

A.E. Frankland's History of the 1873 Yellow Fever Epidemic in Memphis, Tennessee

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It began with a seemingly harmless mosquito bite. Three to six days later, the victim ran a fever of 102–104 degrees. The pulse became rapid but later slowed. The face was flushed, the eyes sunken, the tongue ringed in red and furred at the center. Soon the nausea, vomiting, and constipation began. The skin took on a yellow tinge and the vomit darkened. The smell was unmistakable. Many patients died within a week, the latest victims of yellow fever.

This disease was the perennial scourge of American communities prior to the twentieth century.¹ Every summer those living near rivers and oceans were menaced by an epidemic disease that no one understood in an era prior to germ theory. Some blamed miasmas arising from decaying organic matter, while others were convinced that poor sanitation was to blame. Care, not cure, was all that physicians and those who assisted them could offer. In an era when governments played a limited role, if any, in battling epidemics and providing for the public health of communities, private organizations collected resources, and dedicated individuals put their lives on the line to help their neighbors.

In 1873, a yellow fever epidemic swept through Memphis, Tennessee. Thousands died in this bustling commercial city on the Mississippi River. Along with their Christian neighbors, Memphis's Jewish community sprang into action to care for its own and others.

Because of its prominence as a commercial hub, Memphis had a significant Jewish community numbering 2,100 before the Civil War.² During the war the city's Jews were loyal to the Confederacy. One fiercely loyal partisan was A.E. Frankland, a partner in a firm of auctioneers and commission merchants dealing in "real estate, negroes, merchandise, furniture, groceries, in city and county."³ Later he wrote, "It was quite natural, they sided with the section that was their home."⁴ In 1873, Frankland, now a real estate businessman, a Reform Jew, a leader in the Jewish community's International Order of B'nai B'rith lodge, and President of the Hebrew Hospital Relief Association, did not flee the city, but risked his life daily to help others during the epidemic. After the scourge passed, Frankland scribbled in his own hand, "History, Yellow Fever Epidemic Memphis, 1873."⁵ Lengthy excerpts of the original document and collected data were later printed as a pamphlet.⁶

Yellow fever is a viral disease of short duration transmitted to humans by various genera of mosquitoes. The disease can be mild or malignant. The urban form of the virus is transmitted from human to human by the *Aedes aegypti*, while the jungle form (sylvatic) is transmitted to humans by *Haemagogus* and other forest mosquitoes that have acquired the virus from wild primates.

Yellow fever is endemic in the tropical regions of Africa and the Americas. In the eighteenth and nineteenth centuries, periodic epidemics of urban yellow fever swept through the American South and, at times, northern ports such as Boston and Philadelphia in the summertime, killing tens of thousands. Epidemics such as the one that descended upon Memphis's population were quite dramatic in their effects. Those bitten by a mosquito carrying the virus ran a high temperature accompanied by a headache, jaundice, and high protein content in their urine. There was hemorrhaging in the stomach and intestines. The disease's name derived from the jaundice. Those who called the disease "black vomit," or *vomito negro*, were observing results of bleeding into the stomach. In the nineteenth and early twentieth centuries, mortality rates were high, sometimes reaching 70 percent. Today, medical scientists know that the mortality rate was actually much lower, because those with milder forms of the disease were often overlooked and not diagnosed. Not until the late nineteenth century did researchers finally make progress against yellow fever.⁷

Although there were lesser outbreaks in earlier summers, Memphis experienced its first major yellow fever epidemic in 1855, when 250 cases and 134 deaths were reported. The number of whites and blacks were not reported separately. However, blacks possessed a genetic resistance to the disease such that they suffered milder forms of the disease and dramatically lower rates of mortality, so yellow fever took its greatest toll among whites.⁸ Until 1855, some believed that Memphis was above the yellow fever zone of the Mississippi Valley and therefore protected from the disease. Later medical observers speculated that increasing river traffic from New Orleans, Vicksburg, and Natchez likely transported mosquito vectors to Memphis. The town was swampy, and the Mississippi flooded annually. It was drained by a winding creek, Bayou Gayoso, which emptied into the Mississippi by way of a tributary, the Wolf River. Over the years prior to the Civil War, as Memphis grew and prospered, the bayou became little more than a slow-moving, open sewer, which not infrequently overflowed into nearby low-lying neighborhoods. It was a perfect breeding ground for mosquitoes. And, as often happens, the poor lived at the lower levels of the topography, grouped in communities such as Pinch, where Irish immigrants lived.⁹

In 1873, eighteen years after that first large epidemic, the city was again besieged by disease. The year began badly for Memphis. Its horse and mule population was stricken by epizootic meningitis, paralyzing the transportation system. An especially severe freeze required that river traffic be suspended for a month, causing great financial loss. A smallpox epidemic swept the city in the first months of the year, followed by a mild visitation of Asiatic cholera. The city was still reeling when yellow fever arrived in September.¹⁰

In his characteristically florid prose, A.E. Frankland compared the beginning of the yellow fever epidemic to the opening of a play. It was September,

1873. Frankland had just returned from a trip to recover from the trauma and hard work of aiding those who suffered from the earlier diseases of the year. Then a “friend and neighbor Dr. J. Joseph Williams” mentioned in the course of a buggy ride, “I have several sick people now, but I have no idea of there being any yellow fever—near the town—and insisted on my going with him to see two of his patients both of whom were friends of mine....” It was the smell that told Frankland immediately that yellow fever was present. When they stopped at the residence of a Mr. H. Wolf, his appearance left no doubt: “his tongue of sole leather, his red glaring eye, watery & glassy skin, dry and hard as a flint, the pores of which seemed hermetically sealed, all these symptoms told us alas too plainly, we were not mistaken in smell....”¹¹

While it may have been obvious to Frankland, “neither Dr. Williams nor the faculty of Memphis [perhaps Memphis Medical College] that we were intimate with” immediately agreed. Frankland noted that “Each Doctor gave it their own name, some Miasmatic—Billious—Malarial Spotted—Typhoid—in fact every thing but yellow fever.”¹² But Frankland could not be persuaded and “finally the faculty became vexed, their patients died—then came hurried consultations—and consternation while they denied....” And the reason for the denial, according to Frankland, was “‘because the merchant princes were afraid it would kill trade’—they doubted at last delirium—hemorrhages [sic]—vomito—stared them in the face—the press were buttonholed ‘for God’s sake do not publish anything’—keep it out the papers, or our trade is ruined. Say nothing about it, tis only a little sickness among the ‘Irish in Pinch.’ ...”¹³ There was no doubt in Frankland’s mind that the business community of Memphis hoped to shape the diagnosis to fit their interests—a pattern not uncommon in the social history of epidemic disease. Frankland did not hesitate to mock those who cared so little for the yellow fever’s victims: “‘What’s sickness to us?’ Why do you let the hearses and burial carts go down Main St.? Why don’t they go some other street? You don’t see them in the business part of New York, Philadelphia or Boston ... such charitable remarks beset you on every side—and were not silent but outspoken.” He was especially outraged by the indifference to the suffering of the poor, “what was the life of the poor to them compared to their money making and money getting....”¹⁴

Frankland saw this fearful and selfish behavior as epitomizing the worst in human character: “Do we not know a sister who turned her own brother out of doors—and sent him in a dray after us—so as she could avoid the danger of having him in the house. We placed him in [the] infirmary and in twenty-four hours in his grave!”¹⁵ Others fled, “leaving their own flesh and blood behind them to be nursed and cared for, and in many cases to die....” only to later return and wail in grief. Finally, on 14 September 1873, the physicians of Memphis “were at length compelled to declare [a] Yellow Fever Epidemic.”

Frankland was quite certain that passengers on the steamboat Bee from New Orleans had brought the sickness with them on the bodies of passengers of the “poorest class.”¹⁶

Frankland thanked God for sparing his life so that he might bear witness to such suffering as he hoped never to see again. Though his observations made him somewhat cynical of his neighbors, they did not inhibit his efforts to help those he could. He became a member and secretary of the Citizens Executive Committee, which was “clothed with full power to beg and borrow what means they could and to do and perform such deeds, as the occasion might require...” Because Memphis’s treasury was “depleted,” the committee sought discounters for the city’s notes, but they could raise little revenue. However, a broad appeal “to the charitable all over the United States” met with better results, and funds arrived “by the barrel full.” Now Frankland and some of his colleagues “went out to work among the sick, dying and dead...” Although the Howard Association, a charitable organization named after a British philanthropist, is often given credit for significantly helping the suffering, Frankland thought the Howards (as he called them) a bit too reticent to visit the sick. They were trying to do philanthropy from the safety of their office. However, eventually they, too, “done their duty—nobly!”¹⁷ Not all of the citizens of Memphis rose to the occasion. Some threatened to burn down an infirmary that had been established in the commandant’s house at the Navy Yard, even though it was filled with the city’s sick.

Frankland, along with a number of other Memphis Jews, organized the Hebrew Hospital Relief Association (HHRA). He was its president, Lewis Wechsler its secretary, and Jonathan Rice the treasurer. The organization joined the German Benevolent Association, the Knights of Pythias, Odd Fellows, and Masons, among others, in bringing relief to the sick. Frankland made certain that each group was given adequate funding. He now wore many organizational hats. In addition to being Secretary of the Citizens Executive Committee and President of the HHRA, he was on the executive committee of the Howard Association and was Grand Nassi AB. [District President] of Grand District Lodge No. 7 of the International Order of B’nai B’rith. When the HHRA rented a house for an infirmary, neighbors protested, and Frankland was “called out of bed by a delegation of citizens” and told that, if patients were lodged in the house, it would be burned to the ground. The project had to be abandoned. Still, so successful was Frankland in recruiting both contributions and volunteers that he soon found himself in charge of aiding the sick not just in his ward, but throughout the city.¹⁸

Frankland had high praise for the priests, nuns, and ministers, as well as the rabbis, who ministered to the sick. He described Rabbi Max Samfield as being “even at the dying bed of the Prostitute Jew or Gentile no difference to him[;] he was everywhere. Even at the dead hour of midnight you could have found

him amidst the lurid glare of the pine torch reciting the burial service while the rain poured down in torrents and the sobs of remaining friends, broken, by retracing our steps from the resting place of the dead.”¹⁹

Frankland himself worked from five o'clock in the morning until midnight most days. In addition to the distribution of funds and other administrative tasks, he labored directly among the sick, many of whom were “the poorest of the poor,” but “respectable and hardworking.”²⁰ At one point 135 individuals were sick and required daily visits for weeks. Some of the ill were afraid of doctors, resisted efforts to go to the infirmary, and had to be persuaded or forced to get treatment.

Frankland did not escape the epidemic unscathed. He survived, but his beloved son, Walter, did not. Near the end of the epidemic the child fell sick for four days, with his father at his bedside until the end. Even the death of his son did not keep Frankland from aiding others. Indeed, his words suggest that Frankland needed to keep active for his own emotional health. Both of his sons, Morris and Walter, had actively cared for the sick, but it was Walter who had gone every day with Dr. Williams until the physician died. Even then, Walter continued to visit the sick because he hoped one day to be a physician, as well. Frankland recalled how he had remonstrated with the boy because of “the danger he ran” and how the lad had laughed at his father, who he thought “wished to make a coward of him.” Frankland sought solace in faith, writing that “God [had] seen fit to take him and we dare not repine. ‘What He does is well done,’ we have said it so often to others. We must practice it ourselves now. He is better off removed from this sphere of suffering and trials. Who shall not say his spirit has its rewards.”²¹

Frankland, so critical of those who would not assist the sick, never failed to credit those who did. One was his beloved driver and assistant, David Thilman, who survived the epidemic and whom Frankland, the warden of the Reform Jewish cemetery, appointed as assistant warden.²² In his memoir of the epidemic, Frankland sought to explain his actions that had been questioned by his critics. Among these was his giving a gold cross to a nurse, Loula Wilkinson. While some of Frankland’s co-religionists may have been critical of his purchase and presentation of a Christian religious symbol, Frankland explained that this brave and tireless woman had refused payment and other rewards for the many risks she took and so “knowing her to be a Catholic we purchased an Elegant Gold Cross for her and engraved her name upon it. Knowing she would not refuse the emblem of her faith—in this case we were correct. She accepted same on her knees, breathing a prayer for the donors.” She, too, caught the fever but recovered. Later, the proprietor of the store where the cross was bought revealed the purchase to Vincent Collyer, President of New York’s YMCA, who wished to reimburse Frankland and thereby become the donor. However, Frankland explained to him, “No Sir, the Jew gave you a Christ that placed a value on the

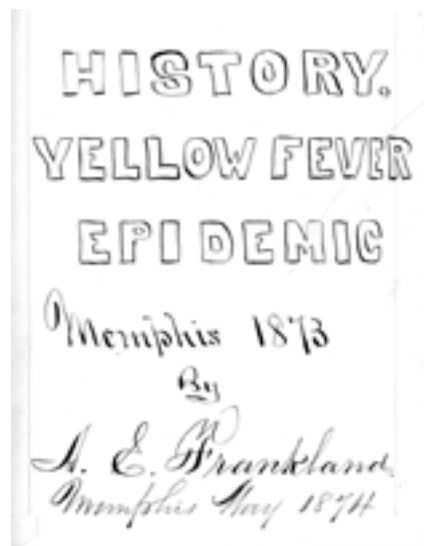
Cross. They give you the ‘Cross too’ to make the value complete.” Later, Collyer described the episode in an essay sent to the New York press titled “[The] Jew and the Cross,” making the entire matter public and Frankland a somewhat reluctant hero. The best part of the episode, according to Frankland, was that the young lady came to the attention of a wealthy gentleman whom she later married.²³

The frost of autumn brought the end of the 1873 yellow fever epidemic. Frankland wrote with some bitterness that those who had fled returned “to get back to business.” Because of the human loss, “every association had to re-organize,” bringing “order out of chaos.” Official reports listed more than 5,000 individuals with the fever; more than 2,000 died within two months. However, Frankland believed the latter total to be closer to 2,500 because “many a body was buried ‘unknown’ and ‘uncounted.’”²⁴ The Jewish community was reduced to 300 by emigration and death. Based on internments at the Reform and Orthodox cemeteries, respectively, Frankland calculated that 94 Jews had died, leaving behind 31 widows, 11 widowers, and 181 orphans.²⁵

While the physical danger to Frankland disappeared with the epidemic, his reputation was threatened when he refused to turn over the remaining relief funds collected from the Jewish community to the B’nai B’rith lodge for its endowment fund. Instead, determined that the donations continue to help the neediest, as they were intended to do, he reported the finances only to his own District Grand Lodge no. 7 and placed the remaining \$2,000 in the sinking fund of the Cleveland Orphan Asylum.²⁶ Frankland appropriately concluded his memoir by thanking God “for his mercy to us,” although he acknowledged that “time alone will efface our recollections of these dread things.”²⁷

In 1878, Carlos Juan Finlay of Cuba identified the insect vector that spread yellow fever as the *Aedes aegypti* mosquito (also called *Stegomyia fasciata*). The theory was confirmed in 1900 with the use of human volunteers in Havana by Walter Reed, James Carroll, Aristedes Agramonte, and Jesse Lazear of the U.S. Army Yellow Fever Commission. Later researchers learned how best to rid the environment of the conditions in which the mosquito flourished.

Frankland’s memoir of the 1873 yellow fever epidemic suggests a Jewish community that contributed enthusias-

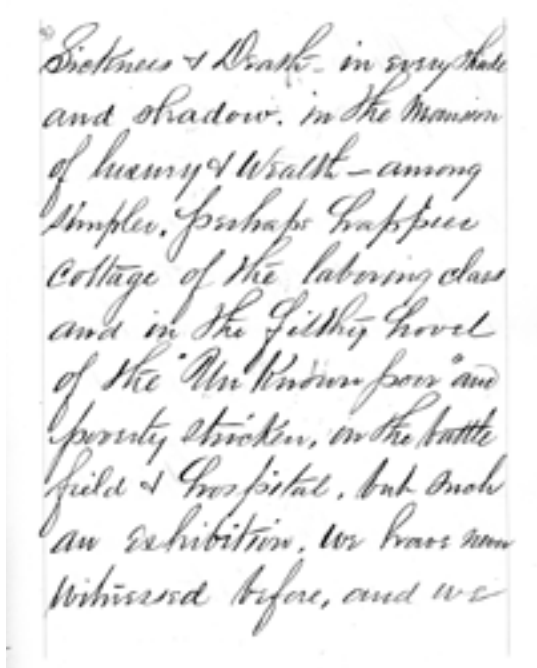


Cover of A.E. Frankland’s memoir, 1873
(Courtesy American Jewish Archives)

tically to both the economic and civic life of its city—a community evidently accepted by its gentile neighbors. Frankland and other Memphis Jews had remained loyal to the South during the Civil War, and during the epidemic crisis they continued to fight shoulder to shoulder with gentiles. Granted, Memphis Jews channeled their resources to their own organizations, such as the Hebrew Hospital Relief Association; however, Jewish organizations assisted non-Jews, as well, and prominent individuals such as Frankland held leadership positions in both Jewish and non-Jewish aid organizations.

At the same time that Jews were integrated into the public life of Memphis, ample evidence shows that they retained a strong sense of their distinctive identity and maintained their own institutions reflecting Reform and Orthodox practices, respectively. The concern that arose about the propriety of Frankland's purchase of a gold cross to reward a non-Jewish nurse suggests sensitivity to appearances among members of a self-conscious religious minority. However, Frankland's good-humored but firm response to Reverend Collyer and the latter's generous praise of Frankland's gesture reflects an ease and openness of discourse that is only possible when religious communities are on good terms with each other.

Frankland's perspective is strikingly consistent with the historical research on the Memphis Jewish community as well as many of the studies



A page from A.E. Frankland's memoir
(Courtesy American Jewish Archives)

of Jewish communities in other southern cities.²⁸

The relationship between southern Jews and their non-Jewish neighbors in the post-Civil War South was often cordial and cooperative in the public sector. Jews were integrated into the community economically. Many had not opposed slavery and had fought for the South in the Civil War. Jews and their gentile neighbors worshipped separately, and intermarriage was discouraged by both groups. However, modestly sized Jewish populations that provided for their own and did not publicly challenge

the South's social system, including its racial hierarchy, posed little social threat. Jews could routinely participate in the cultural and civic life of their community; and when a crisis arose, such as an epidemic, their ready assistance was offered freely and accepted gratefully.

Frankland's motives for his sacrifice during the epidemic appear to have been genuinely altruistic, but medical assistance, especially the creation of medical institutions by philanthropic members of Jewish communities, was also a well-trod path to Jewish social acceptance and integration into the broader community. By the time of the 1873 epidemic, Jews had already opened hospitals to care for their own and other members of the community in Cincinnati, New York, New Orleans, Baltimore, Philadelphia, San Francisco, and Chicago. Often women took the lead in organizing and fundraising. In Denver, The Hebrew Ladies' Benevolent Society, especially Frances Weisbart Jacobs, led in establishing National Jewish Hospital for Consumptives, a non-sectarian institution, although many of its tuberculosis patients were indigent eastern European Jews sent by their labor unions, or *landsmannschaftn*.²⁹ After 1900, many more Jewish hospitals were founded in congested, industrial cities to care for industrial workers and their families. In Newark, New Jersey, the Daughters of Israel led the fundraising to build Newark Beth Israel Hospital, a nondenominational hospital under Jewish auspices. Over the decades, Newark's Jews sustained the hospital as their gift to the people of Newark in the spirit of *tikkun olam* (healing the world).³⁰

The story of the Memphis yellow fever epidemic as told by Frankland demonstrates how religious and ethnic minorities, such as the Jews of Memphis, hampered by scant resources and the imperfect scientific understanding of their day, nevertheless united with their neighbors to "take arms against a sea of troubles and by opposing end them."³¹ It is, then, also a tale of compassion and heroism repeated time and again in the annals of the history of American medicine and American Jewry.

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Notes

¹Two excellent volumes on yellow fever in the South are Margaret Humphreys, *Yellow Fever and the South* (New Brunswick, NJ: Rutgers University Press, 1992) and John H. Ellis, *Yellow Fever and Public Health in the New South* (Lexington, KY: University of Kentucky Press, 1992). See also Khaled J. Bloom, *The Mississippi Valley's Great Yellow Fever Epidemic of 1878* (Baton Rouge: Louisiana State University Press, 1993) and Jo Ann Carrigan, *The Saffron Scourge: A History of Yellow Fever in Louisiana, 1796–1905* (Lafayette, LA: University of Southwestern Louisiana, 1994).

²Selma S. Lewis, *A Biblical People in the Bible Belt, The Jewish Community of Memphis, Tennessee, 1840s–1960s* (Macon, GA: Mercer University Press, 1998), 60.

³An advertisement quoted in Lewis, 35.

⁴A.E. Frankland, “Fragments of History” (n.d.), 93, Abraham E. Frankland Papers, MS 464, American Jewish Archives (AJA), Cincinnati, Ohio; also quoted in Lewis, 34.

⁵Frankland, “History, Yellow Fever Epidemic, Memphis 1873” (Memphis, 1874), a handwritten manuscript in the Abraham E. Frankland Papers, MS 464, AJA. Frankland and the role of B’nai B’rith in the yellow fever epidemic of 1873 is most recently mentioned in Cornelia Wilhelm, *Deutsche Juden in Amerika: Bürgerliches Selbstbewusstsein und jüdische Identität in den Orden B’nai B’rith and Treue Schwestern, 1843–1914* (Stuttgart: Franz Steiner Verlag, 2007), 160–163. The author is indebted to Dr. Jonathan Sarna for calling this volume to his attention.

⁶Frankland, *Report of A.E. Frankland, Grand Nassi AB. District Grand Lodge No. 7, I.O.B.B. and President Hebrew Hospital Relief Association on the Yellow Fever Epidemic in Memphis, Tenn., 1873* (Memphis: Price, Jones & Co., 1873).

⁷Kenneth F. Kiple, ed., *The Cambridge World History of Human Disease* (New York: Cambridge University Press, 1993), 1100–1101. See also Alan M. Kraut, *Goldberger’s War, The Life and Work of a Public Health Crusader* (New York: Hill and Wang, 2003), 46–47.

⁸Marcus J. Stewart and William T. Blacker, Jr., eds., *History of Medicine in Memphis* (Jackson, TN: McCown-Mercer Press, Inc., 1971), 24–26; Ellis, *Yellow Fever and Public Health*, 31.

⁹Ellis, *Yellow Fever and Public Health*, 26.

¹⁰Stewart and Blacker, Jr., *History of Medicine in Memphis*, 26.

¹¹Frankland, “History, Yellow Fever Epidemic,” 6–14.

¹²*Ibid.*, 18.

¹³*Ibid.*, 19–20.

¹⁴*Ibid.*, 21–22.

¹⁵*Ibid.*, 27.

¹⁶*Ibid.*, 29–36.

¹⁷*Ibid.*, 44–51.

¹⁸*Ibid.*, 59–63.

¹⁹*Ibid.*, 76–77.

²⁰*Ibid.*, 86.

²¹*Ibid.*, 93–96.

²²*Ibid.*, 97–98.

²³*Ibid.*, 121–126.

²⁴Stewart and Blacker, Jr., *History of Medicine in Memphis*, 29 and *Ibid.*, 4.

²⁵Frankland, *Report of A.E. Frankland*, 12–14.

²⁶Frankland, “History, Yellow Fever Epidemic,” 135–137.

²⁷*Ibid.*, 138.

²⁸Lewis, *A Biblical People*, xi; also see some of the many volumes treating Jewish communities in the South, including: Deborah R. Weiner, *Coalfield Jews: An Appalachian History* (Urbana, IL: University of Illinois Press, 2006); Hollace Ava Weiner and Kenneth D. Roseman, eds., *Lone Stars of David: The Jews of Texas* (Waltham, MA: Brandeis University Press, 2007); Mark Bauman, ed., *Dixie Diaspora: An Anthology of Southern Jewish History* (Birmingham, AL: University of Alabama Press, 2006); Marcie Ferris and Mark I. Greenberg, eds., *Jewish Roots in Southern Soil: A New History* (Waltham, MA: Brandeis University Press, 2006); Solomon Breibart, *Explorations in Charleston's Jewish History* (Charleston, SC: History Press, 2005); and Theodore Rosengarten, Dale Rosengarten, eds., *A Portion of the People: Three Hundred Years of Southern Jewish Life* (Columbia, SC: University of South Carolina, Press, 2002). Older but still useful volumes include Eli Evans, *The Provincials: A Personal History of the Jews in the South* (New York: Free Press, 1997; orig. 1973) and Myron Berman, *Richmond Jewry, 1769–1976* (Charlottesville, VA: University of Virginia Press, 1979).

²⁹Jeanne E. Abrams, *Jewish Women Pioneering the Frontier Trail, A History in the American West* (New York: New York University Press, 2006), 52–53.

³⁰Alan M. Kraut and Deborah A. Kraut, *Covenant of Care, Newark Beth Israel and the Jewish Hospital in America* (New Brunswick, NJ: Rutgers University Press, 2007), especially, 1–60.

³¹The option mentioned by Hamlet in Shakespeare's play.