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The Suffering South: 1878 Yellow Fever Narratives and Post-Reconstruction Southern Identity

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by

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DEDICATION

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ABSTRACT

The Suffering South offers a cultural history of a yellow fever epidemic that swept through the Mississippi Valley in 1878. It argues that the yellow fever narratives created during this epidemic constituted a discursive attempt by Southerners to renegotiate Southern identity and social hierarchy following the Civil War and Reconstruction. White Southerners, in particular, used the epidemic as an occasion to foster a return to a more traditional foundation of white supremacy and patriarchy as the basis for Southern identity and belonging. The narratives written by these Southerners, in which they described their experiences with yellow fever and the effects of its epidemic ravages, thereby illustrate an explicit attempt to culturally redeem the South following the successful political Redemption of the region.

Using themes and stock characterizations of heroes and villains that would have been readily familiar to a generation of Southerners who had lived through the Civil War and Reconstruction, these narratives presented the idealized Southerner as white and male. In turn, they castigated non-native outsiders, racial and ethnic minorities, and women who went outside of the prescribed social norms of their race, class, or gender. These narratives also acted to justify the racial disparity in the distribution of the relief generated by the national humanitarian response to the epidemic's incredible scope and severity. In doing so, Democratic Redeemers directed money, medical attention, and rations away from African American communities in the South as evidence of their belief that these

Southerners did not deserve equal access to aid as a right of citizenship. Finally, the memory of the epidemic continues to rely on these traditional primary sources which present the experience of yellow fever in 1878 through the written memories of white Southerners. The efforts to solidify the patriarchal, white-supremacist basis for Southern identity and belonging implicit in these sources continues to effect the historical narrative presented in commemorations and official histories.

Yellow fever can be understood, then, not only as a physiological disease, but as a cultural construction encompassing a set of ideas that helped to maintain hierarchies of belonging and identity in the South. This dissertation thus follows in the steps of historians who have studied epidemics and other natural disasters to illuminate social and cultural hierarchies of power. It likewise examines how relief and public health efforts reinforced those hierarchies in the epidemic's immediate aftermath and builds on the work of memory scholars to illustrate how the collective memory of the event continues to either reinforce or challenge those hierarchies over time.

INTRODUCTION

> *A dark Nemesis of gloom and despair has hovered over the fair Sunny South; the cry of distress was wafted on every breeze, and lisped by every tongue; thousands of hearthstones have been made desolate; the orphan's cry and widow's wail were heard throughout the land, and lonely, lacerated hearts will roam o'er this wide earth, homeless, hopeless, and comfortless!*[1]
>
> –J. P. Dromgoole, M.D.

This dissertation presents a cultural history of the yellow fever epidemic which devastated the Mississippi Valley in 1878. Between the months of June and December, yellow fever spread to over two hundred communities across eight states, resulting in more than 100,000 cases and approximately 20,000 deaths. In their attempts to understand the trauma of the epidemic and to create meaning out of so much suffering, Southerners produced countless narratives about the disease and its effects. These yellow fever narratives, which detailed Southerners' experiences of the epidemic and their understanding of yellow fever, constituted a discursive attempt to reconstruct Southern identity following Reconstruction.

Betraying the social and cultural attitudes of their authors, yellow fever narratives were redolent with attempts to describe the destruction of Southern communities, the criminal behavior of outsiders seeking to take advantage of the chaos for personal gain, and the fears of many white Southerners that black residents would rise up and overtake them in their moment of weakness. These themes mirrored narratives that depicted Radical Reconstruction as an attack on

[1] J. P. Dromgoole, *Yellow Fever: Heroes, Honors, and Horrors of 1878.* (Louisville, John P. Morton and Company, 1879), 7; Aristides Agramonte Yellow Fever Collection, John P. Ische Library; Yellow Fever Collection, Benjamin L. Hooks Central Library.

the traditional Southern way of life. Popular medical ideas about yellow fever further incorporated social designations of race, ethnicity, class, and gender which Southerners used to justify a social hierarchy that privileged native-born whites. These narratives, popularized by the immense tragedy of the epidemic, played a key role in informing a larger cultural discourse about the future of the South following Reconstruction.[2]

This dissertation is not a traditional history of medicine, if medicine refers to the attempts of humans to diagnose, treat, and/or cure disease. Nor is it a history of public health or any attempts by humans to curb disease through sanitation or quarantine. It is not a history of yellow fever as a disease, its etiology, its ravages on the body, or its spread from one place to another. Neither, really, is it a history of the epidemic itself. There is little in these pages that takes the reader through the events that led to one of the most destructive medical disasters in the history of the United States. Instead, its principal concern is understanding what the epidemic meant to those living through it. It is a history, in short, of the social and cultural meanings Southerners assigned to the 1878 yellow fever epidemic and the consequent implications for identity, belonging, and citizenship in the post-Reconstruction South.

I have titled this dissertation "The Suffering South" for a number of reasons. After the Civil War and Reconstruction, white Southerners consciously created an image of Southern identity built upon the theme of suffering. Granted, the Lost Cause did not become a movement of memorializing and commemorating this account of suffering until the 1890s, but Southerners were already adept at communicating a narrative of communal suffering as a vital component of the identity of the white, Confederate-supporting South. In 1878, with the region in the throes of

[2] Yellow Fever Commission, *Conclusions of the Board of Experts Authorized by Congress to Investigate the Yellow Fever Epidemic of 1878* (Washington, D. C.: Judd & Detweiler, 1879), 32-34, Pamphlet, Aristides Agramonte Yellow Fever Collection, John P. Ische Library.

the worst medical disaster the nation had yet experienced, these white Southerners incorporated the theme of Southern suffering in their yellow fever narratives to again maintain that their regional identity and experience was unique and that their culture would prevail despite repeated attempts to stamp it out. Yet they also relied on their narratives of suffering to encourage support and relief by a national relief campaign that encouraged sectional reconciliation. In the postbellum years, Southerners used the theme of suffering as a persistent, unifying motif to the history of the South while Americans throughout the nation likewise viewed the South as a distinctive region with its own identity. The theme of suffering was therefore an important ingredient in fashioning post-Reconstruction Southern identity and belonging.[3]

Scholars that study individual and communal trauma have shown that suffering is integral to identity formation and the rebuilding of communities. Historians of disaster, moreover, have shown that traumatic events offer a window onto the complex relationships between individuals and also between people and the state. Disasters create narratives that show where people turn for help in a crisis, how networks of communal solidarity sometimes compete with state-sanctioned relief, and how these relationships of rescue were constantly negotiated and renegotiated. These negotiations have important implications for identity and belonging during and after disasters. Historians of disaster further recognize that the breakdown of established norms allows survivors

[3] James C. Cobb, *Away Down South: A History of Southern Identity* (New York: Oxford University Press, 2005) argued that the communal suffering of defeat and Radical Reconstruction were a necessary impetus to the creation of a unique Southern identity. Drew Gilpin Faust, *This Republic of Suffering: Death and the American Civil War* (New York: Alfred A. Knopf, 2008); Carol Emberton, *Beyond Redemption: Race, Violence, and the American South After the Civil War* (Chicago: University of Chicago Press, 2013); Charles Reagan Wilson, *Baptized in Blood: The Religion of the Lost Cause, 1865-1920* (Athens: University of Georgia Press, 1980); W. Fitzhugh Brundage, *The Southern Past: A Clash of Race and Memory* (Cambridge, MA: Belknap Press of Harvard University Press, 2005); Edward J. Blum, *Reforging the White Republic: Race, Religion, and American Nationalism, 1865-1898* (Baton Rouge; Louisiana State University Press, 2005).

and spectators to imagine new ways of recreating the physical and social structures that have been destroyed. The 1878 yellow fever epidemic was no exception. Indeed, it exemplifies these patterns.[4]

Examining the dual effects of disaster and disease calls attention to several culturally constructed ideas about social relationships, identity, belonging, and citizenship. Charles Rosenberg, a pioneer in the social history of medicine, argued that epidemics provide a natural "sampling device" that allows historians to analyze social interactions and performance of identity that operate continuously yet may not be explored or explained in traditional primary sources. Epidemics create a proliferation of written sources that reveal social significance assigned to bodies. Rosenberg further wrote that "A disease is no absolute physical entity but a complex intellectual construct, an amalgam of biological state and social definition." Any cultural history of disease should therefore be sensitive to the social meanings attached to individual bodies, meanings that often have racialized, gendered, and class implications for identity and belonging.[5]

That being said, I may have been overly ambitious when I began this project, particularly in my assumption that source material would be abundant and easy to analyze. I was surprised to find that, in some respects, the amount of normally available source materials actually contracts during epidemics of this magnitude. The 1878 epidemic was so devastating and widespread that it effectively paralyzed many of the organizations that traditionally create and disseminate

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[4] Jacob A. C. Remes, *Disaster Citizenship: Survivors, Solidarity, and Power in the Progressive Era* (Urbana: University of Illinois Press, 2016); Karen Sawislak, *Smoldering City: Chicagoans and the Great Fire, 1871-1874* (Chicago: University of Chicago Press, 1995); Andrea Rees Davies, *Saving San Francisco: Relief and Recovery After the 1906 Disaster* (Philadelphia: Temple University Press, 2012); Kai T. Erikson, *Everything in Its Path: Destruction of Community in the Buffalo Creek Flood* (New York: Simon and Schuster, 1976); Eric Klinenberg, *Heat Wave: A Social Autopsy of Disaster in Chicago* (Chicago: University of Chicago Press, 2002); Rebecca Solnit, *A Paradise Built in Hell: The Extraordinary Communities That Arise in Disasters* (New York: Viking, 2009); Julia F. Irwin, "Disaster of War: American Understandings of Catastrophe, Conflict, and Relief," *First World War Studies* 5, 1 (2014):17-28.

[5] Charles Rosenberg, *Explaining Epidemics* (New York: Cambridge University Press, 1992), 109-110; Charles Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago, University of Chicago Press, 1962), 5, footnote 8.

information. Newspapers closed as editors and printers sickened and died. Mutual aid and benevolent organizations failed to meet a quorum and suspended activities for the duration of the epidemic. Citizens fled the cities in terror as the disease spread, incapacitating governments and civil organizations. Those left behind struggled with the colossal task of coordinating medical care for the sick, burial of the dead, and relief for the destitute. While every effort was made to record important information during the epidemic, much of the source material presents as long lists: of the dead, of the sick, of the number of supplies, of the subscriptions toward relief. Overworked, sick, and desperate people had little time to write extensively about their experiences or their emotional responses during the epidemic.

Dealing with these silences in the archives led me to focus on what has been remembered and on how this memory has constrained the history of the epidemic. The yellow fever narratives that do survive attempt to instill order and meaning to the devastation. Furthermore, many of these narratives implicitly attempted to recreate Southern society by reinforcing antebellum social norms of belonging and identity. While alternative memories of the epidemic exist, popular memory is dominated by a particular group of white Southerners that supported a patriarchal, white-supremacist South. Drawing on these sources, this project evolved to focus on identity, belonging, and memory in order to reflect the concerns of the authors who wrote the narratives that have survived.

My focus on "yellow fever narratives" builds on the work of literary scholar Cynthia L. Ragland, who has specifically tied the yellow fever narratives of the 1790s to the emerging national consciousness and identity of the Early Republic. Ragland explains that the "Letters, diaries, autobiographies, medical records, city reports, sermons, jeremiads, histories, medical treatises,

political tracts, court documents, and newspaper items," describing the epidemics of the 1790s "all framed the published or unpublished material into narratives" that mirrored existing literary genres—particularly the Indian captivity narrative. Rife with themes of captivity, victimization, and redemption, Ragland claims that both genres illustrate an ongoing and profound concern for the future of colonists'/citizens' way of life and their project of nation-building.[6]

Just as Ragland argues that the 1790s represent an important analytical moment for assessing national identity—what she refers to as an "early national identity crisis"— I argue that the 1878 epidemic presents a similar historical moment for assessing Southern identity and national reconciliation after Reconstruction. Whereas Ragland successfully demonstrates that yellow fever once held great significance to U.S. national identity, the 1878 epidemic was a pivotal moment in reconstituting a particular version of Southern identity following Redemption.[7]

Beginning in the 1820s, yellow fever had increasingly become associated with the regional identity of the southern United States. Americans in northern states, believing themselves to have abolished yellow fever for good, considered the disease to be a Southern problem, representative of the backwardness of Southern life. Southerners, in the meantime, invested the disease with a host of cultural meanings that reinforced the antebellum social hierarchy. Following Reconstruction and Redemption, many white Southerners utilized the meanings associated with yellow fever to reinforce a social hierarchy based on patriarchal white supremacy and a Southern identity that idealized white manhood while denigrating African American citizenship.[8]

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[6] Cynthia L. Ragland, "Urban Captivity Narratives: The Literature of the Yellow Fever Epidemics of the 1790s," in *Colonial and Post-Colonial Incarceration*, ed. Graeme Harper (New York: Continuum, 2001), 86-104.
[7] Ibid.
[8] Todd L. Savitt and James Harvey Young, *Disease and Distinctiveness in the American South* (Knoxville: University of Tennessee Press, 1988); Natalie Ring, *The Problem South: Region, Empire, and the New Liberal State, 1880-1930* (Athens: University of Georgia Press, 2012); Jo Ann Carrigan, *The Saffron Scourge: A History of Yellow Fever in Louisiana, 1796-1905* (Lafayette, LA: Center for Louisiana Studies, University of Southwestern Louisiana, 1994).

To tell this story, my dissertation focuses principally on the experiences of residents of two cities: New Orleans and Memphis. For several reasons, these cities provide valuable case studies. Both had the highest morbidity and mortality in the United States during the epidemic. They were also cities poised to be New South metropolises, with large populations of ethnic and racial minorities. The experiences of those in Memphis and New Orleans therefore provides a glimpse of how Southerners in the worst-ravaged cities understood the disease in terms of Southern identity and the ordering of the social hierarchy.

During and after the epidemic, the thirst for knowledge about the disease fueled the ability of these two cities—whose devastating experience was unquestioned—to shape the discourse of Southern identity through their yellow fever narratives. New Orleans, further, was widely recognized as the yellow fever capital of the United States. Many Americans, north and south, saw its physicians as the American experts on yellow fever. Consequently, New Orleanians' social and cultural attitudes and assumptions about yellow fever were exported to the rest of the nation along with their medical knowledge. Their understanding of acclimation, stranger susceptibility, and African American immunity, for example, were widely-held tenets of yellow fever theory throughout the South.[9]

While New Orleans was larger and more influential in the medical community, Memphis suffered the highest mortality in 1878. Whereas New Orleanian narratives tended toward the cold detachment of medical observation and theory bred through long familiarity with the disease, Memphian narratives were redolent with heartbreaking stories of suffering and chaos as the city was overwhelmed by the number of sick and dead. Memphians' gripping narratives captured the attention of popular audiences throughout the United States. Furthermore, themes prevalent in

[9] Ibid.

Memphis's yellow fever narratives—especially the descriptions of fear, chaos, and the breakdown of government, economic, and social structures—occurred across the Mississippi Valley as the disease spread. Memphians were certainly not the only Southern community to experience the social and human destruction of yellow fever on a crippling scale.

Admittedly, the experiences of urban residents in New Orleans and Memphis during the epidemic may not be generalizable across the largely rural South. And yet it was a more modern, industrialized, urban version of the South that acted as a prerequisite for the spread of yellow fever. Southern urban growth surpassed that of the Northern states during the first half of the nineteenth century and long before the development of New South rhetoric, antebellum Southerners imagined industrial and urban growth as a prerequisite to liberating the region from what they viewed as Northern economic exploitation. The 1878 epidemic in particular was so widespread and devastating because of the concentration of people into these urban centers following the Civil War and the development of transportation infrastructure that crisscrossed the region. Railroads and river traffic transported goods, people, and yellow fever to towns and cities that had never before experienced the disease. The city thus symbolizes the tension between the modernizing force of the New South and destruction, desolation, and death by disease or poverty. The experience of yellow fever in these two cities may therefore be more representative than at first imagined.[10]

When I began this project, I had not initially intended to write about Southern identity, per se. But it quickly became apparent that the historical context of 1878 as an immediate post-

[10] Kathleen C. Berkeley, *Like a Plague of Locusts: From an Antebellum Town to a New South City, Memphis, Tennessee, 1850-1880* (New York: Garland Publishing, Inc., 1991); Edward L. Ayers, *The Promise of the New South: Life After Reconstruction* (New York: Oxford University Press, 1992) further argued that Southerners were moving into small towns and villages in the postwar period and that the South could not be considered as rural as it had once been.

Reconstruction moment could not be denied. While historians consider 1877 the official end of the era of federal Reconstruction, it was not clear at the close of that year what exactly would happen next. Would Southern Redeemers be able to roll back some of the Radical Republicans' reforms? Would the North continue to influence Southern affairs? Would black participation in social and political life continue in the same way that it had under Reconstruction? In 1878, therefore, the future and identity of the South was still very much in flux. Republicans had attempted to mold the South into a new society, embracing modernity and racial egalitarianism, by coercion and force when required. Following Reconstruction, the South existed as "an ambiguous place between past and future" wherein Southerners saw a chance to remake Southern society and identity on their own terms.[11]

It was therefore necessary to contextualize these yellow fever narratives within the history of Reconstruction, Redemption, and Southern identity. Of course, there is no single Southern identity, nor can one classify Southerners as a single, homogenous group. The people who inhabited the region were far more diverse than discussions of Southern identity suggest. Furthermore, it is not really appropriate to speak of an African American community in Southern towns and cities. There were myriad communities of Southerners with individual social, economic, and political identities. What we imagine as Southern identity has always been contested, based on a particular historical iteration and context. While I certainly recognize this fact, it is also my contention—and one of the primary arguments of this dissertation—that the authors of yellow fever narratives worked to define the South as a distinct region, to which certain people did or did not

[11] Ibid.; K. Stephen Prince, *Stories of the South: Race and the Reconstruction of Southern Identity, 1865-1915* (University of North Carolina Press, 2014); Bruce E. Baker, *What Reconstruction Meant: Historical Memory in the American South* (Charlottesville: University of Virginia Press, 2007); Quote is from Arthur Remillard, *Southern Civil Religions: Imagining the Good Society in the Post-Reconstruction Era* (Athens: University of Georgia Press, 2011), 18.

belong. The South was as much a cultural construction that existed in the mental landscape of Americans as it did in the physical, geographic landscape. The 1878 yellow fever epidemic therefore offers an unexplored moment of identity consolidation and cultural redemption following the political Redemption of the South.[12]

Identity, moreover, is in part constructed by this concept of belonging. All imagined communities operate, in part, on the basis of exclusion. Individuals and communities define themselves in opposition to what they are not. Identity and belonging is elaborated in order to define those who do not belong. I therefore argue that the version of Southern identity put forth in the majority of 1878 yellow fever narratives promoted the belonging of native-born whites—particularly men and women who uphold white-supremacist patriarchy—while excluding African Americans, immigrants, and women who did not conform to traditionally prescribed social roles.[13]

Historians of medicine have shown how culturally powerful ideas about disease have helped to create and maintain such hierarchies of belonging. Medical knowledge has portrayed socially-constructed ideas about race and gender as physical, biological reality. Historians of public health have likewise demonstrated that the fear of outsiders contributes to their medicalization and that prejudice creates inequitable health outcomes for marginalized social groups. Themes of identity and belonging in the yellow fever narratives of the 1878 epidemic therefore have real

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[12] Eric Foner, *Reconstruction: America's Unfinished Revolution* (New York: Harper and Row, 1988); Ted Tunnell, *Crucible of Reconstruction: War, Radicalism, and Race in Louisiana, 1862-1877* (Baton Rouge: Louisiana State University Press, 1984); Justin A. Nystrom, *New Orleans After the Civil War: Race, Politics, and a New Birth of Freedom* (Baltimore: Johns Hopkins University Press, 2010); Michael Perman, *The Road to Redemption: Southern Politics, 1869-1879* (Chapel Hill: University of North Carolina Press, 1984). Jennifer Rae Greeson, *Our South: Geographical Fantasy and the Rise of National Literature* (Cambridge, MA: Harvard University Press, 2010), describes the "discursive construct" of the South as a symbolic region and identity. While it has multiple meanings to different people in different contexts, Greeson argues that the South nevertheless evokes a concept that is readily identifiable, even to Americans who have never been to the South and do not know any Southerners.

[13] Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (New York, Verso, 1991); Trent Watt, *One Homogeneous Nation: Narratives of White Southern Identity, 1890-1920* (Knoxville, The University of Tennessee Press, 2010).

consequences for the distribution of medical and relief aid as well as for reinforcing the social divisions that perpetuate discrimination. This dissertation therefore contributes to a growing scholarship in the social and cultural history of medicine that looks at ideas about bodies, in both health and disease, in order to uncover larger sociocultural attitudes regarding race, gender, class, and ethnicity.[14]

Yellow fever offers an ideal case study for this type of analysis. The meanings associated with yellow fever include ideas about how the disease takes hold of different kinds of bodies. Jo Ann Carrigan has argued that early medical theorists characterized yellow fever as a strangers' disease, one that mostly affected newcomers and immigrants, a belief which fostered nativism. A number of historians have likewise shown that imperialists built upon these ideas of the susceptibility of European constitutions to justify African slavery. These social and cultural beliefs helped to cement a particular social hierarchy and, in New Orleans, a municipal identity. Carrigan argues that the cultural experience of the disease was integral to the development of a unique Creole identity in the city with implications for the inclusion or exclusion of racial and ethnic minorities.[15]

Historians have further used yellow fever to discuss a number of intellectual, political, social, and cultural developments. Eighteenth-century yellow fever epidemics were integral to the

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[14] Amy L. Fairchild, *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Workforce* (Baltimore: Johns Hopkins University Press, 2003); John McKiernan-Gonzalez, *Fevered Measures: Public Health and Race at the Texas-Mexico Border, 1848-1942* (Durham, NC: Duke University Press, 2012); Natalia Molina, *Fit to Be Citizens?: Public Health and Race in Los Angeles, 1879-1939* Berkeley: University of California Press, 2001); Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001); Alan M. Kraut, *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (Baltimore: Beacon Press, 1996; Marli F. Weiner and Mazie Hough, *Sex, Sickness, and Slavery: Illness in the Antebellum South* (Urbana: University of Illinois Press, 2012); Peter McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry* (New York: New York: Cambridge University Press, 2011); Keith Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (Chapel Hill: University of North Carolina Press, 2001); Jim Downs, *Sick From Freedom: African-American Illness and Suffering During the Civil War and Reconstruction* (New York: Oxford University Press, 2012).

[15] Carrigan, *The Saffron Scourge*.

development of tropical medicine as imperial powers sought to master New World disease environments. The epidemics of the 1790s were particularly important as they were a major challenge to the newly independent United States. The 1878 epidemic, in particular, was integral to the development of public health infrastructure across the South, with subsequent debates over state vs. federal authority. While yellow fever acted as a justification for the extension of federal authority in the South to eradicate a number of diseases thought to be linked to Southern backwardness, the disease also acted as a justification for American imperialism in Cuba. These efforts—both national and international—cemented the alliance between public health initiatives and political, economic, or cultural imperialism during the following century. These investigations have all been integral to my understanding of yellow fever as, not only a physiological disease, but as encompassing a discourse of ideas that help to construct individual, municipal, regional and national identities, as well as hierarchies of belonging and authority.[16]

Thus, while this dissertation is about yellow fever, it is also—and more fundamentally—an examination of identity and belonging in this moment in the post-Reconstruction South. More pertinent than ideas about disease or medicine, specifically, are how the experience and the understanding of yellow fever contributed to debates over the restructuring of postwar society. Rather than advancing a singular narrative throughout the dissertation, each chapter instead focuses on a different theme, discussing these themes in ever widening contexts. While each can be read as a standalone analysis of yellow fever narratives a conceptual coherence binds them together. The first two chapters offer discursive analyses of the yellow fever narratives, while the

[16] David Arnold, ed. Warm Climates and Western Medicine: The Emergency of Tropical Medicine, 1500-1900 (Atlanta, GA: Rodopi B. V., 1996); Ragland, "Urban Captivity Narratives"; John H. Ellis, *Yellow Fever and Public Health in the New South* (Lexington: University Press of Kentucky, 1992); Margaret Humphreys, *Yellow Fever and the South* (New Brunswick, NJ: Rutgers University Press, 1992); Ring, *The Problem South*; Mariola Espinosa, *Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878-1930* (Chicago: University of Chicago Press, 2009).

third shows how this discourse played out in action. The fourth chapter then argues that this discourse—and its subsequent implications for identity—continues to demonstrate cultural power through the memory of the 1878 yellow fever epidemic.

Chapter One, "The Epidemic Experience," offers a close reading of the intensely personal narrations of the 1878 yellow fever epidemic in Memphis. These epidemic narratives describe the descent of Memphis into chaos and death as symbolic of the broader devastation of the social sphere brought about by years of war and Reconstruction. The catastrophic tenor allowed the survivors and authors of these narratives to imagine the rebuilding of the social hierarchy. The characters they chose to idolize and those they chose to condemn presented a commentary on Southern identity and society after Reconstruction with implications for the future of white supremacy, gendered standards of behavior, and a fervent suspicion of outsiders. Chapter One uses the model of Cynthia Ragland's "Urban Captivity Narratives" to examine the yellow fever narratives of 1878 in Memphis for themes of post-Reconstruction Southern identity and the cultural redemption of Southern society. It argues that themes of destruction allowed Memphians to rhetorically rebuild their society by supporting white supremacy, communal insularity, and traditional gender relations.

Chapter Two, "A Silver Lining to Yellow Fever," turns the focus to New Orleans, and describes popular medical understandings of yellow fever and how integral they were to the concepts of identity and citizenship in that city. The chapter pays particular attention to theories of yellow fever immunity to illustrate a hierarchy of yellow fever susceptibility based on race and regionalism. White, native-born New Orleanians relied on a belief in place-based immunity to

further their claims of entitlement and privilege but it was unclear how they should treat the immunity or susceptibility of African Americans. Theories of differential immunity therefore acted as a useful discursive arena to negotiate the social hierarchy and to naturalize claims of belonging or exclusion. Chapter Two expands Jo Ann Carrigan's argument in *The Saffron Scourge* regarding antebellum New Orleanians' social and cultural beliefs about yellow fever immunity. Although Carrigan argued that the medical community abandoned these beliefs following the Civil War, I demonstrate that the traditional hierarchy of yellow fever immunity and susceptibility in the city continued to be popular. It was merely reframed to reflect postwar concerns regarding the belonging of American migrants, immigrants, and African Americans.

Chapter Three, "Relief after Reconstruction," discusses the reconciliation of the nation following Reconstruction. Implicit in the financial and medical aid given to the South by both the federal government and by private citizens from northern states was the imperative for national reconciliation. Philanthropists and relief workers characterized the epidemic as a national crisis requiring an immense humanitarian campaign. Both Northerners and Southerners agreed that the 1878 yellow fever epidemic offered a moment when sectional antagonism was cast aside in favor of national brotherhood. Yet this humanitarian spirit which, for a time, brought Northern and Southern whites together in mutual affection was not equally extended to black Southerners. Northern and federal aid followed traditional patterns of relief that allowed local authorities to disperse aid as they saw fit; Southern Redeemers, in turn, allocated much of the relief to whites in need, whom they saw as more deserving of aid. Chapter Three tests Edward Blum's argument in *Reforging the White Republic* that the epidemic provided a moment for white Americans to clasp hands in the name of national reconciliation at the expense of black Southerners. This chapter

builds on this argument by focusing on the Southern relief apparatus. It demonstrates that the cultural themes described in the previous two chapters supported the racial disparity in aid.

Finally, Chapter Four, titled "Memory in Memphis," investigates the fashioning of the collective memory of the epidemic to discuss issues of identity and belonging that have continued to the present. Of course, the stories we tell ourselves about the past help to shape our present identity and those stories are always fashioned to serve the needs of those who tell them at the moment they are told. For various reasons, Memphians have chosen the 1878 yellow fever epidemic as an important narrative in the city's history. While researching in the archives, I was struck by the amount of commemorative material—folder upon folder of newspaper clippings, photos of memorials, planned days of prayer and thanksgiving, and regular observation of anniversaries—that showed repeated attempts to remind Memphians of the significance of the yellow fever epidemic to the city's history and identity. Chapter Four therefore discusses the ways in which Memphians have used the memory of the epidemic and the consequent implications for identity and belonging that persist to this day. Chapter Four is inspired by Lynette Boney Wrenn's description in *Crisis and Commission Government in Memphis* of the inauguration of the Taxing District of Shelby County as a political coup by Memphis businessmen following the 1878 epidemic. It uses the methods of memory scholars, such as W. Fitzhugh Brundage, to illuminate further ways in which Memphians have used the history of the epidemic to manipulate the city's politics, economics, and society.[17]

[17] Lynette Boney Wrenn, *Crisis and Commission Government in Memphis: Elite Rule in a Gilded Age City* (Knoxville, University of Tennessee Press, 1998).

CHAPTER ONE:

THE EPIDEMIC EXPERIENCE

On September 1, 1878, Reverend Charles C. Parsons wrote a letter to his dear friend and spiritual adviser, Tennessee Bishop Charles Quintard, describing the state of affairs as yellow fever raged in Memphis. "My dear Bishop, the situation is indescribable," he lamented. "Why, it is a perfect waste of death, and destitution, and desolation all around us here." Amidst constant calls to minister at the bedsides of the dying, the Reverend explained how impossible it was to properly perform his vocation: "Our pastoral duties extend from one end of the city to the other, and include all classes of people. It is incessant….Sometimes they pass away, or into a final state of unconsciousness, before we can reach them….A large number of those to whom we minister are utter strangers to us until we reach their bedside." Parsons further complained, "People constantly send to us, saying 'Telegraph the situation.' It is impossible." No one, he argued, could understand the depth of the disaster unless they witnessed the carnage firsthand. "Go and turn the Destroying Angel loose upon a defenseless city," he wrote. "Let him smite whom he will, young and old, rich and poor, the feeble and the strong…silent, unseen, and unfelt, until his deadly blow is struck; give him for his dreadful harvest all the days and nights from the burning midsummer sun until the latest heavy frosts, and then you can form some idea of what Memphis and all this Valley is…."[18]

[18] Charles C. Parsons, letter to Bishop Quintard, September 5, 1878, Box 14, Folder 4, Reverend Charles Carroll Parsons Collection, Benjamin L. Hooks Central Library; Rev. Morgan Dix, *The Sisters of St. Mary at Memphis: With the Acts and Sufferings of the Priests and Others Who Were There with Them during the Yellow Fever Season of 1878* (New York:

In closing, Parsons assured the Bishop, "I am well, and strong, and hopeful, and I devoutly thank God that I can say that in every letter." Within a week of writing, however, Reverend Charles C. Parsons was dead. Parsons's letter, and his fate, were tragically typical. The 1878 yellow fever epidemic in the Mississippi Valley inspired thousands of similar first-hand accounts of the disaster and desperate attempts to explain to the outside world what had transpired. With over 5,000 deaths, and nearly all remaining Memphians contracting the fever, the suffering of Memphis conveyed in these accounts captured both national and international attention.[19]

Through an analysis of these first-hand accounts of the epidemic in Memphis, this chapter argues that authors of yellow fever narratives used the occasion of the epidemic to encourage the restoration of traditional aspects of Southern identity and belonging after Reconstruction. More specifically, the chapter examines two central conceptual threads that ran through yellow fever narratives. The first half of the chapter examines how these narratives portrayed the breakdown of society during the epidemic. It does so, more precisely, through a close reading of three main themes: fear, disease, and death. The second half of the chapter then turns to themes of race, class, gender, and nativity to argue that these same authors sought a return to traditional social norms that reinforced a white-supremacist, patriarchal Southern identity. In doing so, these authors used the epidemic as a metaphor for the destruction of antebellum Southern society and championed Redemption.[20]

Printed for the Sisters of St. Mary: 1879), Project Canterbury; Yellow Fever Collection, Benjamin L. Hooks Central Library.

[19] Ibid.

[20] While the narratives analyzed in this chapter all describe the experience of the epidemic in Memphis, many of their authors came from other Southern communities. Because these narratives were written by a broader group of Southerners, because so many across the Mississippi Valley had similar experiences with yellow fever in 1878, and because of the popularity of these narratives across the nation, Memphis's yellow fever narratives can be understood as taking part in a broader conversation about the rebuilding of Southern communities. That being said, it is unclear how representative the values expressed in these narratives were across the South or the nation. More research is

In analyzing yellow fever narratives as experiential accounts that also speak to larger issues of identity, this chapter draws on Cynthia Ragland's examination of yellow fever narratives from the 1790s. For Ragland, the similarity between the yellow fever narratives of the 1790s and the Indian captivity narratives of the colonial period indicate a moment of "early national identity crises." Her analysis of these sources as "urban captivity narratives" unearths themes of the city under siege, of the search for meaning during the ordeal—which tends to focus on sin and depravity—that reinforce the values and beliefs thought to be destroyed by these epidemics, as well as the prerequisite of public redemption to ensure that life will go on as before.[21]

This chapter offers a similar close reading of the yellow fever narratives of the 1878 epidemic. While accepting Ragland's designation of yellow fever accounts as "urban captivity narratives," it analyzes these narratives for symptoms of a novel national identity crisis: that of post-Reconstruction Southern identity. Just as citizens of the 1790s expressed anxieties about the future of the nation and national identity in their yellow fever narratives, so too did white Memphians in 1878 express anxiety about the future of the region and of the identity and culture of the South following Reconstruction. Ragland's yellow fever narratives described the destruction of everyday life and society requiring the public redemption of sin to save the new republic from certain annihilation. Similarly, the 1878 yellow fever narratives described a world turned upside down on par with Democrats' critiques of Radical Reconstruction. They further promoted a return to a

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needed to determine how representative of Southern values these themes were and to what extent these narratives influenced the elaboration of Southern identity after the epidemic.

[21] Cynthia L. Ragland, "Urban Captivity Narratives: The Literature of the Yellow Fever Epidemics of the 1790s," in *Colonial and Post-Colonial Incarceration*, ed. Graeme Harper (New York: Continuum, 2001), 86-104.

more traditional social hierarchy based on patriarchal white supremacy in order to culturally redeem the South now that the political project of Redemption was complete.[22]

A broad range of caretakers wrote the majority of the personal accounts of the Memphis epidemic. Most were published by professional medical doctors, though many personal letters sent by volunteer nurses have survived. Doctors, nurses, and domestic missionaries—priests, pastors, and nuns who sought to provide both medical and religious support—came from all over the country, but particularly the Southern states, to aid those stricken with illness. In addition to these medical narratives, newspapers provided daily reports of the mounting death toll and of the deteriorating conditions in the city. Official histories of the epidemic, published in 1879, offered further information on what life was like for those who experienced the epidemic in Memphis. These narratives, written almost exclusively by white, middle-class Southerners, reveal an explicit attempt to reinforce an imagined Southern identity along traditional axes that privileged antebellum hierarchies of race, class, gender, nativity, and religion.

The people who experienced the 1878 epidemic of yellow fever recognized the extraordinariness of their circumstances. The breakdown of the city—socially, economically, and politically—meant that the traditions and mores that governed the daily lives of Memphians could no longer be counted upon to regulate behavior. Residents watched as government officials and religious leaders abandoned them in their time of greatest need. Bonds of affection between family members and neighbors were forgotten in the pursuit of individual safety and survival. Death was ever-present. Focusing on individuals' recollections of sensory experience—what Memphians saw, heard, smelled, and felt—these authors therefore narrated the descent of the city into chaos and death as a way to explain and understand the breakdown of society. Besides being rich with

[22] Ibid.

sensory description, the narratives are extremely poignant, revealing the emotional as well as physical suffering that Memphians experienced.

Authors of yellow fever narratives then used their accounts of the epidemic to discuss how their society should be rebuilt after the collapse. They did so by casting certain characters as heroes or villains. The heroes of yellow fever narratives invariably represented an idealized vision of Southern manhood or womanhood. Villains represented the elements of Southern identity that should be purged from the social body in order for Southern society to be reconstituted along traditional antebellum social hierarchies.

Authors of yellow fever narratives may or may not have consciously intended their reflections to contribute to this broader rhetorical reconstruction of Southern identity. While many authors specifically offered advice on what should change in their society, others simply sought to make sense of their experiences and to justify their actions during the epidemic. Yet all of these narratives offered descriptions of the breakdown of everyday life and characterized particular groups or traits as helpful or hurtful to the survival of the region.

These narratives make more sense, then, if positioned within a larger saga of civil war, Reconstruction, and Redemption. The descriptions of the epidemic itself—told in themes of fear, disease, and death—were readily familiar to a region of people that had just come through the destruction and displacement of war. Descriptions of the influx of foreign healers and the dangers of an unruly mob of black citizens, likewise, closely mirrored Southern Democrats' descriptions of Reconstruction. This is particularly true for the narratives that portrayed nurses as individuals seeking to gain at the expense of the suffering South—putting these figures on par with the infamous image of the Northern carpetbagger. In order to safeguard the political project of

Redemption, a cultural redemption of the South was necessary wherein Southerners took back the right to recreate their society, culture, and identity as they saw fit. Authors of yellow fever narratives took part in this negotiation over what Southern society should look like after the epidemic was over and most sought to reinforce an imagined identity harkening back to an idealized antebellum past.[23]

These yellow fever narratives, most of which were intended for publication, also offered the entire nation a way to experience the tragedy of the 1878 yellow fever epidemic and take part in the rhetorical reconstruction of Southern identity. Yellow fever narratives, capturing the daily horrors experienced by those who remained in Memphis, were purposely emotive—evoking feelings of sadness, pain, fear, revulsion, pity, contempt, compassion, and tenderness. Their authors sought to transfer their own emotions to their readers. Their sensory descriptions transported the reader to the sick-room or to the deserted streets of Memphis. They were explicitly voyeuristic, allowing their readers to experience the epidemic, albeit second-hand. The popularity of these narratives during and after the epidemic further allowed their authors to export their particular visions of Southern society and identity throughout the nation.

[23] Ted Tunnell, "Creating 'The Propaganda of History': Southern Editors and the Origins of 'Carpetbagger and Scalawag,'" *The Journal of Southern History* 72, 4 (2006): 789-882, argues that Democratic newspapermen created the characterization of carpetbaggers and scalawags "as counter-Reconstruction weapons." Tunnell further argues that the epithet of carpetbagger was extremely successful as a critique of radicals in both the North and the South and contributed to the fall of Reconstruction. It is therefore likely that, despite the official end of Reconstruction, the characterization of the carpetbagger would still have been seen as a rhetorically useful critique. Tunnell explains that "emblematic words such as *carpetbagger*…are inescapable features of political rhetoric." While the direct reference to carpetbaggers would have been inappropriate when talking about yellow fever in 1878, the allusion to carpetbagger-like behavior embedded in yellow fever narratives may still be considered overtly political in nature. K. Stephen Prince, "Legitimacy and Interventionism: Northern Republicans, the 'Terrible Carpetbagger,' and the Retreat from Reconstruction," *The Journal of the Civil War Era* 2, 4 (2012): 538-563; Richard Nelson Current, *Those Terrible Carpetbaggers* (New York: Oxford University Press, 1988).

Fear and Flight

Yellow fever narratives generally began with a discussion of the fear the disease generated across the South. Once yellow fever appeared to spread beyond a given port of entry—usually New Orleans—anxious communities along river and rail routes watched with a growing sense of foreboding as the disease inched toward their homes. At the first sign of a suspicious case of fever, residents fled in panic, prostrating the local government and economy. For this reason, yellow fever was particularly damaging to the social fabric of communities—even when the disease was relatively mild. In 1878, however, the disease was especially virulent, eliciting far more fear and alarm than usual. Yellow fever narratives described the chaotic rush of residents fleeing their communities and the attendant consequences of the breakdown of government and civil institutions, communal solidarity, and bonds of familial love. Evacuees faced further hardship as they were shunned by those who feared they would spread the disease via their clothing or luggage. Memphis refugees who gathered in camps outside the city were likewise subjected to harsh conditions. Those displaced from their homes and lives by yellow fever may have escaped the horrors of the plague-ridden city, but they watched helplessly from afar as the foundations of everyday life were destroyed.

Yellow fever was the most feared disease in the nineteenth-century American South. The mystery of its etiology and the gruesomeness of its symptoms made an indelible impression on those who witnessed the disease's ravages. While endemic diseases such as malaria, hookworm, or tuberculosis, killed far more Southerners each year, news of a yellow fever outbreak inevitably resulted in terror and flight. Recognizing that a mass exodus often followed a confirmed case of

the disease, physicians, public health officials, and newspaper owners regularly colluded to conceal suspicious cases until absolutely positive that an epidemic was underway. They knew that the fear of yellow fever regularly incited panic and prostration of business.[24]

In the 1870s, the medical community—from country doctor to university professor—believed that yellow fever was infectious. And while individual, sporadic cases were not uncommon, an epidemic required a tainted atmosphere of large enough proportion that a significant number of people sickened. While nineteenth-century physicians did not consider yellow fever to be a contagious disease—spreading directly from person to person—they believed that whatever poison caused yellow fever could be carried in the clothing or baggage of people who had come into contact with the sick. Further, yellow fever's advance along transportation routes was undeniable and citizens feared anyone or anything that had journeyed through the tainted atmosphere of infected regions.[25]

In fact, some physicians considered the fear associated with yellow fever medically significant, guaranteed to worsen epidemics. Dr. J. P. Dromgoole, one of the first to publish an official history of the epidemic, explained that "Psychical depression (what is popularly denominated the "yellow-fever scare") is an important factor not only in the spread of the disease but in the percentage of mortality. Any sudden change in the habits or mode of life is inadvisable." He blamed the breadth of the disaster in 1878 on the extent of the anxiety caused by yellow fever

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[24] Margaret Humphreys, *Yellow Fever and the South* (New Brunswick, NJ: Rutgers University Press, 1992); Jo Ann Carrigan, *The Saffron Scourge: A History of the Yellow Fever in Louisiana, 1796-1905* (Lafayette, LA: University of Southwestern Louisiana, 1994).

[25] While the contemporary medical community tends to use the terms "infectious" and "contagious" as roughly synonymous, nineteenth-century medical theorists classified diseases as either infectious or contagious based on their mode of transmission. When the model of disease causation for any given illness was in doubt, physicians divided into contagionist and anticontagionist camps. For an explanation of the differences in these etiological theories, see Gail Pat Parsons, "Puerperal Fever, Anticontagionists, and Miasmatic Infection, 1840-1860: Toward a New History of Puerperal Fever in Antebellum America," *Journal of the History of Medicine* 52 (1997): 424-452.

and on the urge to flee that this fear produced. Medical authorities like Dromgoole thus attempted to mitigate the damage done by flight, for beyond the medical disaster of lives lost, yellow fever was associated with the social, political, and economic desolation left in its wake. Yellow fever narratives thus generally began with a description of the breakdown of society due to fear and flight.[26]

When the first official case of yellow fever was reported to the Memphis Board of Health in 1878, a city-wide panic immediately followed, triggering a massive evacuation of the city. Roads and railway lines were choked with Memphians attempting to flee to safety. An Episcopal nun remembered, "Thousands left on the trains,…escaped in carriages, wagons, carts, and even on foot….On any road leading out from Memphis, could be seen a procession of wagons, piled high with beds, trunks, and small furniture, carrying also, the women and children. Beside these walked groups of men, some riotous with the wild excitement, others moody and silent from anxiety and dread."[27]

The train stations became madhouses as people were refused admission onto trains already loaded beyond capacity. A refugee who finally made it out of Memphis wrote back from Louisville, "We were unable to get standing room on the trains on Wednesday and Thursday, but we left on Friday, at midnight….We were nearly crushed in obtaining our places. At last the over-crowded train moved off amid the loud and heart-rending cries of those left behind. I was told that a child

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[26] J. P. Dromgoole, *Yellow Fever: Heroes, Honors, and Horrors of 1878* (Louisville, John P. Morton and Company, 1879), 11; Aristides Agramonte Yellow Fever Collection, John P. Ische Library; Yellow Fever Collection, Benjamin L. Hooks Central Library.

[27] The first official case of yellow fever reported to the Memphis Board of Health was that of Mrs. Kate Bionda, proprietress of an Italian snack-house along Front Street, on August 13. However, as twenty-two new cases and two deaths were reported the following day, it is likely that yellow fever existed in the city since at least the end of July. John McLeod Keating, *A History of the Yellow Fever Epidemic of 1878, in Memphis, Tenn. Embracing a Complete List of the Dead, the Names of the Doctors and Nurses Employed, Names of All Who Contributed Money or Means, and the Names and History of the Howards, Together with Other Data, and Lists of the Dead Elsewhere* (Memphis, TN: Printed for the Howard Association, 1879), 106-107; Dix, *The Sisters of St. Mary at Memphis.*

and an old person were trampled to death near us on the platform." With every available train filled to capacity, the railroad companies supplied additional cars and, eventually, more trains. But they were incapable of meeting demand. Despite aisles and platforms filled with standing passengers, men attempted to climb into open windows, brandishing weapons to silence any who tried to hold them back.[28]

John Keating, owner and primary editor of the *Memphis Daily Appeal* newspaper, complained that "The ordinary courtesies of life were ignored; politeness gave way to selfishness, and the desire for personal safety broke through all the social amenities. If there was no positive indecency exhibited, there was a pushing, noisy, self-asserting, and frenzied rudeness, that was not abashed even in the presence of refined, delicate, and sensitive women." Keating complained bitterly of the breakdown of etiquette and hospitality that the fear of the disease engendered. "There was only one thought uppermost," he disparaged, "and that was increased to an inexpressible terror."[29]

According to Keating, "The cars of the trains for several days went out literally packed to suffocation with people." A Catholic priest, D. A. Quinn, claimed that "In the short space of three days not less than thirty thousand people fled the city, going North, East West—wherever they had friends—anywhere from the ravages and reach of the Scourge." Any who had the means to do so thus fled within a week of the first official death in Memphis for they knew that once citizens of

[28] Ibid.; Keating, *History of the Yellow Fever Epidemic*, 106.
[29] Ibid., 106-109.

nearby towns and cities learned of the cases in Memphis, quarantines would impede their ability to travel. No one wanted to be trapped near the city in case the fever became epidemic.[30]

Thousands of refugees descended upon neighboring towns, overwhelming hurriedly enacted quarantines against passengers and freight traveling from Memphis. Some fearful residents consequently took matters into their own hands, creating unofficial quarantines and barricades enforced by armed men. Residents destroyed roads and railroad tracks and burned bridges. These so-called "shotgun quarantines" were often all that protected fearful citizens from refugees who might spread the disease. The unofficial quarantines and extra-governmental actions on the part of fearful citizens failed, in most cases, to stop the disease's spread. As the epidemic worsened, they further hampered the delivery of medical assistance and relief.[31]

A minority of evacuees were desperate enough to attempt escape by steamboat. However, most were aware of the folly in this. As cities and towns along the Mississippi quarantined river traffic, riverboat passengers could be trapped, unable to debark, especially if any showed signs of illness. The *John D. Porter*, for example, traveled up the Mississippi and Ohio Rivers for two months, denied a landing place because she was rumored to have yellow fever aboard. Twenty-three passengers died before the ship was finally allowed to come into port. Keating claimed that

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[30] Ibid., D. A. Quinn, *Heroes and Heroines of Memphis, or Reminiscences of the Yellow Fever Epidemics that Afflicted the City of Memphis During the Autumn Months of 1873, 1878, and 1879, To which is added a graphic description of missionary life in Eastern Arkansas* (Providence, RI: E. L. Freeman & Son, 1887), 130.

[31] Humpreys, *Yellow Fever and the South*, 8; Deanne Love Stephens Nuwer, "The 1878 Yellow Fever Epidemic in Mississippi" (Ph.D. diss, University of Southern Mississippi, 1996) 25-50; *Report of the Pittsburgh Relief Committee Having in Charge the Collection and Distribution of Funds, Provisions and Other Supplies, for the South-Western States in the Summer and Fall of 1878* (Pittsburg: Myers, Schoyer & Co., Printers, 1879), 9. Quarantine restrictions were not uniform across the South, leading to further confusion. Most states did not have an official quarantine policy. Mississippi, for example, could only suggest that individual towns and cities institute quarantine measures. The growth of these "unofficial" quarantines may have led to violence; rumors suggested that quarantine guards shot trespassers in an effort to protect their communities. The Diary of Henry Sieck, Pastor at the Trinity Lutheran Church in Memphis, describes his experiences being caught by quarantines which left several passengers from Memphis in the woods without food or water. Riedel, Nora Huber, ed. and trans. *Yellow Fever Quarantine in Memphis, Tennessee, August 14-October 30, 1878, Excerpts from the Diary of Henry Sieck, Pastor of Trinity Lutheran Church, Memphis, Tennessee,* Yellow Fever Collection, Benjamin L. Hooks Central Library.

"For the sake of humanity, men became inhuman. For the sake of saving those out of the fever's reach…, they denied a refuge to those who were fleeing from it." Neither Christian charity nor a sense of community among Southerners could override the intense fear associated with those who might have come into contact with whatever poison caused yellow fever's spread.[32]

In many cases, those trapped on trains faired little better. Packed into hot, crowded cars with no food or water, trains sometimes traveled hundreds of miles before being allowed to stop for provisions. T. L. Turner, a 15-year-old boy in 1878, later recalled a train of Memphis evacuees that was stopped four miles outside of his hometown of Milan, Tennessee. Having received a message pleading to be allowed to enter the town for food and water, men with shotguns rode out to meet the train before it could approach. He described the Memphis refugees, hanging out the windows of the train cars, "blackened tongues protruding from their cracked lips, and plead[ing] for water; but fear was greater than pity." The townspeople loaded tables with food and water down by the river and watched from a hillside roughly a mile away as the refugees were finally allowed to debark. Turner recalled that men, women, and children ran to the tables and into the river, desperate for water. The passengers were then quickly forced back onto the train at gunpoint. As Keating described, refugees in other places were likewise given few safe havens, for fear and self-preservation overruled any sense of compassionate humanity. "To the cities of the far north and the far west they fled," he wrote. "Many of them to die on the way, like dogs, neglected and shunned, as if cursed of God; or, to reach the wished-for goal, only to die, a plague to all about…."[33]

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[32] Keating, *History of the Yellow Fever Epidemic*, 107, 73, 95, 109.
[33] "Horrors of Plague Live on Thru Years," *Memphis Evening Appeal,* December 27, 1932, folder 1 of 3, Newspaper Clippings, 1878, Yellow Fever Collection, Benjamin L. Hooks Central Library; Keating, *History of the Yellow Fever Epidemic*, 108.

The thousands of Memphians who remained in the city for the duration of the epidemic were not only surrounded on all sides by disease and death, but also experienced the unraveling of city services. As a consequence of this mass exodus from Southern cities, local governments, religious institutions, and businesses closed their doors. Evacuees who fled Memphis when yellow fever first made its presence known included many important political and economic elites. Enough of the city councilmen and aldermen fled with their families during those first days that the Memphis general council was unable to meet the quorum required to assemble, effectively terminating any chance that this legislative body might take steps to mitigate the medical disaster. The Board of Health attempted to enact public health and sanitation measures intended to confine the fever to the first infected district, but they lacked the financial resources or the political power to meet the level of the crisis. Police and firemen fled. Newspapers roundly denounced Protestant ministers for deserting their congregations. And in general, yellow fever narratives claimed that the city was abandoned by the majority of upper- and middle-class residents, leaving mostly the poor and working-class who did not have the means to escape.[34]

In this context of the dissolution of the municipal government, the few remaining public officials and concerned citizens scrambled to organize the city's response to the epidemic. Coordinating medical care for the sick was the responsibility of the Howard Association, a benevolent society that existed in most Southern cities and which labored only during yellow fever epidemics. All other government functions and the coordination of non-medical relief fell to a hastily-formed Citizens' Relief Committee (CRC), made up of Memphis businessmen. Over the

[34] Jeanette Keith, *Fever Season: The Story of a Terrifying Epidemic and the People Who Saved a City* (New York: Bloomsbury Press, 2012), 14, 66, 78; *Memphis Daily Appeal*, September 20, September 27, October 2, and October 4, 1878; *Harper's Weekly*, November 2, 1878; Quinn, *Heroes and Heroines of* Memphis, 187-190; Keating, *History of the Yellow Fever Epidemic*, 121, 124-125.

next several weeks, their duties included organizing refugee camps, keeping the peace, and distributing relief donations.[35]

With the vast majority of the population evacuating and those who remained either sick or engaged in relief work, private business and commercial activity that was not centered around the epidemic dwindled. Keating recalled that "Business was almost as suddenly stopped as the fever began. Stores and offices were hastily closed." Those that remained open offered few services as their employees sickened one by one. A volunteer nurse from Texas, Kezia DePelchin, wryly noted that "money—the open sesame to almost every lock" ultimately proved useless in Memphis. The city's economy ordinarily centered around cotton, yet the fields remained white as snow as the crop went without harvest. No one ventured into the city to bring farm products, even food.[36]

As travel routes clogged with evacuees and potential destinations prohibited Memphians from entering, refugees who could not get far from the city camped in the nearby woods. The CRC, in concurrence with the Mayor and the Board of Health, set up several refugee camps for those who displayed no symptoms: Camp Joe Williams, Camp Smith, Camp Griffin, Camp Wade, Camp Wright, Camp Duffy, and Camp Morris Henderson. Camp Father Mathew, set up specifically for Irish Catholics, was run independently of the other camps, which were all supposed to be under the supervision of the CRC. The federal government supplied these camps with tents and rations in an attempt to depopulate the city and hopefully contain the epidemic. While

[35] The Howard Association Papers, Benjamin L. Hooks Central Library; "Howard Association Report," printed in Keating, *History of the Yellow Fever Epidemic*, 334-346; "Citizens' Relief Committee" Report, printed in Keating, *History of the Yellow Fever Epidemic*, 390-391.
[36] Keating, *History of the Yellow Fever Epidemic*, 107; Kezia DePelchin, Letter to Sallie Payne, October 9, 1878, Kezia Payne DePelchin Yellow Fever epidemic letters, 1878-1879, Rice University.

Keating had earlier criticized Memphians for their disorderly escape, as a member of the CRC, he began printing notices urging the rest of the population to decamp to the suburbs.[37]

But many medical authorities considered camps to be extremely dangerous, for yellow fever was considered a distinctly urban disease, requiring an assemblage of unacclimated persons for its propagation. Dr. Bennet Dowler of New Orleans explained that yellow fever "is known to be connected…with aggregations of people in towns and villages, and it rarely attacks rural populations unless they crowd together so as to become virtually towns." These camps, at one point housing up to 5,000 residents, certainly qualified as potential yellow fever breeding grounds. Suburban residents, fearful that evacuating people from the infected city into nearby camps would spread the fever to their neighborhoods, gathered in mobs to prevent the formation of Camp Joe Williams and an orphanage set up for children of yellow fever victims. In the case of the camps, a company of local militia was called in to force the angry residents to back down. The CRC, acting as the only legitimate local government, was forced to compel the local residents to accept these yellow fever refugees. They then stationed the militia permanently in the camp to take charge of its operation for the duration of the epidemic.[38]

Camp Joe Williams eventually housed a large contingent of residents from the "infected district" of Memphis's Poplar, Washington, and Adams Streets. The evacuation was directed by armed police and supervised by the Citizens' Relief Committee. Upon arrival, any clothing and bedding residents had brought with them was gathered together and burned, by order of the surgeon in charge, in the belief that textiles were a principle mechanism in spreading the disease

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[37] *Memphis Daily Appeal*, August 24, 1878; Keating, *History of the Yellow Fever Epidemic*, 149-150.

[38] Bennet Dowler, *Tableau of the Yellow Fever of 1853, with Topographical, Chronological, and Historical Sketches of the Epidemics of New Orleans Since Their Origin in 1796, Illustrative of the Quarantine Question* (New Orleans: Office of the Picayune, 1854), 58; Aristides Agramonte Yellow Fever Collection, John P. Ische Library; Also quoted in Keating, *History of the Yellow Fever Epidemic*, 43.

from one locale to another. Among so many people, it was inevitable that some had contracted the disease before being evacuated and there were several cases that were treated in the camp's hospital. But, on the whole, the camps' inhabitants were lucky. Yellow fever did not spread among the population, while many of those who ventured back into the city sickened soon after.[39]

Camp life, however, was not easy. The camps were run like military installations with morning reveille at 5 A.M. and evening taps at 10 P.M. Refugees were expected to work to earn their room and board. Camp commanders separated them into gangs assigned cleaning and work details: digging ditches, pitching tents, and clearing and disinfecting potentially infected spaces and refuse pits. Because the majority of refugees in Camp Joe Williams were from Memphis's working-class neighborhoods along the wharf, the camp's surgeon-in-charge considered them well-suited to manual labor and he believed they "readily accommodated themselves to camp life." Given that "All infractions of the rules were punished, and no excuses allowed in mitigation of offenses," this ready accommodation may have been promoted more by fear than anything else. Camp Joe Williams's Order No. 1 clearly stipulated that "every soul within its jurisdiction must cheerfully comply" with its rules and regulations, "or be driven from its limits."[40]

At the risk of expulsion—a death-sentence given the situation in the city—and the fact that rations were only given to individuals registered as "*bona fide* residents of the camps," most refugees adapted themselves to life in the camp system. The correspondent from the *Memphis Daily Appeal* portrayed the camp residents as "well satisfied with camp life and rations," and appearing "to enjoy camp life to the utmost," though, as this description was intended to encourage remaining residents in the city to evacuate if they were well, it may not have been a reliable portrayal of camp

[39] Keating, *History of the Yellow Fever Epidemic*, 55-56.
[40] "Report of the Surgeon in Charge of Camp Joe Williams," printed in Keating, *History of the Yellow Fever Epidemic*, 393-395.

life. At least one letter, attributed to a militiaman stationed at Camp Joe Williams, complained of the conditions, describing lots of rainy nights, leaky tents, and unnecessary busy work. This letter also hinted at mistreatment of camp residents and mismanagement of government rations by the camps' leaders. Notwithstanding the primitive conditions of some of these camps, the widespread chaos outside of their limits ensured that few people volunteered to leave.[41]

Despite the fact that the Citizens' Relief Committee in Memphis believed the evacuation and camp system to have been a resounding success, the breakdown that yellow fever engendered meant that evacuees, both those in camps and those who took refuge in northern states, also suffered during the epidemic. While refugees may have escaped yellow fever and the hellscape that the city became, they were forced to abandon their homes, their property, and often, family and friends. During this forced isolation from their daily lives, businesses failed in their absence, homes were looted, and property destroyed. While thousands of their acquaintances perished, these refugees survived. But it would be unfair to say that they were not also victims. The fear of yellow fever left them pariahs to the outside world. Even as many who fled to Northern cities worked to raise money to contribute to the relief efforts aiding those back home, they knew they may be judged harshly for their flight. As the epidemic raged in the city, they waited, praying for frost in the hopes of returning to the city to pick up the pieces of their lives, fearing there might be little left to return home to.[42]

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[41] Ibid., *Memphis Daily Appeal*, October 5, 1878; "Experience at a Yellow Fever Camp," printed in *The United States Army and Navy Journal, and Gazette of the Regular and Volunteer Forces* 16: 190. This letter, attributed to a Corporal Trim, is a problematic source. Corporal Trim was the name of a fictional character in *The Life and Opinions of Tristram Shandy*, published in 1759. This fact suggests the possibility that this letter was printed as a hoax. Another possibility is that the letter is real but that the author chose a fictional name in order to avoid censure for making a public complaint. While I am unable to verify the source's credibility, it nevertheless exists as one of the few sources to offer a glimpse of camp life not authored by the leadership of the militia or the CRC.

[42] Ragland, "Urban Captivity Narratives," 94.

In the narratives they wrote about yellow fever, Memphians thus described the experiences of evacuations, shot-gun quarantines, and refugee camps. In so doing, they illustrated that fear contributed to the breakdown of society long before yellow fever took hold. Just the rumor of a yellow fever case was enough to send frightened residents packing. As thousands fled, the local government and economy collapsed. Basic human decency and care for others crumbled in the face of desperate self-preservation. Narratives of the epidemic describe this descent into chaos at the first sign of disease. Fear was an experience that all Southerners shared, even those who escaped the disease or who watched its spread from afar. And as yellow fever spread, so too did its destructive effects upon the institutions of the South. Regional and national networks of trade, transportation, and information were fragmented in its wake alongside the ties of affection between friends and family members. Nineteenth-century Southerners recognized that the most problematic aspect of yellow fever was the fear that drove thousands to leave their homes—and sometimes loved ones—behind in an effort to save themselves from the coming storm. Authors of yellow fever narratives therefore began with this theme in order to describe the descent of Southern society into chaos.

Suffering and Sickness

If themes of fear and flight narrated the breakdown of civil institutions and the intricate customs of civility that ordered Southern society, the descriptions of the sick and the symptoms of yellow fever narrated the descent of Memphis into an apocalyptic landscape. Yellow fever attacked the bodies and minds of its victims and assaulted the senses and emotions of healers. While fears of the disease were exacerbated by not knowing what caused its spread, the dreadful symptoms of

yellow fever created outright horror in those unfortunate enough to witness or experience its toll upon the body. The body suffers dreadfully during a case of yellow fever and witnesses to the disease were forever haunted by the sights, sounds, and smells of the sickroom. Authors of yellow fever narratives therefore described the disease's effects on the body in detail, in part, as a way to deal with and make sense of the experience of the epidemic but also to impress upon readers the agony of that experience. If the fear and flight occasioned by rumors of yellow fever devastated the foundations of Southern society, narratives of disease portrayed an attack on humanity itself.

Yellow fever's fierce reputation lay in the ghastly, and very visible, symptoms that wracked the sufferer. The disease began with a severe headache with sensitivity to light. This was followed by acute prostration, muscle aches, back pain, and joint pain. As the patient's temperature rose, they began to shiver. A loss of appetite accompanied nausea or vomiting. Those lucky enough to contract a mild case would begin to feel better after a few days. For the unlucky, this period of recovery proved illusory as fever returned, quickly spiking to as high as 106 degrees Fahrenheit. This second, more severe phase of the disease brought about its most horrific symptoms. As the kidneys shut down, slowly poisoning the body, patients became delirious. Jaundice tinged the patient's skin and eyes yellow, giving the disease its name. The body bled from every orifice: the nose, mouth, ears, eyes, any abraded surface of the skin, vagina, or rectum. As the stomach filled with blood, the patient began to vomit the dreaded *vomito negro* or black vomit—a mixture of partially digested, putrid blood, pieces of the stomach lining, and bile. Medical attendants recognized the black vomit as the quintessential symptom of the disease. Seeing it, healers felt

assured that yellow fever was in their midst. They also generally believed it to be the harbinger of death.[43]

Kezia DePelchin, a volunteer nurse in Memphis, wrote numerous letters throughout the epidemic narrating her travel to and experiences in the disease-stricken city. Her letters remain some of the most poignant and forthright descriptions of what life was like for nurses in Memphis and of the personal experience of the sickroom. Recalling the intense heat of a patient's skin as she raged with fever, DePelchin wrote, "her temperature was 105 ½….sometimes she would throw her arms around me and thank me for waiting on her, arms that were like burning iron. Her breath on my face was like the blast of a furnace."[44]

The combination of intense fever and reduced kidney function caused patients to slip into hallucinations and delirium. Because of this, patients frequently acted as if they were being physically attacked by an invisible assailant. Texas physician Greensville Dowell described the typical yellow fever patient: "very nervous, tremulous, easily excited, startles at any noise. This is especially so in children…." Dowell claimed that a patient with yellow fever becomes "very restless, sighs, halloos, screams, attempts to get up, falls about, half conscious, and can't tell why he can not lie still, nor can he give a reason why he cries out." Because of this, yellow fever patients were notoriously difficult to handle. DePelchin concurred. "It is one of the peculiarities of yellow fever that the dying will try to get up," she wrote. "Sometimes they will fight, anything to get away, and

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[43] Keating, *History of the Yellow Fever Epidemic*; DePelchin, Letters to Payne; Greensville Dowell, *Yellow Fever and Malarial Diseases, Embracing a History of the Epidemics of Yellow Fever in Texas* (Philadelphia: Medical Publications, 1876), 5; Aristides Agramonte Yellow Fever Collection, John P. Ische Library; Joseph Jones, "Black Vomit of Yellow Fever," *The New Orleans Medical and Surgical Journal* (1876):159-165; Joseph Jones, "Temperature in Yellow Fever," *Boston Medical and Surgical Journal* (1873): 205-210; John B. C. Gazzo, *Yellow Fever Facts, As to Its Nature, Prevention and Treatment* (New Orleans: M. F. Dunn & Bro., 1878); Aristides Agramonte Yellow Fever Collection, John P. Ische Library; Thomas O. Summers, *Yellow Fever* (Nashville, TN: Wheeler Brothers, 1879) Yellow Fever Collection, Benjamin L. Hooks Central Library; F. W. Parham, "The Symptomatology and Diagnosis of Yellow Fever," *New Orleans Medical and Surgical Journal* 1 (1897): 237-246.

[44] DePelchin, Letter to Payne, October 27, 1878.

are very cunning in trying to get up when no is looking at them." This was one reason male patients were expected to be provided with male nurses who might have the strength to hold them in bed by force if necessary.[45]

This delirium was not only trying for the nurses and doctors who were attempting to care for their patients, it was also frightening. Beloved friends and family members suddenly became cruel, attacking their caretakers verbally and physically. Or they grew terrified, convinced they were being tormented by unseen devils. DePelchin described many instances of such erratic and wild behavior, particularly in young patients, and of the difficulties in attending to more than one or two patients at a time. For several days, DePelchin was stationed at an orphanage where she was expected to care for a room full of sick children. Describing the delirium of some of the children, she proclaimed, "such a pandemonium! I could have stood the noise, but I knew this would perhaps cost some of them their lives….The fever crazes the children. I am so sorry for them."[46]

Authorities on yellow fever insisted that absolute quiet and rest were required for recovery. But DePelchin feared she could not possibly keep so many children calm by herself. She wrote that "a boy [of] eleven years was wild. He would jump out of bed the moment I left him to wait on the rest. If I turned round to administer medicine to the others, he was after me. I caught him round the waist and carried him back to bed at least ten times before midnight." Of another, she proclaimed, "Lena, the dying child, sprang up two or three times and actually attacked the child in the next cot. While I was giving medicine to one, she was nearly out the window. She looked awful, her mouth was black, her limbs purple and trembling, she was muttering all the time." Attempting to calm the poor child, she recalled that she had heard the girl was German and that

[45] Dowell, *Yellow Fever and Malarial Diseases,* 5; Also quoted in Keating, *History of the Yellow Fever Epidemic,* 62; DePelchin, Letter to Payne, September 14, 1878.
[46] DePelchin, Letter to Payne, September 14, 1878.

her parents had died of the fever two weeks prior. "I put my arms round her and…spoke to her in German. She then laid her head in my lap. She lasted a few hours, then her sufferings were over."[47]

Because yellow fever is a hemorrhagic fever it causes massive internal bleeding. Authors of yellow fever narratives recounted seeing patients bleed from every orifice of the body, a sight burned into the memories of survivors. "The blood oozed from the mouth, eyes, nose, ears, etc.…." remembered Keating. "The eyes are red and glistening." Dr. Dowell explained that "In spots over the body blood will ooze out, [the] nose will bleed, blistered and cupped surfaces will bleed, and show no disposition to heal."[48]

The name yellow fever came from the jaundice that turned the patient's skin and eyes the color of saffron. Dowell explained that "In four or five days…patient's eyes will become tinged with yellow, and finally the whole skin will become yellow, like the yellowness of slight bruise or contusion." The name yellow fever was thus descriptive, as were other popular appellations: yellow jack, bronze john, the saffron scourge. DePelchin wrote that one of her patients "began to turn a bronze color, as if he was bronzed with a brush." Of another patient, she wrote: "Sweet Jennie…her lovely features were distorted, her fair skin was changed to a brazen hue. I laid her down, and in that strange look this disease gives its victims, no one would have recognized the lovely girl.…"[49] Yellow fever thus attacked the bodies and minds of its victims to the point that loved ones and friends no longer seemed themselves. They did not seem to recognize their caretakers or their surroundings. There were reports of the sick—yellow skin and eyes bleeding—running through the

[47] Ibid.
[48] Keating, *History of the Yellow Fever Epidemic*, 58; Dowell, *Yellow Fever and Malarial Diseases*, 5; Also quoted in Keating, *History of the Yellow Fever Epidemic*, 62.
[49] Ibid., DePelchin, Letter to Payne, October 27 and October 6, 1878.

streets screaming, flailing about naked, attacking their caretakers. To the authors of yellow fever narratives, these stories portrayed yellow fever victims as possessed and terrifying.[50]

But no symptom incited more fascination, fear, or revulsion than the black vomit, which gushed uncontrollably from the mouths of patients who experienced gastric hemorrhage. In the more advanced stages of the disease, patients violently vomited partially digested blood mixed with the acidic secretions of the stomach, said to resemble coffee grounds. Dowell described the first signs of black vomit as "specks of blood and mucous, which will become blacker, and finally a blackish brown-red, of the consistency of chocolate or coffee." He wrote, "This is the pure *vometo pristo*, or black vomit, which is the only positive sign of the disease, and I believe it is unlike any thing seen in any other pathological condition." Black vomit was thus a principle symptom in distinguishing yellow fever from the many other fevers prevalent in the South and was a tell-tale sign that warranted a call to quarantine.[51]

Those writing about their experiences with yellow fever exhausted many pages describing this horrific symptom, as if fewer words failed to capture the horror that left such a powerful impression upon caretakers and witnesses. "I have not seen any thing like it in my professional life," admitted Dowell. "This effusion may be in small quantities, leaving specks on the handkerchief or on the bed, or it may come up involuntarily,...or there will be pint after pint for hours...." Recounting the final day of one of her patients, Kezia DePelchin described the horrible sight: "The bed was as if several bottles of ink had been thrown around. I threw my arms around

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[50] DePelchin, Letters to Payne; J. L. Power, *The Epidemic of 1878 in Mississippi, Report of the Yellow Fever Relief Work through J. L. Power, Grand Secretary of Masons and Grand Treasurer of Odd Fellows* (Jackson, MS: Clarion Steam Publishing House, 1879), 166, 171; Dromgoole, *Yellow Fever,* 62-63, 90; Quinn, *Heroes and Heroines of Memphis*, 203; Keating, *History of the Yellow Fever Epidemic*, 113, 186; Keith, *Fever Season*, 2; Thomas H. Baker, "Yellowjack: The Yellow Fever Epidemic of 1878 in Memphis, Tennessee," *Bulletin of the History of Medicine* 42, 3 (1963): 249.
[51] Dowell, *Yellow Fever and Malarial Diseases*, 5; Also quoted in Keating, *History of the Yellow Fever Epidemic*, 62.

her….I cannot describe how dreadfully I felt. I had so prayed for Jennie's life. Was it aught that I had done that God would not hear me?"[52]

While DePelchin feared that her own actions had somehow sentenced the girl to death, healers' descriptions of black vomit generally helped ensure to their readers that the disease in question was yellow fever and justified their actions taken toward prevention and treatment. Describing the dreaded black vomit impressed upon readers that little could be done at that point to save the lives of their patients. In fact, many healers believed that once the patient presented with black vomit, they should be given up for dead so that attention could be paid to less critical patients. DePelchin related a quarrel between herself and one such healer, a nun in charge of the orphan asylum. DePelchin depicted the ghastly symptom, both to explain the woman's anticipation of a child's imminent death and to cast her behavior toward the child as deplorable conduct for a Christian: "I went to the room, the dead child was just outside on the porch; the living one was inside *alone*. Her hair was black, but not blacker than her mouth which was covered with flies, attracted by the blood that gurgled up to her lips – and not blacker than the heart that left her there to die." Confronting the woman for her neglect of the young girl, whose sister's recently deceased body remained just outside her window, DePelchin berated her: "I come from Texas, where you all look on us as a wild and reckless set. But I have yet to see such cruelty. A frontier Indian would blush through his war-paint at such a deed." Comparing the woman's behavior to an Indian, a symbol of wild savagery and paganism for most Americans, DePelchin apparently got her point across; the nun reportedly "turned very pale and promised it should not happen again." Black vomit did not guarantee that a patient would die, but even if this girl was unlikely to ever recover, DePelchin believed that it was the duty of a yellow fever nurse to give care

[52] Ibid., DePelchin, Letter to Payne, October 6, 1878.

and comfort to the sick until death. To see any patient, let alone a young child, left for dead all alone was not only guaranteeing the patient's destruction, but was, in her mind, positively sinful.[53]

But the limitations of medical science were so widely known that healers understood they were fighting a losing battle. Indeed, the Memphis infirmary would not accept any patients who had been sick for longer than 24 hours, recognizing that their chances of bringing the patient safely through the disease were drastically reduced after that. Any patients found sick after 24 hours were taken directly to the hospital where their level of care was much reduced. DePelchin remembered that another nurse told her, "at the hospitals, they put [the patients] out in the cold wind when there is no longer any hope; then they die quickly." DePelchin wrote, "I shuddered as I thought of it; they died fast enough." Yet many healers came to believe that a quick death was preferable to the horrendous suffering endured by yellow fever patients and witnessed by their attendants.[54]

"O what is this hidden fatal chemistry," Kezia DePelchin lamented, "that works inwardly, turning everything to death, that silently gnaws the vitals and writes the Death warrant, not in red like the laws of Draco, but with just as sure destruction. Its warrant is written in black, black as midnight; the pure ice water is turned to ink color in a few minutes." In a later letter, published by the *Houston Telegram*, she proclaimed, "I have thought since I have been [in Memphis, that] the ancients must have seen the yellow fever, and from the black vomit taken the idea of the river of Death, being the black river Styx. There has been enough in Memphis to float the boat of

[53] DePelchin, Letter to Payne, September 14, 1878.
[54] DePelchin, Letter to Payne, October 6, 1878.

Charon." Yellow fever narratives thus described the plague-ridden city as an apocalyptic landscape of disease and death from which there was no escape.[55]

Death was slow and agonizing for yellow fever victims, heartbreaking for caretakers who could only watch helplessly. DePelchin described the moments before the death of one of her favorite patients: "Jennie was now insensible, and we knew that the Doctor had given the mother up the night before, though he still tried every remedy possible. By morning, both began that hard breathing and screaming, the sure forerunner of Death….The Creole nurse said, 'they pant like two race horses;' a race for life indeed it was, who should reach the end of their mortal career and enter the pearly gates first." DePelchin was very religious and she regularly spoke of her devotion and faith as a necessary prerequisite to enduring such tragic scenes. Yet even she questioned what Memphis might have done to invite divine judgment. "If this is a scourge," she wrote, "truly 'the wrath of the Lord is a terrible thing.'"[56]

Beyond these horrific sights and sounds of the sickroom, several commentators remarked on the unusually bad odor associated with the bodies of yellow fever victims, both before and after death. Dr. J. B. Marvin of Louisville described it as "a most peculiar odor, difficult to describe, but once recognized never forgotten, a dysenteric rotted hay or slaking lime smell, not cadaveric…." Dr. Marvin Huse, also from Louisville, agreed, describing it as a "peculiar rotten-hay odor" exhaled from the skin of patients. Dr. Welsh of Texas claimed that "the atmosphere of the cities and towns where the epidemic raged, was offensive in the extreme. This is an odor so peculiar as that, to be appreciated, it must be experienced. It is not confined to houses, but often pervades the atmosphere of certain districts of the infected locality." Healers complained that the scent lingered

[55] Ibid., Kezia DePelchin, "Memphis in the Plague," *Houston Telegram*, October 13, 1878.
[56] Ibid.

in their clothes despite their best attempts to eradicate it and even those not privy to the human destruction in the city claimed they could smell it from miles away.[57]

Another disturbing smell that would be forever associated with the epidemic environment was that of disinfectants. Sanitarians, believing the disease to be propagated by filth and the putrid effluvia of decay, doused streets and buildings in a number of chemical caustics. The *Memphis Daily Avalanche* described the process. "The sidewalk was black with carbolic acid," the paper reported, "and from streets and walls arose the smell of tar and lime almost stifling." The smell further added to the sense that Memphis had become an unrecognizable, alien environment. Quinn wrote that "To a stranger the aspect of Memphis during the epidemic was most appalling. The principal thoroughfares as well as the lanes, alleys, and side-walks, were saturated with lime, carbolic acid, and other ill-odored disinfectants. The streets were obscured with smoke of ignited tar and other evaporant combustibles, with a view to scatter or dissipate the *spores*."[58]

DePelchin complained that the overuse of disinfectants only made matters worse: "The fever was very malignant here, and so much carbolic acid was used. I told them it was too strong, that the Doctors in Houston had said that must be the reason so many children died; pans full of the horrible stuff were set in the rooms until the poor little creatures buried their heads in the pillow to get rid of it." Quinn agreed, calling the smell of the various items people used to ward off the disease "disgusting," "nauseous," and offensive. These odors only added to the sensory onslaught that survivors endured during the weeks they were trapped in the city.[59]

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[57] J. B. Marvin, "Yellow Fever—Pathology," printed in Dromgoole, *Yellow Fever*, 24-27; Dr. Huse and Dr. Welsh quoted in Keating, *History of the Yellow Fever Epidemic*, 41, 57; DePelchin, Letter to Payne, January 27, 1879.
[58] *Memphis Daily Avalanche*, August 14, 1878; Also quoted in Khaled J. Bloom, *The Mississippi Valley's Great Yellow Fever Epidemic of 1878* (Baton Rouge: Louisiana State University Press, 1993), 156; Quinn, *Heroes and Heroines of Memphis*, 190.
[59] DePelchin, Letter to Payne, September 14, 1878; Quinn, *Heroes and Heroines of Memphis*, 191.

These horrific sights, sounds, and smells of the infected city set it apart as a sensory experience. Stories such as these, detailing the suffering of victims before death and the frustration of ineffectual healers narrated the descent of the city into the chaos of death and destruction. The suffering of the patient, both physically and mentally, made the disease particularly horrific to behold. Victims became uncontrollable; sometimes their personalities changed. Delirium, bleeding, the black vomit, and the intense jaundice all turned the body into a gruesome sight, inspiring revulsion in those who witnessed the transformation. The smell of the bodies and of the disinfectants further fostered the sense that familiarity, and hope, had been destroyed. The city, a sign of civilization, and the body, the essence of shared humanity, became polluted with fear, sickness, and death. Medicines and disinfectants only added to this poisoning of both body and environment. The suffering of victims of yellow fever, their caretakers, and those displaced from their homes was, for many, reminiscent of the destruction and disease wrought by the Civil War. It seemed the South was being overrun yet again, but this time by a foe that could not be fought.

Death and Desolation

Yellow fever narratives thus recounted the collapse of Memphis by fear, disease, and death. While themes of fear and flight narrated the breakdown of institutions and communities, descriptions of disease symptoms related the physical and emotional suffering of victims. Narratives further described the horrific, apocalyptic landscape that the city became with so many patients crazed with fever. But a further aspect that contributed to the ultimate breakdown of the city was death and desolation. After the chaos of evacuation and the frenzied attempts to organize

relief and medical care, the city suddenly became a ghost town. Themes of loneliness and heartbreak relate not only the fear and horror of those who experienced the 1878 yellow fever epidemic, but of the depression of survivors and the resignation with which they waited for death. Those who escaped or survived the disease were nevertheless broken by weeks of epidemic. These themes of collapse in Memphis were repeated throughout the Mississippi Valley as yellow fever spread across the South.[60]

Of all the cities that battled yellow fever during the summer of 1878, Memphis suffered the worst. Those who remained to witness the carnage were overwhelmed with the magnitude of the epidemic. Within days of yellow fever's arrival, hundreds of Memphians were ill, leaving citizens in a state of panic while officials scrambled to organize medical relief. Of the 20,000 people who remained in the city, over 17,000 contracted yellow fever during the three-month crest of the epidemic. More than 5,000 of these perished.[61]

On September 21, a telegram from Memphis was read aloud in Booth's Theater in New York City. It surmised the damage thus far:

> Deaths to date: 2,250; number sick now, about 3,000; average deaths, sixty per cent of the sick. We are feeding some 10,000 persons, sick and destitute, in camps and in the city. Our city is a hospital. Fifteen volunteer physicians have died; twenty others are sick. A great many nurses have died—many that had the fever before, and thought themselves proof. Fever abating some to-day, for want of material, perhaps, and things look a little more hopeful. We are praying for frost—it is our only hope.

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[60] The Yellow Fever Collection at the Benjamin L. Hooks Central Library in Memphis, for example, also contains materials from communities in Kentucky, Mississippi, and Georgia that read as though they could have been written in Memphis. Newspaper Accounts of Yellow Fever in Hickman, KY in 1878, Box 1, is particularly illustrative; Raine, Julia (Mrs. Gilbert Letter to her Baby Daughter, Box 1, Yellow Fever Collection, Benjamin L. Hooks Central Library.
[61] Ibid., 213; Daniel M. Burgess, "The Origin and Some Properties of the Poison of Yellow Fever, and of Other Specific Spreading Diseases," *Annual Report of the National Board of Health*, (Washington: Government Printing Office, 1882), 125.

But frost would not come until the end of October. By mid-September, the epidemic had reached its climax with over 200 deaths per day. The never-ending death and destruction weighed heavily on those who remained to witness it, particularly as the scope of the disaster spiraled out of control.[62]

So many died that undertakers could not keep up with the constant demands for burial. John Keating, editor of the *Memphis Daily Appeal*, recalled the smell of "unburied bodies that were emitting the moist noisome stenches, death-breeding and death-dealing." He explained, "More than 60 unburied bodies were found by the burial corps, hastily organized by the Citizens' Relief Committee. Many of these were put away in the trenches where the paupers and the unknown sleep peacefully together." Dr. William J. Armstrong, a Memphis physician who had elected to stay while sending away his wife and seven children, wrote a letter informing his wife of the death of a neighbor. "I do not know what was done with his body; probably it went to the Potter's Field," he told her. "Numbers of good men and women have been buried publicly; [many] that would surprise you." Just as the yellow fever proved "no respecter of persons"—in Keating's words—overwhelmed burial corps transported bodies en masse to whatever sites were available. An unknown number of these bodies were stacked in trench graves. Even people who had previously purchased burial plots in Memphis's Elmwood Cemetery were buried without ceremony or marker among the poor and destitute. Ignoring class and station, and in many cases, individual identity and accomplishment, proved a disrespectful end to these lives that left a lasting wound upon the psyche of Memphians.[63]

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[62] *Memphis Daily Appeal*, September 20, 1878; Also quoted in Keating, *History of the Yellow Fever Epidemic*, 165.
[63] In fact, some in Memphis claimed that the haste with which the burial corps attempted to dispose of bodies meant that some yellow fever victims may have been buried while still alive. Yellow Fever, Catholic Clergy, Folder 54-83, Miscellaneous Manuscripts MS-54, University of Memphis Special Collections; Keating, *History of the Yellow Fever*

Worse was the state of the bodies when discovered. "Some of these were found in a state little better than a lot of bones in a puddle of green water," wrote Keating who described some of the most memorable scenes of the horror he witnessed.

> Two bodies were found…in so advanced a stage of decomposition that they were rolled in the carpets on which they had fallen in the agonies of dissolution and were lifted into boxes, in which they were hurried to the potter's field and buried. Half the putrid remains of a negro woman were found in an outbuilding near the *Appeal* office; the other half eaten by rats, that were found dead by hundreds near by. A young gentleman, well known as a merchant, died in his room alone, after, it is supposed, a 48 hour's illness, and was only traced by the gases from his body, which was found so far advanced in putrefaction that it was with difficulty any one could be found to bury it.

It was not merely the magnitude of death or the sheer horror of the way in which people died, but also the inhumanity with which the dead were treated and associated that eroded all sense of hope and led those engaged in the work of relief and survival into every darkening pits of despair.[64]

The loneliness described, particularly by healers who worked tirelessly in the homes of their patients, often with little knowledge of what was happening outside of the sick room, left too much time for personal reflection. Dr. Armstrong wrote to his wife, "You cannot conceive of the desolation of our good city. I do not suppose that one fifth of the white population are left in the corporation….For squares, you will see only a family, now and then. So many are gone that lonesomeness itself is lonely, making a loom that cannot be conceived of, nor described upon paper." Kezia DePelchin, likewise, eloquently wrote that "Memphis in Egypt, among the sands of the desert, is not more lonely than this, her modern and beautiful namesake." She described walking "the length of Vance street…a distance of nearly a mile" and returning, having seen almost no one in the city. "The beautiful houses along this street were empty or left to negroes," she

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Epidemic of 1878, 109; William J. Armstrong, M.D., Letter to Mrs. Louise Armstrong, September 11, 1878, William J. Armstrong Letters, University of Tennessee Health Science Center; Keating, *History of the Yellow Fever Epidemic*, 111.

[64] Ibid.

wrote. "The flowers flung their sweetness on the desert air, the jays screamed noisily; and later, as I returned, the owls hooted in the parks. It put me in mind of the prophecies of desolation found in the Bible. All is lonely." The breakdown of the community was thus felt keenly, even by outsiders like DePelchin, who could juxtapose the beauty and modernity of Memphis to its now-ruined state. Keating similarly wrote of the "appalling gloom [which] hung over the doomed city. At night it was silent as the grave; by day it seemed desolate as the desert. The solemn oppressions of universal death bore upon the human mind, as if the day of Judgment were about to dawn." Biblical allusions impressed upon readers the helplessness of Memphians trapped in the ruined landscape imposed by fate or God, witnessing the end of their world. [65]

Human beings were not the only ones to suffer in this apocalyptic environment. Keating wrote that "Even the animals felt the oppression; they fled from the city. Rats, cats, or dogs were not to be seen. Death was triumphant." E. Kate Heckel, another volunteer nurse from Texas and friend of DePelchin remembered passing a small house on her way out from Memphis. "Death had been there, doors and windows open showed how empty it was. Bedding and clothes in the yard, but two little dogs in a kind of shed had been forgotten. They were chained, one was eating the other though still alive and the poor half demolished brute was still trying to escape." Repeated sights like these added to the loneliness and horror of the epidemic to drain survivors of their energy and hope. Reverend D.A. Quinn claimed that "The howling of dogs, the piteous mewing of cats, and the lowing of cattle left behind by their owners, would almost convey an idea of the

[65] Armstrong, M.D., Letter to Armstrong, August 17, 1878; DePelchin, "Memphis in the Plague"; Keating, *History of the Yellow Fever Epidemic*, 110.

terrors of the last Judgment." He wrote that the starving animals were digging open some of the hastily dug paupers' graves, a further injustice heaped upon the newly dead.[66]

But for Keating, who valued Southern male honor which demanded the care of women and children, it was the death of these that hit closest to the heart. "Women were found dead, their little babes gasping in the throes of death beside the breasts at which they had tugged in vain," he recalled painfully. "Others passed away after the labors of birth had supervened upon the fever—mother and child being buried in the same grave." He recounted how many times a Howard Visitor or a neighbor would enter a room, only to see the entire family dead, the bodies of those who had died first now partially decomposed.[67]

For Keating, those whose families had completely died out were perhaps lucky: "There were no public evidences of sorrow. The wife was borne to the tomb while the husband was unconscious of his loss; and whole families were swept away in such quick succession that no one had knowledge of the other's departure. Death dealt kindly by these," he wrote. "In a week, father, mother, and sisters and brothers were at rest, at peace. There was no mourning; no widows, no orphans. The parents went first; in a few hours the children followed." Worse was the future of survivors who had watched their loved ones suffer and die and who now had to bear the burden of being left behind. Reverend Quinn claimed that "the most pitiful and heart-rending scenes were the cries and wails of bereaved mothers, wives, children, and husbands….The ravings of some bordered on blasphemy, as they challenged the mercy of God to give them such a stroke."[68]

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[66] Ibid.; E. Kate Heckle, Letter to Kezia DePelchin, March 31, 1879, Kezia Payne DePelchin epidemic letters, 1878-1879; Quinn, *Heroes and Heroines of Memphis*, 192.
[67] Bertram Wyatt-Brown, *Southern Honor: Ethnic and Behavior in the Old South* (New York: Oxford University Press, 1982); Keating, *History of the Yellow Fever Epidemic*, 110.
[68] Ibid.; Quinn, *Heroes and Heroines of Memphis*, 193.

At a church home for orphans, DePelchin nursed a child whose mother came to see him. The children had been brought to the home because both parents and a baby sister had been sick. While the father and baby had died, the mother had survived and as soon as she could leave her bed had come to see her two remaining children. "My heart ached when I looked at the stricken woman, recalled DePelchin. "I tried to sympathise with her. 'O hush,' she said, 'don't say a word. I would not have God hear me murmur for anything. He may take these two from me if I am impatient.'"[69]

The story of this woman—too afraid to grieve lest God punish her family further—showcased yet another theme of suffering for the survivors of Memphis: the suppression of emotion. Keating explained that "The voice of prayer was lifted up only at the bed of pain or death….Tears for one's loved one were choked back by the feeling of uncertainty provoked by the sad condition of another." At one point, DePelchin tried to explain this sad silent grief. "The hearses go alone without any other carriage," she wrote. "The dead are taken quietly out and placed in their narrow homes without a word. No one laughs and no one cries. No one seeks for sympathy; for all know that every heart in Memphis has as much grief as it can stagger under."[70]

Nowhere was this inability to grieve more obvious than at the burial site. Keating explained that very few funerals were held for departed loved ones. "The luxuries of woe were dispensed with. In most cases the driver of the hearse and an assistant comprised the funeral party." In fact, the largest funeral during the epidemic was that of Jefferson Davis, Jr., son of the ex-president of the Confederacy. A mere fifteen mourners attended his burial.[71]

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[69] DePelchin, Letter to Payne, September 14, 1878.
[70] Keating, *History of the Yellow Fever Epidemic*, 110; DePelchin, "Memphis in the Plague."
[71] Keating, *History of the Yellow Fever Epidemic*, 112.; Dromgoole, *Yellow Fever*, 11.

The depression, loneliness, and suppressed grief all melded to put survivors and healers on the verge of emotional breakdown. "We are doomed," wrote Herbert Landrum, editor of the *Memphis Daily Avalanche* newspaper. "It is hard, as we write in this dark, dismal night of death, not to realize the full meaning of that brief sentence." After learning that so many of her friends—nurses she had worked with, volunteers with whom she had travelled to Memphis—had already died of the fever, DePelchin remembered walking the lonely streets of Memphis. "I saw the cart piled with coffins, as usual, and almost wished that one was for me, so bitter was my life becoming," she wrote. Many times throughout her narrative, she resigned herself to God's will and promised that she would work among the sick as long as He saw fit to keep her alive.[72]

DePelchin was not alone. Weary caretakers throughout Memphis, burdened by the sights they had seen, resigned themselves to death. Responding to a letter from a friend offering to volunteer his services in Memphis, Reverend George C. Harris advised the gentleman to wait. "You may come when somebody will have to take our place while we go to the long rest," he answered. Dr. Armstrong likewise wrote to his wife, "there is nothing cheerful, hopeful, or that has one ray of sunshine attached to it, in our whole city….Such a fearful plague, oh, none but eyewitnesses can appreciate its horrors or can tell of its ravages."[73]

Dr. Armstrong admitted that "We poor doctors stand abashed at the perfect uselessness of our remedies….I feel sometimes as if my hands were crossed and tied and that I am good for nothing, death coming in upon the sick in spite of all that I can do." At first, his letters to his wife were meant to assure her that he was safe and that he was holding up under the pressure. But as he

[72] *Memphis Daily Avalanche*, August 30, 1878; DePelchin, Letter to Payne, September 14, 1878.
[73] Sisters St. Mary of the Third Order of St. Francis (Roman Catholic) Correspondence, 1878, Box 1, Yellow Fever Collection, Benjamin L. Hooks Central Library; George C. Harris, Letter, August 30, 1878, Papers of the Reverend George C. Harris, Benjamin L. Hooks Central Library; Armstrong, Letter to Armstrong, September 9, 1878.

narrated the city's slow descent into death, his letters became more honest about the taxing nature of his work. "I am lonely enough now and am afraid to sleep in the house alone for fear of being taken sick at night," he wrote in one letter. "Surely the United States never witnessed such a thing before," he added in another.[74]

Doctors took on greater and greater caseloads until they reached the point of exhaustion. At that point, many sickened and died of the fever. Dr. Armstrong saw between forty-five and fifty patients each day. He treated 127 cases in his ward before another doctor was assigned to help him. Armstrong wrote that the work was mentally and physically exhausting. "I wish I could go to some secret spot where there would be no burning heads and hands to feel, nor pulses to count, for the next six months," he wrote. "It is fever, fever all day long and I am so wearied of giving directions….I do not know what to think or do….Nothing but distress and death on all sides and everyone pulling at a poor doctor to come this way first." He complained that the sixty dollars per week provided to Howard doctors was not enough for their intense labor among the sick.[75]

The near constant work and horrific sights to which doctors were privy added to the depression many experienced. As more of their colleagues fell to the disease many feared for their own lives and for their families if they should not survive. Dr. Armstrong sent his wife twenty dollars for the care of their seven children. He wrote, "I do hope you will exercise prudence and economy in its use. If I am not spared to you, you will soon need a few Cents, where you now think you must have Dollars." After warning her of his concerns that she take care in the event of his death, he wrote, almost in explanation: "Everything with me tonight is terribly blue. On every side death and sickness." Dr. Armstrong admitted that he sometimes regretted his decision to stay

[74] Ibid., Letters to Armstrong, September 1, August 30, August 22, and August 28, 1878
[75] Ibid., Letters to Armstrong, September 3 and August 28, 1878.

in Memphis as his family evacuated. "I do feel so often as if I can stay no longer," he wrote. However, he fought this feeling, believing that to flee now would prove him a coward. "'Duty points with outstretched finger,' to the work before me and the little good…that I may accomplish if I stay. But Oh! The End," he proclaimed. Unfortunately, Dr. Armstrong would not live to see his family again. Just as he feared, he contracted yellow fever during the height of the epidemic and died ten days after he sent his final letter.[76]

Yellow fever thus created a new landscape for Memphians in 1878: one of fear, horrific sickness, undignified death, and the descent of the city into chaos and desolation. Yellow fever narratives illustrated these scenes in shocking and sometimes painful detail in order to impress upon readers the breakdown of social order, the wild environment of the ruined city, and the human destruction that engulfed survivors in an apocalyptic environment. Loneliness and depression in the face of so much suffering only added to the feeling that the end was near. Some healers resigned themselves to death, wishing only for an end to the misery they witnessed. Describing intense fear, agonizing disease, and ubiquitous death, authors of yellow fever narratives portrayed the collapse of the Mississippi Valley as it suffered the worst yellow fever epidemic in history.

Narrating the breakdown of society in Memphis allowed readers to empathize and remember their own wartime experiences of disease, death, desolation, and displacement. These themes allowed victims and readers to share their experiences and to search for meaning in their suffering. But narrating the breakdown of the political, economic, social, and physical structures

[76] Ibid., Letters to Armstrong, September 7, 1878.

that comprised everyday life for Southerners also allowed Memphian authors to imagine a rebuilt city, a rebuilt South, and a rebuilt society.

White Supremacy

Having narrated the breakdown of everyday life due to the epidemic, authors of yellow fever narratives turned to themes that they believed were vital to rebuilding the social hierarchy. Many authors of yellow fever narratives in Memphis reinforced traditional cultural norms that had ordered the antebellum social hierarchy. A vital theme to these narratives, therefore, was white supremacy. In order to buttress the power of white Southerners, who wrote the majority of these narratives, authors of yellow fever narratives depicted black Memphians as either naturally subordinate to white authority or as dangerous criminal elements.

White Memphians engaged in organizing relief and medical care generally criticized the actions of poor Memphians who were trapped in the city and struggling to survive. But they specifically denigrated the vast majority of black Memphians—who vastly outnumbered the remaining whites—and feared that mobs of black residents would overwhelm the city's relief apparatus. However, they praised a handful of black Memphians who supported the white power structures of the Citizens' Relief Committee and Howard Association and those who willingly submitted to white authority during the epidemic. Further, the white authors of yellow fever narratives wrote very little about the efforts of the black community to survive the epidemic. Almost nothing is known about networks of communal solidarity or mutual aid in the black community. Instead, authors of yellow fever narratives focused on legitimizing the official relief apparatus controlled by whites. White authors thus ignored black Memphians' experiences of the

epidemic and if black-authored yellow fever narratives existed, Memphians have since discarded them as illegitimate.

The Memphis Board of Health declared yellow fever epidemic in the city on August 23, ten days after the first officially recorded death. By that time, 25,000 Memphians—nearly half the population—had abandoned the city with another 5,000 evacuated to nearby camps. Memphians who had the funds and connections to leave the city at the start of the panic did so: very few members of the upper and middle classes remained. Those who did stay were actively working in the Howard Association, the CRC, and various benevolent societies throughout the city. The majority of the refugees in the camps were from the city's working-class neighborhoods.[77]

The CRC's leaders believed that the poor who were not sick or nursing should have evacuated so they would not be a burden to the city under already dire circumstances. After all, they had set up the camp system in order to get the poor and working class out of the city and away from the infected districts. While at first denying that yellow fever existed in the city in the hope of forestalling panic, the Board of Health had eventually campaigned to evacuate the working-class neighborhoods along the wharves, the site of yellow fever's entry into the city. The *Memphis Daily Appeal* wholeheartedly agreed, stating, "Our only hope for an abatement of the disease lies in the ability of the city government to compel the people—white and black—who still remain here to leave for the camps." The *Appeal* was owned and operated by John Keating, who was also a prominent member of the Citizens' Relief Committee. The newspaper therefore acted as

[77] *First Report of the State Board of Health of the State of Tennessee* (Nashville: Tavel & Howell, 1880), 99, claimed that at least one thousand of the camps' residents were "the poorest of the laboring class."

a mouthpiece for the CRC in coordinating relief efforts, gathering and disseminating information, and managing the public perception of what was happening in the city.[78]

Epidemic diseases such as yellow fever commonly reveal prejudice and discrimination against ethnic and racial minorities in urban areas, as these groups often occupy neighborhoods most severely affected by disease. In 1878, the epidemic devastated an area of the city known as "the Pinch." The area had been the first commercial district in Memphis but over the decades, as people moved away from the commercial wharf, the neighborhood became the main immigrant enclave of the city, eventually boasting a mix of Irish, Italian, Russian, Greek, and Jewish inhabitants as well as African American freedpeople. The mortality rate in the Pinch was especially high during the epidemic, particularly due to its proximity to the riverfront and its lack of public sanitation services. The largely immigrant and African American neighborhood had been sorely neglected by city officials who refused to spend public funds on water or sewer systems in that area of town.[79]

Thousands of Memphians from these neighborhoods remained in the city for the duration of the epidemic, either by choice or because they lacked the ability to leave. Approximately 20,000 Memphians were left behind in the city after the evacuation; 6,000 of these residents were white, mostly poor Irish immigrants who succumbed to the disease in frightful numbers. Of Memphis's black residents, approximately 14,000 remained.[80]

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[78] *Memphis Daily Appeal*, August 27, 1878.
[79] Alan M. Kraut, *Silent Travelers: Germs, Genes, and the Immigrant Menace* (New York: Basic Books, 1992); John H. Ellis, *Yellow Fever and Public Health in the New South* (Lexington, KY: University of Kentucky Press, 1992), 21-22, 26; Shields McIlwaine, *Memphis Down in Dixie* (New York: E. P. Dutton and Company, Inc., 1948); Pinch District Collection, University of Memphis Special Collections.
[80] Baker, "Yellowjack," 245.

Unfortunately, we can never know exactly why people chose to stay in a city that was quickly spiraling into chaos and death. Poorer people and those with fewer outside contacts to help them escape often lacked the resources required to flee the city at the start of the epidemic. Coming from the neighborhoods that made up the first infected districts, they may have gotten sick before they had a chance to evacuate. But despite the creation of the camp system, which promised a modicum of safety and sustenance, many chose not to evacuate despite being at risk of contracting the fever. Because these people did not write of their experiences or motivations—or because these sources have been lost with time—we cannot know exactly how they survived in the city. But we do know that they weighed their options and chose to remain.

Those Memphians who believed they were acclimated—and therefore immune to yellow fever—sought to leverage their alleged immunity to perform needed services during the epidemic for higher wages. As discussed further in Chapter 2, popular medical belief assumed that people of African descent were racially immune to yellow fever. Many black Memphians therefore chose to stay in the mistaken belief that they were safe. They further sought to leverage their immunity to gain work as nurses and police, guarding homes and personal property, and burying bodies.[81]

While black Southerners acquired responsibilities and opportunities during the epidemic it was always with the expectation that they would defer to white authority. Given the generally accepted wisdom that black people were immune to the disease, they were historically expected to take on additional responsibilities during yellow fever epidemics in order to maintain order and safeguard property for susceptible whites. Once things were back to normal, returning whites expected black residents to willingly surrender any positions of authority or advancement they had

[81] Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Chicago: University of Illinois Press, 1978), 242-246; Dennis C. Rousey, "Yellow Fever and Black Policemen in Memphis: A Post-Reconstruction Anomaly," *The Journal of Southern History* 51, 3 (1985): 357-374.

gained during the crisis. While the epidemic created opportunities for black Southerners, they quickly discovered that they were not immune to the disease and their population experienced comparable rates of infection as whites.

Poor Memphians may have stayed to safeguard what little they owned. Those with few possessions could not afford to leave them behind unprotected, particularly as personal property was often destroyed by disinfection. The camps' leaders burned clothes and bedding brought by evacuees. Sanitarians in the city also burned textiles and furniture contaminated by the dead. Survivors remembered the small burnt bundles that marked the homes of the recently deceased. Residents feared that looters might make off with hard-won valuables, work tools, or livestock. Perhaps some Memphians believed they would be treated poorly in the camps. The camp system, segregated by race and gender, may have discouraged or disallowed certain people from entering.[82]

Those who existed on the periphery of the social hierarchy, particularly freedpeople, had little incentive to trust the government, or in this case the CRC. In fact, it is likely that they developed alternative modes of caretaking or mutual aid, separate from that of the white elite in charge of the city. Most yellow fever narratives—written almost exclusively by white, middle-class healers—disparaged black residents' treatment of their neighbors. Yet the fact that so many of their population survived suggests that the black community may have operated within their own networks of solidarity to feed their members and care for the sick. While white elites may have disregarded these efforts as illegitimate according to their own standards of treatment and

[82] Dix, *The Sisters of St. Mary at Memphis*; Dromgoole, *Yellow Fever*, 61.

behavior, they nevertheless reported that the vast majority of black Memphians survived the epidemic while the vast majority of whites perished.[83]

As the city's economy broke down, starvation seemed imminent. Dr. Armstrong wrote his wife that there were "no butchering stalls, no groceries, no feed stores. We live on bacon and coffee and milk." DePelchin also complained about the lack of available food. She described how one of the men from the Howard Association had gone into the suburbs and countryside looking for food: "That is he would go near to a farm house as he dared, halloo, they would bring out what they had to spare, a coop of chickens, a basket of eggs, etc., place them on the fence and he took them, they who placed them there retreating to a safe distance"[84]

The Citizens' Relief Committee devised a system to provide rations to the poor and destitute in the community. The federal government agreed to send 40,000 rations along with the tents used to set up the camp system. These rations proved a useful incentive to encourage people to evacuate to the camps. For those who remained, the CRC coordinated donations of money and goods that came from all over the country. Thousands of pounds of bacon, ham, beef, flour, bread, crackers, beans, rice, coffee, molasses, and whiskey flowed into Memphis under the strict supervision of the CRC.[85]

But not all of these provisions went to feed the sick and hungry of Memphis. As the epidemic spread beyond the city limits, the Committee coordinated relief to several surrounding

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[83] This disparity in survival rate has been attributed to the expectation of racial differences in yellow fever resistance. However, theories of West African resistance to yellow fever have been called into question by contemporary historians who point out that the expectation of resistance is a hold-over from primary sources' belief in the inherent immunity of African Americans to the disease. Mariola Espinosa has recently argued in "The Question of Racial Immunity to Yellow Fever in History and Historiography," *Social Science History* 38, 3-4 (2014): 437-453 that even contemporary theories of West African resistance, based on metaphors of malarial resistance, are flawed.

[84] Armstrong, Letter to Armstrong, September 1, 1878; DePelchin, Letters to Payne, September 8, 1878 and October 27, 1878.

[85] Ellis, *Yellow Fever and Public Health*; *Annual Reports of the Secretary of War*, Vol. 1, 1878, 409-11; *Memphis Daily Avalanche*, August 20, 1878; *Memphis Daily Appeal*, August 24, 1878; Baker, "Yellowjack," 251.

towns and villages. In addition, those Memphians who stood in line for rations each day were judged as deserving or undeserving—only 4,042 Memphians were given rations by the CRC out of the 20,000 residents who remained in the city. As Keating explained, the CRC had no interest in running "a free lunch establishment." They therefore instituted a system whereby citizens seeking relief were required to apply to their ward committee, who would investigate the circumstances of each case before rewarding ration tickets. Relief was given first to those who were sick or convalescing. Up to two adults who were nursing a friend or family member could obtain relief next. To those who were not sick or actively caring for the sick, the CRC refused aid. Of the poor Memphians trapped in the city, the CRC generally looked upon any not listed among the sick and their caretakers with suspicion and fear. And, of course, this system was open to prejudice, particularly against the ethnic and racial minorities who made up the majority of those trapped in the city.[86]

The CRC obviously feared the potential power of these starving and sick minorities who vastly outnumbered them. The *Memphis Daily Appeal* published a letter to the editor on August 29th that broadcast a warning to those guarding the customshouse, seat of the CRC's cache. The letter was titled, "A FAIR WARNING TO MEMPHIS." It began:

> We, the poor class of Memphis, are well aware of the fact that the government has sent provisions for us, and we can't help the distress of the city. We desire to make an honest living, and if something is not done for us we will take the law in our own hands. We can't starve, and don't intend to as long as there is anything to eat in Memphis. If we could get employment, we wouldn't ask it of you. Give us something to subsist upon, and Memphis shall be at peace; and if not, we will turn her up side down, if possible.

[86] A. E. Sholes, editor, *Shole's Directory of the Taxing District of Memphis, Shelby County, Tenn.* (Memphis, TN: G. F. Weatherbe, 1883), 7, 1878 Sholes' Memphis City Directory, Benjamin L. Hooks Central Library; *The Memphis Daily Appeal*, August 14, 1878, 4.

The letter was signed, "IRISH AND NEGROES." It is not clear who actually wrote the letter but it caused quite a stir among the leaders of the CRC, who took the warning very seriously.[87]

Interestingly, the next day the *Appeal* officially retracted the letter, publishing an apology to the Irish, stating, "We have no idea that an Irishman had anything to do with it or would countenance the carrying into effect of the threat therein contained. Law-abiding, the Irish people of Memphis have always been, and they can be relied upon in any emergency to protect the property and secure the safety of the city." The *Appeal* expressed regret for offending any Irish residents and promised that the newspaper was ever the "friend and outspoken champion" of the Irish. Significantly, the *Appeal* published no such apology or assurance to the city's black community, which also supposedly issued the threat.[88]

Clearly the *Appeal* was concerned with the response of the Irish community to the published threat and the implicit characterization of the Irish as poor, violent, and the likely seat of the epidemic in the city. Many Irish immigrants had managed to move beyond the Pinch and held prominent positions in the local cotton economy. But in the years immediately prior to the epidemic, an important voting coalition of Irish, African American, German, and Italian residents had blocked redeemer Democrats from political control and managed to elect an Irish mayor in 1874. The letter may have been an attempt to further destabilize the fragile relationship between Irish and black Memphians in the city.[89]

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[87] "A Fair Warning to Memphis," *The Memphis Daily Appeal*, August, 29.
[88] Ibid., September 1 and September 2, 1878.
[89] Jeannie Whayne, "Cotton's Metropolis: Memphis and Plantation Development in the Trans-Mississippi West, 1840-1920," in *Comparing Apples, Oranges, and Cotton: Environmental Histories of the Global Plantation*, edited by Frank Uekötter (New York: Campus Verlag, 2014), 49-84. While it may seem surprising that the editors of the *Appeal* would have been concerned with the ethnic/racial minority political alliance during a debilitating epidemic, it should be remembered that Keating—the owner and primary editor—regularly railed against the municipal government in Memphis and championed the redemption of local government by Democrats. As discussed in Chapter 4, the

Regardless of who might have written the letter, or of their motives in writing, the black residents of Memphis recognized their legitimate rights as citizens to the federal aid and Northern relief being doled out by the CRC. Several narratives described the lines of black Memphians outside of the CRC commissary, waiting for their fair share of the provisions sent for their relief. Keating described the clamor of starving citizens for food: "At midday a noisy multitude of negroes broke in upon the awful monotony of death, the dying, and the dead, clamoring each for his dole of the bounty which saved the city from plunder and the torch. When these had gone to their homes, now fast being invaded by the fever, the cloud of gloom closed down again and settled, thick, black, and hideous upon every living soul." The *Appeal* likewise described the "crowds of Negroes" who "poured into the city from the country to, as they said, get their share of the Government rations."[90]

However, as discussed in more detail in Chapter 3, white Southerners in charge of relief did not share black citizens' conviction that they deserved equal rights to federal and Northern aid. Instead, they criticized black Memphians' demands for relief, believing they should work to earn their share of rations. Dr. Dromgoole described the "solid line of closely-packed humanity" outside each entrance to the CRC's headquarters. "There were there all the shades of black, but not one white man or women," he claimed. "Negroes will not work, will not leave town, but lie about and draw rations, and then get sick and become a burden intolerable. The fields are white with cotton, but not a foot will they move. They give their sick no care, and seem to think they must be fed in idleness and nursed with greatest care." White relief workers thus denied black Memphians' claims

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epidemic created an ideal opportunity to overthrow the City Council, curtailing the political power of these minority groups in favor of promoting the political hegemony of Memphis businessmen.

[90] Keating, *History of the Yellow Fever Epidemic,* 110; *Memphis Daily Appeal*, Sept 9, 1878.

that they deserved relief based on their citizenship of the United States, rather than as payment for their labor.[91]

The letter published in the *Appeal* and its subsequent retraction and apology further denote that the CRC did not fear all desperate, starving, poor Memphians; only desperate, starving, poor, black Memphians. The large number of African Americans in the city produced a level of fear among the remaining white elite in charge of the CRC, which reacted to the letter—and the increasingly unruly crowd outside of the CRC commissary—by posting an additional militia unit to stand guard over the ration store. Given the loss of population and police, the CRC feared they would be overrun with crime and looting either of the customshouse or of the many homes that lay abandoned in the city. Keating recounted "the shooting of a ruffianly negro, who attempted to intimidate a colored soldier on guard at the commissary department," which, he claimed "had the most happy effect" because "It proved to those who contemplated crime that, though few in numbers, the men who were managing affairs could not be trifled with…." Keating commended the Committee member who "assured all present that the shot….was merely the prelude to what would certainly follow if any attempt was made to violate the public peace or interfere with the business of…the Relief Committee…."[92]

In fact, Keating repeated several times threats of physical harm toward black residents in his narrative. He wrote that "The colored nurses realized that any bad behavior would cause their death. Lamp-posts were their dread, and had any of them been guilty of outrage or theft, their speedy doom would have been settled," implying that lynching remained a constant threat to any black Memphian who crossed some unknown line of disrespectful or criminal behavior. Given

[91] Dromgoole, *Yellow Fever,* 63, 62.
[92] Keating, *History of the Yellow Fever Epidemic,* 131-132.

this, it is not surprising that the majority of white-authored narratives complained constantly that black Memphians were not willing to work.[93]

The leaders of the CRC clearly believed the now majority-black population was a major threat to the city, second only to the fever itself, but they were hardly alone in this assumption. Captain John F. Cameron, Commander of Camp Joe Williams, wrote a letter in September in which he repeated the threat published in the newspaper. "No appeal will drive them from the certain death which awaits them," he wrote. "The pest has gotten among them, and Heaven only knows who will bury their dead. So long as they can draw rations they won't budge. Their leaders demand pay, and if their demands are not acceded to, they threaten to sack the town." Cameron continued, "I have urged the committee to call upon the Governor to establish martial law,…remove all the provisions from the city, and then let starvation and disease do their legitimate work." Thus he resolved that the fever's spread among the black population was just retribution for their audacity and argued, "These are no times for sentiment on the part of the brave, worn-out Citizens' Committee."[94]

The leaders of the CRC, however, recognized that the black residents of Memphis greatly outnumbered them. Furthermore, as the epidemic grew worse, they relied almost exclusively on black policemen and militia to keep the starving in check. Eventually, they resorted to recruiting a few upstanding members of the black community to serve on a Colored Citizens' Relief Committee in order to mitigate the growing resentment among poor freedmen. This further allowed them to claim that the CRC was a biracial coalition after the epidemic, despite the fact that the CCRC could do little more than present resolutions to the main body. The white men of

[93] Ibid., 188.
[94] John Cameron, Letter, September 27, 1878, printed in Dromgoole, *Yellow Fever,* 71.

the relief apparatus thus included black leaders in official meetings in an effort to ensure the black community would "co-operate with the Citizens' Relief Committee in the maintenance of law and order."[95]

When the epidemic was over, Keating and others actually praised the black community, recognizing that their fears may have been exaggerated. Keating assured his readers that "This class of the population, whatever they may have been to each other—and not a few of them were inexcusably neglectful, and even brutally indifferent to each other's wants and woes—were deferential and respectful to the white race, and as soldiers, policemen, and nurses were earnest, honest, and devoted." Keating therefore reserved praise for black Memphians who upheld and supported the white power structure in the city. For a Southerner who believed in white supremacy, the fact that black citizens had proved "differential and respectful to the white race" boded well for their ability to fit into post-Reconstruction Southern society.[96]

But the subtext to his praise was always that white Southerners would guarantee, through violence if necessary, that black Southerners recognized white superiority. When newspapers claimed that black nurses were raping their white female patients, Keating came to their defense: "No charge ever made was so baseless, so wanton, so cruel, so unjust." Yet he assured his readers that "Not one of them attempted a crime that would have courted and been punished by instant and merited death. Idle many of them were, and shiftless and thriftless, as is to be expected of those who are in the A, B, C, of civilization; but they were neither cruel nor criminal in this direction." Each statement he made in praise of black Memphians carried with it criticism. And he

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[95] "Citizens' Relief Committee" Report, 390-391. The Citizens' Relief Committee actually appointed J. A. Thompson, a black man, to the CRC. But the same day of his appointment, the African American community held a mass meeting to create their own Colored CRC. Obviously, they did not feel that the addition of Mr. Thompson was going to guarantee their interests.

[96] Keating, *History of the Yellow Fever Epidemic*, 113.

presented the fact that black Memphians were innocent of these criminal acts, not because of their high moral standing, but because of the fear of white retribution guaranteed in response.[97]

While not ignoring black Memphians outright—and while admitting their role in safeguarding the city—Memphis's yellow fever narratives otherwise largely ignored the experience of the black community. Black Memphians were expected to care for sick whites as nurses and to protect their property as domestic servants and policemen but the black community was generally separated from whites. Very little information was recorded about their sick or dead. Little is known about how they survived the near-starvation conditions with so few being awarded rations by the CRC. Further, black Memphians were segregated from white society in their own hospital and in their own camps with very little qualitative description of conditions. The yellow fever narratives here analyzed, therefore, really represent the white memory of the epidemic, as will be discussed further in Chapter 4. While black authors may have recorded their experiences, white Memphians did not consider them important enough to preserve and they have thus been lost.

While the plight of the poor and the starving generated suspicion and fear among the men in charge of the CRC, race took precedence over class in terms of who embodied the greatest threat to their authority. The CRC's ration policy enforced a hierarchy of legitimacy of those requesting aid, placing people on a scale of belonging—of those worthy of help and those who were not. Further, those kept on the margins of society, especially black Memphians, were treated as outsiders whose experience was at best ignored and at worst actively silenced by the yellow fever narratives that survive.

[97] Ibid., 113-114.

Suspicion of Outsiders

Racial, and to a lesser extent ethnic, minorities were cast as villains in yellow fever narratives in order to support structures of white supremacy in the post-Reconstruction South. These narratives also reinforced fear and suspicion of outsiders. This distrust of outsiders extended even to the volunteer healers that came to Memphis to succor the sick, particularly nurses, who were not trained professionals but who came with practical experience wrought from previous epidemics or from tending to Civil War casualties. Interestingly, the suspicion of outsider healers was not applied to volunteer physicians, demonstrating a class component to this municipal nativism.

Despite the fact that most volunteer nurses came from other Southern states, they were frequently referred to as "foreign nurses" because they came from outside of the immediate community. These nurses were widely disparaged and feared, especially if they were women, immigrants, or non-white. Authors of yellow fever narratives generally depicted them as strangers who came to enhance their own fortunes in the midst of the South's suffering, akin to the character of the Northern carpetbagger. In detailing their villainy, these narratives fostered distrust of outsiders as a reaction to the loss of control over Southern affairs during Reconstruction. Yellow fever narratives thus bolstered municipal identity, a concept that will be discussed more fully in Chapter 2. They further contributed to the broader cultural support of Redemption by urging Southerners to reclaim control of Southern affairs from dangerous, corrupt outsiders.

Over 4,000 healers worked as nurses in Memphis during the epidemic, with 2,995 employed by the Howard Association. Most of these nurses were from Memphis and its

surrounding countryside. However, over 500 of these volunteers came from outside the city, traveling to Memphis from twenty-six different states. Though the Howard nursing corps included men and women of all classes and ethnic backgrounds, roughly two-thirds of nurses were white men. The Howards further employed 111 physicians. At least one-quarter of these doctors lived and worked in Memphis. The rest were mostly volunteers from other Southern cities.[98]

Kezia DePelchin and E. Kate Heckle—volunteer nurses from Texas—wrote regularly of the suspicion, harassment, and disrespect heaped upon the nurses, many of whom had risked their lives to provide aid to Memphians. This harassment generally came from doctors, other nurses, patients and their families, as well as working-class Memphians, particularly domestic servants, who resented the nurses' encroachment upon their professional responsibilities. In general, the level of mistreatment that nurses suffered directly correlated with their status as non-native outsiders, their race, and their receipt of payment for their nursing services.[99]

The letters written by DePelchin and Heckle describe the level of nativism against outsiders of Memphis. Describing an incident in which an Irish nurse was treated with suspicion by a mother who had called upon the Howard Association to furnish a nurse for her sick child, DePelchin explained that the mother claimed to "have heard such awful things of these foreign nurses." But the woman was not referring to the nurse's Irish ethnicity when she called her a "foreign nurse." DePelchin clarified, "That is what they call us outside barbarians," meaning that anyone who was not a Memphian was considered a foreigner to the city's residents and treated as

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[98] This represents an astounding ratio of healers to residents. With only about 20,000 people left in the city, one-fifth of the total population in Memphis during the worst of the epidemic were engaged in the direct medical care of yellow fever patients. Baker, "Yellowjack," 255; "Report of the Superintendant of Nurses," printed in Keating, *History of the Yellow Fever Epidemic of 1878*, 371-376; "Howard Association," in ibid., 381-388; John M. Keating, *History of the City of Memphis and Shelby County*, Vol 1 (Syracuse, NY: D. Mason and Co., 1888), 668-669; Randal Hall, "Southern Conservatism at Work: Women, Nurses, and the 1878 Yellow Fever Epidemic in Memphis," *Tennessee Historical Quarterly* (1997): 245.

[99] DePelchin, Letters to Payne; Hall "Southern Conservatism at Work."

such. Instead of being disrespected, the nurse chose to leave the premises, "very properly too," DePelchin agreed, "for the money for nurses was not paid by Memphis, but donated, probably by the very city the nurse came from."[100]

Citizens from throughout the United States and many foreign countries donated millions of dollars for the relief of the South. Yet this money was part of the reason that volunteers who came to nurse the sick were treated with such suspicion. Memphians generally believed that nurses came for their own profit and cared little for the sick in their midst. The Howards paid foreign nurses $4 per day; they paid Memphis nurses and all black nurses $3 per day. As the epidemic raged, DePelchin complained of the way Memphians treated these foreign nurses. Despite the fact that many had risked their lives and safety to travel to Memphis, she claimed, "The fact is some think that we nurses are making such piles of money out of their necessities that they look upon us 'with about as favorable eyes as Gabriel did upon the Devil in Paradise.'" And she was right, for yellow fever narratives written by Memphians generally depicted these nurses as fiends who preyed on the suffering victims of yellow fever.[101]

In many cases, these criticisms echoed complaints about foreign nurses that were prevalent during the epidemic of 1873. Only five years earlier, Memphians experienced an influx of foreign nurses whom they frequently described as at best, incompetent, and at worst, outright criminal. Reverend D. A. Quinn reminded his readers that "The nurses received from five to ten dollars a day," during the 1873 epidemic, "and some of these were of questionable repute. Several Irish families assured me they were robbed of everything during their sickness. Indeed, from the reckless behavior of some, it appeared providential that more depredations than were reported did not

[100] DePelchin, Letter to Payne, September 23, 1878.
[101] *Memphis Daily Appeal*, September 26, 1878; DePelchin, Letter to Payne, October 14, 1878.

occur." Denouncing the alleged impropriety and criminality of foreign nurses, a hold-over from the Reconstruction era, Memphians thus greeted foreign nurses with intense suspicion in 1878.[102]

John Keating argued that yellow fever was particularly "fatal to those whose energies had been exhausted by debauchery" and Memphians, in general, believed that many of the nurses who fell at their post were guilty of a variety of human failings. Keating claimed that "a few who came to nurse died, leaving full trunks of silverware, bijoutere, bric-a-brac, and clothes, to prove how industriously they could ply two trades" while others "made themselves notorious for lewdness and drunkenness." He further alleged that the deaths of an unknown number of Memphians could be blamed on their nurses' lack of care. "But the worst of them were cut short in their career," he assured his readers. "Only one or two escaped. Many were sent whence they came; many others, a majority of them, died. They were taken in the midst of their transgressions." The tragic cases of volunteer nurses dying at their posts were thus sullied by the conviction that they reaped just deserts for unhealthy lifestyles or outright criminal behavior. While nearly one-third of all nurses in Memphis died of yellow fever; Memphians claimed death to be just punishment for the transgressions of outsiders.[103]

The ubiquitous suspicion of nurses was not necessarily unfounded. There were hundreds of reports of inappropriate and outright criminal behavior perpetrated by nurses and, to a lesser extent, doctors who came to Memphis during the epidemic. Much of this behavior was believed to be influenced by the alcohol furnished to healers for their patients' use. Treatment sometimes called for small amounts of alcohol such as champagne or brandy to be given orally or for whiskey to be rubbed into the skin to aid in perspiration. Both DePelchin and Heckle wrote of seeing

[102] Quinn, *Heroes and Heroines of Memphis*, 45.
[103] Keating, *History of the Yellow Fever Epidemic*, 112-113.

drunken nurses or at times suspected nurses of searching the homes of their patients for money or alcohol. Mrs. Heckle wrote that she watched a nurse remove the rings from his patient's hands when he died, assured that he had every intention of stealing them. Reports such as these were so numerous that the *Memphis Daily Appeal* published a request by the Howard Association that all citizens of Memphis "watch and report to us all nurses who fail of their duty in the least particular, or who give the least evidence of being addicted to drunkenness, neglect, or any other failing or bad habit that would interfere with the proper performance of a duty to which the members of our Association have pledged their lives."[104]

It is plausible that people who had previously survived a case of yellow fever and who were reasonably assured of their immunity might take advantage of this invulnerability to enter a chaotic city in order to steal what they could. Yet many of the stories censuring nurses for indecent or criminal behavior veered toward the absurd. Keating used anecdotes of wicked nurses to condemn drunkenness, thievery, and a broad range of sexually immoral acts. He told stories of nurses cavorting upon the bed of a patient covered in black vomit or engaged in drunken orgies on the floor. He claimed that two male nurses were found drunk and in a state of undress together on the floor next to the dead body of a patient who would have recovered if given proper care. "In the whole range of human depravity there are few parallels to these cases. They illustrate the extremes of degradation," he fumed. "They sounded the lowest depths of vice, and shamed even the standards of savage life." These more sensational accounts of nurses' behavior suggest that the character of the foreign nurse was rhetorically useful in criticizing sin of all kinds.[105]

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[104] DePelchin, Letter to Payne, September 23, 1878; Heckle, Letter to DePelchin, March 31, 1879; *Memphis Daily Appeal*, August 27, 1878.
[105] Keating, *History of the Yellow Fever Epidemic*, 113.

The caricature of the drunken nurse became a symbol of the inhumanity and depravity that was seen during the epidemic and a foil for attacking the immorality and licentiousness of both Memphians and the outsiders in their midst. Portraying nurses as devils come to relish in the macabre atmosphere of the plague-ridden city reinforced the epidemic as God's punishment for sin. Keating claimed that these foreign nurses "shocked decency and outraged humanity. They were no better than the beasts of the field. Male and female, they herded together in vileness. They made of the epidemic a carnival." Such were the outrageous stories of a world turned upside down.[106]

Responding to concerns about these foreign nurses and the trouble they were allegedly causing, the Howard Association contemplated sending them away. On September 22, during the height of the epidemic, the Howard Association published a notice asking that "all nurses who came to Memphis from other cities and who are not now attending patients to come by the headquarters…[to] receive their pay and transportation home." Thus, fear of these outsiders led the Howards to consider dismissing hundreds of nurses during a time that Keating referred to as "the gloomy days of September, when the Fever pest gathered in two hundred victims a day." With nurses desperately needed—and patients dying for want of care—the Howards could hardly round up foreign nurses and send them home. Further, most cities had quarantines against travelers from Memphis, so they could not simply return these nurses back to where they came from. The only thing they could do was send them to other infected cities that telegraphed the need for nurses. Since the Howards did not evict all foreign nurses from the city, the notice published in the newspaper may have been intended more to calm the overwrought fear of Memphians.[107]

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[106] Ibid.
[107] *Memphis Daily Appeal*, September 22, and October 5, 1878.

The 4,000 nurses, several hundred of them foreign, constituted a large proportion of the 20,000 people left in the city. With only 111 doctors, 200 people dying each day at the epidemic's peak, and roughly 3,000 sick at any given time, the city was a hospital. It is therefore not surprising that Memphians feared the city's vulnerability and imagined it to be ripe for the plucking by criminals of all kinds. In some cases, the criminals in questions were not even nurses. Keating claimed that "at one time…not less than two hundred tramps and thieves invaded the stricken city, coming from no one could tell where, ultimately going no one could tell whither." He admitted that "They stole the badges of the nurses, and representing themselves as Howard employees, gained entrance to homes where the fever had paralyzed all it had not killed." Keating thus warned Memphians not to trust foreign nurses because they may be criminals in disguise. The warning further reinforced the belief that these outrages were perpetrated by outsiders who descended en masse upon the helpless city. Keating repeatedly claimed that the Howard Association, in conjunction with the CRC, did all they could to safeguard the streets. "The Howards used every precaution," he maintained, to prevent foreigners from carrying out their criminal acts and "finally succeeded in weeding out the unreliable and incompetent nurses the epidemic brought forth."[108]

Of course, one could not simply show up in Memphis and proclaim oneself a nurse. The quarantines that kept the Howards from sending foreign nurses home likewise kept many people from traveling to Memphis. Railroad companies offered to send physicians and nurses to cities that telegraphed need for healers, but these individuals generally required letters of introduction or physician endorsement to be accepted as nurses. Thus, while nurses did not have formal educational or licensure requirements, they still required some form of official authorization that they were acclimated, experienced, or at least respectable. Nevertheless, yellow fever narratives

[108] Keating, *History of the Yellow Fever Epidemic*, 130, 185.

revealed that Memphians feared and reviled foreign nurses, regardless of their behavior or their motives for volunteering.

This intense fear of outsiders was complicated by a class component, as doctors were not treated with the level of suspicion reserved for nurses. Official histories of the epidemic recounted how doctors labored bravely and at great personal risk to save Memphians from the grip of yellow fever. And in general, even volunteer physicians from outside of Memphis were treated better than nurses. At least, their help was more graciously accepted. "We can hardly find words with which to express our sense of the debt of gratitude which our people owe to the physicians, those from abroad especially," wrote Dr. Dromgoole. "Neither money, medicines, supplies, nor nurses, would have availed any thing to stay the tidal wave of fever, had not our local corps of physicians been so heavily recruited…by some of the ablest doctors of the cities and states they represent."[109]

While there were far fewer doctors, and it was perhaps more difficult for a criminal to impersonate a physician, very few doctors were maligned as outsiders or accused of scandalous behavior. Further, while a larger proportion of the doctors were from outside the community, yellow fever narratives never referred to them as "foreign doctors." Dromgoole stated that of the physicians in the city, he knew that at least sixty-four volunteered to come to Memphis. "Twenty [of the Howard physicians] are from Northern States." he wrote. "The rest, sixty-three, including nineteen Memphis physicians, are from Southern States." While his tally did not include all of the physicians on the Howard Association payroll, nor those unassociated with the Howards, Dromgoole's numbers nevertheless show that a significant number of physicians came from outside Memphis, nearly a quarter of them coming from the North.[110]

[109] Dromgoole, *Yellow Fever*, 77.
[110] Ibid.

The theme of criminal nurses embodied the perceived destruction of the Southern way of life. Motifs of immorality and savagery abound, painting the nurses as villains who personified all of the aspects of Southern society that had deteriorated since the Civil War. While most of the complaints against nurses were clearly exaggerated, and while some authors tried to disprove some of the allegations, the caricature of the yellow fever nurse was nonetheless a useful rhetorical strategy to elaborate the destruction of Memphian society from within and to argue for a return to a more traditional way of life.

While some nurses certainly took advantage of victims of yellow fever, more risked their lives to aid and succor the sick. Yet yellow fever narratives portray nurses as largely villainous characters, particularly as so many came from outside the community. Perhaps their status as outsiders left them ripe for scapegoating. But in the post-Reconstruction South, the caricature of the outsider who swoops into a devastated Southern community for personal gain and plunder while wearing the guise of someone come to help was too reminiscent of the carpetbagger to be disregarded.[111]

Gender Norms

Yellow fever narratives described poor African Americans and volunteer foreign nurses as dangerous criminals, intent on reaping unjust rewards from the destruction of Memphis. They caricatured black residents as lazy underlings who demanded equal share to government rations and foreign nurses descending on Memphis to satisfy their baser instincts of greed, corruption,

[111] Tunnell, "Creating 'The Propaganda of History,'" 789-822; Prince, "Legitimacy and Interventionism," 538-563; Current, *Those Terrible Carpetbaggers*.

and lust as symbols of all that was wrong with Southern society. However, yellow fever narratives also produced characters that were paragons of Southern virtue, who stood in stark contrast to the vice of those villains. The heroes of yellow fever narratives further displayed idealized gendered traits. Physicians and relief workers symbolized the height of Southern manliness and honor as they marched to meet the foe of yellow fever on a battlefield of disease and death. Wives and mothers, as well as religious sisters, who asked no pay for nursing the sick, equally displayed the virtues of nurturance and devotion of respectable Southern women.

For male healers, race, class, and professionalism separated physicians from nurses. While both sets of healers came to the aid of their Southern brethren at great personal risk, the doctors' corps was almost exclusively comprised of white, middle-class men. Yellow fever narratives therefore presented these physicians as paragons of Southern manhood and described their courage and self-sacrifice in militaristic language. They further contrasted the physician-soldier to the cowardice of men who deserted their families to ensure their own preservation. These characterizations had little to do with the actual men themselves, who were just as caught up in the devastation of the city as everyone else. Instead, they portray a larger cultural dialogue on Southern manliness.

Yellow fever narratives also juxtaposed female healers who received pay for their services to those who did not. Memphians treated these nurses for hire—even paid volunteer healers who were educated, middle-class, and white—as working women. While many of these nurses traveled to Memphis motivated by purely altruistic impulses, they were nevertheless judged as going outside the bounds of proper behavior for Southern ladies if they accepted pay for their work. In contrast, Memphians praised women who nursed family, friends, and strangers for free. Yellow fever

narratives proclaimed them paragons of womanhood for their display of traditionally feminine, nurturing behavior. Interestingly, some yellow fever narratives also described these women in militaristic terms in order to portray a united vanguard of romanticized hero-healers struggling to save Southern life—literally saving the lives of Southerners from yellow fever as well as figuratively saving the traditional Southern way of life from outside cultural influence.[112]

The most ubiquitous heroes of yellow fever narratives were white, middle-class, professional men. Of these, physicians received the most praise as heroes and martyrs of the epidemic, followed closely by the men of the relief apparatus and religious healers. Their class and education made physicians and relief workers more appropriate as icons of male behavior than the nursing corps, which was largely composed of working-class men, women, and ethnic- and racial minorities. Working further in the doctors' favor was the fact that they were virtually all white. Very few Southern medical schools allowed African Americans to study medicine. Only one black physician—educated in Cincinnati, Ohio—volunteered to work in Memphis. The Howards assigned him to a largely black neighborhood in the city known as Hell's Half-Acre where he treated patients of his own race. Very little else is known of his experience in Memphis as most yellow fever narratives fail to mention him. All other black healers nursed under the authority of a white physician. With white male authority vested in the character of the heroic doctor, yellow fever narratives presented physicians as the ideal representation of Southern manhood.[113]

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[112] Surviving letters written by volunteer yellow fever nurses have been used to shed light on gender and race discrimination during epidemics. Hall, "Southern Conservatism at Work" has already argued that middle-class women who received pay for nursing were treated as working-class or otherwise disparaged for going outside of the norms for southern middle-class women.

[113] For more information on African American physician R. H. Tate's work in Memphis, see Keating, *History of the City of Memphis and Shelby County*, Vol 2, 96; *Greensboro North State*, October 10, 1878; John Preston Young, *Standard History of Memphis, Tennessee, From a Study of the Original Sources* (Knoxville, TN: H. W. Crew & Co., 1912), 546.

In furthering this image of the doctor as masculine hero, yellow fever narratives used militaristic language to describe their work. They characterized the doctors as soldiers of the battlefield marching to meet the foe of yellow fever, intent on saving the South from its ravages, even in the face of death. Dromgoole described the physicians as a "noble army of martyrs." The *Memphis Daily Avalanche* likewise reported that these "Brave men are fighting the plague with a heroism that can not be surpassed." Keating declared that the doctor was "a noble example of official zeal, professional enthusiasm, and manly independence...." Authors of yellow fever narratives thus presented the doctor as the personification of bravery and masculinity.[114]

The men who directed the activities of the relief apparatus also achieved heroic status. The Tennessee State Board of Health later proclaimed that "The entire management of everything was in the hands of the Howard[s] and the Citizens' Relief Committee, upon whose shoulders devolved the labor of providing for the sick, feeding the well, burying the dead, and saving property from fire and pillage. How well this duty was discharged by a little band of heroic souls, the whole country knows!" Of the Howard relief workers, DePelchin at one point wrote that "the ranks of the Howards have been thinned. Mr. Lonsdale fell at his post of duty, a faithful soldier." Dromgoole likewise told the story of a relief worker who, in response to a friend's offer of monetary support so that he could evacuate, replied, "I can not leave Memphis in her hour of greatest trouble. As a man and a mason I must fight the battle!...bless you for your noble offer of help, and...if worse comes to the worst, be a friend to my wife and children." Dromgoole

[114] Dromgoole, *Yellow Fever*, 79; *Memphis Daily Avalanche*, August 23, 1878; Keating, *History of the Yellow Fever Epidemic*, 105.

proclaimed that this "brave reply…should be chiseled in imperishable marble" as it showed the selfless bravery and sense of duty of the relief workers.[115]

Despite the creation of a Colored Citizens' Relief Committee meant to assist the CRC, the relief apparatus was under the direction of white men. Even among the religious institutions, mutual aid organizations, and benevolent societies, yellow fever narratives singled out white men for commendation after the epidemic. A few narratives mentioned the CCRC and colored relief societies but otherwise paid very little attention to their efforts.

William Walsh, Rector of St. Bridget's Church, wrote in his "Report of the Father Mathew Camp" that the heroic vanguard of physicians and relief workers included "Fifteen priests who have died on the field of battle, to which the call of their ministry summoned them." Quinn echoed this language, claiming "No one shirked back to the rear ranks; every soldier of the church stood in the van, and defied the arrows of death. This Christian squadron was not a heedless or a headless body. It was capital, corporate, and well organized as an army, having inferior and superior officers, guided by a vigilant Captain. All, even those who were bound to remain in the city, fought like jaded disciples." Authors of yellow fever narratives thus portrayed doctors, relief workers, and religious healers as an army of white men battling for the survival of Memphis against an invisible yet deadly enemy.[116]

Yet for all this language of physicians waging war against yellow fever, doctors and their patients both recognized that medical men could not cure the disease in 1878, a fact which caused great anxiety over physicians' role in the epidemic. Dr. Dromgoole wrote that yellow fever "is the most subtle scourge the world has experienced and baffles all medical experience." Keating added

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[115] *Report of the State Board of Health*, 85; DePelchin, Letter to Payne, October 8, 1878; Dromgoole, *Yellow Fever*, 79.
[116] "Report of Father Mathew Camp," printed in Keating, *History*, *History of the Yellow Fever Epidemic*, 396; Quinn, *Heroes and Heroines of Memphis*, 205.

that "whatsoever has been administered to the sick as a curative agent, based either on scientific principles or empyrical [sic] notions, have all alike been barren of fruit. The sanitarian and scientist, assisted by the charity and generosity of the educated masses, have failed to check its fearful ravages, even under favorable meteorological conditions." During the epidemic, physicians therefore labored in a state of helplessness, well aware that they were unable to halt the disease.[117]

Many of the doctors sickened and several died of yellow fever, adding to their sense of frustration. In one of her letters, DePelchin recounted an episode where she was censured by a doctor while working at an orphan asylum for "giving two of the children small pieces of ice; he became very angry, said a man died from congestion the night before from ice, and he talked pretty hard about nurses in general, and me in particular." Defending her actions, she called in the Sister in charge and "asked her to please repeat the Dr.'s order of yesterday. She did so and to give small pieces of ice was one….All the Dr. could say was 'the orders of yesterday are not those of today.'" Stunned by his refusal to admit that she had simply been following his directions, DePelchin nevertheless explained, "I looked at him, could see his eyes were red and watery, and choked down the sharp reply that trembled on my tongue. The next day the paper stated [this] Doctor had the fever; he is very low now."[118]

While physicians fought to maintain authority in the sickroom during the epidemic, afterward they sought to defend their reputations in the yellow fever narratives they authored. Physicians believed that it was imperative to regain the public trust after their ineffectiveness was so plainly visible during the epidemic. Dr. W. C. Blackman told the Tennessee State Medical Society in 1879 that physicians "can write and talk learnedly of epidemic and other forms of

[117] Dromgoole, *Yellow Fever*, 71; Keating, quoting R. B. Kali, surgeon in charge of Camp Joe Williams, *History, History of the Yellow Fever Epidemic*, 55.
[118] DePelchin, Letter to Payne, September 14, 1878.

disease; but when in the midst of a visitation, when death is holding a high carnival, we are so overwhelmed with our impotence, and the unsatisfactory result of treatment that we lose faith in our boasted knowledge." He warned that because some people survived yellow fever, "no matter what remedial agents were employed, the ignorant and thoughtless give credit to whatever treatment may have been used, and the charlatan rides into popularity." Physicians feared that their professional authority was threatened by non-professional healers, particularly lower-class nurses who relied upon past experience with the disease to push their own modes of treatment.[119]

Doctors thus transformed nurses into convenient scapegoats upon which they blamed the failure of contemporary medical knowledge. DePelchin at one point wrote that "The Doctors have blamed the nurses. Some of the Nurses have cursed the Doctors; meantime Death holds his grim Carnival, the dead carts are piled higher than ever, and the bell of Elmwood cemetery is tapping all day long," as the hearses traveled through its gate. The inability of healers to work together further hampered the efforts to control the disease. While both doctors and nurses recognized this, each blamed the other as they tried to justify their own actions. DePelchin laid the blame on "Human nature; and especially man's nature, [which] tries ever to lay the blame on some one else. If that some one is a woman," she wrote, "so much so the better." Yet, she argued, "We were glad enough to get a Doctor for the sick and I am not at all inclined to join in any tirade against them." However, many doctors roundly criticized nurses in their yellow fever narratives. Keating followed suit, quoting many of the doctors' complaints regarding nurses and claiming that "a great curse in this city" was the fact that so many nurses refused to follow the doctors' instructions.[120]

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[119] W. C. Blackman, "Forty-Ninth Annual Meeting of the Tennessee State Medical Society," *Nashville Journal of Medicine and Surgery* 23 (1879): 168.
[120] DePelchin, Letters to Payne, September 17, 1878 and January 27, 1879; Dowell quoted in Keating, *History of the Yellow Fever Epidemic of 1878*, 63.

Perhaps following the example set by Keating, Memphians showed physicians a level of respectful treatment denied to nurses. DePelchin at one point complained that she was unable to get a room at the Peabody Hotel. She wrote, "This Hotel would take in no one who had been out nursing for fear they should bring the fever into the house," Yet she complained, "I think [to] myself, they do not want the nurses [yet] they take Doctors. As the Hotel is in the heart of the city, the excuse is too transparent," given that the infected districts had already surrounded the hotel and a caretaker was not required to spread the fever there. E. Kate Heckle also complained of the way nurses were treated at the Peabody compared to the doctors. She too was unable to get a room after being out nursing. Upon entering a dining room set up for Howard volunteers, she wrote that a man who worked for the hotel jerked her by the arm and rudely informed her that she was not allowed in this room, that there was a separate dining room set up for nurses. "This, the nurses' table, was served with black coffee, meat, and bread so sour, I could not eat it," she complained. "I asked the waiter for a biscuit. He said no warm bread was allowed on that table." The best of the rations were to be kept for the doctors. In contrast to their treatment of nurses, Memphians had nothing but praise for doctors, whom they lauded as heroes and martyrs of the epidemic. The general populace not only echoed the doctors' claims in their censure of nurses but juxtaposed the character of the evil nurse—who symbolized the worst traits of contemporary Southern society—with the heroic doctors—who epitomized the honor of traditional Southern gentlemen.[121]

Yellow fever narratives further contrasted the heroic doctors who sacrificed their safety and, in many cases, their lives to treat sick Memphians to perceived acts of cowardice and unmanly behavior. John Donovan, a prominent Memphis businessman who was absent from the city when

[121] DePelchin, Letter to Payne, September 8, 1878; Heckle, Letter to DePelchin, March 28, 1879.

the epidemic struck, became a symbol of cowardice and indifference. "His wife, her babe, and a larger child died," in his absence, wrote Dromgoole. "Two other children were likely to die." Yet when Donovan was informed of the death of his loved ones, "instead of hurrying to their assistance, he telegraphed to a friend: 'Take care of my family.'" Dromgoole swore, "No punishment would be too severe for this man." Others agreed. John Donovan's became a household name as newspapers throughout the South published his story, along with tales of other men who abandoned their kin and neighbors.[122]

Keating recalled "The fate of the Donovan family occasioned much comment, in which Mr. Donovan, who was formerly held in high esteem and exercised considerable influence, politically and socially in this community, was severely censured for positively refusing to return to his family when notified that his wife and children were stricken down with the fever." In a similar story, a purportedly "rich man of Memphis" evacuated the city, leaving his home in the care of two female servants, one white, one black. When one of the women got sick, "he sent a letter to the colored woman, as follows: 'Send the white woman to the hospital. Don't use any of the sweet milk; don't use any of the eggs or chickens, but help yourself outside.'" The writer of the story explained, "That last expression undoubtedly means, go to the Howards or the Relief Committee. Comment is unnecessary." Yellow fever narratives thus criticized men for abandoning or neglecting those who depended upon them for support. Men such as these were universally derided in yellow fever narratives which proclaimed them cowards and unworthy to be called men, so unlike the brave doctors who traveled toward the pestilence to help strangers rather than toward safety, thereby abandoning their dependents.[123]

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[122] Dromgoole, *Yellow Fever*, 88.
[123] Keating, *History of the Yellow Fever Epidemic*, 150; Dromgoole, *Yellow Fever*, 76

Yet despite the rhetoric that lauded doctors as heroes, when they became sick, physicians suddenly joined the ranks of un-exalted patients. Doctors who were down with the fever were sent to the Infirmary if they did not have a house in Memphis. As Heckle was stationed there as a nurse, her letter provides a glimpse of how poorly physicians were treated before death. "One young man, a druggist named Jarvis, was a raving maniac…obliged to be put under the influence of Chloroform as he was an injury to the others," she remembered. "He lay in the dead room, I know not how long before death relieved him….I could hear him groan out there, and once went to moisten his lips with toddy." Reverend Louis Schuyler was another of her patients. She recalled that he was deathly afraid of some of the nurses, whom she suspected tormented him when no one was watching. She remembered when they moved him out to the dead room, an area outside where they put patients they had given up for dead. According to Heckle, he thought that he was being moved to a room where he would be less of a nuisance to others in his delirium and requested that she go with him. "Of course I went but I must confess my courage failed me when I got there and saw the state of affairs," she wrote, the room then being "occupied by one corpse and Dr. Bankson yet breathing." She recalled, "I was so cold I had sometime to run to the kitchen to warm. Poor Schuyler would call patiently 'Nurse, don't leave me.' I returned as quickly as possible." No good to Memphians while sick, doctors were thus treated as ingloriously as most yellow fever patients in Memphis. Yet, after the epidemic, these physicians were suddenly remembered as "martyrs in a glorious cause" in death. Yellow fever narratives thus portrayed doctors as heroic personifications of an idealized Southern identity regardless of how the doctors acted or were treated during the epidemic.[124]

[124] Heckle, Letter to DePelchin, March 28, 1879.

In a similar vein, these narratives presented women who nursed the sick for free as heroic characters, representing idealized female traits. Yellow fever narratives argued that these women embodied the appropriate behavior norms of middle- or upper-class Southern ladies. The treatment of these women stands in stark contrast to healers who accepted pay for their nursing services, especially those who traveled to Memphis from outside communities. Memphians believed that these women flouted the gender norms of Southern womanhood by working outside the confines of the domestic sphere. Regardless of their class, education, or refinement and despite the altruistic impulse behind their voluntarism, these women were nevertheless targeted for condemnation and treated disrespectfully because they accepted pay for public work. Neither middle-class status nor education kept these nurses from being characterized as working women and thus outside the bounds of respectable female behavior.[125]

In the letters written by Kezia DePelchin, she made it a point to say several times that she had not planned to accept any money for her nursing. In her first letter, as she readied to travel from Houston, Texas to the yellow fever zone, she explained to her sister, "I take some money, and some has been handed to me by friends to use for the sick I wait upon, in all over $50. There has been a great deal of money sent to the fever districts wherewith to pay nurses; but I do not intend to take pay as long as I have a dollar." Despite her best intentions, by mid-September DePelchin had exhausted her little fund. She wrote, "I see no way left but to draw money on my ticket as nurse. This hurts my pride, but if I use it only for the needy, at least I am blameless before God." But the receipt of pay for her nursing hurt not only her individual pride; it also hurt her social standing in Memphis.[126]

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[125] Hall, "Southern Conservatism at Work," 244-261.
[126] DePelchin, Letters to Payne, August 28 and September 17, 1878.

Nurses who accepted pay for their services—even those employed by the Howard Association, which depended completely on monetary donations—were assigned the status of laborer. In another letter, DePelchin explained that "it has become the generally received opinion that the nurses come for money only, and many a one who tried to fulfill their duty is snubbed and made to feel as if they hold a subordinate position." While working-class people may have been used to being treated as subordinates—and many considered the wages paid to nurses a great incentive to accept this treatment—DePelchin and her colleague E. Kate Heckle were surprised at the lack of respect and rough treatment they received for their downgraded social position. The women complained of being treated as servants by patients and their families and also of being treated with resentment by domestic servants who saw them as intruding upon their small sphere of authority. DePelchin remembered one domestic servant "who had no very exalted idea of nurses, and treated us accordingly when she got the chance." Their current position, as laborers in the home, overrode the class-based respectability the women were used to receiving in their normal everyday lives.[127]

Of course, stories such as these betrayed the nurses' own class- and race-based prejudices. DePelchin complained most about being treated disrespectfully by black domestic servants. After a black cook was reprimanded by the owner of the house for not allowing DePelchin any food from the kitchen, she wrote that the cook "changed completely; like all the darkeys, she looked on the white nurses as taking so much away from them." Nurses who worked in teams were generally expected to follow socially predetermined hierarchies of gender and race. White male nurses expected female nurses to be subordinate and white nurses in general gave black nurses the worst

[127] Ibid., Letters to Payne, October 14, 1878 and September 17, 1878; Hall, "Southern Conservatism at Work," 250-254.

duties or called them in when patients became too unruly. DePelchin and Heckle both complained of working with black male nurses, characterizing them as frightening and irrational. Heckle especially disliked occasions when these hierarchies of segregation were not enforced. Working in the Infirmary, she complained that she had no place to get away from the other nurses, whom she described as "men of all nations and colors, and very rough." She further complained when the nurses sat down to eat dinner: "negroes and whites, male and female, ate at the same table and the negroes were the first to set down." Both Heckle's and DePelchin's yellow fever narratives sought to reaffirm their white, middle-class womanhood as race, class, and gender lines were blurred by the designation of "nurse" and as their affiliation with the Howard Association marked them as women working for pay.[128]

In contrast, women who nursed without pay were treated with the respect due proper Southern ladies and yellow fever narratives depicted women in their idealized roles of wives and mothers as heroines of the epidemic. Dr. Dromgoole claimed that "Parents deserted children and children parents, husbands wives, but not one wife a husband." Keating further described a woman who nursed her husband as having "proven herself worthy to be called wife." Herbert Landrum further described this act of womanly love: "By the bedside of the burning body, inhaling the poison of the sick room, foul with that odor which tells the nature of the dread disease, performing service which none other will do," sat the wife and mother. "Wearing a smile while the heart is breaking and lifting up the head when in the last agony, her person is befouled by that most repulsive and horrible of all substances—black vomit—she sits and watches, and nurses and cares for her loved one till he lives again or passes beyond her aid. The penalty of her service of love is generally death." Dromgoole and Keating both wrote just as eloquently of "the

[128]DePelchin, Letter to Payne, September 30, 1878; Heckle, Letter to DePelchin, March 28, 1878.

faithfulness of woman as a devoted mother, as patient, attentive wife, as a life-risking daughter, sister, friend…." These figures all stood in stark contrast to the defamation of the paid nurses. Yellow fever narratives thus depicted Memphian women, as opposed to outsiders, as doing their womanly duty by devoting their care to their sick husbands and children, even unto death.[129]

Yellow fever narratives further pointed to the work of religious healers as similarly appropriate examples of Southern womanhood. The Catholic and Episcopal nuns were praised in several yellow fever narratives because they worked tirelessly, in many cases until death, for no pay or expectation of earthly reward. Thus female nurses' work among the sick had to be clearly philanthropic or otherwise sacrificial—an act of loving nurturance in no way seen as self-serving—to be considered heroic female behavior.[130]

The veneration of women who nursed for free was even applied to Memphis prostitute Annie Cook who converted her brothel into a make-shift hospital for yellow fever victims. The fact that she received no pay for her nursing, and the fact that she died of yellow fever and was therefore prevented from going back to her old way of life, made her an acceptable martyr of the epidemic and yellow fever narratives sang her praises. Dromgoole wrote of Annie Cook, "Whatever her sins may have been, she has laid them all down with her life," and he compared her to Mary Magdalene. Cook thus offered a conversion story that yellow fever narrators could use to shore up the distinction of proper Southern women, who, even if they were not nuns, showed true Christian virtue by refusing to take pay for their care of the sick and whose nurturing instinct outweighed that for self-preservation. Yellow fever narratives so idealized Cook as an example of

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[129] Cook, Annie, Typescripts of 1878 Obituaries, Box 1, Yellow Fever Collection, Benjamin L. Hooks Central Library; Dromgoole, *Yellow Fever*, 67; Keating, *History of the Yellow Fever Epidemic*, 131; *Memphis Daily Avalanche*, August 30, 1878; Dromgoole, *Yellow Fever*, 72

[130] Hall, "Southern Conservatism at Work," 252.

white womanhood that her grave was later removed to the Howard Association plot in Elmwood Cemetery, an honor not bestowed on any of the Howard nurses.[131]

Many yellow fever narratives also described these idealized female healers using militaristic language. In a "Report to the Hebrew Hospital Association," one yellow fever narrator wrote that "Hardly had we experienced the effect of the peace following the scourge of 1873, when we were compelled to listen to the trumpets from near and far calling to arms all able-bodied men and women to fight an enemy far more dangerous and destructive than any experienced in the annals of history—a battle where the implements used consisted not of musketry, but of knowledge." Quinn went so far as to refer to the Catholic nuns as "the '*right wing*' of the Christian army," stating he would "consider it a serious *injustice* to overlook the virtues and valorous deeds of [this] band of Catholic warriors." Equating their work among the sick to the heroic work of their male counterparts, he wrote that "no sooner does the bugle of war resound, or the foul breath of pestilence diffuse its poisonous influence, than the rusty locks and iron bolts of the convent gate are driven back."[132]

Quinn further reminded his readers of the care and protection offered by the Sisters to the Confederate soldiers during the War, warning Southerners not to forget "the kind hands that bound their wounds, staunched their blood, and wiped their bespattered and parched faces." Quinn claimed that "There is still living in Memphis many a brave old soldier in broadcloth or rags…who can never see a Catholic Nun…without associating her with the woebegone days of Shiloh, Gettysburg, Fort Sumter, and Vicksburg." This militaristic language and Civil War imagery

[131] Ibid., 250; Dromgoole, *Yellow Fever*, 73; Keating, *History of the Yellow Fever Epidemic*, 131.
[132] "Report of the Hebrew Hospital Association," printed in Keating, *History of the Yellow Fever Epidemic*, 417; Quinn, *Heroes and Heroines of Memphis*, 175-177.

reinforced the idea that these heroic healers were righteous Southerners fighting a battle to protect the Southern way of life.[133]

Despite the fact that social divisions generally broke down during the epidemic, yellow fever narratives consciously sought to reimpose them. To do so, they juxtaposed heroic protagonists to villainous and dangerous outsiders. These heroic characters further reinforced traditional ideas of Southern manhood and womanhood. Their male heroes personified traditionally manly traits. They were likened to soldiers, exhibiting courage and sacrifice. They showed responsibility in the care and protection of their dependents. And they exhibited authority and professionalism as physicians and relief workers who managed the government and administered aid. They were also generally white and middle or upper class. Female heroes embodied the nurturing sacrifice of wives and mothers or religious figures. They accepted no pay for their care as healers, implying that they were either middle or upper class and that they were Memphians as opposed to outsiders. As yellow fever narratives contrasted these heroic figures to villains who represented poor racial and ethnic minorities and outsiders who did not belong in Memphis, they reinforced traditional social hierarchies of race, class, and gender.

Conclusion

Trauma expert Judith Herman explains that "The survivor is called upon to articulate the values and beliefs…that the trauma destroyed." The narrators of the 1878 yellow fever epidemic were attempting to do just that. The themes of race, class, gender, professionalism, honor, localism, and militarism that they explored in their narratives acted to reinforce the socio-cultural

[133] Ibid., 177.

components these authors believed had broken down during the epidemic. By writing, they were trying to right this wrong, to put the world back together again by reminding people of these socio-cultural realities that oriented the world of late nineteenth-century Southerners. In doing so, they reinforced traditional hierarchies of race, class, and gender in order to reconstitute Southern identity along lines that privileged the authority of educated white men and circumscribed appropriate roles for white women and African Americans.[134]

The popularity of these yellow fever narratives during and immediately following the epidemic allowed their authors to export these ideas about Southern behavior and social hierarchy throughout the country. While readers sought these narratives to learn more about the experiences of Memphians with yellow fever, the characterizations of different social groups were able to subtly influence the understanding of race and gender relations in the South. While the authors of these narratives described events that happened in Memphis, they nevertheless used themes, motifs, and characterizations that would have been readily familiar to a broader Southern audience. By publishing these stories that juxtaposed martyrs who stood for traditional Southern values and villains who sought personal gain in the destruction of the South, yellow fever narratives can therefore be understood as part of the struggle for Southern cultural redemption.[135]

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[134] Judith L. Herman, *Trauma and Recovery: The Aftermath of Violence–From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 178, quoted in Ragland, "Urban Captivity Narratives," 93. Ultimately, Herman claims that this process is impossible. However, the impulse remains.

[135] While it is clear that these authors used the epidemic to discuss how Memphis in particular—and the South more broadly—could be rebuilt after the chaos of war, occupation, and pestilence, more research is needed to discover if these ideas influenced the development of Southern identity or its reception in other parts of the United States.

CHAPTER TWO:

A SILVER LINING TO YELLOW FEVER

On August 28, 1878, Edwin Britton Jennings wrote a letter to his uncle in Little Rock describing the epidemic of yellow fever then devastating New Orleans. The fever, he explained, had spread to all parts of the city. Doctors were "run to death," and some even refused to attend new cases. He further described the exodus of terrified residents leaving the city, convinced they would be yellow fever's next victims. Despite being at risk of contracting the disease himself, Jennings nonetheless insisted, "I am still in good spirits & have made up my mind to give Yellow Jack a tussle if I should be one of the unfortunates." Writing again six days later, he declared, "Thank God! I still continue well. When I see so many of my friends down with the fever & several having already died, it makes me sad indeed." Despite this disheartening account, Jennings nevertheless defended his decision to remain in the city: "I manage to keep my spirits up, for I must take the consequences. It will never do to give up now….If I can only manage to pass through this fearful epidemic all right I need have no fears as regards my future success in business."[136]

Jennings's comments raise some important questions. Why would a young businessman, who recognized the risk to his life, choose to stay in New Orleans during a city-wide epidemic of

[136] Edwin Britton Jennings, Letters to Roscoe Green Jennings, M.D., August 23, August 28, and September 4, 1878, Box 95, Letters, 1850-1893, University of Arkansas for Medical Sciences; Edwina Walls, "Observations on the New Orleans Yellow Fever Epidemic, 1878," *Louisiana History: The Journal of the Louisiana Historical Association* 23, 1 (1982): 63.

yellow fever when most vulnerable citizens fled in terror? Also, why did he believe that staying in the city would guarantee his success in business when yellow fever generally brought economic prostration as residents fled and businesses closed for the season? Jennings did not stay behind to tend the sick; nor was he one of the thousands who lacked the resources required to flee. Instead, this chapter suggests that Edwin Jennings—and others like him—chose to stay because he believed that gaining immunity would guarantee his successful integration into New Orleanian social and economic life. As a recent migrant from Little Rock—and therefore an outsider (or stranger) to the Crescent City—Jennings recognized the importance of yellow fever immunity in his path to acceptance as a true New Orleanian.[137]

Jennings was not alone in holding this view. In the nineteenth century, yellow fever immunity carried immense social and cultural importance for all New Orleanians—newcomers and lifelong residents alike. Since its first major epidemic in 1796, New Orleans was beset by yellow fever nearly every summer during what became known as the "sickly season" of July through September. As a result, New Orleanians developed both a unique relationship to yellow fever and a set of strongly-held cultural beliefs about immunity to the disease. By 1878, immunity had become integral to New Orleanian identity. Acquiring immunity to yellow fever through infection and survival, moreover, had come to be understood as a pivotal moment in a ritual of belonging for all newcomers. Jennings's decision to remain in the city during the epidemic of 1878 must be understood in this context; he chose to remain in the hopes of gaining immunity and, by extension, securing recognition as an adopted son of his chosen city.[138]

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[137] Ibid.

[138] Jo Ann Carrigan, *The Saffron Scourge: A History of Yellow Fever in Louisiana, 1796-1905* (Lafayette, LA: University of Southwestern Louisiana, 1994).

This chapter analyzes the popular medical theories about differential immunity and susceptibility to yellow fever that animated Jennings's decision. It argues that New Orleanian yellow fever narratives took part in a broader discussion about municipal identity by relying on these long-held cultural beliefs about yellow fever's ability to arbitrate belonging in the city. New Orleanians explained differential mortality and morbidity by advancing a system of beliefs that demonstrated yellow fever's preference for a natural hierarchy of belonging and which also happened to reinforce a particular social structure in New Orleans. The historical relevance of these theories' importance to New Orleanian identity allowed yellow fever narratives in 1878 to use them as successful rhetorical devices to renegotiate the city's social and cultural hierarchy after Reconstruction.

Historian Jo Ann Carrigan first described the New Orleanian characterization of yellow fever as a "strangers' disease." Focusing on the decades prior to the Civil War, her work on the cultural significance of yellow fever for New Orleanians charts the nativist construction of yellow fever theory in the wake of increased foreign immigration to New Orleans. The medical discourse about yellow fever, Carrigan demonstrates, was closely correlated to social attitudes and prejudices in New Orleanian society. As part of the elaboration of a unique Creole identity—a complex construction which will be discussed in greater depth below—New Orleanian elites became widely convinced that Creoles were inherently immune to yellow fever. As Carrigan argues, this theory further naturalized their power in New Orleans by establishing Creoles as a privileged caste by right of acclimation from birth.[139]

[139] Ibid.; Medical sources defined *acclimatization* as the body's "gradual habituation and accommodation to…climatic conditions." Stanford E. Chaille, "Acclimatization, or Acquisition of Immunity from Yellow Fever," *Annual Report of the National Board of Health*, (Washington: Government Printing Office, 1882), 149.

Yellow fever theories also helped to cement the racial division of labor in New Orleans. Kenneth Kiple, Virginia Kiple, and Peter McCandless have studied the role that the perceived immunity of Africans and their descendants played in the Southern medical justification of slavery. Theories of differential immunity and susceptibility to yellow fever, as this scholarship suggests, played an important role in defining and elaborating racial categories for both black and white New Orleanians. Shirley Thompson, for instance, points to the complicated racial implications of yellow fever immunity for Creoles who sought to maintain their superiority by emphasizing both their immunity and their whiteness.[140]

Together, this scholarship shows the central role that medical theories about yellow fever played in defining social categories of race and ethnicity in New Orleans's hierarchy of belonging. For all its value, however, the existing historiography on theories of differential immunity has focused almost exclusively on the antebellum period. Historians have argued that these theories lost traction following the Civil War with the loss of slavery due to Emancipation, the decrease in foreign immigration entering through Southern ports, and the waning support for these theories within the elite medical establishment. This assertion certainly seems justified by an analysis of elite medical sources.[141]

However, this chapter broadens the range of the literature, extending the examination of popular medical theories of differential immunity and susceptibility into the postbellum era. It illustrates the prevalence of these theories in public rhetoric during the 1878 yellow fever epidemic, demonstrating that they remained prevalent well after the Civil War. Facing a

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[140] Kenneth F. Kiple and Virginia Himmelsteib King, *Another Dimension to the Black Diaspora: Diet, Disease, and Racism* (Cambridge: Cambridge University Press, 1981); Peter McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry* (New York: Cambridge University Press, 2011); Shirley Elizabeth Thompson, *Exiles at Home: The Struggle to Become American in Creole New Orleans* (Cambridge, MA: Harvard University Press, 2009), 24-66.
[141] Carrigan, *The Saffron Scourge*, 259.

transformed social and political world, physicians, residents, and commentators wielded traditional medical knowledge of yellow fever to promote a return to the antebellum social structure these theories were originally created to uphold. Theories of differential immunity and susceptibility found new expression in the post-Reconstruction context of 1878 when issues of belonging and citizenship were highly contested. They further cemented the city's distinctive relationship to yellow fever and the role of immunity in the ritual of cultural belonging.

This chapter also contributes to an essential but understudied component of the disease's cultural history by showing how both popular and medical understandings of yellow fever became associated with place-based identity. In the social chaos of the tumultuous postwar years, native-born white New Orleanians used yellow fever as a way to reaffirm a more traditional reliance on Creole culture and a shared history as the basis of New Orleanian identity. Further, they sought to place northern migrants, foreign immigrants, and freedpeople on a sliding scale of exclusion based on their susceptibility to yellow fever and on their degree of cultural or biological difference from the Creole norm. In so doing, they employed medical understanding as a tool to enforce traditional definitions of identity and social stratification.[142]

By analyzing the 1878 epidemic, this chapter demonstrates that theories of differential immunity and susceptibility to yellow fever presented Creole identity as the ideal to which all New Orleanians should aspire. After demonstrating that New Orleanians fought to maintain traditional notions of Creole immunity—despite changing attitudes among the medical elite—this chapter moves into a discussion of various categories of migrants. American migrants, like Edwin Britton

[142] While already a common theme in environmental history and geography, place-based identity has broad implications as a category of analysis for cultural historians of medicine. Historians have already come to consider the way that place and space have been used to buttress competing claims to authority and power. This chapter attempts to add a medical dimension to this conversation. Virginia R. Dominguez, *White By Definition: Social Classification in Creole Louisiana* (New Brunswick, NJ: Rutgers University Press, 1986).

Jennings, as well as foreign immigrants, fit into a hierarchy of attainable immunity based on their similarity to Creoles in physiology, culture, and lifestyle. New Orleanians further justified nativism toward undesirable migrants by claiming that yellow fever victimized those who had physiological and cultural traits that were inappropriate to life in Southern Louisiana.

The chapter then turns to theories of racialized immunity and argues that these theories, in particular, were complicated by the racial tensions and ambiguities in the city following Emancipation. Both physicians and the general public believed racialized immigrants and African Americans were inherently immune or resistant to yellow fever. Yet, in 1878, debates over African American resistance reflected the uncertain role of black citizens in the city after Reconstruction. New Orleanians advanced claims of racial immunity based on whether they believed African Americans could fit into the larger postwar society. Yellow fever theorists thus offered a socially powerful set of ideas about disease that cemented a unique place-based identity in New Orleans and offered a litmus test for those seeking membership.

Americans considered New Orleans as a primary center of knowledge about yellow fever. New Orleanians were therefore able to export their popular medical ideas about the disease and about its effects on various types of bodies. While yellow fever narratives from Memphis were focused on portraying the experience of the disease, the breakdown of the city, and the heroism/villainy of the characters, the yellow fever narratives created in New Orleans were focused on understanding different aspects of the disease, its etiology, and its spread. Yet these narratives played an equally important role in the negotiation of post-Reconstruction Southern identity. They did so by elaborating theories that upheld a traditional municipal identity in New Orleans, and

which suggested that the disease's effects on different social groups was indicative of the nature and degree of their belonging in the South.

A note on terminology: The concept of a creole, admittedly, is historically ambiguous. Usually, the term *creole* applies to individuals who are fully or partially descended from white European colonial settlers and who were born and raised in the colonies. Applied to language or culture, the term also denotes the intermixture of European and indigenous cultural forms in the colonial environment. The term also regularly connotes people of mixed European and indigenous ancestry and, with the growth of African slavery in American colonies, potentially mixed-race parentage as well.

In yellow fever narratives, however, the term Creole took on a distinct meaning, referring specifically to whites whose families had lived in or around the city for a number of generations. The concept of Creole immunity did not refer to "creoles of color" nor was it only applied to those whose ancestors had settled in the region as European colonists. The term was specifically used, in the context of yellow fever immunity, to refer to white individuals—presumed to be of European lineage—who were acclimated from birth to the climate of Louisiana, especially to those born in New Orleans. As the following sections in this chapter describe, New Orleanians developed the Creole identity—with its attendant immunity to yellow fever—in order to distance themselves from non-native outsiders and native-born African Americans.[143]

[143] Joseph G. Tregle, Jr. "On That Word 'Creole' Again: A Note," *Louisiana History* 23, 2 (1982): 193-198. In general, however, historians recognize that the term *creole*, which implies a particular place-based identity, has developed different meanings in different places for different people. Virginia R. Dominguez, *White By Definition*; Joseph G. Tregle, Jr. "Creoles and Americans," in *Creole New Orleans: Race and Americanization*, edited by Hirsch, Arnold R. and Joseph Logsdon (Baton Rouge: Louisiana State University Press, 1992), 131-187.

Antebellum Antecedents

The New Orleanian yellow fever narratives of 1878 utilized theories of differential immunity and susceptibility that were socially and culturally significant to generations of the city's residents. Over the years, the citizens of New Orleans elaborated these ideas—particularly during times of social and demographic upheaval—to justify the antebellum social hierarchy of the city. Given New Orleans's colorful colonial history and its position as a major port, the city was a point of contact for numerous cultures and nationalities. These theories were therefore highly complex—and often contradictory—justifications of social relations between natives and newcomers.

Yet despite their complexity, these theories of differential immunity can largely be separated into two types: immunity based on acclimation and immunity based on race. Early in the city's history, theories of acclimation—or acclimatization—first explained white death in colonial environments and justified the introduction of African slavery. As the colony developed, however, theories of differential immunity split into two camps—acclimation and race—which informed and reinforced each other. Proponents of slavery in the nineteenth century elaborated ideas of racial immunity to explain why black bodies seemed immune to the disease while the bodies of newly arrived immigrants—or strangers—seemed especially susceptible. Creoles likewise elaborated the theory of acclimation—now seen as largely distinct from racial immunity—to further argue that native-born, Creole bodies were less susceptible to the disease than newcomers.

Prior to the colonization of Louisiana, European imperialists recognized that tropical fevers posed one of the greatest threats to their colonial ambitions in the Western Hemisphere, Africa, and Asia. White colonists were decimated by disease in tropical climates and their susceptibility

jeopardized European conquest of these locales. Dominant medical theories of the time maintained that health was dependent upon a delicate relationship between bodily constitution and climate. Tropical fevers, according to such beliefs, were the inevitable result of colonists' bodies operating under a wholly new and unfamiliar climatological influence.[144]

Recently arrived colonists from foreign lands therefore created the first theories of strangers' susceptibility to yellow fever to explain the high mortality rate among recent arrivals in the colonies. They believed that, given a period of time, these immigrants would eventually adjust to the climate and their bodies would undergo changes allowing them to survive in the New World. This theory of acclimation explained why the mortality of newcomers—so high during their first years in the colonies—seemed to reach a plateau of survival after a period of residence.[145]

Yet struggling new colonies could not wait for years to develop a population of seasoned colonists. In order to safeguard white lives and imperial aspirations, colonies therefore relied heavily on slave labor. They justified the importation of African slaves in part with the argument that bodies indigenous to a tropical climate must be less susceptible to tropical diseases. Supporters of African slavery held that African bodies were acclimated to a climate more similar to the New World than Europe and might therefore labor in the colonies without experiencing the high

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[144] Philip D. Curtin, "The White Man's Grave:" Image and Reality, 1780-1850," *Journal of British Studies* 1, 1 (1961): 94-110; Debbie Lee, "Yellow Fever and the Slave Trade: Coleridge's 'The Rime of the Ancient Mariner,'" *English Literary History* 65, 3 (1998): 675-700; Kiple and King, *Another Dimension to the Black Diaspora*; Warwick Anderson, *The Cultivation of Whiteness: Science, Health, and Racial Destiny in Australia* (Durham, NC: Duke University Press, 2006), 4-40; J. R. McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620-1914* (New York: Cambridge University Press, 2010); Conevery Bolton Valencius, *The Health of the Country: How American Settlers Understood Themselves and Their Land* (New York, Basic Books, 2002).
[145] Ibid.

mortality that overwhelmed white settlers. This medical justification of slavery contributed to a growing conviction that African bodies were naturally immune to yellow fever.[146]

Eighteenth- and early-nineteenth century writers were not necessarily in agreement about the immunity of Africans. There were many who considered newly imported African slaves susceptible to colonial diseases. This can be seen in suggestions to slaveholders that they take extra special care of their newly arrived slaves and in the fact that slaves who had already survived their first years in the colonies commanded higher prices than those newly imported from Africa. The expectation that Africans were inherently immune to yellow fever nevertheless grew with the end of the African slave trade and the reliance on American-born slaves.[147]

With the rise of abolitionist sentiment in the first half of the nineteenth century, pro-slavery physicians in the United States helped to further medicalize theories of racial difference that justified the continued subjugation of black people. By the 1850s, they had constructed an elaborate theory of yellow fever immunity, which held that Africans were immune to the disease

[146] There has been a sustained debate among historians as to whether people of African descent have any genetic resistance to yellow fever. Several historians, most notably Kenneth and Virginia Kiple but also Margaret Humphreys, John Ellis, and Peter McCandless, have accepted the nineteenth-century claim that African Americans were more likely to survive the disease and have explained this racial disparity by positing an evolutionary mechanism wherein generations of West Africans, living in a region of endemic yellow fever, developed some kind of genetic resistance to the disease. Most recently, however, historians such as Mariola Espinosa have argued against this assumption. Her article, "The Question of African Immunity to Yellow Fever," *Social Science History* 38, 3-4 (2014): 437-453, is the most compelling argument against the claim of West African genetic resistance, arguing that historical primary source material is inherently problematic due to its racist nature and exposing the vulnerabilities of contemporary theoretical explanations that attempt to describe an evolutionary mechanism of resistance.

[147] Further, evidence showing that African bodies were not immune was often buried under the need to justify the continued reliance on slave labor as an American institution. Either as an initial cause or a continuing justification, therefore, African immunity to tropical diseases was explicitly tied to slavery. Philip D. Curtin, "Epidemiology and the Slave Trade," *Political Science Quarterly* 83, 2 (1968): 190-216; Kiple King, *Another Dimension to the Black Diaspora*; Lee, "Yellow Fever and the Slave Trade," 675-676; McCandless, *Slavery, Disease, and Suffering.*

because of racially-based biological characteristics rather than their acclimation to a tropical environment.[148]

Arguably the most well-known pro-slavery medical advocate at the time was Dr. Samuel Cartwright—a Southern physician, educated in the North, who moved to New Orleans in the 1850s. In widely circulated medical publications, Cartwright argued that the African body was created to withstand "hard labor in the hot sun [which] causes a rapid degeneration of the tissues within the body of the white man," but which "the peculiar construction of the skin" in black bodies, aided by an "enormous liver," was able to overcome. He wrote, "the summer's sun in this climate is too hot to enable any white man to labor long in it and live….This physiological fact, the rankest abolitionism, which ever tried to push the happy negro from his stool in this Southern climate…cannot deny." Cartwright thus argued that the black body was not only well-suited for labor in the service of whites but also that blacks were biologically intended for such labor. Any argument against slavery, by extension, was fundamentally contrary to nature.[149]

He further claimed that white bodies were not built to withstand the rigors of agricultural labor in the South and that slavery was thus necessary to the success of the plantation economy. Building on these purported physiological differences separating black from white bodies, Cartwright cited mortality statistics during the 1853 yellow fever epidemic in New Orleans to further his argument in favor of the racial division of labor. Recently arrived immigrant laborers,

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[148] This was part of the larger project of racial scientists such as Josiah Nott and George Glidden to press for the polygenist version of creation, allowing them to argue that Africans were in essence a separate species of man. Physical and anatomical differences, including perceived racial disparities in disease susceptibility, were an essential component in this line of argument. Curtin, "The White Man's Grave," 94-110; Kenneth Kiple and Virginia Kiple, "The African Connection: Slavery, Disease and Racism," *Phylon* 41, 3, (1980): 211-222; McCandless, *Slavery, Disease, and Suffering.*

[149] Samuel Cartwright, "Prevention of Yellow Fever," *Ohio Medical and Surgical Journal* (1854): 201-227, originally published in the *New Orleans Medical and Surgical Journal* (1853); see also Samuel Cartwright, "How to Save the Republic, and the Position of the South in the Union," *DeBow's Review of the Southern and Western States* (1851): 184-197.

he claimed, were decimated by yellow fever, not simply because they were unacclimated to the environment, but because they were forced by poverty to toil under the brutal Louisiana sun, doing the work meant for slaves. According to Cartwright, no amount of acclimation would allow white migrants to take the place of black slave labor in the fields.[150]

Cartwright further claimed that yellow fever was a species of typhus, a class of diseases that he attributed to poverty, malnutrition, and filth. He maintained that "whatever may be said against American negro slavery, it has, at least, freed the slaves from every species of typhus. It has done it by meat and bread, blankets, warm clothing, good fires, and by exacting no more than a reasonable service in return, for all the substantial comforts of life." Cartwright thus advanced a self-reinforcing medical justification for slavery: black people's inherent resistance to the disease fitted them for hard labor, while the condition of slavery—which supposedly provided for their every need—transformed that natural resistance into complete immunity.[151]

The pro-slavery press echoed Cartwright's claims, helping to spread his medical theories to a broader popular audience. The *New Orleans Weekly Delta*, for example, insisted that the condition of slavery safeguarded the black body from yellow fever. Arguing that black people who remained in the South were immune while those who traveled North seemed to lose their resistance to the disease, the *Delta* proclaimed that slavery protected the slave "as it exempts him from a destructive disease, to which he would render himself liable by the exercise of his freedom." Such theories of black immunity solidified the racial division of labor in the South by justifying the

[150] Ibid.
[151] Ibid.; Also quoted in Jo Ann Carrigan, "Yellow Fever in New Orleans, 1853: Abstractions and Realities," *The Journal of Southern History* 25, 3 (1959): 352.

subjugation of the black body and by arguing that abolition imperiled both black and white health.[152]

Recognizing the social utility of these medical theories of immunity, antebellum New Orleanians also advanced a claim that at first glance appears contradictory: that white Creole populations also possessed inherent immunity to yellow fever. Yet in the case of Creoles, immunity signified something wholly different than it did for African-Americans. Theories of Creole immunity supported their social and cultural supremacy rather than their subjugation. Elite Creole families observed that they had lived under the climatological influence of Louisiana for generations and argued that their bodies had slowly acclimated to the region, making the native-born immune to the disease which continued to decimate recently arrived migrants from the northern United States and Europe. This inherited immunity became part of the unique Creole identity of native-born New Orleanians.[153]

Antebellum New Orleanians generally considered creole to be synonymous with *native*. For example, in the 1841 novel *The Quadroone; or, St. Michael's Day* Joseph Ingraham explained to his readers that "The term Creole will used throughout this work in its simply Louisianan acceptation, *viz*., as the synonyme [sic] for NATIVE. It has no reference whatsoever to African descent, and means nothing more nor less than *native*….The children of northern parents, if born in Louisiana, are 'Creoles.'" According to Ingraham, New Orleanians referred to the native-born—of either race—as Creole.[154]

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[152] New Orleans *Weekly Delta*, August 14 and October 2, 1853; Also quoted in Jo Ann Carrigan, "Yellow Fever in New Orleans, 1853: Abstractions and Realities," *The Journal of Southern History* 25, 3 (1959): 339-355.
[153] Ibid.
[154] Joseph Ingraham, *The Quadroon* (New York: Harper & Brothers, 1841), ix. Ingraham was also a Northern migrant who wrote a number of travel narratives and fictional romances about the South. "Coda: Hyperbolic Regionalism,

Antebellum yellow fever theorists generally followed this convention of defining Creole as native. Dr. Bennet Dowler—writing after the 1853 epidemic in New Orleans—claimed that "In Louisiana, every native, be his parentage what it may, is a Creole." He claimed that, "Although the word Creole in its usual acceptation means a white person, it applies to all races, as Creole negroes; it even applies to the inferior animals, and things," claiming that "a Creole chicken, egg, or cow is worth nearly twice as much as one from a distant State…." In antebellum New Orleans, therefore, creole meant native and native meant better.[155]

Following the Louisiana Purchase, native-born residents gradually cultivated and elaborated this unique Creole identity—alongside medical theories of their immunity to yellow fever—to justify the continued social and economic supremacy of traditional elites vis-à-vis encroaching American and European immigrants. As Charles Gayarre's 1866 *History of Louisiana* claimed, among antebellum Creoles "there were even some who felt friendly to the scourge, as, in their opinion, it checked that tide of immigration which, otherwise, would have speedily rolled its waves over the old population, and swept away all those landmarks in legislation, customs, language and social habits to which they were fondly attached." New Orleanian Creoles, safe in their presumed immunity from the disease, thereby began to view yellow fever as their ally, cutting the ranks of newcomers that might threaten their position of privilege and power in the city.[156]

Confederate Nationalism, and the New Southern Frontier," in Gretchen J. Woertendyke, *Hemispheric Regionalism: Romance and the Geography of Genre* (New York: Oxford University Press, 2016.

[155] Bennet Dowler, *Tableau of the Yellow Fever of 1853, with Topographical, Chronological, and Historical Sketches of the Epidemic of New Orleans Since Their Origin in 1796, Illustrative of the Quarantine Question* (New Orleans: Office of the Picayune, 1854),34; Aristides Agramonte Yellow Fever Collection, John P. Ische Library.

[156] Carrigan, "Privilege, Prejudice, and the Strangers' Disease in 19th-Century New Orleans," *The Journal of Southern History* 36, 4 (1970): 568-578; Charles Gayarre, *The History of Louisiana: The American Domination*, (New York: William J. Widdleton, 1866), 636; Joseph Jones, *Quarantine and Sanitary Operations of the Board of Health of the State of Louisiana during 1880, 118, 1182, and 1883* (Baton Rouge: Leon Jastremski, 1884), 157; Jo Ann Carrigan, "Impact of Epidemic Yellow Fever on Life in Louisiana," *Louisiana History* 4, 1 (1963): 7.

The yellow fever epidemic of 1853—the worst in the city's history—only added to the nativist attitudes New Orleanians held for these newcomers. Creoles therefore focused on developing the theory of their inherent immunity in order to justify their designation of yellow fever as a strangers' disease. New Orleanians further argued that the Creole lifestyle was the healthiest and most appropriate for the region, implying that Creole culture was somehow *natural*. This line of reasoning disregarded the fact that Creole culture developed as a blending of indigenous cultures with those imported from Europe and further amalgamated with each successive wave of immigration during the colonial history of the city. New Orleanian climate and Creole culture, according to this logic, were so entwined as to be inseparable. Yellow fever thus naturalized the Creole culture as the "right" one for New Orleans, acting as an external pressure which selected against particular cultural attributes by targeting individuals whose lifestyle differed from the norm.

But in proclaiming themselves naturally immune to yellow fever—and therefore superior to these would-be migrants—Creoles simultaneously sought to avoid the implication that they were not fully white. In order to dissociate their inherent immunity from that of black New Orleanians, Creoles emphasized that native immunity was founded upon the concept of acclimation, which allowed that white bodily constitutions could evolve to align with the climatological influences of the region. According to this theory, Creole children who were born in the city, especially if their parents were also acclimated, possessed immunity to yellow fever from birth. Yellow fever theorists argued that black bodies, conversely, gained their immunity due to biological characteristics and were further safeguarded by their condition of servitude. Therefore, when Dr. Bennet Dowler claimed that "congenital city creolism, that is the constitutional modification incidental to the

being born of Creole or thoroughly creolized parents, with continuity of city residence, exempts the individual from yellow fever with nearly the same uniformity that vaccination prevents the small-pox," he imagined this immunity to be largely heritable yet distinct from the innate immunity of black people. By the 1850s, this congenital immunity to yellow fever had come to be widely accepted as a fundamental attribute to Creole identity.[157]

In the meantime, yellow fever theorists may have considered slaves born in Louisiana doubly immune—by race and birth—but that designation was of far less consequence. While black, native-born New Orleanians could also be considered Creoles, their immunity was nevertheless different from that of white natives. Even George Washington Cable—who used the designation Creole to refer to French descendants of either race—wrote in an article on "Flood and Plague in New Orleans," that during the yellow fever epidemic of 1853, "The pestilence had attacked the Creoles and the blacks," treating their purported immunity as distinct. Following the Civil War and Emancipation, many New Orleanians insisted that the term Creole refer to white natives only. In part, this was to ensure that the privileged status of the immune Creole support white supremacy as well as municipal nativism. New Orleanians may still have used the term creole with multiple racial connotations, but when it came to yellow fever theory, it was generally understood that Creole referred only to whites.[158]

While New Orleanian Creoles elaborated theories of generational acclimation in order to uphold their families' social and cultural authority in the city—in a way that distanced their inherent immunity from the racial immunity of black New Orleanians—they unwittingly allowed

[157] Tregle, "Creoles and Americans," 131-187; Thompson, *Exiles at Home,* 24-66; Dowler, *Tableau of the Yellow Fever of 1853*, 36; "Bibliographical Notices: Fenner and Dowler on Yellow Fever," *The Western Journal of Medicine and Surgery* 1, 5 (1854): 362.
[158] George W. Cable, "Flood and Plague in New Orleans," *The Century Illustrated Monthly Magazine*, 419.

the possibility that generations of migrants could eventually claim the same sort of privileged acclimation. Strangers who became acclimated through long exposure or who became immune to yellow fever by surviving a case of the disease—a process known as "seasoning"—could also claim privileged status in the city. Literally described as "creolization," seasoning became an important criteria of belonging, a ritual that migrants were expected to undergo if they hoped to be accepted as New Orleanians. Dowler believed that "creolization in the city, with or without having had yellow fever," offered equal protection against the disease for those unlucky enough to have been born elsewhere. This immunity, he argued, was usually acquired in less than ten years provided migrants remained in the city for the duration. Importantly, Dowler believed that this "creolization" might then be "hereditary or transmissible from parents to children," a fact which would allow children of migrants to claim membership in this privileged caste without requiring them to undergo the ritual of seasoning.[159]

These antebellum beliefs about acquired immunity gained increasing relevance in the mid-nineteenth century as New Orleans grew as a central port of immigration to the United States. By 1850, the foreign-born population of the city swelled to 49 percent of approximately 100,000 free residents, raising the white population of the city above that of the black population and making New Orleans the second largest cosmopolitan metropolis in the United States. At the same time, the influx of this large population of nonimmunes magnified the severity of epidemics, giving New Orleans the reputation of being the preeminent "necropolis of the South."[160]

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[159] Dowler, *Tableau of the Yellow Fever of 1853,* 36-37; "Bibliographical Notices: Fenner and Dowler," 364.
[160] Carl L. Bankston, III, "New People in the New South, An Overview of Southern Immigration," *Southern Cultures* (2007): 24-44; John H. Ellis, *Yellow Fever & Public Health in the New South* (Lexington, KY: University of Kentucky Press, 1992), 18; Richard Campanella, *Geographies of New Orleans: Urban Fabrics Before the Storm* (Lafayette, LA: Center for Louisiana Studies, 2006): 193-380; Hodding Carter, *The Past as Prelude: New Orleans, 1718-1968* (New Orleans: Pelican Publishing House, 1968); Ari Kelman, *A River and Its City: The Nature of Landscape in New Orleans* (Berkeley: University of California Press, 2003), 92; Carrigan, "Privilege, Prejudice, and the Strangers' Disease."

The high mortality among immigrants reinforced the belief that yellow fever targeted strangers or outsiders while Creoles and black residents were relatively immune, a view that further inflamed New Orleanian nativism. New Orleanian Creoles blamed the rising tide of immigrants for the devastating epidemics of midcentury. Isaac Charles—an acclimated resident of New Orleans—described these undeserving migrants in a letter to his cousin. "By far the greater part of the victims are the Irish and the Dutch, who have just arrived from a country where the Climate is totally different to ours," he explained, "and if you could…see the miserable, filthy, loathsome manner in which [they] live, you would not be at all surprised…that [yellow fever] should spread & become as malignant as it does here."[161]

The mortality among Irish and German immigrants led many Creoles to conclude that yellow fever attacked those who were culturally dissimilar to Creoles or who were unlikely to assimilate to the Creole way of life, reinforcing the view that acclimation was somehow linked to culture. Creoles therefore argued that migrants who aspired to belong must not only remain in the region during the sickly season but conform to the habits and lifestyle of New Orleanian Creoles in order to ensure their best chance of survival, thus medicalizing the pressure for immigrants to assimilate.[162]

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[161] Interestingly, Isaac Charles was also a relatively recent arrival to New Orleans. He moved with his family from Philadelphia in 1841, only six years before he wrote this letter describing the 1847 epidemic. Like Edwin Britton Jennings, Charles and his brother chose to remain in the city in order to become acclimated and therefore to cement their belonging to the city and assure their success in business. Charles survived his seasoning that year and was able to confidently boast that "the Yellow Fever is not so terrible a disease after all" while blaming the high mortality and the deadly reputation of his adopted city on the lower class and mostly foreign-born whom he judged as less desirable than himself. Isaac H. Charles, Letter to John Edward Liddall, September 18, 1847, Folder 1, Isaac H. Charles Letters, 1841-1848, Louisiana State University Archives.

[162] Tregle, "Creoles and Americans," 164; Earl F. Niehaus, *The Irish in New Orleans, 1800-1860* (Baton Rouge, LA: Louisiana State University Press, 1965); Carrigan, *The Saffron Scourge*, 238-239; Kelman, *A River and Its City*, 96-97.

By the outbreak of the Civil War in 1861, the social hierarchy of New Orleans was firmly buttressed by an elaborate set of theories of differential immunity and susceptibility to yellow fever. White Southerners crafted theories of racial immunity to yellow fever that reinforced the pro-slavery agenda. These theories naturalized the racial inferiority of black people by reinforcing perceived organic differences between white and black bodies that suited blacks for slavery. They justified the continued reliance of the Southern economy on slave rather than immigrant labor. And they discredited abolition as a threat to public health. New Orleanian Creoles further elaborated theories of acclimation immunity to justify the privileged status of white Creole elites in the face of a growing multitude of outsiders seeking opportunity in the prosperous city. The expectation that yellow fever was a stranger's disease—and that epidemics were only really dangerous to newly arrived, unacclimated immigrants—fueled nativist pressures for migrants to undergo the ritual of seasoning and to assimilate to Creole cultural and behavior norms.

Creole Immunity

Though products of the antebellum era, theories of differential immunity and susceptibility to yellow fever continued to resonate far later in the century. Despite falling out of favor in the elite medical community, the theory of acclimation immunity remained important to the identity and cultural prestige of New Orleanian Creoles. In 1878, in the wake of the intense social and demographic instability that marked the era of the Civil War and Reconstruction, these theories resurfaced in debates over the reorganization of the postbellum social hierarchy in New Orleanian yellow fever narratives. These narratives continued to support the notion that Creoles were

immune to the disease in order to buttress Creole cultural authority, to argue for the assimilation of outsiders to Creole standards of behavior, and to support white supremacy.

Immunity to yellow fever, as the previous section described, had become a historically significant component of Creole identity in the years before the American Civil War. By the epidemic of 1878, however, many doctors had begun to rethink their faith in this attribute. In 1879, describing his medical education in New Orleans during the 1840s, nationally renowned gynecologist and co-founder of the New Orleans School of Medicine Dr. D. Warren Brickell recalled an important lesson that he had learned in his student days: "I was told by the gray heads of the profession, that neither negroes, nor those born in the city, as we call them creole born, ever contract yellow fever. These among other dogmas," Brickell recalled, "were laid down and universally accepted."[163]

By 1878, as Brickell's comments suggest, a sea change had occurred: elite New Orleanian physicians no longer endorsed the principle of Creole immunity. While antebellum physicians had been almost unanimous in teaching that native Creoles were immune to the disease, most elite physicians now characterized these traditional theories as groundless and naive. As Dr. Stanford Chaille, Dean of the Medical Department at the University of Louisiana, claimed "there are now in New Orleans no physicians known to me, having experience and distinction, except Drs. Mercier and Faget," two physicians from established Creole families, "who uphold the old view" of Creole immunity.[164]

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[163] "Remarks on Yellow Fever," *Proceeding of the St. Louis Medical Society of Missouri*, Vol 2. (St. Louis: Geo. O. Rumbold & Co., 1879), 143-148.
[164] Chaille, "Acclimatization, or Acquisition of Immunity," 146; Also printed in *New Orleans Medical and Surgical Journal* (1880).

Elite physicians—those serving on the faculty of the city's medical schools and overseeing the city's hospitals, medical societies, and medical journals—thus claimed that the assumption of Creole immunity was outdated, superstitious, and potentially dangerous. These physicians regularly cited both observational and statistical evidence demonstrating that New Orleanian Creoles were in fact susceptible to yellow fever. The Homoeopathic Relief Association, for example, described the 1878 epidemic as "attacking a class of residents—our creole citizens—who had heretofore believed themselves exempt from its influences." This fact, coupled with the epidemic's particular "virulence among children," the Association noted, had "caused a greater panic among our residents than was ever produced by any former epidemic." Such findings were confirmed by Dr. Chaille, who reported to the newly created National Board of Health in 1879 that a staggering 2,023 children under the age of ten years had perished during the three-month crest of the epidemic. The high death toll among native-born New Orleanians, particularly the city's young children, was wholly unexpected and prompted special attention in both medical and popular discussions.[165]

Further, while cases of yellow fever among natives of the city were still far less common than in recently arrived strangers, elite physicians no longer held that native New Orleanians became immune due to acclimatization. Instead, they looked for new theories to account for disease patterns. Most notably, physicians argued that immunity to yellow fever was only guaranteed by surviving a prior case of the disease. The perception of the higher susceptibility among strangers, as Chaille argued, was simply due to the fact that the native-born most likely

[165] Homoeopathic Relief Association, *Report of the Homoeopathic Relief Association with valuable papers on yellow fever, by the leading homoeopathic physicians of New Orleans, La., 1878*, Pamphlet, Aristides Agramonte Yellow Fever Collection, John P. Ische Library, Louisiana State University Health Sciences Center; Chaille, "Acclimatization, or Acquisition of Immunity," 154.

experienced the disease in a mild or otherwise undiagnosed form, resulting in a higher degree of immunity among those who had lived in New Orleans for a number of years. He further pointed to the fact that New Orleans had suffered from major epidemics of yellow fever almost biennially throughout its history but that the city had been remarkably healthy since 1858, with only two serious epidemics. This period of salubrity, he continued, had denied residents the chance to acquire immunity by surviving an unrecognized case thereby explaining the unexpectedly high number of yellow fever deaths among native-born New Orleanian children. Ultimately, Chaille concluded, "Immunity from yellow fever cannot be gained through the influence of climate." For this reason, he asserted, "it is an abuse of language, due to past ignorance and misconception, to continue to designate the acquisition of immunity from yellow fever, 'acclimation,' or 'acclimatization.'"[166]

The experience of the 1878 epidemic, according to elite yellow fever researchers, had exposed the fallacy of innate Creole immunity based on acclimatization. The medical profession, they argued, should instead focus on crafting new epidemiological explanations. Of particular concern was whether the disease was imported or indigenous to New Orleans; how best to prevent the disease, either through quarantine or improved sanitary measures; and how best to diagnose the disease and care for its victims. Very few physicians spoke of curing yellow fever, as this was considered outside the realm of contemporary medical ability, but they made suggestions for treatment and proper management to other doctors and to the lay public who provided nursing care during epidemics.[167]

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[166] Ibid.
[167] Aristides Agramonte Yellow Fever Collection, John P. Ische Library.

Despite the conviction of these medical experts, the belief in Creole's inherent immunity to yellow fever nevertheless retained significant currency among many older doctors and non-elite physicians, as well as the general populace. Dr. William Mandeville, Sanitary Inspector for the Fourth District of New Orleans, lamented that "many physicians will never diagnose the illness of a native as yellow fever." He claimed, "There may be a few cases reported as yellow fever which are not, but far more are reported some other disease by those who do not believe a native is liable." Mandeville was not the only physician to complain about this corruption of statistical data. The Editor of the *New Orleans Medical and Surgical Journal* explained that "The Board of Health have constantly been of the impression that a large proportion of cases never were reported to their office." The *Journal* charged that the dearth of reliable data could be blamed, at least in part, on the popular belief in Creole immunity. "This fact alone seriously impairs the value of statistics," they claimed, as "thousands of cases and many deaths have been withheld from the yellow fever roll" by those who automatically discounted the signs of yellow fever in native patients. Thus, while elite physicians on the Board of Health and on the faculty of the Medical Colleges rejected the notion of Creole immunity, they nevertheless recognized that the theory remained prevalent among everyday New Orleanian practitioners.[168]

Despite elite physicians' evidence and arguments to the contrary, many New Orleanians—both everyday practitioners and ordinary citizens—refused to abandon their deeply-held beliefs about acclimation. Instead, they adopted a number of explanations that sought to maintain the

[168] "The Fever, Physicians Interviewed on the Subject," *New Orleans Times*, August 6, 1878; "Calling Things by Their Right Names," *New Orleans Medical and Surgical Journal*, 31 (1878): 415-416. In his report to the National Board of Health, Chaille further claimed that of the 2,042 children who died during the epidemic months of 1878, only 1,482 of them were reported as yellow fever deaths. Yet he claimed that, when compared to the non-epidemic years of 1877 and 1879, these deaths were most likely attributable to yellow fever. Chaille, "Acclimatization, or Acquisition of Immunity."

notion of Creole immunity, further testifying to its social and cultural importance. For example, many New Orleans citizens suggested that the epidemic had been caused by some disease other than yellow fever. Arguing that New Orleanian natives should not be found among the death roll, they blamed the devastation among Creole children on concomitant epidemics, fueled by the same unsanitary conditions that fostered yellow fever. The *New Orleans Bee*, for example, expressed doubts about the list of reported deaths furnished by the Board of Health because of the high number of cases among native-born, Creole children, declaring it "difficult for us to believe these children, double Orleanans [sic] both by reason of their birth and race [as Creoles], should be victims of yellow fever." Believing that these children should have been protected by their inherent acclimation, the *Bee*'s editors considered these to be "very strange cases of death" and wondered, "Can it be we have some other malady prevalent amongst us?" Reporters for *The Daily City Item* agreed, claiming that the physicians they interviewed could not agree as to whether the prevailing disease was in fact yellow fever or some other ailment. To support this view, they noted "that yellow fever does not attack children born here, nor colored people whether born here or not; whereas the existing fever is indiscriminate in its attacks."[169]

While some New Orleanians wholly doubted the diagnosis of yellow fever, others amended the theory of acclimation to explain the disease's occurrence among the native-born. In some cases, New Orleanians claimed that Creoles were *for the most part* exempt from yellow fever and that if it did invade the native body, the disease took on a decidedly less lethal character. When yellow fever deaths did occur among Creoles, these individuals attributed it to improper treatment or the failure to follow strict rules of convalescence. According to contemporary medical advice, yellow

[169] *New Orleans Bee* statement reprinted in "Yellow Jack, The Terrible Disease Continues to Spread in New Orleans," *Salt Lake Tribune*, August 10, 1878; "Is It Yellow Fever?" *The Daily City Item*, August 6, 1878.

fever patients were required to remain in bed for ten to fourteen days after their temperature returned to normal. They were not to sit up or attempt to get out of bed and were to refrain from eating any solid or rich foods, instead being fed mostly broth or milk. Yet as caretakers recognized, it was extremely difficult to impose these rules on children below a certain age, a factor that might result in a young patient's decline. Excitation or fear could also cause a patient to take a turn for the worse. Many of the deaths from yellow fever among sensitive or boisterous children, especially young boys, were attributed to these causes.[170]

Still others argued that acclimatization was a process that occurred during the first several years of a child's life and that if children spent any length of time away from New Orleans, they would be as prone to yellow fever as any stranger. The *New Orleans Times* quoted Dr. Armand Mercier, a long-time proponent of the theory of Creole immunity, as having "never seen a case in which a native of this city died of the disease" in thirty-seven years of professional practice. *Times* reporters qualified his statement, however, by explaining that, "By natives he meant those who had remained within an atmosphere where yellow fever existed. If a child or any one born in Louisiana remained in another atmosphere long enough to lose their acclimation," the paper concluded, "they would of course be liable." This argument claimed that the New Orleanian child must grow up immersed in the culture and climate of New Orleans to sustain the privileged immunity afforded by birth. Dr. C. Charles Turpin agreed, arguing that if one were to delve into the background of those native-born yellow fever victims, it would be discovered that they had "from time to time been absent from the city, and have, by such absence, lost their acclimatization." This,

[170] These suggestions were posted in a circular titled "First Aid Advice: Rules to be Observed in Yellow Fever and Suggestions as to Treatment of Patient," printed "Compliments of THE PICAYUNE" and reprinted in *Louisiana State Medical Association Proceedings*, 1879, John P. Ische Library; "A Warning to the Convalescent," *New Orleans Times*, August 4, 1878 claimed that "The era of convalescence is an era of starvation, and to say that over-indulgence will lead to sure death, is not using too strong an expression."

he believed, was true for both children and adults. The argument that individuals who left New Orleans might lose their acclimation also helped to explain the strikingly high number of cases that occurred among the privileged classes who frequently avoided the summer heat by vacationing in Northern or European cities.[171]

New Orleanians' popular narratives of yellow fever in 1878 thus largely argued that Creoles continue to be considered immune to the disease, despite elite medical arguments to the contrary. As a historically significant component of Creole identity, New Orleanians maintained this theory in the face of Creole sickness and death by creating a number of explanations that salvaged this culturally important concept. The equivocation of the larger medical community on this issue allowed a number of popular medical theories to proliferate in which New Orleanians justified a number of social and cultural claims.

Yellow fever immunity therefore continued to be an integral component in the place-based identity of New Orleans. The reaffirmation of acclimation immunity, despite medical evidence to the contrary, further conveys a desire to reinforce a hierarchy of belonging. Immunity essentially corporealized the relationship between New Orleanians and their city. Creoles were immune because they belonged to the city in physical ways that marked their bodies as New Orleanian. Just as they did after the Louisiana Purchase, theories of Creole immunity to yellow fever reified native New Orleanian authority and provided a rhetorically useful way to set the terms upon which civic belonging and citizenship were based. In the negotiation over what Southern society would be like after Reconstruction, New Orleanian yellow fever narratives therefore argued that Creoles—

[171] "The Fever, Physicians Interviewed on the Subject," *New Orleans Times*, August 6, 1878.

meaning native-born whites—would continue to be at the top of the social hierarchy and that their privileged status was both affirmed and ensured by their inherent immunity to yellow fever.

American Migrants

While the belief that Creoles were naturally immune to yellow fever was originally postulated to justify Creole power and privilege in antebellum New Orleans, the ability to *acquire* immunity meant that established residents could claim their own privileged immune status alongside ancient Creole families. This partially explains why the theory of Creole immunity continued to be popular in the postbellum period when traditional Creole families were a minority in the city and were no longer a privileged caste. Extending the theory of acclimation immunity to a broader population cemented its usefulness for all white New Orleanians who sought to justify their belonging over that of newly arrived strangers.

Yellow fever's historic designation as a stranger's disease did more than reinforce nativism against newcomers. Creoles argued that their privileged immunity proved their fitness for the climate of New Orleans but also used it to reinforce the belief that their lifestyle—with its attendant customs, behaviors, eating habits, and social norms—was the ideal lifestyle to guarantee acclimation and eventual immunity. Theories of differential immunity and susceptibility therefore created a hierarchy of who might assimilate and belong. Of the outsiders who migrated to New Orleans, postbellum yellow fever theorists generally preferred American migrants to foreign immigrants—particularly those from the Southern states.

After the Civil War, New Orleans was home to migrants from all over the United States. Some were Northerners hoping to participate in the rebuilding and Reconstruction of the South. Others were Southerners who migrated to cities like New Orleans that had avoided physical destruction during the War. But the city's historic reputation as a yellow fever capital made acclimation a central concern for those who intended to remain in New Orleans for any length of time.

While 1878 yellow fever narratives revised theories of Creole immunity, they nevertheless maintained the possibility of acclimation through continuous residence—a concept that surely appealed to New Orleanians who did not have Creole ancestry as well as to migrants who intended to make New Orleans their permanent home. These migrants faced a confusing array of advice on how to negotiate their seasoning. Most of this advice was informal—medical in nature but not necessarily supplied by physicians. It advised as to who was susceptible and why, who could acquire immunity and how, as well as what the different kinds of immunity were and how long they were expected to last. Collectively, these ideas suggested the existence of a continuum of immunity—a continuum that also reflected the social organization of the city.

Judging newcomers for their desirability as citizens of New Orleans entailed placing them on a hierarchy of yellow fever susceptibility. This susceptibility was used as a criterion for social acceptance, tacitly employed to weed out undesirable migrants, with those most likely to adapt to Creole culture seen as already possessing or most likely to gain immunity through acclimation. Yellow fever theories thus performed a gate-keeping function in determining provisional acceptance into the city's social strata. Of course, gaining yellow fever immunity did not imply

social equality but, being a requirement for acceptance, it was the first and most dangerous prerequisite to assimilation.

For those lucky enough to survive their seasoning, immunity did grant a number of economic and social privileges. Dr. Dowler claimed that acclimation "whether native or acquired, is a practical distinction in the business of New Orleans" and acclimated residents of the city found that their immune status presented them with greater opportunities. For example, during the 1878 epidemic, the *New Orleans Republican* newspaper lamented that no city dependent on commerce could thrive if forced to undergo a periodical quarantine. It argued, further, that "the organization of all business as far as may be possible on the basis of acclimated agents" was the best way to avoid the prostration of trade that ensued after the first rumors of yellow fever had spread beyond the city. Pro-business interests had argued for decades that the constant influx of Northern and foreign migrants fueled epidemics that sullied the city's reputation and that quarantines had cost the city billions of dollars in lost business. And while it was ultimately unfeasible to limit hiring practices to only acclimated applicants, those who could obtain certification from a respected physician that they had survived the disease were more likely to get a job, particularly one vested with authority or responsibility. The *New Orleans Times* went so far as to claim that "If an employee intends to make New Orleans his home, he may as well stay and go through his modicum of yellow fever; if he does not intend to make it his home, he has no right to hold a position." Certificates of acclimation not only allowed migrants to obtain employment beyond the manual labor market; they were required for acquiring life insurance or traveling to and from

zones where yellow fever was endemic. Lack of acclimation, therefore, deprived a migrant of desirable advantages of life in New Orleans.[172]

Many yellow fever narratives further argued that an attack of the disease gave the survivor additional health benefits. The *New Orleans Democrat*—while not a supporter of inherent Creole immunity by 1878—nevertheless believed that a resident could acquire immunity by surviving a case of the disease. Further, they argued, "Those who are thus acclimated or vaccinated are not only rendered impervious to the disease in future, but are actually improved and invigorated in their general health during the prevalence of the epidemic. The air which proves so fatal a poison to the unacclimated operates as a tonic and a strengthener to the acclimated. The latter invariably have better health, more vigor, are less troubled with the ordinary ailments of the summer season, when the epidemic prevails than when it is absent." The *Democrat* thus argued that the disease environment of New Orleans—so feared by newly arrived migrants—proved beneficial to those who survived their seasoning and that periodic epidemics of yellow fever, once survived, routinely strengthened the health of acclimated residents.[173]

Of course, to reap such benefits, migrants had to survive their seasoning. But migrants needed to overcome two major obstacles: geographic distance and cultural difference. More precisely, yellow fever narratives presented American-born migrants as more likely to survive yellow fever than most foreign immigrants because of their potential to easily assimilate to Creole cultural

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[172] Dowler, *Tableau of the Yellow Fever of 1853*, 34; "Value of the Acclimated," *New Orleans Republican*, September 28, 1878; Ellis, *Yellow Fever and Public Health*, 35; *New Orleans Times*, August 15, 1878. Being acclimated may also have been a boon in the marriage market as there was a gender angle to yellow fever immunity. Yellow fever theorists tended to believe that women and children were both less susceptible to yellow fever and more likely to survive an attack because they were expected to live purer lives without the negative habits and cultural traits that invited yellow fever. Ideals of Southern womanhood meant that middle-class women in particular had less to fear of the disease. Placing women in a similar camp as children further highlighted their infantile qualities, just as it did for African Americans.

[173] *New Orleans Daily Democrat*, September 7, 1878.

norms. This was especially so for migrants from Southern states. Further, they argued that Southerners, because of the proximity of their place of birth to New Orleans's climatological environment had less to fear from the disease than Northerners.[174]

While most yellow fever narratives insisted that New Orleanian Creoles were the only group of whites who could be safely assured of their acclimation and inherent immunity, some yellow fever theorists believed that other Louisianans, followed by migrants from other Southern states, were most likely to survive the fever and become acclimated. Dr. John Gazzo claimed that "natives of most Southern States are not subject to the fever in the continued form," arguing that they, alongside Creoles, were acclimatized through long exposure to the Southern climate. If they did contract yellow fever, he continued, the case was usually mild and rarely ended in death. According to Gazzo's worldview, Southerners were most similar to New Orleanian Creoles. Their relatively low susceptibility meant that Southern migrants, such as Edwin Britton Jennings, were ideal candidates as New Orleanian transplants.[175]

Gazzo further argued that "Europeans and northern Americans, who have resided during a period of several years in the State of Louisiana, are seldom attacked with yellow fever…the body from long exposure to the climate has become creolized or acclimated." Referring to the acclimatizing process as becoming 'creolized' not only reinforced the central place of immunity in the identity of the New Orleanian Creole but also the ability for migrants to become like Creoles through a period of physical, and cultural, immersion. Yellow fever narratives therefore argued

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[174] *New Orleans Item*, August 15, 1878.

[175] John B. C. Gazzo, *Yellow Fever Facts, As to Its Nature, Prevention, and Treatment* (New Orleans: M. F. Dunn & Bro., 1878); Aristides Agramonte Yellow Fever Collection, John P. Ische Library Interestingly, Dr. Gazzo was a native of Louisiana but not of New Orleans which may explain his assurance that Louisianans could claim similar benefits of acclimation as New Orleanian Creoles.

that migrants needed to commit themselves to the process of seasoning on more than a physical level. They must also prepare by assimilating New Orleanian social and cultural norms.[176]

Gazzo was not alone in grouping migrants from the Northern states with foreign-born immigrants as strangers. In the hierarchy of yellow fever susceptibility, any body originating from a colder northern climate would experience a more arduous acclimatizing process. Further, the widespread assumption that yellow fever was generally a "Southern disease" and the special cultural relationship New Orleanians developed toward yellow fever cemented the generalization that both Northern bodies and cultures were fundamentally different from their Southern counterparts. This expectation of regional susceptibility was reflected in the yellow fever narratives' division of the population into different categories of strangers with Northern-born American migrants frequently considered foreign.[177]

Often these incidents revealed sectional antagonism with Northern "strangers" sometimes coded to imply Northern "carpetbaggers." But just as New Orleanians used theories of immunity to make a wide variety of social claims, the charge of stranger was leveled at both Northern and Southern migrants from each end of the political spectrum. Further, the ambivalence over whether Northern migrants were easily acclimated Americans or unassimilable foreign strangers mirrored the larger ambivalence with which many Southerners viewed Northerners following Reconstruction. In some cases, Southerners labeled Northern agents as corrupt influencers and carpetbaggers. But in others, they lauded Northerners as helping to inaugurate a New South. This ambivalence was particularly prevalent in Southern cities, like New Orleans, that depended on

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[176] Ibid.

[177] Ibid.; Dowler, *Tableau of the Yellow Fever of 1853*, 35-37. Historically, physicians such as Dr. Dowler argued that "country creoles" were not as immune to the disease as "city creoles" were and that this helped to explain why the disease was particularly virulent beyond the city limits. This distinction betrays an existing attitude of difference between urban and rural Louisianans.

Northern investment or tourism. While the push for Redemption demanded that Southerners restore Home Rule by disavowing Northern political influence, these Southerners did not want to alienate Northerners completely. Yellow fever narratives therefore reflected New Orleanians' ambivalence toward Northern migration and presented acclimation as a process by which Northern migrants could prove themselves respectful of Southern culture and autonomy.[178]

Though a migrant's seasoning was an individual affair—with yellow fever the ultimate arbiter of acceptance or rejection—migrants' social behavior was also carefully scrutinized based on expected communal responsibilities during epidemics. A letter published in the *New Orleans Times*, written by a Mrs. M. T. Dugan, claimed that anyone could learn to nurse yellow fever patients with but "a little care and attention." She claimed, "It should be the duty of every one who intends to make New Orleans his home to lose no time in learning how to take care of the sick," implying that an individual's behavior during epidemics should also be relevant in determining his or her suitability as a New Orleanian. If migrants planned to be accepted as New Orleanians, such logic suggested, becoming acclimated was not enough. Migrants must educate themselves about the culture of New Orleanian Creoles, including the importance yellow fever played in New Orleanian culture. Further, it was not enough to navigate one's own seasoning; migrants were expected to help others in their pursuit of acclimation and to act charitably toward their fellow residents

[178] Both the *New Orleans Republican* and the *New Orleans Democrat* newspapers portrayed their political foes as having more to fear from yellow fever or as deserting their responsibilities to the community by fleeing from the epidemic. The *New Orleans Republican* claimed that "The Republican party is chiefly composed of native citizens, who are not driven from their homes upon the first approach of yellow fever. The Democrats on the contrary, are more or less colonists, who fly to their distant homes as soon as the first case is reported." In this way, New Orleans Republicans sought to distance themselves from the caricature of the Reconstruction carpetbagger and instead implied that wealthy Democrats, who left the city during the sickly season to vacation in summer homes, were the true strangers. "Our Colored Citizens," *New Orleans Republican*, September 28, 1878; Yellow fever narratives often seem of two minds about northern migrants. Arthur Remillard, *Southern Civil Religions: Imagining the Good Society in the Post-Reconstruction Era* (Athens: University of Georgia, 2011) argues that similar contradictory images of Northerners are especially found in Redemption narratives of areas that depend upon Northern tourism and want to encourage Northern visitors.

during epidemics. While New Orleanians such as Mrs. Dugan believed that migrants who shirked their cultural responsibilities during epidemics were undesirable candidates for inclusion, most believed that yellow fever would ultimately target and eliminate those who were unlikely or unwilling to assimilate. This process just happened to reinforce existing social prejudices.[179]

The role that immunity played in this elaborate ritual of belonging meant that acclimation remained a badge of membership in New Orleanian society and culture. Yellow fever narratives argued that certain migrants were more likely than others to acclimate and assimilate. Nevertheless, New Orleanians expected all migrants to subject themselves to the ritual of seasoning wherein the city itself—through the interaction of climate and disease environment—would select acceptable migrants and weed out undesirables. In 1878, New Orleanians still considered seasoning a crucial initiation for newcomers to the city. Edwin Britton Jennings, whose story opened this chapter, was just one migrant who hoped to survive this initiation.

Foreign Immigrants

New Orleanians considered all foreign immigrants to be strangers. Yet, like American migrants, foreigners were placed on a hierarchy of yellow fever susceptibility that suggested certain immigrant groups were more desirable than others. New Orleanians continued to view yellow fever as a strangers' disease that would weed out undesirable immigrants who were unlikely to assimilate to New Orleanian social and cultural standards. This holdover from the antebellum era remained relevant to the cultural identity of New Orleanians in 1878; however, the hierarchy of susceptibility had shifted to reflect the nativist concerns of the time.

[179] M. T. Ducan, "Yellow Fever," *New Orleans Times*, August 9, 1878.

Yet this new hierarchy was full of paradoxes as a result of the complexity of post-Emancipation racial politics. For example, while Louisiana planters welcomed Italian immigration as a corrective to expected labor shortages following Emancipation, New Orleanian yellow fever narratives presented Italians as unfit for city life. Further, while Louisiana politicians supported Western efforts to limit Chinese immigration, New Orleanian yellow fever narratives proclaimed them racially immune—an argument that supported white supremacy yet implied Chinese immigrants' implicit inclusion in the city's social hierarchy. The traditional role of yellow fever immunity in the ritual of belonging therefore ran afoul of the reorganization of the racial hierarchy in post-Reconstruction New Orleans.

New Orleans was a major antebellum port of entry for immigration to the United States. Only New York admitted more immigrants into the country, making New Orleans the cosmopolitan metropolis of the South. In 1817 Samuel J. Brown claimed in the *Western Gazetteer, Or Emigrants' Directory* that, walking the streets of New Orleans, "in half an hour you can see, and speak to, Frenchmen, Spaniards, Danes, Swedes, Germans, Englishmen, Portuguese, Highlanders, Mexicans, Kentuckians, Tennesseans, Ohioans, Pennsylvanians, New Yorkers, New Englanders, and a motley group of Indians, Quadroons, Africans, etc." While these migrants and travelers may not have settled in the city, immigrants destined for other Southern states generally arrived through the port of New Orleans, exposing the residents to a constant influx of the foreign-born. New Orleanians therefore elaborated theories of susceptibility that explained newcomers' high mortality rates—one in five Irish and one in eight German immigrants succumbed to yellow fever

during the 1853 epidemic, for example—while also justifying nativism against the foreigners judged least likely to assimilate.[180]

In 1878, New Orleanians generally maintained their belief in a hierarchy of yellow fever susceptibility based on physical and cultural resemblance to the Creole norm. For example, *The Daily City Item* newspaper reported that "any constitution not acclimated to the marshy air of Southern Louisiana—not accustomed to the sudden changes of temperature, to Creole diet, and the temperate habits of the Creole" could fall victim to yellow fever. Yet the paper expected the French, who most closely resembled Creoles in diet and lifestyle, to enjoy less susceptibility to the disease and lower mortality rates than either the Irish or Germans. The *Item* further explained that European newcomers "must find it no easy matter to adapt themselves to that moderation in diet, that abstinence in the use of strong drink, which the climate demands." Migration to Louisiana, it seemed, required that European immigrants adopt the local cuisine and work ethic of Creoles for their own good.[181]

New Orleanian natives took pleasure in this perceived superiority of their culture while characterizing immigrants believed to be unassimilable as having the most to fear from yellow fever. Before the Civil War, German and especially Irish immigrants were scapegoated as unassimilable strangers and blamed for the horrific epidemics of the 1850s. In the 1878 epidemic, it would be Italian and Sicilian immigrants who bore the brunt of New Orleanian nativism. The Italians were a relatively recent immigrant group. While present in the city prior to the Civil War,

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[180] M. Mark Stolarik, ed. *Forgotten Doors: The Other Ports of Entry to the United States* (Philadelphia: Balch Institute Press: Associated University Press, 1988); Samuel R. Brown, *The Western Gazetteer; or Emigrant's Directory, Containing a Geographical Description of the Western States and Territories, Viz. the States of Kentucky, Indiana, Louisiana, Ohio, Tennessee, and Mississippi: And the Territories of Illinois, Missouri, Alabama, Michigan, and North-Western* (Auburn, NY: H. C. Southwick, 1817), 148; Carrigan, *The Saffron Scourge*.

[181] "Some Questions of Yellow Fever Statisticians," *The Daily City Item*, August 29, 1878.

the New Orleans census of 1870 reported a population of fewer than 2,000 Italians. However, Italian and especially Sicilian immigration had been increasing since the end of the war, particularly in response to Emancipation.[182]

Under the imagined threat of a mass-exodus of freed slaves and the feared collapse of the plantation economy, Louisiana (along with other Southern states) inaugurated a wave of immigration schemes and propaganda to facilitate the immigration of Italian agricultural laborers. A post-war, pro-immigration pamphlet explained that "owing to the great mortality among the blacks during the war…and as the colored population cannot increase by foreign emigration, as the whites may do, the blacks will henceforth fall into a steadily diminishing minority." The Louisiana Board of Immigration was created in 1866 to solve this anticipated labor shortage. They aimed a large amount of propaganda at Italians and Sicilians, believing them to be ideal substitutes for black plantation labor. These projects proved largely successful, with thousands of Italian immigrants entering the state, most through the port of New Orleans.[183]

In response to the growing numbers of Italian immigrants, anti-Italian nativism began to rise in the city, a trend that was further exacerbated by the Italians' ambiguous racial status. Italians occupied an intermediate category in the racial hierarchy of New Orleans. In effect, they were situationally or conditionally white, meaning that they were afforded the status of whites in certain situations—particularly those that worked to the advantage of other whites, such as in voting.[184]

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[182] Carrigan, *The Saffron Scourge*; Hodding Carter, *The Past as Prelude*.

[183] J. C. Kathman, *Information for Immigrants into the State of Louisiana* (New Orleans: Printed at the Republican Office, 1868); Paolo Giordano, "Italian Immigration in the State of Louisiana: Its Causes, Effects, and Results," *Italian Americana* 5, 2, (1979): 160-177; Robert L. Brandfon, "The End of Immigration to the Cotton Fields," *The Mississippi Valley Historical Review* 50, 4 (1964): 591-611.

[184] Whiteness Studies scholars have coined a variety of phrases to describe this liminal racial category that immigrants occupied at different points in their historical trajectory toward whiteness. Karen Brodkin, *How Jews Became White Folks and What that Says about Race in America* (New Brunswick: Rutgers University Press, 1998) called it "conditionally white" while others have preferred to build on the concept of "inbetween peoples" suggested by Robert Orsi, "The

Propaganda attempting to promote Italian immigration to Louisiana portrayed Italians as white. Democratic supporters of these immigration schemes, such as the Louisiana Immigration and Homestead Company, assured white Louisianans that European labor would help to speed the restoration of the state to Home Rule by reviving the plantation economy, diminishing its reliance on black labor, and by creating a column of white voters who could be easily influenced by Democrats. Commissioner of the Board of Immigration, James O. Noyes, advocated an aggressive marketing campaign, stating that "Terrible stories are current in the old world as to the treatment of the unsophisticated stranger in this country." The Board therefore papered European ports with favorable descriptions of Louisiana plantation life that dismissed the assumption that agricultural labor was only for black people.[185]

The Board of Immigration further bolstered Italians' classification as white when they assured would-be immigrants that whites could labor safely in the Louisiana sun and that they had nothing to fear from yellow fever. One pamphlet confidently stated that, "In every part of the state…we find…white men, women, and children…laboring at all hours in the fields, without regard to the pretended climatic and miasmatic influences which are so erroneously imagined to be detrimental to white labor." Concerned migrants, perhaps having heard of the attrition rate for

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Religious Boundaries of an Inbetween People: Street Feste and the Problem of the Dark-Skinned Other in Italian Harlem, 1920-1990," *American Quarterly* 44 (1992): 313-347. The term "situationally white" has also been used to signify that racial labels depend upon the context of the situation in which they are applied and that at different moments the same individual may be classified within different racial categories. David Roediger, *Working Toward Whiteness: How America's Immigrants Became White: The Strange Journey from Ellis Island to the Suburbs* (New York: Basic Books, 2005) and others have argued that occupying this liminal space was an experience of racialization. This implies that any separation between the more traditional rhetoric of intra-European "races" and color-dependent race—such as that posited by Thomas Guglielmo, *White on Arrival: Italians, Race, Color, and Power in Chicago, 1890-1945* (New York: Oxford University Press, 2003)—becomes untenable.

[185] Commissioner Noyes was not a Democrat hoping to displace black labor. Rather, he spoke of the glory of the New South in attracting the best migrants from around the world to become yeoman farmers who would prop up Louisiana's modernizing economy. Moon Ho Jung, *Coolies and Cane: Race, Labor, and Sugar in the Age of Emancipation* (Baltimore: Johns Hopkins University Press, 2006); James O. Noyes, *Report of James O. Noyes, Chief of the Bureau of Immigration to the General Assembly of Louisiana* (New Orleans: A. L. Lee, State Printer, 1869), 13

newcomers, were assured: "…it may be said with equal truth that there is no climate in the world so favorable to the European immigrant than that of Louisiana." The state's pro-immigration policies and propaganda thus attempted to counteract New Orleanian characterizations of yellow fever as a strangers' disease.[186]

To further allay fear of Louisiana's disease environment, immigration pamphlets included letters written by potential employers that described the health benefits of the countryside over those of the city. For example, Henry Leach, a planter from Ponchatoula, wrote, "There is no acclimating fever known here, and men can work summer and winter." Planter John M. Bach agreed, claiming that "Strangers are not liable to any acclimating fever" in the countryside and E. Addison proclaimed further, "No prejudices exist here against the laboring class of the North or West, or foreigners, that would mar their peace, or interfere with their business in the country." These pamphlets thus pressed the case that immigrants who labored in the Louisiana countryside could be reasonably assured of their health and prosperity. Further, they would escape the devastating fevers that attacked strangers who stayed in the city.[187]

In truth, many Italian immigrants worked under oppressive and exploitative conditions in the Louisiana countryside. Because Louisianans sought Italian immigrants for agricultural labor, they were in practice often equated to black workers in the labor market and similar racial rhetoric was used to justify their subjugation. In 1873, the British consul in New Orleans warned that to most Southern planters "a labourer is a labourer…whether he be French or German, Italian or

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[186] Alan G. Gauthreaux, *Italian Louisiana: History, Heritage, and Tradition* (Charleston, SC: The History Press, 2014) argues that the apprehension of agricultural labor shortages after Emancipation which prompted this pursuit of foreign labor was exaggerated, at least in part, by Democrats hoping to swell the rolls of white voters. He points to the fact that U.S. Census reports from 1860 and 1870 fail to demonstrate a mass exodus of black labor and claims that those intent on restoring the South to white supremacy targeted Italians as an ethnic group they thought they could control politically. Paolo Giordano, "Italian Immigration in the State of Louisiana," 160-177; J. B. Robinson, "The Vast Resources of Louisiana," *De Bow's Review* 2 (1866): 284.

[187] Noyes, *Report of the Bureau of Immigration to the General Assembly of Louisiana*;.Kathman, *Information for Immigrants.*

Norwegian, British or Chinese, he is to be housed, fed, and treated just as the black race used to be."[188]

Those Italians who returned to or remained in the city upon arrival were not treated much better. Throughout the postwar decades, the New Orleans press published an increasing number of stories that reinforced the strangeness of Italian, and particularly Sicilian, immigrants. Such stories emphasized Italians' negative cultural traits, including laziness, criminality, and their isolation in ethnic ghettos. Among the negative traits commonly attributed to Italians was their high rate of yellow fever mortality and their unwillingness to submit to the process of acclimation.[189]

During the height of the 1878 epidemic, the *New Orleans Times* described the exodus of a large group of Italians, supposedly comprised of fruit vendors and itinerant peddlers, who attempted to elude the disease by taking over two small plantations outside of the city. The *Times* described the Italians as squatters, numbering in the hundreds, poor, wretched, and "crowded into small rooms, in stables and dilapidated quarters." The article further characterized them as hostile, suspicious, uneducated, lazy, and well-armed. The *Times* reported that despite the Italians' attempts to flee, yellow fever had followed them and that a family had perished of it, shunned and isolated by their fellow countrymen for fear of its spread. Even the "gaping crowd of negroes" living in a

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[188] *Reports from Her Majesty's Consuls on the Manufactures, Commerce, &c of Their Consular Districts* (London: Harrison and Sons, 1873); Also quoted in Rowland T. Berthoff, "Southern Attitudes Toward Immigration, 1865-1914," *The Journal of Southern History* 17, 3 (1951): 331.

[189] Ibid.; "A Sicilian Feud," *New Orleans Times*, December, 16, 1874; "Queer People, The Sicilian Code of Justice," *New Orleans Times*, July 16, 1875; "Assaulted by a Sicilian," *New Orleans Times*, June13, 1878; "The Irish Tenant," *New Orleans Times*, May 6, 1878; "A Sicilian Scrimmage," *New Orleans Times*, May 9, 1877; "The Vendetta, A Double Murder," New Orleans *Picayune*, April 21, 1872; "City Hall, The Fruit Vendors—Odds and Ends," New Orleans *Picayune*, July 20, 1877; "A Sicilian Shot," New Orleans *Picayune*, May 25, 1877.

nearby house were quoted as saying they thought the Italians a "mighty cur'us people," implying that even freedpeople recognized the Italians' behavior as incompatible with local custom.[190]

The *Times* reporter consistently characterized the Italians as strangers who, through their unwillingness to relinquish their foreign culture and vagabond lifestyle, proved themselves eminently unassimilable. In highlighting their isolation, their rudeness, and their lack of loyalty to the yellow fever victims in their midst, the *Times* suggested that Italians were undesirable as potential members of New Orleanian society. *The Daily City Item* agreed; as one article claimed, "it is not difficult to account for the mortality among Italians and Sicilians…their gregarious mode of living, coupled with their inclination to settle in unhealthy courts and tenements…and their marked indifference to certain rules of cleanliness," all contributed to their susceptibility. Various New Orleanian newspapers reported that the epidemic was devastating to the population of Italians and Sicilians, implying that yellow fever—that arbiter of belonging in New Orleans—had deemed these immigrants unacceptable.[191]

Yet Italians' yellow fever mortality, while designating them as strangers, also clearly marked them as white Europeans. The New Orleanian press may have characterized Italians as unassimilable; yet their discussion of Italian susceptibility nevertheless took place in the context of a perceived hierarchy of European "races" with both medical and newspaper sources including Italians under the "white" column of mortality statistics. Although New Orleanian nativists argued that Italians were less likely to survive their seasoning, they nevertheless conceded that Italians could survive and become acclimated. New Orleanians thus based Italians' potential for immunity

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[190] "Barricaded Against Yellow Jack, The Italian Refugees at Camp Parapet," *New Orleans Times*, August 24, 1878; "Italians in Camp," New Orleans *Picayune*, August 21, 1878; "The Work of the Italians," New Orleans *Picayune*, October 25, 1878.
[191] Ibid.; "Some Questions of Yellow Fever Statisticians," *The Daily City Item,* August 29, 1878.

on acclimation and not on race, thereby classifying Italians as white in the medical context of yellow fever immunity. Significantly, these hierarchical theories of susceptibility to yellow fever, while pressuring immigrants to assimilate to an idealized version of New Orleanian identity, nevertheless simultaneously created opportunities for certain immigrant groups to assert their whiteness.[192]

Italians thus found themselves amid a confusing array of contradictory ideas about their potential for belonging. Statewide immigration policies sought to promote their inclusion while New Orleanian nativists sought their exclusion. Post-emancipation racial politics, coupled with the complexity of New Orleans's racial dynamics, only made matters worse. Further, yellow fever theories of susceptibility proclaimed Italians to be white, yet unwelcome.

A similar multitude of factors faced Chinese immigrants during the 1878 epidemic. Asian immigrants—who typically came to Louisiana to work as agricultural laborers on the state's sugar plantations—played an even more complex role in the postbellum discourses of race, labor, and immigration than the Italians. Similar to the Italian example, Chinese immigrants provided a transitional form of free labor immediately after Emancipation. Postbellum plantation owners—seeking to resuscitate the sugar economy—supported Chinese immigration in order to reinstitute more familiar forms of plantation labor as racial, if not legal, slavery. Their labor, immigration

[192] News Orleans's newspapers followed the convention of the Board of Health which designated yellow fever cases by race. As cases increased among the black population, the *Picayune* printed the list in columns of "White" and "Colored" cases and deaths. They assigned Italians to the white column. Joseph Jones, "Yellow Fever Epidemic of 1878 in New Orleans," *New Orleans Medical and Surgical Journal* (1879): 683-715 also referred to a number of immigrant groups in the city as "whites," including the Italians; Aristides Agramonte Yellow Fever Collection, John P. Ische Library.

supporters argued, promised to maintain white supremacy and control over agricultural production.[193]

Immigration policies were steeped in the racial politics of agricultural labor. Therefore, similar to the Italians, Chinese immigrants were characterized as alternately white and black. To promote their immigration as much-needed plantation labor, and to allay Republican suspicions that these Asians were being transported to the state as "coolie" labor, immigration supporters coded them with traditionally white characteristics using language often reserved for whites. Though briefly labeled as white in the context of immigration, however, Chinese bodies were reassigned as black, or at least nonwhite, in the fields of Louisiana. Once Asian immigrants entered Louisiana and took their place as agricultural laborers, planters were quick to shift their rhetoric, employing racial language traditionally used for black plantation labor, to characterize the *natural* dependence and servility of Asian workers.[194]

Despite many similarities to the Italian experience in terms of labor relations, Chinese immigrants were clearly labeled as nonwhite when it came to yellow fever theory. Newspapers ran articles with titles such as "Bronze John vs Bronze John"—a play on the nativist caricature of the Chinese immigrant and the anthropomorphic caricature of yellow fever—which presented the popular assumption that Chinese laborers were naturally immune to the disease. The *New Orleans Item* claimed in its discussion of the hierarchy of susceptibility that "The Chinese appear to enjoy immunity."[195]

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[193] Giordano, "Italian Immigration in the State of Louisiana," 164; Jung, *Coolies and Cane*; Berthoff, "Southern Attitudes Toward Immigration," 333.
[194] Ibid.
[195] "Bronze John vs. Bronze John," New Orleans *Picayune*, September 11, 1878; "Some Questions of Yellow Fever Statisticians," *New Orleans Item*, August 29, 1878.

Stanford Chaille—an elite New Orleanian physician—reported to the National Board of Health in 1879 that "the Chinese…have proved beyond question their liability to yellow fever, and at the same time their comparative immunity." Chaille went on to claim that although cases of yellow fever were found among the Chinese population of the South during the epidemic of 1878, the "Asiatic races," like the black race, enjoyed some physiological resistance to the disease. George Sternberg made a similar claim when he reported to the U.S. Marine Hospital Service that "the Mongolian race" was not immune to the disease, "but like the negro they have, although to a less degree, less susceptibility than the white race, and the mortality among those attacked is not so great." Neither physician attempted to explore or explain this assertion, despite the fact that the Board of Experts, appointed by Congress to investigate the epidemic of 1878, recognized many yellow fever cases and deaths among Chinese residents and reminded readers in its report that "yellow fever has never been known in Asia."[196]

The assumption that the Chinese enjoyed immunity from yellow fever, therefore, revealed more about their racial status than their actual susceptibility to disease. In his report to the National Board of Health, Dr. Chaille even complained that Cuban physicians, believing Chinese immigrants to be completely immune to the disease, nevertheless included the Chinese and Indians with Caucasians in their calculations of yellow fever cases in the white population, reserving the designation of "colored" for black residents only. Chaille's argument, that Chinese

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[196] Chaille, "Acclimatiation, or Acquisition of Immunity," 148-149; George M. Sternberg, *Report on the Etiology and Prevention of Yellow Fever* (Washington: Government Printing Office, 1890), 50; *Conclusions of the Board of Experts Authorized by Congress to Investigate the Yellow Fever Epidemic of 1878* (Washington D. C.: Judd and Detweiler, 1879), 10. Dr. Sternberg is widely recognized as the United States' first bacteriologist. He and Dr. Chaille were central to the 1880 Yellow Fever Commission sent to Cuba. While obviously problematic, late 19th century assumptions of Chinese immunity have been particularly confusing for historians. It is possible that many Chinese immigrants who came to the Southern United States by way of Cuba were, in fact, immune to the disease because they had survived a case in the Caribbean. But the belief that Chinese immunity or resistance was in any way widespread is unlikely as yellow fever has never spread to Asia. Kiple and King, *Another Dimension to the Black Diaspora*, 48.

immigrants were biologically immune to yellow fever, was intended to confirm their status as nonwhite.[197]

Chinese immigrants, while also occupying a middle ground in the racial hierarchy of New Orleans were, nevertheless, widely regarded in the city as biologically immune to yellow fever and therefore "colored." Moreover, those who stayed in the city occupied positions of service that, for a time, indicated their willingness to labor for whites, promoting white supremacy by occupying the traditional place held for slaves. In 1878, New Orleanians hoped that Chinese immigrants would conform to white expectations of deference to authority, conveniently upholding traditional racial categories when freedpeople were seen as subverting them.[198]

Yet New Orleans's newspapers ran just as many vitriolic condemnations of Chinese immigration as they did of Italian immigration. While apparently contradictory, this makes more sense if viewed in the national context of growing anti-Chinese sentiment during and after Reconstruction. The Naturalization Act of 1870, for example, opened naturalization to "white persons and persons of African descent," while reaffirming the limitation for immigrants that were not clearly white or black to become American citizens. Congressional debates over the Naturalization Act's language betrayed a clear moment of Republican discord in Reconstruction policy. In the context of racial politics leading to the Chinese Exclusion Act of 1882, biological theories of yellow fever immunity buttressed the designation of Chinese bodies as nonwhite in ways that affirmed their outsider status.[199]

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[197] *Annual Report of the National Board of Health*, 87, 148.

[198] For more on the intersection of Chinese immigration and racial ambiguity, see Jung, *Coolies and Cane* and Elliot Young, *Alien Nation: Chinese Migration in the Americas from the Coolie Era through World War II* (Chapel Hill: The University of North Carolina Press, 2014). For more on the growth of the Chinese community in New Orleans, see Campanella, *Geographies of New Orleans*, 337-356.

[199] Ibid.; Edlie L. Wong, *Racial Reconstruction: Black Inclusion, Chinese Exclusion, and the Fictions of Citizenship* (New York: New York University Press, 2015).

This maneuvering seems to contradict the New Orleanian cultural symbol of belonging traditionally invested in yellow fever immunity. New Orleanians' claim that Chinese immigrants were racially immune to yellow fever should have provided them with a badge of membership in New Orleanian society, just as it had for antebellum black residents. Granted, this membership would be based on racial and social inferiority, but they would nevertheless have a guaranteed place in the New Orleanian social hierarchy. Arguably, in this instance, the confidence in Chinese yellow fever immunity—based on biology rather than acclimation—was an argument for their "colored" racial status rather than their inherent belonging in the city. The decoupling of belonging from their immunity reflects the ambiguous status of racial minorities in post-Reconstruction New Orleans, a concept that will be discussed further in the next section.

Similar to Northern-born American migrants, immigrants recently arrived from abroad found themselves in a traditional hierarchy of yellow fever susceptibility based on their degree of cultural difference from the Creole norm. This hierarchy echoed antebellum New Orleanians' use of the strangers' disease to compel assimilation and justify nativism. In 1878, New Orleanians revised the hierarchy of assimilation to append Italians at the bottom. The traditional hierarchy of belonging in New Orleans was further complicated by post-Emancipation racial politics. Italians, while seen as undesirable, unassimilable strangers—and while occupying an ambiguous racial status—were nevertheless coded white by their yellow fever susceptibility. The Chinese, on the other hand, were believed to be immune to the disease which clearly indicated their status as nonwhites. However, these assertions were further complicated by the divergent views on

immigration and race in the city vs. the countryside, as well as larger national negotiations over the limitations of nonwhite immigrants.

African American Immunity

Because immunity to yellow fever acted as a measure of cultural belonging, theories of biological immunity that helped to construct race became more complicated in the postbellum period. Originally created to justify the continued enslavement of Africans and their descendants, black immunity had guaranteed that slaves were accepted as an important and necessary constituent of New Orleanian society. This acceptance was, of course, never intended to put blacks on equal footing with immune whites; instead, it naturalized the unequal power relations that defined African Americans as a subservient workforce. The advent of Emancipation, however, threatened this elaborate medical and social construct. After the Civil War, issues of belonging and citizenship were at the nexus of debates over how to reincorporate freedpeople into the Southern social body. At stake was the future role that the three to four million newly freed slaves would play in Southern politics, economics, and society.

In New Orleans, the relationship between immunity to belonging—as indicated in the example of Chinese immigrants—was in flux following Reconstruction because of the ambiguous status of African Americans in the city. During the 1878 epidemic, authors of yellow fever narratives expressed surprise at the high morbidity and mortality rates found among the black population. New Orleanians either questioned black residents' racial immunity because they

believed them to be susceptible strangers or they affirmed theories of racial immunity to argue that blacks were immune citizens.[200]

To white New Orleanians acculturated to believing in inherent black immunity, the 1878 yellow fever epidemic seemed to produce a startling development. During the summer and autumn of 1878, Southern periodicals regularly printed statistics showing high morbidity and mortality among the black population. As the disease swept up the Mississippi Valley, examples of "colored cases" became a marker signifying how bad the disease was in any given place. Newspapers ran headlines such as "Grenada—Pure-Blooded Negroes Dying of Yellow Fever" and "Fever Panic Among the Negroes." Medical and popular authorities wondered whether these cases were a consequence of the incredible scope and virulence of the present epidemic or, alternately, if the famed immunity of black people had somehow diminished.[201]

Despite the surprising morbidity of black residents described by New Orleanian newspapers, the official mortality statistics of the epidemic, published by the New Orleans Board of Health, revealed a starkly different picture of black experience with the disease. While there were cases and deaths among the black population—enough to call into question the belief in an inherent immunity to yellow fever—the numbers of black deaths were much lower than their white

[200] Historians continue to debate whether there is any reliable evidence to support the assertion that people of African descent have a genetic resistance to yellow fever. Historians such as Todd Savitt and Kenneth and Virginia King have argued that West Africans, in particular, may have developed some evolutionary protection against the disease, as it is endemic to that region of Africa. Proponents point to the relationship between malarial resistance and the sickle-cell trait as an analogous form of defensive process. However, more recent scholarship argues that there is neither good historical nor contemporary scientific evidence to support such a claim and point to the obviously racist context of the historical evidence as well as the flaws in explaining a process of evolutionary resistance to yellow fever based on malarial resistance. The best example of this position is Mariola Espinosa, "The Question of Racial Immunity to Yellow Fever in History and Historiography," *Social Science History* 38, 3-4 (2014): 437-453.
[201] *New Orleans Times*, August 22, 1878; *The Cleveland Leader*, October 30, 1878.

counterparts. Medical authorities therefore insisted that black bodies, while not immune, must be remarkably resistant to the disease.[202]

Analyzing more than three decades of New Orleans's mortality statistics, Joseph Jones, Chair of Chemistry and Clinical Medicine at the University of Louisiana, argued that yellow fever epidemics skewed the mortality statistics, "due chiefly to the destructive effects of this disease upon the white race." He calculated that the deaths attributed to yellow fever in 1878 were 52.08 per 1,000 white and 39.0 per 1,000 nonwhite population. The Board of Health cited the final count of yellow fever deaths for the year 1878 as 4,046 in its year-end report to the Governor. Of these, it cited only 183 deaths as "colored." While over 14,000 cases of yellow fever in the white population were reported to the Board of Health, only 1,710 cases were reported for the nonwhite population.[203]

While arguing that antebellum theories of black immunity were inaccurate, physicians like Jones nevertheless claimed that their statistical evidence proved that black people had some innate resistance to the disease. Both the significantly lower rate of infection and death, they contended, demonstrated that blacks' racial characteristics made them less susceptible to yellow fever and far more likely to survive a case than their white counterparts. For example, William Joseph Holt, Sanitary Inspector for the Fourth District, claimed that "The exemption of the negro race is…strikingly shown in the table of mortality." His report listed 29 deaths among blacks in the district compared to 569 deaths among whites. In Holt's opinion, a mere 29 deaths out of a total population of 6,883 black residents was strong evidence in favor of their inherent resistance.

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[202] *Annual Report of the Board of Health of the State of Louisiana to the General Assembly for the Year 1878* (New Orleans: J. S. Rivers, Stationer and Printer, 1879).

[203] Joseph Jones, *Medical and Surgical Memoires*, Vol 3 (New Orleans: Joseph Jones, M.D., 1890), 275-288, 316-317; Ernest Hardenstein, *The Epidemic of 1878 and Its Homoeopathic Treatment* (New Orleans: J.S. Rivers, Stationer and Printer, 1879): 11-12.

While they did not speculate on the biological basis of this disease resistance, Holt and other white physicians nevertheless presented it as essentially race-based.[204]

Significantly, some physicians acknowledged that the statistics of this epidemic may not have been entirely accurate. Dr. Jones wrote, for instance, that "There are no accurate statistics to show the actual population in 1878," though he estimated the number to be approximately 210,000. He further acknowledged that New Orleans's demographics had been in a state of transition after the Civil War. "Embracing the entire period of the civil war, and still more disastrous period of so-called 'reconstruction,'" Jones argued that New Orleans had undergone a "complete revolution" in the demographic makeup of its residents, with a net loss of white population and an influx of black migration.[205]

Yet, despite the recognition that New Orleans's black population had nearly doubled after the Civil War with the migration of freedpeople from nearby plantations, physicians did not differentiate between New Orleanian blacks and those who might otherwise be considered strangers. Even those statisticians who stridently opposed the concept of Creole immunity considered the introduction of a significant number of nonimmune whites into the region a legitimate reason to differentiate white New Orleanian residents from recently arrived immigrants in their tables. While maintaining that the only sure way to guard against an attack of yellow fever was to have survived a previous case, these physicians still contended that racial distinctions in

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[204] Ibid., 14; *Annual Report of the Board of Health of the State of Louisiana*, 83.

[205] Jones, *Medical and Surgical Memoires*, 275-288. Freedpeople had flocked to urban centers looking for work away from their former plantations and masters. Black Northerners also migrated to the South to help build African American communities and institutions and to assist freedpeople's transition to citizenship. Unfortunately, many of these freedpeople and Northern migrants had never encountered yellow fever before. Being an urban disease, many rural Southerners who did not venture into the city escaped contact with yellow fever. For this reason, one would expect high numbers of morbidity among the black population in New Orleans in 1878.

differential immunity and susceptibility provided an exception to the rule; buoyed by this logic, they presented all "colored" cases in a single column.[206]

Significantly, while physicians complained about the reliability of statistics given the public confidence in Creole immunity, they did not take issue with the statistical evidence used to substantiate the argument of black resistance. While they recognized the notion of innate Creole immunity as socially driven, New Orleanian physicians did not question the line of reasoning that saw black people as innately different when it came to yellow fever; they only questioned its degree. New Orleans's physicians thus presented their ideas about race as unbiased by the changing social and political reality of Southern race relations, relying upon the vast racial disparity in their statistical calculations to make the case for them.

While New Orleans's medical community sought to maintain racial distinctions by appealing to objective statistical data—endeavoring to remain aloof to the social and political implications of their arguments—New Orleanian newspapers exercised no such restraint. They willingly used the experience of yellow fever to argue a number of conflicting positions, usually reinforced by their political affiliation, and drawing on the cultural significance of yellow fever immunity to New Orleanian identity and belonging. Their disagreements over immunity reveal the contested role of freedpeople in New Orleanian society as these debates sought to redefine the role of black citizens in the post-Emancipation South.

At one end of this spectrum was the staunchly Democratic *New Orleans Times*, which openly attributed the loss of black citizens' yellow fever immunity to their newly freed status. Early

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[206] Richard Campanella, "An Ethnic Geography of New Orleans," *The Journal of America History* 94, 3 (2007): 704-715. In the *Annual Report of the Board of Health of the State of Louisiana* only M. E. Schlater, Sanitary Inspector for the first district, and William Joseph Holt, Sanitary Inspector of the fourth district, separated the African Americans in their tables of mortality by nativity, 40, 84.

in the epidemic, its editors published an article, supposedly quoting "an eminent colored citizen" who blamed the high mortality among the black community on Emancipation:

> In de ole anty belly days dese heah po' niggahs wuz 'sempt, cuz de Yaller Jack didn't know de niggah from de odder stock. But in dese times sence de wah, wen Massa Linkum dun gone made de niggah jes de same as de wite man, why dey has de same privumledges, 'n Yellow Jack don't see no differumses.

The *Times* article—presenting a quote written in slave dialect and further using standard racist linguistic tropes and minstrel imagery—was most likely written by a white author who offered a caricature of the freedman, readily identifiable by a white nineteenth-century audience. The "eminent colored citizen" clearly was not representative of the educated and respectable *gens de couleur* class of free black New Orleanians. The *Times* thus recast the "eminent colored citizen" as the more familiar character of the "faithful slave," one who spoke of the "good old days" under slavery and the evils that would befall members of the black race now that they had been given their freedom.[207]

Acting as an implicit critique of Emancipation, the *Times* article used the loss of immunity to yellow fever as a stand-in for the "unnaturalness" of African American freedom. Because the popular assumption of black immunity was tied to the ideology of slavery, the *Times* warned that the loss of slavery would entail the loss of immunity as well. It argued that black Southerners' newfound liability to yellow fever proved that Emancipation had destroyed the natural condition of black subservience which guaranteed their immunity. Further, the *Times* implied that black residents' loss of immunity equated to their loss of belonging in New Orleans. Slavery may have guaranteed their position in New Orleanian society—albeit as subjugated labor—but once that place

[207] *New Orleans Times*, August 21, 1878.

was challenged, freedpeople effectively became strangers—as liable to yellow fever as any newcomer to the city.[208]

At the other end of the spectrum, the editors of the *New Orleans Republican* tenaciously adhered to the theory of black immunity, a claim that enabled them to argue that freedpeople still belonged to New Orleans. In a series of editorials, the *Republican* lauded the extraordinary value of the city's black citizens during the epidemic. Because of their immunity to yellow fever, the paper noted, black workers could continue to do their field and domestic labor throughout the sickly season. Further, they had done so with devotion to the people and institutions of New Orleans during its grievous time of need. For this reason, the *Republican* praised the "immense value" to New Orleanian society of this immune population of black workers. Crediting Divine Wisdom to this "terrible panic and pestilence," the editors further characterized the black population, who remained at their post while others fled, as loyal agents of God's merciful hand. This loyalty and devotion to God's plan, they argued, proved the reliability and sympathy of the black population for their fellow citizens, "and have thus given renewed assurances that as a social, industrial, and political element, they are entitled to the confidence and protection of the whole people of Louisiana."[209]

The *Republican* also praised African Americans for the role they could play in keeping New Orleans's economy and society functioning smoothly in the case of a future epidemic. The paper enthusiastically agreed with those who called for the reorganization of business on the basis of

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[208] Ibid.

[209] "Our Colored Citizens," *New Orleans Republican*, September 28, 1878; "An Address to the Republicans of Louisiana," *New Orleans Republican*, and September 21, 1878. There was already an African American medical school opened during Reconstruction but an arsonist burned down the main building in 1877, thereby contributing to the school's decline. For more information, see Todd L. Savitt, "Straight University Medical Department: The Short Life of a Black Medical School in Reconstruction New Orleans," *Louisiana History: The Journal of the Louisiana Historical Association* 41, 2 (2000): 175-201.

acclimated agents and employees in order to avoid the quarantines that shut down shipping, believing that this would open up new high-profile job opportunities for black residents. Its editors took this line of reasoning a step further, however, and proposed that black men should be educated in medical schools, taking full advantage of their immunity, by placing them as physicians and nurses in service of their community. "With their capacity for bearing the heat, and withstanding the diseases of the climate," the *Republican* maintained, "it will be in the power of an educated and acclimated people to render such services to society as that any prejudice of color will be forgotten in the value of their contribution." Expressing a continued confidence in black immunity, the *New Orleans Republican* thus sought to guarantee economic and educational opportunities for black citizens, in effect recasting the pre-existing prejudices of the white establishment in order to grant African Americans new options in society. Their argument leveraged black residents' immunity to yellow fever to present them as a unique and vital asset—a population that would continue to labor for New Orleanians, but as educated citizens rather than as slaves or strangers. [210]

Comparing the way that these two newspapers—with very divergent political positions—made sense of the question of black immunity is telling. Despite the fact that theories of African immunity had supported the ideology of slavery, the Democratic *New Orleans Times* argued that black people were no longer immune to yellow fever, a process of estrangement that denied freedpeople's belonging after Emancipation. The *New Orleans Republican*, on the other hand, echoed many of the earlier arguments made by antebellum, pro-slavery theorists such as Samuel

[210] "Our Colored Citizens," *New Orleans Republican*, September 28, 1878; "Education of the Colored People," *New Orleans Republican*, October 2, 1878.

Cartwright, yet did so in order to manipulate the racial division of labor that had previously been built on immunity in the favor of black advancement.

In the post-Reconstruction context of the 1878 yellow fever epidemic, discussions of African resistance or immunity to yellow fever acted as a medical component in the debate over the status of freedpeople as citizens and their assimilation into the larger community. While this racial logic was a relic of the antebellum medical justification for slavery, the continued uncertainty over the issue of African immunity in both medical and lay sources mirrored the ambiguous status of African Americans in New Orleanian society in the immediate years after Reconstruction. Racial theories of immunity or resistance to yellow fever were further complicated by the complex web of racial politics that existed in the post-Reconstruction era. In this context, theories of differential immunity to yellow fever were rhetorically useful in the negotiation of race and belonging, particularly for New Orleanians who had a long cultural tradition of yellow fever theory that mapped hierarchies of immunity and susceptibility onto the social body.

Conclusion

While New Orleanians continued to use theories of differential immunity and susceptibility to yellow fever to make social claims of belonging or exclusion, some were quick to point out that the 1878 epidemic flew in the face of these traditional assumptions. The *New Orleans Times* proclaimed, "The present visitation has…flung doubt upon all preconceived opinions. Italians and Spaniards seem as liable to yellow fever as Irish or Germans; thin-blooded folk fall victims as readily as robust and corpulent people; even creoles die and colored subjects of

the disease are not wanting." Despite concerns that yellow fever no longer seemed to respect traditional social divisions such as nativity, race, class, age, and gender, the confusion over these theories only added to their utility as rhetorical tools in the debate over who belonged in post-Reconstruction New Orleans. With the lack of consensus among medical and popular authorities as to how the disease operated in different bodies, authors of yellow fever narratives used these theories as evidence for any number of contradictory social claims. The confusion and complexity exhibited by these theories mirror the uncertainty with which many authors viewed the shifting social structure.[211]

For New Orleanians, theories of differential immunity to yellow fever were a tool that had proved historically useful in naturalizing the city's social hierarchy—a testament to the natural superiority of Creole bodies and culture. The popularity of ideas of Creole, or native, immunity in 1878 reflected native-born, white New Orleanians' concern over the loss of power and position during Reconstruction. Just as antebellum Creole identity, with its attendant immunity to yellow fever, acted as a way to naturalize Creole belonging and justify Creole influence contra American outsiders, postbellum theories of Creole immunity acted as a defensive mechanism that validated Creoles' natural supremacy in the face of Northern migrants, foreign immigrants, and resident African Americans. The belief in native-born immunity therefore continued to be an essential component of New Orleanian identity after the Civil War.

Originally constructed by New Orleanian Creoles to cement their physical and cultural superiority and fitness as leaders of New Orleanian society, yellow fever theories built around the concept of acclimation nevertheless allowed for the eventual belonging of deserving migrants. Migrants who successfully appropriated New Orleanian identity or assimilated into New Orleanian

[211] "Some Questions of Yellow Fever Statisticians," *New Orleans Times*, August 29, 1878.

society and culture could exploit theories of differential immunity and susceptibility to assert their own belonging or to question the belonging of others. The process of seasoning thus continued to play an important role in the ritual of cultural belonging in New Orleans long after the Civil War. Yellow fever remained a litmus test for physiological and cultural fitness; immigrants' behavior during epidemics was further used as evidence for their assimilability or lack thereof.

However, the ritual of belonging surrounding yellow fever immunity was complicated by the fact that these theories were used to create and maintain biological interpretations of racial difference. Yellow fever theories based on acclimation, for example, ultimately proclaimed Italian and Sicilian immigrants—otherwise judged as unassimilable outsiders by nativist New Orleanians—to be white. Theories of biological immunity or resistance, in contrast, proclaimed Chinese immigrants to be clearly nonwhite. Yet this expectation of immunity no longer seemed symbolic of belonging.

These theories of racial immunity, which allowed New Orleanians to argue clear natural, physiological differences between white and nonwhite populations, were also employed as rhetoric in the debate over the role of African Americans in the postwar South. New Orleanian Democrats argued that black people had lost their immunity to the disease in a clear effort to deny their previous position of belonging. New Orleanian Republicans, on the other hand, sought to counter this process of estrangement by reinforcing the traditional conviction that Africans and their descendants were immune.

Recognizing the social and cultural importance of theories of differential immunity and susceptibility helps to explain the durability of these theories despite the changing attitude of the medical elite. These theories continued to be employed after Reconstruction because of their

utility in naturalizing the privileged status of native-born whites, in providing a rationale for accepting or denying newcomers' membership in the New Orleanian social body, and in creating and maintaining traditional racial categories. Analyzing how these theories were used as rhetoric during the 1878 yellow fever epidemic in New Orleans further indicates the concerns native New Orleanians had at the end of Reconstruction about the role outsiders played in the city's social, economic, and political affairs.

CHAPTER THREE:

RELIEF AFTER RECONSTRUCTION

In his official history of the 1878 yellow fever epidemic, Dr. J. P. Dromgoole praised the efforts of Americans, "from the gentle murmurs of the Atlantic to the ocean-wrapped cliffs of the Pacific," who had rallied together to provide aid to the cities stricken with yellow fever. "With a lavish hand," he wrote, "the North has soothed the fevered brow of Southern suffering." These relief efforts, he claimed, promised to heal any sectional strife that remained from the bloody history of the Civil War and Reconstruction. "The hideous phantoms and weird ghosts of past differences and animosities" were now buried, he argued. "The demon of discord and contention has been hushed amid silent tears over the martyr's midnight grave; and among the dead and the dying, with one hand upon the dead husband and the other soothing the gurgling death-rattles of a dying wife, the North and South have shaken hands over the bloody chasm; and may the God of heaven and earth decree that it be closed forever!"[212]

Dromgoole was not alone in believing that the horrors of the 1878 epidemic would usher in a new era of national reconciliation. The national campaign to relieve the South was steeped in the rhetoric of reunion. Further, the efforts of Northern contributors to raise and transport millions of dollars in aid, medicines, and food to the Southern states stood as a symbol of the

[212] J. P. Dromgoole, *Yellow Fever: Heroes, Honors, and Horrors of 1878* (Louisville: John P. Morton and Company, 1879), 7; Aristides Agramonte Yellow Fever Collection, John P. Ische Library; Yellow Fever Collection, Benjamin L. Hooks Central Library.

North's commitment and support for their Southern brethren. Across the country, therefore, U.S. citizens expressed hope that yellow fever had finally accomplished what neither war, military occupation, nor constitutional amendments had achieved: the reincorporation of the South into the nation. Unfortunately, while the relief campaign suggested that the nation was once again whole, not all Southerners were guaranteed access to the fruits of reconciliation.

This chapter argues that while Southerners recognized Northern aid as a symbol of membership in the nation—extended to the South as an olive branch of national reconciliation—Southern relief workers nevertheless refused black citizens' equal claims to membership by denying their requests for aid and giving preferential access to whites-only relief organizations. The distribution of Northern and federal aid depended upon local authorities to distribute private philanthropic and federal disaster relief, leaving many Redeemer Democrats to dole out these rewards of national reconciliation. Fundamentally, Northern givers and Southern receivers of aid operated under very different definitions of reunion. While Northerners may have considered the gift of relief as a means to achieve national reconciliation, Southerners in charge of its implementation on the ground also saw relief in a second manner: as a tool of Redemption. Racial disparity in the dispersal of aid contributed to the rise of a Jim Crow South that segregated blacks from whites—a "separate but equal" society that was never intended to be equal—and systematically denied the access of African Americans to their rights as legitimate members of the nation.

In his discussion of the change in postwar rhetoric among Northern white Protestants—away from their earlier promotion of racial egalitarianism and toward calls for reconciliation with white Southerners—historian Edward Blum includes an analysis of 1878 yellow fever narratives for themes of national reconciliation. This national narrative, he argues, depended in part on the

relief efforts and donations of money and supplies provided by the North to aid the stricken South. Blum further claims that African Americans in the South were systematically denied relief and that this racial disparity in the dispersal of aid signaled the North's retreat from its Reconstruction responsibilities to safeguard black rights and lives in the South. While Blum's larger work focuses on Northern religious figures' contributions to the region's retreat from Reconstruction, he nevertheless recognizes the 1878 yellow fever epidemic as a moment of white reconciliation at the expense of black inclusion. This chapter examines Blum's hypothesis from a Southern perspective.[213]

Caroline Janney has suggested that reunion and reconciliation were two distinct but related processes. *Reunion* implied the political reunification of the North and South and was achieved by the Civil War. *Reconciliation*, however, required a recommitment of loyalty to a single nation and a belief that sectional hostility was over. This, of course, was a process that took much longer and often meant different things to different people. Similarly, this chapter recognizes that while yellow fever relief acted as a symbol of national reconciliation for both Northern contributors and Southern relief workers, the white men in charge of the relief apparatus also viewed relief as a tool of Redemption in the South. Northern relief efforts followed the example set by the federal government, which provided emergency aid for disaster relief in Southern communities stricken by yellow fever. Relief workers therefore reinforced the national membership of Southern whites to whom they provided aid but they did not automatically extend this right of citizenship to black Southerners.[214]

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[213] Edward J. Blum, *Reforging the White Republic: Race, Religion, and American Nationalism, 1865-1898* (Baton Rouge: Louisiana State University Press, 2005), 146-173.
[214] Caroline E. Janney, *Remembering the Civil War: Reunion and the Limits of Reconciliation* (Chapel Hill, University of North Carolina Press, 2013).

Historians of public health have further shown how integral the 1878 yellow fever epidemic was to nationalizing issues of public health, helping to lay the roots for an emerging, Progressive belief that the government should regulate the health of citizens who deserved protection. Historians Margaret Humphreys and John Ellis have each demonstrated that the 1878 epidemic was fundamental in stimulating broad support for the creation of a National Board of Health and investment in public health infrastructure throughout the South. While federal aid did not entirely drown out appeals to states' rights in determining local public health policy, the scope of the 1878 epidemic suggested that yellow fever was a national problem that must be met with a federal response. As yellow fever was recharacterized as a disease with significant consequences for the nation, the political implications of theories of importationism or endemicity in yellow fever etiology colored the debate over the National Board of Health's authority vis a vis state and local public health institutions. Together, this literature on public health has pointed to 1878 as a moment when Americans reconceptualized the relationship of the South to the nation in the midst of a Southern epidemic that came to be seen as a national disaster.[215]

In its examination of the racial disparity in Southern yellow fever relief, this chapter also draws on the work of legal scholar Michele Landis Dauber, whose analysis of Congressional support for disaster relief prior to Reconstruction demonstrates that claimants were required to prove themselves blameless in the circumstances leading to their downfall. Dauber argues that because assigning blame to disaster victims hinged on evaluating claimants' moral status, these decisions were complicated by perceived moral differences assigned to claimants' race, class, and gender. Likewise, in their judgments of who deserved to receive the aid that flowed south during

[215] Margaret Humphreys, *Yellow Fever and the South* (New Brunswick, NJ: Rutgers University Press, 1992); John H. Ellis, *Yellow Fever and Public Health in the New South* (Lexington, University Press of Kentucky, 1992).

the 1878 epidemic, Southern relief organizations closely adhered to these precedents. The result was that relief workers found most white Southerners to be blameless victims of yellow fever while judging most black Southerners unworthy of aid. These decisions regarding yellow fever relief were further complicated by popular assumptions of racialized differential immunity to the disease; relief workers thus construed yellow fever relief as intended for suffering whites, who received the bulk of aid during and after the epidemic.[216]

The chapter opens with a discussion of the national relief campaign. Public health infrastructure in the South was wholly inadequate to meet the needs of such a large medical disaster, forcing Southern organizations to turn to Northerners to supplement the relief of besieged Southern communities. It then analyzes the rhetoric of the Northern relief efforts, which was steeped in themes of patriotic sympathy, national reunion, and brotherhood. Southern relief workers responded in kind to this rhetoric of reconciliation. Necessary to these efforts at reconciliation, Northern benefactors and the federal government followed precedents that allowed Southern authorities discretion over the distribution of relief in their communities. The chapter then moves to an analysis of the claims of racial disparity in yellow fever relief to argue that Southern relief workers distributed the lion's share of Northern and federal aid to white Southerners, suggesting that they believed the nationalist rhetoric surrounding the relief campaign did not apply to African Americans. It further discusses relief workers' disavowal of systematic discrimination and their justifications for the dispersal of aid. It demonstrates that common themes found in yellow fever narratives explored in the two previous chapters—the separation of the black and white communities, the rhetorical support for white patriarchal supremacy, and the

[216] Michele Landis Dauber, *The Sympathetic State: Disaster Relief and the Origins of the American Welfare State* (Chicago: University of Chicago Press, 2012).

ubiquity of theories of racialized differential immunity—contributed to this disparity in relief. Ultimately, however, given the widespread acceptance of relief as a symbol of national reconciliation, the denial of aid to black Southerners suggests a larger denial that African Americans be accepted as equal citizens of the nation.

The National Relief Campaign

The devastation of the 1878 yellow fever epidemic in the Mississippi Valley was unparalleled in the history of the United States. The New Orleans Board of Health listed "not less than 4,600" deaths from yellow fever. Memphis deaths totaled more than 5,000—this in a city with one quarter the population of New Orleans. While New Orleans and Memphis suffered the highest mortality rates during the summer of 1878, hundreds of Southern towns and cities reported fatal cases of yellow fever. Sick refugees spread the disease throughout the lower Mississippi Valley and into Kentucky, Indiana, Illinois, and Ohio. Vicksburg, Mississippi lost one-third of its population, while nearby Beechland suffered so many casualties that it became a ghost town after the epidemic. Greenville likewise "lost nearly its entire population by death and flight."[217]

As yellow fever spread throughout the South, exhibiting a virulence that outmatched any previously recorded yellow fever epidemic in the United States, Southerners attempted to coordinate medical care and relief for their citizens. But the scope and severity of the epidemic completely overwhelmed the Southern relief apparatus. As the epidemic grew out of control, Southern relief organizations appealed to the federal government for support, prompting a

[217] *Report of the Executive Committee of the Yellow Fever National Relief Commission* (Washington D.C.: Printed by Order of the Committee, 1879), 31.

national relief campaign that raised and distributed four and a half million dollars worth of relief to Southern yellow fever sufferers. This campaign reconfigured yellow fever as a national concern and reconceptualized the South as an integral part of a reunified nation which must be saved from destruction.

The Southern relief apparatus centered on the Howard Associations, a group first established in New Orleans in the 1830s when local and state governments in the South rarely concerned themselves with matters of public health. Largely due to epidemic diseases such as yellow fever and cholera, New Orleans had the highest death rate of any American city. The Howards therefore made it their mission to provide medical care to the poor and indigent ill during epidemics. By mid-century, independent societies modeled on the New Orleans Howards existed in most American cities. Even with the establishment of local boards of health in Southern cities during the latter half of the century, the Howard Associations remained the best-equipped organizations to coordinate medical relief when political and economic elites fled in fear of yellow fever. They hired physicians, nurses, and druggists, coordinated donations of medical supplies and money, and visited the sick throughout the city, which they divided into wards under each member's personal supervision.[218]

To begin operating, however, the Howard Association required a declaration by the New Orleans Board of Health that yellow fever had reached epidemic proportions. This procedural requirement allowed political and economic elites to delay official declarations of epidemic conditions which invariably led to panic, prostration of business, and injurious quarantines. The

[218] Peggy Bassett Hildreth, "Early Red Cross: The Howard Association of New Orleans, 1873-1878," *Louisiana History: The Journal of the Louisiana Historical Association* 20, 1 (1979): 49-75.

Howards were therefore unable to begin work until the epidemic was in full swing. With mounting public pressure and calls for relief by those who awaited the Howards' involvement, the Board of Health finally relented, declaring epidemic conditions in the city on August 10th, after 431 cases of yellow fever and 118 deaths were reported. Despite the Board's concern that officially declaring the disease epidemic would cause unnecessary panic, New Orleanians had already begun to evacuate and several cities and towns along the Mississippi River and major railroads had already established quarantines against travelers and freight from New Orleans. The Howards finally went to work on August 16, almost 2 months after the disease first made its appearance in the city and after a full fifth of the total population of New Orleans had fled in fear. [219]

By then, however, the disease was already out of control and a number of fleeing evacuees had unwittingly spread the fever to surrounding towns. As the disease advanced along water and rail routes from New Orleans into the Mississippi Valley and east to Florida, cases of sick refugees were reported as far north as Ohio, New York, and New Jersey. Within a month, over eighty towns and villages around the city appealed to the New Orleans Howard Association for aid. While New Orleanians may have been experienced in coordinating medical relief during yellow fever epidemics, most of the interior towns and villages were ill-prepared. American medical theorists generally characterized yellow fever as the quintessential Southern disease, yet most Southern

[219] Ibid.; Jo Ann Carrigan, *The Saffron Scourge: A History of Yellow Fever in Louisiana, 1796-1905* (Lafayette, LA: University of Southwestern Louisiana, 1994), 98. Under standard definitions, boards of health did not declare epidemic conditions in a city until deaths from a particular disease outnumbered deaths from all other causes. True epidemics were thought to be inaugurated when disease-producing atmospheric conditions became so generalized that cases of disease were no longer confined to a particular area of the city. However, in a city the size of New Orleans—with a population of over 200,000 people and an annual mortality rate of around 32 per 1,000—over 3,000 yellow fever deaths would have had to occur before the New Orleans Board of Health could declare yellow fever epidemic. It's impossible to know exactly when the disease entered the city. Dr. Samuel Chopin, president of the New Orleans Board of Health, later credited the *Emily B. Souder* with introducing yellow fever into the city in late May. But there were countless ships that entered New Orleans from known yellow fever ports that summer. Chopin allowed ships carrying fruit to skip quarantine altogether and there were a number of Cuban refugees fleeing the Ten Years' War of independence from Spain.

towns and villages had little experience with yellow fever and little to no organized relief apparatus. The majority of these rural residents, lacking immunity to the disease, sickened in large numbers as yellow fever spread throughout the countryside.[220]

As most smaller towns in the South lacked an established Howard Association and local boards of health were short on political power and economic resources, a diverse network of organizations, institutions, and citizen relief committees tried their best to care for the sick, bury the dead, and give comfort to the living. But with so many people incapacitated, efforts to coordinate relief required outside reinforcement. Local boards of health and independent relief societies therefore depended upon the larger, urban Howard Associations for support and advice. Unfortunately, most Howard Associations adopted the same constitution and bylaws as the original New Orleans Howards and were just as easily hampered by local attempts to forestall declarations of an epidemic. But once engaged, the urban Howard Associations provided care, personnel, and supplies to all the nearby suburbs and smaller towns that they could reach.

Throughout the South, Southerners heeded the call for volunteers who had any experience with yellow fever to come into the fever districts to work for the Howards. The primary need was for nurses and doctors. Several railroad companies offered to transport physicians, nurses, medical supplies, and donated goods free of charge. On her way to Memphis, DePelchin described the fair-like atmosphere at a train depot in Little Rock. A band was playing, urging on the doctor and twenty nurses departing for the fever zone. She later remembered as she worked among the sick, "When I learned that but three were acclimated I shuddered at the prospective sacrifice. The music yet rings in my ears, as if it will be their funeral march." Southerners who heeded the first

[220] Thomas C. Minor, M.D. *Report on Yellow Fever as it Appeared in Ohio as It Appeared During the Summer of 1878*, Pamphlet, Aristides Agramonte Collection, John P. Ische Library; Hildreth, "Early Red Cross," 69-70.

calls for help had little idea of what horrors they would see or of how the epidemic would spread. They immediately responded to calls for relief in the hope that the epidemic could be contained.[221]

As the epidemic grew in scope and severity, however, the fear associated with the disease hampered Southern relief efforts. Armed mobs stopped trains that had traveled through the yellow fever zone from passing through their towns. Panicked residents tore up railroad tracks and burned down railroad bridges in an effort to stop the spread of the disease. "The judicious distribution of relief," J. L. Power, Grand Secretary of Masons, explained, "was attended with many difficulties." Few southern towns had organized relief committees, the exodus of evacuees included important political and economic leaders, and quarantine measures varied throughout the region. One Arkansas physician wrote his brother describing "the fear and excitement that pervades our entire community" after it was reported that a refugee from New Orleans had died of yellow fever within their city's limits. He explained that over half the town's citizens had already fled in fear despite the lack of further cases. As fear and yellow fever spread, each reinforcing the other, much of the South was soon in a state of chaos.[222]

The scale of the epidemic completely overwhelmed Southern relief organizations, including the Howards. Never expecting that the epidemic would become so severe or spread as it did, the New Orleans Howards made a crucial mistake early in September. Assuming they had raised enough money to see them through the epidemic until frost, they published a notice stating that they no longer required donations. This was a grave miscalculation, as the fever continued to

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[221] Kezia DePelchin, Letter to Sallie Payne, August 28, 1878, Kezia Payne DePelchin Yellow Fever epidemic letters, 1878-1879, Rice University.

[222] J. L. Power, *The Epidemic of 1878 in Mississippi, Report of the Yellow Fever Relief Work through J. L. Power, Grand Secretary of Masons and Grand Treasurer of Odd Fellows* (Jackson, MS: Clarion Steam Publishing House, 1879), 8.

devastate rural communities who looked to the urban Howards for relief. The Association's surplus quickly dwindled but instead of refusing aid to surrounding communities, the Howards borrowed against renewed appeals for funds. By October, the New Orleans Howards were $100,000 in debt.[223]

Likewise, other relief organizations miscalculated how severe the epidemic would become and how much money they would need. The Independent Order of Odd Fellows (I.O.O.F.) of the State of Tennessee admitted in its published report to Grand Master E. G. Budd that "they have been in receipt of daily communications offering material aid and kind sympathy for our sufferers, which were answered with thanks, declining the proffered aid; but in view of the magnitude of the scourge, and the certain exhaustion of all means at their command in a very short time, your committee decided to accept such offers of aid as might be tendered." Overwhelmed with the scale of the epidemic—as the New Orleans Howards were—they soon recognized their mistake in refusing aid from sources outside of the I.O.O.F. and the committee "soon commenced to receive funds from most every section of the country."[224]

As the disease grew more malignant, those in charge of the relief efforts also became infected. DePelchin wrote of the Howard Association in Memphis, "Every time I call at the Office, new faces greet me; as fast as one Howard is taken down, another takes his place." The secretary of the Memphis Masonic Relief Board begged indulgence in his report for keeping incomplete records, asking that "it [be] remembered that *three times* the force of the brethren on duty were changed—death and sickness making vacancies, which were filled by new and inexperienced

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[223] Hildreth, "Early Red Cross," 71.

[224] "Report of the Special Relief Committee of I.O.O.F.," in John MacLeod Keating, *A History of the Yellow Fever Epidemic of 1878, in Memphis, Tenn. Embracing a Complete List of the Dead, the Names of the Doctors and Nurses Employed, Names of All Who Contributed Money or Means, and the Names and History of the Howards, Together with Other Data, and Lists of the Dead Elsewhere* (Memphis, TN: Printed for the Howard Association, 1879), 410-411.

brethren." Many mutual aid and benevolent organizations failed to meet a quorum as members sickened or fled, further hampering their efforts to secure relief for their members. As yellow fever cut the ranks of relief workers, aid that might have been available one day may not have been forthcoming the next. The plethora of relief organizations further added to the confusion and difficulties in securing aid.[225]

Despite the fact that volunteer nurses and doctors were required to be acclimated, the fact that so many sickened and died suggested that many must have been mistaken about their immune status or simply lied. Concerning the unacclimated nurses traveling with her, DePelchin wrote: "I was in hopes that even at the last, they would not be allowed to enter Memphis. The impulse is noble, to come to help suffering humanity, but it is like someone who cannot swim plunging into a foaming torrent to save a drowning man. Two who can swim must then jump in to try to save them, and the chances are against them then." Unacclimated volunteers, while animated by a spirit of altruism, only added to the burden of Southern relief organizations when they swelled the rolls of the sick, particularly as they often came from outside the community and had no other recourse for support.[226]

Despite their best attempts to contain the yellow fever and care for its victims, Southern relief organizations floundered under the weight of so many cases and deaths. Ultimately, they were forced to appeal to Northern institutions and the federal government for emergency relief. National chapters of benevolent organizations and churches in the South appealed to their Northern counterparts for support. The Northern chapters of the YMCA and the Masons, among others, sent their Southern chapters contributions. Churches followed suit, exploiting national

[225] DePelchin, Letter to Payne, September 17, 1878; "Report of the Memphis Masonic Relief Board," in Keating, *History of the Yellow Fever Epidemic of 1878*, 405.
[226] DePelchin, Letter to Payne, September 3, 1878.

networks of denominational affiliation. Priests, pastors, and nuns volunteered in great numbers to travel south to give aid and comfort to the sick. Foreign language newspapers, such as New York's *Courrier des Etats Unis*, pledged donations to ethnic mutual aid societies in the South.

While newspapers and magazines spread the news of the devastation in the yellow fever zone, the nation watched, riveted. Contrary to the publication of official case and death rates by a number of Southern boards of health, the *Daily Illinois State Journal* asserted that "The tenor of private dispatches is certainly of a character to justify the suspicion that the published accounts put the progress of the yellow fever in an exceedingly mild light…." Despite the disruption of mail traffic by official and shotgun quarantines, these "private dispatches" managed to convey the gravity of the situation in the South. Telegrams sent news of each city's condition to the others, newspapers carried that news into the homes of their readers, and letters brought the suffering of the South directly to the hearth of loved ones and friends. Oliver Wendell Homes wrote from his home in Boston that, "Every morning as the paper comes, the first question is 'What is the last account from Memphis, Grenada, and New Orleans?'" Across the country, and as far away as Europe, people followed developments in the South with rapt attention and a growing sense of fascination and horror.[227]

As the disease spread beyond the geographic bounds of any previous yellow fever epidemic in the United States, Northerners began to worry that the disease might not be isolated to the South. The *Washington Post* reported that "Considerable alarm has been felt in some of the more Northern cities along the Atlantic seaboard, lest the pestilence now raging in the South should be brought among them." Several newspapers announced the deaths of Southern refugees who had

[227] *Daily Illinois State Journal*, July 29, 1878; Oliver Wendell Holmes letter quoted in Paul Hamilton Hayne, *Poems of Paul Hamilton Hayne* (Boston: D. Lothrop and Company, 1882), 299.

fled north not realizing they had already contracted yellow fever and that these individuals could carry the disease into Northern states. Despite the fact that it had been fifty years since the last Northern epidemic of yellow fever, the *New York Times* reported, "No one feels safe."[228]

The 1878 epidemic therefore re-established yellow fever as a national problem. It was a moment when Northerners viewed the South as an integral part of the nation. Help was necessary, not only to safeguard the borders of the Northern states from the pestilence, but also to save the South. In response to the appeals of Southern relief agencies and the continued human destruction wrought across the Mississippi Valley, Northerners inaugurated a massive relief campaign to collect and send donations of money, supplies, and goods to Southern yellow fever sufferers. The federal government, likewise, sent emergency assistance to select Southern cities. Hereafter, as Memphis newspaperman John Keating described, "The cry for food, for clothing, for money, for doctors, for as many as a thousand coffins, went out by telegraph to the ends of the earth, and a prompt and generous response came back."[229]

The national relief campaign was spurred by the early emergency assistance provided by the federal government. On the 19th of August, Representative H. Casey Young sent a telegram from the Memphis Citizens' Relief Committee to Washington D.C. The telegram requested that the Hayes administration send rations and tents with which to assemble a refugee camp outside the city. The original request asked for sufficient rations to feed 2,000 Memphians for a period of thirty days. Hayes's Secretary of War, George W. McCrary, was initially concerned that there was no provision in the Constitution for this kind of emergency aid. He referred the request to War Department Commissary-General of Subsistence Robert MacFeely, who responded that,

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[228] "Death's Awful March," *Washington Post*, August 17, 1878; "Desolation in the South," *New York Times*, September 5, 1878.
[229] Keating, *History of the Yellow Fever Epidemic*, 115.

"Although there is no appropriation applicable to the purchase of the rations within called for, relief has been extended by the government, through this department, in previous similar cases, and it is, therefore, respectfully recommended that the food part of the rations within requested by furnished." Using a previously authorized dispersal of federal aid to yellow fever sufferers in 1873 as precedent, McCrary sent 40,000 rations and 1,300 tents to Memphis. This response prompted additional requests for subsistence from Southern cities. The federal government subsequently sent rations of food to eight cities within the yellow fever zone: Memphis, Grenada, Vicksburg, New Orleans, Brownsville, Jackson, Canton, and Holly Springs.[230]

Newspapers claimed that "There is no law to permit the issue of rations in such cases but…the Secretary will assume the responsibility of relying upon Congress to sustain his action. The Secretary expressed the warmest sympathy with the sufferers in the South." While concerns over governmental authority stemmed from the contradiction of relief intended for the general welfare being applied to local communities stricken by disaster, the geographic scope of the disease in 1878 necessitated a federal response. On its face, the relief of the yellow fever zone was believed necessary in order to the keep yellow fever from spreading into other states, particularly Northern states with no recent experience with the disease. It was further intended to mitigate the financial disaster to interstate commerce. Southern newspapers recognized that the Secretary of War had potentially "exceeded his legal powers in this case," yet they assured readers that "representatives of a beneficent North and a grateful South…not only approved but applauded" this action on the

[230] *Report of the Secretary of War; Being Part of the Message and Documents Communicated to the Two Houses of Congress at the Beginning of the Third Session of the Forty-Fifth Congress*, Vol 1 (Washington: Government Printing Office, 1878), 409.

part of the federal government, despite the fact that the move clearly contradicted the logic of states' rights and local authority. [231]

The federal government also helped to coordinate other Northern sources of aid. The Yellow Fever National Relief Commission and the Marine Hospital Service, for example, sent a steamer to disburse relief to "towns and villages along the Mississippi River, between Cairo and New Orleans, in the yellow fever districts;...as these places are off the line of railroad communication...." On October 4, The *John M. Chambers*, flying a yellow flag that read "National Relief Boat," set sail from St. Louis "fully laden with all means of relief for the sick and destitute," supplies valued at $25,000. The ship was under the command of Lieutenant H. H. Benner, whom the War Department had assigned to the task. Within ten days, Lt. Benner, as well as the captain and watchman of the vessel, were sick. Benner died of yellow fever on the 17th and the *Chambers* was quickly ordered to return to St. Louis for quarantine. Despite such setbacks, the National Relief Commission also sent four train cars loaded with supplies and provisions to Memphis and provided "blankets, rations, and other necessaries" to orphan asylums in New Orleans.[232]

Individual members of government also took part in philanthropic efforts and offered personal donations for yellow fever relief. Government agencies, moreover, acted as points of collection for donations from around the world. Secretary of State William M. Evarts reported that the Department of State had received $9,000 by cable dispatch from Americans living abroad and $1,000 as a personal contribution of the President of France. The Secretary of the Navy collected

[231] *Portland Daily Press*, September 3, 1878; *New Orleans Republican*, September 21, 1878.
[232] *Yellow Fever National Relief Commission*, 9, 11, 18-20; *New Orleans Republican*, September 21, 1878.

$1,953 from sailors stationed in California, another $400 from the sailors stationed in Italy, and Secretary McCrary sent on $515.50 from the officers and cadets at West Point.[233]

While the direct, emergency assistance by the federal government may have been small compared to that provided by private donations, its actions early in the epidemic nevertheless gave official sanction to Northern relief efforts and the rhetoric of national emergency that spurred them. Americans gave willingly to meet this national crisis. Charitable contributions for yellow fever relief ultimately totaled over $4.5 million.[234]

The public act of giving was a large component of the relief effort, and donating to yellow fever sufferers soon became fashionable. Northerners staged public concerts, fairs, and lectures in order to raise money for yellow fever relief. The Yellow Fever Relief Commission of Washington D.C. reported that "the Israelites, the Temperance Societies, the Masonic fraternity, the Odd Fellows, the musicians, and the amateur artists of the city" were all fundraising for the relief campaign. "These exertions resulted in entertainments, excursions, concerts, jousts, and tournaments which provided…funds of considerable quantity…." Fundraisers canvassed neighborhoods and distributed envelopes soliciting small subscriptions from the public. The Southern Relief Association of Georgetown organized a sewing circle to make clothing for the orphans of the South. When the Yellow Fever National Relief Commission advertised a public meeting in Washington D.C. in answer to the appeals of the South for aid, "Nearly two hundred ladies and gentlemen assembled in response to the call." During the meeting, Simon Wolf claimed that the offices of the Hebrew Citizens' Committee had received applications by "more than one hundred men and women desirous to be sent as nurses to the South, from among whom

[233] *Yellow Fever National Relief Commission*, 9-11, 18.
[234] Ibid.; Keating, *History of the Yellow Fever Epidemic*, 363.

seventeen—seven ladies and ten gentlemen—had been accepted and sent South, to Memphis and vicinity."[235]

Northerners also competed to showcase their generosity. Receipts of donations of money and supplies filled Southern newspapers—and were reprinted in the North—both to acknowledge that contributions had been received but also to give public evidence of who was giving and how much they had sent. These notices encouraged people to send more in an effort to impress their neighbors and friends with their generosity. The "Yellow Fever Relief Committee" in Pittsburgh, Pennsylvania published a report claiming that "Pittsburgh's part in the great and good work will compare favorably with that of any city in the country….In fact, it is the judgment of those in the south with whom the Relief Committee was brought into correspondence, that no city did better, and very few as well, when our capacity in population and resources is reckoned." A Washington D.C. doctor proudly informed the Executive Committee of the Yellow Fever National Relief Commission that his "little daughter sent to the [Homeopathic Association of New Orleans] $10, her savings," for the care of yellow fever sufferers. The Commission further recorded the receipt of "an old-fashioned purse containing $9, given by four little girls, representatives of the English-German school." Prizes were awarded to the schools and teachers who collected the most money to donate.[236]

Southern relief organizations, hard-pressed to provide care and support to communities incapacitated by yellow fever, thus benefited from the donations of money, medical supplies, rations, and goods from a variety of Northern sources. Individuals, organizations, cities, and the

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[235] *Yellow Fever National Relief Commission*, 1879, 5, 7.

[236] *Report of the Pittsburgh Relief Committee Having in Charge the Collection and Distribution of Funds, Provisions and Other Supplies, for the South-Western States in the Summer and Fall of 1878* (Pittsburgh: Myers, Schoyer & Co., Printers, 1879), 10; *Yellow Fever National Relief Association*, 10-11.

federal government all contributed to save the South. Northerners managed to amass an amazing amount of contributions to aid those suffering from yellow fever and to hopefully halt the spread of the dreaded disease and fracture its grip upon the nation. Total relief equaled $4,548,672 for yellow fever sufferers. Of this amount, $1.2 million came from Northern states, $916,500 from Western states, $100,000 from the U.S. government, and $175,937 from foreign countries. Northern contributions, therefore, nearly matched the $1.5 million dollars donated throughout the Southern states for yellow fever relief.[237]

Southern relief agencies were wholly inadequate to coordinate relief for those who suffered during the 1878 yellow fever epidemic. The disease proved too vicious and too wide-ranging for the myriad relief agencies, boards of health, and local governments to meet the crisis. When it became clear to Southern authorities that they needed outside help, they appealed to Northern communities for relief and to the federal government for emergency assistance. These appeals met with an enthusiastic response as Northern relief committees gathered contributions in the form of money, supplies, and goods to aid the suffering South. The national relief campaign raised a substantial amount of money and support for the South at a time when sectional antagonism remained strong and the reach of federal authority was strongly contested.

Rhetoric of National Reconciliation

Antebellum yellow fever narratives regularly demonstrated sectional antagonism between the North and South. This was true despite Northern contributions to relieve suffering in

[237] Ainsworth R. Spofford, ed., *American Almanac and Treasury of Facts, Statistical, Financial, and Political for the Year 1880* (New York: The American News Company, 1880), 52.

Southern communities. Abolitionists railed that yellow fever was a punishment for slavery; Southerners responded that black differential immunity was a strong argument in support of slavery. Americans viewed yellow fever as a "Southern malady," but this carried a variety of connotations. Northerners saw it as a sign of Southern backwardness—a scourge reaped by the region's slave trade and continued failure to modernize—while Southerners invested the disease with cultural significance for regional identity. Yet, in 1878, yellow fever seemed an occasion for national reconciliation rather than sectional antagonism.[238]

The fundraising efforts of Northern "Yellow Fever Relief" societies circulated a narrative of the North coming to the rescue of its beleaguered Southern sister. Appeals for support of the yellow fever-stricken urged Northerners to empathize with Southerners, who they characterized as innocents suffering a cruel fate through no fault of their own. The extent of the 1878 epidemic complicated Northerners' assumption that yellow fever could be blamed on the region's backwardness or on individual immorality. Relief fundraisers therefore transformed yellow fever from a Southern problem into a national disaster that required every citizen's aid and support.[239]

In so doing, they invested the national campaign to relieve yellow fever victims in the South with the rhetoric of national reconciliation, arguing that relief symbolized the North's commitment to reunion. Southerners, in turn, accepted the gift of relief that flowed from Northern states and the federal government, recharacterizing Northern donors as saviors and brothers in a common country. This rhetoric of national reunion was fundamental to the success

[238] Carrigan, *The Saffron Scourge*, 336.
[239] Blum, *Reforging the White Republic*, 146-173.

of the relief campaign as Northerners and Southerners recognized their common work of yellow fever relief as evidence of a shared interest and destiny.[240]

In order to drive the impulse to give in patriotic sympathy, Northern fundraisers recharacterized Southern rebels as honorable martyrs and innocent victims. They further proclaimed that those of the North and the South were one people with a common bond and commonly referred to Southerners as "brethren" and part of "our Union." Southerners recognized the change in Northern rhetoric regarding the South and followed suit, acknowledging the sympathy of the North and revising their characterization of Northerners. For example, the *Memphis Daily Appeal* published "extracts from editorials eulogistic of the courage and endurance of the people of the South during this epidemic" taken from the *London Standard* and the *New York Times*. The *Appeal* proclaimed "while all that it says is true of the pluck and endurance of the southern people under the provocations of war, pestilence, and famine, there is something to be said for our brethren of the North,...[who have] extended us the right hand of fellowship, full up and flowing over with good gifts, tendered with a manly spirit that robbed the generous tender of the humiliations of charity." In light of the epidemic, it seemed that sectional bitterness, if not forgotten, was laid aside in favor of statements of mutual admiration and respect that supported the efforts of the national relief campaign.[241]

Northerners believed that their relief efforts would demonstrate the North's commitment to national reconciliation and move the country past sectional animosity. The *New York Times* editorialized that "The North puts aside all irritating remembrances, and heeds only the cry of

[240] Ibid.
[241] *Memphis Daily Appeal*, October 5, 1878; Keating, *History of the Yellow Fever Epidemic*, 177.

anguish for help which comes from the fever-stricken districts." The *Times* further anticipated that "the experience which the two sections are now undergoing should uproot lingering animosities and demonstrate the depth and unselfishness of the feeling which regards their interests as identical." Northern fundraisers agreed, arguing that their support of the Southern states during the crisis stood as proof of their commitment to a mutual, national interest.[242]

Southerners also claimed that relief had overcome sectional animosity. In accepting a renomination to Congress, Democrat and former Confederate John F. House of Tennessee promised, "In the next contest between the two great parties, they will divide upon government policy and without sectional animosity. Sectional hatred will be eliminated from the contest." He went on to explain, "I cannot…find it in my heart to indulge in feelings of malice toward the people of the North when I witness their unanimous and generous conduct toward the Southern people. I feel like pulling off my hat and standing uncovered in their presence," a gesture of highest honor coming from a Confederate rebel.[243]

But Southerners went a step further. They claimed that the gift of relief would not only heal political antagonism but that it soothed the wounds left by the Civil War. A letter from a yellow fever camp closed with the line: "We are of [the] opinion that Northern generosity has done more to close the bloody chasm than all the political speeches that ever have been or [are] to be made." The Memphis *Appeal* even asserted that "The same men who led the armies of the North, the same journalists who inspired those armies, and the same religious teachers,…the same noble, heroic women who originated and sustained amid the heat of battle…the grandest beneficence ever conceived of for the relief of soldiers in the field, have been foremost in the heaven-sent work of

[242] "North and South," *New York Times*, September 10, 1878.
[243] House speech quoted in "Experience at a Yellow Fever Camp," Correspondence printed in the *United States Army and Navy Journal* 16 (New York: Publication Office, No 240 Broadway, 1878-1879), 190.

our relief." They proclaimed, "To no other people could we of the South have surrendered." The *Appeal* thus pardoned and transformed Northern aggressors into saviors of the South through the act of providing yellow fever relief. Assertions such as these allowed Southerners to recommit their loyalty to the nation without abandoning the rhetoric of the Lost Cause.[244]

Because the North won hearts and minds throughout the South with the aid and succor of yellow fever relief, Southerners were further able to claim this fealty without admitting defeat. "Grander than the victory of Appomattox is the victory won by the people of the North in their noble and generous contributions to the stricken and suffering South," declared Congressman House. "Upon that fated field the South surrendered her sword. Within the shadow of the dark wing of pestilence, beside the new-made graves of her heroic sons and daughters, with bowed head and tearful eyes, she extends her hand and surrenders her heart to the generous and magnanimous North." House thus claimed that the South was truly won, not by force of arms, but by the force of Northern benevolence.[245]

In shaking hands across the bloody chasm and momentarily abandoning sectional antagonism, relief fundraisers promoted nationalism, suggesting that reconciliation was finally complete. In a letter accompanying a stack of autographs donated for sale to the Southern Relief Committee of Cincinnati, poet and abolitionist John Greenleaf Whittier claimed that "The great sorrow effaces all sectional and party lines and sweeps away all prejudices and jealousy. Under its solemn shadow we are one people, fellow countrymen and brothers." Some even suggested that God had scourged the nation with yellow fever in order to bring about national reconciliation.[246]

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[244] Ibid.; *Memphis Daily Appeal*, October 5, 1878; Keating, *History of the Yellow Fever Epidemic*, 177.
[245] House speech quoted in "Experience at a Yellow Fever Camp," 190.
[246] *Memphis Daily Appeal*, October 15, 1878.

Others argued that the former enemies of North and South were not simply reunified as a nation, under one government, but they were reunited as a family, indicating a deeper sense of emotional reconciliation that went far beyond political reunion. The ubiquity of the theme of brotherhood captured this sentiment, that the relief of the South had at last healed the sectional rift. In his history of the epidemic, Dr. Dromgoole wrote that of the hundreds of volunteers who traveled south to aid the sick, "Many of these noble sons of the North have fallen, and their cold remains rest beneath the Southern sod. A noble band of Hero Martyrs indeed, to plunge into the great maelstrom of death to save a suffering brother." In death, those who stood on opposite sides of bloody civil war were now made kin by the sacrifice of one for the other. The New Orleans Howards argued that the "steady current of beneficence that saved us in our hour of darkest need" pointed to a "brotherhood wider than birthplace and a patriotic sympathy as ample as the bonds of our common country." And John Keating wrote that "From far Oregon and Montana to Vermont, from villages, towns, and cities of all the busy northern States…from all classes of that section of our country came the light of an enduring brotherly love." This theme of brotherhood symbolized reconciliation on an emotional level as relief workers and fundraisers proclaimed a kinship of compassion and mutual respect. This was the missing ingredient required for true reconciliation. While political reunion had been accomplished by the Civil War, reconciliation required an emotional recommitment to a common country, a shared destiny, and a pride of national citizenship. Even the staunchly Democratic New Orleans *Picayune* claimed that the "munificent donations of Northern, Eastern, and Western cities for the relief of the sick and destitute in the South," proved that "the sense of humanity and brotherly love is warmer and deeper in this country than the mean animosities engendered by party rivalries and sectional

prejudices. We begin to believe that this really is a nation, a people of one heart." Southerners thus gave thanks for the beneficence of the North and recognized that previous hatred did not stay the hand of succor in their hour of need.[247]

For it was not simply the rhetoric that surrounded the relief campaign but the success with which it amassed relief for the South that showcased national support. Relief thus stood as both a symbol and a performance of national reconciliation, going beyond mere words. Depictions printed in *Frank Leslie's Illustrated Newspaper* of Northerners putting their money in donation boxes or traveling as doctors and nurses to give comfort to the sick promoted not only the rhetoric but the physical performance of national reconciliation. As Northerners' actions demonstrated their commitment to the South and to the reunification of the country, Southerners were regularly reminded of the efforts of the North to relieve their suffering. National rhetoric alone could not have achieved reconciliation. However, the act of Northerners providing aid and succor in a time of desperate need, and the fact that relief was extended so broadly and given so willingly, made an immediate impact on Southerners, and contributed far more to the process of reconciliation than mere words. Jefferson Davis, former Confederate president, claimed in a letter to a friend in New York that "The noble generosity of the Northern people in this day of our extreme affliction has been felt with deep gratitude and has done more for the fraternization of which many idly prate than would many volumes of rhetorical assurance." Newspapers around the South reported that "the strong sympathy shown to the afflicted cities of the south by their more fortunate sisters of the north, is something not to be easily forgotten. On every side we hear of the most noble efforts being made to raise contributions in aid of the afflicted." By coming to the aid of those

[247] Dromgoole, *Yellow Fever*, 99; *Report of the Howard Association of New Orleans, of Receipts, Expenditures, and their Work in the Epidemic of 1878, with Names of Contributors, etc.* (New Orleans: A. W. Hyatt, 1878), 12; Keating. *History of the Yellow Fever Epidemic*, 178; New Orleans *Picayune*, September 4, 1878.

Southerners in desperate need of relief, they argued, the North "is building a monument to gratitude which will be luminous forever." Frank Roder, chairman of the executive committee of the New Orleans Peabody Association, went so far as to claim, "Let any man use the word 'Yankee' again in my presence and I will insult him. Were the people of the North our own flesh and blood they could not be more our brothers.'" By showing the horrors of the epidemic and the patriotic fervor of the national campaign to relieve the South, such appeals urged all Americans to forget past animosity of the Civil War and Reconstruction and to remember that the Union held firm. The actions of those around the country who offered aid and succor to yellow fever sufferers stood as proof.[248]

When the epidemic was over, Southern Senators and Representatives held a meeting at the Capitol in Washington D.C. on December 20th "to give expression to the feeling of gratitude entertained by the Southern people toward their fellow-countrymen." They began the meeting by acknowledging the terrible scope of the epidemic which claimed upwards of 30,000 deaths, leaving more than 100,000 sick. Coupled with the devastation of economic, political, and social structures across the region, "communities numbering in the aggregate more than half a million of souls were plunged into the profoundest gloom and despair, and want and wretchedness brooked above the land…." Yet in the midst of the suffering, they claimed, their sister states of the North and West provided money, medicine, and "material aid of every kind." But while they acknowledged that Northern aid had "healed the sick, fed the hungry, clothed the naked, solaced the dying, gave hope and comfort to the widow and the orphan and buried the dead;" it had done so much more than that. They proclaimed "It has healed the wounds of war; it has served to entreat us to see our

[248] *Frank Leslie's Illustrated Newspaper*, September 28, 1878, Philip S. Hench Walter Reed Yellow Fever Collection, c. 1800 – c. 1998; Davis letter quoted in "Experience at a Yellow Fever Camp," 190; *Memphis Daily Appeal*, Aug 27, 1878 and October 15, 1878; Dromgoole, *Yellow Fever*, 99.

brethren of the American Union as they really are; it has bound our hearts to theirs; it has cemented anew the bonds between them and us; it has renewed the aspirations of all of our people toward the idea of an American Union based on affection." In response, the Southern politicians pledged "the undying fealty of our hearts to the institution of our common country, and perpetual Union of the States thereunder" adding that this commitment was "not alone [to] the physical, geographical, and political Union, but a union of affection, of brotherhood, inspired by the idea of a common origin and a common destiny, ratified by the covenant of our fathers, and now cemented forever by their love and their charity to us and our people." This was the definition of reconciliation that had remained so elusive following the Civil War and only seemed less assured by the ultimate failure of Reconstruction.[249]

Of course, not every citizen of the country was willing to see the epidemic as an impetus to national reconciliation. Some undoubtedly held to their sectional convictions and many in the North proclaimed that the South's wickedness had brought the disease upon them. At least one letter to Mississippi governor John Marshall Stone suggested so. The letter, attributed to "A Negro" proclaimed that "the wrath of God is now let loose upon the South for all their wickedness." The letter continued "Glory to God for his avenging rod, the Solid South will soon be a Solid Wilderness and better people will go to inhabit it and all the murderous Mississippi devils will be in hell driven by negroes whom they murdered upon the earth." Obviously not all citizens joined in the nationalist, reconciliatory rhetoric stimulated by the efforts to boost donations for yellow fever relief. Yet this statement was in the minority. Calls for reconciliation, expressions of nationalist brotherhood, and promises that the bloody chasm had been bridged by the efforts to relieve the South were so ubiquitous that they drowned out statements to the

[249] *Yellow Fever National Relief Commission*, 23-25.

contrary. For the vast majority of citizens, the 1878 yellow fever epidemic was a moment of intense nationalist fervor that embraced the Southern states as valued and loved members of the nation and symbolized the North's commitment to reunion.[250]

The rhetoric of national reconciliation permeated the relief effort on both sides of the Mason-Dixon line. It not only galvanized Northern support for relief of yellow fever sufferers, but also allowed Southerners a way to express their thanks and hope for the future in ways that did not require an admission of defeat or blame. Southerners did not have to say that slavery was a moral wrong, they did not have to eschew the legality of secession, they did not have to accept Reconstruction. Their surrender was based on the overwhelming power of Northern relief tendered during the most desperate medical crisis the South or the nation had ever known.[251]

The national relief campaign was therefore a project and a performance of national reconciliation. The relief and emergency aid donated to the South symbolized the commitment of the North and the federal government to national reconciliation on an emotional, sentimental level. Receiving relief therefore acted as a symbolic badge of membership in the national family and equated to acceptance as equals in the body politic.

Local Authority

The 1878 epidemic may have provided a moment of professed reconciliation between the North and South but in order to cement the promise of reunion, it was necessary that the North allow Southerners authority over the distribution of relief. As a symbol of regional trust,

[250] A Negro, Letter to John Marshall Stone, printed in Bradley G. Bond, ed., *Mississippi: A Documentary History* (Jackson, University of Mississippi Press, 2003).
[251] Blum, *Reforging the White Republic*, 143-176.

Northerners offered supplies and money while allowing local authorities to decide how this aid was to be distributed and spent. Of course, after the epidemic, calls for reconciliation and refusals to reconcile continued for generations as the rhetoric of the Lost Cause took hold among Southern whites. The epidemic and consequent aid distribution existed therefore, not as the moment of national reconciliation that fundraisers and relief workers claimed, but as a sign that Northern generosity would not be tied to further interference in local Southern affairs.

While Northern benefactors may have viewed the relief campaign as a project of national reconciliation, Southern relief workers in charge of the distribution of aid used yellow fever relief as a tool of Redemption. By using their authority to direct the majority of aid to white Southerners rather than distribute to all Southerners in need, relief workers simultaneously took advantage of and reinforced the social segregation of the black and white communities and the hegemony of the white-controlled relief apparatus. Without an independent relief apparatus geared toward helping black residents get aid, the national campaign to relieve the South vested full authority of distribution in the hands of the Southern Howard Associations and citizen relief committees, many under the influence of Democratic Redeemers intent on reinforcing the white supremacy of the South.

The national relief campaign and the emergency assistance provided by the War Department acted under precedent that dictated local authorities should disperse aid to their communities. Previous actions by the federal government to provide disaster relief to American citizens deferred to local authorities in the distribution of congressionally-approved aid. Furthermore, the national reconciliationist agenda of the relief campaign required the respect of

local authority and autonomy. Beyond precedent, it was simply too dangerous to send any unacclimated individual into the South to coordinate the dispersal of Northern contributions. While the National Yellow Fever Relief Commission sent the riverboat *John M. Chambers* to dole out Northern relief under the command of Lieutenant Benner, the Commission quickly abandoned the mission after the death of Benner and two crewmen. Southern authorities were judged to be the best equipped to handle relief, the most knowledgeable of the needs of their individual communities, and many of them were already acclimated. Therefore Northerners, for the most part, did not question that the Southern Howard Associations and citizen relief committees should distribute relief as they saw fit.[252]

Early in September, representatives of Southern relief organizations in Louisiana, Alabama, and Mississippi, as well as the President of the New Orleans Chamber of Commerce, telegraphed "An Appeal for the Sufferers…To the Chambers of Commerce and the charitable of the chief cities of the Union." The signatories summarized the dire condition of the South due to the "awful destruction of the plague" and the "horrors of famine" that may arise given the collapse of the Southern economy, and urged "that a comprehensive system of relief should be at once inaugurated." More specifically, they suggested "that in each of the great cities of the Union a central depot for the reception of supplies be at once opened, where contributions of provisions, tea, coffee, wines, medicines, and clothing may be sent." In addition, those who signed the appeal asked that New Orleans, "which is most accessible by sea and land, and which has more facilities for transportation, be constituted the central depot for the reception of the supplies, which can be forwarded to the Howard and Peabody Associations of that city as fast as collected." From there,

[252]Dauber, *Sympathetic State*; *Yellow Fever National Relief Commission*, 18-20.

agents of the relief organizations in the principle Southern cities and towns affected by the disease could procure provisions from New Orleanian authorities.[253]

Partially because of the Howards' reputation, Northern relief societies assumed that the Howards were the safest, most reliable organization to receive their contributions. The Grand Secretary of Masons in New York, for example, urged his Southern agent that "In order that it may not be charged against the Fraternity that the funds remitted to the Masonic authorities in the south are expended for the benefit of Freemasons only,...consult with the Howard Associations, so that the relief afforded may be as general as possible." J. L. Power—in charge of relief for the Masons and Odd Fellows in Mississippi—maintained that he dispersed funds to the appropriate local authorities in an effort to make sure that those who most needed relief were provided it by the express request of the Grand Master of Masons and "at the insistence of brethren who believe that a Mason's charity should be as extensive as the wants of suffering humanity."[254]

But the assumption that the Howard Associations were the best organizations to coordinate the receipt and distribution of aid caused significant trouble in New Orleans when the Howards published their ill-advised notice that they no longer required donations. The Howards' mistake rippled through the Southern relief apparatus. As news reached potential contributors that the Howards no longer needed funds, the other relief organizations fought to maintain the flow of support. John Sherman, U.S. Secretary of the Treasury, telegrammed the Collector of Customs in New Orleans, ordering him to report the "actual condition of suffering and want from yellow fever" as well as "the extent of relief on hand and its sufficiency." The Collector of Customs responded that "There is more need of aid than ever. The wharves are bare, industrial enterprises

[253] Ibid., 6-7.
[254] Power, *Epidemic of 1878 in Mississippi*, 11.

closed up, and nearly every laboring man [is] out of employment. A meeting, last Monday, of nearly all charitable associations, developed the fact that with the exception of the Howards, funds are nearly exhausted."[255]

Unfortunately, following the Howards' initial notice that they had received sufficient funds to provide New Orleanians yellow fever relief, the Secretary of War cut off further provisions to the city. He claimed, "I cannot act until I am satisfied that a case of emergency exists, which can only be relieved by the government," further asking, if the Howards had a surplus of cash on hand, "why not use it for food as well as for doctors, nurses, and medicines?" Despite receiving appeals signed by the presidents of the various New Orleans charitable associations, asking him to reconsider sending an additional forty thousand rations to the city, Secretary McCrary decided against a second issue. He responded, "I am…of the opinion that it is possible for you to get relief from private sources, and that it is not a case for the extension of government aid in the absence of authority. If the Howard Association have a large unexpended fund, they can probably help you. At all events their discretion is far more ample than mine." The *New Orleans Republican* printed the telegram under the headline, "NO MORE GOVERNMENT RATIONS. THE LAST HOPE GONE."[256]

The various relief associations assembled a committee to appeal directly to the Howards to purchase the forty thousand rations which could then be distributed through the Orleans Central Relief Committee. The chairman of the committee claimed that "some forty or more charitable associations and relief committees were virtually paralyzed by the statement of the Howard Association that they needed no more funds." The Howards' actions effectively ended continued

[255] "A Pregnant Inquiry from Washington," *New Orleans Republican*, October 5, 1878.
[256] *New Orleans Republican*, September 28, 1878; "No More Government Rations. The Last Hope Gone," *New Orleans Republican*, October 5, 1878.

federal support and made it far more difficult for smaller organizations to aid applicants for relief. The Orleans Central Relief Committee claimed in their final report that "it is with regret that we allude to the fact that we have a large number of applicants for relief now lying upon our table, to which we are powerless to respond, for our supplies are exhausted. We trust that their cries will be heeded by other associations who still have the wherewithal to bestow." Because of the hegemony of the Howard Association to the relief apparatus, most Southerners were compelled to apply directly to the Howards for relief.[257]

The logistics of coordinating relief independent of the Howards proved too difficult for many smaller organizations. With quarantines established throughout the South, transporting relief contributions was far more difficult for smaller relief societies that did not have the contacts needed to move donations from one place to another. Most of the smaller organizations depended on larger groups like the Howards or the citizen relief committees. These groups almost always included some important political or economic elites on their boards who could coordinate relief from Northern or foreign contacts, negotiate transport, and draft remittances from national and regional banks. Outside of New Orleans, few groups catering specifically to black Southerners had this capability. For this reason, many of the contributions of Northern African Americans were still sent through channels that were under white authority. For example, J. L. Power listed in his receipts of contributions to Mississippi Masons $14.15 contributed by the "Colored people of Gonzales, for persons of their own color, per Benj. A. Botts, Houston." Once this money was

[257] *New Orleans Republican*, October 2, 1878; *Report of the Orleans Central Relief Committee to All Those Who So Generously Contributed to the Yellow Fever Sufferers of New Orleans, from the Great Epidemic of 1878* (New Orleans: Clark & Hofeline, Steam Power Printers, 1879), 28.

funneled through larger relief organizations, however, the people of Gonzales would not have known if their contribution went specifically to aid black Southerners.[258]

Northern benefactors and the federal government regularly sent instructions that aid should be distributed equally. In New Orleans, George L. Smith, Collector of Customs—appointed by President Hayes earlier in the year—distributed aid to the various relief organizations. A Union veteran, Smith was a Republican who had held office during Reconstruction but had been defeated as a carpetbagger in his bid for reelection. With Smith in charge of disbursing federal assistance, the *New Orleans Republican* assured readers that "applicants of whatever race, region, or color are ministered to with impartiality, for the United States Government never makes such distinctions; but…showers its bounty upon all alike."[259]

National relief organizations further maintained that there was no discrimination in the disbursement of aid to yellow fever victims. In his report of relief by the Masons and Odd Fellows of Mississippi, J. L. Power assured his colleagues that "The relief received through me has been dispensed, as far as practicable, through the committees of both orders, without regard to race, color, or creed. Such has been the expressed wish of nearly every Lodge and brother contributing." The Orleans Central Relief Association likewise attested to the Secretary of War that they disbursed "supplies furnished by the United States Government for the relief of the sufferers by yellow fever, regardless of race, color, creed, or nationality." They claimed that among the "thirty-eight charitable associations represented by this committee, there has been no complaint made that the distribution has not been fair and impartial."[260]

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[258] Power, *Epidemic of 1878 in Mississippi*, 54.
[259] *New Orleans Republican*, September 21, 1878.
[260] Power, *The Epidemic of 1878 in Mississippi*, 10; *Orleans Central Relief Committee*, 13, 27.

Northern benefactors were therefore largely unaware of any racial disparity in aid, or at least they claimed to be. The Pittsburgh Relief Committee declared that "The arrangements in the southern towns and cities, for the reception and disbursement of the money and supplies, seem to have been careful, methodical, and eminently trustworthy. The Howard Associations,...the various charitable organizations, hospitals, church associations, etc....discharged their trust as almoners of the contributions...[to] the highest degree honorable." They claimed that "no voice has been raised in criticism" against these organizations, proving their fair distribution of the donations in their care.[261]

But this was not entirely accurate. In New Orleans, both the Howard Association and the Peabody Subsistence Association were criticized for racial and religious discrimination and misappropriation of funds. The Howard Association published a report outlining receipts and expenditures, in part to "prove our vindication against the false and mendacious statements which have been made and circulated throughout our own country and in foreign lands, as to the amount which we received; [and] of the large balance which we were keeping to divide after the epidemic was over...." Further, they claimed to have been charged with "discriminations as to race, religion, etc. in the distribution of the funds sent us. Never before has our Association been the subject of so many and such untruthful allegations." The claim that the Howards had never been the subject of allegations of discrimination was true. In no previous epidemic had the Howards been characterized as anything other than saviors to the populace; 1878 was the first year that their character and work among the sick was ever maligned.[262]

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[261] *Report of the Pittsburgh Relief Committee*, 10.
[262] Carrigan, *The Saffron Scourge*, 122; *Howard Association of New Orleans*, 26; Hildreth, "Early Red Cross."

The Howard's claim that these allegations were untruthful, particularly in regard to racial discrimination, seems unlikely however. Since much of the national relief effort depended upon local authorities in the South to properly distribute aid where it was most needed, the vast majority of Northern contributions for yellow fever relief were sent to the Howard Associations and citizens relief committees of the South. However, the local authorities in charge of Southern relief organizations, boards of health, and local governments in 1878 were mostly political Redeemers and Democrats. This was particularly true of the New Orleans Howard Association, whose Vice-President, Frederick Nash Ogden, was well-known throughout the city as president of the Crescent City Democratic Club and Commander of the White League, a white-supremacist organization which intimidated African Americans and Republicans and had attempted to forcefully depose the Republican government of William Pitt Kellogg.[263]

While Redeemer Democrats were scattered in positions of authority throughout the relief apparatus, the fraternal character of the organizations that provided relief may have been a more general factor in the racial disparity in aid. Many of the smaller relief organizations were fraternal societies modeled on the Masons and Odd Fellows and mutual aid societies for skilled workers. Even the Howards, an elite voluntary organization, espoused ideals of fraternalism though they lacked the ritual initiations of fraternal organizations. Yet fraternalism in the nineteenth century acted as a site for the production and reinforcement of white manhood throughout the country. Fraternal societies allowed men to cross class, religious, and political lines to espouse ideals of brotherhood that embraced all white men. While some organizations allowed auxiliary lodges that

[263] Frederick Nash Ogden Papers, Tulane Special Collections; Justin A. Nystrom, *New Orleans After the Civil War: Race, Politics, and a New Birth of Freedom* (Baltimore: Johns Hopkins University Press, 2010); James K. Hogue, *Uncivil War: Five New Orleans Street Battles and the Rise and Fall of Radical Reconstruction* (Baton Rouge: Louisiana State University Press, 2006). 116-143.

accepted women or black men, these organizations generally operated under a strict exclusionary policy. The auxiliary lodges were segregated and placed under the general authority of a white male member of the larger organization. National organizations that might have acted outside of the hegemonic role of the Howard Associations were therefore largely controlled by white authorities that defined fraternalism as reinforcing white male supremacy.[264]

Despite complaints that the Howards discriminated against smaller organizations, particularly those that aided minority groups, federal and Northern contributors nevertheless upheld their authority. Lieutenant Benner of the *John M. Chambers* met with local representatives of the Howard Associations and citizen relief communities along the Mississippi River during his mission to dole out relief contributions on behalf of the Yellow Fever National Relief Commission. Nearing Vicksburg, he "received a communication from G. W. Stith, president of the Peabody (colored) Association, asking aid." But instead of giving the relief that they had offered to the Howard Associations and mayors of points north on the river, Benner solicited an interview with Stith and telegraphed United States District Attorney W. H. Bliss in St. Louis to oversee the interview. For some reason, Mr. Stith, despite being president of a local relief organization, was not seen as one of the usual "prominent and responsible persons which whom we wished to confer." Benner therefore questioned why the Peabody Association did not direct their request to the Howards.[265]

Once Benner became ill, his second in command interviewed the men from the Peabody Association in the presence of the president and representatives of the Howard Association,

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[264] For a discussion of fraternal organizations as sites for the production of white manhood, see Mary Ann Clawson, *Constructing Brotherhood: Class, Gender, and Fraternalism* (Princeton: Princeton University Press, 1989) and Mark C. Carnes, *Secret Ritual and Manhood in Victorian America* (New Haven: Yale University Press, 1989).
[265] *Yellow Fever National Relief Commission*, 33.

during which "Mr. Stith stated that he knew of no instance of a colored having been refused help and attention by the Howard Association upon proper application being made." Stith did not seek to malign the Howard Association; he only suggested that they were not offering rations to the Peabody Association and that black Mississippians in the countryside were in need of assistance, implying that they preferred to apply for relief to the Peabody Association rather than to the Howards. Rather than release the contributions to Mr. Stith, however, Benner's second in command "concluded it was best to turn over the supplies to the Howard Association, with the understanding that they were intended as much for the relief of colored as white people, and get out of the infection [zone] as quickly as possible." These procedures specifically upheld local white authority and allowed white relief workers to determine who deserved aid.[266]

In order to avoid cases of undeserving applicants fraudulently gaining access to rations and donations, relief organizations instituted tight controls and a laborious application process. In New Orleans, the Central Relief Committee required applicants for relief to produce a physician's certificate demonstrating that they had been diagnosed with yellow fever and "detailed statements of reliable persons" testifying to the individual's destitution. "As an additional safeguard" against undeserving applicants receiving aid, the Committee sent relief workers "to personally inspect the residences of the applicants for relief," thereby allowing individual relief workers to decide whether applicants were deserving of rations. The New Orleans Peabody Subsistence Association instituted similar procedures, requiring applicants to provide a list of references who could attest to their sickness and need for aid. A member of the relief organizations was then required to interview the individual's references and make a personal inspection of their home. If the relief worker found the individual appropriately deserving of aid, a ration blank would be filled out, signed, and

[266] Ibid.

stamped which could then be presented at the Peabody depot to receive rations of food sent by the Secretary of War. As the epidemic progressed—and the relief organizations became more taxed—they tightened their regulations, instituting changes that made applying for aid even more arduous.[267]

These procedures disproportionately affected the black community. Reverend W. W. Mallory of Memphis claimed that "The supplies in the hands of the Howards and Relief Committee are ample, but there is such a routine imposed upon the poor colored people that many of them get out of heart before they reach the end." Mattie Milton further claimed that many of the black residents, either by sickness or lack of nourishment, "were so feeble that they could not stand in the ranks to await their turn at the relief office, but sat on the ground till night came, and then receiving no attention, went home to die!" In making the process of applying for aid so arduous, Southern relief workers made it far more difficult for the majority of black residents to effectively appeal for aid. They further created opportunities for individual relief workers to declare black residents undeserving of relief.[268]

Americans hoped that the national campaign to relieve yellow fever victims in the South offered a moment of true national reconciliation following the failure of Reconstruction. However, in order to impress upon the South the Northern commitment to reconciliation, Northern contributors conceded that local Southern authorities had the right to distribute the fruits of reunion and to dole out relief and material aid as they saw fit. Unfortunately, the Southern relief apparatus, largely under the control of the Howard Associations and citizens relief committees, was

[267] *Orleans Central Relief Committee*, 26; "Yellow Fever," *The Observer*, September 1, 1878.
[268] "A Memphis Letter," *American Missionary* 32, 11 (Nov 1878): 332; "Material and Spiritual Value of the Yellow Fever Fund," *American Missionary* 33, 5 (May 1879): 149.

unduly influenced by political Redeemers, Democrats, and the promotion of white masculinity inherent in fraternalism. These organizations instituted strict demands upon applicants for relief that allowed individual relief workers to discriminate against smaller relief organizations and minority groups, particularly African Americans.

Racial Disparity in Relief

The rhetoric of reconciliation that permeated the national relief campaign effectively mobilized support for the South. It further characterized the act of donating for yellow fever relief as a performance of reconciliation and the aid itself as a visual symbol of the benefits of reunion. In so doing, relief stood as a badge of membership in the nation. But the relief effort was not as successful as those involved proclaimed, particularly regarding the distribution of aid to all Americans affected by the 1878 yellow fever epidemic. There is ample evidence to suggest that African Americans in the South did not receive the relief that they required and that the lion's share of aid went to white yellow fever sufferers rather than black.

If the offer of aid was rhetorically symbolic of acceptance as equals in the body politic—as the rhetoric of national reconciliation suggested—the denial of access to Northern aid can be seen as an equivalent denial of equal membership in the nation. Given that this relief was further seen as an extension of the federal government's initial relief measures, the racial disparity in relief symbolizes a refusal by Southern relief workers to recognize black claims to aid as a right of citizenship. Therefore, while Northern fundraisers may have viewed relief as a tool to achieve national reconciliation, Southern relief workers used the local distribution of that relief as a tool of Redemption and white supremacy.

As fear of the disease escalated among black residents living in the yellow fever zone, many black communities established separate relief societies. The black community of Vicksburg established the Peabody Association. The Howard Association of Port Gibson had a separate committee for black residents headed by Thomas Richardson. Black New Orleanians appealed to the Mutual Benevolent Relief Association. Yet with no separate African American relief apparatus, these organizations found themselves at the mercy of larger organizations controlled by whites. While cities like New Orleans had more resources to aid their established black community of *gens de couleur*, the majority of cities and towns in the South lacked "colored" mutual aid societies or branches of national organizations intended to aid black workers and their families.[269]

Black churches were the main recourse for those in need, the Freedmen's Bureau long having been shut down by Congress. The Preachers Aid Society published an appeal for aid on behalf of black Memphians "To the Colored People of the United States, Especially of the North," proclaiming that "Our people are suffering, dying and destitute. For Heaven's sake relieve us all you can by sending us means. We are not able to bury our dead or to nurse and feed the sick and destitute. The most of us have no employment, as all business is suspended. Send us contributions of money or provisions speedily." But organizations under black authority were very small and had fewer networks to coordinate relief than their white counterparts. African American newspapers—along with most smaller newspapers in the South—ceased publication during the epidemic.

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[269] *Yellow Fever National Relief Commission*, 33; Deanne Love Stephens Nuwer, "The 1878 Yellow Fever Epidemic in Mississippi," (PhD. diss., University of Southern Mississippi, 1996), 100-101; "Peabody Association, A Reply to the Communication from the Mutual Benevolent Association," New Orleans *Picayune*, September 14, 1878. The *New Orleans City Directory, 1880* further listed the "Ex-U.S. Soldiers' and Sailor's Union, Screwmen's Benevolent Association, No. 2, United Sons of Honor, Longshoremen's Protective Union, No. 2, L'Avenir Mutual Aid Association, The Colored Men's Protective Union, as well as individual lodges of Odd Fellows as African American mutual aid societies that were in operation before 1878. These societies may have tried to aid their members during the epidemic.

Without newspapers to telegraph the need for aid, black relief societies and churches were less able to coordinate with Northern sources of support. White missionary groups in the North explained that, because of the epidemic, freedmen's schools were closed and Northern teachers fled at the epidemic's beginning, closing another possible venue for coordinating aid from Northern contributors.[270]

Many of the relief societies that specifically aided African Americans argued that the larger relief organizations did not equitably distribute relief to black Southerners. For example, the Mutual Benevolent Relief Association, established to aid black New Orleanians, accused the New Orleans Howards and the Peabody Subsistence Association of discrimination. In contrast, they went out of their way to officially recognize the Orleans Central Relief Committee "for the impartial and uniform courtesy" with which they answered the Association's calls for aid, mainly because they were the only general relief agency in the city that included a representative of the M.B.R.A. on their supervisory committee. However, they complained that the Orleans Central Relief Committee, "under a strained construction of the orders from Washington, issue rations only to yellow fever sick or convalescents, to the utter detriment of the starving poor," a large majority of which were black. Miss Hattie A. Milton, of the American Missionary Association, claimed that in Tennessee, "Although several thousand dollars were sent here to relieve yellow fever sufferers, many of the colored people received but little, some nothing."[271]

In contrast to the portrayal of organizations seeking to aid African Americans, citizen relief committees throughout the South complained that too much of their resources were spent caring for indigent black residents who could not—or would not—work during the epidemic. The St.

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[270] *New York Times*, September 4, 1878; "The Yellow Fever," *American Mission* 32, 10 (October 1878): 291.
[271] *Orleans Central Relief Committee*, 64, 11; "Material and Spiritual Value of the Yellow Fever Fund," *American Missionary* 33, 5 (May 1879): 149.

Louis *Globe-Democrat* claimed "The negroes never fail to show up for their rations, but can not be found when a grave is to be dug or a corpse to be removed. They will not move unless paid a five dollar bill for each errand." Dromgoole concurred, stating that the "Negroes [of Memphis] will not work, will not leave town, but lie about and draw rations, and then get sick and become a burden intolerable." He thereby blamed black Memphians for their inability to work, their need for aid, and for getting sick in a single sentence. His indictment implied that black citizens were not deserving of aid. Some Southern whites simply did not want to provide aid to black people. George E. Hasie claimed that rations in Vicksburg went to those "who neither need or deserved them" referring to the long lines of black Southerners who "flocked with their baskets and sacks to the depot of distribution to demand their share. It is not needed and only encourages them in laziness."[272]

These descriptions of lazy, undeserving black Southerners were repeated in the Northern press. Dr. Pease of Washington—who volunteered to go to Memphis but was turned away because he was unacclimated—spread the message in Northern newspapers that "The commissary depots established by the Howard Association are besieged by throngs of negroes, many of whom come in from the surrounding country, risking the pestilence in order to get free provisions." The writers of these descriptions did not ignore the destitution and starvation caused by the complete breakdown of the local economy. They admitted that people could not get work or food in Memphis, at least not without putting themselves at great personal risk among the sick and dead. Yet those engaged

[272] *St. Louis Globe Democrat*, quoted in Power, *Epidemic of 1878 in Mississippi*, 164; Dromgoole, *Yellow Fever*, 62; *Vicksburg Weekly Herald*, October 18, 1878; Also quoted in Nuwer, "The 1878 Yellow Fever Epidemic in Mississippi," 105.

in relief work consistently characterized black residents as attempting to game the system in order to gain access to rations and donations of goods, as if they were not entitled to receive them.[273]

Others believed that, while sick black patients required aid, their actions early in the epidemic caused their sickness. Dr. J. W. Mitchell, in an interview with the correspondent of the Louisville *Courier Journal*, was asked if black residents fared better during yellow fever epidemics. He replied, "Yes…if you could get over a colored man's love for champagne. That is what killed this class….Indeed there were instances where they came from the country and ran the risk of taking the fever to get champagne." Mitchell thus argued that black Memphians who contracted the disease did so because of their immoral and insalubrious habits. John Keating further commented that early in the epidemic, thirty cases of yellow fever were reported among the black residents of Memphis, "and yet negroes were to be seen at any and all hours of the day, in the alleys and back-ways, gorging themselves with watermelons, and all sorts of unwholesome trash." These descriptions of lazy, undeserving, and culpable black Southerners were more than simply racist; they were essential to the racial disparity in yellow fever relief.[274]

This was due to the moral implications governing the distribution of disaster relief in the late nineteenth century. Government (and most philanthropic) aid was rarely offered to those deemed the undeserving poor. Rather, charitable assistance was intended to aid those who fell upon hard times through no fault of their own, particularly if this hardship led to a loss of class status. Charitable and benevolent institutions differentiated between those who were blameless in

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[273] Pease quoted in Rev. Morgan Dix, *The Sisters of St. Mary at Memphis: With the Acts and Sufferings of the Priests and Others Who Were There with Them during the Yellow Fever Season of 1878* (New York: Printed for Sisters of St. Mary: 1879), 42, Project Canterbury; Yellow Fever Collection, Benjamin L. Hooks Central Library;Also quoted in *Frank Leslie's Illustrated Newspaper*, September 28, 1878, Philip S. Hench Walter Reed Yellow Fever Collection, c. 1800 – c. 1998.

[274] Mitchell interview quoted in Keating, *History of the Yellow Fever Epidemic*, 189; Ibid., 151.

their own misfortune and refused aid to those judged as complicit in their own calamity either through direct action that led to downfall, miscalculation of risk, or negligent inaction. Judgments of blame further hinged on claimants' moral status and were mediated by the social politics of race, class, and gender. Congressional disaster relief, the emergency assistance provided by the federal government during the epidemic, and individual judgments of need by Southern relief agencies all followed these guidelines of assessing blame.[275]

The sheer scope of the epidemic allowed Southerners, in general, to claim they could not be held responsible for the disaster. While individual cities such as New Orleans might be held accountable for their poor sanitary condition or their ineffective quarantine of yellow fever, the 1878 epidemic affected so many people throughout the Mississippi Valley that individuals could hardly be assigned blame for being in the wrong place at the wrong time. Further, both healers and relief workers argued that the yellow fever of 1878 was especially virulent, attacking those previously thought immune or in some way protected against a fatal attack. With whole families dying out and the carnage wrought in cities like Memphis, orphans and widows abounded. Add to this the economic desolation of the region—a well-documented consequence of yellow fever epidemics—and Southerners could hardly be blamed for the proliferation of the newly destitute.

Themes of national reconciliation, so vital to the relief effort, also helped to foster this sense of the South as a blameless victim of medical disaster. As Northerners recharacterized Southerners as noble, honorable, and in desperate need of their help, they bolstered the conception of Southerners as virtuous, innocent victims deserving relief. These claims did not

[275] For more on the development of Congressional disaster relief's reliance on moral claims of fault, see Dauber, *Sympathetic State*; Michele B. Katz, *Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic Books, 1996). Charitable assistance continued to be tied to moral claims well into the next century. Theda Skocpol, *Protection Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge, MA: Belknap Press, 1890-1930 (New York: Free Press, 1994).

discriminate by race, class, or gender. In fact, the Pittsburg Relief Committee claimed that aid was desperately required by the South specifically because the epidemic "was no respecter of persons or localities;…Neither age, sex, or race were exempt, although in prior visitations the children and negroes had not suffered to the same extent as others. Not so now—it swept all." If no one was safe from the disease's ravages, how then could individual Southerners be categorized as deserving or undeserving of aid?[276]

In the case of white Southerners, relief organizations characterized broad swaths of society as needing and deserving aid. The Orleans Central Relief Committee claimed that the distress caused by yellow fever "was not confined alone to the laboring classes, but it extended to the families of clerks, of professional men and property holders." Describing a sick widow who owned property but whose tenants were too poor to pay rent, a Committee member claimed "It was a pleasure to apply the bounty of the Government to cases like these, and to show them that the great Republic in which they lived, of which they heard only in connection with war, law-making, and taxation, could…with the hand that had been wont to clasp the sword sustain the falling victims of famine and pestilence." The Committee thus recognized aid as a tool of reconciliation most profitably applied to white Southerners who faced a loss of class status due to the epidemic.[277]

Yet this nationalist rhetoric, which characterized Southerners as blameless victims, apparently did not apply to black Southerners whom relief workers frequently characterized as somehow complicit in their circumstances. Claims that black Southerners knowingly put themselves at risk of contracting the disease to obtain alcohol, rations, or wages, for example, stood

[276] *Report of the Pittsburg Relief Committee*, 9.
[277] *Orleans Central Relief Committee*, 26-27.

as evidence that black residents could be faulted for their sickness. These narratives, however, failed to discuss the fact that whites regularly offered incentives to black citizens willing to put themselves in close proximity to yellow fever. Because black people were supposed to be less susceptible to the disease, white Southerners generally expected black residents to work as nurses, gravediggers, wagon drivers to and from the cemeteries, or that they would guard homes whose white owners had fled to safety in the North. Nevertheless, white relief workers judged black residents for putting themselves at risk of contracting the disease by accepting work in these situations. The Southern relief apparatus therefore attributed the suffering of white claimants to natural causes outside of their control while black claimants' suffering was due to social causes they chose not to avoid.

Black Southerners were further judged as complicit in their destitution. Given the breakdown of the Southern economy because of the epidemic, one could make the case that relief of destitution and starvation was part of the national relief campaign. Fundraising rhetoric certainly seemed to imply that this was the case. But once the funds and goods reached the South, relief workers made a further distinction between whites and blacks and whether they were deserving of aid. They claimed that the majority of black Southerners were a destitute population before the epidemic. They argued that black residents refused to do any work during the epidemic, preferring to draw on free rations. They characterized them as idle and lazy. And they argued that black freedmen had flocked to cities after the Civil War, a fact that put them directly in the path of yellow fever. Black politicians' role in Reconstruction further suggested that they could be held partially responsible for the economic and sanitary condition of cities struck by yellow fever. All

these arguments were bolstered by the belief that black people largely escaped the worst of the epidemic's ravages to justify the systematic denial that they deserved relief.

The portrayals of white and black residents of the fever districts also regularly reinforced the differences in their behavior during the epidemic. Telegrams from Memphis claimed that "The impression prevails that all the whites will be attacked" by the fever and intimated that soon "nobody will be left to direct the efforts of the nurses and the distribution of supplies." With yellow fever narratives highlighting the heroism of the physicians and relief workers as well as the innocent suffering of the victims, these narratives presented both heroes and victims of the epidemic as white, either ignoring or maligning the experience of black Southerners. Newspapers repeated the story wired from Memphis that a militiaman fired into a crowd of black Memphians outside the CRC commissary, claiming that "A number of negroes, some drunk, assembled before the commissary depot this morning and becoming riotous made a rush for the door." John Keating did not include the claim of drunkenness when he described the incident in his official history of the epidemic, yet the claim—repeated by a number of newspapers—immediately characterized the black residents as a senseless mob rather than addressing any legitimate frustration that the black community's needs were not being met by relief workers. Instead, the newspapers claimed that "The committee is doing all in its power to supply the people with food, but some of the negroes are disatisfied [sic] with the manner the rations are issued and further trouble is feared." Furthermore, the papers claimed that "Some negro agitators have been talking to the colored people and attempting to create trouble, but by the prompt action of [the] mayor…and the members of the Citizens' Relief Committee they were arrested this afternoon and put in the station house…." It is unclear who these individuals were, whether they were truly

"negro agitators" or if they played any more important role in the relief network of the black community. What is clear is that yellow fever narratives regularly cast white Southerners as innocent victims or honorable martyrs while portraying black Southerners as undeserving, irrational, and dangerous. These characterizations, while most assuredly the result of entrenched racism and reinforced by the lack of knowledge about what was actually happening in the black community during the epidemic, nevertheless had real consequences for the distribution of aid on the ground.[278]

The characterizations of black residents as dangerous criminals, so prevalent in Memphis, reassigned the role of black citizen from victim of disaster to part of the disaster itself. Memphians who feared the looting of the ration store portrayed black residents as one of the forces tearing Memphis apart and contributing to the deaths of whites. These portrayals, of dangerous black Southerners who endangered the success of the national relief campaign, were repeated in a number of towns and cities throughout the South, justifying the wide-spread belief among relief workers that black residents were attempting to gain access to aid that they did not deserve.

Given the prevalence of complaints by authorities that black residents were attempting to gain access to material aid and rations that they did not deserve, as well as the numerous attempts to justify the belief that black residents were complicit in their condition, it is not surprising that a majority of the aid delivered to the South was disbursed to the white community at the expense of black citizens. The denial of this aid led to untold suffering and death in the African American communities of the Mississippi Valley. Further, given the context of the national relief campaign's

[278] All of these stories were printed in the *Portland Daily Press*, September 3, 1878; yet several newspapers reprinted them as stories such as these from Memphis were extremely popular.

rhetoric of national reconciliation, the denial of aid had important symbolic consequences as well. Southern authorities in charge of the distribution of relief refused black claimants' appeals for relief based on a number of individual factors, yet taken as a whole, the systematic routing of aid away from the black community and toward Southern whites suggests that relief workers used yellow fever relief as a tool of white supremacy and Redemption.

Differential Immunity

A further important component in the racial disparity of aid distribution centered on the expectation of black differential immunity to the disease. Relief workers acted under the assumption that black residents were either immune or resistant to yellow fever and that the population most in need of their help consisted of nonimmune whites. This expectation led relief workers to privilege the claims of whites over those of blacks. It further led them to assume that legitimate cases of disease in the black population required less medical care to resolve successfully. This meant that the majority of aid was spent providing for the medical needs, convalescence, and support of sick whites and their families.

Instead of dispersing aid to a broader segment of the population that was made destitute because of the economic effects of the epidemic, relief workers considered the aid provided by the federal government and donations from communities around the country as intended for yellow fever sufferers only. They therefore constrained the definition of relief to apply only to the sick, a definition that favored expectations of white susceptibility and kept relief out of the hands of black Southerners believed to be either immune or resistant.

According to white-authored yellow fever narratives, black Southerners seemed unconcerned with yellow fever at the start of the epidemic. Descriptions of fleeing evacuees claimed that the vast majority of those who left in the wake of yellow fever were white. Relief workers further maintained that a majority of the population left behind were destitute black residents. In general, those who remained in the cities affected by yellow fever were too poor to escape. Yet many black Southerners also ascribed to the same popular medical beliefs held by whites that they were either immune or resistant to the disease. In a letter to the *Lockport Daily Union* of New York, J. L. Power described how black Mississippians had been trapped by prevailing ideas of their immunity: "When the stampede first took place from here and other places, the colored people generally remained. Heretofore they have been comparatively exempt from the fever, but they are equally subject with the whites to the present type of the disease. When they begun [sic] to realize this fact, many were quite willing to leave," but they were trapped by the quarantines which had since isolated the infected communities. He therefore explained that the large population of black residents left behind in each of the cities affected by yellow fever had no choice "but to stay and take their chances."[279]

Power further claimed that the subsistence of those trapped in the cities "became a matter of immediate concern. Those who gave them employment and paid them wages had gone, and all opportunities of providing for themselves and families were abruptly closed against them. Hence the applications that have been made to the Government for rations, and its prompt and timely furnishing of the same." Relief workers thus recognized that a large portion of those who remained in the city, while perhaps not yet sick, were nevertheless caught in a perilous position.

[279] J. L. Power, "A Pen Picture of the Situation in the Heart of the Yellow Fever District," *Lockport Daily Union*, printed in Power, *Epidemic of 1878 in Mississippi*, 200-204.

With local economies devastated by the cessation of business and the inability to enter and leave the cities—either by quarantine regulations or by fear of the disease—starvation and destitution became real concerns.[280]

Yet relief workers in New Orleans, led by the Howard Association, proclaimed that the relief sent to the Southern states by Northern contributors and rations sent by the federal government had been specifically designated for yellow fever sufferers and that the donations remitted to them could not provide for more general relief. Donations often came with written expressions such as "relief for the sufferers of yellow fever." While these might have been defined as descriptive of donations intended for those suffering because of the epidemic, relief workers decided to construe them more specifically as instructions which, they argued, constrained their abilities to provide relief to any other than those sick from yellow fever.[281]

The other relief organizations in the city, dependent upon the Howards as the central receiver of donated goods and funds, were forced to follow the same guidelines in their applications for requisitions. The Orleans Central Relief Committee claimed that "It was determined that under the instructions of the Secretary of War to the Collector of the Port the supplies could only be issued to those persons having yellow fever in their families and who were destitute. This resolution prevented us from relieving many." They furnished a statement to the newspapers that "Government rations [would] be issued only to such families or individuals as may have been, are now, or may be afflicted by the prevailing fever, in accordance with the terms used by the Secretary of War in his letters directing the issue of the said supplies." Because Secretary McCrary had designated federal rations "for issue to yellow fever sufferers," the local authorities in

[280] Ibid., 202.
[281] For example, Power, *Epidemic of 1878 in Mississippi* described contributions from Northern lodges as "for the relief of Masonic sufferers in the South" or "for relief of yellow fever sufferers where you may see fit to apply it."

charge of disbursing said relief defined those deserving aid as those who were sick, not the healthy who were nevertheless made destitute by the epidemic. The New Orleans *Times-Picayune* described "Quite a large crowd, principally composed of colored people, [that] was collected around the Custom House, probably with the expectation of a general issue of rations, but it was learned that the relief was to be limited to fever sufferers." Forced to follow the example of the Howard Association—which always limited their care and support to those who were sick—relief of the poor and destitute relied upon donations that came with instructions designating their use among the poor without specifically referring to yellow fever, leaving far fewer resources for those who had not contracted the disease. The *New Orleans City Item* claimed that, "A great many colored people with requisitions from the United Benevolent Association…were turned away" from the Peabody Subsistence Association after "It was resolved to limit supplies exclusively to the sick, convalescents, and their nurses and families."[282]

Other Howard Associations and citizen relief committees around the South followed the lead of the New Orleans organizations and limited their efforts to the sick, to the detriment of the destitute black residents trapped in the infection zone. The *Memphis Daily Avalanche* argued that "Men worth hundreds of thousands of dollars have left their property in charge of blacks, and never provided a dollar for their support. They faithfully guarded the property of their employers. And yet if the Citizens' Relief Committee cut off the supplies from the servants of these rich men, what in God's name will they do?"[283]

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[282] *Orleans Central Relief Committee*, 26; "Orleans Relief Committee," New Orleans *Picayune*, September 10, 1878; McCrary telegram quoted in *Orleans Central Relief Committee*, 3; New Orleans *Picayune*, September 10, 1878; *New Orleans City Item*, September 10, 1878.

[283] *Memphis Daily Avalanche*, quoted in "The Colored Man During the Yellow Fever," *American Missionary* 33, 2 (Feb 1879): 43.

Despite the constrained definitions applied by the Howard Associations, many working-class whites throughout the South were judged as deserving of yellow fever relief, even if they were not sick. The Memphis CRC provided federal rations and tents to refugees in the camps outside Memphis. And after the epidemic, "the poorer class of people in the districts adjacent to Memphis who were left destitute by the death of relatives and friends" received $500 in aid by the Yellow Fever National Relief Commission because Representative Casey Young appealed on their behalf. This aid was immediately tendered without hesitation because it had the approval of a local authority and Northern relief organizations operated under philanthropic procedures that doled out money to Southern authorities. Yet while Southern authorities shared relief with destitute whites that were not sick, they offered little to the black citizens in their midst.[284]

Relief workers recognized that the yellow fever of 1878 seemed to contradict their assumptions that black citizens were immune to the disease. The *American Missionary*—the newsletter of the American Missionary Association, which sent relief to aid Southern black residents—claimed that "The yellow fever…pays no regard to race, color, or previous condition. Whites and blacks alike have suffered from its sudden and malignant attacks….The statement which has been often made, that the negroes are proof against this pestilence, seems to have been ill-based, as intelligent observers of its ravages in former years utterly contradict it. At any rate, it is not true of this year's scourge." Dr. Veazey of Grenada, Mississippi wrote that "The negroes are all getting the fever" and he cited more deaths among blacks than those of whites, despite the fact that this was contrary to popular expectation. Dr. Veazey claimed that "The colored patients are

[284] *Yellow Fever National Relief Commission*, 22.

dying for want of proper nourishment and domestic attentions," implying that if black patients were provided good nursing care and wholesome food, they would be fine.[285]

Yet there is evidence to suggest that the belief in their racial immunity kept black Southerners who did contract the disease from receiving aid. Because black people were still believed to be resistant to the disease, many Southern relief authorities viewed their claims of sickness with suspicion. As one relief worker wrote, "There were a large number of negroes ill from the first, of whom not more than one or two died, and it is doubtful whether these were yellow fever at all." The president of the Yalobusha County Board of Health claimed that "disease was in general mild and easily controlled among the negroes, many of them getting well without scarcely any treatment at all" implying that even if black Southerners contracted yellow fever, they did not require medical care or relief. Throughout the South, white residents were considered the main at-risk population. Statistics compiled during and after the epidemic seemed to verify this.[286]

By requiring applicants to prove a verifiable case of yellow fever in their households, Southern relief workers thus funneled most of the federal and Northern contributions away from the black community, whom they generally assumed were comparatively resistant to the disease. While they admitted that black residents were contracting yellow fever, Southern whites nevertheless maintained that the disease was generally mild in black patients and usually resulted in convalescence whereas they claimed that the morbidity and mortality rates in whites was significantly higher, justifying their greater need for relief.

Further, the vast majority of Southern physicians and boards of health furnished statistical evidence to prove that whites suffered disproportionately. But the statistical evidence of the

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[285] "The Yellow Fever," *American Missionary* 32, 10 (Oct. 1878): 291; *Memphis Daily Appeal*, August 27, 1878.
[286] Rev. W. K. Douglass, "Dry Grove," printed in Power, *Epidemic of 1878 in Mississippi*, 174-176; Yalobusha County Board of Health quoted in Nuwer, "The 1878 Yellow Fever Epidemic in Mississippi," 50.

epidemic is in part untrustworthy because of this very widespread assumption of differential immunity and susceptibility the statistics seem to support. Many of these statistics of morbidity and mortality were compiled by the very relief organizations that were accused of not providing aid to black citizens so the number of cases among the African American communities in the South may have been underreported due to these agencies' biases toward the care of whites. It is likely that morbidity and mortality among black residents were further underestimated by medical authorities throughout the South because of the invisibility of black death. There was a general lack of understanding of what was happening in black communities that is clear from reading the reports of white relief workers. Further, even whites admitted that rural cases and deaths of black Southerners on plantations and farms were vastly underreported.

Conversely, the number of yellow fever cases within the black community may have been overreported as a consequence of their desperate attempts to appeal for aid as the cities faced starvation. Statistics and anecdotes of cases among black patients that seemed to need little treatment or generally ended in convalescence rather than death make more sense when it is remembered that relief was often held in reserve for the sick. White relief workers were certainly suspicious of black appeals for aid. But we cannot know from the evidence provided whether this suspicion was justified or not. The white relief apparatus created an arduous process for obtaining relief, very likely with the intention of making it more difficult for African Americans to successfully apply for aid. Given the fact that most relief workers seemed to judge the denial of black residents' deserving aid as a foregone conclusion, white authorities often assumed that black applicants were fraudulently attempting to access relief. White relief workers would have further pointed to cases wherein the black community, desperate for relief, furnished examples of fraud in

order to further justify their discriminatory practices. The larger point to be made, however, is that the statistical evidence promoting the differential immunity or susceptibility of blacks and whites to yellow fever cannot be relied upon as an accurate portrayal of black experience with the disease in 1878. Yet contemporaries believed that all evidence pointed to a disparity in morbidity and mortality based on race that suggested whites were blameless because of their greater susceptibility to the disease.

Only those African Americans who came under white medical authority when sick were able to be counted with any confidence. Yet physicians and relief workers complained that members of the black community were loath to place themselves under white medical authority. Colonel John F. Cameron, Commander of Camp Joe Williams outside of Memphis, remembered that the "Negroes hold doctors and hospitals in great terror, and can rarely be induced to take medicine. All removals [to the hospital] required armed force." He described cases of black patients fighting with authorities or being hidden by their families to keep them from being forcibly removed to the hospital. He even claimed that one night a black patient "was stolen from the hospital, and in the attempt to convey him to the city in a wagon, he died on the way." This refusal to submit to white relief workers' and medical authority may also have made it more difficult for black patients to get rations and medicine that they needed to care for their families.[287]

Nevertheless, there were some alternative efforts to care for the sick in the black community. Reverend Temple Cutler of Chattanooga, Tennessee claimed that "There were many,

[287] John F. Cameron, "Camps; Depopulation of Memphis; Epidemics of 1878 and 1879," *Public Health Papers and Reports* 5 (1880): 155. African Americans had reason to be fearful or suspicious of hospitals, and doctors in general. The medical management of slaves was an integral component to the antebellum slaveocracy in the South and many freedpeople reported painful memories of medical treatment or experimentation at the hands of white authorities. Katherine Bankole, *Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana* (New York: Garland Publishing, Inc., 1998).

many cases of yellow fever among the colored people that were not reported. They held, perhaps, a superstitious notion—the doctors would say so, at least—that if they went to the hospital they would surely die; so they doctored themselves with herbs, and so far as I can learn not one so treated died." Unfortunately, very little is known about these efforts or of parallel networks of mutual aid and solidarity that may have been prevalent in the black community yet never came to the notice of white relief workers.[288]

National authorities repeated what they learned from Southern authorities about the differential susceptibility of the disease. Keating wrote that "The medical experts appointed by Congress in December, 1878, declare…The white race is most susceptible to it, and all colors intermediary between that and the negro less and less in degree as they approach the African, who suffers least of all from it." Northern newspapers repeated what Southern newspapers described as ubiquitous white death and comparative black resistance. The statistical evidence furnished by physicians, boards of health, and relief agencies all seemed to prove this assertion. Given the ubiquity of this data, most Americans generally believed that black Southerners suffered least. It may have even seemed appropriate that the majority of aid went to those thought to suffer most—susceptible whites.[289]

Relief workers thus pointed to expectations of differential immunity as justifications that African Americans were undeserving of the relief sent to the yellow fever districts of the South. Southern authorities, in an effort to systematically discriminate against black citizens, took advantage of medical definitions of race in order to justify providing relief to white yellow fever

[288] "Generous Giving—Not Dying Out—Help Wanted," *American Missionary* 33, 2 (Feb. 1879), 53.
[289] Keating, *History of the Yellow Fever Epidemic*, 16-17.

sufferers at the expense of the black community. While relief authorities could claim that they acted appropriately, reserving aid for at-risk populations under widely accepted medical standards, the ubiquity of judgments of black residents' moral status in order to present them as undeserving of relief or culpable in their illness, coupled with the ease with which they offered relief to a broad range of white residents, in some cases neither sick nor destitute, belies the claim that aid was distributed fairly.

Conclusion

The national campaign to relieve the South during the 1878 yellow fever epidemic was so steeped in the rhetoric of national reconciliation that the St. Louis *Globe Democrat* forecast "There will be no bloody shirt in the campaign of 1880. Recent events have proved that we can get along without it. It was a useful garment once, but it is no longer needed." The *Weekly Louisianian*, the leading African American newspaper in New Orleans sneered at such sentiment, arguing, "Is it any wonder the Democracy have nearly ridiculed the wholesale murder of colored men in the South for political purposes out of discussion in the North…?" In an effort to enact reconciliation through relief, whites around the nation "clasped hands over the bloody chasm" yet largely ignored what was happening in the black community. While there is significant evidence that the fruit of reunion was not shared equally with black Southerners, black newspapers spent little time after the epidemic complaining about the racial disparity in aid. Instead they focused on the escalation of political violence across the South and fears of disfranchisement should Redeemer Democrats hold power in the coming election. The *Weekly Louisianian* presciently warned black Southerners

that the coming days would bring segregation, racial violence, and disfranchisement of black citizens in the South.[290]

The events leading to the entrenchment of Jim Crow in the South may have overshadowed the racial disparity in the distribution of relief provided during the epidemic of 1878, yet the context of the national relief campaign and the racial disparity in aid foreshadowed themes prevalent during the Jim Crow era. The national campaign to relieve the South relied on a rhetoric of national reconciliation that fostered the goals of white reunion at the expense of black Southerners. In an effort to prove their commitment to reconciliation and their respect for Southern autonomy, Northern benefactors and the federal government deferred to local authorities in the South to distribute aid as they saw fit, allowing Southern Redeemers to direct contributions toward white communities and away from black communities. Southern relief workers accomplished this racial discrimination by making the application process particularly arduous in ways that disproportionately affected destitute, sick, and/or illiterate black residents. They refused to cooperate with smaller relief organizations that specifically catered to the black community, relying on moral condemnations of African Americans' living habits to declare them undeserving of assistance. They further endorsed medical arguments that promoted racial and biological distinctions between white and black bodies that fostered the scientific racism prevalent in both the North and the South.

This racial disparity in aid, given the nationalist symbolism invested in relief, demonstrates that those in control of the Southern relief apparatus did not consider black residents to be equal members of the nation. Their refusal to share in the bounty of relief provided by the national relief campaign, particularly the rations provided by the federal government, demonstrates a further

[290] *Weekly Louisianian*, December 7, 1878.

denial of the rights of citizenship to black Southerners. While relief may have been a symbol of national reconciliation for whites across the country, Southerner relief workers used the distribution of aid as a tool of Redemption in their efforts to promote white supremacy. In so doing, they helped institute the structures that would ultimately sustain decades of Jim Crow.

CHAPTER FOUR:

MEMORY IN MEMPHIS

In his seminal history of Memphis, published in 1939, Gerald Capers argued that yellow fever epidemics in the 1870s severely crippled a city that had been poised for greatness. Memphis was captured early during the Civil War and had served as a thriving center of illicit trade between the North and South, growing in population throughout the 1860s and 1870s. Yet, Capers claimed, repeated yellow fever epidemics in 1873, 1878, and 1879 had severely damaged Memphis's reputation as a budding Southern metropolis. Capers blamed yellow fever for the exodus of ethnic minorities, for the subordination of Memphis's Catholic Church, for the migration of poor, rural whites and freedpeople into the city, and for a lack of Northern investment, which ultimately led the city to lag behind Atlanta, St. Louis, and Nashville. "The social and economic consequences of the fever epidemics were so far-reaching," he wrote, "as to warrant the conclusion that there have been two cities upon the lower Chickasaw Bluff: one which existed prior to the pestilence, and a second metropolis which sprang up like some fungus growth on the ruins of the first." The demographic changes following the epidemic and the rise of rival New South cities, Capers argued, had reduced Memphis nothing more than a "southern Middletown."[291]

[291] Gerald Capers, *The Biography of a River Town: Memphis, Its Heroic Age* (Chapel Hill: University of North Carolina Press, 1939), 187-209.

In advancing these arguments, Capers's classic *Biography of a River Town* gave academic sanction to a historical narrative that Memphians had told for decades, in which yellow fever was to blame for any number of the city's woes. In particular, Memphians continued—and continue—to single out the yellow fever epidemic of 1878 as the final straw that pushed the city to declare bankruptcy, surrender its municipal charter and name, and become the Taxing District of Shelby County. According to these historical narratives, yellow fever not only kept Memphis from attaining its position of greatness as the point of communication between the South and West, but also nearly wiped Memphis off of the map entirely. While Memphis survived—regaining its charter and its name by 1893—the epidemic transformed the city in important and lasting ways. Memphians therefore continue to commemorate the yellow fever epidemic of 1878 as an existential crisis in the history of the city.[292]

Yet Lynette Boney Wrenn has argued that the change from an aldermanic to a commission form of government, and even the surrender of the charter as a drastic measure to settle the city's debt, was not necessarily a unique situation for cities that became financially insolvent after the economic collapse of 1873. She further points out that, as Memphis's municipal debt increased following the Civil War, concerned citizens had engaged in debate over a change in government for more than a decade before the yellow fever epidemics. In fact, she argues that while the epidemic was surely the impetus which swayed public opinion toward favoring a radical restructuring of the municipal government, the financial debt of the city had already mushroomed to the point that some form of drastic change was surely inevitable. While the surrender of the city charter and the creation of the country's first Taxing District may seem extreme, Wrenn explains that the change was enacted in order to avoid continued law suits against the city for debts

[292] Ibid.

incurred and that there was very little else the city could have done to avoid the constant writs of mandamus issued against the municipality.[293]

Because Wrenn's focus is on political structures and not on yellow fever, her analysis puts the 1878 yellow fever epidemic in a wider context of fights over legitimate political authority in Memphis. Her narrative offers a broader view of Memphis's debt troubles which presents the surrender of the charter and the creation of the Taxing District as less contingent upon the epidemic that preceded it. Further, while Wrenn explains that Memphis newspaperman John Keating, the author of the central narrative linking the epidemic to the overthrow of the aldermanic government, was "one of the most ardent proponents of municipal reform in Memphis during the 1870s and 1880s," a quality that historians of public health have overlooked in their analysis of his narrative.[294]

Yet the historical narrative of the epidemic's effects on the city of Memphis—particularly the dominant narrative provided by John Keating—has been put to a number of social, political, and economic uses over the decades. This chapter therefore offers a critical analysis of the historical memory of the 1878 yellow fever epidemic in Memphis, which has had a significant and continuing impact on the regional identity of the city and its inhabitants. Select Memphians fashioned the yellow fever narratives that rebuilt the social hierarchy during and after the epidemic. Because historical memory always has social and political connotations, the architects and executors of these historical narratives claimed authority over the cultural power of collective memory, deciding which Memphians' experiences and narratives were legitimate, and using them

[293] Lynette Boney Wrenn, *Crisis and Commission Government in Memphis: Elite Rule in a Gilded Age City* (Knoxville, University of Tennessee Press, 1998).
[294] Ibid, 56

to reinforce the social hierarchy of the city. These narratives, in turn, were memorialized in physical and emotional ways that marked the city for generations.[295]

The first half of this chapter focuses on the act of cementing historical memory of the event in its immediate aftermath and the political, economic, and social implications that were embedded in the dominant narrative. In particular, Keating's narratives of the epidemic and its aftermath were instrumental in tying the 1878 epidemic to the 1879 repeal of the city's municipal charter and the change in government from an aldermanic City Council to a highly centralized commission government branded the Taxing District of Shelby County. Economic elites, previously barred from significant political representation in Memphis, successfully employed the memory of yellow fever to push for a change in government that concentrated power in the hands of a small group of wealthy businessmen.[296]

Once in office, these economic elites played upon public fears of yellow fever to maintain power as they instituted reforms they believed would propel Memphis into a premier New South city. Seeking to capitalize on the creation of a National Board of Health following the 1878 epidemic, they enacted public health and sanitation initiatives in order to repair the city's reputation and encourage Northern investment. With the conspicuous absence of yellow fever in

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[295] This chapter uses the analytical lens of "collective memory" as first described by Maurice Halbwachs in 1925 and developed by subsequent scholars, notably W. Fitzhugh Brundage. Historical memory scholars study the interaction between individual stories about the past and existing historical narratives, including memorialization and commemoration. They further contextualize this process of historical interpretation and presentation with the contemporary needs of individuals and groups which influence what is remembered and commemorated. W. Fitzhugh Brundage, *The Southern Past: A Clash of Race and Memory* (Cambridge, MA: Belknap Press of Harvard University Press, 2005); W. Fitzhugh Brundage, ed., *Where These Memories Grow: History, Memory, and Southern Identity* (Chapel Hill: University of North Carolina Press, 2000).

[296] John MacLeod Keating, *A History of the Yellow Fever Epidemic of 1878, in Memphis, Tenn. Embracing a Complete List of the Dead, the Names of the Doctors and Nurses Employed, Names of All who Contributed Money or Means, and the Names and History of the Howards, Together with Other Data, and Lists of the Dead Everywhere* (Memphis, TN: Printed for the Howard Association, 1879); John M. Keating, *A History of the City of Memphis and Shelby County Tennessee, with Illustrations and Biographical Sketches of Some of Its Prominent Citizens*, Vol 1 and 2 (Syracuse, NY: D. Mason and Co., 1888). Keating was also the co-owner and primary editor of the *Memphis Daily Appeal* newspaper from 1879 to 1889. These publishing opportunities allowed Keating to repeatedly present his version of the historical narrative to the public.

the city after 1879, Taxing District officials fashioned themselves as saviors of the city. Ignoring complaints from outlying neighborhoods, lower-class, and ethnically-diverse wards that reforms were focused on improving the business district and elite neighborhoods, officials nevertheless portrayed their sanitation reforms as a veritable revolution in public health that would ensure the bright future of Memphis. Yet, contrary to Capers's thesis, Memphis's status as a New South metropolis was hindered more by the Taxing District's piecemeal reforms of the city and by continued economic stagnation than any demographic changes wrought by yellow fever.[297]

After discussing how business elites used the collective memory of the 1878 epidemic to transform the city of Memphis, the second half of the chapter discusses the ways in which the collective memory of the epidemic has continued to impact the history and identity of the city and its residents. Yellow fever memorials in Memphis continue to commemorate the city's municipal crisis but they also tell a particular story about the identity of the people who prevailed the near-destruction of the city. Not only did white, educated elites use yellow fever memory to justify their political take-over, but this class also continued to employ historical memory in the city to glorify heroes from their class and to erase the contributions of racial and ethnic minorities—as well as poor, rural southerners—to the history and identity of their city. Although there have been repeated attempts to reinsert ethnic and racial minorities into the historical narrative in a positive way, only some of these have been successful. In general, the experience of African Americans during the epidemic remains unremembered.

Both early and later memorials that commemorate yellow fever inscribed this selective historical knowledge onto the landscape. Religious bodies and boosters of historical tourism have

[297] Lynette Boney Wrenn, "The Impact of Yellow Fever on Memphis: A Reappraisal," *The West Tennessee Historical Society Papers*: 4-18.

all reinforced the narratives of the 1878 yellow fever epidemic to enhance the reputation of specific institutions in Memphis. While Memphis has its fair share of memorials featuring the Civil War and glorifying the Lost Cause, the citizens of Memphis—a city that prospered during the War and avoided military Reconstruction—have chosen the yellow fever epidemics of the 1870s as a symbolic icon of Southern suffering. These commemorations convey an active definition—or redefinition as the case may be—of identity and belonging to future generations of Memphians and visitors alike.[298]

Professional historians have also had a hand in maintaining or challenging the collective memory of the 1878 epidemic in their analyses of the epidemic's long-term impact on Memphis. Historians of medicine and public health have reinforced much of Keating's narrative. They echo many of his assertions, including that yellow fever inaugurated the change in government, that the aldermanic City Council was hopelessly corrupt and unqualified to deal with the debt crisis they had created, and that the commission government of the Taxing District modernized the city with the sanitary improvements necessary for safeguarding public health. Historians of Gilded Age urban spaces, however, point to issues with tax collection and spiraling municipal debt as a common feature in cities after the Civil War. They further argue that the surrender of the Memphis charter was neither unique as a solution to the municipal debt crisis nor was it a consequence of Memphis's disease environment.[299]

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[298] Memory scholars have proffered the concept of a "usable past"—coined by Van Wyck Brooks, "On Creating a Usable Past," *The Dial* (1918): 337-341—wherein the arbiters of historical knowledge make choices concerning what is historically significant based on contemporary needs. Historical narratives therefore service contemporary identities and justify social, economic, or political relationships. History is never an objective accounting of events; rather, it is a negotiated process wherein individuals actively decide what will be remembered and what will be forgotten.

[299] This dominant narrative is especially promoted by Capers, *Biography of a River Town*; Thomas H. Baker, "Yellowjack: The Yellow Fever Epidemic of 1878 in Memphis, Tennessee," *Bulletin of the History of Medicine* 42, 3 (1968): 241-264; John H. Ellis, *Yellow Fever and Public Health in the New South* (Lexington: University Press of Kentucky, 1992).

In short, the yellow fever epidemic of 1878 provides a well-known historical narrative that has been used in Memphis for a number of social, political, and academic purposes. While the history of yellow fever—especially of this specific epidemic—has been memorialized, commemorated, and retold by generations of Memphians, interestingly, the topic holds far less historical significance in other cities in the South that have been wracked by yellow fever. This is true even in New Orleans, the undisputed yellow fever capital of the United States for most of the nineteenth century and a city whose residents once assigned a great deal of cultural and social meaning to yellow fever. While New Orleanians have since chosen to reinforce other aspects of their collective memory, Memphians have sustained the historical narrative of the 1878 epidemic as essential to the history and identity of their city. This chapter examines how, as well as why, the epidemic has been remembered in order to understand this characterization of place-based identity. How has the collective memory of the epidemic been fashioned? What have Memphians chosen to remember about the epidemic and what have they chosen to forget? How has this memory been preserved and passed down through generations? And to what uses has this memory been put? This chapter attempts to answer some of these questions.

The Aftermath

In the immediate aftermath of the 1878 yellow fever epidemic, Memphians sought to deal with the consequences of the death and destruction wrought by yellow fever. Survivors wrote of their experiences and published the first official histories of the epidemic. In these writings, Memphians attempted to make sense of the tragedy and deal with the loss of friends and loved ones by glorifying heroes of the epidemic in a way that offered a message of hope and community

to those who survived. They celebrated the brave doctors and relief workers, their heroic deeds of selfless service, and honored those who willingly gave their lives to help yellow fever sufferers. But these accounts were selective, silencing many Memphians who experienced the horrors of yellow fever or who likewise sought to aid their fellow citizens.

In fashioning heroes of the epidemic and publishing official accounts of events, a particular historical narrative emerged that glorified the actions of specific Memphians: all white, nearly all male, and predominantly middle- or upper-class. This dominant narrative effectively overshadowed or silenced alternative experiences of the epidemic and largely ignored the contributions of those who did not fit this description. While honoring heroism was an important component in moving forward after such a devastating tragedy, Memphians sought to venerate heroes that displayed attributes and characteristics of an idealized Southern identity. Choosing appropriate figures for idolization was therefore key to creating a lasting public memory that would have significance for current and future generations of Memphians.

When the epidemic was officially declared over on October 29, 1878, refugees who had fled the city began slowly trickling back into Memphis. On November 1, All Saints' Day, the Irish Catholic refugees of Camp Father Matthew enjoyed a mass of thanksgiving for the deliverance of all but eight of their number, and then marched back into the town. The convoy proceeded straight to St. Bridget's Church where they spent the day offering prayers of thanks for their survival and mourning for the dead. According to J. P. Dromgoole, "no band of music preceded

the procession" through town, out of respect for the grief-stricken congregation. The Irish population had suffered the largest proportion of deaths from yellow fever in the city.[300]

In comparison to this solemn return of Irish refugees, other Memphians arrived in the city amidst an atmosphere of joyous celebration. When Camp Joe Williams disbanded the next day, its residents paraded down Main Street, following the Bluff City Cornet Band. The militia companies that had guarded the camps marched behind. This military-style parade symbolized a triumphant homecoming. Evacuees who had fled north likewise returned to reopen homes and businesses boarded up in their absence.[301]

As families and neighbors were reunited, Memphians began to take stock of the devastating losses to the community. While evacuees had kept abreast of the devastation through newspapers and letters, only when they returned home could they see how much their city had changed. Every Memphian, whether they had stayed behind or fled in terror, knew someone who had perished of yellow fever. Many learned that their loved ones had been laid to rest in trench graves with no marker or headstone that their family could visit or decorate. Even those who had purchased burial plots had been consigned to this coarse interment, heaped with the poor and destitute in the Potters' Field, as overworked undertakers fought to keep up with the pace of death during the height of the epidemic. No family, neighborhood, or heart remained untouched by tragedy.[302]

Memphians promised to help each other remember those they had lost, those that had given their lives to help save others, and the event that had left the city in such a state of shock. Memphis residents attended a mass meeting on Thanksgiving Day at the Greenlaw Opera House

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[300] J. P. Dromgoole, *Yellow Fever: Heroes, Honors, and Horrors of 1878* (Louisville, KY: John P. Morton and Company, 1879), 96-97; Aristides Agramonte Yellow Fever Collection, John P. Ische Library; Yellow Fever Collection, Benjamin L. Hooks Central Library.
[301] *Memphis Daily Appeal*, October 31, 1878.
[302] Keating, *History of the Yellow Fever Epidemic*, 176-177.

to publically offer thanks for the national relief campaign and to mourn the dead. The meeting began with a formal statement, which read: "To the martyred dead, we feel but cannot express our gratitude; yet, in all days to come shall their memories be kept green, and their names go down in the annals of our city, honored, revered, and blessed." Memory and memorialization served as a way to try to make sense of and deal with the tragedy. Memphians began the search for suitable heroes of the epidemic who symbolized the spirit of dedication, sacrifice, honor, and compassion that had kept the city of Memphis alive, even as thousands of its citizens sickened and died.[303]

John M. Keating published his first official history of the epidemic in January of 1879, though he took much of the material in his work from the columns of his newspaper, the *Memphis Daily Appeal*, published during the epidemic itself. As a journalist, Keating understood the importance of the narrative in influencing public perception of what was happening in the isolated city. He used the *Appeal* as a bullhorn for the Citizens' Relief Committee and the Howard Association in their efforts to raise funds from outsiders. The *Appeal* further justified these institutions' emergency powers and policies. In effect, the Memphis *Appeal* and the *Memphis Daily Avalanche*, owned by a former partner and friend of Keating, provided the official commentary of the epidemic for those who were not present to witness the destruction of the city. The dominant historical narrative of the epidemic was thus being created as the disease fed upon the city.

When the epidemic was over, Keating used the narratives set forth in the *Appeal* and the *Avalanche* to frame his recollections. His *History of the Yellow Fever Epidemic of 1878 in Memphis* included stories he had heard or gathered from surviving Memphians as well as official reports from the Board of Heath, the Citizens' Relief Committee, mutual aid and benevolent associations,

[303] Ibid., v.

and the commander of the refugee camps. he donated his official history to the Memphis Howards, desiring that "the proceeds of the sale of such work…be applied to the building of a Monument to the Physicians, Nurses, [and] Members of the Howard Association and Citizens Relief Committee, who died in Memphis during the epidemic of 1878." Keating thus created the first official academic and public narratives of the epidemic's history and helped to inaugurate the memorialization of key heroic figures.[304]

The most obvious heroes were healers who had sacrificed their lives while caring for the sick. Medical and religious figures who had volunteered to care for yellow fever victims were martyred for the city of Memphis. Keating wrote that his *History* was intended to be "a monument…to the heroism of the women and men who illustrated, as physicians and nurses, with a sublime self-abnegation, the first and chiefest of Christian virtues." Other histories of the epidemic also set out to honor the heroism of physicians, nurses, and relief workers. J. P. Dromgoole's *Yellow Fever Heroes, Honors, and Horrors of 1878* included a "Roll of Honor of Volunteer Physicians, Nurses, Howards, Relief Men, Preachers, Telegraphers, Druggists, Etc., who did Heroic Service." He further listed a "Martyr Death Roll," of volunteers who died in service to the community. D. A. Quinn's book titled *Heroes and Heroines of Memphis; or Reminiscences of the Yellow Fever Epidemics that Afflicted the City of Memphis During the Autumn Months of 1873, 1878, and 1879* likewise set out from its very title to honor select heroes of the epidemic.[305]

Keating, Dromgoole, and others fashioned the men of the Howard Association and Citizens' Relief Committee as perfect examples of self-sacrifice and as the primary heroes of the

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[304] Keating, "What is to be Done with the Profits from the Sale of this Book," *History of the Yellow Fever Epidemic of 1878*, Notes.

[305] Ibid., vii; Dromgoole, *Yellow Fever*, 161-166, 167-171; D. A. Quinn, *Heroes and Heroines of Memphis, or Reminiscences of the Yellow Fever Epidemics that Afflicted the City of Memphis During the Autumn Months of 1873, 1878, and 1879, To which is added a graphic description of missionary life in Eastern Arkansas* (Providence, RI: E. L. Freeman & Son, 1887).

city. Keating wrote of the Citizens' Relief Committee, of which he was a prominent member: "An organization better calculated for the purpose which called it into existence could not have been devised, nor could one have been more faithfully managed." He went so far as to claim "that but for its officers, anarchy, confusion, riot, robbery, arson, and murder would have prevailed to increase the burdens of the period, every hour of which was freighted with special horrors," adding that "perhaps the city would have been destroyed" without their authority. The distinguished roll of saviors of Memphis thus included the men of the CRC who took over management of the city during the crisis and oversaw the distribution of non-medical relief.[306]

Memphians hosted a number of commemorations and honorific dinners distinguishing these officially sanctioned heroes of the epidemic as refugees began returning to Memphis. The first such dinner honored the men of the Howard Association and the Citizens' Relief Committee for their faithful service to the city. Wealthy Memphians, many who had fled from the city at the first sign of the disease, hosted a number of these banquets and parties. Absent during the crisis, they nevertheless sought to insinuate themselves into the process of memory creation following the epidemic by touting their efforts to send relief, hobnobbing with established heroes, and publically honoring martyrs. Because of their absence, they generally accepted the narrative set forth by Keating in the *Appeal* that the Howards and CRC had saved the city. Further, the leaders of the Howard Association and some of the men of the CRC were business owners and merchants, well-known to wealthy Memphians, who presented these men with gold-headed canes, pocket watches, and medals in reward for their service.[307]

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[306] Keating, *History of the City of Memphis and Shelby County*, Vol 1, 665.

[307] Keating, *History of the Yellow Fever Epidemic*, 143; DePelchin, Letter to Payne, November 6, 1878 and January 27, 1878; Quinn, *Heroes and Heroines of Memphis*, 37.

Most nurses, however, were not invited to partake in the doling out of honors and gifts, a fact that bred resentment among many female healers. Kezia DePelchin, a volunteer nurse from Texas, wrote on November 6 that she believed the yellow fever scourge was not yet over. "But it no longer exists as an epidemic and the Howards are congratulating themselves and the rest of mankind thereupon," she explained, "getting up little mutual admiration societies in the way of suppers, presents to the most popular or to those whose work had shone out more brilliantly than the rest." Her tone turned bitter as she described how the volunteer nurses who had put their lives at risk to aid the sick found themselves quickly ushered out of Memphis yet were caught in the quarantines that made it impossible for them to return home. "The call for nurses was loud, and urgent, and now they are through, they hustle them out of the way like *poor relations*," she complained. "It will create a bitter feeling with those who find themselves shut out from home, not against their home, but against those who sent them [away] without ascertaining the exact state of [the quarantine]." As DePelchin made clear, many nurses and other non-traditional healers felt slighted by the Howards and Citizens' Relief Committee in their efforts to honor their chosen heroes.[308]

Father Denis Alphonsus Quinn, a Catholic missionary who returned to Memphis to minister to the city's Irish Catholics similarly critiqued the veneration of particular heroes in the aftermath of the epidemic. "The Sisters who had given up their mission in Memphis, but who volunteered to come from St. Louis (300 miles) to nurse the sick received no stipulated or honorary remuneration from the citizens," he proclaimed. "Neither the Howards nor the Board of Health, nor any one of the so called Relief Committees, offered them even a vote of thanks. They had to bear their own travelling expenses to and from Memphis." He complained bitterly that

[308] Kezia DePelchin, Letters to Payne, November 6 and November 9, 1878.

these women received no such assistance because their religious devotion precluded any earthly rewards. While he agreed that religious healers did their duty to their fellow human beings in devotion and service to God and hoped only for a place in heaven, he felt they had nevertheless been slighted by those for whom they had risked their lives.[309]

Father Quinn recognized the impulse to symbolize the heroic deeds of many by idolizing a few key figures; yet he questioned the efforts of the Howards and the CRC in memorializing certain individuals. As an example, he described the commemoration of Mattie Stephenson, a martyr of the 1873 epidemic: "As the people, after a battle, plague, or pestilence, are sure to have a hero or a heroine, so after the Fever of '73, the Howards, finding no special hero amongst themselves, selected a handsome-faced young lady (a volunteer nurse) for a Yellow Fever heroine." He argued, however, that Mattie Stephenson was an odd choice. Yes, she had willingly volunteered to leave her family in Illinois and travel to Memphis to care for the sick, ultimately forfeiting her life to the disease. Yet as Quinn pointed out, she had cared for only 5 families in the city, had actually been turned away by one family who felt she had not been attentive in her duties, and had been well-remunerated for her work, "earning ten dollars a day, the wages generally given to white nurses at that time." While Stephenson attended relatively few patients and was well paid, Quinn claimed, the Howards chose to honor her above all others, including the Catholic priests and nuns who had worked tirelessly night and day to care for hundreds of patients for free. He wrote, "The monument raised to her memory in Elmwood cemetery would do honor to the remains of a princess," though Stephenson was a very ordinary volunteer whose actions, in his estimation, did not deserve such outstanding veneration.[310]

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[309] Quinn, *Heroes and Heroines of Memphis*, 209.
[310] Ibid., 114-115.

Quinn believed that Mattie Stephenson had been chosen as a yellow fever martyr because she was young, beautiful, and unmarried. He contrasted her honored death to a "poor Irishwoman, who, after nursing and burying her husband and three children, volunteered her services to the Howard Infirmary." No veneration or care was laid upon her grave. "But this poor woman was neither young nor very handsome—two qualifications necessary for Masonic or modern beatification," he complained sarcastically. "This good matron's 'remains' were consigned to a Potter's grave, while many of the young 'braves' of Memphis were making love to, if not lots of money by, Mattie Steveson's [sic] picture." Just as in 1873, Quinn believed, the honors placed on heroes and martyrs chosen by the Howard Association and CRC intentionally circumscribed the identity of the heroes of 1878. He was right.[311]

The heroes and martyrs honored in the dinners, banquets, and parties hosted in the aftermath of the epidemic were all white, all male, and all middle- and upper-class. Hosts did not award gifts to any women or working-class men for their service as nurses. While a few Catholic priests received "magnificent gold watches," no one invited their poor Irish Catholic congregants or any African Americans. Most of those honored were Memphians, unless they were doctors hired by the Howard Association or they had donated large sums to the relief efforts. Keating was singled out for his role in broadcasting the need for aid and for his service on the Citizens Relief Committee. And while the Howard Association awarded each of its physicians a gold medal, it gave no such trinket of appreciation to nurses.[312]

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[311] Ibid., 115.

[312] Keating, *History of the Yellow Fever Epidemic*, 143; DePelchin, Letter to Payne, November 6, 1878 and January 27, 1878; Quinn, *Heroes and Heroines of Memphis*, 37. There was, however, one exception: the Howard Association presented Miss Daisy Murdoch with a medal for "services gratuitously rendered." Murdoch, Margaret (Daisy), Howard Society Nurse, Medal and Testimonial for Heroic Service in 1878, Box 1, Yellow Fever Collection, Benjamin L. Hooks Central Library.

Put bluntly, women and outsiders comprised the vast majority of nurses. During the epidemic, Memphians generally distrusted these nurses, thinking they came for personal gain—either in pay for their services or in whatever they could steal from unsuspecting patients. After the epidemic, the character of nurse was too compromised by rumors and outright accusations of criminal behavior to be venerated as yellow fever hero or heroine. Although Keating minimally attempted to present nurses as one component of the Howards' heroic work, his *History* relegated the experience of nurses to only four pages—and only three of these were complimentary. He otherwise maligned nurses for their role in the deaths of untold yellow fever patients and in the theft of unknown amounts of valuable goods. Even the Episcopalian and Catholic nuns who would eventually receive veneration as yellow fever martyrs were largely ignored by all but their congregations, though they escaped much of the condemnation heaped upon secular nurses during and after the epidemic. And while fraternal societies held meetings and dinners honoring their fallen brothers, no similar organizations existed to offer tribute to fallen sisters of the epidemic.[313]

Many of the yellow fever narratives similarly demonized the poor, particularly the large population of black Memphians, who they generally characterized as villains during the epidemic. During the Thanksgiving Day meeting, Mayor John Flippin denounced those who had refused to evacuate Memphis. He believed the epidemic had raged out of control for so many weeks because of the number of poor Memphians who had stayed in the city rather than evacuate to camps. This criticism ignored the fact that many of these individuals had been hired to look after homes and businesses owned by wealthier Memphians who had fled at the first sign of the disease. It also dismissed the idea that many chose to remain in the city, lured by the promise of wages paid to

[313] Keating, *History of the Yellow Fever Epidemic*, 113-114, 116-117.

nurses, or that African Americans sought to leverage their expected immunity in order to secure work. None of these men and women could have known how bad conditions in the city were going to become, but for Flippin, neither poverty nor the expectation of racial immunity acted as a viable excuse. All who had remained in the city for any reason other than to offer care to the sick found themselves widely condemned for their actions.[314]

The creation of the early narratives of the epidemic show how different Memphians attempted to cope with this trauma and sorrow. At the same time, these efforts demonstrate a fight for dominance over what would be included and remembered and what would be silenced and forgotten. Not all Memphians' experiences enjoyed equal weight in the aftermath of the epidemic. The return of refugees offers one example of the divergent experiences of different groups of Memphians. The Irish procession back into the city after Camp Father Matthew disbanded was somber and sad; it was an expression of mourning and of repentance. The return of refugees from Camp Joe Williams, on the other hand, was one of triumph, parading behind a band and wearing their best clothes. The dinners and banquets likewise characterize the divergent experience of Memphians deemed heroes and martyrs for their actions during the epidemic. Specific Memphians achieved veneration—white, middle- and upper-class men of the relief and medical apparatus—while other Memphians who worked just as tirelessly and who died in greater numbers were ignored for their contributions.

The specific heroes chosen for veneration, the hosts of these dinners and parties, the authors who influenced what would become the dominant narrative all worked to circumscribe

[314] *Memphis Daily Appeal*, November 29, 1878; Molly Caldwell Crosby, *The American Plague: The Untold Story of Yellow Fever, The Epidemic that Shaped Our History* (New York: Berkley Books, 2006), 85.

the historical memory of the epidemic. They claimed the cultural power and authority to provide a historical narrative for posterity that celebrated a particular Memphian identity, at the expense of a narrative that was more inclusive and representative of the cosmopolitan city. They decided who had the right to use that narrative, what the narrative would include, and to whom the collective memory of the epidemic belonged. Keating's narrative became the dominant version, backed by the Howard Association and the members of the Citizens' Relief Committee as the official account of the Memphis epidemic. Several of his contemporaries, such as J. P. Dromgoole, largely replicated much of what Keating published in the pages of the *Memphis Daily Appeal.* Historians of Memphis have since relied on Keating's narrative so heavily that other experiences of the epidemic have been all but forgotten.

The heroes of the epidemic years of the 1870s continued to be venerated throughout Memphian history for their role as saviors of the city. J. P. Young, for example, in his 1912 *Standard History of Memphis, Tennessee* dedicated his work "To the pioneers who founded and the brave sons who builded [sic] and loyally stood by Memphis in her hours of adversity and pestilence as in her days of victory and triumph…." These men—and a handful of women—who laid down their lives as doctors, nurses, and relief workers during the epidemic have achieved a vaunted position in the place-based memory of Memphis as symbolic sons and daughters of the city. But the Memphians who have been remembered most are largely from a class who helped to construct the historical memory of the epidemic in its immediate aftermath and represent a circumscribed display of collective memory and identity of the city.[315]

[315] John Preston Young, *Standard History of Memphis Tennessee, From a Study of the Original Sources* (Knoxville, TN: H. W. Crew & Co., 1912), Dedication.

Political Takeover

The dominant historical narrative of the 1878 epidemic was also created within a political and socio-economic context that justified a seizure of power by the business class of the city. Economic elites in Memphis capitalized on the confusion and devastation wrought by yellow fever to push for the dissolution of the city charter and the restructuring of the municipal government. The dominant narrative provided by Keating helped to justify this action and further characterized the new government as the city's saving grace and the silver lining to weeks of sorrow, terror, and death.

In 1878, Memphis was laboring under a dual calamity of disease and debt. The city was so heavily indebted that many Memphians—particularly wealthy property owners—argued that only a commission form of government with significant representation of businessmen could help the city deal with its financial mismanagement. Efforts to change the form of government had been largely unsuccessful, however, as the aldermanic form of government was extremely popular throughout the city's many working-class neighborhoods. Ethnic and racial minorities had managed to gain a significant amount of political power through local alderman and were loath to concentrate power in the hands of wealthy Memphians. After the 1878 epidemic, however, economic elites capitalized on the fear of yellow fever to push for the change in government that would allow them to seize power. In order to carry out the necessary sanitary reforms that would protect the city from future epidemics, Memphians rescinded their city charter and petitioned the state legislature to create a Taxing District of Shelby County. In effect, they abolished the city of Memphis. While this restructuring of the municipal government did not have the intended effect

of wiping out the old city's debts, it did allow economic elites in Memphis to achieve their ultimate goal of seizing political control from ethnic and racial minorities in the city.[316]

Memphis was in economic trouble long before yellow fever devastated the city in 1878. The city had incurred over one and a half million dollars of bonded debt before the Civil War to invest in railroads and trade-related city improvements that Memphians hoped would secure the city's reputation as the gateway to the West. By the war's end, with the railroads ruined, Memphis had accumulated more than $300,000 of interest owed on the debt and was caught in the economic depression that spread throughout the South after the war. Taxable wealth estimated at $28 million before the war was reduced to $18 million, $6 million of which had been purchased by the state government at tax sales in payment for delinquent taxes. Memphis became more embroiled in debt as it failed to make interest payments on its many loans. Problems with tax collection further hampered attempts to pay down the debt, particularly because the wealthiest Memphians resisted paying taxes to a government that did not represent their interests.[317]

Prior to the epidemic, economic elites did not have proportional representation in the municipal government of Memphis. From the city's incorporation, municipal government was extremely decentralized with a weak mayor and a bicameral legislature made up of aldermen and councilmen. This aldermanic system of government meant that individual wards nominated their representative political officials. With the influx of ethnic minorities in the decades prior to the Civil War, many of the city's wards had become entrenched ethnic neighborhoods. The railroad companies' reliance on immigrant labor had inaugurated an important demographic shift. By the

[316] For more on the events leading to the inauguration of the Taxing District, see Wrenn, *Crisis and Commission Government in Memphis*.
[317] Ibid., Keating, *History of the Yellow Fever Epidemic*, 101.

start of the Civil War, over thirty percent of Memphians were foreign-born, the majority comprised of Irish immigrants. And with many antebellum economic elites temporarily disfranchised following the war for supporting the Confederacy, political power was centralized in the hands of small business owners and ward bosses who reflected the ethnic makeup of the neighborhoods they represented. One early historian of Memphis went so far as to suggest that the Irish, because they had taken an oath of loyalty to the Union, had consequently taken over the municipal government. After the freedmen gained the right to vote in 1867, black Memphians became another important voting block in electing officials. And while Tennessee avoided military Reconstruction, the Reconstruction-era government was more amenable to black political participation and, as elsewhere, this period saw the election of a number of black political officials in Memphis.[318]

Economic elites, blocked from political office by the election of aldermen by ward, argued that the city's debt had been illegally contracted by an unrepresentative government. They had argued for years that the city should surrender its charter to avoid repayment of the debt. Yet these same economic elites were largely to blame for the city's economic woes. For one, tax collection remained a significant obstacle to getting the city out of debt, and economic elites refused to pay their fair share of taxes. As early as 1868, the *Memphis Daily Appeal* editorialized: "It is said that there are large property owners who owe heavy taxes and have a considerable amount of scrip, but knowing the depressed condition of the city finances, withhold payment even of scrip to the last moment. The ears of such citizens should tinge, for their hearts are cold." Wealthy businessmen complained when city officials attempted to raise tax revenue to pay down the debt or to provide

[318] Wrenn, *Crisis and Commission Government in Memphis*; Kathleen C. Berkeley, *Like a Plague of Locusts: From an Antebellum Town to a New South City, Memphis, Tennessee, 1850-1880* (New York: Garland Publishing, Inc., 1991); Shields McIlwaine, *Memphis Down in Dixie* (New York: E. P. Dutton and Company Inc, 1948), 149.

municipal services to minority neighborhoods because they claimed that the assessment of taxes inhibited the growth of the local economy. In fact, a fight brewed between political and economic elites when the municipal government attempted to levy a city-wide tax to pay for street paving. Residents who refused to pay sued the city, successfully, adding another million dollars to the city's debt.[319]

Business elites and large property owners, who believed that a commission-style of government would be more responsive to their needs, had previously pushed for the dissolution of the City Council. They argued that the body was hopelessly corrupt yet elided their own role in the city's financial predicament. Despite the mounting debt crisis, the measure had been extremely unpopular with the majority of Memphians who gained power and patronage through the aldermanic government. It was only after the devastation of the 1878 epidemic that Memphis's economic elites succeeded in convincing the city to finally centralize political power in the hands of a commission government.[320]

As early as August 17, a month after yellow fever first entered the city, Keating editorialized in his *Daily Appeal* that "This visitation is the straw on the camel's back. We can endure no more. We must have relief from ignorance and incompetence in government, the cormorant greed of city and foreign creditors, and the visitations of a disease from which we ought to be, and would with proper sanitary regulations be, exempt. We must make a change, some change." With this critique, Keating thus tied the yellow fever epidemic to the failure of the current municipal government to

[319] "Our City Fathers," *Memphis Daily Appeal*, February 22, 1878; Wrenn, *Crisis and Commission Government in Memphis*.
[320] Ibid.

properly manage the city, particularly its sanitary affairs. In effect, Keating thus echoed the argument of the business community who pushed for repeal.[321]

After the epidemic, economic elites in the city likewise argued that the aldermanic form of government not only contributed to the city's continued debt crisis but that they were incapable of making the sanitary and public health reforms that would safeguard the city from another yellow fever epidemic. Memphis newspapers—especially Keating's *Appeal*—claimed that the city had a moral obligation to surrender their charter in order to take the necessary steps to safeguard the public health. They reminded Memphians of the generosity of Northern contributors to their relief in the midst of the crisis. And they reprinted articles from national newspapers urging Memphians to take steps to protect themselves from yellow fever. At a citizens' meeting held on December 31, as refugees continued to trickle back into Memphis, a committee of local merchants passed a resolution stating that "whenever government, from any cause, becomes untenable to provide for the peace, safety, and general welfare…, it should be abolished and another instituted in its place." The business community thus charged the aldermanic city government as culpable for the yellow fever crisis and again pushed to disband the City Council in favor of a government that could protect the city from a future epidemic.[322]

To be sure, many Memphians continued to object to the change—particularly the forfeiture of the city charter—but for the first time, a majority of the citizens at the meeting agreed to abolish the municipal government and appeal to the state legislature for assistance. Significantly, this occurred only three months after the Board of Health had declared the epidemic officially over as yellow fever cases were still being reported, patients were still convalescing, and a number of

[321] *Memphis Daily Appeal*, August 17, 1878.
[322] *Memphis Daily Avalanche*, January 1, 1879; Ellis, *Yellow Fever and Public Health in the New South*.

evacuees had yet to return to the city. A committee was appointed to capitalize on the sudden change in public opinion and to swiftly draft all necessary bills that would repeal the charter and propose a new commission-style government. The members of this committee were all wealthy business elites and three of them would serve in the new government.[323]

Tennessee Governor Albert S. Marks approved the bill to enact the Taxing District on January 31, 1879. The mayor and alderman resigned and the government of Memphis was restructured to a small board of three fire and police commissioners and a board of five public works supervisors. Of the first three commissioners installed in 1879, Governor Marks appointed D. T. Porter—who was then nominated President of the Taxing District—and William Wallace Guy. In its first city-wide election, Memphians chose John Overton Jr. as the third commissioner. Both Porter and Guy were cotton factors and commission merchants of considerable wealth. Overton owned substantial real estate holdings and was a direct descendant of one of the founders of Memphis.[324]

The new city-wide elections for commissioner and supervisors guaranteed that individual ward bosses would need to compete outside of their districts and hindered candidates without substantial financial resources. Because of this, all of the members of the new Taxing District government were Memphis businessmen. David T. Porter was part owner of Porter, Taylor & Co., cotton factors as well as acting President of the Planters' Insurance Company. While the Board of Fire and Police Commissioners held most of the power in the city, a Board of Public Works also

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[323] Ibid.; Wrenn, *Crisis and Commission Government in Memphis*.

[324] Ibid.; C. W. Heiskell, *Digest of the Acts Repealing the Charters of Certain Municipal Corporations; The Proclamation of the Governor Thereon; The Acts Establishing Taxing Districts, and the Ordinances of the Taxing District of Shelby County, Tennessee* (Memphis, TN: Price, Jones & Co., Printers and Binders, 1879); Young, *Standard History of Memphis*; William S. Speer, *Sketches of Prominent Tennesseans, Containing Biographies and Records of Many of the Families who have Attained Prominence in Tennessee* (Nashville: Albert B. Tavel, 1888);

debated legislation. Five men comprised the board: Charles W. Goyer of C. W. Goyer & Co. which specialized in wholesale meats and provisions and acting President of the Union & Planters Bank; John Gunn of Gunn & Black Lumber dealers and Gunn & Fagan Iron Works; Robert Galloway, proprietor of the Peabody Hotel; William N. Brown of Jones, Brown & Co., cotton factors; and James M. Goodbar of Goodbar & Co. which sold wholesale boots and shoes.[325]

Supporters of the Taxing District argued that the business elites would better secure the economic interests of the city. The *Memphis Daily Avalanche* was not convinced. "What does Governor Marks mean?" the *Avalanche* retorted. "He has not designated even one professional politician for Commissioner of the nation's only Taxing District." Among this group of businessmen, only two had previous experience in the government of Memphis. Yet several had actively sought the repeal of the aldermanic charter as a way to gain political power.[326]

With their political power already weakened by the loss of so many citizens to fever, working- and middle-class Memphians lost additional power under the Taxing District, which allowed economic and social elites to affect municipal policies that disproportionately aided the rich. Minority groups lost their positions in government. A single black politician, Lymus Wallace, was elected to the Board of Public Works in 1882 and again in 1886; he was the only black Memphian elected to city council for the next seventy-eight years. The Irish also suffered a loss of the substantial political power they had gained in the city.[327]

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[325] Wrenn, *Crisis and Commission Government in Memphis*.
[326] Ibid.; *Memphis Daily Avalanche*, February 1, 1879.
[327] Wrenn, *Crisis and Commission Government in Memphis*; Keating, *History of the City of Memphis and Shelby County*, Vol 2.; Young, *Standard History of Memphis*; Beverly G. Bond and Janann Sherman, *Memphis: In Black and White* (Charleston, SC: Arcadia Publishing, 2003); J. Morgan Kousser, *Colorblind Injustice: Minority Voting Rights and the Undoing of the Second Reconstruction* (Chapel Hill: The University of North Carolina Press, 1999), 141-142.

Pro-business interests welcomed the consolidation of power in the hands of wealthy Memphians. Keating reiterated in his 1888 *History of the City of Memphis and Shelby County, Tennessee* that the Taxing District was more likely than its predecessor to meet the needs of "commerce and the business of the city, and its sanitary needs and necessities, and all this free from the interference or manipulation of the ward 'bummer' or 'striker,' or of the 'ward politician.'" He explained that "The officers existing under the law creating the Taxing District are elected by the whole body of voters of the city, the wards being abolished; the citizens cannot therefore be easily defeated of their purposes in selecting efficient and honest men; they cannot be beaten in detail as under the ward plan," a move intended to guarantee that Memphis should not "ever again become the prey of characterless vultures, be saddled with debt or become the victims of decimating epidemics." Keating thus continued to advance the narrative that corruption in the municipal government—as a direct result of the infiltration of ethnic and racial minorities—had caused the debt situation and had led to the horrible epidemics of the 1870s.[328]

Keating likewise fostered the narrative that the change in government could not have been accomplished without the yellow fever epidemics. He claimed that "To crush this power…so carefully distributed by wards, would have been impossible had it not been for the epidemics which not only lessened the population by many thousand but greatly reduced the taxable values of the city." He continued, "It was only when the citizens found their assessed and taxable values reduced…and the city debt increased…by non-interest payment and court's costs that they could be induced to consent to the revolution…." He therefore recognized that the move was not popular in the city and that the majority of Memphians only capitulated under duress after the devastation of the epidemic. Further, without the epidemic's effects on the demographics of these poor

[328] Keating, *History of the City of Memphis and Shelby County*, Vol 1, 691-693.

neighborhoods, the framers of the Taxing District bill might never have gotten enough popular support to send it to the legislature. Only with the general chaos of the city in the immediate aftermath of the epidemic were they able to push the bill through. Capitalizing on the fear of a future epidemic, they insisted that the debt must be dealt with before sanitary reforms could be financed.[329]

And yet, contrary to what most Memphians believe, the city's municipal government was bankrupt long before the yellow fever epidemic began in 1878 and would have been hard-pressed to maintain its charter, even if the epidemic had not occurred. By the opening of that year, Memphis owed more than five and a half million dollars in bonded debt. Despite attempts to scale down the debt, by January 1878 Memphis was declared officially insolvent. The yellow fever epidemic afforded Memphis's economic and business elites the opportunity to push for the dissolution of the city's aldermanic form of government, a move that had previously been unpopular throughout the city. The creation of the Taxing District of Shelby County and the institution of a commission form of government allowed these same economic elites to wrest control of the municipal government. In doing so, these elites shaped the historical memory of the epidemic in order to justify their rule.[330]

The historical narrative that the 1878 yellow fever epidemic almost destroyed the city of Memphis was convenient for the new business elite after their seizure of power. They maintained popular criticism of the aldermanic form of government by claiming that the previous form of government was incapable of getting the city out of debt and that they had failed to inaugurate the

[329] Ibid.
[330] Wrenn, *Crisis and Commission Government in Memphis*.

public health and sanitary measures that might have prevented the tragedy of the 1878 yellow fever epidemic. Claiming that yellow fever was the straw that broke the camel's back further elided their own role in causing the city's financial crisis. Because they immediately began instituting the types of reforms in sanitation and public health that they had so widely condemned under the aldermanic government, they proclaimed themselves saviors of the city when yellow fever failed to return after 1879.

New South

Once the business class was able to seize power, using yellow fever memory to gain support for the repeal of the charter, they further capitalized on the memory and fear of yellow fever to further their pro-business agenda. They then pointed to the absence of yellow fever after 1879 as evidence that their policies worked and to deflect criticism that they favored the business and upper-class districts in their improvements at the expense of working-class, racially-mixed, or outlying neighborhoods. Keating's later publications repeated his justification for charter repeal and reorganization of the municipal government and then promoted the assertion that Taxing District officials' governance had saved the city from future epidemics of yellow fever.[331]

Over the decades, Memphians have continued to use yellow fever memory to justify contemporary concerns. While later historians of Memphis have since blamed the yellow fever epidemics of the 1870s for Memphis's role as a "Southern middletown"—as opposed to the preeminent New South city it could have been—the conservative, piecemeal reforms of the Taxing District were in fact the primary cause of Memphis's slow growth, not yellow fever. Later Taxing

[331] Keating, *History of the City of Memphis and Shelby County*, Vol 1 and 2.

District officials and historians conveniently scapegoated yellow fever to deflect criticism from the highly-centralized commission form of government or the political power of economic elites.[332]

The business class supported the city's initial debt outlay for railroad and wharf improvements prior to the Civil War in an effort to promote Memphis's role in a more industrial, urban South. Once the economic elites had control of the municipal government, they essentially returned to an earlier program of urban development that would secure Memphis's place as a major Southern metropolis. But first, they needed to deal with the reputation Memphis had garnered for insalubrity in the wake of the epidemic. Taxing District officials saw public health, sanitation, and city improvements as key to making Memphis competitive in the New South and were therefore willing to keep promises to clean up the city's sanitary condition as a defense against yellow fever. Memphis and Tennessee were also important supporters in the creation of a National Board of Health because officials hoped they could appeal to the federal government for financial support in making these improvements.[333]

Before the new government could institute any sanitary reforms, however, Memphis's creditors tested the constitutionality of the Taxing District. By surrendering their charter, Memphians hoped to repudiate the debt of the old city. Once the state accepted the repeal of the city charter and allowed the creation of the Taxing District, city creditors petitioned the General Assembly to protest this attempted repudiation. In reaction, Taxing District officials and leading citizens submitted their own petition arguing that the old debt was, in fact, largely fraudulent. They further reminded the state government of the yellow fever epidemic they had just endured, in

[332] Capers, *Biography of a River Town*; Wrenn, *Crisis and Commission Government in Memphis*.
[333] Ibid.; Margaret Humphreys, *Yellow Fever and the South* (New Brunswick, NJ: Rutgers University Press, 1992).

part to excuse their unsound financial condition and to gain sympathy in their bid to do something many business people considered unethical. "Had it not been for the charity of our fellow citizens throughout the whole country [during the epidemic]," they wrote, "we would not have been able to bury our dead—and in the midst of it all the insatiate clamor of creditors, not for justice, not for compromise, not for a fair compensation, but for the pound of flesh which they have from the beginning claimed…." It was only due to this crushing debt and the need to protect the city from yellow fever, they maintained, that it was necessary "for us to ask your honorable body, the State Legislature, to take back our franchises, and give us another and different municipal instrumentality, by which we could preserve ourselves from absolute destruction." Elite Memphians thus pointed to yellow fever, again, as the justification to push through policies that were controversial.[334]

Supporters of the Taxing District linked the failure of repudiation to continued fears that yellow fever would again invade the city. Proponents, such as John Keating, argued that Memphis would soon face another epidemic if it did not address its appalling sanitary condition. They claimed that only the repeal of the municipal charter would keep the city creditors from suing the new government for tax money that was desperately needed to install sewers, clean up garbage, fix the streets, and inspect buildings and privies. Also, they claimed, money was needed to fund a more powerful Board of Health that could take control of quarantine should yellow fever make its appearance in the Mississippi Valley again. Proponents thus played on popular fear both in

[334] Young, *Standard History of Memphis*, 191.

Memphis and abroad that these reforms were vital to protecting any city connected to Memphis by rail or river from yellow fever.[335]

Keating argued forcefully that the creation of the Taxing District was necessary if Memphis was to move forward with the much-needed sanitary improvements that would guard against future epidemics. In his newspaper and in his published histories, he blamed the unsanitary conditions that perpetuated the epidemic on the previous government while absolving the business class that took over the Taxing District. Keating claimed that "the whole body of merchants and business men" agitated for quarantine prior to the epidemic and that only with "a prompt subscription of funds by the merchants" was the Memphis Board of Health able to "immediately set about improving the sanitary condition of the city, which was disgraceful in the extreme…." This late attempt to clean up the city occurred in spite of the "criminal neglect of the city government, who turned a deaf ear to the persistent appeals of the press" and was only instituted because of the support of individual wealthy Memphians. If this were true, the business community's support of sanitation and quarantine are in contrast to historic trends. Historically, business interests persuaded politicians and newspapers to hide the fact that yellow fever had made an appearance in their city, fearing the resultant exodus of citizens and prostration of business. They generally argued against quarantines that impacted trade routes until enough cases suggested an epidemic was underway. Keating claimed that instead, the economic elites that came to power under the Taxing District had tried to protect the city from yellow fever in 1878 but were hampered by the ignorance of the City Council.[336]

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[335] Wrenn, *Crisis and Commission Government in Memphis*. Keating used his many publication opportunities to further these claims, particularly the *Memphis Daily Appeal*. Humphreys, *Yellow Fever and the South*.

[336] Keating, *History of the Yellow Fever Epidemic*, 102-103. In fact, one of the reasons Keating had been a long-time supporter of a change in municipal government was his deep belief in sanitary science. By the time of his death,

These economic elites, now in charge of municipal affairs, did support initiatives to clean up the city and fund a more powerful Board of Health in 1879. While wealthy businessmen and property owners in Memphis had not been particularly supportive of these measures in the past, Taxing District officials recognized that their continued legitimacy would depend upon their ability to fund a sanitary campaign against yellow fever. Merchants further pointed to the fact that sanitary improvements were required to repair the city's reputation as an appropriate location for Northern investment after such a well-publicized epidemic. While broadcasting the deteriorating conditions in Memphis had been necessary to the success of the relief campaign, business elites feared that it would have long-term negative consequences on the city's economic growth. Significant improvements in sanitation, they believed, would help assuage concerns that investing in the future of Memphis entailed too much risk.[337]

Memphis's business elites also supported public health and sanitary improvements because, after the epidemic of 1878, it was likely that the city would gain significant financial support in funding these improvements, saving local tax-payers and property owners money. With the creation of a National Board of Health in the works and with Congress funding a sanitary survey that would begin in Memphis, business leaders sought to take advantage of the burst in national public health interest to subsidize the city's campaign. Because of this, Memphis was a significant supporter of the National Board of Health. Thus the building of medical infrastructure and public health organization in Memphis that occurred after the 1878 epidemic was in part due to the Taxing District's attempts to take advantage of federal support for city sanitary improvements.

Keating had developed a national reputation as a sanitarian and he was president of the Memphis chapter of the Red Cross.

[337] John H. Ellis, "Business Leadership in Memphis Public Health Reform, 1880-1900," *The West Tennessee Historical Society Papers* (1965): 94-104.

These were initiatives that the Taxing District officials wanted to implement but not necessarily pay for.[338]

For example, wealthy property owners protested a new tax that would pay for a desperately-needed sewer system. Over 2,000 Memphians attended a town meeting to discuss the new tax proposal. A majority demanded that the new government install sewers and opposed calls by some of the larger property owners who requested a hearing to discuss alternatives to taxation. Taxing District officials compromised on the issue, finally choosing to award the contract for sewerage to Colonel George E. Waring after he delivered a paper to the Public Health Association on an untested sewer design using much smaller, cheaper pipes used only for waste rather than installing large, expensive pipes that would carry waste and rain water. President of the Taxing District, D. T. Porter promised that the new sewers would be "the salvation of Memphis."[339]

While wealthy Memphians capitulated on paying a tax for sewers, they staunchly opposed a proposed one percent tax for street paving. Instead, the Taxing District raised enough money to pave the business center—and some of the more affluent neighborhoods—first. In order to avoid taking out any debt or raising any new taxes, the new government likewise began laying the Waring sewers in and around the business district. They did so by fighting to overturn a stipulation in the Taxing District Act that specified a majority of the taxes raised in a ward had to be spent there. Officials lobbied the state legislature to repeal this provision, allowing them to use tax receipts for these improvements in the city-center. Many working-class neighborhoods, particularly on the outskirts of the city, waited years for these same upgrades.[340]

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[338] Humphreys, *Yellow Fever and the South.*
[339] George E. Waring, Jr., "The Sewering and Draining of Cities," *Public Health Papers and Reports*, 5 (1880): 35-40; *Memphis Daily Avalanche*, January 22, 1880.
[340] Lynette Boney Wrenn, "The Memphis Sewer Experiment," *Tennessee Historical Quarterly* 44, 3 (1985): 340-349.

Residents of these neighborhoods complained loudly that the Taxing District's priorities were clear. Even residents who generally supported the commission government recognized that officials improved the business district and the neighborhoods in which they lived while ignoring the needs of outlying and minority neighborhoods. One letter, published in the *Memphis Daily Avalanche*, claimed that the Taxing District "left the poor folks out in the cold" while officials courted railroads and manufactures. The letter further called for more diverse representation in government and officials who would remember the needs of the "poorer class" of Memphians.[341]

Despite these complaints, the new political elites of Memphis believed the city was well on its way to a bright future. The public health initiatives that they inaugurated and the pro-business policies they adopted seemed successful in generating growth in the local economy and in securing outside investment in the city. They further argued that their successes proved that the commission form of government under the authority of wealthy Memphians could guarantee Memphis a bright future, unlike the old, ignorant aldermanic system.

Keating likewise described the Taxing District form of municipal government as "…the safest, the most guarded and the most responsible ever devised, and at the same time the most limited, affording nearly absolute certainty in the honest and economical expenditure of the appropriations…." Keating and the Taxing District officials fostered the narrative that, while the old municipal government had nearly brought about the city's annihilation, the Taxing District had saved the city after the 1878 epidemic and guaranteed its future success as a New South metropolis. Keating wrote in 1888, "Nothing so shames the old form of municipal government as this exhibit of progress, economy, and business-like management. Every dollar of expenditure has been wisely planted as a basis for the health and prosperity of the present and populations to

[341] *Memphis Daily Avalanche*, November 18, 1881.

come." He argued that even in the absence of the crushing debt that paralyzed the old aldermanic government, "so sweeping a sanitary reform, as has been accomplished, would have been impossible to the mayor and board of aldermen and councilmen." Only the Taxing District could offer Memphians a healthful and prosperous future.[342]

For a time, Keating seemed to be right. In 1886 Congress passed a bill that allowed a railroad bridge to span the Mississippi River at Memphis. The President of the Taxing District, D. P. Hadden, stated that plans supported "the general outside feeling that Memphis possesses the location of a great railroad center." In fact, he claimed that "The past two years have been the most prosperous and most important in the history of Memphis," suggesting that with the completion of the proposed bridge, "various railroad interests both east and west of the Mississippi will be focalized at Memphis, thereby forever fixing her commercial supremacy in the great Mississippi Valley."[343]

While Memphians had hoped the surrender of their charter would clear the debt of the old government, they were only able to compromise on repayment of a more manageable amount. Yet by 1889, Memphis was almost free from the old debt. "It is gratifying to report that the debt of the old city of Memphis is practically settled, probably ten thousand dollars yet outstanding," Hadden, wrote in his biennial report to the Governor. He regaled the Governor with all of the improvements that the Taxing District had overseen in recent years: "…during the last two years a new gas company has been introduced into our city, and also a new water company, and our citizens are to be congratulation upon having at present an abundant supply of pure artesian water…This is the greatest boon our city has ever possessed." Because of these city improvements

[342] Keating, *History of the City of Memphis and Shelby County*, 691-693.
[343] Young, *Standard History of Memphis*, 211.

and with the construction begun on the new bridge over the Mississippi, Hadden avowed, "Our city has enjoyed perfect health during the past two years, and we know of no city that has such a bright future and possesses so many elements of prosperity and future greatness."[344]

J. P. Young further claimed in his 1912 *Standard History of Memphis, Tennessee* that the Taxing District reform had been a great success. While business had languished for a couple of years after the epidemic, the local economy had since returned to its former robustness just as it had after the 1873 epidemic. "The city was cleaned up as she had never been before, an excellent sewer-system inaugurated and business not only revived but in a little while flourished more than it ever had. Each year showed increased cotton receipts and, what seemed even better to many, all kinds of other business increased. A few manufacturers came and a growing industry, lumber, was becoming very important." He credited the creation of the Taxing District with this return to prosperity. He claimed that "Wealth was now rapidly accumulating and by 1890 it was said that for the past twenty years Memphis had,—despite the discouragements of the seventies, surpassed any city of equal population in the United States in business and increase in wealth….In addition, she was the largest inland cotton market in the world." Surely this apparent prosperity was enough to make Memphis competitive with newer rivals in the New South.[345]

So why did Capers, in 1939, proclaim Memphis a failed New South city when Taxing District officials and earlier historians had insisted the city was destined for greatness? For one, the successes of the Taxing District, as hinted at previously, were concentrated in the business sector of the city. The Taxing District government was extremely conservative. With the consolidation of

[344] Ibid.
[345] Ibid., 590-591.

power in the hands of economic elites, their focus on a pro-business agenda, coupled with their fiscal cautiousness, the new government was not responsive to the needs of a growing city.

Political power in the city not only changed hands with the creation of the Taxing District; economic elites were able to concentrate power in the hands of three men. The Taxing District bill gave the Fire and Police Commissioners at the head of the government the "power to appoint all officers and subordinates in the police and fire service, including the Chief of Police, and to suspend and discharge the same at will." The President of the Taxing District, chosen from the Fire and Police Commission likewise had authority over all municipal employees and had complete discretion to hire and fire at will. He also acted as the main judicial authority in the city. This concentrated an enormous amount of power in the hands of one out of three heads of government. Whereas political power under the aldermanic government had been dispersed among a weak mayor and thirty alderman and councilmen, the Fire and Police Commissioners held all the power in the new government. While the five-member Board of Public Works was designed as a check on any abuse of power by the three Commissioners, Memphians recognized that the Board had very little real power in the city. A businessman elected to the Board in 1882 admitted the "office doesn't amount to very much." The Taxing District President that year likewise described the Board as "figureheads" who were allowed to discuss policy recommendations but that their findings meant very little. While framers of the Taxing District bill intended this consolidation of power to end corruption and patronage, it only acted to solidify these under the influence of the business community rather than the ward bosses of individual Memphis neighborhoods.[346]

[346] Ibid., 187; Heiskell, *Ordinances of the Taxing District*; Wrenn, *Crisis and Commission Government in Memphis*, 48.

Further, the Taxing District framers created checks on the government's ability to raise and spend funds, in the hopes of avoiding another debt crisis. Therefore the government was "simply an agent of the state government, without the power of credit or taxation and the evils consequent thereto." The government held no property and did not have the authority to issue bonds or to contract any debt. It had very limited abilities to raise taxes from residents and had to gain permission from the state legislature to raise revenue. C. W. Heiskell, one of the framers of the Taxing District bill, wrote that this method of government "therefore pays as it goes—the only true policy for individuals and states. What improvements it makes, it pays for and if it has no money to pay, it waits till it has." This meant that Taxing District officials had to institute programs and reforms in a piecemeal fashion. They prioritized the business district and improvements in sanitation at the expense of other improvements necessary to maintain the growing city. Nevertheless, Haskell claimed, that "Launched under these auspices, it is hoped that [the Taxing District] will prove a lasting blessing, and that economy, honesty and enterprise, cleanliness and sanitation, good streets, and an efficient fire and police protection, will close its gates on the pestilence forever, and open wide the doors of health and lasting prosperity." Framers thus believed that the measures of fiscal austerity built into the structure of the Taxing District would avoid future debt, bring about economic recovery, and guard against yellow fever. These three objectives were at the heart of selling the idea of the Taxing District to Memphians and to the state of Tennessee. Yet it also meant that municipal officials had to work within the strict confines of fiscal rules that made it impossible for the city to raise the revenue required to institute city-wide reforms, even once the economy was sufficiently recovered.[347]

[347] Young, *Standard History of Memphis*, 188.

Capers also claimed that "…it can be suggested with some justification that Atlanta owes its present position as the 'New York of the south' more to the work of *Aedes aegypti* in Memphis a half a century ago than to any other cause.'" Interestingly, Atlanta undertook a similar radical restructuring of the municipal government to scale down bonded debt after the Civil War. So the commission-style government of the Taxing District, per se, did not keep Memphis from becoming a preeminent New South city; it was the way that municipal government instituted reforms. And it certainly was not an issue of population. The Census figures Capers used to make his case showed that Atlanta had surpassed Memphis in population by 1880 but only by about 4,000 people. By 1900, Memphis boasted 102,320 citizens and was again larger than Atlanta, Nashville, Birmingham, and Dallas. Atlanta, the closest runner-up, could only claim 89,872 in population. Yet it should be noted that by 1930—a few years before Capers published his first article advancing the thesis that Memphis suffered as a New South city due to yellow fever—Memphis had dropped from its number one spot to number four on his list of Southern cities.[348]

Capers further blamed yellow fever for demographic shifts that made Memphis a less cosmopolitan place, but this is not necessarily true either. Of course, Memphis lost a significant portion of its population to yellow fever during the summers of 1873, 1878, and 1879 and there were surely refugees who abandoned the city if they found a satisfactory situation during their forced exile. But the population of Memphis doubled during the 1880s, continuing to grow throughout the 1890s. Compared to other Southern cities, Memphis actually retained a large proportion of foreign-born residents during the Gilded Age. Perhaps their immigrant population was lower than it had been in the mid-'70s but this had far less to do with yellow fever than it did

[348] Capers, *Biography of a River Town*, 207-209; Wrenn, *Crisis and Commission Government*, 26; Gerald Capers, "Yellow Fever in Memphis in the 1870s," *The Mississippi Valley Historical Review*, 24, 4 (1938): 483-502.

with larger demographic trends then occurring across the South. Fewer immigrants entered the United States through the port of New Orleans and new railroads linking New York and Chicago to other Midwestern cities allowed immigrants to migrate without navigating the Mississippi River.[349]

Of course, population does not necessarily equate to economic growth. But while Capers complained that the influx of poor whites and blacks from the surrounding countryside created a drain on already taxed municipal services after the epidemic, he was actually describing a trend that had begun before yellow fever hit Memphis in 1878. Even Keating complained in his history of the epidemic that, while the population had doubled in the city prior to 1878, "…the volume of trade was only a slight increase over that of 1860" and that with the influx of freedpeople, "…the non-producers—those who consume without laboring and live without the least regard for the obligations of good citizenship—were increased to the proportions of a small army" that strained the resources of the old, aldermanic government. Memphis had long been the home of a growing underclass of poor people: rural whites and blacks that had flocked to the city during and after the War, Northern soldiers who sought to make a new life in the South, as well as the influx of ethnic minorities seeking job opportunities along rivers and railroads. They did not appear as a result of yellow fever.[350]

This growth in population put additional strain on the city's need to expand municipal services, just as it had before the epidemic, but the fiscal conservatism of the Taxing District was incapable of meeting the increased demand. It certainly did not help that Memphis remained one

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[349] Wrenn, "The Impact of Yellow Fever on Memphis, ," 4-18; Sharon D. Wright, *Race, Power, and Political Emergence in Memphis* (New York: Garland Publishing, 2000), 17-19; Marsha Wedell, *Elite Women and the Reform Impulse in Memphis* (Knoxville, University of Tennessee Press, 1991), 55.

[350] Keating, *History of the Yellow Fever Epidemic*, 101; Keating, *History of the City of Memphis and Shelby County*, 650.

of the nation's most unhealthy cities. The sanitation reforms meant to protect the city from yellow fever, begun in the business district and affluent neighborhoods, did not extend to working-class and poor neighborhoods in Memphis for many years. Tuberculosis, pneumonia, malaria, and dysentery remained prevalent in the city and the annual death rate remained high.[351]

Memphians have blamed yellow fever for the city's failure to modernize into a New South city and for municipal bankruptcy instead of long-standing economic issues and demographic changes. To be sure, Memphis had a difficult decade in the 1870s. Several calamities—cholera, smallpox, yellow fever, and the Panic and depression of 1873—helped seal Memphis's economic and demographic future. Yet the 1878 yellow fever epidemic receives the blame for changing the historical trajectory of Memphis. For Memphians, yellow fever memory has acted as a convenient rationalization for contemporary conditions. In good times, yellow fever stands as a contrasting moment in Memphian history, buttressing the policies that have made the situation better. In bad times, Memphians point to yellow fever as sowing the seeds of their present problems. The memory of the 1878 epidemic is therefore malleable to contemporary concerns in the city.[352]

Counternarratives

Much of today's collective memory of the 1878 yellow fever epidemic in Memphis continues to reinforce the story told by John Keating and the officials of the Taxing District: that the corrupt municipal government bankrupted the city; that yellow fever was the straw that broke the camel's back and which forced Memphis to relinquish its charter; and that the Howard

[351] Wrenn, *Crisis and Commission Government in Memphis*; Ellis, *Yellow Fever and Public Health in the New South.*
[352] Wrenn, "The Impact of Yellow Fever on Memphis," 6.

Association, the Citizens' Relief Committee, and the Taxing District were the city's saving graces. The dominant narrative of the epidemic, therefore, continues to reflect a narrative originally authored by white men of a certain class. However, a few Memphians have attempted to reinsert the voices and experiences of a wider group of residents into the central narrative of the epidemic. While these counternarratives have been only partially successful in reintroducing the experience of ethnic and racial minorities during the epidemic, they represent an important challenge to the ubiquity of the dominant narrative. Religious institutions have been most successful in influencing the narrative, sometimes relying on networks of religious affiliation outside of Memphis to commemorate the actions of religious healers. Catholic organizations have successfully resurrected the experience of the city's large Irish immigrant population. Similarly, an ostracized sect of Episcopalian Protestants has fashioned martyr-heroes of a select group of their religious healers. Each of these religious groups has been able to expand the narrative of the epidemic provided by white elites, who have otherwise sought to lay exclusive claim to the collective memory of the epidemic in order to circumscribe white Memphian identity.

More recent attempts by academic and public historians to include the experience of African Americans, however, have been plagued by a lack of primary source material. White-authored yellow fever narratives consistently portrayed black residents in one of two roles: as caretakers to whites or as dangerous criminal elements. This was in many ways analogous to the treatment of nurses in yellow fever narratives as representing potentially subversive elements in Southern society. Yet the characterization of the black caretaker was reminiscent of the faithful family slave, happily submitting to white authority and fulfilling their racially-ordained duty of protecting white lives and property. Historians have had difficulty investigating the experience of

black Memphians beyond these nineteenth-century tropes. For this reason, the contemporary collective memory of yellow fever in Memphis continues to disseminate the notion—advanced by the creators and arbiters of the dominant narrative—that the only Memphians whose experience really matters are white.

The dominant narrative of the epidemic justified the political takeover and New South agenda of economic and business elites in Memphis. But it further allowed these Memphians to present the Memphian experience, and by extension Memphian identity, as specifically white, male, Protestant, and native-born. It further linked Memphian identity to a larger Southern identity that was to become all the more patriarchal and white-supremacist in the years to come.

Much of this dominant narrative was constructed by John M. Keating, owner and primary editor of the *Memphis Daily Appeal*, who published his *History of the Yellow Fever Epidemic of 1878 in Memphis* within weeks of the epidemic's end. Keating likewise reinforced this narrative in his 2-volume history of the city published a decade later. However, Keating narrated the story of the epidemic with a very specific agenda. As one of the leaders of the Memphis Citizens' Relief Committee and a supporter of the creation of the Taxing District, he favored the experience of white relief workers and supported the agenda of the business elite that took control of the city following the epidemic. Because Keating's work continues to offer the most comprehensive historical account of the epidemic, subsequent historians—myself included—have depended upon his description and analysis of the tragic events in 1878 to understand what happened in Memphis that fateful season. However, it is necessary to complicate Keating's narrative of the epidemic and

its aftermath and to recognize that Keating fashioned his *History* to tell a particular story about yellow fever's effects on the city.

Keating understood the importance of fashioning an advantageous, culturally powerful account of the epidemic. For the history of the epidemic to be successful, he knew that it needed to be published soon, repeated often, and presented with an air of detached observation unsullied by the author's point of view. Keating was in a perfect position to write such a narrative. As owner of a major newspaper, he was already creating the story of the epidemic for the outside world as the devastation unfolded. As a member of the Citizens' Relief Committee, as well as of the press, he was privy to information that was not readily available to other would-be historians of the epidemic. His newspaper was also a vital component in the national relief campaign. Coupled with his support of the Taxing District, Keating garnered significant support for the publication of his *History*. The Citizens' Relief Committee, the Howard Association, and the architects of the Taxing District all enthusiastically endorsed his narrative.

In his history of the epidemic, and in his two-volume *History of the City of Memphis and Shelby County*, Keating presented "the Press" as a significant force for political and sanitary change in the city. Yet he did not discuss his own authorship and editorial control over much of what was printed in "the Press" as owner and primary editor of the *Memphis Daily Appeal*. He therefore presented his narrative with the detached distance of an observer of events rather than a powerful historical actor in his own right shaping events as they unfolded. He further obscured his own role, both as a journalist and as an historian, in shaping the meaning ascribed to these events in the collective memory of the city. In doing so, Keating fashioned a narrative that continues to heavily influence the historical memory of Memphis.

While Keating wrote his narratives with an eye to promoting the interests of the Citizens' Relief Committee, the Howard Association, and the officials of the Taxing District, his were not the only narratives of the epidemic experience. While many authors reinforced Keating's story of heroic doctors, relief workers, and Taxing District elites, others recognized that this dominant narrative ignored, disparaged, or intentionally silenced alternative experiences of the epidemic in Memphis. For example, Kezia DePelchin tried, albeit unsuccessfully, to publish her letters to counter the abuse and misinformation perpetuated against nurses during and after the epidemic. And religious healer D. A. Quinn published his *Heroes and Heroines of Memphis*, which recounted much of the experience of the Irish Catholic clergy, as a corrective to Keating's *History of Yellow Fever*, which he claimed "was so 'sparing' of Catholic facts that it scarcely referred to Catholicism." Quinn wrote in his Preface that he had waited for a better writer to rectify this slight but as it was now almost a full decade after the epidemic and no one had seen fit to privilege the experiences of the Catholic priests, nuns, or of the Irish Catholic population of the city, he considered it "an act of justice to the memory of the departed" to record his "Yellow Fever Reminiscences" so that the Irish Catholic experience of yellow fever could not be ignored and forgotten.[353]

To be sure, Keating's *History* included very little about Catholic religious healers or about the Irish Catholic community and Quinn's criticism of this fact is understandable. The Irish immigrant community in Memphis suffered disproportionately from the disease due to their greater susceptibility to yellow fever and the inability of thousands of poor and working-class Irish to escape the city. Yet the majority of Memphians cared little for what happened in the poor, immigrant neighborhoods of the Pinch district where most working-class Irish lived. They were not surprised, or particularly concerned, that the fever started in this district or that, of the white

[353] Quinn, *Heroes and Heroines of Memphis*, Preface.

residents who remained in the city during the evacuation, a majority were Irish who died in record numbers. In general, it is only when disease epidemics spread beyond poorer neighborhoods into more affluent areas of a city that middle- and upper-class residents become seriously concerned. So Keating's silence is not all that surprising in that regard.

While he did mention a few names of martyred priests and nuns, Keating avoided praising any one denomination over another in an effort to downplay the numerous complaints against the Protestant ministers in the city. During the epidemic, newspapers reported that Memphians were roundly denouncing Protestant religious leaders for fleeing the city, ushering their families to safety while leaving their parishes without religious support. Keating admitted that many pastors had fled, though he claimed that most had stayed and that "a few ill-conditioned zealots, taking advantage of this state of public mind, made comparisons between the Protestant ministers and the Catholic priests, which the circumstances did not warrant, with a view to the injury of the Protestant churches." Keating likewise claimed that "The ministers and sisters of all the Christian sects were alike conspicuous for their zeal and fidelity," subtly absolving Protestant pastors, whom he repeatedly mentioned had done just as much for the sick as those from the Catholic and Jewish orders.[354]

Keating's concerted effort to downplay the criticism levied against Protestant clerics may have contributed to how little attention he paid to the Catholic experience in the city. Yet even his own newspaper—the *Memphis Daily Appeal*—published a litany of abuse against the Protestant clergy during the epidemic, asserting that they "left their communities to die like dogs, without one word of consolation or hope….They have strengthened the mother church, against whom it was their habit to inveigh as the 'scarlet woman.'" So while the *Appeal* largely denounced the un-Christian

[354] Keating, *History of the Yellow Fever Epidemic*, 124.

behavior of Protestant religious leaders, lauding the Catholic clergy in comparison, Keating conspicuously sought to salvage the reputation of Protestant leaders after the epidemic was over. Part of this strategy included downplaying the work of Catholics and of the terrible experience of the Irish in the city.[355]

The work of Quinn and the Catholic churches in and around Memphis not only helped to reinsert the Catholic experience into the collective memory of the epidemic, it also helped to reintroduce the Irish immigrant population as belonging to Memphis. Despite the fact that many Irish Memphians lost significant demographic and political power following the epidemic, these counternarratives fought against their marginalization in the history of Memphis. More contemporary academic and public historians of the 1878 yellow fever epidemic have built upon these counternarratives to privilege the experience of the Irish immigrant community. They discuss the nativism and labor competition that relegated many working-class Irish to the Pinch district of the city; they describe the unsanitary conditions of the Pinch that were thought to perpetuate the epidemic and the indifference with which most Memphians viewed the public health of the poor immigrant community. Capers asserted that "the Catholic Church lost two thousand of its parishioners, thirteen priests, and thirty nuns" to yellow fever and that, in terms of morbidity and mortality, "the toll was heaviest among the Irish."[356]

Because of the successful contemporary resurrection of this counternarrative, particularly by historians like Capers, the experience of the Irish immigrant community is now a central narrative in the history of the epidemic. This has been important in counteracting the portrayal by Keating and others that ethnic and racial minorities were partially to blame for the horrors of

[355] *Memphis Daily Appeal*, quoted in Quinn, *Heroes and Heroines of Memphis*, 187.
[356] Capers, *Biography of River Town*, 198.

1878, both in their unwillingness—rather than inability—to depopulate the town and for their political power in the old aldermanic government which perpetuated the city's poor sanitary conditions. Therefore, these counternarratives have been successful in broadening the historical memory beyond the dominant narrative and in combating the biases of the Memphis business elite.

Another religious group has, likewise, managed to ingratiate their story into the collective memory of the city. Despite being a white, Protestant congregation, the Episcopalians of St. Mary's Cathedral were a marginalized group in Memphis whose custom of worship and style of living too closely resembled that of Catholics. Their reverends took a vow of chastity, as did the women who pledged themselves as nuns to the church. The nuns wore traditional black habits, the reverend wore a traditional priest's collar, they continued to pray to saints, and their church was filled with religious iconography. This made St. Mary's a sect outside of the Protestant mainstream, leading to charges that they were "Romanists in disguise." According to the Reverend Morgan Dix, "Before the memorable year of 1878, many spoke against these faithful and devoted women…." Likewise, Texas volunteer Kezia DePelchin was shocked when the Howard Association sent her to nurse the children of an orphanage run by the Episcopalian Sisters. She described the Sisters in one of her many letters, writing, "…such communities were relics of the dark ages that I thought forever swept away from the pure Church of Christ by the mighty power of the Reformation. What would Martin Luther say to a Protestant nunnery?" Perhaps sentiments such as these are why Keating said very little about the work of the Episcopalian nuns. While he included an article published by the

Nashville *American* praising the work of the Episcopal Church in Memphis, he relegated it to a mere footnote in his *History*.[357]

While Keating remained largely silent about the Episcopalian healers and DePelchin was unapologetically hostile toward their way of life, the congregation of St. Mary's—with the assistance of the Episcopal church in New York from which many of the Sisters had come—worked to present the Episcopalian healers as alternative heroes of the epidemic. Aided by the letters of Dr. William Armstrong, who was their physician and spoke very highly of their work during the epidemic, Episcopalians across the country have fashioned a small group of four Episcopalian nuns and two priests who died of yellow fever as the "Martyrs of Memphis" or Sister "Constance and her Companions." While these women gained very little recognition outside of their congregation during the epidemic, Episcopalians throughout Tennessee and New York worked to spread the word of their deeds and sacrifice for the city and its inhabitants. In 1879, church members around the country gathered the personal papers and letters written by the sisters and priests in order to piece together a narrative that privileges the experience of this group of religious healers. St. Mary's printed this narrative in a pamphlet, titled "The Sisters of St. Mary at Memphis: With the Acts and Sufferings of the Priests and Others Who Were There with Them during the Yellow Fever Season of 1878." With the publication of this counternarrative, Reverend Dix claimed, "their names became sacred thenceforth…" The Episcopal Church celebrates a day of remembrance in honor of Constance and Her Companions in their official calendar. Prayers are offered up to them, people visit their graves, and commemorations are held in their honor on the anniversary of Sister Constance's death. These continued efforts at commemoration have been highly successful.

[357] Rev. Morgan Dix, *Harriet Starr Cannon, First Mother Superior of the Sisterhood of St. Mary, A Brief Memoir* (New York: Longmans, Green, and Co., 1896), 78; DePelchin, Letter to Payne, September 14, 1878.

Reverend Dix was able to write as early as 1896 that after the epidemic, at least among Memphians, "the tongue of calumny was silent, while men looked on with beating hearts and eyes dim with tears," at the sacrifice of the Episcopalian healers.[358]

These narratives fashioned the Catholic clergy and the Episcopalian "Martyrs of Memphis" as alternative heroes not under the direction of the Howard Association or the CRC. Because of these religious institutions' early and continued efforts to publicize and distribute these counternarratives alongside that of Keating and the CRC, contemporary Memphians continue to remember and commemorate these healers and the experiences of the ethnic and religious minorities that they represent. The fact that these stories symbolized appropriate roles and behavior for ethnic and religious minorities—as well as for women—as selflessly sacrificing their lives for the greater good of the city may also have helped to assure the successful integration of these narratives.[359]

Just as national religious networks were involved in the relief campaign, these contacts were also vital to spreading these counternarratives throughout Anglican, Episcopalian, and Catholic communities across the country. Memorials and sermons were offered up to these alternative heroes in a number of these churches. The Sisters of St. Mary are commemorated in the Anglican calendar each year on September 9, for example, with a prayer that states, "We give thanks and praise, O God of compassion, for the Heroic witness of Constance and her companions, who, in a time of plague and pestilence, were steadfast in their care for the sick and the dying, and loved not

[358] Martyrs of Memphis, Commemoration by Episcopal Church, Box 1, Yellow Fever Collection, Benjamin L. Hooks Central Library; Rev. Morgan Dix, *The Sisters of St. Mary at Memphis: With the Acts and Sufferings of the Priests and Others Who Were There with Them during the Yellow Fever Season of 1878* (New York: Printed for Sisters of St. Mary: 1879), Project Canterbury; Yellow Fever Collection, Benjamin L. Hooks Central Library; Dix, *Harriet Starr Cannon*, 78.
[359] The "Martyrs of Memphis" counternarrative has been so popular among Episcopal denominations that the St. Mary's Episcopal Church of Kansas City, MO unveiled a memorial stained window in their honor in 1955. St. Mary's Episcopal Church, Kansas City, MO, Memorial Window to 1878 Martyrs of Memphis, Box 1, Yellow Fever Collection, Benjamin L. Hooks Central Library.

their own lives, even unto death. Inspire in us a like love and commitment to those in need, following the example of our Savior Jesus Christ…." Martyr's Weekend is also considered an official commemoration on the Memphian society calendar and religious groups honor the memory of the Martyrs with stories, choral songs, and a group visit to their graves in Elmwood Cemetery." In many ways, the Martyrs of Memphis now stand in for all yellow fever heroes, even those who were not a part of their religious order. But for Southern Episcopalians, according to Dix, the model of Constance and Her Companions acts "more as a reality of the present than a memory of the past," constantly strengthening and reinforcing the determination of this religious community.[360]

But not all attempts to expand the collective memory of the epidemic to include the experiences of a more diverse body of Memphians have been successful. In general, the voices of African Americans have been effectively silenced in the public memory of the 1878 epidemic. Despite a recognized need to reintroduce the African American experience of yellow fever into the collective memory, attempts to do so have thus far been infrequent and suffer a lack of reliable primary source material that is not curated by white authorship. There is little evidence of the experience of black Memphians during the epidemic outside of their interactions with the relief apparatus. Based on historic beliefs in their immunity to yellow fever, many whites believed that black people were naturally suited to roles that safeguarded white bodies and property. Because white voices present much of what historians know about the African American experience during the 1878 epidemic in Memphis, the few glimpses into what was happening in the black community reinforce black service and deference to white authority. More contemporary attempts

[360] "Yellow Fever Left Mark on Memphis; Historians Disagree on Impact," *The Commercial Appeal*, September 11, 2010; Dix, *Harriet Starr Cannon*, 88.

to include the experience of the black community often fail, therefore, to step outside of the role prescribed for African Americans during yellow fever epidemics—that is, as caretakers and protectors of whites.

The belief in differential racial immunity to yellow fever has functioned as a double-edged sword for Americans of African descent. While acting as a medical justification for slavery, black Americans were able to leverage the wide-spread belief in their resistance to yellow fever to secure opportunities they would have otherwise been denied. Unfortunately, blacks were really only successful at gaining these opportunities during epidemics, when whites' fear for their own lives outweighed entrenched racism that sought to keep blacks in their prescribed social place. Once epidemics were over, black Southerners lost many of these lucrative opportunities as whites sought to reinstitute the social boundaries that supported white supremacy.

One interesting example of the possibilities opened for black Memphians during a yellow fever epidemic occurred when the Citizens' Relief Committee hired the first black policemen in Memphis in 1878. White Memphians had previously blocked black men from the police and fire departments throughout Reconstruction and again during the 1874 racially-mixed political coalition that elected John Loague mayor of Memphis. Despite Loague's promises that these departments would be integrated and the efforts of black councilmen to capitalize on some public support for the hiring of black officers following the 1873 epidemic, councilmen on the police and fire boards blocked efforts to extend these positions of authority to black men.[361]

Yet the sheer scope of the 1878 epidemic defeated the organized opposition to the hiring of black policemen. The CRC hired the first black police officers in late August, after a majority of

[361] Dennis C. Rousey, "Yellow Fever and Black Policemen in Memphis, A Post Reconstruction Anomaly," *The Journal of Southern History* 51, 3 (1985): 357-374.

the town's citizens had either fled or fallen sick but before it was clear that black Memphians were just as susceptible to the disease as whites. The CRC hoped that hiring black policemen would allow them to maintain order in the face of a majority-black population, especially as it became clear that those left behind in the city faced sickness and starvation on a scale never before witnessed in Memphis. White relief workers were particularly concerned that an unruly mob of fearful, starving blacks would vastly outnumber healthy whites. In order to gain support from the leaders of the black community, the CRC—an all-white organization—accepted resolutions from a Colored Citizens' Relief Association and hired the first black policemen in order to demonstrate that it had biracial support.[362]

Keating applauded black policemen for supporting the CRC and the black militia who guarded the evacuation camps outside the city. He even listed these men by name, distinguishing them for their service. But Keating presented black policemen and militiamen as a foil to the potentially dangerous criminal element in the black population, singling them out as a credit to their race in their prescribed role as caretakers of whites. Interestingly, Keating honored the black policemen and militiamen but did not do the same for the black leaders who served on the Colored Citizens' Relief Association. Perhaps he saw the CCRA as competing with white authority rather than supporting it.[363]

After the epidemic was over, many of the black police officers hired retained their positions under the Taxing District, which capitalized on the black policemen as visible symbols of their racial egalitarianism and a tool in maintaining black political support while they consolidated political power in the hands of white economic elites. The Taxing District Officials may have

[362] Ibid.
[363] Keating, *History of the Yellow Fever Epidemic*, 132, 147, 153, 428, 429.

further benefitted from animosity between the new black policemen and the Irish population, which lost representation on the police force in order to break up the interracial coalition that had been so successful in 1874. Black policemen continued to serve in Memphis until the late 1890s, when Conservative Democrats took control of the Taxing District and began the process of Jim Crow disfranchisement, making political support from the black community unnecessary to maintaining power.[364]

Public and academic historians have since used the example of black policemen as a symbol of racial unity in the city during the epidemic. They point to the hiring of black officers—something that even Reconstruction-era Republicans could not accomplish—as an example of how the epidemic forced Memphians to abandon racism in order to survive. This narrative promotes racial unity in the city today yet fails to properly contextualize the role that African Americans played during epidemics and the racial implications attached to theories of their immunity. While the epidemic did provide important opportunities to black Memphians, even these positions of authority as police officers were understood as an extension of their racially-preordained role of caretaker during a yellow fever epidemic. White authorities in the city offered these opportunities to black residents as long as they vowed to safeguard white lives and white-owned property and as long as they pledged allegiance to white political and social control over the city. So, while the black population was able to take advantage of white fear of and susceptibility to yellow fever in order to obtain positions of authority in the post-Reconstruction South, whites nevertheless expected these positions to strengthen the relationship and power dynamic between blacks and whites that had been forged during the antebellum era.

[364] Rousey, "Yellow Fever and Black Policemen in Memphis."

The narrative that black Memphians suffered less from yellow fever because of their innate resistance to the disease continues to be the aspect of the black experience reinforced by the dominant narrative. The story of the first black policemen in Memphis largely fosters this assumption. It has also been the most successful attempt to include black participation in the public memory of the epidemic. Unfortunately, it does so with a view to promoting racial unity in the city rather than properly contextualizing race relations immediately following Reconstruction. The story continues to be presented as whites lowering the color barrier to offer resistant or immune black residents important positions of authority, rather than presenting the black community's long campaign to fight for integration.[365]

The memorial headstone erected for R. H. Tate offers a similar—though far less successful—attempt to remind contemporary Memphians of black participation in the 1878 epidemic. In 2005 the Bluff City Medical Society donated a headstone to commemorate the death of R. H. Tate, who was reportedly the first black doctor to work in Memphis. The headstone reads: "Dr. R. H. Tate, 1845-1878. Hero of the Yellow Fever Epidemic. The first African-American professional to practice in Memphis, he answered the call of the Howard Association with seven other Cincinnati physicians. Three weeks later, he died of the plague." Following Tate's death, the *Greensboro North State* newspaper proclaimed that the *Memphis Daily Avalanche* was mistaken when it reported that he was "born and reared in the North" and that he had actually been a slave in Greensboro who had migrated to Cincinnati after Emancipation, receiving his medical education there. According to Keating, the Howards assigned Dr. Tate to a neighborhood "known as 'Hell's

[365] Ibid.

Half-Acre,' a region…densely populated by colored people." Contemporaries said nothing more about the epidemic experience of the doctor or of his patients.[366]

His memorial headstone actually marks an empty grave as Tate's place of interment is unknown. Yet the choice to memorialize Dr. Tate's contributions during the epidemic by erecting a headstone in Elmwood Cemetery reinforces his connection to the Howard Association and presents him as an orthodox hero of the epidemic. As an educated physician honored by the Howard Association upon his death, he symbolizes the idealized figure of the heroic doctor for the African American community. And despite the fact that he was not from Memphis, and was mistaken as a Northerner during the epidemic, his story offers black Memphians a chance to claim a hero that meets the conventional standards set by the dominant narrative.[367]

The memorial of R. H. Tate is an important contemporary attempt to create a black hero of the epidemic; yet it is only partially successful in that very few people know of R. H. Tate. Though his name was printed in the lists of martyred Howards following the epidemic and Keating even mentioned him in his 1888 *History of the City of Memphis and Shelby County* as "the first innovation made by the colored race in the medical profession of Memphis," Tate's contributions were generally forgotten following the epidemic. His memorial attracts little attention, making R. H. Tate a minor character in the collective memory of the epidemic. While his name shows up in a few academic works as the first black doctor in Memphis, so little is said about him that he is too easy to forget in a story with so many interesting characters, heroic deeds,

[366] R. H. Tate, Memorial headstone, Elmwood Cemetery, Memphis, TN; *Greensboro North State*, October 10, 1878; Keating, *History of the City of Memphis and Shelby County*, 96.
[367] Ibid.

and horrific events. In this way, he is perhaps more representative of the African American experience in the memory of Memphis than his memorial suggests.[368]

Contemporary memorials and commemorations of the epidemic endeavor to appeal to all Memphians regardless of race, class, or gender but their attempts to do so are incongruous with the ubiquity of the dominant narrative. For example, the 1970s saw a reinvigoration of public and academic interest in Memphis's history of yellow fever in advance of the centennial anniversary of the 1878 epidemic. In 1972, the city opened Martyr's Park along the Mississippi Riverwalk, which is a memorial park dedicated to the heroes and victims of yellow fever. A historical marker, titled "Memphis Martyrs" offers the following historical narrative of the epidemic:

> In August 1878, fear of death caused a panic during which 30,000 of 50,000 Memphians fled this bluff city. By October, the epidemic of yellow fever killed 4,202 of 6,000 Caucasians and 946 of 14,000 Negroes who stayed. With some outside help, citizens of all races and walks of life, recognizing their common plight in this devastated, bankrupt community, tended 17,600 sick and buried the dead. As a result many of them lost their lives, becoming martyrs in their service to mankind.

Prominently displayed at the center of the park is a memorial statue in honor of those who chose to remain in Memphis to care for the sick during the epidemics of the 1870s. The figures are cast in bronze and represent only vaguely human shapes. Stripped of race, class, or gender they look as though they are floating in their cement frame or standing on each other's shoulders, symbolic of the support that each person gave or accepted in order to survive the epidemic.[369]

The memorial statue purposely presents these figures as faceless, featureless Memphians in an effort to include the thousands whose names are lost to history. It also builds upon the adage that epidemics are great social levelers, making race, class, or gender suddenly less important in the

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[368] Ibid.; Bond and Sherman, *Memphis: In Black and White*, 63.
[369] Yellow Fever, Modern Memorials, Box 1, Yellow Fever Collection, Benjamin L. Hooks Central Library; "Memphis Martyrs," Historical marker, Martyrs' Park, Memphis, TN; Yellow Fever Memorial, Martyrs' Park, Memphis, TN.

fight for survival. Further, it presents a visual narrative into which contemporary Memphians can insert themselves and fosters an emotional tie between the Memphians of the past and present. The juxtaposition of the memorial's aims is telling: it at once celebrates Memphians' mutual experience and common identity alongside the stripping of individual traits that divide people and the dissolution of everything but naked fear in the face of human suffering.[370]

But placing the memorial statue—which explicitly attempts to elide race as a social divider of Memphians—alongside a historical marker that presents the official narrative to visitors exemplifies the difficulties. Memphians have tried to create a usable past for all residents using a dominant narrative that privileges the experience of a few. The goals of the memorial statue seem incongruous to the narrative presented in the historical marker, which presents statistical evidence that the epidemic experience was not so bad for black Memphians, who are anachronistically referred to as "Negroes." The marker subtly changes the meaning of the narrative provided by the statue, making it seem that blacks set aside their differences to care for sick whites because of their comparable immunity or resistance to the disease, thus reinforcing the roll of the black caretaker.

A tension therefore exists between the dominant historical narrative of the epidemic and numerous counternarratives. White elites created and reinforced the dominant narrative in an effort to circumscribe Memphian identity and experience and to create heroes that symbolized an idealized Southern identity. Counternarratives have repeatedly challenged the dominant narrative and pushed the collective memory of Memphians to be more inclusive of religious, ethnic, and racial minorities. Yet these attempts to revise the historical and collective memory of the epidemic

[370] Ibid. The Yellow Fever Memorial Committee claimed that the statue's figures "transcend race, creed, and national origin focusing on a tragedy in which all suffered, many in heroic service. It will be a striking landmark and an inspiration to present and future generations who study the history of Memphis."

must fight against the ubiquity of a dominant narrative that has significant public and academic support behind it.

Historical Tourism

Few places appeal to tourists in Memphis like Graceland, home and final resting place of Elvis Presley; Beale Street, the birthplace of the blues; or the National Civil Rights Museum on the site of the Lorraine Motel where Martin Luther King, Jr. was assassinated in 1968. When people think "Memphis," they think of music, barbecue, Elvis, and King. Nevertheless, while most tourists do not come to Memphis to hear about yellow fever, Memphians have made a conscious effort to keep the history of the 1878 epidemic alive in local history and to insert it into the larger historical narrative told to visitors. The 1878 yellow fever epidemic remains a foundational historic narrative to the identity of Memphis and its people.

Both public and academic history play a vital role in continuing to memorialize this epidemic as an existential moment in the history of Memphis. The narrative has experienced a revitalization since the 1970s, particularly with the growth of historical and heritage tourism. Both public and academic historians, however, tend to reinforce the dominant narrative without questioning its implications for belonging and identity in either the historical or contemporary city. This results in the continued promotion of a narrative that historically sought to circumscribe Memphian identity as white and middle- or upper-class.

Memphis Heritage, a non-profit organization that promotes historic preservation in Shelby County, claims that "Tourism is one of Memphis' top revenue producers" with "Heritage tourism

[accounting] for 24% of all visits to Memphis." Their mission is to convince local politicians, businesses, and land developers that saving important sites around Memphis "generates heritage tourism and increased property values" while building "community awareness." Thanks in part to the work of Memphis Heritage, "Memphis has more properties listed on the National Register [of Historic Places] than even Boston….[and] Memphis is ranked fourth in the U.S." for the ubiquity of its historic sites. Memphis thus takes its history very seriously, both as a collective understanding of Memphian identity and heritage, but also as an economic strategy to promote historical and cultural tourism.[371]

The success of this strategy depends upon creating a usable past for contemporary Memphians and visitors. They do so by presenting narratives and interpretations of the past that have relevance to contemporary Memphians: that offer physical and emotional continuity with the past, that demarcate sacred, historical space; and that offer communion with long-dead Memphians who embody an idealized Memphian identity. Many of these historic sites in Memphis memorialize or commemorate the 1878 yellow fever epidemic. They present the dominant narrative of the epidemic to visitors and impress upon them the importance of the epidemic's history to their city, purposely creating a usable past that fosters the collective memory and identity of Memphis.

For example, the Peabody Hotel touts its historical legacy in a tour it offers every day, charging $5 per hotel guest or $10 per visitor. While the main attraction of the tour is a view of the famed mallard ducks that descend the elevator each day to wile away the afternoon in the lobby's fountain, the duckmaster who cares for the birds conducts a one-hour tour detailing the

[371] Memphis Heritage website, www.mempheritage.org, accessed March 10, 2017; Jane Aldinger, "History Buff's Past Connects Her with Memphis Future," *Memphis Daily News*, August 22, 2003.

historical importance of the "South's Grand Hotel." The current structure in which the tour takes place was built in 1925 on Union Street, not far from where the original Hotel Peabody was built in 1869 on Monroe and Main Streets as the first luxury hotel in Memphis. The duckmaster docent explains that a horrific yellow fever epidemic almost crippled Memphis, leading to a loss of the city charter, and that the original Hotel Peabody functioned as a hospital for yellow fever victims during that time. The hotel's website furthers these claims:

> The 1878 Yellow Fever epidemic blindsided the city of Memphis and Hotel Peabody. Thousands died and thousands fled. Though many hotels folded, The Peabody remained open, vacant of paying guests, but serving as a hospital for the yellow fever victims. Memphis was faced with bankruptcy and losing it charter. By the mid-1880s, the hotel was once again bustling, as cotton and hardwood trading resumed. River traffic saved the city to the point where, in 1893, it reclaimed both its charter and rightful place as one of the country's leading distribution centers.

Contrary to these claims, the hotel did not remain vacant of paying guests during the epidemic. In fact, it was not even set up as a hospital. It offered accommodation to volunteer physicians that were in the employ of the Howard Association. Kezia DePelchin and E. Kate Heckle both complained of the harsh treatment they received from the hotel staff and the refusal to grant nurses accommodation for fear that they might infect the atmosphere of the hotel after caring for sick patients in their homes.[372]

Successive owners of the Peabody, however, have recognized the importance of aligning the hotel with the historical narrative of the 1878 yellow fever epidemic in order to boost the legitimacy of its Memphis identity. The proprietor of the hotel during the epidemic, Robert Galloway, served on the Board of Public Works after the creation of the Taxing District,

[372] Tour, Peabody Hotel, Memphis, TN; Adrian S. Melissinos, "From Houston to Memphis: The Kezia Payne DePelchin Letters and the Yellow Fever Epidemic of 1878," Dissertation, Ph. D. Nursing, 93; Peabody Hotel website, http://www.peabodymemphis.com/about-en.html. The *Memphis Public Ledger*, August 26, 1878, advertised that the Peabody Hotel was staying open at a rate of $1 per night for accommodation and $0.50 for meals on a cash basis. DePelchin, Letter to Payne, September 8, 1878; E. Kate Heckle, Letter to DePelchin, March 28, 1879, Kezia Payne DePelchin Yellow Fever epidemic letters, 1878-1879.

reinforcing the correlation of the epidemic and charter repeal narratives. The current owners of the hotel continue this tradition in an effort to bolster historical tourism. The tour emphasizes the hotel's status as an important Memphis landmark by showcasing its historic credentials but also by perpetuating the narrative that the hotel served the city during its moment of medical and municipal crisis in an act of benevolent loyalty, a narrative that appeals to tourists and Memphians alike.[373]

Elmwood Cemetery has likewise capitalized on the centrality of the yellow fever narrative to the city's history in order to boost their legitimacy as a significant tourist attraction. Elmwood offers 90-minute docent historical tours to the public and sells an audio tour and map visitors can play in their car as they drive through the cemetery. These tours represent an important fundraising opportunity for the cemetery. Yellow fever tours are a popular and frequently repeated theme, particularly during the months that yellow fever historically raged in Memphis. During the yellow fever tours, visitors are shown the graves and memorials of prominent Memphians who died of the disease, the private Howard Association plot, the memorial statue to Mattie Stevenson, the headstone of Annie Cook, the memorial to "Constance and her companions," and an empty area where an unknown number of yellow fever victims were buried in trenches.[374]

In 1985, a headstone was erected in memory of those yellow fever dead who were buried in mass graves at Elmwood. The marker was titled "No Man's Land" and presents the following epitaph and history:

> In four public lots known collectively as 'No Man's Land' lie the remains of at least 1400 victims of the great yellow fever epidemics of 1873, 1878, and 1879. Memphis lost over 8500 citizens to the disease, and 2500 of these rest at Elmwood.

[373] Ellis, "Business Leadership in Memphis Public Health Reform," 97, footnote 12.
[374] Tour, Elmwood Cemetery, Memphis, TN.

> At the peak of these outbreaks, Elmwood was required to handle over fifty burials a day. Due to the sickness and labor shortages, many bodies were piled above ground. Awaiting burial, persons from all levels of society were interred in trenches in an area formerly reserved for paupers and unknowns.
>
> By 1878, half of Memphis' 50,000 citizens fled the city. Yellow fever struck ninety percent of the remaining population, killing 5100. The epidemic so decimated its population that Memphis became bankrupt in 1879, and declared a Taxing District of Nashville.
>
> In commemoration of all forgotten who perished in the epidemics.
> By Robert Kaplan, MD, Christine Mroz, MD, Jim D. Taylor. May 1985

"No Man's Land" fulfills an important role in maintaining collective historical memory as a demarcation of sacred space within Elmwood, which itself is a sacred place of yellow fever memory. The cemetery therefore acts as a memorial and employees both recognize and capitalize on their role as arbiters of the historical narrative.[375]

In 2014, Elmwood hired a full-time historian to help build the cemetery's reputation as a site of public history and historic preservation. She also regularly writes posts on the cemetery's blog. Elmwood likewise invites guests to speak about their historical research on the epidemic and offers a picnic lunch as part of their monthly Lunch and Lecture Series. Their yellow fever tour allows visitors to view the infamous Elmwood Cemetery Register with its pages and pages of yellow fever burials catalogued by the daughter of the cemetery superintendent until she herself succumbed to the disease. The docent reads a selection of Dr. William Armstrong's letters to give tourists a feel for what life was like during the epidemic. This inclusion of primary sources provides legitimacy to the historical narrative told at Elmwood while the lectures offered by published historians of the epidemic give the cemetery's public tours an air of professional, academic endorsement.[376]

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[375] "No Man's Land," Historical marker, Elmwood Cemetery, Memphis, TN.
[376] Tour, Elmwood Cemetery, Memphis, TN.

These tours and lecture series act as a performance of historical memory. With the demarcation of sacred space, official days of remembrance and mourning—especially those sanctioned by religious groups—allow Memphians and tourists to visit the graves of yellow fever martyrs. This ritual of remembrance cements group identity. The narratives and stories allow contemporary visitors to commune with the Memphians of the past just as the demarcation of sacred spaces ties the physical contemporary city to the Memphis of the past. This fusion of space, narrative, and performance creates a continuity of place, memory, and identity.[377]

Museums likewise allow visitors to "transcend the chasm of time and to experience the past through contact with objects," acting as a repository of collective memory that reinforces people's relationship to the past. The Pink Palace Museum—a cultural and natural history museum of Memphis and the Mid-South—offers an exhibit on yellow fever and the history of the medical profession in Memphis. Yet this exhibit further reveals a tension between the importance of the epidemic's history and the need to advance public respect for the achievements of modern medicine and science. The exhibit presents the dominant narrative which establishes the doctors as heroes of the epidemic yet presents a counternarrative that the historical medical profession knew almost nothing about curing disease or helping patients, in many cases hurting more than helping with their archaic methods of treatment. While the exhibit recognizes the doctors as heroes, they are presented as heroes without knowledge, a narrative which elevates the contemporary medical profession as far superior.[378]

The Pink Palace exhibit is an example of a usable past that presents the historical narrative of the epidemic to bolster the needs of contemporary Memphians. While it presents objects and

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[377] Fitzhugh Brundage, "Introduction: No Deed but Memory," in *Where These Memories Grow: History, Memory, and Southern Identity*, ed Fitzhugh Brundage (Chapel Hill: University of North Carolina Press, 2000), 1-28.
[378] Ibid., 8.

stories designed to allow communion with a past Memphis, it does so in a way that intentionally reminds visitors that they are fortunate to exist in the present. The exhibit thus fosters pride in Memphians for their historic and their contemporary city at once. The exhibit further showcases a theme of public support from Memphis's medical profession in many of the public works that memorialize and commemorate the 1878 epidemic. Numerous physicians, medical societies, and hospitals have contributed money to the creation of these memorials. In doing so, they reinforce the dominant narrative which presents the doctor as the symbolic hero of Memphian and Southern identity.[379]

Public historians depend and expand on the research published by academic historians and both groups work in tandem to provide a usable historical past to the public and to the profession. Attempts to bolster the historical legitimacy of heritage tourism in Memphis have therefore depended upon a mutually beneficial relationship between academic and public historians' interpretations of the past. Tours and exhibits regularly present the work of published historians, allowing academics to showcase their research to a broader audience and leaving visitors with the sense that outside experts have vetted the historical accuracy of the narratives told in these tours.

Yet Keating and others who supported the seizure of power under the Taxing District, its pro-business, New South policies, and the white male-centric experience of the epidemic and its effects continue to heavily influence the historical narrative presented to the public in these tours and exhibits. Keating's remains the dominant historical narrative. This usable past therefore continues to circumscribe Memphian identity as one that is white, male, and middle- or upper-class.

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[379] "From Saddlebags to Science," Exhibit, Pink Palace Museum, Memphis, TN.

This is because Keating's narratives remain the main repository of historical evidence for academic historians interested in understanding what happened in Memphis during and after the epidemic. This is particularly true for historians of medicine and public health who focus on Keating's descriptions of the breakdown of everyday life and society during the epidemic and the organized campaign to relieve the sick and destitute led by the Citizens' Relief Committee and the Howard Association. These historians repeat the narrative that the Taxing District was requisite to the development of public health infrastructure and the modern sanitary improvement of Memphis. Historians beginning with Gerald Capers in the 1930s and Thomas Baker in the 1960s to John Ellis, Margaret Humphreys, and Khaled Bloom in the 1990s all relied heavily on Keating, reinforcing a long historiographical trend of accepting Keating's dominant narrative almost without question.[380]

This is not necessarily true, however, for urban historians who have chosen instead to focus on the political changes wrought following the epidemic with the creation of the Taxing District. While still utilizing Keating's published works as a primary source, historians not focused on the epidemic itself have been able to more fully contextualize Keating as someone who wrote in support of the Taxing District. Further, these historians present the inauguration of the Taxing

[380] Baker, "Yellowjack," 241-264—alongside Jo Ann Carrigan's early articles on yellow fever in New Orleans—constitutes some of the earliest historical scholarship on the social history of yellow fever. Baker claimed that one of the positive outcomes of the 1878 yellow fever epidemic in Memphis was that, "On the initiative of the business community, the incompetent and debt-ridden municipal government was abolished…." He argued that the Taxing District was similar to the "commission plan that would be the hope of municipal reformers a generation later," implying that Memphis was at the forefront of modern political restructuring. "Within months after its creation," Baker wrote, a Memphis "editor rejoiced in the absence of 'the corrupt ward politician, the eager contractor, the incompetent official, alderman, and councilman.'" The newspaper editor Baker quoted was none other than John Keating. Baker also cited Gerald Capers heavily and reiterated Capers's argument concerning the loss of ethnic minorities and New South city-status. Ellis, *Yellow Fever and Public Health*; Humphreys, *Yellow Fever and the South*; Khaled Bloom's *The Mississippi Valley's Great Yellow Fever Epidemic of 1878* (Baton Rouge: Louisiana State University Press, 1993).

District as a seizure of power by the business class rather than as a corrective to a hopelessly inept or corrupt aldermanic City Council.[381]

Unfortunately, the significance of the epidemic to the history and identity of Memphis has solidified the dominant narrative provided by Keating in the collective memory. A number of professional, academic historians, dependent upon Keating's narratives as a major primary source base have repeated and legitimized his narrative over the course of generations. Public historians, in an effort to promote the historical legitimacy of their sites and to attract heritage tourism dollars to their city, have presented the narrative vetted by published historians, further cementing the dominant narrative in the collective memory of Memphis. In their endeavors to create a usable and marketable past, both academic and public historians have promoted the dominant narrative at the expense of alternative interpretations of the epidemic and its significance to Memphis history and identity. While some counternarratives have successfully infiltrated the collective memory of the epidemic, the dominant narrative—and its influence upon the identity of contemporary Memphians—remains largely unquestioned.

Conclusion

The memory of the yellow fever epidemic of 1878 has been fundamental to the collective identity of Memphis and its inhabitants. In the immediate aftermath of the epidemic, Memphians recognized the need to remember and to commemorate and honor the heroes of the epidemic as a way for the community to move forward after such a devastating tragedy. For the most part, the heroes selected for veneration were upper- and middle-class white Southern men of the relief and

[381] Wrenn, *Crisis and Commission Government in Memphis*.

medical organizations. Newly published official histories of the epidemic, especially those written by John M. Keating, praised the actions of this class of Memphians above all others and argued that without them, the city would have been lost.

Following the epidemic, upper-class Memphians capitalized on the fear and memory of the fever to enact sweeping changes in the city's landscape and power structure. They pressed for the repeal of the city charter and inaugurated a Taxing District government which sought to repeal the crushing debt of Memphis. While Taxing District officials swept to power under promises of debt repudiation and sanitary reform, the ultimate goal of the change in government was to transfer political power from entrenched ethnic- and racial-minority ward bosses under the aldermanic system of government to the elite business class which had previously been excluded from government office. Once in power, Taxing District officials again employed yellow fever memory to introduce reforms that advanced business interests and prioritized the business district and wealthier neighborhoods in the sanitary campaign to clean up the city. They further turned to Keating to cement their reputation as saviors of the city and to frame the reorganization of government as a silver lining to weeks of epidemic yellow fever.

Keating's narratives of the epidemic and its aftermath therefore received official sanction by the government and became the dominant narrative of the epidemic. Because this narrative provides a selective accounting of the epidemic and privileges the experience of a certain class of Memphians, other groups have had to fight to be included in the collective memory. While certain religious and ethnic minorities have been largely successful in reincorporating their stories into the history of the epidemic, racial minorities are mostly absent from the narrative. The few times that

they appear unfortunately reinforce nineteenth-century racial stereotypes of blacks as either caretakers to whites or as criminals.

Keating's narrative continues to influence the efforts of contemporary Memphians to commemorate the history of the epidemic. Public historians attempt to create a usable past for Memphians that solidifies place-based identity and group cohesion while further capitalizing on the trend of historical and heritage tourism. Tours and exhibits rely on primary sources, historical objects, sacred spaces, and appeals to emotion to offer the visitor a communion with the past. These elements, combined with guest lectures by published historians, further provide legitimacy to the historical narrative presented to visitors. Unfortunately, much of the narrative provided by both public and academic historians—particularly those that focus on medical and public health history—relies too heavily on Keating as a primary source without taking the time to explore his motivations and biases.

The collective memory of yellow fever—particularly the dominant narrative provided by Keating and his contemporaries but also later historians like Capers and Ellis—claims that the Memphis that existed before the epidemics is gone, replaced by a new, changed city. It was not just the inauguration of the Taxing District or the public health reforms that transformed the city. The experience of the epidemic marked Memphis so much that its culture changed, its people changed. For better or worse, these indelible changes have all been attributed to yellow fever. Because of this, yellow fever will always be tied to the identity of the city. While the history of most places in the South is separated into antebellum and postbellum periods—generally demarcated by the year 1865—the history of Memphis is divided by the year 1878. Memphians imagine that a new

historical epoch began in Memphis in the wake of this epidemic. Yellow fever is therefore integral to the history and identity of the contemporary city.

EPILOGUE

Yellow fever still exists as a worldwide public health concern. The disease is caused by an arbovirus that is still endemic to tropical and subtropical areas in Central and South America and Africa and kills between 30,000 and 60,000 people each year worldwide. It is considered such a threat that the World Health Organization began a Yellow Fever Initiative in 2006 aimed at coordinating mass vaccination campaigns throughout Africa. However, it is considered by the Centers for Disease Control and Prevention "a very rare cause of illness in U.S. travelers." In the United States, there were 3 deaths from yellow fever between 1996 and 2002—all American citizens who contracted the disease on trips to South America. Prior to that date, there had not been a single yellow fever death on U.S. soil in nearly eighty years.[382]

But this may be changing. Yellow fever epidemics are partly a consequence of globalization: the movement of people, goods, ideas, technology, and disease. With modern transportation networks and global migration, the United States could experience another epidemic. Indeed, American doctors earlier this year watched with concern as a major epidemic swept through Brazil, concerned that the virus could be transported here in the body of an unknown traveler. In 2015,

[382] World Health Organization, "Yellow Fever Fact Sheet," http://www.who.int/mediacentre/factsheets/fs100/en/, accessed August 31, 2017; Mark D. Gershman and J. Erin Staples, "Yellow Fever," *CDC Health Information for International Travel*, https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/yellow-fever, accessed September 3, 2017; Centers for Disease Control and Prevention, "Yellow Fever," https://www.cdc.gov/yellowfever/index.html, accessed August 31, 2017; Seth Berkley, "The Looming Threat of Yellow Fever," *The New York Times*, May 15, 2017; "Yellow Plague, An Outbreak of Yellow Fever Could go Global," *The Economist*, May 14, 2016.

the CDC estimated that "approximately eight million U.S. residents traveled to 42 countries with endemic yellow fever virus transmission."[383]

The majority of people first infected with the disease display mild symptoms, a fact that may allow sufficient dispersion of the virus within a population before serious cases come to the notice of health professionals. Only about 15% of cases, on average, display the kinds of symptoms that suggest a potentially fatal case: "high fever, jaundice, bleeding, and eventually shock and failure of multiple organs" according to the CDC. Even with medical care, 20-50% of these more serious cases will end in death. While these statistics may sound promising—with only 3-8% mortality—it must be remembered that these statistics are compiled each year from sporadic cases among travelers and in areas where the disease is endemic, that is, with a large population who are immune from childhood exposure. Further, the CDC believes that a large number of cases go unreported each year, arguing that the actual case rate may be anywhere between 10 and 250 times higher than that reported to officials. If an outbreak were to occur in the United States, the statistics of morbidity and mortality would likely be far greater. It has been suggested that as high as 50% of cases in a virgin population might advance to the more serious, and potentially fatal, stage of the disease.[384]

With the lack of sporadic yellow fever cases for several decades, the United States now has a virgin or completely nonimmune population. In fact, yellow fever is only suspected in cases of travelers to locales where the disease is considered endemic. If a true yellow fever outbreak were to

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[383]Ibid.; Ashley Welch, "U.S. Doctors Sound Alarm on Yellow Fever Outbreak," *CBSNews.com*, accessed, September 3, 2017.

[384] The main concern for global public health officials is that the disease could spread to Asia, which also has a largely virgin population but without the resources available to the United States to quickly contain an epidemic. WHO, "Yellow Fever Fact Sheet"; Centers for Disease Control and Prevention, "Yellow Fever Treatment and Symptoms," https://www.cdc.gov/yellowfever/symptoms/index.html, accessed August 31, 2017; Molly Caldwell Crosby, *The American Plague: The Untold Story of Yellow Fever, the Epidemic that Shaped Our History* (New York: Berkley Books, 2007), 145; "Yellow Plague, An Outbreak of Yellow Fever Could go Global."

spread in the United States, it is unlikely medical professionals would immediately diagnose the disease as yellow fever in any patient who had not traveled outside the United States. The disease could therefore spread out of control by the time medical and public health officials recognized that an epidemic was underway.[385]

The United States is home to the classic mosquito vector—*Aedes aegypti.* With the Southern states experiencing milder winters due to global climate change, the endemic zone could be pushed northward as the lack of periodic frosts allows *Aedes aegypti* eggs to survive until the next summer. All that would be needed for the disease to silently spread would be for an *Aedes aegypti* mosquito to bite a traveler during the several-day incubation period before the individual started showing signs of illness. Infected humans would pass the disease to mosquitoes and those mosquitoes would infect more humans; the number of yellow fever patients would rise. But with a virgin population, public health officials consider a single case of the disease on American soil an epidemic and would respond accordingly.[386]

If the epidemic were not quickly contained, the CDC and state health departments would inaugurate a mass vaccination and anti-mosquito public health campaign. A live-virus vaccine for yellow fever has been available since 1937. The Centers for Disease Control and Prevention states that "No vaccine efficacy studies have been performed with yellow fever vaccine. However, the number of yellow fever disease cases was substantially reduced following the introduction of the vaccine supporting it being protective in humans." The vaccine, however, has very rare but serious side effects. It cannot be used in children under six months old or in anyone who has a

[385] Berkley, "The Looming Threat of Yellow Fever"; WHO, "Yellow Fever Fact Sheet."
[386] Lars Eisen and Chester G. Moore, "*Aedes (Stegomyia) aegypti* in the Continental United States: A Vector at the Cool Margin of Its Geographic Range," *Journal of Medical Entomology* (2013): 467-478; Welch, "U.S. Doctors Sound Alarm on Yellow Fever Outbreak"; Crosby, *The American Plague,* 145.

compromised immune system. Vaccines are available for patients from six to eight months or over sixty years of age, as well as those who are pregnant or breastfeeding, but with the understanding that these cases may be at higher risk of adverse reaction.[387]

An outbreak in Angola that spread into the Democratic Republic of the Congo in 2015 resulted in the near depletion of the emergency vaccine stockpile held in reserve for a major epidemic. A manufacturing problem in 2016 further lowered the availability of yellow fever vaccine such that Sanofi Pasteur, maker of YF-Vax—the only vaccine that is licensed for use in the United States—expects "complete depletion of yellow fever vaccine available for the immunization of U.S. travelers my mid-2017." Another vaccine is currently undergoing trials by the FDA hoping to bolster supply of yellow fever vaccine. But the vaccine would only help those who had not yet been exposed and offers 80-100% protection 10 days after vaccination. For those who had already contracted the virus, there is no cure; medical care remains palliative.[388]

It would not take much for a yellow fever epidemic to strike the United States today. If it did, what narratives of race and belonging would structure our responses to it? As this dissertation has shown, despite an organized national campaign to combat yellow fever and organize relief for sufferers, fear of disease contributes to discrimination that is mapped onto already existing structures of nativism, racism, and efforts to gain political and social power. In the current political climate, politicians and government organizations tolerate and/or actively promote nativist, racist

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[387] Ibid; WHO, "Yellow Fever Fact Sheet"; Gershman and Staples, "Yellow Fever"; Centers for Disease Control and Prevention, "Yellow Fever Vaccine," https://www.cdc.gov/yellowfever/vaccine/index.html, accessed, August 31, 2017; Centers for Disease Control and Prevention, "Yellow Fever Vaccine Information for Healthcare Providers," https://www.cdc.gov/yellowfever/healthcareproviders/vaccine-info.html, accessed August 31, 2017;

[388] Berkley, "The Looming Threat of Yellow Fever"; "Yellow Plague, An Outbreak of Yellow Fever Could go Global"; Welch, "U.S. Doctors Sound Alarm on Yellow Fever Outbreak"; Mark D. Gershman, Kristina M. Angelo, Julian Ritchey, et al. "Addressing a Yellow Fever Vaccine Shortage—United States, 2016-2017, *Morbidity and Mortality Weekly Report*, https://www.cdc.gov/mmwr/volumes/66/wr/mm6617e2.htm, accessed August 31, 2017; WHO, "Yellow Fever Fact Sheet." There are only four sources of yellow fever vaccine in the world: Sanofi Pasteur—which is a French drug company—and institutes in Brazil, Senegal, and Russia.

rhetoric in order to gain or maintain power. In this climate, even a minor public health scare tied to immigration could be disastrous. The example of Hurricane Katrina in 2005 has already shown that a local, natural disaster can be compounded by official mismanagement and racism thereby intensifying human suffering.

Perhaps most notably, as it pertains to yellow fever, many people still consider African Americans with significant West and Central African heritage to be less susceptible to the disease. This expectation has been supported by the work of many historians of American yellow fever epidemics. Yet Mariola Espinosa has argued that this contention is a hold-over from the racial ideology of an earlier era and that there is very little contemporary medical evidence to suggest that such a genetic resistance exists. She claims "there was never a consensus among medical observers that black immunity to yellow fever actually existed, the evidence from epidemics indicates that in fact it did not, and the analogy to the very real and well-documented evolutionary consequences of endemic malaria is not apt." Yet this belief remains prevalent in Americans' cultural understanding of yellow fever. Historians have been largely responsible for keeping this expectation of racialized differential immunity alive; it is time that we help to dismantle it, particularly given the negative impact that the expectation of African American resistance could have during a domestic epidemic.[389]

In terms of epidemic disease more broadly, employing the concept of "at-risk populations" runs the risk of increasing nativism and racism, a fact that has been demonstrated by a number of

[389] Mariola Espinosa, "The Question of African Immunity to Yellow Fever," *Social Science History* 38, 3-4 (2014): Abstract, 2. Espinosa argues that many people assume an evolutionary link between malaria and yellow fever because they are both spread by the same mosquito vector. Yet malaria is caused by a plasmodium and yellow fever is caused by an arbovirus; the two microbes have little in common. Further, the way the microbes affect different age groups is what is important in suggesting an evolutionary model of resistance and in the case of malaria and yellow fever, the microbes responsible are most deadly at different points in a human's development suggesting there would be no evolutionary pressure for the development of resistance to yellow fever. The theory of racial resistance has been championed by Kennth and Virginia Kiple, Todd Savitt, Jo Ann Carrigan, K. David Patterson, and J. R. McNeill.

historians of medicine and public health. There is an adage that epidemic disease is the great social leveler: that microbes care not for our socio-cultural hierarchies of race, class, or gender, that all alike are subject to suffering. Yet these hierarchies do not disappear during an epidemic. If anything, they are laid bare. Fear makes people do things that are outside the socially acceptable bounds of behavior and prejudices that might exist below the level of consciousness can suddenly surface during a crisis, often with terrible results. Historians have further demonstrated that racial hierarchies and theories of racial immunity to diseases are created and elaborated in a self-reinforcing loop: racial hierarchies suggest theories of racial difference in immunity which further reinforce the racial hierarchy. This is not unique to the Americas; historians have charted their concomitant creation across the globe.[390]

Governments and social groups around the world foment nativist prejudice, in part by associating immigrants with the fear of infectious disease. Nativists' fear that the immigrant "other" will import disease into a native population is coupled with general fears that the modes of living of immigrants differ from the norm. This nativism is often spurred by racism, which can spread and be applied to racialized "others" within the native population.

In terms of disease states in general, humans often marginalize, vilify, or fear those who are sick, even if the individual is not an outsider. Building on the work of Susan Sontag, many historians have shown that the cultural metaphors surrounding disease stigmatize patients,

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[390] For examples of nativism associated with fear of disease, see Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001); Natalia Molina, *Fit to be Citizens?: Public Health and Race in Los Angeles, 1879-1939* (Berkeley: University of California Press, 2001); Alan M. Kraut, *Silent Travelers: Germs, Genes, and the Immigrant Menace* (New York: Basic Books, 1992. For examples of the concomitant creation of racial hierarchies and theories of racialized differential immunity to diseases, see Warwick Anderson, *The Cultivation of Whiteness: Science, Health, and Racial Destiny in Australia* (Durham, NC: Duke University Press, 2006); Mark Harrison, *Climates and Constitutions: Health, Race, Environment in British Imperialism in India, 1600-1850* (New York: Oxford University Press, 1999).

sometimes keeping them from getting the treatment they require. This is especially true for contagious disease like HIV/AIDS but it is also true for non-contagious diseases such as cancer.[391]

Fundamentally, it is important to uncouple the link between bodies and disease. Such beliefs inevitably lead to social isolation and the development of an insider/outsider mentally which argues that certain bodies are dangerous, certain modes of living are dangerous, and the people who inhabit dangerous bodies with their dangerous mores are "other." Unfortunately, the medical concept of "at-risk populations" tends to reinforce this expectation. In general, however, medical knowledge—both official and popular—remains an under-utilized category of analysis for issues of cultural identity and belonging beyond the realm of immigration.

On a wider scale, writing a cultural history of medicine is extremely relevant to contemporary issues of health and disease. Despite the fact that this dissertation's analysis is contingent on the historical context of 1878, the ability to take apart knowledge which helps a population of human beings to understand a natural phenomenon like disease is certainly applicable to another time or place, including today. Analytical readings of medical narratives as products of knowledge contingent on a number of different knowledge components—social, cultural, political, economic—leads to a deeper understanding of how the cultural metaphors of disease reinforce existing social hierarchies and mechanisms of exclusion. The meanings associated with a disease, the ways in which we attempt to understand it, and how we view the interaction between diseases and differently-classed human bodies are all dependent upon a wealth of previous scientific, social, and cultural knowledge. Further, that understanding is dependent on one's relationship to the disease in question. Doctors, scientists, patients, survivors, evacuees, and

[391] Susan Sontag, *Illness as Metaphor: & AIDS and Its Metaphors* (New York: Doubleday, 1990), argues that "Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious."

potentially fearful outside observers, all have different ways of understanding epidemic diseases and their relationship to human bodies. With a disease that has been almost entirely absent from the United States for over one hundred years, social and cultural histories of earlier epidemics are vital, helping us to make sense of how contemporary Americans might respond to a reintroduction of yellow fever in the twenty-first century.

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