“A people so well fed and so clean”:
The 1832 Cholera Pandemic in New Jersey

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This paper examines the 1832 cholera outbreak that struck the state of New Jersey. Over the course of several months, the disease infiltrated the waterways and canals of the state, killing over 500 and leaving a death toll that was statistically higher as a percentage of the state’s population than all but five other states and territories. As the first, major pandemic to strike the United States, its effect on New Jersey as well as the state’s response are of historical importance. The article utilizes the various newspapers in existence in the state in 1832 as well as the collected correspondences of individuals such as Governor Peter Dumont Vroom and lawyer Silas Dickerson Canfield to explore the thoughts and reactions of both the public and local government to the outbreak. Upon examining these events, it is clear that there were distinctive political, social, and religious reasons for the differing reactions to the cholera pandemic. New Jersey’s response, while in keeping with larger trends taking place throughout the region, helped to introduce the advent of public health thinking and structures that would lead to further modernization in the prevention and treatment of disease.

The 2nd Cholera Pandemic had emerged in India in 1828, and, thanks to advances in transportation and the increase in British trade with India, had reached the shores of North America by 1832. A disease normally associated with the squalor of the East was now threatening, in New Jersey native James Fenimore Cooper’s opinion, “a people so well fed and so clean.”¹ The American population’s belief in the antiseptic barrier provided by the vast oceans bordering the

continent, though historically unjustified, was shattered. The first pandemic, which had erupted in 1817, had largely subsided before it even reached Europe, but quicker modes of transportation and active British interests in the Indian Ocean and Mediterranean brought this second outbreak around the globe. The arrival of the Constantia to Montreal brought a plague that would sweep across North America, killing tens of thousands and paralyzing the nation with fear during the late summer of 1832. Yet beyond simply the destruction that it caused, cholera proved to be a transformative disease due to its impact on politics, society, views of immigration, and the advent of modern public health systems.

*Vibrio cholerae* thrived in the unsanitary, urban environments produced by the industrial revolution and quickly became a political tool for liberals, conservatives, and nativists. Many saw the disease as being an affliction of the poor and the sinful. As one historian proclaimed, “Cholera was a scourge not of mankind, but of the sinner.”

Others used it to attack the industrialization, urbanization, and social changes then sweeping the nation. Still more saw it as a reason to improve the lives and morality of those living in America’s cities. For New Jersey, situated between the trans-Atlantic trade centers of New York City and Philadelphia, a fear soon arose that the “Crossroads of the Revolution” would quickly become the “Crossroads of Cholera” as well. Overall, the disease would further reveal the political, religious, and social separations within the state, while testing the ability of Jacksonian era cities to respond to public health emergencies. The creation of temporary health and sanitation organizations would one day serve as key components of the modernization of New Jersey over the next century. While the study of cholera in America during the early 19th century has been well documented by Charles Rosenberg’s *The Cholera Years* and the impact of disease upon Newark ably portrayed in Stuart Galishoff’s *Newark: The Nation’s...*

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Unhealthiest City 1832-1895, little has been done to analyze the overall impact of this particular epidemic on the social and political history of both the state of New Jersey and its individual communities. This paper addresses this gap in the research through the use of contemporary letters, newspaper accounts of the progress of the illness, and publications by local town councils and boards of health.

Background of the 2nd Pandemic

The second cholera pandemic emerged in India in the mid-1820s and spread along much the same routes as the first pandemic, sweeping across most of Asia. Unlike in the former outbreak, however, by 1830, both the Sea of Japan and the Urals had been breached and the pestilence continued onward largely unabated. Improved trans-Atlantic trade even threatened to bring the disease across to the Americas as well. By April of 1832, fears abounded in the New World that not only was the arrival of the disease imminent, but that, “its effects in an American climate are likely to be more severe than in Europe.”\(^3\) Global concerns over cholera proved to be well-founded, for by the time the pandemic had burned itself out, some 35 million people around the globe had been stricken, roughly 4 percent of the world’s population.

Cholera is a waterborne illness, native to the Indian subcontinent. Fecal-oral transmission of the disease occurs primarily due to unsanitary conditions in the acquisition or delivery of water. Once infected, the host suffers from massive dehydration, which, if not treated, leads to hypovolemic shock which thickens the blood and leads to circulatory failure. Though the illness was endemic in parts of India, it historically had stayed isolated to that region. Now, with the onset of British imperial ambitions in South Asia, increased and improved transportation, and the rise of urbanization associated with industrialization, cholera was able to spread around the world in

\(^3\) Quebec Gazette, April 11, 1832.
several notable pandemics. The earliest eruptions of the disease were blamed upon poverty, filth, and generally unhealthy practices under the traditional notions of miasma theory.\(^4\) John Snow’s work in the 1850s would improve upon this by identifying water as the primary vector of the illness, while Pasteur and Koch’s work later in the century would finally identify microorganisms as the cause. Overall, the cholera pandemics bridged the growing understanding of epidemiology during the 19\(^{th}\) century.

The first appearance of the disease in the Western hemisphere is usually said to have occurred at Quebec in June of 1832 as the *Constantia* arrived from Europe. Though this may have been the initial vector for the bacteria, additional sailings certainly brought it to other ports as well. Based upon the spread of the disease and its chronology, it is almost certain that cholera infected vessels docked at New York City, Philadelphia, and New Orleans during the summer of that year. Likewise, coastal trading ships carried the illness between ports as did those people fleeing the disease by land. Overall, a conservative estimate based on available death totals per state would place the casualties of cholera at some 16-18,000 Americans, with two-thirds of those cases occurring in New York and Louisiana alone.

\(^4\) Miasma theory, which dominated medical thought for almost 2,000 years, held that filthy living conditions and the various unclean elements of nature were responsible for the spread of disease. Therefore, the poor and those who lived in less developed societies were viewed as being particularly susceptible to illness.
Cholera Deaths in 1832.5

In terms of the total casualties, New Jersey fell far below its neighbors, though it did outpace New England. Yet, if one examines these numbers in terms of their percentage of the then current state population, New Jersey experienced the 6th deadliest outbreak of cholera for any state or territory. Taking into account that the state was the 14th most populated in 1830, this represents a virulent outbreak. While the high casualties in New York, Louisiana, and Maryland can be explained by their status as ports of entry, as centers of dense, urban populations, and due to Louisiana’s high water table, the equally large returns from the Michigan Territory and the enormous numbers from Washington DC are more startling. The ongoing Indian war in Michigan most likely helped to spread the disease more quickly in that region, wreaking havoc on both the

American army as well as the improper sanitation system of the city of Detroit. The nation’s capital experienced 500 fatalities, on par with the entire state of New Jersey. Yet, considering the small size of the federal district, around 30,000 souls at the time, this represented a casualty rating 10 times that of the Garden State. The poor drainage in much of the capital city and the lack of sanitation that had turned the Tiber Creek and Washington Canal into an open-air sewer by this point may in part be to blame for the health death rates.

![Death Rate of Affected States and Territories](chart_url)

Death Rates of Affected States and Territories.\(^6\)

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Still, at nearly 1.6 deaths per 1000 people, New Jersey’s experience with cholera was much higher than the vast majority of other states, regardless of their inland or coastal locale. In fact, despite the presence of Philadelphia as both a major city and port of entry, Pennsylvania experienced only half the number of deaths, statistically, of New Jersey. The higher level in New Jersey can be explained by a number of factors, including its proximity to New York City, lax coastal quarantine laws, canal projects, its role as a state of refuge for residents fleeing from Manhattan, and its several urbanized areas. At the same time, its ability to avoid the massive casualties that occurred in these other places can be attributed to the efforts of various towns to prepare for the outbreak as well as its possessing fewer overall urban areas. Yet, New Jersey still experienced all of the fear and panic associated with the imminent arrival of the plague, largely stoked by the various periodicals in existence. The experiences of its residents with outbreaks of disease both during the American Revolution and the Great Yellow Fever Epidemic of 1793 had shown the loss of life and breakdown of basic society that could occur, historical examples that were not lost on the state’s residents in 1832.7

Preparations for the Arrival

With a number of major and minor periodicals existent within the state in 1832, most notably the Bergen County Courier and the Newark Daily Advertiser, the citizenry of New Jersey was rather well informed regarding the latest progress of cholera across the globe. As early as March 21, the Bergen County Courier was reporting daily upon the spread of the disease in Europe, hinting that its appearance in North America was only a matter of time.8 By the end of April, doctors from both New York and Philadelphia met to discuss the illness and possible ways to

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7 See David Petriello, Bacteria and Bayonets: The Impact of Disease on American Military History (Havertown, Pa: Casemate Publishing, 2015) for a complete discussion of the American Revolution and the numerous diseases associated with it, particularly in New Jersey and New York City.

8 “Reports from Europe,” Bergen County Courier, March 21, 1832.
prevent or treat it. Notably absent from these deliberations were officials from New Jersey, perhaps because it was not the site of a major shipping port.

By the beginning of June, as the disease was already landing at Canadian and American ports, little action was being undertaken by officials in the state. Ironically, the Bergen County Courier carried as its weekly serialized story a short narrative entitled, “A Story of the Plague” by Ralph Ester.9 A week later, by which time cholera had appeared in neighboring New York, the various papers in the northern part of the state were carrying death tolls from major cities in Europe, but devoted little other attention to cholera. Later commentators would point to the fact that the winds blew from the east for eleven days as the causative agent for the arrival of the disease in the region, sticking to a familiar trope in miasma theory of disease as a nature driven pestilence.10

The 20th of June represents a turning point in New Jersey’s response to the arrival of cholera in neighboring states. The Bergen County Courier carried a report that the ship Richmond had docked in Perth Amboy with 174 passengers aboard from England. Apparently the captain chose to dock in New Jersey in order to avoid the quarantine laws recently put in place by New York City. The newspaper was quick to point out that, “The apparent security which the ocean afforded against this illness no longer exists.”11 Concurrently, the editors of the paper carried the advice of Dr. John F. Ellis, the Health Officer of Jersey City, who recommended that, “Chloride of lime should be in the house of every individual and should be freely used particularly in places from which any unpleasant smell may arise.”12 The use of calcium hypochlorite actually would have helped to disinfect cesspools, indoor sinks or toilets, and outdoor privies, though little was done to

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9 Ralph Ester, “A Story of the Plague,” Bergen County Courier, June 6, 1832.
11 “Cholera,” Bergen County Courier (June 20, 1832)
12 Ibid.
address the drinking sources of the various towns (and residents were advised to avoid fresh vegetables, fruit, salad, and to only drink freshly drawn water).

Dr. Ellis’ pronouncements came on the same day that Jersey City passed a new health law. Its provisions included…

1. No landing of people from foreign ports without the approval of a health officer
2. A 20-day quarantine for people from places with the disease in the last 40 days
3. No vessel within 300 yards of shore until checked
4. A $25 fine for any violation

Likewise, the city’s medical professionals recommended the use of 4 ounces of chloride of lime in each sink or cesspool per week. As well, homeowners were encouraged to fumigate their homes with a mixture of chloride of lime and sulfuric acid 2-3 times per week.\textsuperscript{13} Not to be out done, the city of Newark held public health meetings and even hosted a lecture by a Dr. B. Sherwood at the Newark Mechanical Association on the subject of cholera. Three days later, on June 23, the city passed a similar set of resolutions recommending improved sanitation and fumigation.\textsuperscript{14}

The state government took little action with regards to the cholera epidemic, a move largely consistent with the view of the proper role of government at the time. Governor Peter Dumont Vroom was certainly aware of the situation, however, with several correspondences existing in which he discussed the outbreak. A missive from James Green in early August of 1832 mentions the presence of the illness around the important center of Princeton.\textsuperscript{15} Describing its progress, he warns that, “We cannot tell how long we shall be exempt.”\textsuperscript{16} While the governor avoided any direct pronouncements of quarantine, the individual cities and towns were beginning to develop plans.

\textsuperscript{13} Bergen County Courier, June 20, 1832.
\textsuperscript{14} “Meeting in Newark,” Bergen County Courier, June 26, 1832.
\textsuperscript{15} Green was from a very active political family in New Jersey and would himself run for the governorship in 1837. His son, Robert Stockton Green, would serve as governor from 1887 to 1890.
\textsuperscript{16} Letter from James Green to Peter Dumont Vroom, Aug. 2, 1832, MG20, Box 2, Folder 4, NJ Historical Society, Newark, New Jersey.
As could be expected, a number of physicians and businessmen took advantage of the growing panic to sell products. By June 27, the Bergen County Courier was carrying weekly ads for John H. Brown’s pharmacy on the corner of Washington and York streets in Jersey City. One ad read,

The speedy termination of existence, when persons are attacked with this disease, renders it very important that all should be prepared with suitable medicine in their houses, in case of sudden attack. The several recipes recommended by the most eminent physicians of different European medical colleges, where this disease has prevailed, have been preserved, carefully prepared, and are offered for sale.

Interestingly, the ad also promised that, “N.B. Any of the above Recipes may be obtained at a very low price, it not being the intention of the subscriber to prepare them for the profit he would receive, but for the good of the public.” Despite the altruistic promises of John H. Brown, before the end of the epidemic, numerous papers were warning of medical frauds and charlatans throughout the state who were taking advantage of peoples’ fears.

By June 28, Paterson held its first meeting to discuss the impending crisis at the Congress House tavern and inn of Platt Rogers. The discussion began with the appointment of a moderator and the adoption of funds for the cleaning of city streets. Yet, fear soon gripped those present, and shouting erupted among the crowd. As records from the time note, “It being impossible to restore silence the town Clerk retired amid the Confusion, whereupon the Town Committee, Resolved to hold a meeting for the purpose aforesaid on Saturday July 7th at the same time and place.” At the second meeting, the gathered public agreed to vote by ballot rather than by discussion. Thanks to this method, a $300 levy was approved for the purpose of cleaning the streets, “rendering the Condition of the Town as salubrious & safe as possible against the dreaded approach of the

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17 “John H. Brown Pharmacy,” Bergen County Courier, June 27, 1832.
Cholera.”19 Though most major cities were developing protocols for the cleaning of streets and recommending the sanitation of private property, the impact of this on the spread of cholera was most likely minimal.

**The Arrival of Cholera**

The first casualty of cholera in the state, as mentioned in the *Bergen County Courier*, occurred near New Market in modern day Piscataway, Middlesex County.20 Three members of a single family died, with five more being reported ill in the beginning of July. With the spread of cholera by contaminated water and waste, it was not surprising to see casualties grouped by homes or around public water sources. The illness could have been carried up the Raritan River by a ship from New York City, as deaths soon proliferated in the various communities along the river.

Panic began to spread across the state. Two men near Bordentown found a man dying by the roadside and left him under a shed in Bloomsbury. Newspapers carried the story in a sensationalized manner, despite the fact that the death was quickly ruled a result of tuberculosis. Debates raged in the editorials, with one writer exclaiming that, “This plague, or pestilence, it is feared by many of our fellow-citizens, will visit this place. Perhaps it may; but if it does visit us, are we to gain any thing by being alarmed, and thrown into consternation? Certainly not.”21 While nationally a debate raged between President Andrew Jackson and the Whigs under Henry Clay about whether to proclaim a day of fasting and prayer in response to the outbreak, Governor Peter Vroom bucked his party and quickly announced one for July 26, one of his few concrete actions to address the pandemic.

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19 Ibid.
20 *Bergen County Courier* (July 4, 1832)
21 *Bergen County Courier* (July 11, 1832)
By the middle of July, reports were appearing from many towns of the arrival of cholera. Four members of one family in Plainfield died, while the health service in Newark reported eleven dead and a further seven sick. The names of doctors began to appear frequently in newspapers, describing their medical recommendations and battles with the illness. One of the physicians active in Newark at the time was Dr. John Darcy, who would later lead a group of city residents to California in 1849 following the discovery of gold there. Darcy’s experience would prove invaluable in helping to protect the Newark Overland Company from cholera while it moved west.

Flight was traditionally the method of avoiding major contagions, a natural response dating back to antiquity. Most recently, the yellow fever epidemic that struck Philadelphia in 1793 sent much of the city’s population, and the sitting American government, into the surrounding countryside and across the Delaware to escape the pestilence. By July of 1832, up to one-third of Manhattan Island had also emptied, with people fleeing in all directions. One of the more noteworthy examples of flight involved Asher Durand. The artist fled New York with his family, sojourning in New Jersey during the outbreak. While there he painted several pieces that used the state’s landscape as his background or focus, most notably one involving his children and one of Boynton Falls. Another acclaimed artist from the time period, the sculptor John Frazee, was also in New Jersey at the time of the outbreak. Unfortunately his family did not escape unscathed, with his wife dying of the disease in South River along the Raritan. He himself would later recount that,

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22 Wyoming Republican and Herald, August 1, 1832.
“In the summer of 1832, my dear wife, Jane, was taken suddenly from me by the dreadful pestilence of that year. This was the most afflicting event of my life.”

Yet the tactic of flight created a wealth-health disparity, as it was more readily available to the upper-class. In the Jacksonian age of politics, various Democratic newspapers and politicians quickly attacked what they saw as the “Whig flight” from the cities. The Democratic leaning Bergen County Courier editorialized that flight was useless, pointing out several examples of people who had fled and still died. Due to then current understanding of epidemiology, the paper missed a far greater problem with flight, its involvement in the spread of cholera. On July 13, a 55-year-old African-American woman by the name of Sarah died of cholera on Washington Street in Paterson. She was recognized by the Reverend Samuel Fisher of the local Presbyterian church as the town’s first victim of the disease. Sarah had been in New York City the week before, perhaps visiting or working, and had not only caught the illness there, but most likely became the cause of the outbreak in Paterson as well.

Three days later, as cases of the illness were appearing in Paterson by the Passaic River, a third town meeting was called at the house of Platt Rogers on Congress Street. The first official board of health for the city was established under the leadership of John Colt, the owner of one of the largest textile mills in the town. Though it was entirely composed of lawyers, the board did intend to work closely with the various physicians of the town. Doctors were required to make daily reports to the sitting board on cases in their care. All reports of cholera would then be forwarded to the public three times a week in editions of the Paterson Intelligencer and Paterson Intelligencer.

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25 Bergen County Courier, July 11, 1832 and July 18, 1832.
Overall, the goal of the committee was to both provide timely intelligence as well as reduce fear and panic.

**Social Views of Cholera**

As was typical of the day, the prevailing opinion was that the disease tended to affect the poor and filthy. “The principal part of the cases thus far have been of the intemperate, the filthy, and those who live by prostitution.”\(^{27}\) Even James Fenimore Cooper, who was born in the state, reported that, “cholera is in America, but I should not think it will prove a very bad disease among a people so well fed and so clean.”\(^{28}\) When General Alexander M. Muir, the founder of the People’s Bank of Paterson and a member of the board of directors of the New Jersey Railroad and Transportation Company died, a death notably covered in all newspapers of the state, panic among the middle and upper classes undoubtedly increased.

By the 23\(^{rd}\) of July, the disease continued to gain ground in the central part of the state, striking down people in New Brunswick along the Raritan River. Papers continued to point out the “intemperate habits” of various casualties in an attempt to either establish cause or allay fears. The *Trenton State Gazette* carried a story on July 26 that reported the death of “an elderly black man…of irregular habits,” as well as of his son, “a young man of intemperate habits.”\(^{29}\) The periodical blamed the pairs’ overindulgence in cucumbers and a small beer for their untimely demise. Likewise, Robert Vorhees was listed in the *Bergen County Courier* as having intemperately consumed blackberries and whiskey.\(^{30}\) It was in this vein that Irish immigrants were being heavily targeted in other states, with their drinking and consumption of poorer fare being

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\(^{27}\) *Bergen County Courier*, July 18, 1832.


\(^{29}\) *Trenton State Gazette*, July 26, 1832.

\(^{30}\) *Bergen County Courier*, July 25, 1832.
blamed for their deaths due to cholera. Yet, perhaps due to a smaller immigrant population, New Jersey newspapers tended to focus their blame on recent visitors from New York instead. The removal of various dry good stores from Manhattan to Jersey City by the end of July merely increased contact between the two peoples, just as deaths were climbing. In keeping with the paper’s stand against flight, a story was carried in the *Courier* on July 28 that identified a woman who died of the disease in New Jersey after having fled Manhattan two weeks earlier.\(^{31}\)

The death of yet another man of “irregular habits” on Sunday, July 22 raises particular interest because he had been confined to the debtors’ prison in Newark for the previous three weeks.\(^{32}\) In response, the sheriff of Essex County immediately released all debtors from the prison. Shortly afterwards, a special session of the court ordered all other prisoners released from the county jail as well. Once again, the fact that the deceased victim was a debtor would have fed into the narrative of the disease as being an affliction of the poor. The death of the only orangutan in captivity in America at the Philadelphia zoo on August 11, perhaps reinforced the image of the contagion striking down the intemperate and brutish.\(^{33}\)

Due to the stigma associated with the spread of cholera, some newspapers and individuals went to great lengths to justify the fact that they contracted the illness. The *New York Commercial Advertiser* carried a story in July explaining the origins of the disease among a well-off family in Plainfield. Seeking to address the “erroneous impression” of previously published reports, the paper emphasized that, “a sick man, a stranger, was humanely taken in to Mr. Vermule’s family, who died on Monday last, after a very short illness...The family was very respectable and remarkably cleanly and neat in all its appearances.”\(^{34}\) Likewise, a letter from James Green to

\(^{31}\) “Cholera News,” *Bergen County Courier*, July 28, 1832.
\(^{32}\) “News from Newark,” *Bergen County Courier*, July 25, 1832.
\(^{33}\) “Worldly Matters,” *The Evening and Morning Star*, 4, September 1832.
\(^{34}\) “Cholera in NJ,” *Wyoming Republican and Herald*, August 1, 1832.
Governor Vroom written in August, blamed the presence of the illness in Princeton upon the canal workers near Griggstown, a connection already being drawn in both New York and Pennsylvania.\textsuperscript{35}

The beginning of Irish immigration, which coincided with the outbreak, led to the formation of causal connections in the minds of many. Dr. Lewis Beck’s famous missive to Governor Throop in New York, which predated John Snow’s by a generation in establishing a link between cholera and water, sought to lay blame more on the Irish working and living along the rivers and canals of the state than the water itself.\textsuperscript{36} Likewise, fear of these workers as a source of contagion resulted in the notorious Duffy’s Cut Massacre in Pennsylvania in which 57 Irish immigrant workers were killed. Though New Jersey experienced less of the immigration and thus disease related anti-immigrant bias of other states, there was one notable exception. The construction of the Delaware & Raritan Canal project, which was meant to bring coal from Pennsylvania to New York City, was undertaken from 1830 to 1834 largely through the use of Irish labor. With over 3,000 employed on the project, most of whom were living in makeshift work camps, it was inevitable that cholera would strike the group. A New York paper credited the outbreak along the canal route to a traveling peddler who died in the vicinity, writing, “The cholera has been making great ravages on one section of the canal…in the valley of the Mill Stone…with this exception, the (other) laborers enjoy good health.”\textsuperscript{37} Dozens did succumb to the illness at the height of summer along the Delaware River, with their bodies buried in either local cemeteries or

\textsuperscript{35} Letter from James Green to Peter Dumont Vroom, Aug. 2, 1832, MG20, Box 2, Folder 4, NJ Historical Society, Newark, New Jersey.


\textsuperscript{37} Bernard Myles Byrne, An Essay to Prove the Contagious Character of Malignant Cholera (Philadelphia: Childs and Peterson, 1855), 79.
at Bull’s Island in Hunterdon County.\textsuperscript{38} Yet despite this outbreak, not only was little mention made of it in public circles, but the project’s manager, Ashbel Welch, took sympathetic and pro-active measures to limit its impact. Field hospitals were established, doctors were brought in to care for the workers, and work was even suspended until the outbreak subsided.\textsuperscript{39} Likewise, the township of Trenton voted to set aside a portion of the expanded public cemetery for the local Catholic Church to consecrate and utilize for burials. Perhaps the political and economic benefits to be gained from the canal’s rapid and successful completion served to dampen popular attitudes towards the workers as intemperate, diseased, and alien.

One of the few references to the Irish in the state as bearers of disease was written with more of a focus on their religion than their ethnicity. Though newspapers in late July pointed out the presence of the disease between Millstone and Griggstown, thus implying its presence in Princeton, town leaders and religious authorities at the famed Theological Seminary were quick to correct the record. Protestant minister James W. Alexander, writing on August 4, stated that,

\begin{quote}
By this time perhaps you have seen in the New York papers that cholera rages in Princeton. Through Divine Mercy this is not true. There have indeed been three deaths of Irishmen in the town, and nearly 20 on the neighboring canal. Great uproar has been occasioned by some citizens who are rusticated here, and who condemned the little health board for having a hospital within the borough. The disease is at Scudder’s Mill, 3 miles; and Kingston, 3 miles; all cases Irish Catholics.\textsuperscript{40}
\end{quote}

\textsuperscript{38} Figures vary widely on the total number of casualties among canal workers, ranging from several to over a hundred. While the total number may perhaps never be ascertained, it matters less than the impact that its presence among the Irish workers had upon views of the general public. See “Honoring the Irish Who Built the D&R Canal,” \textit{NJ DEP News Release} (March 17, 2003).


\textsuperscript{40} J. H. Jones, \textit{Outline of a Work of Grace in the Presbyterian Congregation at New Brunswick, New Jersey During the Year 1877} (Philadelphia: Perkins and Marvin, 1839).
Despite the insistence of Alexander and others that cholera was a Catholic burden, the students of Princeton and their families thought otherwise. The college remained largely empty well into the fall of 1832 as families feared to send their sons.41

Interestingly, this view of the causes of cholera resting in intemperate activities and lifestyles, fed into the rising temperance movement of the time period. A meeting of the regional temperance society was even called at the Dutch Reformed Church in Jersey City on August 2, to address the issue of alcohol and its disease-associated evils. Of the various reform movements of the Jacksonian Era which leaned upon disease, even in part, as a rationale for their proposed changes, temperance saw cholera as a proof of its message. As one magazine noted, “Cholera…contributed not a little, to arouse the public mind to the evils of intemperance. In almost every city and town, this mysterious disease swept away the worshippers at the shrine of Bacchus in great numbers. In many places its ravages were confined almost entirely to this class.”42 Supporters of the movement pointed to the disparity in infection rates between drinkers and nondrinkers, claiming that only two society members of 5000 perished, while 334 people out of Albany’s total population of 20,000 succumbed.43 Theodore Frelinghuysen, one of New Jersey’s two senators, staunchly supported the temperance movement as did most other Whigs.44 Interestingly, the push by the movement to eliminate or limit alcohol consumption likely raised cholera rates by pushing people to consume more water which could have potentially been contaminated. Dr. S. H. Pennington, then a young physician in Newark, recounted that despite discovering that intemperate individuals were actually less likely to contract the disease, he

43 Ibid.
44 *Bergen County Courier*, August 22, 1832.
avoided announcing this, “for the sake of temperance and good order.” The moral pursuits of the era seized upon the pandemic and perhaps worsened it through their pronouncements and recommendations on the consumption of water despite all evidence to the contrary.

As the month of August wore on, reports emerged of deaths in Trenton, Rahway, Snake Hill, Secaucus, Hackensack, and New Bridge. New Brunswick seems to have been particularly hard hit, reporting 49 cases and 18 deaths by the middle of the month. New Brunswick’s encounter with cholera arose largely due to its position as both a terminal point on the canals that flowed into the Raritan River as well as its proximity to New York Harbor. A health committee was soon established in the town as well, which subsequently hired Augustus FitzRandolph Taylor to run the local hospital. Though he would go on to become an eminent physician, his appointment is all the more interesting as he had yet to finish his medical studies, perhaps showing the level of panic which had begun to set in. Worse yet, it was now becoming apparent to many that the pestilence knew neither rank nor class. On August 2, Chief Justice Charles Ewing died of the illness. Lawyer Silas Dickerson Canfield, in a letter written a few days afterwards, expressed the view of the state’s upper class. “This will strike terror throughout the state- it is not confined to the intemperate alone.”

Fumigation efforts were undertaken at Falls River, while Hackensack formed a health committee under Abraham Westervelt which banned all burials of New York victims. Paterson held yet another meeting under the leadership of John Colt, this time on August 31. The previous levy of $300, “for the purpose of raising funds for cleansing the streets &c from impurities as

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46 *Bergen County Courier*, August 15, 1832.
47 Letter from Silas Dickerson Canfield to Mahlon Dickerson Canfield, August 7, 1832, MG 249, Box 12, Folder 5, NJ Historical Society, Newark, New Jersey.
would tend to augment its violence & spread its destructive power.” was deemed to be too small for the task at hand, as over $760 had already been spent.

A Hospital for the sick has been built, good nurses provided, persons employ’d to bury the dead &c &c. The destitute & distress’d are becoming so numerous that the Poor House is insufficient to contain them, so that supplies have to be furnish’d them at their own dwellings. An increas’d sum, to be rais’d by the Town, has therefore, become absolutely necessary. The amount which will be requisite they are unable to state, as the duration of the devastating influence of the Cholera is uncertain; but would respectfully recommend to their Fellow Citizens to give power to the Town Committee to raise such an amount as they with the Concurrence of the Board of Health may deem proper. [48]

Trenton’s initial allotment of funds for cleaning efforts was also deemed to be insufficient by August, prompting a larger levy for the construction of a temporary hospital.

The pandemic also resulted in economic losses for individuals as well, as cities such as New York began to forbid the importation of fresh vegetables and fruit, all suspected of harboring cholera. Farms in New Jersey were particularly hard hit as Manhattan represented their sole market. “The doctors forbid the citizens of New York and other cities eating of the farmer’s produce, new potatoes, green corn, cucumbers, watermelon and citron. … We had twenty acres that year in watermelons.” [49]

Fear over the fact that cholera was far from simply a disease of the intemperate soon led to breakdowns in basic societal norms. A story circulated of an elderly man who walked from Newark to Hanover before collapsing at the door of a local family stricken with cholera. Taken into the house, he shortly afterwards recovered his strength. The next day he continued on his journey to his son’s home in Morristown, only to be refused entrance. He was forced to go to the local poor

house where he soon after died. The friendly family in Hanover which first offered him shelter quickly saw three deaths from the disease as did numerous other homes along his walking route.\textsuperscript{50}

\textbf{The Canfield Correspondences}

The various correspondences between Silas Dickerson Canfield and Mahlon Dickerson Canfield demonstrate on the micro historical level the thoughts of many in the time period. A series of letters exists between the two from July to September of 1832 which discuss the spread and impact of cholera within the state, spanning the height of the outbreak. As the former was a lawyer and politician and the latter a medical doctor, they represent well the views of the elite, politicians, and those in the medical field regarding the outbreak. The exchange begins on July 11, when Silas, writing from Paterson, references that, “there is much alarm here.”\textsuperscript{51} This was two days before the first official death in the city, but followed upon two weeks of often hostile public meetings in the city. Silas seems to have been unaware of, or else unconcerned with, the first few victims in Paterson, writing on July 24 instead of reports of the disease in neighboring Acquackanonck and promising his brother that, “I shall leave town upon the first good cause of alarm.”\textsuperscript{52} By the 31\textsuperscript{st} of the month, Silas began to include figures for casualties and deaths in his letters, though he still justified the number of victims by referring to their intemperate nature or contact with the sick. Despite the death of Justice Ewing, this view would continue throughout most of the outbreak. On August 14, Silas wrote that, “It is confined, as yet, to the lowest order of beings- out of one family of negroes consisting of eight persons- seven have died.”\textsuperscript{53}

\textsuperscript{51} Letter from Silas Dickerson Canfield to Mahlon Dickerson Canfield, July 11, 1832, MG 249, Box 12, Folder 5, NJ Historical Society, Newark, New Jersey.
\textsuperscript{52} Letter from Silas Dickerson Canfield to Mahlon Dickerson Canfield, July 24, 1832, MG 249, Box 12, Folder 5, NJ Historical Society, Newark, New Jersey.
\textsuperscript{53} Letter from Silas Dickerson Canfield to Mahlon Dickerson Canfield, August 14, 1832, MG 249, Box 12, Folder 5, NJ Historical Society, Newark, New Jersey.
In keeping with general population’s acceptance of the miasma theory, Silas pointed out that, “all the cases are north of Broadway (our street) in the neighborhood of the river- there is no doubt in my mind but that it follows the course of rivers- it reached Newark a month before it appeared here.”\footnote{54 Letter from Silas Dickerson Canfield to Mahlon Dickerson Canfield, August 14, 1832, MG 249, Box 12, Folder 5, 
NJ Historical Society, Newark, New Jersey.} Despite “the havoc it made along that sluggish stream,” Canfield was reasonably confident that it could not climb the Great Falls and push further westwards.\footnote{55 Ibid.} Yet reports from Mahlon of the presence of the illness along the shore began to unnerve him. Surprised, Silas Canfield writes that, “I shall hardly believe it possible that where you have such fine refreshing sea breezes, the poison that causes this deadly pestilence could exist.”\footnote{56 Ibid.}

Perhaps due to this new information, and unwilling to test his belief in the traditional miasma theory, Silas and his family fled from the city to the hills on the other side of the Hackensack River. As the outbreak died down in early September, the Canfield family returned to Paterson. “All alarm has subsided and business has resumed its usual activity,”\footnote{57 Letter from Silas Dickerson Canfield to Mahlon Dickerson Canfield, Sept. 25, 1832, MG 249, Box 12, Folder 5, 
NJ Historical Society, Newark, New Jersey.} Silas reported. Silas estimated that around 70 lives in total were lost in Paterson before the illness mysteriously subsided. Despite his confident tone in his letter to Mahlon, he cautioned that, “we are a little careful about eating fruit.”\footnote{58 Ibid.}

Overall, the Canfield correspondences demonstrate the concerns of an educated family during the pandemic. Their debate over the origins and vectors of the disease closely mirrored those in the public sphere and scientific realm. Likewise, their actions to prevent contagion, particularly their flight from Paterson, shows that their thinking was in keeping with others within their socio-economic class.
Conclusion

By September of 1832, cases of the illness began to subside with fewer new ones arising as the fall and winter set in. Towards the middle of the month, the Bergen County Courier announced that it would in fact no longer carry casualty figures due to their small number in relation to the fear that it would unduly spread.\(^{59}\) The next year opened seemingly healthful, and apart from the sudden death of 17 in Bergen Hill allegedly from cholera in 1834, no major reoccurrence would occur for a generation. Overall, the state of New Jersey would see perhaps 500-600 deaths during the pandemic, with 63, or slightly over 10% of the total, occurring in Newark.\(^{60}\)

Cholera would reappear in New Jersey in 1849 following the outbreak of another pandemic in India several years before. This time, due to increased immigration, larger population size, more urbanization, and greater world trade, the illness would strike the United States much faster and harder than previously. With the discoveries of Snow and others still in the future, most of the public still labored under the traditional miasmic beliefs that had dominated the earlier outbreak. Physicians during the latter outbreak were quick to point out that, “In 1832, many cases occurred in the very same localities that were visited this year,” showing a continued belief that the disease was dependent upon environment or behavior to thrive and spread.\(^{61}\) Yet that is not to say that the earlier epidemic has not produced notable changes in both belief and practice.

The Pandemic of 1832 clearly shows the power of the media to spread both fear and information. Newspapers were utilized not only by competing political parties, but public health officials as well to help spread information regarding the outbreak and attempts to prevent and

\(^{59}\) “Cholera,” Bergen County Courier, September 12, 1832.


\(^{61}\) Ibid., 215.
control it. Weekly reports on casualties and the publication of suggestions for sanitation and treatment competed with each other to both unnerve and reassure the public. The growth of periodicals in the country at the time, which paralleled the rise of Jacksonian democracy, promised an active role for the media in future epidemics.

As well, the outbreak introduced some of the basics of public health organization and urban sanitation that thereafter evolved further within the state. The epidemiological methods employed by the various boards of health began to be driven by modern scientific approaches and data analysis, as shown in the reports of Dr. Beck and the actions of the various town councils regarding sanitation and disinfection, rather than purely by fear, superstition, and miasma theory. Despite the flight of many from the cities, the majority of civil leadership and physicians stayed at their posts. As one such board of health member opined, “I think that my duty demands my stay in Princeton…If I would leave home, I must leave my family alone and desert my post as one of the Board of Health.”

Likewise, the experience gained by doctors would prove invaluable during further epidemics or in expanding the nation, as many of the physicians who operated during the years of Manifest Destiny and the Civil War received their start during the age of cholera.

Despite this, it seems to have produced little political effect on the state apart from providing further talking points for the rupture between Democrats and Whigs. Though the cholera epidemic arrived during an election cycle in both America and New Jersey, the public remained generally impressed by Andrew Jackson’s achievements. Despite New Jersey drifting towards Anti-Jacksonian control of the state’s legislative and executive branches, it stayed loyal to Jackson during the general election. As Michael J. Birkner writes in *Samuel L. Southard: Jeffersonian*

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62 Letter from James Green to Peter Dumont Vroom, August 2, 1832, MG20, Box 2, Folder 4, NJ Historical Society, Newark, New Jersey.
Whig, “The luster of Andrew Jackson’s military reputation remained a strong pull on voters.”

Clay’s comparison of Jacksonism to cholera failed to sway the electorate.

Jacksonism! It is worse than the Cholera, because it has been more universal, and will be more durable. The Cholera performs its terrible office, and its victims are consigned to the grave, leaving their survivors uncontaminated. But Jacksonism has poisoned the whole Community, the living as well as the dead.

Cholera’s arrival in the state, while not producing the same effect as that which the disease visited upon New Orleans or Washington, nevertheless did make significant social and public health impacts. However, much like the later outbreak of 1848-1849 and the Spanish Influenza pandemic of 1918-1919, it has largely become a forgotten episode in New Jersey history. Yet, due to it being an early and notable member of a line of epidemics that helped to shape the development of the state, it is one that should be both appreciated and studied, especially its impact on individuals and towns.

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63 Michael J. Birkner, Samuel L. Southard: Jeffersonian Whig (Rutherford: Farleigh Dickinson Press, 1984), 133