1947), 489-520. For the rise of anticontagionism see Schultz, *Constructing Urban Culture*, 123-28.

<sup>17</sup>Ogle, “Water Supply, Waste Disposal, and the Culture of Privatism,” 325.

Moreover, sanitation measures did not require any unusual assumption of government power, since removal of public nuisances was a traditional area for government intervention.<sup>18</sup> The 1833 and 1835 ordinances had included instructions to the town marshal to remove specific nuisances identified by the council and to clean the streets “of every kind of filth that may have a tendency to generate disease.”<sup>19</sup> Nuisances could be broadly defined; for example, one recommendation of the 1833 board of health led to an ordinance banning the use of the Wabash River as a “common necessary,” pronouncing such a use as a “serious nuisance and prejudicial to the health of the citizens” and fining an offender \$3.<sup>20</sup> Lafayette’s 1837 charter specified the municipal government’s responsibility in this area—“to keep in repair and remove any obstructions in the streets, alleys, public square and commons in said town; to declare what shall be deemed nuisances, and to prevent and remove same.”<sup>21</sup>

To prevent contagion the 1833 and 1835 ordinances gave the boards of health (aided by the marshal if need be) the power to remove any person infected with a contagious malignant disease and prescribed a fine of \$25 for anyone who knowingly brought disease into the town. The ordinances did not contain provisions for quarantine, but worries about contagion from outside sources in 1833 caused the town officials to pass a special ordinance to prevent boats on the Wabash from landing until cleared by a health officer with the help of the marshal. This action kept two cases of cholera on board the keelboat *Mary*. After the boat had been gone for two days, the newspaper reported that no cases had occurred in the city and added, “we are in hopes it will pass us by.”<sup>22</sup> And so it did. The enforcement of this ordinance in 1833 might have been credited with thwarting the disease, but cholera also skirted the city when no such ordinance was enforced in 1835. The town government and its appointed boards of health appeared to have protected the community from cholera in 1833 and 1835. Although the disease struck some other Indiana river towns, it just brushed past Lafayette.

In January 1849, after a public forum to discuss “some preparatory steps for meeting the calamity, should our city be visited by the Cholera,” the town council appointed a board of health composed of four regular physicians; other threatened Indiana towns made similar appointments.<sup>23</sup> The members of the town council and the board

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<sup>18</sup>For a discussion of public nuisance law see Schultz, *Constructing Urban Culture*, 42-46.

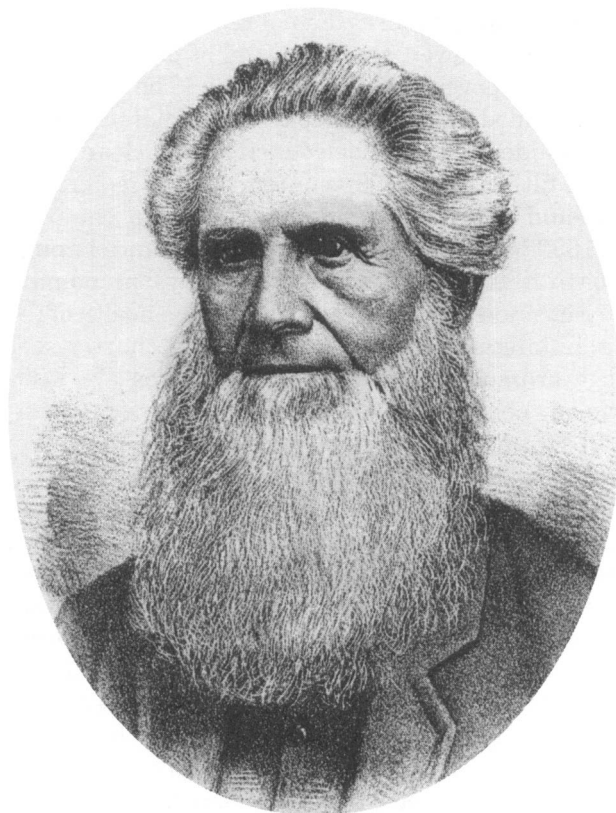
<sup>19</sup>Lafayette *Sunday Morning Leader*, February 7, 1875.

<sup>20</sup>Lafayette *Journal and Free Press*, July 29, 1833.

<sup>21</sup>Lafayette *Free Press and Commercial Advertiser*, February 10, 1837.

<sup>22</sup>Lafayette *Wabash Mercury*, July 11, 1833.

<sup>23</sup>Lafayette *Wabash Atlas*, January 2, 1849; New Albany *Daily Democrat*, May 15, 1849; Indianapolis *Indiana State Sentinel*, June 28, 1849; Richmond *Palladium*, December 28, 1848. Regular physicians followed the orthodox practices of “heroic”



DR. THOMAS CHESNUT WAS ONE OF THE MEMBERS OF THE 1849  
BOARD OF HEALTH.

*1878 Historical Atlas, Tippecanoe County, Indiana,*  
courtesy of Tippecanoe County Historical Association

of health were boosters. Their personal ambitions had prompted them to pull up stakes in the East and look for opportunities in Lafayette, a promising frontier village, where they all shared an avid interest in the city's future.<sup>24</sup> The doctors, like most physicians in developing

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medicine, administering treatments to return an out-of-balance body to its natural healthy state, one of internal equilibrium, by inducing vomiting, salivating, perspiring, or through bloodletting. Irregular practitioners (botanics, homeopathy, hydropathy) did not prescribe these remedies. For "heroic" medicine and the conflicting practices of irregular practitioners see Katherine Mandusic McDonell, *Medicine in Antebellum Indiana: Conflict, Conservatism, and Change* (Indianapolis, 1984), 14-18, 37-42. Dr. Elizur Deming, Lafayette's most esteemed regular physician and head of the board of health, castigated the "vulgar quackery" of homeopathy in his role as a medical educator. One patient credited Deming's "heroic" treatment, "broken doses of Calamon and severe salvation," with his recovery from an attack of milk sickness. *Lafayette Daily Journal*, March 6, 1850; Donald L. Parman, ed., *Windows to a Changed World: The Personal Memoirs of William Graham* (Indianapolis, 1998), 95-96.

<sup>24</sup>Town council members Gustavus A. Wood, Jonathan Fox, O. H. Temple, and William Medicus were small businessmen and professionals who were active in church,

western towns, held second jobs in addition to working as medical practitioners.<sup>25</sup> They could not make a living at their profession because of the competition from irregular practitioners and because most people eschewed professional help in favor of home nursing.<sup>26</sup> The members of the board of health were among the regular physicians in Lafayette who tried to improve the status of their profession by organizing a local medical society in 1846, and they were also charter members of the state medical society established in 1849. These doctors hoped their handling of cholera would protect their patients, protect their town, and protect their professional status by increasing the authority of regular physicians.<sup>27</sup>

After rumors of cholera swirled about Lafayette in mid-April, the board of health presented its recommendations for preventing the disease. Appointed by a town council that dealt primarily with promotion of commerce and being civic boosters themselves, these doctors made recommendations that were completely compatible with business interests. Even though many citizens believed that cholera was contagious, businessmen and many physicians embraced the miasma theory. Since there was no reliable scientific information to prove that cholera was contagious, miasma theory appealed to boosters because it was amorphous enough to both explain the disease and promote their interests. R. J. Morris, observing that evi-

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politics, the court, real estate, free masonry, and education. No information could be found about a fifth member, John Enslinger. *Biographical Record and Portrait Album, Tippecanoe County, Indiana* (Chicago, 1888), 224, 281, 295, 317, 590; *Geo. W. Hawes & Co.'s Indiana State Gazetteer and Business Directory, 1858* (Indianapolis, 1858), 221, 223.

<sup>25</sup>The four doctors—Elizur Deming, Thomas Chesnut, David Jennings, and Luther Brusie—also worked in retailing, milling, hostelry, tanning, and the ministry, and individuals held local positions (county physician), state office (senator), and were members of Fourth of July committees, debating societies, churches, and banks, exhibiting the versatility that Boorstin called the hallmark of the booster. Boorstin, *Americans: National Experience*, 123; *Lafayette Free Press*, June 22, 1833, June 12, 1835; *Lafayette Tippecanoe Journal and Free Press*, January 30, 1845; R. P. DeHart, *Past and Present of Tippecanoe County* (2 vols., Indianapolis, 1909), I, 329-32; *Biographical Record*, 243-44, 302; *1878 Historical Atlas of Tippecanoe County, Indiana* (Knightstown, Ind., 1978. Reprint of 1878 ed.), 242, 303; Dr. William Reser Notebook, Vol. III, 81-85 (Tippecanoe County Historical Association, Lafayette, Ind.); Record Books, D (May 1838–June 1846), p. 139, Tippecanoe County Board of Commissioners, County Office Building, Lafayette, Indiana.

<sup>26</sup>Paul Starr, *The Social Transformation of American Medicine* (New York, 1982), 33-36, 47-54; McDonell, *Medicine in Antebellum Indiana*, 12; Charles R. Poinsatte, *Fort Wayne during the Canal Era, 1828-1855: A Study of a Western Community in the Middle Period of American History* (Indianapolis, 1969), 135-36. For the difficulty of physicians earning a living see McDonell, *The Journals of William A. Lindsay: An Ordinary Nineteenth-Century Physician's Surgical Cases* (Indianapolis, 1989), ix-xxxii.

<sup>27</sup>G. F. Beasley, "Medical Societies of Tippecanoe County," *Historical Atlas*, 19; Charles N. Combes, "History of the Indiana State Medical Association," in *One Hundred Years of Indiana Medicine, 1849-1949*, ed. Dorothy Ritter Russo (Indianapolis, 1949), 7-9; Lee Anderson, "Headlights upon Sanitary Medicine: Public Health and Medical Reform in Late Nineteenth-Century Iowa," *Journal of the History of Medicine and Allied Sciences*, XLVI (April 1991), 178-200.

dence could be marshaled to support either theory, concluded that social pressures “outside the medical community,” rather than medical reality, directed most physicians’ choice of whether to support miasma or contagion.<sup>28</sup> In Lafayette, however, regular physicians did not need to be pressured by businessmen; they themselves were insiders. The 1849 Lafayette board of health’s members were united in adopting the anticontagion theory; they eschewed the boat examinations of 1833, now that the town had become a canal port and a railroad destination. Rather than advocating the removal of the infected, as specified in city ordinances, they advised the creation of a public cholera hospital to be located near the canal and steamboat landings (“two large airy rooms provided for both sexes who may need aid”).<sup>29</sup> The intent was not to quarantine the sufferers in a pesthouse but to provide for those without someone to nurse them at home. Other Indiana towns also recognized this need; in New Albany the facility was to be for persons arriving by steamboat “afflicted with loathsome and infectious diseases,” who “must either rely on the benevolence and charity of private citizens or be left to die without care or protection.”<sup>30</sup>

Belief in miasma theory led to two complementary preventative strategies, neither of which was used against smallpox.<sup>31</sup> The first emphasized personal rather than public responsibility for health and required individual action to make the moral and healthy lifestyle choices that immunized persons against the poisoned atmosphere. The second required some municipal actions to remove the accumulation of matter that emitted poisonous gases. Almost all the board’s recommendations were directed to individuals rather than to the municipal government, endorsing the commonly held idea that lifestyle choices could protect individuals from the danger wafting in the air.<sup>32</sup> The board’s physicians no doubt believed that their endorsement of individual responsibility for disease prevention could keep the populace healthy. But this endorsement also served both to exculpate city government and to give doctors an excuse for failed treatment. A city full of healthy people also enhanced the business climate in a time when a reputation as a “sickly” community could hamper commercial growth.<sup>33</sup> Richmond’s board of health even listed “the constant pursuit of our usual business” as a measure to prevent cholera.<sup>34</sup>

<sup>28</sup>R. J. Morris, *Cholera 1832: The Social Response to An Epidemic* (New York, 1976), 180.

<sup>29</sup>Lafayette *Wabash Atlas*, April 24, 1849.

<sup>30</sup>Indianapolis *Indiana State Journal*, July 16, 1849; New Albany *Daily Democrat*, July 5, 1849.

<sup>31</sup>The 1845 smallpox board of health advised the avoidance of “all unnecessary intercourses with infected persons and houses.” Lafayette *Tippecanoe Journal & Free Press*, June 12, 1845.

<sup>32</sup>Ogle, “Water Supply, Waste Disposal, and the Culture of Privatism,” 324-36; Mary Ann Jimenez, “Concepts of Health and National Health Care Policy: A View from American History,” *Social Service Review*, LXXI (March 1997), 38-39.

<sup>33</sup>Lafayette *Tippecanoe Journal and Free Press*, August 11, 1841, July 19, 1843.

<sup>34</sup>Richmond *Palladium*, July 11, 1849.



Lafayette's board warned citizens to avoid the following predisposing and exciting causes: "food that irritates the stomach," "unwholesome drinks," cold and damp, the "depressing influences of grief, fear, anxiety," and "the affluvia in very crowded residences."<sup>35</sup> These precautions, which reinforced the responsibility of individuals for their own health, resembled those issued by eminent physician Daniel Drake to the residents of Cincinnati, which were reprinted on May 22 in the *Lafayette Wabash Atlas*. Drake advised a calm attitude, because "terror is apt to excite it," a digestible diet that excluded alcoholic drinks and all vegetables except boiled potatoes, and wearing flannels to protect from cold and wet.<sup>36</sup> Similar advice appeared in other Indiana cities where municipal boards of health stressed the importance of individual behavior in the prevention of cholera.<sup>37</sup> The Indianapolis board put the responsibility for prevention squarely on the shoulders of every individual: "the Cholera has not yet visited us, and we indulge the hope, if our citizens observe strict rules of temperance in regard to their *diet and exercise*, that we may escape it."<sup>38</sup> Such precautionary measures, advocated by boards of health and promulgated by newspapers in the face of epidemic threats for more than a decade, reflected widely held views. A letter from Madison Judge Jeremiah C. Sullivan to his son in cholera-stricken Cincinnati, for example, contained the following advice: "Are you careful to avoid fruit, vegetables and other food that are thought to be pernicious when diseases of the bowels prevail? I hope you are so and in addition that you will avoid night air—damp places—'Be prudent in all things.' Is the maxim of wisdom."<sup>39</sup>

The Lafayette board also endorsed a self-serving measure that urged the use of regular physicians instead of the irregular practitioners and traditional home treatment that competed with them. Board doctors directed the residents to consult a physician immediately for any "derangement of stomach or bowels."<sup>40</sup> Early intervention with medicine was an accepted procedure; it was commonly used in the 1830s epidemics and continued to be advocated in 1849, with more emphasis on professional medical help. Many regular doctors profited by preparing and selling their own cholera medicines. Tippecanoe County farmer Jacob Sickler kept a preparation at hand for the

<sup>35</sup>Lafayette *Wabash Atlas*, April 24, 1849.

<sup>36</sup>*Ibid.*, May 22, 1849. For Drake as a booster of Cincinnati see Boorstin, *Americans: National Experience*, 119. Drake sent these recommendations to many newspapers in states surrounding Ohio; for example, the same two letters were published in the Logansport [Indiana] *Journal*, June 2, 1849.

<sup>37</sup>Indianapolis *Indiana State Journal*, July 2, 1849; Indianapolis *Locomotive*, July 26, 1849; Madison *Daily Banner*, May 12, 1849; New Albany *Daily Democrat*, May 9, 1849; Richmond *Palladium*, July 11, 1849.

<sup>38</sup>Indianapolis *Indiana State Journal*, June 22, 1849.

<sup>39</sup>Jeremiah C. Sullivan to Algernon S. Sullivan, June 26, 1849, Judge Jeremiah C. Sullivan Papers (Indiana Historical Society, Indianapolis).

<sup>40</sup>Lafayette *Wabash Atlas*, April 24, 1849.

cure of cholera made by the respected Lafayette pioneer physician "Doc" Clark, a member of the 1833 board of health, and wrote to his brother that "Every family should keep a bottle of colera medicine about the house for our most celebrated phicians say it can be cured most all cases when the remedy is applied in time."<sup>41</sup> Similarly, the doctors on the Indianapolis board of health advised, "Attend carefully to the first appearance of diarrhea by calling on your family physician" and added the warning to "Beware of the various cholera specifics, which are generally gotten up by quacks who are irresponsible for the effects, and who regard only the pecuniary consideration."<sup>42</sup> Newspapers also attacked the use of cholera nostrums. A letter in the New Albany *Daily Democrat* warned against the use of panaceas as "not fit for the slop sinks" and belittled those who bought nostrums they had seen "puffed in the papers or paraded in mammoth handbills in the streets."<sup>43</sup>

In accordance with the miasma theory, Lafayette's board of health called for cleaning not only municipal alleys and streets, as the town's sanitation ordinance required, but also private dwellings, suggesting that the town provide every householder with lime "for use about his premises," cellars, privies, stables, and "especially sitting rooms."<sup>44</sup> Emergency sanitation measures almost always required both individual actions (sweeping the dirt in front of one's premises into a pile in the middle of the street) and municipal service (using community carts to remove piles of trash) and enforced individual responsibilities by imposing inspections and fines. Snags often disrupted the unfamiliar procedures. Town officials sometimes failed to do their part; in New Albany, for example, the residents on Pearl Street swept the filth into heaps, but the city just let the piles accumulate, rather than hauling them away in a timely fashion. This municipal failure arose because general funds did not cover emergency cleanup expenses. New Albany's mayor paid for the city cleaning out of his own pocket and then had difficulty in getting reimbursed by the town council.<sup>45</sup>

Another difficulty was that streets, once cleaned, did not stay that way. In Indianapolis the board of health had to remind the council to continue measures throughout the summer. Lafayette's early sanitation efforts succeeded, with the *Wabash Atlas* praising both citizens for responding and city authorities for promptly cleaning and liming streets and alleys and declaring that the sanitation effort

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<sup>41</sup>Jacob Sickler to Josiah B. Sickler, July 30, 1849, Jacob Sickler Papers (Tippecanoe Historical Association, Lafayette, Ind.). Jacob Sickler moved to Tippecanoe County from New Jersey in 1842 and wrote many letters between 1842 and 1852 extolling Indiana.

<sup>42</sup>Indianapolis *Locomotive*, July 26, 1849.

<sup>43</sup>New Albany *Daily Democrat*, June 22, 1849.

<sup>44</sup>Lafayette *Wabash Atlas*, April 24, 1849.

<sup>45</sup>New Albany *Daily Democrat*, April 3, 1849.

“not only adds to the health of the place, but to the beauty and comfort of the inhabitants.”<sup>46</sup> But the town’s streets were soon fouled, partly by rotting vegetables discarded by farmers who could not sell them because of the belief that eating vegetables predisposed one to the disease. Lafayette’s town council responded first by authorizing the treasurer to borrow \$500 for additional street cleaning and liming and second by passing an ordinance that prohibited the sale of fruit and vegetables.<sup>47</sup>

To achieve effective municipal sanitation when cholera threatened, citizens had to heed officials’ requests and cooperate with city services; government measures had to be coordinated with citizen actions; and municipal officers had to arrange special financing and continuing practices. Inevitably one or more of these requirements were not met; but even if the implementation went well, the effectiveness of these costly sanitation services was questionable. Not everyone agreed that all emergency municipal practices were beneficial. While the *Evansville Weekly Journal* contended that “much sickness might have been prevented” if lime had been spread earlier, two letters to the editor of the *Madison Daily Banner* declared that the use of lime was entirely useless. The writer castigated the authorities for spending more than \$600 in cleaning the city, asking why cholera did not always appear when decaying vegetable matter was abundant.<sup>48</sup> Municipal sanitation procedures were not always embraced by officials and by the public as a desirable general public health responsibility after the epidemic had receded.

As summer approached Lafayette’s residents could be satisfied with the actions their town had taken to deal with the cholera. The council had appointed well-qualified regular physicians to a board of health that had supported municipal sanitation and educated the public about avoiding supposedly predisposing causes; and this board was in place to lead the fight if the scourge should arrive. In April the *Wabash Atlas*, attempting to scotch rumors of cholera in Lafayette, explained that the disease could not escape the “vigilant” board of health, which would “doubtless” report it to the public. But this confidence proved to be ill-founded. In the beginning of June the board of health denied a story in a neighboring Crawfordsville newspaper that cholera was in Lafayette, and then the board was silent for the rest of the month. In the face of increasing unofficial accounts of the outbreak of the disease and the failure of physicians and the board to report to the public, the *Wabash Atlas* plaintively queried, “Is that

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<sup>46</sup>Lafayette *Wabash Atlas*, June 26, 1849.

<sup>47</sup>Other Indiana towns also prohibited the sale of produce. *New Albany Daily Democrat*, May 8, June 25, 1849; *Lafayette Sunday Morning Leader*, February 28, 1875, September 12, 1849; Reser Notebook, Vol. II, 15.

<sup>48</sup>*Evansville Weekly Journal*, June 23, 1849; *Madison Daily Banner*, June 5, 23, 1849.

right?" Cholera was already in town, the first case having occurred on June 23, but the board said nothing for two more weeks. On July 11 the *Atlas* reported fifteen cases and six deaths (probably an underestimate).<sup>49</sup> Despite the town council's order on July 11 that physicians report the number of cases and deaths to the board daily, no further official reports appeared in the paper. In 1845 the board of health had made detailed reports of smallpox victims, including their names and addresses, in the short course of the disease.<sup>50</sup>

The dearth of information prompted comment by an Indianapolis newspaper, the *Indiana State Journal*, whose editor noted that although he had received letters asserting that cholera was "raging with unabated fury" in Lafayette, the Lafayette newspapers scarcely mentioned cholera at all. The *Lafayette Journal* defended its reporting and contended that it published weekly reports of fatalities from the superintendent of the graveyard. The *Indiana State Journal* retorted that the *Lafayette Journal* had made only one report between July 3 and July 31 and added that weekly reports were "not likely to prove satisfactory" in a daily paper.<sup>51</sup>

Why was the public not informed of the progress of the disease? One explanation was that doctors did not agree about diagnosis. One resident recalled that "Several cases occurred, called cholera by some physicians and disputed by others." Regular physicians risked losing professional status if they declared a case to be true cholera without absolute certainty. Disagreements about diagnosing cholera also split the medical profession elsewhere in Indiana. In Lafayette members of the board of health castigated David T. Yeakel, a fellow regular physician who had a reputation as something of a maverick, for writing to the *Journal* to assure the community that no cholera was present and claiming that many local medical professionals agreed with him.<sup>52</sup> In their response the board described in harrowing detail the symptoms of local cholera victims, down to the violet-colored skin, dark purple wrinkled hands with black nails, and eyes sunk deep in their sockets, and then sarcastically asked, "If the above symptoms do not distinctly indicate Asiatic Cholera, the Board of Health would respect-

<sup>49</sup>Lafayette *Wabash Atlas*, April 17, June 8, 26, July 10, 1849; Logansport *Journal*, July 14, 1849. A slightly more detailed report from the Lafayette board of health appeared in nearby Logansport's newspaper: three curt communications dated July 7, 9, and 11 appeared in one issue (July 14) reporting twenty-two cases and eight deaths.

<sup>50</sup>Lafayette *Tippecanoe Journal and Free Press*, June 12, 19, July 7, 1845.

<sup>51</sup>Indianapolis *Indiana State Journal*, August 6, 1849.

<sup>52</sup>Lafayette *Daily Courier*, April 28, 1891. For example, Richmond's board of health had "great difficulty in stating the character of the diseases . . . owing to the difference of opinion among physicians." Richmond *Palladium*, July 17, 1849. Walter J. Ball, "Very Old Houses Now Standing Built by Early Settlers," typescript, n.d., 114 (Tippecanoe County Historical Association, Lafayette, Ind.). Ball described Dr. David T. Yeakel as having "unwarranted independence which bordered on the offensive in many cases where civility would have won good will."



DR. DAVID T. YEAKEL CLAIMED THERE WAS NO CHOLERA  
IN LAFAYETTE IN 1849

*1878 Historical Atlas, Tippecanoe County, Indiana,*  
courtesy of Tippecanoe County Historical Association

fully request the 'respectable and intelligent portion of the Profession' to state to this community what do."<sup>53</sup> Although this episode showed that Lafayette's doctors did not fully agree, it also indicated unanimity about diagnosing cholera among the doctors on the board of health; hence it was not internal discord over diagnosis that silenced the board. A letter defending the board in the *Indiana State Journal* suggested that its members had been "so wholly engrossed in their attention to the sick that they have been unable to report the state of health of our city."<sup>54</sup> While this probably was the case when the

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<sup>53</sup>Logansport *Journal*, July 14, 1849. Reprint of letters in *Lafayette Journal*.

<sup>54</sup>Indianapolis *Indiana State Journal*, August 10, 1849.

epidemic was at its height, it does not account for the board's failure to report during the epidemic's waning days or at its conclusion.

It is more likely that the doctors joined with municipal officials in minimizing the extent of cholera for fear that it would fatally wound the trade on which the town depended. This was not a conspiracy to enhance the wealth of boosters at the expense of public health, however; it is more likely that it was an unspoken agreement reached by men who shared a common interest and independently came to the same conclusions, which furthered the municipal government's purpose of enhancing commerce. In this light the board's silence could be viewed as fulfilling its role as an appointed body of municipal government.

The Lafayette board of health's response was typical; every locality wanted to present its cholera situation in the best possible light. When an epidemic did not occur, communities boasted that they were healthy and handed out official information on a regular basis. In Indianapolis, for example, the board of health reported on the few cases in the city in a timely and full manner, explaining that in order to deflate rumors "calculated to do serious injury to the business interests of the town, we have thought it our duty to make a simple statement of facts."<sup>55</sup> When the disease was widespread, newspaper editors often decided that "no news" was good for business. In Madison cholera arrived early and stayed late, and its newspaper, the *Daily Banner*, failed to keep its promise to give a "statement of facts relative to the cholera." Instead, the *Banner* complained about false reports that were "prejudicial to business"; its readers could learn a good deal more about the extent of the epidemic in Cincinnati than they could about their own town. The issue of June 18, for example, had three lines about Madison buried amid reports from Cincinnati, New York, Lawrenceburg, Covington, Louisville, and Albany. The import of the article was that things were bad all over and worse in other places.<sup>56</sup>

Most Lafayette residents did not wait for the board of health report before acting. Aware that cholera had arrived and not trusting to temperate habits alone to protect them, they took a step not sanctioned by the anticontagionist board of health: they left town. Cincinnati's esteemed Dr. Drake urged in a widely distributed report, "*let no one leave the city* because the epidemic has come . . . [I]t is not, like small pox, a catching disease, if it were, being out of the city would be a preservative."<sup>57</sup> But his strong assertion that cholera was not contagious, while welcomed by local governments, did not ring true

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<sup>55</sup>*Ibid.*, July 2, 1849. In Milwaukee also the press minimized cholera so as not to give "needless alarm and injure our trade with the country." Harstad, "Disease and Sickness on the Wisconsin Frontier," 143-44.

<sup>56</sup>Madison *Daily Banner*, May 12, 1849.

<sup>57</sup>Chambers, *Conquest of Cholera*, 221.

to ordinary folks. Most people in every stricken community ignored the almost universal message from their municipal governments to stay put because "Flight has at all times been found a very imperfect security against cholera."<sup>58</sup> Small towns that were stricken emptied out. Jacob Sickler wrote that half of Lafayette's six thousand residents fled once cholera arrived. Other estimates ranged from one-quarter to three-fourths of the population. The *Indiana State Journal* printed a letter claiming that only five hundred people remained in Lafayette. The best estimate was probably that of the *Lafayette Journal*, which claimed that two thousand, about one-third of the residents, remained.<sup>59</sup>

This exodus was not an instance of mass hysteria but of many individual decisions that both protected health and benefited the city in the long run. By removing themselves from the source of infection, those who left town were able to resume their roles in the town's economy after the epidemic had ended. Godlove S. Orth, for example, a prominent Hoosier Whig, went to his second residence in the country. Others stayed with relatives or friends. Some took up residence at the Fountain Rise, a boarding house four miles east of town that later boasted of its popularity "during the Cholera." Even those with few resources found safe havens. One witness recalled, "Every farmer on the Wea was thronged with poverty-stricken refugees."<sup>60</sup> A week after the board of health acknowledged that cholera had arrived, the *Lafayette Journal* described a changed community: "A single glance at our streets and public thoroughfares, so recently animated by the bustle and noise of prosperous business, now deserted and lonely, is too real an evidence of the existence among us of the 'pestilence that walketh in darkness and smiteth at noon-day.'"<sup>61</sup>

For those who remained in town, the responsibility of safeguarding their health was a personal one. One choice was to follow the board's earlier recommendations for a temperate lifestyle as a protection against the poisonous miasma, advice reinforced by the local press. The *Lafayette Journal* cautioned against the use of "spirituous drink," which "inflames and irritates the bowels . . . rendering it liable to the very attack which is sought to be avoided." Blaming the victims, the *Journal* pointed to "persons of irregular habits whose excessive indulgence of vitiated appetites have marked them the earliest and most certain victims of death."<sup>62</sup> The

<sup>58</sup>Richmond *Palladium*, July 11, 1849.

<sup>59</sup>William S. Holman to Allen Hamilton, July 6, 1849, Hamilton Papers (Indiana State Library, Indianapolis); Indianapolis *Indiana State Journal*, August 10, 1849; Logansport *Journal*, August 4, 1849, reprinted from *Lafayette Journal*, no date.

<sup>60</sup>J. Herman Schauinger, ed., "The Letters of Godlove S. Orth, Hoosier Whig," *Indiana Magazine of History*, XXXIX (December 1943), 400; *Lafayette Daily Journal*, January 21, 1850; *Lafayette Daily Courier*, April 29, 1891.

<sup>61</sup>Logansport *Journal*, July 14, 1849. Reprinted from *Lafayette Journal*, no date.

<sup>62</sup>*Ibid.*

press also suggested that music might be used to divert nervous excitement into other channels. An article in the *Atlas* went so far as to claim that "heart rending" deathbed scenes could cause contagion.<sup>63</sup> Jacob Sickler believed that a cholera victim's prognosis was influenced by emotions and advised a stricken relative "to think of times and seasons past" rather than the present situation in order to avoid the excitement that would surely cause a fatal relapse. Similar warnings about lifestyle and attitude appeared in other towns suffering from cholera.<sup>64</sup> Urging temperate, calm behavior fit the beliefs of the time, as well as coinciding with the interests of the business community.

Once cholera was truly evident, boosters supported an orderly response to help Lafayette maintain an image as a viable commercial center and to benefit the remaining citizens. The town council set a good example by attending to business and confronting problems in regular meetings, but they could not require that private citizens stay at their posts to provide essential services. If all businesses had shut down, as the *Indiana State Journal* erroneously reported, crucial food and medicine would have been unavailable. The *Lafayette Journal* hastened to refute this report, noting that some businesses continued to operate. The scarcity of customers no doubt prompted many to close up shop. All first-hand reports and reminiscences agree that cholera diminished Lafayette's usual incoming traffic. By the Fourth of July, even before cholera's presence had been officially acknowledged, the traffic into town was already thinning. A newspaper surmised that the holiday celebration "would have been much larger had not the reports of Cholera kept many of the brethren from attending." Richard H. Eldridge, a city druggist, noted on July 7 that Lafayette's merchants were "lying around on their counters, or sitting at their doors lounging the day away." At the end of July, Sickler observed that "all business is at a stand [still] many stores are closed and country people a[re] shy about going to the city." Lafayette hostler George Hoyt shut the doors of his small hotel, the Hacienda, and took up residence at the Fountain Rise, managing its tavern until the epidemic waned.<sup>65</sup> There were no wagons on the streets; the daily canal packets discharged no passengers. The absence of customers effectively put a halt to most commerce.

While commercial enterprises offering nonessential services closed because of slowing business, there were still customers for

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<sup>63</sup>Lafayette *Wabash Atlas*, July 31, 1849.

<sup>64</sup>Sickler to Sickler, July 30, 1849, Sickler Papers; Evansville *Journal*, June 23, 1849; Madison *Daily Banner*, May 12, 1849; New Albany *Daily Democrat*, May 9, 1849.

<sup>65</sup>Lafayette *Wabash Atlas*, July 10, 24, 1849; Barbara Merrick Hawkins, "Men and Women of Medicine in Tippecanoe County, Indiana, and their Societies, 1825-1876," manuscript (Tippecanoe County Historical Association, Lafayette, Ind.); Sickler to Sickler, July 30, 1849, Sickler Papers.



essential services, providing an opportunity for some businessmen. While Eldridge reported that "A majority of our dry goods stores are closed," he kept his drugstore open, providing cholera preventives and treatments. He profited handsomely; on July 15 he wrote, "Adam and myself have been kept on the run, my cash sales averaging \$50 to \$60 a day." Four days later he explained, "I am too much hurried preparing cholera prescriptions to write more. They number 281 in less than two weeks."<sup>66</sup> For those who dosed themselves he advertised a patent medicine, Crumpton's Strawberry Balsam, as "certain safe and effectual" for cholera, claiming that it had cured hundreds of cases in New Orleans when taken in the first stages. Eldridge had competition from entrepreneurs such as J. P. Cissna, who settled in the America House, a newly renovated hostelry that remained open. Claiming "the good of his fellow man" as his principal aim, Cissna offered a cholera remedy that claimed to give immediate relief to "those attacked with the first symptoms of cholera." In cholera-stricken Aurora, too, a resident reported, "Drugstores, alone [remain] open."<sup>67</sup>

Lafayette's residents also needed food. E. M. Weaver's was said to be "the only store open." Weaver supplied the entire city and county with provisions by expanding from his store on Second Street to two additional locations, which he stocked by "delivering goods in a wagon which he drove himself." His actions not only served the city but also kept him from bankruptcy. (He was said to have had \$86,000 worth of goods on hand and a very large debt.) The business interests of Eldridge and Weaver coincided with the good of the town. They took a risk by staying in town, but risk-taking was one of the characteristics of boosters in growing western communities. These two boosters had similar backgrounds, drive, and success. They came to Lafayette from the East as young men (Weaver in 1837 at age 26 and Eldridge in 1833 at only 15), clerked for established merchants, and became owners of their own commercial establishments, which flourished as the town grew.<sup>68</sup>

Although many people sought solace in religion under the stress of the epidemic, services in Lafayette were severely trimmed because six of the town's eight churchmen left town. Parker M. Dresser recalled that Rev. James Wilson of the Second Presbyterian Church and Father Michael J. Clark from St. Mary's Catholic Church stayed in town, and "both were kept constantly on the go, night and day, visiting the sick and burying the dead." Mrs. E. M. Weaver wrote that their services "were the more conspicuous because every other

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<sup>66</sup>Hawkins, "Medicine in Tippecanoe County."

<sup>67</sup>Lafayette *Wabash Atlas*, July 31, 1849; Holman to Hamilton, July 6, 1849, Hamilton Papers.

<sup>68</sup>Lafayette *Daily Courier*, July 19, 1884. Weaver's interests were said to have been worth \$300,000 in 1855, when he sold them to become a grain dealer. In 1858 Eldridge, too, sold his business and became president of the gas company. *Historical Atlas*, 39; Lafayette *Daily Journal*, November 16, 1871.



MERCHANT E. M. WEAVER KEPT HIS STORE OPEN DURING THE  
EPIDEMIC AND PROSPERED

*1878 Historical Atlas, Tippecanoe County, Indiana,*  
courtesy of Tippecanoe County Historical Association

pastor in the city had fled.”<sup>69</sup> Wilson and Clark, like Lafayette’s core booster businessmen, had invested themselves in their community. They had both launched local churches. Clark, Lafayette’s first resident Catholic priest, established the first parochial school and built “the handsomest church” in town, which was “regarded as superior to any in northern Indiana.”<sup>70</sup> Wilson had established a congregation

<sup>69</sup>Lafayette *Daily Courier*, April 29, 1891; Mrs. E. M. Weaver, “Paper,” in *The Semi-Centennial of the Second Presbyterian Church, Lafayette, Indiana* (Lafayette, Ind., 1890), 60, 62.

<sup>70</sup>John A. Wilstach, *St. Mary’s Church of the Immaculate Conception, Lafayette, Indiana* (Indianapolis, 1893), 13. A letter in the *Daily Journal* observed that Clark had “warm friends amongst all denominations.” Lafayette *Daily Journal*, March 18, 1850.

and built a church after a schism in 1840 prompted his withdrawal from the local Presbyterian church. Wilson was also superintendent of the Tippecanoe County Seminary. In contrast to Wilson and Clark, the pastors of Lafayette's other six churches were relative newcomers with weaker connections in the community. A year was the longest that any of them had been in town, so these men apparently felt free to flee for their lives.<sup>71</sup>

Wilson's sermon in observance of the National Fast Day called for by President Zachary Taylor "to implore the ALMIGHTY, in his own good time, to stay the destroying hand which is now lifted up against us," reveals his commitment to the community. The epidemic was at its peak on that day, August 3, and the *Wabash Atlas* reported forty-seven burials that week. A subtext in Wilson's discourse was an exhortation to his audience to be responsible municipal citizens and help keep Lafayette operating. He warned against abandoning "active business habits" and advised his listeners to discharge "the ordinary duties of life" by "engaging in reciprocal interests with those around us," especially in acting to relieve "the afflicted and perishing." Embedded in his address were arguments that supported municipal interests and indicated he was an anticontagionist. Wilson attributed cholera to "atmospheric influences, the malarial of decaying vegetation, unripe and unwholesome provisions, impure water, imperfect ventilation, personal intemperance." Wilson commended Lafayette's council "for the purification of the town, and preservation of health," observing, "Ponds have been filled up, cellars cleansed, the streets limed and wise ordinances promulgated, prohibiting under heavy penalties the sale of vegetables and fruits." Taking a Whigish position, Reverend Wilson asserted that the epidemic could ultimately promote health and prolong life by "Drying up the fountains of disease, establishing sanitary regulations, promoting habits of frugality and temperance, and constraining the attention of the public to neglected evils."<sup>72</sup>

Unlike most clergymen, Lafayette's regular physicians, whose professional responsibility was to treat the sick, remained in town at full strength, as did doctors in other stricken communities. It was also not unusual for Indiana doctors to put themselves at risk by leaving healthy communities to help cholera patients in other towns.<sup>73</sup>

<sup>71</sup>Weaver, *Second Presbyterian Church*, 54-55; *Lafayette Daily Journal*, January 17, 1850; *Historical Atlas*, 20-21. The other churches were First Presbyterian, First Baptist, St. John Episcopal, First Church, First Universalist, and Methodist Episcopal.

<sup>72</sup>*Lafayette Wabash Atlas*, July 17, 1849; Joseph G. Wilson, *The Voice of God in the Storm, A Sermon Delivered in the Presbyterian Church on the Day of the National Fast, August 3, 1849* (Lafayette, Ind., 1849), 22, 8, 20, 25.

<sup>73</sup>George Sutton, *A Report to the Indiana State Medical Society on Asiatic Cholera as it Prevailed within the State of Indiana during the Years 1849, 1850, 1851, and 1852 with Observations on the Laws which Govern its Progress* (Indianapolis, 1854), 7; *Indianapolis State Sentinel*, July 18, 1849. Aurora got help from doctors of Lawrenceburg, Wilmington, and Rising Sun, while Boston received assistance from the physicians of Richmond.

Cholera gave them an opportunity to display their talents, thereby elevating the comparative desirability of professional medical treatment over home care or treatment from nonregular practitioners. Wilson observed that Lafayette physicians "have been seen at all hours and in the most exposed situations." Other accounts agree: one resident recollected that Lafayette physicians "did all that physical strength and endurance was capable of doing." Dr. Elizur Deming, the chair of the board of health, who was called the "Medical Nestor" because of his previous experience with the disease, was in the thick of it. Yeakel, who at first doubted cholera was in town, used three teams of horses, exchanging one for another as the animals became exhausted. And Dr. Isaac Smith, the county physician, earned an extra \$120 (70 percent of his annual salary) for his exertion for the sick-poor during the epidemic.<sup>74</sup> At first the *Wabash Atlas* reported that doctors were able to bring relief to three-fifths of the cases, but by the end of July the paper commented on the fatigue of the doctors because of "being on the constant run" and suggested that the great number of fatalities was "for want of medical treatment at the proper time."<sup>75</sup> No trace remains of the course of treatment these doctors followed. Although most Indiana regular physicians relied on the established "heroic" measures of the day, figuring to eliminate the poison from the body by cathartics, emetics, and bloodletting, they were not in agreement on specific elements of cholera treatment. Lafayette's Dr. Joel McFarland reported to the Indiana State Medical Society, "there was great diversity of opinion" among the town's doctors as to the best mode of treatment.<sup>76</sup> The regular physicians were endorsed by their fellow boosters on the Lafayette town council at their July 26 meeting when council members ordered druggists to fill the prescriptions of any regular practitioner that were issued to someone unable to pay, guaranteeing payment by the municipality. This order did not cover patent medicines and prescriptions from irregular practitioners.

Despite this endorsement, Lafayette residents, like those of other Indiana communities with cholera epidemics, turned to alternative medicine and dosed themselves with every kind of cholera preventive at the first rumblings in their bowels. Watson Clark, for example, reported that one old gentleman always carried a panacea

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<sup>74</sup>Wilson, *Voice of God*, 27; Reser Notebook, II, 14; *Lafayette Daily Courier*, July 10, 1884; Record Books, E (June 1846–June 1851), pp. 283, 421, Tippecanoe County Board of Commissioners, Lafayette, Ind.

<sup>75</sup>*Lafayette Wabash Atlas*, July 31, 1849.

<sup>76</sup>Sutton, *Report to the Indiana State Medical Society*, 34. Indiana physicians used many different medications, most of which were common in the "heroic" medicine chest (tannin, calomel, opium, capsaicin, camphor, chloroform, morphine, brandy, mercury, chalk, lead, zinc, soda powders), as well as externally applied astringents, heat, and cold. Sutton's report revealed that no agreement prevailed about which medication to use at each point in the course of the disease, or what combinations were the most effective.

made of vinegar and chalk.<sup>77</sup> In Aurora, Sutton reported, “the prescriptions of the Quack were given alternatively with those of the regular physician” with the populace resorting “to every ‘cholera specific’ or nostrum for the disease that could be obtained.”<sup>78</sup> Self-dosing could be carried to an extreme. Wilson warned that some people’s “intemperance in the administration of medicine” actually “facilitated the approach of the disease.” He might have been thinking of Clark Richards, who was described by his brother Sam as “a kind of perambulating drug shop, himself the principle customer.”<sup>79</sup>

On July 11, the day after Sam had written in his line-a-day diary “In Town [Lafayette] Cholera bad,” his brother Clark suffered “slightly with cholera.”<sup>80</sup> At this time, the twenty-four-year-old Sam was beginning his career as a civil engineer and surveyor, working for the Lafayette & Indianapolis Railroad. In a letter to another brother, Sam ridiculed Clark’s self-dosing, writing that “whilst that dread scourge was raging in Laf[ayette]” Clark woke up one night and “imagined that the plague had possession of [him]—fear came upon him apace—he springs from bed and partakes lagly [largely] of a cholera panacea from a bottle that was in our room.” For the rest of the night Clark was “puffing and blowing to cool the effects of the burning stuff.” Sam continued with a graphic description:

the morning finds his bowls of course after so much fear and excitement in a tumbling position, and his medicine had by this [time] found it way through. after a visit to the Privy he walks into the Doctors shop and downs with a large dose of Laudanum, helping himself from a large bottle.<sup>81</sup>

Sam’s report ends with Clark’s continuing obsession with his health: “since his recovery he has not been without his pockets well lined with cholera powders and taking one whenever his bowels commence their lofty tumblings with was often—peaches being plenty.” Clark’s case could have been a simple upset stomach. No doubt many self-dosed and doctor-treated minor intestinal upsets were thought of as successfully treated cholera, explaining the longevity and popularity of the practice of early treatment of intestinal symptoms as a panacea for cholera among doctors and patients alike.

The Richards brothers were typical, maintaining their normal routine, assuming responsibility for their own health, and facing the

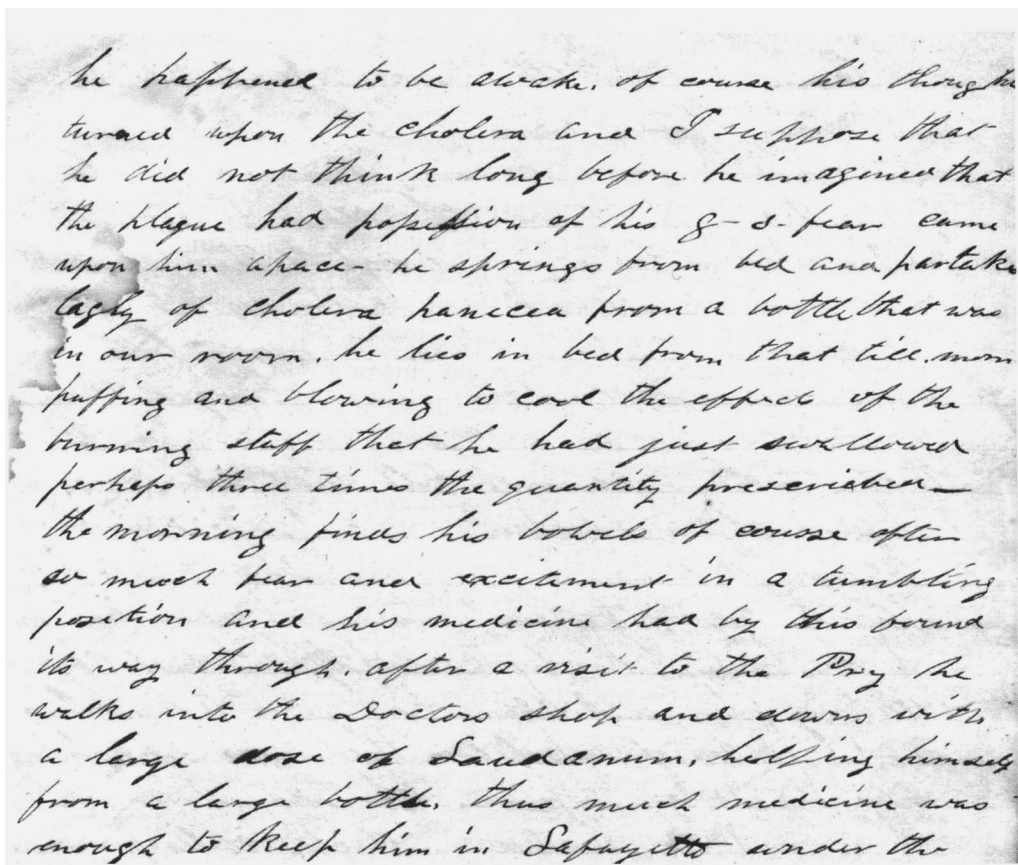
<sup>77</sup>Indianapolis *Locomotive*, July 26, 1849; Lafayette *Sunday Morning Leader*, January 28, 1875; Lafayette *Morning Journal*, April 30, 1891.

<sup>78</sup>Sutton, *Report to the Indiana State Medical Society*, 7.

<sup>79</sup>Wilson, *Voice of God*, 19; Samuel K. Richards to D. C. Richards, October 1, 1849, Samuel K. Richards Papers (Tippecanoe County Historical Association, Lafayette, Ind.). Richards came to Tippecanoe County with his family when he was twelve and later became chief engineer on the Lafayette, Muncie, and Bloomington Railroad, Lafayette city engineer, and Tippecanoe County surveyor. *Biographical Record*, 632-35.

<sup>80</sup>Samuel K. Richards Diary, July 11, 12, 1849, Richards Papers.

<sup>81</sup>Richards to Richards, October 1, 1849, *ibid*.



he happened to be awake, of course his thoughts turned upon the cholera and I suppose that he did not think long before he imagined that the plague had possession of his g-s-fear came upon him apace- he springs from bed and partakes largely of cholera panacea from a bottle that was in our room. he lies in bed from that till morning puffing and blowing to cool the effect of the burning stuff that he had just swallowed perhaps three times the quantity prescribed- the morning finds his bowels of course often so much fear and excitement in a tumbling position and his medicine had by this found its way through. after a visit to the Pry he walks into the Doctors shop and draws with a large dose of Laudanum, helping himself from a large bottle, thus much medicine was enough to keep him in Safford under the

SAMUEL K. RICHARDS LETTER TO HIS BROTHER DURING THE CHOLERA EPIDEMIC

Richards Papers, Tippecanoe County Historical Association

threat with humor and courage. Clark did not rely on medical professionals or government dictates; he did his own diagnosing and prescribed his own treatment. During the epidemic Sam aided a stricken neighbor, "C. Arnold," sitting with the sick man for several nights and then procuring his coffin and attending his burial.<sup>82</sup> Traditionally the ill were cared for at home, most often without any doctor at all, and nursing, not a doctor's treatment, was the most critical part of cholera victims' care.<sup>83</sup> A letter in the Richmond *Palladium* underlined the importance of home nursing. It warned, "You will look in vain to the physician for beneficial results from the exercise of his

<sup>82</sup>Richards Diary, August 2, 4, 8, 12, 13, 1849, *ibid.*; Richards to Richards, October 1, 1849, *ibid.*

<sup>83</sup>For an example of the home health care role of women see Emily K. Abel, "Family Caregiving in the Nineteenth Century: Emily Hawley Gillespie and Sarah Gillespie, 1858-1888," *Bulletin of the History of Medicine*, LXVIII (Winter 1994), 68, 573-99.

skill, if you are not present and operating give efficacy to his medicines by rubbing sustaining and stimulation the sinking patient." When Jacob Sickler's grown son "had an attack of Colery wich very much frightend his family," they did not call for a doctor but sent for Sickler in the middle of the night; the patient was "rubbed with dry flanel and red pepper mustard and salt" and counseled by his father.<sup>84</sup> Unwritten and unsung acts of self-care and care for others helped keep the cholera horror in bounds and helped avert a full-fledged panic in Lafayette.

When several family members were attacked or the family caretaker was stricken, nursing had to come from the community at large. Even though the Lafayette council, following the board of health's recommendation, authorized the marshal to select a building for a cholera hospital and to employ a nurse and doctor, no hospital was established. The difficulties that Richmond's planned city hospital encountered illustrate the kind of obstacles that may have impeded the Lafayette project. Richmond's councilmen reported that they were unable to provide a hospital because "no suitable place can be procured . . . nor nurses be obtained at any price."<sup>85</sup> Municipal officials in both Lafayette and Richmond took similar actions to address the nursing shortage, i.e., appointing businessmen to see to the sick in their wards. Lafayette's eight ward appointees were among the town's most successful early boosters. The appointments of these eminent local men plus the appointment of John Pettit, an attorney with a state-wide reputation, as street commissioner in August were meant to be reassuring to the public, not only because of their active involvement in the crisis, but also because they stayed in town. Leading citizens in other affected places also elected to stay because of a sense of duty.<sup>86</sup>

Many residents made their own arrangements for nursing. Some, like Sam Richards, acted individually as good Samaritans; others banded together. Some groups, foreseeing a shortage of nurses, formed mutual protection societies and pledged to help each other

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<sup>84</sup>Richmond *Palladium*, July 18, 1849; Sickler to Sickler, July 30, 1849, Sickler Papers.

<sup>85</sup>This nursing would be in the tradition of home nursing with volunteers or paid caretakers, since nursing as a profession was not established until much later. Doteline E. Allen, "History of Nursing in Indiana," in Russo, *One Hundred Years of Indiana Medicine*, 124, 129; Richmond *Palladium*, August 1, 1849.

<sup>86</sup>Lafayette *Sunday Morning Leader*, February 28, 1875. The eight men included a large landholder (H. L. Ellsworth), the owner of the town meatpacking plant (H. T. Sampler), merchants in drygoods, groceries, and drugs (John McCormick, J. S. Hanna, and Israel Spencer), and a forward and commission merchant (T. H. Rogers). In 1829 Hanna was one of five trustees in Lafayette's first municipal government, serving on a committee to select a site for the market house. Lafayette *Sunday Morning Leader*, January 21, 1874, February 2, 14, 21, 1875; Lafayette *Free Press*, May 19, 1840; Lafayette *City Directory, 1858 and 1859* (Lafayette, Ind., 1858); *Historical Atlas*, 28, 31; Record Books, C (May 1831–March 1838), p. 335, Tippecanoe County Board of Commissioners. See also, for example, Brewer, "Voluntarism on Trial," 108.

if infected; some went wherever there was a need.<sup>87</sup> Watson Clark, a twenty-two-year-old brickmaker who lived with his widowed mother, and his friend Sam Anderson helped with burials. Parker Dresser, who worked at his family's dry goods establishment on the public square, was one of "the first to organize a volunteer relief corps for those stricken with cholera." He recalled the names of eleven volunteer nurses and added that more persons helped when the "epidemic had somewhat subsided." He and two other nurses, Sam Danforth (a jeweler on the public square) and Sam Meredith, stayed up ten nights without a change of clothes watching three or four cases in different houses at the same time. The four women he named—the Misses Taylor, Mrs. Dr. Deming and Mrs. Rev. Wilson—"devoted their time to the sick night and day without reference to who it was or where."<sup>88</sup> Mrs. E. M. Weaver also remembered Mrs. Wilson as "a ministering angel . . . who from the first to last went about with her noble husband doing good, nursing the sick, and with simple faith in God, risking their lives in the very midst of death-dealing visitation."<sup>89</sup>

The selfless actions of some people such as the Wilsons sprang from their religious faith. This motivation is illustrated in the diary of Calvin Fletcher, an Indianapolis banker, farmer, landowner, and member of the Methodist church, where he taught Sunday school and gave occasional sermons. Although Fletcher was convinced that cholera was contagious, he knew his Christian duty was to help others, and he fretted about whether he would have the courage of his convictions. In July 1849 he wrote, "I fear I shall not do my duty—that I may shrink from this scourge—If I am the victim that I shall not show manly resignation in faith in Christ—If not the victim I fear I may not discharge the duty of a Christian & neighbor." Yet when the epidemic finally struck his neighborhood, Fletcher and his family devoted themselves completely to succoring the sick, burying the dead, and looking after the needs of survivors. Fletcher expressed his faith in his diary: "God alone can avert it & take care of us. May we all be in his holy keeping."<sup>90</sup> Fletcher's prayerful attitude was by no means unusual. Jacob Sickler expressed the beliefs of many in a letter about the death of a relative: "we come to contemplate the goodness of our heavenly father in lending them to us for a while and then giving so strong assurance that they have gone to reap a blessed reward in those mansions of bliss prepared for all the christian church."<sup>91</sup> Ordinary people commonly perceived divine intervention in their daily lives. In a letter written August 15, Millicent

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<sup>87</sup>Hawkins, "Medicine in Tippecanoe County"; *Lafayette Morning Journal*, April 30, 1891.

<sup>88</sup>*Lafayette Daily Courier*, April 29, 1891.

<sup>89</sup>Weaver, *Second Presbyterian Church*, 61.

<sup>90</sup>Gayle Thornbrough, Dorothy L. Riker, and Paula Corpuz, eds., *The Diary of Calvin Fletcher: Vol. IV, 1848–1852* (Indianapolis, 1975), 116, 204, 206–208, 211, 203.

<sup>91</sup>Sickler to Sickler, July 30, 1849, Sickler Papers.



Ann Stratton noted that cholera was abating in Lafayette, but, she added, “we do not know how soon it may please Our heavenly Father to send it over our land and call us from this unfriendly world to appear before our final judge.”<sup>92</sup> But not everyone saw divine influence in this crisis. For example, in a letter to the Parkers in Darlington, a Lafayette resident expressed a fatalistic view without the religious tone. After matter-of-factly listing eight mutual acquaintances who had just died, a Mr. Putnam wrote, “it bothers me to find who ain’t dead, about all that I can realize about the matter is that I am alive and kickin.”<sup>93</sup>

As the incidence of cholera waned, Lafayette’s press sounded the drums for the return of business. On August 7 the *Atlas* announced that cholera had “almost entirely disappeared,” deaths having been reduced from twenty-five or thirty a week to one or two a day, and optimistically observed “evidence of speedy return of lively business intercourse for which Lafayette has been famous.” On August 9 the more realistic Lafayette *Journal*, noting just one new death, hoped “to see business resume its wonted bustle, for we are sanguine in the belief that the scourge is taking its departure.”<sup>94</sup> Among the people who came back from refuges elsewhere was Godlove S. Orth, who reported to his political ally Schuyler Colfax on August 18, “The cholera having measurably subsided I ventured to return to the City from my Prairie retreat a few days since.”<sup>95</sup> Hostler George W. Hoyt reopened the Hacienda on August 24, thereby gaining an advantage over the Galt House, which did not reopen until November, when it advertised its healthful location. Weaver’s September advertisement began “Now that Cholera has disappeared” and announced with satisfaction derived from his extraordinary sales during the siege, “Our supply of Groceries and Provisions soon will be ample.”<sup>96</sup> Lafayette’s council signaled the official end of the epidemic on September 19 by repealing the ordinance forbidding the sale of fruit and vegetables.

The ordinary people who had fled the epidemic returned to work. Those who had stayed and suffered also resumed their normal routines as best they could. George Lockstand, a baker from England who lost his thirty-year-old wife Elvina to the disease, resumed his trade with his brother John and presented his two young children with a stepmother in December. Cholera claimed the lives of Clint Taylor’s middle child, two-year-old Stephen, as well as those of two employees; nevertheless he stayed in Lafayette, tending to his livery stable at its lucrative location in the town center. Newly wid-

<sup>92</sup>Millicent Ann Stratton to Clayton Brown, August 15, 1849, SC2393 (Indiana Historical Society, Indianapolis).

<sup>93</sup>Putnam to Miss Parker & Frank, August 1, 1849, Letter Collection (Tippecanoe County Historical Association, Lafayette, Ind.).

<sup>94</sup>Lafayette *Wabash Atlas*, August 7, 1849; Logansport *Journal*, August 11, 1849, reprinted from Lafayette *Journal*, n.d.

<sup>95</sup>Schauinger, “Letters of Godlove S. Orth,” 400.

<sup>96</sup>Lafayette *Daily Journal*, September 13, 1849.

owed Mary Patt, anchored by three children, one of whom was born after her husband's death, remained and dealt with the complications of her husband's affairs. Jackson Patt, who had been a brick-mason and a budding entrepreneur, left an estate including a canal boat valued at \$20, promissory notes, and unsettled legal actions. Belinda Meredith, the widow of teamster Samuel Meredith, who left her no assets, joined the household of her kinsman Smith Lee along with her young daughter; they all lived at the Tippecanoe County jail, where Lee served as jailer.<sup>97</sup> With the necessary workforce back in place, relieved Lafayette boosters saw customers reappear and business pick up.

An attack by the fearsome cholera had not diminished the town's future. The infrastructure, secured by past and present boosters, was indispensable to trade in the upper Wabash Valley and offset the damage done by cholera. Four months after the epidemic Sickler's memory of his personal struggle with the disease had faded, and his enthusiasm for Tippecanoe County, "our fertile lands, our proximity to markets," remained undiminished.<sup>98</sup> The early 1850s were a time of expansion and promise, especially because of the new railroad connections. Lafayette's reincorporation as a city in May 1853 (with population of more than 7,000) confirmed its continuing growth, while its selection as the site of the Indiana State Fair in October 1853 (after much lobbying by boosters) confirmed its position as a "comer" among state municipalities. Visitors were impressed by Lafayette's business, population, and wealth; one noted that it served as the principal trading spot for surrounding villages, while yet another in the spring of 1854 commented on the "very heavy trading business by canal, river, and railroad," arrivals that kept ten omnibuses "constantly employed running to and from the railroads, steamers, and packets."<sup>99</sup> If the criterion was the restoration of business conditions, Lafayette's response to cholera could be judged a success. Assessed from the point of view of public health, the intentions of Lafayette's municipal officials' actions would also get good marks. The town council had appointed a board of health that educated the public; it financed sanitation measures; it banned the sale of produce; it underwrote medical prescriptions for those who could not afford to pay; and it appointed ward men to see to the care of the sick after their attempt to establish a hospital failed. But, unfortunately, the effect of these actions on the course of the epidemic was negligible.

The full extent of the disease in Lafayette, one of the areas in Indiana to be hit worst, is unknown. The Lafayette board of health,

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<sup>97</sup>Marriage files, Tippecanoe County (Tippecanoe County Historical Association, Lafayette, Ind.); Jackson Patt Will, Tippecanoe County will files, *ibid.*; Putnam to Parker, August 1, 1849, *ibid.*; *Lafayette City Directory, 1858 and 1859*; U. S., *Seventh Census, 1850*, Tippecanoe County, Ind., 62, 70, 86, 107.

<sup>98</sup>Sickler to Sickler, January 20, 1850, Sickler Papers.

<sup>99</sup>*Lafayette Daily Courier*, April 19, 1854.

just like the boards in other Indiana communities, failed to fulfill its responsibility to tabulate cases and deaths.<sup>100</sup> In the aftermath, no one attempted to estimate the number of cases, and estimates of deaths varied between 100 and 800.<sup>101</sup> Druggist Eldridge reported that “one of the physicians admitted a total of 300 local deaths.” This number, the one most often quoted by local historians, may have originated with Lafayette physician Joel McFarland, who cited two death totals—130 and more than 300—in his report to the Indiana Medical Society: the larger number included “dysentery and diarrhea [which] prevailed as an epidemic.”<sup>102</sup>

Even though information about the number of cases and the death rate could have shed light on the contagion/anticontagion controversy and given direction for municipal actions in future threats,<sup>103</sup> Indiana municipal boards of health did not act to produce reliable statistics in subsequent cholera attacks. In fact, during Lafayette’s encounter with cholera in 1854, the board of health was less active. While the 1854 outbreak claimed fewer victims than the 1849 infection, it did reach epidemic proportions.<sup>104</sup> It was the marshal, not the board of health, who delivered the only official information during the 1854 siege—one report on July 28 of six deaths in three days. A single municipal expenditure for board of health activities (\$3 allowed of the \$13 claimed) underlines the board’s negligible role. In mid-August the *Courier* condemned the board of health, complaining “It has been impossible to get a correct report for publication from the Board of Health if indeed we have a Board of Health,” and added a week later, “We have repeatedly asked to be furnished with a daily report of the mortality of the city, but have been unable to obtain it.”<sup>105</sup> Lafayette’s board of health was not the only one in the region that was less active in subsequent epidemics. After the 1849

<sup>100</sup>Other states also failed to keep reliable cholera statistics. See, for example, Roth, “Cholera, Community, and Public Health in Gold Rush Sacramento and San Francisco,” 542-44, 547-48.

<sup>101</sup>Lafayette *Wabash Atlas*, July 24, 31, 1849; Indianapolis *Indiana State Sentinel*, July 18, 1849; Cox, *Early Settlement of the Wabash Valley*, 153; Hawkins, “Medicine in Tippecanoe County”; Reser Notebook, II, 15; Sutton, *Report to the Indiana State Medical Society*, 34; U. S., Seventh Census, 1850, Indiana Mortality Schedule, Tippecanoe County, Lafayette, pp. 204A-204O. The only count of deaths is a partial list of city graveyard interment for twenty-six days in July, printed under the aegis of the sexton, rather than the town council, showing 121 interments. Additional cholera deaths occurred before July 3 and after July 29, and many were buried in other graveyards. Fifty-four Lafayette cholera victims who were not on the graveyard list were included in the mortality schedule of the 1850 census.

<sup>102</sup>Sutton, *Report to the Indiana Medical Society*, 34.

<sup>103</sup>For the importance of statistics in understanding cholera and the medical profession’s reluctance to accept the use of statistics as a tool see John Duffy, *The Sanitarians: A History of American Public Health* (Urbana, Ill., 1990), 93-102.

<sup>104</sup>One paper reported 100 deaths between the middle of July and August 24. *Lafayette American*, August 24, 1854.

<sup>105</sup>*Lafayette Daily Courier*, July 22, 24, August 15, 21, 24, 1854; *Lafayette Morning Journal*, July 22, 1854; Minutes, Book A (May 1853-May 1859), p. 139, Lafayette City Council, Lafayette, Ind.

epidemic Milwaukee's board of health published fewer and more biased cholera reports in 1850 and none at all in the succeeding three years.<sup>106</sup>

The silence on the part of Lafayette's 1854 board of health echoed the silence of the city council, which made no announcements about cholera even though it met fairly regularly to attend to normal business during this epidemic.<sup>107</sup> The rapid recovery of the local economy after the 1849 epidemic seems to have lessened the local government's fear of cholera as a threat to the city's commercial trade. The 1849 experience reduced the perceived threat of cholera by giving the unknown a face, horrible to be sure, but no longer a complete mystery. While cholera took a terrible toll in human life and damaged commerce during its stay, it did not destroy the town. Lafayette's residents learned firsthand that their town could outlast the disease, which was stopped in its tracks by September's cool temperatures. The city officials seemed to have concluded from their experience that an active city council was not needed. Officials in 1854 did not undertake most of the remedies pursued by their 1849 predecessors; they did not underwrite medical prescriptions, appoint ward men, or ban the selling of produce. In fact, farmers were encouraged to market produce in the city, and the local press condemned hucksters for deterring farmers in order to corner the produce market for sizeable profits. As the 1854 epidemic waned, the *Courier* had no doubts that business as usual would resume—"Although we have had an unusually dull season for business, owing to the cholera and prevailing sickness, the prospects for an increased fall and winter trade are very flattering."<sup>108</sup> The aftermath of 1849's severe epidemic inspired confidence that the town's transportation infrastructure, the roads, river, and canal that constituted its commercial heart, would continue to attract trade, whether or not cholera struck, so the city government had no need to act. Rather than leading to an increased role for Lafayette municipal government in public health, the experience with the 1849 epidemic led to a reduced role for the city in 1854, in all areas except municipal sanitation.

Despite the failure of extensive sanitation measures in 1849 to protect their community, the 1854 councilmen underwrote \$400 for emergency cleanup efforts.<sup>109</sup> In doing this, the councilmen ignored evidence that contradicted miasmatic theory and discredited sanitation as a preventive measure; at a meeting of the nascent Indiana

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<sup>106</sup>Harstad, "Disease and Sickness on the Wisconsin Frontier," 149-51.

<sup>107</sup>Minutes, Book A, pp. 118-35, Lafayette City Council. Among the matters considered by the council at the time of the 1854 cholera epidemic were taxes, assessments, street work (guttering, grading), the market house, a dog ordinance, and lampposts.

<sup>108</sup>Lafayette American, August 1, 1854; Lafayette Daily Courier, July 24, August 21, September 12, 1854.

<sup>109</sup>Minutes, Book A, pp. 119, 125, 130, 135, 143, Lafayette City Council.

Medical Society held in Lafayette in 1853 members had presented facts that could challenge the belief that poisonous gases from decaying matter carried cholera.<sup>110</sup> A report commissioned by the state society to determine the extent of the epidemic, its predisposing causes, and the most effective treatment for it revealed that only three of the thirty-eight reporting counties (“nearly all the prominent points within the State at which Cholera has prevailed”) mentioned any link between cholera incidence and decaying filth. The majority of reporting physicians agreed with Lafayette’s Dr. Joel McFarland, who observed that cholera victims were in “unhealthy and healthy localities alike,” causing author Dr. George Sutton to conclude that “locality has had but little influence over the progress of cholera in the state.” A small majority also believed cholera to be contagious, undermining the miasma theory further. McFarland observed that Lafayette’s first case was a man from Louisville and that “the next case and succeeding cases were traceable to it,” and Sutton concluded, “We have many facts to favor the idea that persons leaving an infected district with diarrhea have communicated cholera to others.”<sup>111</sup> This hypothesis about the role of human excrement in the spread of cholera had implications for effective municipal sanitation practices: it narrowed the focus from all filth to the sanitary disposal of human fecal matter, just as the prominent public health administrator, Dr. Charles V. Chapin, was to advocate so vehemently a half century later.<sup>112</sup>

Sutton’s report made no impact on Indiana communities’ usual street cleaning and liming in the face of impending cholera epidemics. Sanitary responses in 1854 were similar to those in 1849, which were the same as those in the 1830s. Since the report was presented at a meeting in their city attended by Lafayette’s regular physicians, the 1854 councilmen were undoubtedly aware of its findings. Why did these officials discount its lack of support for a link between cholera and filth in general? One factor was the medical profession’s lack of authority. Lafayette’s councilmen, like farmer Jacob Sickler, had little faith in medical opinions. Sickler, in blaming the death of “little Sis Hoover” on the doctor summoned by her “anxious” father (“contrary to my advice”), wrote that he believed “more in the efacacy of the old wifes cures than in aney Doctors.”<sup>113</sup> Regular physicians’ ineffectiveness during the 1849 cholera epidemic did nothing to enhance their reputation. The Sutton report highlighted that the medical pro-

<sup>110</sup>Lafayette *Morning Journal*, May 19, 20, 1853. This meeting, where Deming was elected president, was attended by sixteen of Lafayette’s regular physicians.

<sup>111</sup>Sutton, *Report to the Indiana Medical Society*, 4, 34, 66, 59.

<sup>112</sup>Charles V. Chapin, “Dirt, Disease, and the Health Officer, Address to the American Public Health Association, New Orleans, Louisiana, December 1902,” in *Papers of Charles V. Chapin, M.D.: A Review of Public Health Realities*, ed. Clarence L. Scamman (New York, 1934), 20-26.

<sup>113</sup>Sickler to Sickler, July 30, 1849, Sickler Papers.

fession as a whole had no consistent way to explain cholera and no effective way to treat it.<sup>114</sup>

Another reason cholera's association with filthy localities endured in the face of opposing evidence is that filth could be linked with personal behavior, making it possible to blame individuals for the disease's virulence, rather than the municipal government's failed sanitation measures or physicians' failed treatment. The 1854 councilmen were aware that cholera sometimes occurred where there was decaying matter. Since short-term sanitation efforts could not uniformly clean every neighborhood at all times, some victims were in filthy locations and some were not, but the ones in unsanitary localities were noted and remembered. Eldridge made a blanket statement in a July 7, 1849, letter that those stricken with cholera were "all hard cases and lived in dirty holes"; an Indianapolis paper reported that cholera broke out in "the filthiest part" of Lafayette; and a recollection more than thirty years later claimed the disease appeared in an area in "wretched sanitary condition."<sup>115</sup> Accounts such as these reveal the tenacity of the conviction that foul matter and cholera were associated. The decision of Lafayette's 1854 council to sanitize not only demonstrated that belief in miasma outweighed the opinion of medical professionals regarding filth and cholera incidence, but also indicated the importance of streets for commerce. Streets were crucial for business, and clean streets, whether they were effective in blocking cholera or not, enhanced the business environment.<sup>116</sup> Belief in miasma and sanitation suited the government's overarching purpose of promoting commerce.

Those who emphasized individual behavior as the root of the problem criticized lifestyle choices. Although there was little information about the lifestyles of victims in the counties mentioned in the Sutton report, Sutton concluded that "acting prudently and carefully avoiding the exciting causes" could prevent cholera. Lafayette's McFarland also endorsed this view, observing that "[i]ntemperate habits had a predisposing effect."<sup>117</sup> This widely-held belief in the importance of individual behavior was expressed in the explanation

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<sup>114</sup>One physician believed detailing his treatments would not "be of much benefit," since nearly 40 percent of his patients died. Another wrote, "a host of mixtures that were freely given, only hastened the fatal result," and a third observed that "Sometimes my patients got well, and I hoped I had contributed to the results; sometimes they died, and I fear I did the same; and frequently I thought the treatment neither good nor bad, as far as it influenced the issue." Sutton, *Report to the Indiana Medical Society*, 36, 33, 43.

<sup>115</sup>Hawkins, "Medicine in Tippecanoe County"; Indianapolis *Indiana State Journal*, July 16, 1849; Lafayette *Daily Courier*, July 19, 1884.

<sup>116</sup>For example, a visitor from Cincinnati admired the "thriving city" in the "center of a vast network of railroads" but found the streets "a little ragged." Lafayette *Morning Journal*, October 24, 1854.

<sup>117</sup>Sutton, *Report to the Indiana Medical Society*, 34, 61. Only fourteen out of thirty-eight county responders considered lifestyle factors, and they were evenly divided on the question of the factors' importance.

a Huntington undertaker offered for his immunity—"I simply behaved and took good care of myself."<sup>118</sup> Although there was no reliable evidence to support these claims, Lafayette newspapers in 1854 continued to advocate the importance of diet and personal habits and to blame victims for their imprudence, excesses, and lack of attention to early symptoms.<sup>119</sup>

Sutton also claimed that the foreign born were the most severely afflicted, "owing to their manner of living; to their imprudence in diet; to their intemperance; to being crowded together in ill ventilated apartments; and not being acclimated."<sup>120</sup> This opinion did not reflect the reporting physicians' views, since only eight of the thirty-eight counties in the report mentioned ethnic origin. Surveys of urban eastern cities with large immigrant ghettos had coupled cholera with the lifestyles of the foreign born, but the evidence for this linkage was unpersuasive in rural Indiana, which had a small percentage of foreign-born residents. In Lafayette, although McFarland made no mention of immigrants, Reverend Wilson concluded that they were more susceptible to cholera because of their poor habits, especially intemperance, and claimed that 42 percent of Lafayette's deaths were among the immigrants.<sup>121</sup> Information from other sources produced different figures, indicating that cholera could be a blank page for the projection of strongly held attitudes.<sup>122</sup> Again in 1854 newspapers singled out the foreign population; the *Courier* observed their mortality was higher, while the *American* asserted more specifically that 85 out of 100 fatalities were "among the foreigners, who live here as elsewhere, in crowded & filthy neighborhoods."<sup>123</sup> Scapegoating immigrants by blaming victims for their sickness reinforced the belief in the power of personal lifestyle choices and shifted emphasis away from environmental causes, for which municipal governments might be responsible.

Although the passage of state and local legislation in Indiana in the early 1850s seems to support the thesis that cholera epidemics prompted permanent municipal sanitation measures and the begin-

<sup>118</sup>Frank Summer Bash, ed., *History of Huntington County, Indiana* (Chicago, 1914), 307.

<sup>119</sup>Lafayette *American*, July 22, 25, 29, August 17, 22, 1854; Lafayette *Daily Courier*, July 27, August 15, 21, 28, 1854.

<sup>120</sup>Sutton, *Report to the Indiana Medical Society*, 68.

<sup>121</sup>Wilson, *Voice of God*, 32. Wilson's thesis that participation in organized religion protected one from cholera (a death ratio "showing a difference of 17 to 55 in favor of the habits of the religious life") rested on prejudicial assumptions: he excluded Catholics, who were almost entirely Irish-born and working-class, from his list of groups whose members led a religious life (Free Masons, Odd Fellows, Sons of Temperance, Presbyterians, Baptists, Episcopalians, and Methodists).

<sup>122</sup>The Indianapolis *Indiana State Journal* claimed that 66 percent of victims were foreign born. The Lafayette *Wabash Atlas* put the proportion at 54 percent, while the U.S. Census showed 33 percent. Indianapolis *Indiana State Journal*, August 10, 1849; Lafayette *Wabash Atlas*, July 24, 31, 1849.

<sup>123</sup>Lafayette *Daily Courier*, August 28, 1854; Lafayette *American*, August 24, 1854.

ning of government responsibility for public health, these ordinances did not result in regular sanitation practices.<sup>124</sup> Lafayette's government, like that of other Hoosier municipalities, failed to enforce regular sanitation procedures. Similarly, even though Indiana municipalities passed ordinances creating permanent boards of health (Lafayette in 1861), these boards were, in the main, powerless and inactive. As Indiana historian Emma Lou Thornbrough noted, "in actual practice, requirements concerning sanitation and protection of public health appear to have been largely ignored."<sup>125</sup> Rather than overcoming government indifference to public health, the 1849 epidemic revealed Lafayette's government's steadfast focus on business. The town's staunchly anticontagionist officials (board of health and council members) resisted decisions that would harm the town's image as a commercial center. When cholera returned five years later, city officials were still in the dark about its etiology, but their greater familiarity with the disease gave them more confidence in responding to it. Knowing that the town had prospered despite cholera's ravages in 1849, the 1854 officials opted for less government and less concern about health.

It is the limited nature of municipal government rather than its actions that can be credited for the resumption of normal business activities after the 1849 cholera crisis. Encouraged to look out for themselves, individual citizens, not the municipal government, tackled the problems cholera created. While Marcus notes that Cincinnati's inhabitants resumed responsibility for their health and welfare after the epidemic, Lafayette's inhabitants had recognized these responsibilities all along and had exercised them to the benefit of the community at large. Individual boosters, outside of government, acted to protect or maximize their personal investments. Wanting to enhance their professional status and gain an advantage over competing irregular practitioners, the doctors on the board of health joined other regular physicians in fighting the disease. These doctors contributed to the town's stability by staying and attending to patients, doing the best they could given their deficient knowledge of the nature of the disease. Businessmen motivated by profits, like druggist Eldridge and storekeeper Weaver, kept the town supplied with essentials. Ordinary citizens with no appreciable assets also acted in their own best interests and not only were essential to the town's stability during the epidemic but also were necessary ingredients in Lafayette's swift recovery after the siege. People following

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<sup>124</sup>Indiana, *Revised Statutes* (1852), I, 209-11; Lafayette *Daily Courier*, July 8, 1853. In 1867 the *Daily Courier* reported streets choked with garbage and "foul emanations of the gutters . . . load[ing] the night air with noxious odors." *Ibid.*, June 6, 1867.

<sup>125</sup>Emma Lou Thornbrough, *Indiana in the Civil War Era, 1850-1880* (Indianapolis, 1965), 571.



the tradition of home nursing took responsibility for their own health and also helped others. Wilson praised good samaritans who “have devoted themselves to the welfare of others, combating disease, allaying panic, inspiring the timid, encouraging the weak, and ministering to the necessities for the sick, bereaved, and the dying.”<sup>126</sup> Even those who fled the disease contributed to the public health by protecting themselves, which allowed them to return to their places in the community and resume their lives. People chose to remain in Lafayette after the disaster both because it was home and because the economic opportunities enhanced by boosters past and present were not damaged by cholera. The promise was still there; the jobs were still there. Surrounding farmers, like Sickler, came back to trade because Lafayette’s marketing facilities (wharves, warehouses, forwarding agents, market houses, stores) could not be duplicated easily elsewhere. Although boosters and ordinary folk might be moved by a variety of motives (religious belief, professional enhancement, community betterment, profit, self-preservation), all these motives were compatible with an approach to cholera containment that emphasized personal responsibility rather than the imposition of government regulations. In the crisis, self-regulated people functioned well enough to pull the community through; municipal laws were not needed to force them to collective action or to spark constructive individual behaviors. In Lafayette, as Paul W. Brewer observed about the St. Louis response to the 1849 cholera epidemic, “the society relied primarily on the action of individuals rather than the action of any agency or institution.”<sup>127</sup>

In Indiana, the 1849 cholera epidemic did not prompt government to assume a responsibility for public health. The general consensus that individuals had primary responsibility for their own health continued to prevail. Even in the case of contagious smallpox, members of the public were expected to safeguard themselves by getting vaccinated and by staying away from those who were infected. In December 1853 the *Daily Courier* claimed Americans were “conservators of health” and declared that “people who claim to be sovereigns of the country, should prove their title by showing themselves equal to the performance of the comparatively easy task of checking the ravages of the cholera.” Placing the responsibility for “warding off the terrible calamity” squarely on the shoulders of each individual, it touted “hygienic precautions” as “effectual measures, the utility of which nobody doubts.”<sup>128</sup> Even without supporting evidence, the faith that individual behavior could prevent cholera continued to hold sway. The recommendations in a *Daily Courier* editorial when

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<sup>126</sup>Marcus, “Strange Career of Municipal Health Initiatives,” 24; Wilson, *Voice of God*, 28.

<sup>127</sup>Brewer, “Voluntarism on Trial,” 112.

<sup>128</sup>Lafayette *Daily Courier*, December 2, 1853.

cholera again approached Lafayette in 1867 could have been made before the epidemics of 1849 or 1854. "Thorough cleanliness, the proper ventilation of all inhabited premises, the regulation of diet, the use of wholesome food, abstinence from the use of intoxication drinks and the strict observance of regular and temperate habits in all departments of life, are the only sure preventative of this dread epidemic."<sup>129</sup>

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<sup>129</sup>*Ibid.*, July 16, 1867.