

ASIATIC CHOLERA'S FIRST VISIT TO KENTUCKY: A STUDY IN PANIC AND FEAR

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Few maladies have struck Kentucky in epidemic proportions in recent years, but the state's first century was plagued with epidemics of smallpox, typhoid, yellow fever, and Asiatic cholera. The most devastating and dramatic, from a medical and historical viewpoint, were the cholera visitations.¹ This "scourge of the nineteenth century" caused the untimely deaths of millions throughout the world, and during its four visits to the United States, thousands of Kentuckians died. Although each visit was severe, cholera's initial visit to the Commonwealth, during the 1830's, was the most severe — and the most frightening.

Originating in India, the scourge passed beyond the Indian borders in 1826 and spread with the direction of man's travels. By 1831 cholera had reached the British Isles, and the following spring it crossed the Atlantic aboard the crowded, dirty immigrant packets. Cases of the disease were reported in New York City in early June, and it soon spread to other densely populated areas throughout the nation.² Kentucky's newspapers reported the westward advance of the pestilence, and in late July of 1832 the *Lexington Observer and Kentucky Reporter* concluded that there could be "no doubt" that cholera would "reach every part of the nation."³ The disease appeared in Cincinnati in the fall of 1832 and probably was spread by stagecoach and riverboat passengers to Maysville, Louisville, and other southern river ports.

Kentuckians were assured by their physicians that the disease was not

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¹ Caused by the *Vibrio Cholerae*, a comma-shaped bacillus, Asiatic cholera differs from all other enteric diseases in the highly explosive character of the epidemic outbreaks, which is attributed to its short incubation period and its high fatality rate. The disease is spread by the ingestion of water contaminated by the fecal discharges of other cholera patients and is characterized by copious and purging diarrhea, vomiting, severe muscle cramps, and general prostration. The rapid loss of fluids results in dehydration, extremely weak pulse, subnormal temperatures, and the suppression of urine. Although many victims die within a few hours after being stricken, the majority of deaths occur 24 to 36 hours after the onset of the disease. Modern drug therapy has been unable to alter the course of the disease, but careful restoration of body fluids and minerals has reduced the death rate from as high as 70 percent to less than 30 percent. The bacillus is destroyed by heat (to the boiling point) and chemical disinfectants. Asiatic cholera should not be confused with a variety of acute diarrheal diseases that have been termed "cholera" incorrectly, *vis* cholera morbus, cholera nostras, and cholera infantum.

² For a history of the disease in the United States, see J. S. Chambers, *Conquest of Cholera: America's Greatest Scourge* (New York, 1938). An excellent study of the disease in New York is found in Charles Rosenberg, *The Cholera Years* (Chicago, 1962).

³ *Lexington Observer and Kentucky Reporter*, July 12, 1832. This newspaper will be cited hereafter as *Lexington Observer*.

contagious and could be cured with prompt treatment in its earliest stages. Most Kentuckians accepted the miasmatic or malarial theory on the cause of cholera. They believed that the disease was the result of poisonous gases produced by rotting vegetable matter and were advised to protect themselves from such airborne gases through the avoidance of night air, mid-day sun, chill, fatigue, crowded quarters, indigestible foods, and "ardent spirits." As an additional ounce of prevention, the citizens of Lexington were requested to set aside August 18 as a day of prayer to implore "the Throne of God to throw its mantle around us and shield us from the desolating scourge. . . ."⁴ But despite all the best preventatives of the day, cholera came to Kentucky in the fall of 1832, accompanied by fear, grief, and death.

In early October a cook employed on a regular packet between Cincinnati and Louisville died of cholera in the Falls City, and within several days other cases were reported by Louisville physicians. The majority of the cases appeared in the low areas along the Ohio River and Beargrass Creek. The city council appointed a board of health to keep records of the number of cases and deaths; it reported 122 fatalities during October and early November. However, this figure can be considered only a rough estimate, for most physicians were either too busy or too complacent to report all cases, and many victims probably did not seek medical attention. Feeling that their city council was not taking enough effective measures, a group of the town's citizens met, established a cholera hospital and urged the mayor to secure nursing aid from the Sisters of Charity at Nazareth. A campaign was also begun to rid the city of miasma-producing filth and debris. However, the campaign was short-lived.⁵

Henderson, Maysville, Frankfort, Bardstown, and Lexington were also visited by the pestilence, but except for Henderson, where about 10 percent of the population became cholera victims, few cases were reported. Describing the brief visitation to Lexington, a citizen of the town wrote that cholera "killed five intemperates, frightened our citizens into strict temperance, drove away some of the faint-hearted pupils who were just assembling [at Transylvania] and then took wing itself and troubled us no more."⁶ A heavy frost in mid-November ended the 1832

⁴ *Ibid.*, August 16, 1832.

⁵ Lunsford P. Yandell, "Notice of the Diseases of the Summer and Fall of 1832," *Transylvania Journal of Medicine*, V (Oct.-Dec. 1832), pp. 500-506; Theodore S. Bell, "Remarks on Spasmodic Cholera in Louisville," *Western Journal of Medicine*, VI (Oct.-Dec. 1832), p. 326; W.P.A., *Medicine and Its Development in Kentucky* (Louisville, 1940), 14n; *Lexington Observer*, Nov. 1, 1832; *Louisville Journal and Focus*, Oct. 31, 1832.

⁶ *Lexington Observer*, Nov. 15, 1832; Edmund L. Starling, *History of Henderson County, Kentucky* (Henderson, 1887), pp. 166-167. The quotation can be found in Charles H. Caldwell to George Hayward, Nov. 25, 1832, Catalogued Collection (Margaret I. King Library, University of Kentucky).

cholera scare in the Commonwealth, where the disease had been comparatively mild. Many Kentuckians doubted that it really was cholera. But the mild outbreak was only a preview, an introduction. The great invader slumbered throughout the winter, and early the following summer it struck Kentucky with renewed force. Few towns were spared, and its victims came from every walk of life.

On the afternoon of May 29, 1833, the citizens of Maysville heard rumors that there were cases of cholera in town; within 24 hours a dozen deaths were confirmed. The populace began to panic, and within 36 hours after the confirmation of the disease, nine-tenths of Maysville's white population had fled. The town remained deserted for nearly two weeks. Only the medical faculty,⁷ mayor, and a few relatives of the sick remained. Supplies became difficult to secure, for shops were closed and riverboat crews refused to land at Maysville. The town's postmaster informed a Lexington newspaper that Maysville had "never before been visited by such a calamity." By mid-June 60 persons, including the mayor and the last survivor of Mason County's first settlement, had become victims of the scourge.⁸

Traveling with Maysville's fleeing refugees, cholera soon infected most of the towns along the Maysville-Lexington road. As soon as cholera cases were reported in Flemingsburg, most of the citizens fled. Of the few who remained, one-sixth perished, including three of the town's four physicians. The small village of Elizaville was completely wiped out. Citizens of Sherbourne fled to the mountains on hearing that the pestilence was in the area, and both panic and death visited the fashionable resorts at Blue Lick and Harrodsburg, where many Kentuckians had gathered under the delusive impression that safety could be found there. Seven percent of the population of Paris and four percent of Cynthiana's residents also became cholera victims. Despite these and similar frightening statistics, the citizens of Lexington felt reasonably safe from the disease. Lexington had the reputation of being Kentucky's healthiest town. Her physicians assured the people that theirs was not a likely location to be revisited by the scourge, and the editor of a local newspaper promised his readers that if they kept their premises clean, remained temperate and bought a year's subscription to his newspaper, he could almost guarantee to them safety from the death angel.⁹

⁷ The term "faculty" was used in the nineteenth century to refer to the town's physicians as well as the teaching staff of a college or university.

⁸ *Nile's Weekly Register*, June 27, Aug. 10, 1833; G. Glenn Clift, *History of Maysville and Mason County, Kentucky* (Lexington, 1936), pp. 178-179. The quotation is from the *Lexington Observer*, June 1, 1833.

⁹ *Nile's Weekly Register*, June 6, 19, 27, 29, July 6, 1833; *Lexington Observer*, June 22, July 6, 27, 1833; A. Thompson to Thornton K. Thompson, June 24, 1833, Catalogued Collection; "Epidemic Cholera: An Eclectic, Miscellaneous, and Clinical Review," *West-*

Five days after cholera appeared in Maysville, several cases were reported in Lexington. However, the number of cases and deaths was small, and it was hoped that the scourge would soon disappear. On June 7, rain fell in "unprecedented torrents" and privies, city streets, and wells were flooded. The cholera cases increased, and the fatalities soon mounted to 50 a day. To escape the invisible monster, one-third of the town's 6000 inhabitants fled. For several days the streets were filled with the noises of crowded stagecoaches, carriages, wagons, carts, and horses that carried the panic-stricken citizens to hopeful safety. Thereafter the town became abnormally quiet; one could hear the occasional footsteps of a neighbor going to the apothecary or in search of a physician. The routine trips of the death wagon also broke the silence, as it made its grim journey between homes, once filled with gaiety, and the cemetery. Grass grew in the streets, and the newspapers, when printed, reserved more than half of the front page for cholera news. Christ Church, the town's largest church, was open every afternoon for prayer, but few persons ventured out from their homes.¹⁰

By early June the pestilence was waning in Lexington, and the Fourth of July was observed at the town's churches with mingled tears and prayers of thanksgiving and supplication. On July 13 the *Kentucky Gazette* announced that the disease had ceased to be epidemic in the town, and one citizen noted that "the sore affliction poured on this country may cause every soul spared to prepare to meet our God in Judgement." By early August the newspapers had returned to reporting political events, but more than 500 residents of the state's "healthiest town" would never again read the news.¹¹

Versailles and Nicholasville mysteriously escaped the disease in 1833, although the former was to suffer from it the following summer. Frankfort reported only a few deaths, but there were more than 100 in the county. Many of these occurred at the state prison, which was turned into a house of horror when nearly every inmate was stricken. Lancaster reported 116 deaths, Somerset recorded 34, Danville buried 55 of her citizens, and the students at Centre College fled in panic. Richmond suffered more from panic than disease, and all but 17 of Mt. Sterling's 600 residents fled before the presence of the disease was established. In Winchester, 25 died and others fled, "retreating in confusion and fright" from the cholera-producing poisons that were

ern Journal of Medicine, VII (April-July 1833), p. 93; William Perrin, ed., *History of Bourbon, Scott, Harrison, and Nicholas Counties, Kentucky* (Chicago, 1882), p. 100.

¹⁰ *Nile's Weekly Register*, June 22, 1833; *Lexington Observer*, June 6, 1833; George W. Ranck, *History of Lexington* (Cincinnati, 1872), pp. 323-325; Robert Davidson, *History of the Presbyterian Church in the State of Kentucky* (New York, 1847), p. 133.

¹¹ Charles Short to William Short, June 23, 1833, Charles W. Short Letters (The Filson Club, Louisville). The quotation can be found in James McDowell to Sydney Payne Clay, July 18, 1833, Sydney Payne Clay Papers (The Filson Club).

reported to have filled several homes with a "green vapor" and caused fresh meat to become "putrid within the hour." Bardstown did not suffer severely in numbers lost, but the Hon. John Rowan, one of the town's most distinguished citizens, lost two sons, a daughter-in-law, a sister, and a granddaughter to the relentless destroyer.¹²

There were a variety of opinions concerning the presence of cholera in Louisville in 1833. A visitor from Virginia wrote that the disease was ravaging the town and countryside, but local newspapers reported only 15 to 20 deaths; these deaths were said to be transient cases that were contracted elsewhere. Whatever the origin and number of cases in town, there seemed to be no panic. Believing in the miasmatic origin of the disease, Louisvillians saw no need to flee as long as the cholera did not originate in their city.¹³

By the spring of 1834 cholera had traveled to the southern part of the state. A Bowling Green man wrote in a letter to a relative that cholera cases were reported along the Green River in late March and concluded that the town could not expect to escape the disease, although the health of the area had been "highly favored."¹⁴ Bowling Green, Glasgow, and Greensburg all suffered from the pestilence. However, of all the southern Kentucky towns, it was Russellville, a town of 1400, that was the most severely stricken. In a three-week period during the summer of 1835, 147 of Russellville's several hundred cholera patients died, and most of the other residents fled.¹⁵

Contemporary accounts provide pictures of fear, confusion, and pathos as Kentuckians awaited "in fear and trepidation" for the disease to strike.

Great fear fell over the people [of Danville] and paleness spread over every face . . . the profane swearer no longer uttered the blasphemous oaths; the drunkards, with few exceptions, abandoned their vicious courses. Many prayers were made and vows repeated . . . which would stand as witness against those who uttered them on judgement day.¹⁶

Men passed their close friends on the streets in silence, "staring like

¹² *Lexington Observer*, July 7, 10, Aug. 8, 1833; Joseph Huber to Sydney Payne Clay, June 20, 1833, Clay Papers; Perrin, *History of Bourbon . . . Counties*, p. 370. F. Garvin Davenport, *Ante-Bellum Kentucky* (Oxford, Ohio, 1943), p. 146; L. F. Johnson, *The History of Franklin County, Kentucky* (Frankfort, 1912), p. 97; Iona Montgomery, "When Cholera Struck," *Louisville Courier-Journal*, Nov. 28, 1954. The quotations can be found in James Flanagan, "Asiatic Cholera in Winchester," typescript (King Library).

¹³ *Lexington Observer*, July 7, 1833; William R. Finn to Felix G. Hansford, June 17, 1833, Felix G. Hansford Collection (West Virginia University, Morgantown).

¹⁴ E. Walker McElroy to Elizabeth Harrison, March 26, 1834, Knott Collection (Kentucky Library, Western Kentucky University).

¹⁵ *Kentucky Gazette*, July 20, 1834; Jacob Wythe Walker to David Walker, Aug. 1, 1835, W. Lemke, ed., Walker Family Papers [mimeographed collection] (Fayette, Arkansas, 1956), No. 10, p. 14. A list of most of Russellville's cholera victims is included in the papers of the Rev. David Norton (The Filson Club).

¹⁶ J. J. Polk, *Autobiography of Dr. J. J. Polk* (Louisville, 1867), p. 33.

lunatics for fear of contagion being upon them."¹⁷ A Lexington newspaper editor reported that he had never witnessed such panic, alarm, and anxiety as the faces of the citizens generally evinced.

The stoutest hearts seemed to quail before the relentless destroyer . . . no one pretended to claim immunity from its grasp and no one knew at what moment he, or some member of his family, would be one of its victims. All seemed to be seized with an awful dread.¹⁸

Wills were drawn up, medications were secured, and farewell letters were written to loved ones. Men who had lived sinful lives were induced to reform as they "prepared for judgement and for eternity and trusted in God's mercy."¹⁹ The health of some became so adversely affected by fear of the disease that they were advised by their physicians to leave the stricken area. Still others were so afraid they seemed to lose all sense of propriety. A resident of Russellville, who had lost two of his children to the disease, became so deranged that he hurried out of town with the rest of his family, leaving two young, unattended apprentices dying in his house.²⁰ An army veteran summed up the feeling of fear by stating that not even in the bloodiest of battles had he felt such "dread of impending danger" as he had experienced during the cholera epidemic in Lexington.²¹

Cholera tested the moral fiber as well as the physical endurance of the people; fear and panic were often as difficult to arrest as the disease itself. Towns were suddenly vacated, businesses came to a halt, and construction sites were deserted. Farmers were forced to abandon their crops in the fields for lack of laborers, and steamboats were tied at their moorings, because passengers and crews feared these floating pesthouses. Stores, banks, hotels, and taverns were closed; in many towns only the apothecaries remained open. The Maysville newspaper was forced to stop printing during the epidemic, and the presses of both Lexington newspapers remained quiet at the height of the epidemic there.²² An unidentified Lexingtonian described his city:

. . . the distress is beyond description! No city police—(at least not visible)—no board of health—no medical reports—and the streets have for the most part the stillness which pervades the ruins of Palmyra.

¹⁷ Ranck, *History of Lexington*, p. 326.

¹⁸ *Nile's Weekly Register*, June 22, 1833.

¹⁹ Phillip E. McElroy to Elizabeth Harrison, June 10, 1833, Knott Collection.

²⁰ Rebecca Washington to Jane and David Walker, Aug. 10, 1835, Walker Papers (Kentucky Library); J. O. Harrison to Jilson Harrison, July 13, 1833, Micajah Harrison Papers (Kentucky Historical Society, Frankfort).

²¹ *Nile's Weekly Register*, June 22, 1833.

²² John Esten Cooke, "Spasmodic Cholera," *Transylvania Journal of Medicine*, VI (Oct.-Dec. 1833), p. 484; A. Thompson to Thornton K. Thompson, June 24, 1833, Catalogued Collection.

... I leave you to imagine the picture of dispare. But I must still add that the markets are suspended and the bakers' shops shut, with one exception. Not a pound of beef is to be got — and very little else. Not even a cracker for sale.²³

A Russellville woman observed that "every description of business made a full stop. The printer and all the magistrates died, the postmaster and clerks were at the point of death, every stor [*sic*] shut up, their owdners [*sic*] either dead or fled into the country. I have never seen such a scene of calamity in my life."²⁴ A rugged army general stated that he would prefer a "seven months campaign in a furious war to undergo another seven days . . ." like those during the height of the epidemic in Lexington.²⁵ Famine was averted in Lexington and other stricken towns only because of the generosity of a few philanthropic individuals and the few remaining civic authorities, who made generous contributions and appropriations to provide food for the needy.²⁶

To many of the fearful, flight appeared to be the only answer to the threat of cholera. A Winchester resident described the flight of the residents of that town as a "perfect stampede. . . . I was often reminded of it afterwards by the stampede of Union men when Morgan's or Scott's cavalry would come along."²⁷ A few refugees found a haven with friends and compassionate citizens like Cassius M. Clay, the master of White Hall, who had several buildings on his Madison County farm prepared for friends fleeing from Lexington. Many citizens of Russellville were indebted to the Shakers at South Union for succor. But flight held no assurance of safety; many who fled carried the disease with them, spreading it to neighboring towns or areas. Those who sought refuge at healing springs, spas, and fashionable resorts across the state frequently had cause for regret, as cholera also visited there. Many who left home were returned within a day or two on a bier, and others died in the country. A citizen of Lexington wrote, ". . . when I thought of flight, I knew not where to go — the country is filled with cholera."²⁸

The services of a nurse were almost impossible to secure at any price. Lexington's attempt to establish a cholera hospital was thwarted by the inability to obtain nurses; local physicians believed that such a hospital would have saved many lives. The Sisters of Charity provided most of the professional nursing care for Louisville, Bardstown and Danville, but the majority of the care was administered by friends, relatives, and

²³ "Epidemic Cholera . . . Clinical Review," p. 91.

²⁴ Rebecca Washington to Jane and David Walker, Aug. 10, 1835.

²⁵ Robert Peters, *History of Fayette County, Kentucky* (Chicago, 1882), p. 410.

²⁶ *Lexington Observer*, June 29, 1933.

²⁷ Flanagan, "Cholera in Winchester."

²⁸ *Lexington Observer*, Aug. 3, 1833; Julia Neal, *By Their Fruits* (Chapel Hill, 1947), p. 79; *American Journal of Medical Science*, XIII (Philadelphia, 1883), pp. 187-188. The quotation is in "Epidemic Cholera . . . Clinical Review," p. 91.

religious leaders. The Episcopal Bishop of Kentucky, the rector of Lexington's Christ Church, and theology students from Transylvania travelled unceasingly in Lexington, and the Catholic Bishop of Danville worked constantly administering to the sick and burying the dead after most of the Protestant ministers had died or fled.²⁹ Yet there was never enough nursing care for the ill and dying, and many cholera patients received no care, or minimal care; probably more than one child "buried her mother in the afternoon, nursed her father in the evening, and for lack of help . . . had to close his eyes alone."³⁰

Physicians were also in great demand during the epidemic, and there were neither enough physicians nor hours in the day for every cholera patient to receive their professional care. Those troubled with other maladies had no chance to see the busy practitioners. A few medical men, after advising their patients to flee from the infected areas, took their own advice. A Lexington newspaper accused the doctors at Milledburg of running away from the danger; the physicians indignantly replied that they had fled only after nearly every one else had left town. The practitioners who remained in the cholera-ravaged areas were frequently at the point of exhaustion, or, like all but one of Lexington's physicians, seized by the disease. At the height of the Lexington epidemic, the shortage of doctors able to administer to their patients became so acute that aid was requested from Louisville's physicians; three immediately traveled to Lexington to give their help, and others volunteered to go if they were still needed. Not waiting for his help to be requested, Dr. Luke Pryor Blackburn, a future Governor of Kentucky, went from Lexington to Versailles during the 1834 epidemic there and alone answered the town's need for medical attention.³¹

Despite flight and medical and nursing aid, the mortality rate was alarmingly high. A veteran physician, who had spent a lifetime administering to the sick, noted that "its horrors have passed my most

²⁹ Lunsford P. Yandell, "Spasmodic Cholera as It Appeared in Lexington," *Transylvania Journal of Medicine*, VI (July-Sept. 1833), pp. 202-203; *Nile's Weekly Register*, June 22, 1833; M. J. Spalding, *Sketches of the Life, Times and Character of Bishop Flaget* (Louisville, 1852), p. 277. Lexington presented the Episcopal Bishop with \$1000 in gold in appreciation for his services during the epidemic; the Bishop returned the money to the city, requesting that it be used for needy widows and orphans. According to the July 20, 1833 issue of the *Kentucky Gazette*, many other ministers also administered to the sick, and the Bishop should not have been singled out by the city for recognition. For a more detailed narrative of the Episcopal Bishop's activities during the epidemic, see Robert Inko, *Kentucky Bishop* (Frankfort, 1952); Francis Swinford and Rebecca S. Lee, *The Great Elm Tree* (Lexington, 1968); and Charles A. Christian to Mrs. Charles J. Smith, Feb. 24, 1941, Catalogued Collection.

³⁰ "Epidemic Cholera . . . Clinical Review," pp. 91-92.

³¹ *Lexington Observer*, June 22, July 15, 1833; Thomas Buford to Sydney Payne Clay, June 27, 1833, Clay Papers; Dr. Hawley to Drs. Firkin [?] Hunt, Dudley, and Cooke, June 14, 1833, reprint; J. N. McCormack, ed., *Some of the Medical Pioneers of Kentucky* (Bowling Green, 1917), pp. 167-168.

horrific conception, and its mortality has baffled the best and most boldly executed practices."³² Coffin production was unable to keep up with the demand; additional special orders from Louisville and Cincinnati could not fill the needs of Lexington in 1833. During the Maysville epidemic that same year, even crude plank coffins had to be ordered at least 24 hours before they were needed. Cholera victims were frequently buried in trunks and boxes or merely wrapped in the bed linens on which they died. Carts made their daily rounds to collect and bury the dead, without rites of clergy or graveside mourners; those who had remained near their loved ones during life often fled when all hope was gone, for the body of a cholera victim was considered septic. Due to the subnormal body temperature, near absence of pulse and lifeless appearance of the cholera victim during the most severe stage of the disease, it is possible that a few persons were hastened to the grave. The premature interment of a child was averted at Lair's Station only because of the delayed arrival of the undertaker. Coffins were frequently and hastily deposited at the cemetery gates in confused heaps, and among the coffins could be seen a few unincased corpses wrapped in bed linen shrouds. To facilitate rapid burial, many of the dead were buried in long trenches or shallow graves. In Russellville, the stench of those buried in shallow graves could be detected for more than a mile.³³

The theories concerning the cause of cholera varied during the early nineteenth century. A few Americans saw disease as a form of Divine punishment, a "rod in the hand of God" that would rid the earth of those who contaminated and defiled society. Ministers occasionally preached fiery sermons in which they pointed out God's use of disease to punish the wicked, the non-believers, and those who defied His word. When affluent and respected citizens fell victim to cholera, it was assumed that they either had a secret vice, were one of the rare exceptions, or their disease had been incorrectly diagnosed. The epidemic in Kentucky, however, seemed to prove the prevailing theory of a correlation between sin and disease to be in error; for while cholera struck Louisville in the poorer sections, where filth, poverty, and vice

³² Charles Short to William Short, June 16, 1833, Short Papers.

³³ A. Thompson to Thornton K. Thompson, June 24, 1833, Catalogued Collection; Micajah Harrison to Jilson Harrison, July 13, 1833, Harrison Papers; Chambers, *Conquest of Cholera*, p. 160; Davidson, *History of the Presbyterian Church*, p. 335; Ranck, *History of Lexington*, pp. 325-326; L. Boyd, *Chronicles of Cynthiana* (Cincinnati, 1894), p. 120; Carolyn Berry, "Cholera in Kentucky," *Journal of American History*, VII (Oct.-Dec. 1913), p. 1428; May Belle Morton, "The Plague of Asiatic Cholera," *Russellville Logan Leader*, Aug. 5, 1968. One of the heroes of the Lexington epidemic was the town's chief gravedigger, a vagrant named William but known as King Solomon, who worked day and night during the epidemic to provide burial facilities. Many sources have labeled King Solomon as a Negro. However, according to the portrait painted of him by Colonel Price, he was a blue-eyed, sandy-haired Caucasian. The error is probably due to the fact that he had been sold as a bond servant.

were believed to be companion traits, it also struck Maysville in the town's most affluent area, and hit with its greatest fury in the aristocratic Bluegrass, where living conditions were the best in the state.³⁴ Devout Christians and law-abiding citizens, as well as the "lower orders" of society, became cholera victims. An eminent physician observed that cholera had "proven more malignant, fatal and indiscriminate in the selection of its victims in Lexington than in any other town in the Union," for they had not come "from the ranks which commonly supply its victims, but from among the most respected, sober and useful citizens . . . I have not heard of the death of a solitary drunk."³⁵ Another citizen of Lexington agreed that "the intemperate were generally spared."³⁶

It is doubtful that any other malady of the early nineteenth century set the pens of so many physicians in motion as did the 1832-1835 cholera visitation. Letters, newspaper editorials, and medical journal articles presented an array of theories concerning the causes of the disease. Miasma produced by filth, decaying vegetation, stagnant ponds, marshy inlets, temperature variations, and even lightning were believed to have some effect on the airborne gases that were said to cause cholera.³⁷ The immediate or "exciting" causes that precipitated the disease in individuals also received much attention. Indigestible foods, especially green fruits and vegetables, all melons and alcoholic beverages were said to be very dangerous, and some Kentuckians refused to eat fresh fruits and vegetables of any kind during the epidemics. Other frequently mentioned exciting causes included strong emotion, a delicate nervous system, an hemorrhoidal disposition, and the "abuses of the pleasures of Venus."³⁸

The bulk of the many articles written about cholera concerned its treatment. Unfortunately nineteenth-century physicians were handicapped by the lack of fundamental scientific knowledge, the lack of an understanding of the pathology of the disease, and the lack of reliable

³⁴ Chambers, *Conquest of Cholera*, pp. 170-171. The quotation can be found in Rosenberg, *Cholera Years*, p. 200.

³⁵ Charles Short to William Short, June 16, 1833, Short Papers.

³⁶ J. O. Harrison to Jilson Harrison, June 13, 1833, Harrison Papers.

³⁷ Chambers, *Conquest of Cholera*, pp. 169-170. Cooke, "Spasmodic Cholera," p. 409; "Epidemic Cholera . . . Clinical Review," p. 93. There appears to have been no mention of the possibility of contaminated water causing cholera. As long as water was clear and cool, it was considered good for drinking purposes. No one realized that fecal wastes that were thrown on the ground or deposited in shallow privies could easily seep or be washed into wells and streams. The deep backhouses that were believed to never need cleaning, the pride of the elite of the Bluegrass, drained into underground limestone sinkholes and subterranean caverns, through which also ran the streams that fed public and private wells.

³⁸ Phillip E. McElroy to Elizabeth Harrison, July 1, 1834, Knott Collection; Micajah Harrison to Jilson Harrison, June 7, July 10, 1833, Harrison Papers; "Epidemic Cholera . . . Clinical Review," pp. 62, 93; "Miscellaneous Intelligence," *Pennsylvania Journal of Medicine*, V (Jan.-Mar. 1832), p. 114.

statistics. Therefore, they were unable to prescribe with any degree of effectiveness for their patients. Any enteric disease was considered cholera, if cholera were known to be in the vicinity. If the medication or treatment used seemed to prevent the patient from developing complete cholera symptoms, the treatment was hailed as a successful preventative. Records were not kept by either the individual physicians or the state and local officials,³⁹ and it was therefore impossible to know the number of patients who died or the percentage that survived any given treatment. Cures were frequently more deadly than the disease. Many remedies used provided some relief, but not for the reason intended, and other medications had no effect whatsoever.⁴⁰ However, if the patient survived, the medication was thought to be responsible; if he died, he probably was beyond all medical help anyway.

The major treatments for cholera were calomel, opium, and the lancet. Calomel, a mercuric chloride compound, was generally used as a cathartic for enteric diseases, and Dr. John Esten Cooke of Transylvania was its best known and most outspoken advocate. Believing that gases produced by decaying masses caused an accumulation of blood in the interior vein of the liver, Cooke urged the use of increasingly larger doses of calomel to act on the organ. Such doses were to be increased until there was a change in the appearance of the patient's discharges or until salivation occurred. Doses once thought fit only for a horse were given routinely to adults and children stricken with cholera. As much as a pound of the deadly mercuric salt might be given in a 24-hour period.⁴¹ One of the few physicians of the midwest who disapproved of the large doses of calomel was Daniel Drake,⁴² who surmised that the high death rate in Lexington might have been caused by the excessive doses of calomel. Agreeing with Drake, a Danville resident blamed the deaths of several members of his family on the "ignorant and un-

³⁹ The State Medical Society appointed a Committee of Vital Statistics in 1851 but it was many years before it functioned effectively. Kentucky did not have a State Board of Health until 1878.

⁴⁰ Methods used to help the retention of body heat, the stimulation of the circulation by rubbing the skin, regardless of what ingredients were contained in the rubbing compound, and the replacement of body fluids with any sort of liquids, probably helped the cholera patient and gave him a better chance for recovery. Many of the metallic salts ingested by the cholera patients generally passed through the body too quickly to do any harm. Had the stomach contained normal amounts of hydrochloric acid, these medications, especially in large doses, might have produced fatal metallic poisoning.

⁴¹ Cooke, "Spasmodic Cholera," pp. 492-500. The "change" in the discharges was the appearance of a blackish semi-solid, believed to be caused by the presence of bile. This change was more likely due to the presence of blood, for excessive calomel could cause internal bleeding. It is interesting to note that some of the symptoms of metallic poisoning from mercuric chloride are similar to the symptoms of cholera—excessive vomiting and diarrhea, renal failure and circulatory failure.

⁴² Drake, a former member of the Transylvania Medical School faculty, was living in Cincinnati during the epidemic. However, as editor of the west's most widely circulated medical journal, the *Western Journal of Medicine*, he was one of the most prolific and widely read authorities on cholera.

skilled faculty" who "stuffed and clogged . . . [them] with calomel."⁴³

Opium was used to reduce muscle spasms and cramps and tranquilize the stomach. Some physicians, however, feared that it aggravated the "congestion of the brain." Drake warned against the use of opium in children and suggested the use of one teaspoon of powdered rhubarb in its place.⁴⁴ The lancet was another favorite remedy for cholera, for it was believed that bleeding would reduce the "congestion" in the blood vessels. Numerous reports were published of physicians bleeding near terminal cholera patients of a quart of blood, and then prescribing large doses of calomel. Occasionally a patient would survive such radical treatment. Other frequently used treatments included hot packs to retain body heat and salves and ointments made from mixtures of spirits of turpentine, camphor, mustard, brandy, or hot salt to stimulate the circulation.⁴⁵

Not all physicians supported the calomel and opium medications. Complicated preparations were also administered, and a few practitioners believed that the patients who survived owed their remarkable recoveries to these cholera preparations. The manuscript collection of a Hickman resident contains two such remedies.

- 1 oz. opium
- 1 oz. gum of myrrh
- 2 scruples of camphire [*sic*]
- 60 gr. of musk [?]
- 2 scruples of flower of Benzoin
- 1 scruple of Incense of Irodine [*sic*]
- 5 pints of French Brandy

A teaspoon of the above mixture was to be taken two to three times a day as a cholera preventative and a teaspoon every few hours for the treatment of the disease.⁴⁶ One-half a wine glass of the following, taken every fifteen minutes, was said to be a good cholera medication:

- 1 pound of Bayberries, well pulverized
- 1 tablespoon of [?] berries. Simmer them well together and drain off the excess until you get 1 gallon of the liquor—to that add 1 gallon of good molasses, 1 gallon of Jamaican Rum, French Brandy and [?] African cayenne.⁴⁷

A Louisville newspaper published a similar rum-molasses-brandly cholera

⁴³ "Epidemic Cholera . . . Clinical Review," p. 90. The quotation can be found in Thomas Nicholas to W. S. Nicholas, Aug. 3, 1833, Jonathan Bell Nicholas Papers, microfilm (The Filson Club).

⁴⁴ "Epidemic Cholera: Its Pathology and Treatment," *Western Journal of Medicine*, VI (Oct.-Dec. 1832), p. 612

⁴⁵ *Ibid.*; Dr. John F. Henry to Charles Short, Nov. 13, 1832, Short Papers.

⁴⁶ Dr. Porter's Recipe, 1833, Clark Papers (Kentucky Historical Society, Frankfort). A scruple is equal to 20 grains.

⁴⁷ Dr. T. Thompson's Cholera Preparation, 1833, Clark Papers.

medication that promised to provide relief and produce a "determination of the circulation outward."⁴⁸ But despite all the favorite remedies and preparations, at least one Kentuckian was not impressed with the skills and medications of the state's physicians, for she wrote that "they do not know how to treat it . . . and it is a more curable disease" than any other malady that frequented the state.⁴⁹

With the appearance of cold weather in the fall of 1835, the cholera epidemic in Kentucky subsided, and the pestilence disappeared from the North American continent for 13 years.⁵⁰ Those who had been spared seemed momentarily stunned and stupefied. Whole families had been wiped out, towns deserted, children orphaned,⁵¹ and friends and loved ones buried in common, unmarked graves. Despite the abundance of articles written by the most outstanding medical minds of the day, there was no agreement on the causes of the disease, and no positive cure or preventative had been found. Events of the forthcoming years would date from the cholera visitation, and years would pass before the ravages of the disease were forgotten.

⁴⁸ *Louisville Journal and Focus*, Oct. 31, 1832.

⁴⁹ Polly Harrison to Jilson Harrison, July 19, 1833, Harrison Papers.

⁵⁰ The pestilence returned to plague every state and territory of the nation in 1849-1854 and 1866. The 1873 epidemic reached epidemic proportions only in the interior valley.

⁵¹ One of the by-products of the first cholera visitation was the founding of two Kentucky orphanages to care for the children left homeless by the pestilence. Through a series of fairs the women of St. Louis Church in Louisville were able to raise money for an orphanage, and St. Vincent's Orphan Asylum was opened for the waifs of that city. The citizens of Lexington collected \$4000 through private contributions and in the fall of 1833 established the first non-sectarian orphanage in the state. Lexington's first free school also opened several months after the 1833 cholera visitation revived attention to the need for such an institution. J. Stoddard Johnston, *Memorial History of Louisville from Its First Settlement to the Year 1896* (2 vols.; Chicago, [n.d.]), II, pp. 120-121; Ranck, *History of Lexington*, pp. 325-327; *Annual Report of the Orphan Society of Lexington: Report of the Board of Managers* (Lexington, 1834), pp. 1-2; *Lexington Observer*, Aug. 8, 1833; Peters, *History of Fayette County*, p. 313.