

FROM HOUSTON TO MEMPHIS: THE KEZIA PAYNE DEPELCHIN LETTERS
AND THE YELLOW FEVER EPIDEMIC OF 1878

A DISSERTATION

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ADRIAN S. MELISSINOS, M.S.N.

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DEDICATION

To the memory of my mother,

Eve Parkinson

A strong woman herself, she would have rejoiced at the accomplishments of Mrs.

DePelchin. And I know she would have been proud of me.

Also,

To the victims of yellow fever and the nurses who cared for them

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ABSTRACT

ADRIAN S. MELISSINOS

FROM HOUSTON TO MEMPHIS: THE KEZIA PAYNE DEPELCHIN LETTERS AND THE YELLOW FEVER EPIDEMIC OF 1878

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A first-person account of an individual nurse's experiences during the Memphis yellow fever epidemic of 1878 was examined to explore nursing as it was evolving from a pre-professional to professional status. Nursing's contributions to the framework of care established as a response to the yellow fever public health crisis were considered within the context of influencing geographical, social, and historical factors.

Characteristics of Memphis, including its location on the Mississippi River, supported the burgeoning of a yellow fever epidemic. Eventually overwhelmed, the city required outside assistance as the disaster unfolded. Care of yellow fever victims demanded intensive and prolonged nursing care. The Howard Association, a philanthropic organization, provided physicians and nurses to the stricken city. Five hundred twenty-nine nurses, including Kezia DePelchin, traveled from locations outside Memphis on free rail passes to provide nursing care in the suffering city. While no nursing schools existed in the South in 1878, nurses were valued for their experience rather than their training. Without training or standards of care, however, the nurses were a heterogeneous mix with varying levels of skill.

The letters of Mrs. DePelchin provide a comprehensive account of her nursing experiences during the epidemic. From the time of her departure from Houston at the end of August until her return in December, she recorded in great detail her daily experiences as a Howard nurse.

The demand for nurses increased awareness of the need for trained caregivers. Nursing was a vital component in the interdisciplinary framework created to combat the devastating epidemic. Nursing care was crucial at a time when medical science was limited. The need for and dependence upon nursing helped to encourage the growth of professional nursing. The influence of the nurses, however, is not limited to Memphis in 1878. The letters of Mrs. DePelchin provide insight concerning the roles and functions that nurses fulfilled during the epidemic as disaster nurses within a multidisciplinary framework of care that today's nurse can apply to the threats of disaster confronting the 21st century.

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INTRODUCTION

Focus of the Inquiry

It did not arrive every year. Sometimes several years passed quietly until it would strike again. The cycle continued until its last appearance in 1905. That was the year the final yellow fever epidemic took root in the southern United States. The onset of warm weather brought with it the fear and dread of yellow fever. Capricious in its onslaught, the implacable disease might decimate a community one year only to skip it the next and then return again with malevolence. Yellow fever in the summer of 1878 claimed thousands of victims in the southern United States during its deadly rampage throughout the Mississippi Valley.

While nursing plays a pivotal role in the contribution of health care to the American population, relatively little has been written about nursing in the southern United States after the Civil War and before the proliferation of professional schools of nursing. Little research is available that shows the dimensions of nursing and nursing care in the southern United States amidst devastating epidemics that created public health crises of great magnitude. In 1878, yellow fever was an illness for which the cause, origin, mode of transmission, and prevention were unknown. With no definitive treatment, medical care was ineffective while nursing care was critical for survival. Yet little is known specifically about nursing and nursing care during yellow fever epidemics.

Background

Yellow fever raged as an epidemic throughout the summer of 1878 in Memphis, Tennessee. By the time the first frosts appeared with the arrival of autumn and yellow fever cases diminished with the change of weather, estimates indicate that there were 17,600 cases of yellow fever of which 5,150 resulted in death in a population of approximately 19,600 to 20,000.¹ This figure represents a Memphis population reduced nearly in half by those fleeing from the encroaching epidemic.²

The population of Memphis in the 1870 United States Census was 40, 226.³ By 1878, the population grew to 47,000.⁴ At the onset of the yellow fever epidemic in August, 1878, between 25,000 and 27,000 citizens fled Memphis in fear of the disease,⁵ leaving approximately 20,000 individuals in the city. Using Keating's calculations, of these remaining citizens, approximately 14,000 were black and 6,000 were white. White people, except for the poor among them, probably had more resources to leave the city.⁶ And it was commonly believed that black people possessed immunity to yellow fever and thus were at decreased risk.⁷ Among the black population there were 946 deaths, and among white persons there were 4,204 deaths for a total of 5,150 deaths.⁸ This produced a mortality rate of nearly 7% in the black population and an astonishing mortality rate among whites of 70%. The population remaining in the city had an 88% infection rate and an overall mortality rate of 26%. If, according to Keating, among the 17,600 ill, "Not more than 200 white people escaped the fever,"⁹ then approximately 5,800 white people and 11, 800 black people became ill.

Yellow fever was not unknown to the city of Memphis and had made remarkable appearances on four earlier occasions that claimed loss of life. The most contemporaneous episode occurred in 1873 and resulted in 2,000 deaths.¹⁰

That Memphis succumbed to intermittent episodes of yellow fever should not have been a surprise because of factors both man-made and natural. Located on a flood-resistant bluff overlooking the Mississippi River, the city was situated on a vibrant water route that allowed the transmission of yellow fever northward from New Orleans on the Gulf of Mexico. The Mississippi River was a major artery of travel prior to the construction of rail routes on either side of the great north-south waterway. The same breadth and depth of water that permitted the transport of people and treasure also allowed yellow fever to creep lethally and stealthily northward. Mosquitoes that bred in man-made containers could be transported over long distances on board ship in water barrels.¹¹ The march of yellow fever northward from the Gulf of Mexico can be tracked from the time that ships arrived and docked at New Orleans subsequent to their departure from Caribbean ports of origin where yellow fever lurked for over 300 years.¹²

While the geographical location of the city and the river permitted yellow fever to be dispersed along the water route, other factors also contributed to the development of the disease in epidemic proportions. Yellow fever is caused by an arbovirus transmitted by the bite of the *Aedes aegypti* mosquito,¹³ but medical science could identify neither the cause nor the means of transmission of yellow fever in 1878. Laboratory techniques to identify the causative agent were unknown. Diagnosis depended upon the skills of the

clinician; supportive treatment resulted either in death or recovery with lifelong immunity.

In addition to geographical location, meteorological conditions in Memphis must also be considered. The *Aedes aegypti* mosquito succumbs to freezing temperatures¹⁴ and breeds in standing water, especially in artificial containers.¹⁵ Meteorological tables for Memphis in 1878 indicate average temperatures for August in the low 80's and low 70's in September although rainfall was less than three inches per month.¹⁶ The mosquito, however, tends to breed in man-made containers¹⁷ such as urns or barrels where water is stored. Rainfall, therefore, was not the only culprit in the breeding of mosquitoes.

Weather reports for the fall and winter months prior to the epidemic indicated warm temperatures and increased rainfall. Freezing temperatures which usually eradicated insect populations were diminished that season and mosquitoes flourished in subsequent months.¹⁸ Diaz and McCabe postulated that the El Niño weather pattern that existed in the summer of 1878 was connected to the yellow fever epidemic. The meteorological conditions in Memphis and throughout the southern United States may have supported the breeding, life span, and activity of the *Aedes aegypti* mosquito. The months of April-June when eggs were likely to hatch saw rainfall nearing 150% above normal accompanied by higher than average temperatures. In addition, not only was the amount of rainfall significant but the pattern of rainy days was steady which provided an uninterrupted supply of water needed for breeding. The number of days with freezing temperatures was below average.¹⁹

It is also necessary to examine the demographics of the city of Memphis in 1878, only thirteen years after the surrender of the Confederacy at the end of the Civil War. While Memphis suffered less than other southern cities with the vagaries of war, her population was altered by the influx of poor black residents as well as a significant number of unskilled Irish immigrants seeking refuge from famine.

Although the city of Memphis could boast of the creation of a city hospital in 1829, the Memphis Training School for Nurses was not inaugurated until 1887,²⁰ almost a decade after yellow fever burgeoned in the summer of 1878. As the city succumbed to the deadly assault, medical assets were surely overwhelmed, and the city issued a nationwide request for nurses and physicians.

The first nursing school in the United States did not open until 1872,²¹ and both it and the next schools that followed were all located on the east coast of the nation. Consequently, the nurses who volunteered for service in the Memphis yellow fever epidemic were more than likely untrained men and women who obtained their skills through practical experience in the home and community. All told, 529 nurses from locations other than Memphis volunteered their services during the epidemic.²²

An untrained nurse and herself a survivor of yellow fever, Kezia Payne DePelchin traveled from Houston, Texas to Memphis, Tennessee in the summer of 1878 in response to a call for nurses from a city devastated by the illness. In a series of almost daily accounts written in great detail and addressed to her sister, Mrs. DePelchin described her experiences as a nurse engaged in the care of yellow fever victims.

That she would choose to offer her services for a city and individuals in need would not be surprising. Mrs. DePelchin arrived in Houston within years of the founding of the city and experienced the hardships of the early days of settlement in an area that did not consider the appearance of Indians as unusual. The Texas frontier encouraged self-reliance and yet the willingness to help others when dangers threatened. The semi-tropical climate supported epidemics of cholera, typhoid, and yellow fever, and Mrs. DePelchin was no stranger in providing her skills to her neighbors in time of need. Bolstered by her deep religious faith and compassion for others, it would have been her likely inclination to venture forth in providing aid and comfort to those in need of help wherever their location.

Review of Literature

My study adds to the knowledge of earlier inquiries related to yellow fever in general as well as yellow fever in the southern United States in particular. While the topic of yellow fever has been studied in terms of history, economics, public health, and social issues, little has been written about nursing and yellow fever.

Historians have studied the impact of yellow fever in the western hemisphere. John Pierce and Jim Writer traced the history of yellow fever from its arrival in the Americas. They followed its onslaught through the terror and death it left in its path until the cause and control of the disease were identified in the early 1900's. They noted that nurses were recruited by the Howard Association in Memphis.²³ James Dickerson followed the history of yellow fever in the United States from the devastation in the Philadelphia epidemic of 1793. He also discussed the threat of yellow fever in the

context of current affairs as a potential weapon of mass destruction and how a disease for which there is no specific treatment and no cure may be affected by global warming.²⁴

Others have investigated the socioeconomic effects of yellow fever. An historical account of the 1878 yellow fever epidemic in the Mississippi Valley examined the efforts of society to control its devastating effects. Khaled Bloom discussed theories related to the proliferation of yellow fever as well as the sanitation responses of boards of health. The employment of carbolic acid as a disinfectant came into widespread albeit ineffective use and supported the concept of using sanitation methods to combat the disease. Nursing was not examined.²⁵ John Ellis discussed epidemics in the context of the economic effects from the disruption of trade, business, and transportation, and examined the emergence of federal and state public health entities in response to the urban battle against epidemic disease.²⁶ Margaret Humphreys considered yellow fever epidemics in terms of commercial interests affected both by the influence of the epidemic on the economy as well as the efforts of the business community to engage in and influence policy related to the response to the epidemic. Quarantine was a procedure that while ineffective in its attempt to control the spread of the disease, was effective in producing widespread economic loss because of the interruption of commerce. Commercial interests became engaged both in relief and sanitation efforts aimed at controlling the disease and supported the emergence of the public health movement.²⁷

Randal Hall examined the social roles of race, class, and gender among nurses during the Memphis yellow fever epidemic. Using primarily the DePelchin letters as well as a retrospective account of a fellow nurse and friend of Mrs. DePelchin, Hall

asserted that despite the social interchange necessitated by the yellow fever crisis, little changed in the accepted conservatist views of the roles of women and blacks.²⁸

Molly Crosby also chronicled the ravages of yellow fever especially in Memphis as well as the efforts to conquer the disease. She provided an overview of the route of transmission of the disease from Africa through the Caribbean and into American port cities. She discussed the progression of the disease in Memphis, the efforts of the doctors and the religious community, especially those of the Episcopal Church. Episcopal nuns provided nursing care and their efforts are acknowledged though with limited description.²⁹

The discussion of nursing related to yellow fever is limited. Nursing studies concerned with the roles and functions of nurses have included an examination of the transition from pre-professional to professional nursing but have related that transition primarily to the hospital and not in the context of yellow fever or other epidemic threats. The transformation of the hospital nurse from its origins in the self-proclaimed, professed nurse practicing in the home has been described.³⁰ Laura Hanggi-Myers explored the development of public health nursing within the state of Louisiana during several eras, including the years 1835 to 1879, and discussed nursing in the yellow fever epidemic of 1878 within the context of public health associations including the Howard Association. Lay nursing, primarily in the home or of neighbor caring for neighbor, was a precursor to the increased utilization of lay nurses in the Civil War. Epidemic disease, including yellow fever, necessitated the employment of lay nurses especially through the Howard Association, a philanthropic organization that also supervised medical and nursing care in

Memphis.³¹ A brief discussion of the contribution of trained nurses during the yellow fever epidemic of 1888 in Jacksonville, Florida, asserted that nurses provided direct patient care in the areas of treatment, sanitation, and environmental control.³² Falsone discussed nursing within the context of the Memphis Howard Association and the social response to epidemic disease including yellow fever. She examined the Association from the time of its inception throughout the five major epidemics of yellow fever in the city. An overview of the epidemic of 1878 presented documentation of the nurses provided by the Howard Association. Emphasis, however, was placed on the organization itself, and the specific skills, nursing care, and experiences of the nurses were not addressed.³³ In addition, the roles and functions of southern male nurses in the nineteenth century including those related to the care of yellow fever victims in 1878 were examined.³⁴ Even with these studies, nursing literature related to the yellow fever epidemic of 1878 is minimal. Previous studies, then, have examined sociological aspects of yellow fever epidemics but none have specifically and primarily examined nursing itself within the context of yellow fever as a public health crisis.

My study illuminates the nature of pre-professional nursing towards the end of the nineteenth century in the southern United States and examines the emergence of nursing in response to public health needs. I argue that it will contribute to the understanding of the role of today's nurse in the response to local, national, and global public health threats and periods of crisis. Using the DePelchin letters against the backdrop of the Memphis yellow fever epidemic of 1878 I assert that the nurses who functioned during the

epidemic were instrumental in the transition of nursing from an untrained craft at the end of the Civil War to a socially recognized position within the social and healthcare system.

Statement of Purpose

Using historical research methods, the purpose of my study was to provide an examination of pre-professional nursing through a first-person account of nursing experiences within the context of a devastating public health crisis in the southern United States in 1878.

Research Question

What was the contribution of pre-professional nursing in general and nurse Kezia DePelchin in particular during the Memphis yellow fever epidemic of 1878 to the public health and social systems in the southern United States and to the development of professional nursing?

Subquestions

- a. How was nursing instrumental in influencing this public health crisis?
- b. How were nurses regarded within the framework of care in Memphis?
- c. What roles and functions did the nurse fulfill in relation to the period of crisis?
- d. How are these contributions significant?

Research Design and Methodology

Theoretical Framework

For this study, I used historic methodology within a social history framework. My study utilized and evaluated both primary and secondary sources that examined daily events within a specific time period.

Social history reflects the broadened approach of historians toward the inclusion of groups of people who had previously been excluded from historical interest³⁵ and examines their experiences.³⁶ History requires an interpretation of the meaning or significance of experiences.³⁷ Rather than focus on representatives of great political or intellectual thought, social history expanded to include “ordinary people” and the experiences of their daily lives throughout the life cycle and within the entire range of human encounters. In order to study this new group of interest, novel forms of documentation were legitimized to aid the historian and included, for example, census forms, tax rolls, and marriage and death certificates. The goal was to produce new information about the “life experiences of...ordinary people”³⁸ and to acknowledge that social history reflects the “history of everyday life.”³⁹ The idea of “history from below”⁴⁰ rather than from above came into acceptance as a means of examining the experiences of the many⁴¹ rather than the few. Gerald Capers, a Memphis historian, for example wrote that “The history of the United States has been written from the top down; now it must be written from the bottom up.”⁴² In addition, it is proposed that examining history from below suggests that there is a history from above which then expands to include wider

social spheres including “social structure and social power.”⁴³ It has been suggested that social history deals with social constructs within a given society and during a defined time period and tends to include those groups who might otherwise not be included in conventional historical study.⁴⁴ Sharpe suggested that the inclusion of “history from below” serves to balance history from the top and also allows for deeper awareness through the merging of both historical approaches.⁴⁵ Nursing history is history from below. It is focused on the history of ordinary individuals (perhaps doing extraordinary things) and examines their achievements and contributions to the development of professional nursing.

Using the letters of Kezia Payne DePelchin written during the Memphis yellow fever epidemic of 1878 within a social history framework, I examined the daily experiences of one pre-professional nurse within a specific time period during a devastating social and public health crisis that influenced the subsequent development of nursing within the southern United States. This personal account of one individual nurse is significant because “historical research into nursing has the potential actually to reach into the lives of *ordinary nurses* (italics added) ...and to see the impact they themselves had as a workforce on society.”⁴⁶ Associated elements that provide contextual understanding include an examination of the life of Kezia DePelchin, the history of yellow fever and its treatment, and the response to the epidemic in the form of community assistance.

Methods

Research Design

Historical research methods were used to analyze and interpret primary archival sources and supporting historical materials. Historical methodology allows us to understand how the prior experiences of others contribute to the development of the nursing profession⁴⁷ through “a process or procedure which permits the historian to establish the fact of testimony and the competence and credibility of dead witnesses, and thus permits the search of the historian into past actuality to arrive at certain knowledge, when possible, of past events.”⁴⁸ Historical methodology has been applied to the study of nursing and described by others.⁴⁹

Historical study begins with the identification of a significant topic that can add new dimension to scholarly knowledge. A careful reading of background materials and a specific narrowing of the topic contributes to successful research. Finding, accessing, and evaluating primary resources are then undertaken.⁵⁰

Data

Primary sources are documents generated by eyewitnesses to or participants in an event. The researcher should seek the sources that are closest to the time of the event under consideration.⁵¹ Secondary sources are the historical writings that have been generated on the topic of interest.⁵² Primary and secondary sources were obtained from multiple libraries, archival repositories, and other venues, including but not limited to the Woodson Research Center, Rice University; the Houston Metropolitan Research Center;

Harris County Clerk's Office; Clayton Library Center for Genealogical Research; the Library of Congress; the Truman G. Blocker, Jr. History of Medicine Collections; the John P. McGovern Historical Collections and Research Center; the Rosenberg Library; the Harris County Archives; the DePelchin Children's Center; the Pink Palace Museum, Memphis; the Tennessee State Library and Archives; Martyrs Park, Memphis; The Blagg-Huey Library, Texas Woman's University; Elmwood Cemetery, Memphis; St. Mary's Cathedral, Memphis; and the Memphis Public Library.

The collection of data proceeded with careful documentation of source and content. Note was made of the location of the archive where the source was accessed, the name of the archive, the name of the collection, and the folder and page number when appropriate. Copies were made where possible or notes were taken with careful documentation of the source material; the source material was divided into subject areas and indexed in separate binders.

Internal criticism was established by verifying the content of the letters with other available accounts of the yellow fever epidemic.⁵³ Also, the letters were written after the described events were actually experienced and in many instances were recorded on the same day. In addition, because of her involvement in the community and her public service, much is known about Mrs. DePelchin and her life. The accounts of her life indicate a devout, sincere woman dedicated to the care and service of others who conducted her life in an honest and trustworthy manner. It is therefore reasonable to assume that the content of the letters presents the truth as Mrs. DePelchin understood it. The letters are a firsthand account of her experiences as an eyewitness to the events that

she describes. Her presence in Memphis can be verified by newspaper accounts and other records pertaining to the epidemic.

External criticism of the letters was demonstrated by examining the source of the document. The manuscript was presented to the Woodson Research Center at Rice University in Houston, Texas in 1973 by a representative of the DePelchin Faith Home (now the DePelchin Children's Center) a family services institution founded by Mrs. DePelchin and continued in her memory. An original bound manuscript entitled *The Epidemic of 1878* by Mrs. K. DePelchin includes letters signed by Mrs. DePelchin and written to her sister. It is unclear how the letters came into the possession of The DePelchin Children's Center. In *Candle by Night*, a biography of Mrs. DePelchin written by Harold Matthews in 1942, the author described how he came upon the letters in an attic at an undisclosed location; Mr. Matthews later became a board member of the DePelchin Faith Home. Each of the letters is signed by Mrs. DePelchin and can be compared to other extant letters that have survived and also bear her name. These additional letters are in the possession of the DePelchin Children's Center.

The Memphis letters are written on plain lined paper of approximately 10 x 7 inches in size. The handwriting is clear and generally can be read without difficulty. It is not known why the letters written to her sister are available rather than the letters from her sister to Mrs. DePelchin.

Although she indicated her desire to send the letters to her sister, she was aware of her potential inability to post the documents from the location to which she would be assigned (she did not know her destination when she departed from Houston.) Indeed,

the quarantine that prevented people from leaving the environs of a yellow fever district also affected the departure of mail. Newton J. Jones remembered that all letters leaving the city of Memphis were disinfected prior to departure, noting that “We had a paddle studded with nails and we dipped this paddle into a solution of sulphur and then batted the letters with it to fumigate them. In those days, science hadn’t convicted the mosquito as the cause of yellow fever and it was believed necessary to fumigate everything that went out of the city.”⁵⁴ Eventually all commerce, including postal service, came to a halt as the quarantine tightened and employees sickened and died.

The lengthy letters that Kezia DePelchin wrote do not bear any fold lines to indicate that they were enclosed in envelopes in preparation for mailing. Perhaps, realizing that her letters would never be posted, she decided to record her letters in the form of a diary to preserve their contents for the future. Dickerson notes that this technique had been used by others in the form of letters to themselves.⁵⁵

A discussion of “journal-letters,” defined by the Oxford English Dictionary as “a letter written as a diary,”⁵⁶ perhaps provides additional insight into the format of Mrs. DePelchin’s missives. Letter-diaries functioned both as a written record, or journal, as well as a communication to someone else.⁵⁷ It was suggested that journal-letters were employed when the writer could not depend upon standard methods of mail delivery; were used only for a finite period when the writer was removed from her usual surroundings; were written to someone the writer trusted; and contained information that the writer believed should be preserved.⁵⁸ The letters of Mrs. DePelchin fit this framework. The mail system in Memphis was disrupted to the point of inaction; she

resided temporarily in Memphis and Senotobia rather than Houston only for the duration of the epidemic; the letters were written to her sister; and were kept and preserved. It is impossible to know, at this point, whether this is the format implemented by Mrs. DePelchin, but it is consistent with the known circumstances of the letters.

Eventually, Mrs. DePelchin gathered the letters, containing what she described as “truthful pen pictures,” and wrote an introduction for her manuscript that she entitled *The Epidemic of 1878*. She also included a dedication:

“To the memory of those
who lost their lives
in discharge of their duty
as Howards Doctors or Nurses
in the Epidemic of 1878
This book is inscribed.”

Mollie E. Moore Davis, an acquaintance who held Mrs. DePelchin in great esteem, wrote the Preface and spoke of the desire to “bear testimony to her unswerving truth, her Christian fidelity, her modest always unassuming work.” Mrs. Davis spoke of the letters as “published.” The original “published” letters consist of a bound volume. Although it is not known when the letters were bound, Mrs. Davis was a contemporary of Kezia DePelchin and lived in Houston and Tyler, Texas for five years until she relocated to New Orleans in 1879.⁵⁹

Many researchers note that synthesizing the material is the most difficult aspect of historical study and involves the interpretation of material for the meaning behind the

facts uncovered in historical investigation⁶⁰ and is described as “the procedure of selection, organization, and analysis of the collected data.”⁶¹ The final step in the process of historic methodology is to produce a narrative based on the conclusions derived from the analysis of data that can impact future pathways of the nursing profession.⁶² Synthesis will proceed by analyzing the content of Mrs. DePelchin’s letters and comparing them with other available sources, identifying new information that can be extracted from the letters, and explaining the information in the form of a narrative that incorporates the newly identified findings into the existing body of knowledge.

Overview of Chapters

In Chapter 1, I provide an overview of Memphis and the mosquito that brought devastation to the susceptible city. Included is an historical overview of the city of Memphis from its founding to the onset of the yellow fever epidemic in 1878. I describe the geographical and social factors that contribute to an understanding of why Memphis was extraordinarily vulnerable to the onslaught of yellow fever. A look at the effects of the Civil War years reveals changes in population growth and demographics that contribute to the devastation of the epidemic.

A discussion of yellow fever in humans considers the mosquito vector and its geographic limitations, life cycle, physical description, route of infection and types of infectious disease that it causes. An historical overview of yellow fever in general describes its earliest onset in Africa and the Americas to modern scientific investigations that continue to seek confirmation of the geographic origin of the disease.

Chapter 2 examines the status of nursing within the state of Texas in 1878, the emerging roles of women in the South and particularly in the city of Houston following the Civil War, and the life of Kezia DePelchin prior to her departure for Memphis. An overview of the Howard Association furnishes a look at an organization that not only accepted the presence of women in roles outside the family but desperately required and sought women to function in nursing roles. An appraisal of the Howard Association as a philanthropic organization reveals its organizational mission in terms of its operations in the city of Memphis. The association was the overarching agency that provided the framework in which Kezia DePelchin participated to provide care for yellow fever victims.

I examine the life of Kezia DePelchin both prior to and after her experiences in Memphis. This inquiry includes her life from earliest childhood until shortly after her return from Memphis to Houston and investigates her family, social, religious, and community life. The first segment of her biography includes her life in the new republic of Texas until she departs for Memphis.

In Chapter 3, I explore the epidemic in Memphis within the backdrop of the Mississippi Valley; the river-borne arrival of the disease; signs, symptoms, and treatment of the disease; morbidity and mortality; and the public health response. Memphis is briefly compared to other major Southern cities in regard to epidemic disease vulnerability.

A description of yellow fever includes the onset, signs and symptoms, duration, pathological changes and recovery (including acclimatization) or death. Also of note are

the scientific understanding of the disease in 1878 as well as available treatments both in the community and for the individual patient. With no understanding of the cause and no specific treatment or cure available, the public health response for the individual patient was supportive in nature while the community response with quarantine, carbolic acid, or the burning of tar to ward off the undetermined offending agent were ineffective and inadequate.

Chapter 4 contemplates the letters written by Kezia DePelchin to her sister on the island of Madeira. The letters form several hundred pages dated and signed by Mrs. DePelchin. She discussed in great detail her experiences in caring for yellow fever victims and includes nursing care, her interactions with the Howard Association, the multidisciplinary approach to patient care, and the community response to the epidemic. She also includes her own personal thoughts and despair as well as her actions undertaken through direction from others as well as through her own initiative.

In Chapter 5 I discuss nursing within the yellow fever epidemic. I describe Mrs. DePelchin's specific nursing roles and functions and how her role as a nurse fit within the framework of care.

Chapter 6 presents conclusions reached regarding the significance of the findings to the progressive growth of the professional nurse. Implications for future response to epidemic threat are also considered.

CHAPTER I
MEMPHIS AND THE MOSQUITO

Memphis

Perched on the Chickasaw Bluffs in the far southwestern sector of Tennessee and overlooking the Mississippi River from the east bank,⁶³ Memphis in 1878 was the second largest city in the South, surpassed only by New Orleans.⁶⁴ Bales of cotton lined its wharves and documented the image of the metropolis as a southern city. Almost a dozen steamboat lines operated on the city docks, and boats plied up and down the Mississippi River conveying both passengers and trade goods. In addition, a series of railroads spread from the city with plans for outward expansion on new routes.⁶⁵ While these vibrant transportation links were vital for the establishment of commerce, they also would prove to significantly influence the path of yellow fever and its onslaught on Memphis.

Its position on the Chickasaw bluffs guaranteed the city protection from the waters that at times overflowed the banks of the Missouri and Ohio rivers as they emptied into the Mississippi and flowed through delta lands on the way to the gulf. The elevation of the bluff also prevented the flow of river waters directly west from Appalachia toward the Mississippi; rivers flowed into the Ohio River to the north or south into the gulf.⁶⁶ The *Portfolio*, published in Philadelphia in 1820, spoke of a “bluff high and level...twenty to thirty feet above the highest flood,”⁶⁷ according to Davis in his history

of the city. This protection from inundation proved significant to the growth of Memphis as a commercial center free from the threat of devastation from floodwaters.

In the fall of 1818, approximately two dozen chiefs of the Chickasaw Nation signed a treaty transferring Chickasaw territory to the United States and, as a result, western Tennessee lands opened to settlement.⁶⁸ Plans were made for a new county, Shelby, in western Tennessee as well as a survey of land for the new town of Memphis. Advertisements were placed in newspapers to encourage the settlement of eager adventurers and homesteaders.⁶⁹ From its founding in 1819⁷⁰ on lands formerly held by the Chickasaw Indians, Memphis served as a significant transportation hub in the center of the nation. Indeed, its location on the major waterway of North America reflected its importance to early European fur traders during the 1600's. These early traders included Abbe Jean Cavelier (brother of LaSalle) who provided the earliest descriptions of the Chickasaw Indians as well as the bluffs at Memphis.⁷¹

From the early days of river traffic dependent upon flatboats to the emergence of the steamboat, Memphis' protected location along the bluffs afforded its development as a center for trade and commercial growth.⁷² Flatboats which required shallow and quiet water for docking could find shelter although at inconstant locations depending upon the caprice of the river.⁷³ Natural changes in the topography of the river provided docking for steamboats as well as flatboats. Steamboats needed docking facilities with deeper water, but the swiftness of the water was not a hindrance to the steam driven craft.⁷⁴

Deep-hulled ships appropriate for eastern waters were unsuitable for the ever-changing Mississippi River with its sandbars and uneven depths. The steamboat as

designed by Henry Shreve in 1816 revolutionized river travel and contributed to the growth of the city through increased transport of goods and passengers by placing the engines on deck; eventually sidewheelers and sternwheelers were familiar sights on the Mississippi.⁷⁵

Geographical location was the indisputable key to the growth of Memphis. Fulfilling the need for an accessible shipping point between St. Louis and New Orleans that would accommodate the needs of the mid-portion of the Mississippi River, it surpassed Tennessee's capital, Nashville, as the center of commerce and population.⁷⁶ The first mercantile river traffic consisted of lawless rough rivermen who reflected the frontier nature of 1820's Memphis. By the 1830's, the last of the Chickasaw Indians left for resettlement from the land that had been Indian territory for over 10,000 years.⁷⁷ The first banks opened in the city for the establishment of commerce⁷⁸ and courts were created to settle disputes related to the conduct of the lawless rivermen.⁷⁹ Emergence of the steamboat coupled with the expansion of the railroad caused the population of Memphis to explode. The steamboat "changed river towns to bustling wharves...and railroads changed frontier settlements to towns."⁸⁰ In 1830, the population of the city was 663 and by 1860 it had reached a peak of 22,623.⁸¹

With the eventual extension of the railroads, Memphis gained importance as the center for transportation both on the north-south route as well as the east-west route in the midst of a cotton-growing kingdom.⁸² By the 1850's, Memphis was competing with New Orleans for distribution of trade goods due to the expanding network of railroads unfurling from the city. Memphis served as the most expansive inland cotton market in

the United States.⁸³ Prior to the Civil War, Memphis found itself tied to the South through cotton, slavery, and the railroads; and Memphis was tied to the North and West by merchandise from these regions shipped down the Mississippi.⁸⁴ Memphis, then, was not only a city of the South but a metropolis that embodied a western spirit. Only the breadth of the Mississippi River separated Memphis from the western frontier that lay on the other side of the river in Arkansas and further points west.⁸⁵

“King Cotton” became the economic lynchpin of the city. By the mid-1800’s, Memphis was the largest inland cotton market in the world with receipt of over 300,000 cotton bales in 1860.⁸⁶ Transportation was needed to ferry the cotton crop from the plantations where it was grown to the city of Memphis and outward from there to manufacturing centers. This influenced the growth of transportation routes by river and rail.⁸⁷ Indeed, the growth of the cotton trade in Memphis significantly influenced the further establishment of slavery in western Tennessee and the Mississippi lowlands. In 1820 the slave population of Shelby County was 103; by 1860, slavery had grasped 16,953 souls into its claws.⁸⁸ Although only 17% of the Memphis population was comprised of slaves,⁸⁹ the work of urban slaves was of substantial influence to the economy of the city through unskilled workers such as cooks, washerwomen, and agricultural workers.⁹⁰

In addition, manufacturing began to gain footholds in the one-crop cotton economy to provide much needed diversity. Skilled labor was provided in large part by German immigrants. Sadly, Memphis also served as the center of a large slave market connected to the pervasiveness of cotton as a cash crop.⁹¹

With the growth of transportation services and manufacturing capabilities, progress was steady and forward-looking while prosperity was expected and anticipated. The city could claim the existence of six newspapers and at least 20 churches.⁹² By 1860, Memphis was a city of over 22,000 citizens albeit within a stratified society. At the top was a home-grown aristocracy and at the bottom were the poor and unskilled Irish (notwithstanding black people, who were denied any social standing at all). Having emigrated to escape the famine in Ireland, the Irish population numbered over 4,000⁹³ persons who settled in poor conditions alongside the northern perimeter of the city.⁹⁴ Interestingly, because of their desperate circumstances, the Irish were willing to undertake dangerous jobs for which slaves were considered too valuable to risk.⁹⁵ In addition, the black population of Memphis in 1860 reflected the demand for slave labor on the cotton plantation rather than in an urban center.⁹⁶ The total black population of the city numbered approximately 4,000; of these, only 198 were free.⁹⁷ Society, then, was divided into wealthy white southerners and poor Irish and black people, with skilled laborers like the Germans in the middle of these groups.⁹⁸

Although Tennessee joined the Confederacy during the Civil War and Memphis came under federal jurisdiction for several years following its fall into the hands of the North in 1862, the city, taken “without siege,”⁹⁹ experienced relatively little upheaval and destruction during the course of the war and was able to revive much faster than other southern cities.¹⁰⁰ One noteworthy effect of the end of the war was the more than four-fold increase of the poor black population in the city from 17% (3,882) in 1860 to 39% (15,741) in 1870.¹⁰¹ “For the first time in its history, a significant proportion of the city’s

population was black.”¹⁰² Negroes were displaced from the foundered plantations and sought refuge in camps and “shantytowns” in the city where they attempted to regather their families and start lives anew.¹⁰³ In addition, northern whites entered the South and remained when Reconstruction followed the conclusion of the War.¹⁰⁴

Recovery from the war, although hindered by municipal finance mismanagement, proceeded despite obstacles, and cotton continued to dominate commerce. By 1870, the city was engaged in uninterrupted production of cotton bales, Memphis possessed the first factory for the manufacture of cotton yarn in the post-war South, and cottonseed oil was an important additional commodity. Four railroad lines were restored and operational and forty steamers departed and docked at the wharf¹⁰⁵ as Memphis again functioned as the country’s largest inland cotton market.¹⁰⁶

Ellis discussed the public health circumstances of three southern cities: Memphis, New Orleans, and Atlanta. All three cities were involved to some extent in the cotton trade and were connected to the transportation system through the railroad network. All three cities experienced large increases in their populations following the Civil War as freed slaves migrated into southern cities as well as an influx of Irish immigrants escaping the famine. Poor and without resources, the impoverished took residence among bleak shantytowns or amid ravaged structures still standing in the aftermath of the War. The conditions were ripe for epidemic disease, and Memphis and New Orleans experienced episodes of cholera and yellow fever. (Atlanta’s inland location perhaps spared her the ravages of disease dispersed by river commerce). All three cities,

however, were distinguished by the filth that clogged their streets and inadequate water systems for both delivery and drainage.¹⁰⁷

While mercantile interests in Memphis were progressing, municipal efforts directed towards the health of the citizens were ineffectual and inadequate. Although a Board of Health was constituted in the early 1800s, it contributed little to the well-being of the citizenry. In this era prior to scientific discovery related to the plagues and pestilence that routinely subjugated the city, little was understood about the origin or transmission of disease. Initially, for example, the location of Memphis led some to believe that the air quality on the elevated bluff would spare the city from the ravages of epidemic disease. Not only was the elevation of import, but it was believed by some that the geographical location of the city was above the physical line where yellow fever could occur and thus the city would not be likely to suffer through a yellow fever epidemic.¹⁰⁸

Memphis withstood multiple epidemics of smallpox, cholera, and yellow fever with dreaded regularity.¹⁰⁹ Appearance of yellow fever was not a novel experience for the city. The first documented epidemic of yellow fever occurred in 1828 with subsequent outbreaks in 1855, 1867, and 1873¹¹⁰ despite the pronouncement of a historian in 1872 that Memphis was “the healthiest place on this river, from the mouth of the Missouri River down.”¹¹¹ While the epidemic in 1873 produced 2000 deaths in 5000 cases, the epidemic that burgeoned only five years later more than tripled the cases and doubled the deaths.

Following the yellow fever epidemic in 1873, efforts were to be dedicated towards civic sanitation improvements. In the years following the Civil War, however, money was limited and municipal tax resources were insufficient for the financing of city projects¹¹² despite wretched existing conditions. A monetary panic in 1873 caused economic depression nationwide and especially in the South.¹¹³ And in Memphis, while commerce improved in comparison to other devastated Southern cities, public works stagnated amid political corruption in the city. Pavement boards were rotting and soil was contaminated by the seepage from privies that drained into the bayou and ultimately into the river;¹¹⁴ many of the privies had not been drained for decades.¹¹⁵ Although the city perched upon the elevated bluffs, the land sloped backward from the bluff into the city and further still to the Gayoso Bayou. This land was a mixture of old refuse and soggy soil, resplendent with mud and scummy water. It was in these neighborhoods of Happy Hollow and The Pinch that the poor Irish, German, and Jewish immigrants lived in often squalid tenement-like conditions.¹¹⁶ There was no municipal system for garbage and trash disposal, and discarded items were deposited in the bayou. There was no city water system either for the delivery of clean water or the removal of waste water¹¹⁷ although Crosby remarked that it was “unheard of for a city with a population as large as the one in Memphis to have no waterworks.”¹¹⁸ Stagnant pools of filthy water accumulated in the poorly drained delta soil; rainwater would at times back sewage up into the bayou.¹¹⁹ Streets were filled with litter and gutters overflowed. Indeed, in 1878 “the sanitary condition of the city ... was disgraceful in the extreme.”¹²⁰

A state board of health was founded in Tennessee in 1877 but monies were lacking until yellow fever again materialized in 1878, a not unusual response in the war-ruined and cash-strapped South where sanitation was often undertaken only when disease threatened.¹²¹ Following the ravaging yellow fever epidemic in 1878, the United States Congress created a National Board of Health in March 1879 to be available for consultation to the states upon request. Tennessee submitted later in the same year its request for assistance in conducting a survey to determine sanitation needs, and the national Board of Health selected Memphis as the “model” city for the testing of new survey techniques.¹²² A detailed house-to-house survey was conducted by a team of investigators from November 1879 to January 1880¹²³ and provided a near real-time assessment of the sanitary conditions that existed during the 1878 epidemic. Of particular note is the presence of over 4,000 cisterns (containers used for the collection of rainwater) and wells.¹²⁴ A total of only 157 sewer connections were counted.¹²⁵ The survey indicated that a large proportion of the cisterns leaked and were susceptible to contamination from groundwater relative to the privies that were utilized in the place of sewer lines.¹²⁶ More significant than the contamination, however, was that the cisterns served as virulent breeding grounds for the mosquito that transmits yellow fever.¹²⁷

None of the three cities of New Orleans, Atlanta, or Memphis “provided a safe and adequate water supply for either domestic or sanitary purposes.”¹²⁸ A privately owned waterworks in Memphis provided insufficient resources for industrial use only. None of the cities responded to needs for sanitation as populations continued to grow in their municipalities.¹²⁹

This, then, was Memphis in the 1870s: a southern city on the way to recovery from the tumultuous years surrounding the Civil War, adjusting to the demise of the plantation system but still dependent upon the cotton trade. Optimism was high with no anticipation of the devastation that lay just ahead. The railroads were being rebuilt, postwar cotton prices were high, and steamboats were again traversing the river.¹³⁰ She was a city that experienced a monumental population shift in the proportion of black to white residents and housed a significant poor Irish population. And she was a city woefully unprepared to protect the health and well-being of her citizens even by the standards of the day, tied to the river that gave her life and prosperity.

Cause of Yellow Fever

The cause of yellow fever was unknown in 1878. It was not until 1900-1901 that the Walter Reed U.S. Army Yellow Fever Commission unequivocally confirmed that the *Aedes aegypti* mosquito was the vector for yellow fever through a series of experiments in Cuba.¹³¹

Yellow fever is a hemorrhagic viral disease caused by an arbovirus (shortened form of arthropod-borne viruses),¹³² a type of flavivirus¹³³ that is transmitted from person to person by the female *Aedes aegypti* mosquito.¹³⁴ An arbovirus is a virus transmitted by the bite of an arthropod such as a mosquito, flea, or tick.¹³⁵ A flavivirus is a single-stranded RNA virus that replicates within the cytoplasm of infected cells and is released upon the rupture of the cell.¹³⁶

The *Aedes aegypti* mosquitoes survive in tropical locations and succumb to freezing weather in more temperate climates.¹³⁷ According to the World Health

Organization, yellow fever is endemic even today in the American hemisphere in nine countries in South America and among some Caribbean islands.¹³⁸ In the United States, yellow fever was most likely introduced when an infected individual arrived in port from a tropical location and was bitten by an *Aedes aegypti* mosquito. The mosquitoes bred in manmade water containers and were transported over long distances on board ship in water barrels.¹³⁹ The disease would start towards late July and last until the first frost appeared in the autumn and the mosquitoes would die on exposure to the cold weather.¹⁴⁰

It is thought that yellow fever originated in Africa and migrated to the Americas by means of the slave trade¹⁴¹ where it “became the most dreaded disease in North America for two hundred years.”¹⁴² Epidemics occurred from Galveston, Texas to New Hampshire and also engulfed major metropolitan areas in Philadelphia, New York, and New Orleans.¹⁴³ There are no known descriptions of yellow fever in ancient medical treatises¹⁴⁴ although genetic analysis indicates that the virus existed as long as 3,000 years ago.¹⁴⁵ Although the disease was seemingly depicted in Mayan hieroglyphs,¹⁴⁶ the name yellow fever was not applied until 1750 in relation to a written history of Barbados.¹⁴⁷ There has been debate concerning whether Africa or South America served as the original source of the disease. Recent findings through genome sequence analysis support the contention of Africa as the original source since the “virus is genetically more heterogeneous in Africa than in South America.”¹⁴⁸ This debate reflects the discussion of the assumption that the black population had greater natural immunity to yellow fever throughout the history of epidemics in the southern United States prior to the epidemic of 1878.¹⁴⁹

After the female mosquito bites an infected person, the virus reproduces within the mosquito for approximately 12 days, after which time it can then transmit the virus to the next individual it bites.¹⁵⁰ The virus replicates within the digestive tract of the mosquito and at some point infects the salivary glands.¹⁵¹ The virus is transmitted when saliva of the infected mosquito is injected into a human during the process of feeding.¹⁵² Transmission thus occurs by means of a vector, the mosquito, and not by direct human to human contact.¹⁵³

According to the World Health Organization (WHO), the transmission of urban yellow fever is possible when the virus is introduced into high density populations and the disease expands outward from the original source of infection.¹⁵⁴ According to Tomori, the “extent and speed of virus spread is only limited by the distance an infected person or infected mosquito can move by available means of transportation.”¹⁵⁵ This would exert a profound effect on the city of Memphis situated in the hub of rail travel and prominently located amid river traffic on the Mississippi River.¹⁵⁶

The reservoir for the virus is considered to be the mosquito which not only remains infected throughout its lifespan but which can transmit the virus vertically to its offspring in the eggs that it lays.¹⁵⁷ Eggs remain viable during dry periods and hatch with infected offspring when rains recommence and the eggs come into contact with the water.¹⁵⁸

The Mosquito

The *Aedes aegypti* mosquito¹⁵⁹ is a domesticated variety that tends to live near human habitats and reproduces within artificial man-made containers that hold water either purposefully or accidentally. Receptacles such as urns, flowerpots or barrels when infused with standing water become breeding grounds for the mosquito.¹⁶⁰

Throughout the world the habitat of the mosquito is wide-ranging within a defined region between 45° north and 35° south latitudes.¹⁶¹ The mosquito is sensitive to temperature and does not survive severe winters nor flourish in dry heat.¹⁶² The insects thrive in humid hot weather while low temperatures may diminish their levels of activity¹⁶³ and freezing temperatures cause accelerated death.¹⁶⁴ The climatic conditions in Memphis that were so successful in supporting the abundant growth of the southern cotton crop were also unfortunately successful in providing conditions that supported the growth of mosquitoes.

Both male and female mosquitoes consume nectar, but only the female requires ingestion of blood. The intake of blood is necessary for the development of eggs.¹⁶⁵ The female mosquito may bite at all hours of the day time and will often attack the ankles.¹⁶⁶ Following the ingestion of blood from a human bite, the mosquito is ready to deposit her eggs in three to four days, usually in the afternoon hours.¹⁶⁷ The deposit site for the eggs is at or near the waterline of some receptacle holding standing water.¹⁶⁸ The female mosquitoes are particularly drawn to dark vessels with broad apertures that are found in shady locations.¹⁶⁹

The adult mosquito emerges in approximately two weeks after passing through larval and pupal development stages in the presence of adequate water. With larval development the eggs are resistant to drying and may remain viable for up to a year before exposure to water causes the eggs to hatch. With moderate winter temperatures, eggs may survive the season with emergence of adults when temperatures warm.¹⁷⁰

Failure to understand neither the connection of the *Aedes aegypti* mosquito to yellow fever nor the characteristics of the mosquito led to ineffective responses to the threat of the epidemic in Memphis. One of the strategies to combat the disease involved removing people from the urban environment and temporarily housing them outside the city. Many of these individuals were permitted to reenter the city in the morning hours to obtain supplies or to work in the commercial interests that remained open; they would again return to the country in the evening. Unfortunately, however, the mosquito is most active during the day when the visitors made their untimely appearance.¹⁷¹

There were then numerous explanations for why the yellow fever epidemic in Memphis in the summer of 1878 was especially devastating. The population of the city had more than doubled in twenty years. New residents included Irish immigrants and northern whites unacclimated to yellow fever. Blacks and the poor Irish lived in crowded, poorly drained quarters of the city and blacks may have believed they possessed increased immunity. Sanitation, including a functioning closed water system for clean water and waste removal, was nonexistent. The city harbored thousands of cisterns that served as breeding grounds for the mosquito. Climatic conditions also supported the breeding of the insect. Ships from the Caribbean docked in the Gulf and headed

northward up the Mississippi River, transporting mosquitoes, trade goods, and passengers. In addition, it was devastatingly unfortunate that the yellow fever virus of 1878 was particularly virulent in that “it was as though a new virus entered the circulation; the death toll mounted and those previously thought immune succumbed.”¹⁷²

Memphis and the mosquito, then, formed a lethal combination through their symbiotic relationship. Yellow fever is able to burgeon when large mosquito populations intersect with large non-immune populations.¹⁷³ Memphis provided the geographical location, the warm weather, and the susceptible population. The mosquito provided the transmission of the disease. The two, Memphis and the mosquito, were bound together by the river that sustained them both.

CHAPTER II

KEZIA DEPELCHIN, NURSING, AND THE SOUTH

Kezia DePelchin

More of heartfelt sorrow, the grief of which finds vent but in silent tears, was observed yesterday afternoon at the German Methodist church than is seen in any assemblage once in a lifetime. Men, women and children joined in open expression of grief, and none too high or too low to show that they wept for one they loved.

The funeral of Mrs. DePelchin. At rest forever. *Houston Daily Post*, January 15, 1893

Thus ended the full and vigorous path of Kezia Payne DePelchin whose story reflects a woman of keen interests for whom life was an adventure from its earliest days. She suffered the loss of her mother at a young age, epidemics of yellow fever, the Civil War, and an unsuccessful marriage, yet achieved fulfillment as a teacher, social worker, and nurse, long before any of these endeavors was granted the distinction of a profession.¹⁷⁴

Much of the information available on the life of Kezia (pronounced Ke-zie'-a) DePelchin appears in her only biography, a book called *Candle By Night* by Harold J. Matthews. In the Introduction, the author describes his finding of a diary written by Mrs.

DePelchin in an attic trunk; this unexpected discovery led to a subsequent quest for details about Kezia DePelchin's life and ultimately the publication of her biography.

Without the efforts of Harold Matthews to chronicle the life of Mrs. DePelchin, substantial information about this woman would be lost to history. Mr. Matthews was himself a social worker and was affiliated with the DePelchin Faith Home, which had been founded by friends and supporters of Mrs. DePelchin in her honor. He was also an artist, and a description on a book jacket for a publication he illustrated (he also designed the wood cuts that illustrate *Candle By Night*) describes him as the director of the DePelchin Faith Home and Children's Bureau of Houston, Texas from 1931 to at least 1935 when the book was published.¹⁷⁵ The *Houston Chronicle*, however, indicated that he was the "Executive Secretary in Charge of Faith Home for 15 Years;"¹⁷⁶ yet another *Chronicle* report described him as "director."¹⁷⁷

Mr. Matthews was born in 1897, four years after the death of Mrs. DePelchin. He was 34 years old when he became director of the DePelchin Faith Home. An interview in the *Houston Chronicle* reveals that he spent eight years researching the book and had personal contact with acquaintances of Mrs. DePelchin; indeed, his biography assembles not only facts about her life but views and information about her that only those who knew her personally could have provided. He also contacted her relatives in Scotland and Portugal.¹⁷⁸ Where possible, facts have been checked for accuracy. The 2006 Texas State Historical Association Handbook of Texas lists his book as a reference for its own synopsis of the life of Kezia DePelchin, although a detailed list of references is not provided in his book published in 1942.

Early Life

Kezia Payne DePelchin was an immigrant to the United States in the early part of the nineteenth century. She was born on July 23, 1828 on the island of Madeira, off the coast of Portugal. Her father was an Englishman who established a winery on the island. Three children, Catherine, Sarah, and Abraham, survived the death of Mr. Payne's first wife. Kezia, her sister Frances, and her brother Benjamin were born following their father's remarriage, as seen in Figure 1.¹⁷⁹ After the death of Kezia's mother, Catherine, and thus the loss of the second wife of Abraham Payne, Kezia and her assorted siblings were sent to the United States in 1836 in the care of Hannah Bainton, an English governess, to await the arrival of their father, Abraham. Records from the New York Customs office reveal that Kezia, Sarah, Catherine, Fanny (Frances), Benjamin, and Hannah Bainton passed through customs on December 12, 1836 after arriving on the brig *Chili*, out of Funchal, Madeira.¹⁸⁰ Kezia was eight years old. The party continued on through New Orleans and eventually arrived in Galveston, Texas in January 1837.¹⁸¹

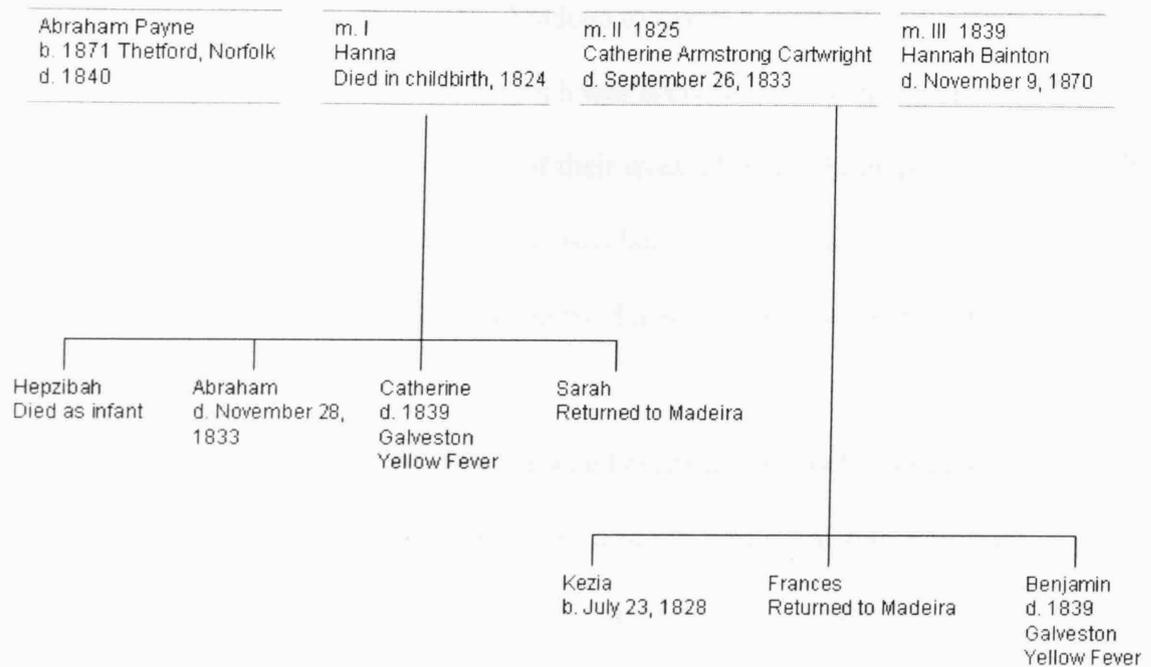


Figure 1. Family Tree. Created from information in Matthews, H.J. (1942). *Candle by Night*. Boston: Bruce Humphries.

Life in Galveston

Kezia and her extended family reached Galveston less than a year after the Battle of San Jacinto in April 1836 that claimed independence for the Republic of Texas. Her father did not join them in Galveston until the spring of 1839. It is not known what prompted Abraham to uproot his family and transport them to America.¹⁸²

Records indicate that Kezia joined the first Sunday school class of sixteen members at Ryland Chapel, a Methodist church in Galveston,¹⁸³ an indication that the Payne entourage attempted to engage in the local community. This was also the first formal acknowledgement of the significant manner in which religion would impact and guide her life.

Kezia's sister Sarah returned to Madeira to marry a cousin, John, who took over the wine business from Kezia's father; Sarah was accompanied by her sister Frances. Both sisters lived in Madeira for the rest of their lives, although Frances never married.¹⁸⁴ It was to her sister Sarah (Sallie) that Kezia was later to write a series of almost daily accounts concerning her experiences as a nurse during the yellow fever epidemic in Memphis in 1878.

In September 1839, yellow fever reached epidemic proportions in the city of Galveston. Infestation had been a problem even in the spring. A Massachusetts immigrant to Texas wrote in April 1839 that "The mosquitoes are double the size of New England mosquitoes and have of course twice the appetite of their northern brethren."¹⁸⁵ The mosquitoes and yellow fever sorely impacted the Payne family that now officially included the governess. Abraham Payne, Kezia's father, married Hannah Bainton in the fall of 1839. Abraham, Kezia, Catherine, and Benjamin all contracted the disease; Kezia was the only one to survive. Her brother and sister died during the epidemic while her father died of complications the following summer.¹⁸⁶ This was Kezia's first experience with yellow fever. Eleven years old in 1839, she was of sufficient age to understand what was happening to her and her family.

Ashbel Smith was a physician in the barely two-year old city of Galveston during the epidemic and wrote a chronicle of the outbreak called *An Account of the Yellow Fever Which Prevailed in Galveston, A.D. 1839*. He recounted symptoms and treatment of the disease, and specified that "An *ever watchful* and *trusty* attendant or nurse is of *indispensable* importance."¹⁸⁷ Kezia was in need of a "watchful" and "trusty" nurse

herself. This episode of yellow fever during the 1839 epidemic was a significant event in Mrs. DePelchin's life. Not only did she personally experience the disease of yellow fever, she also had the opportunity to be both an observer and a recipient of nursing care during her own illness. Her encounter with nursing care during this episode provided an initial frame of reference for her own future efforts to aid others suffering from affliction. In addition, her bout of yellow fever conferred a lifetime of immunity to further infection. This immunity would allow her to assist other future yellow fever victims not only in Houston epidemics but eventually in Memphis, Tennessee.

Relocation to Houston

Kezia and her stepmother, the former governess Hannah Bainton Payne, were now the only remaining members of the Payne family still in Texas. They moved in 1841 to Houston, a city some fifty miles northwest of Galveston. Transportation to their new home was by river boat up Buffalo Bayou from Galveston to the foot of Main Street,¹⁸⁸ a trip that required at least one-and-a half days.¹⁸⁹ The riverway was dense with overhanging magnolias, bay, and fir trees.¹⁹⁰ Houston, like Galveston, was still a very young city, founded and proclaimed in 1836 the capital of the Republic of Texas and incorporated in 1837. Sam Houston, president of Texas, had his office in a two-room log house and his two-room home next to the jail.¹⁹¹ "The city of Houston was at that time a mere name, or, at best, a camp in the woods, while tents and temporary structures of clapboards and pine poles were scattered along the banks of the bayou."¹⁹² A map of Houston from 1836-1837 shows a city twelve blocks wide spread out along the curve of Buffalo Bayou. Six blocks extended back from the bayou in a grid of perpendicular

streets. By 1839, the population of Houston reached 2,073, and its citizens could claim access to both newspapers and theatres. Visitors from other parts of Texas, the United States, and from Europe frequented the growing capital on the banks of the bayou.¹⁹³ Stores lined Main Street that extended from the wharf toward the prairie where homes were being constructed. Most houses were one story in height, made of wood, and were painted white. They tended to be surrounded by large gardens. Porches that allowed for shade and the movement of air edged the houses in order to help the residents survive the sweltering summer heat.¹⁹⁴

Hannah supported herself and the thirteen-year-old Kezia by teaching and eventually providing care for a young child, Hannah Cordelia Buckner, whose mother died in childbirth. The child's father was Judge Benjamin Buckner, who furnished a cottage on Milam Street in Houston where Hannah and Kezia set up their residence. Hannah provided instruction for Kezia as well, including piano lessons on a paper keyboard.¹⁹⁵ The piano instruction would serve her well, for she would later in life earn a \$12 monthly income for herself when elected as an organist for a local Methodist church in 1880.¹⁹⁶ Kezia and Hannah attended Christ Church in Houston in the 1840's where Kezia also participated in the church community as an organist. Multiple listings in the Christ Church records from 1849 – 1864 document the engagement of both Hannah and Kezia in the life of the church community.¹⁹⁷

Yellow Fever in Houston

The onset of the summer months brought fear and dread to residents in southern cities who awaited reports of yellow fever in coastal ports. Houston was not immune to

the onslaught and experienced outbreaks in at least seven epidemics from 1839 to 1873 with the loss of hundreds of lives, although records are incomplete and an exact mortality rate is challenging to calculate.¹⁹⁸ Houston's first yellow fever epidemic occurred in 1839, lasted six months or more, and caused most of the loss of 240 lives in a population just over 2,000.¹⁹⁹ Millie Gray, a Houston immigrant from Virginia, recorded in her diary of Monday, October 14, 1839: "sickness-sickness-sickness all around & many deaths." The winter must have been a mild one, because on January 5, 1840 her diary revealed that "The fever continues to be very fatal and a great many persons died-it is said 1/3 of the population fell victims to it."²⁰⁰ Horace Taylor, an early immigrant to Houston from South Carolina, noted in a letter to his sister on September 21, 1848 that "yellow fever is among us and there is quite a panic..."²⁰¹ He noted in his letter of October 19, a month later, that "The Town is now nearly free of it and people begin to wear a more pleasing countenance [sp]."²⁰² The epidemic of 1858 produced 175 deaths in a population of nearly 5,000.²⁰³ The fact that at least seven papers on yellow fever were presented at the 1874 meeting of the Texas state medical association highlights the significance of yellow fever epidemics to the health of the Texas populace.²⁰⁴

Over 450 people died in the epidemic of 1867 in a population approximately between 5,000 to 9,000.²⁰⁵ Contributing to the morbidity and mortality was the presence of people new to the city, including over two thousand Federal troops in Texas as part of the forces of occupation following the Civil War.²⁰⁶ Many newcomers, including the Northern soldiers, may have come to Houston from parts of the country where yellow fever had never been experienced, and thus would not have developed immunity from

past exposure. A memoir recounted, “The federal soldiers were still here and died like sheep.”²⁰⁷

S.O. Young, a Houston physician and a survivor of yellow fever as well as a witness to the 1867 epidemic, explained that “The present generation cannot appreciate the horrors of a yellow fever epidemic. One case would appear, then two or three, and then people would be taken down by the hundreds.”²⁰⁸ He recounted his own battle with yellow fever in 1858 as a child. He arose in good health, ate breakfast, and was on his way to Sunday school when stricken by a sudden and blinding headache. He was treated with warmth, castor oil, mustard baths, and tea, administered by his mother. Dr. Young remembered lime being spread throughout the city and bonfires in tar barrels lit at intersections to counter the ‘miasma’ that brought on the fever.²⁰⁹

In his book, Dr. E. N. Gray recounted memories from his childhood in downtown Houston, including the epidemic of 1867. The outbreak started in the summer as usual, but lasted into the following January or February as the winter was mild. The epidemic of 1867 was the most severe the city had endured. Dr. Gray experienced yellow fever in 1864 and had memories of his sister becoming quickly ill from the fever in 1867. She complained of a sudden headache and backache and within an hour was feverish. Her mother, too, with knowledge obtained in earlier epidemics recognized her daughter’s symptoms and provided nursing care.²¹⁰ Not everyone was as fortunate; it has been noted that “Nurses were also few” and “Nurses could not be obtained.”²¹¹

When the fever arrived, those with the means to leave the city departed, leaving behind the poor and the disenfranchised. Still, by September 15, 1867, approximately

1,000 people were ill with yellow fever in the city of Houston proper. Outlying communities asked the Charitable Association of Houston for assistance in caring for their own victims. “LaGrange is terribly afflicted—a number of nurses have been sent there. Letters from there beg for nurses, but more for coffins.”²¹² In an article published on September 17, 1867 the Houston *Daily Telegraph* bespoke the “lamentations and pitiful cries of desolate souls made by the epidemic.”

Since the cause of yellow fever was unknown, physicians, still few in number, could only offer supportive treatments with no hope of cure and therefore nursing care of the sick and dying was essential. As Dr. Young stated, “yellow fever requires nursing rather than medicine...”²¹³ Care was intensive, of extended duration, and favored a nurse who had previously recovered from yellow fever and was thus immune to a repeated episode. As Gray stated, “We had no nurses then so everyone who had had the fever went out and nursed the sick.”²¹⁴

The *Daily Telegraph* newspaper in Houston on September 13, 1867 commented on the requisite need for nursing:

“Close nursing, under the command of *one* responsible nurse, is the main reliance to save life. Change of nurses is hazardous. Get a reliable and experienced nurse if possible. Give him, or her, as much help as may be needed; let him or her have servants to do the menial service and run all errands; but let one chief nurse have the sole responsibility of carrying out the instructions of the physician and of controlling the management of the case, under the doctor, from beginning to end. The doctors can do but little if they have not efficient help in the way of nursing.”

Unfortunately, not all daily newspapers have survived from the 1867 epidemic and there are many missing pages. The *Weekly Telegraph* from

September 3, 1867, does provide a glimpse of the mortality associated with the epidemic. Daily deaths during the week of August 24 ranged from a low of 18 to a high of 33 with the weekly total at 185; the toll for the season at that point was 589 dead. Each of these deaths represents a personal story of loss and grief. The *Tri-Weekly Telegraph* reported the death of Col. J.D. O'Connell on September 17, 1867. A notice further down the page remarked that "Mrs. O'Connell followed her husband to the tomb in a few hours after his death. Their bodies have been placed in caskets to be forwarded to their friends in New York. Their little boy is well cared for by kind friends."

Nursing in the South

Two distinct historical forms of lay nursing existed prior to formal nursing education in the South. Domestic nurses provided care to loved ones or friends within the home, while community nurses provided discernible nursing functions during outbreaks of epidemic disease. "Most sick people and their families had to cope from day to day on their own when sickness struck."²¹⁵ Domestic nursing allowed for the care of patients within the home with or without the orders of a doctor while domestic activities could also be undertaken. These nurses were mothers who cared for their children and family, or neighbors who cared for neighbors.²¹⁶ Community nursing emerged during periods of epidemic disease when the normal domestic system became overcome by the sheer volume of need for nurses²¹⁷ and a tipping point was reached. Community organizations such as the philanthropic Howard Association rallied into service²¹⁸ as providers of additional nurses obtained through public pleas for help often in towns and cities far from

the community in need. Both men and women were engaged as nurses during epidemics. It is noteworthy, however, that the nurses at this juncture were amid the community only in times of crisis; there was scarce “awareness of the need for prepared nurses in communities where it was hoped each epidemic would be the last.”²¹⁹ They were not community health nurses in the same sense as nurses who provide home healthcare as part of a Visiting Nurse Association.²²⁰

Epidemic disease required the combined efforts of many; nursing was one of numerous significant social agents responding to the death and trauma of yellow fever. “Every able-bodied grown person gave his time to some form of service such as nursing, sitting up with the dead, burying the dead, helping fumigate “infected houses” or securing supplies for the sick.”²²¹ Kezia Payne, 39 years old, resided in downtown Houston and would have been exposed to news of yellow fever reports in the city paper and would have been aware of the illness of her neighbors. Mrs. DePelchin was not a stranger to the illness that ravaged her family and caused her own infirmity. She knew that her own episode of yellow fever as a child conferred immunity for life. Her sense of community and religious conviction no doubt encouraged her participation in efforts to relieve the suffering of her neighbors. Her devotion to others was noted during yellow fever and smallpox epidemics. Indeed, Marguerite Johnston, a Houston historian, called Kezia “the Florence Nightingale of Houston”²²² for her responsiveness in administering to the needs of the ill and acknowledged that during the epidemic of 1867 Kezia “...moved from case to case, tending, soothing, doing what could be done...”²²³ She devotedly offered care and compassion to victims as a “faithful and successful nurse” during protracted periods

of epidemic disease.²²⁴ Matthews stated that her “ability, leadership, and resourcefulness in these matters were fully recognized.”²²⁵ The Howard Association was established in Houston during the 1867 yellow fever epidemic under the direction of E.W. Taylor and Mrs. DePelchin was reportedly the supervisor of nursing during the epidemic.²²⁶

In addition to the two forms of lay nursing, the Sisters of Charity of the Incarnate Word provided nursing services in Galveston. The sisters arrived on the island in 1866 and opened Charity Hospital the next year. They nursed patients during the yellow fever epidemic of 1867. A Sisters of Charity hospital did not open in Houston until 1887.²²⁷

The Civil War

The population of Houston continued to expand during the almost ten-year duration of the Republic of Texas. A pivotal event occurred on December 29, 1845, when Texas was admitted to the United States as the 28th state. Troubles between the North and the South eventually erupted in Texas, however. A letter from George Anderson in Fairfield, Texas on December 16, 1860 spoke of the secessionist fever rampant in the state. “The people, old and young, ladies and children, talk of nothing else. I think Texas will be as certain to secede...”²²⁸ Despite appeals from Sam Houston (Matthews asserted that Mrs. DePelchin herself heard a plea from General Houston from a balcony in town)²²⁹ and his refusal to take an oath in support of the Confederacy, Texas seceded from the Union in March of 1861.²³⁰ Although there was no actual fighting in the city of Houston, the city in 1863 became the military headquarters for Texas, New Mexico, and Arizona.²³¹ The city bristled with the influx of soldiers and the community rallied in support of the war.

A nursing corps was organized in which Kezia served and contributed her skills learned from years of experience in caring for the sick. Schools were turned into hospitals for the care of wounded soldiers.²³² A society of Houston women was formed in 1861 to raise money for material to outfit the Confederate soldiers, to manufacture cartridges, and to knit and sew.²³³ Apparently word of Florence Nightingale's exploits in the Crimea had reached the American shores and inspired women to follow in her footsteps. Louise Wright kept a girl-hood diary of the war years. Included was a letter to her mother from a friend who wrote, "The women are all roused, and are urging their relatives on; while some of the young ladies are exceedingly anxious to imitate Florence Nightingale, and distinguish themselves in the army."²³⁴ Generally throughout the South, however, women worked as volunteers in Confederate hospitals rather than as members of the Medical Department for the first eighteen months of the war. While the North engaged Dorothea Dix in June 1861 as Superintendent of Nurses, it was not until September 1862 that the South legitimized the role of nurses within the military medical system.²³⁵

Marriage of Kezia Payne

At some point during the Civil War years, Kezia became acquainted with Adolph dePelchin, a Belgian musician and widower with a young son named Stephen. The United States Census for 1860 in Matagorda County, Texas, listed an "A. De Pelchin" as being 29 years old, designated his country of origin as Belgium, and identified his occupation as that of music teacher. There is also a listing for his son, Stephen.²³⁶

A handwritten document on a plain sheet of paper at the Harris County courthouse in Houston certified the marriage of Adolph(e) De Pelchin with Miss K Payne on August 23, 1862.²³⁷ The marriage took place according to the dictates of the Episcopal Church in the Confederate States at Houston, Texas. The officiating clergyman was Edwin Wagner from Christ Church, Houston. The records of Christ Church (1839-1900) indicate that the ceremony took place at the “residence of Mrs. Payne, Houston.”²³⁸ According to several sources,²³⁹ the marriage was not successful or happy and lasted only a short time until the couple went separate ways, although they never divorced. Mr. DePelchin, apparently irresolute and hopeless as a provider, also squandered Mrs. Depelchin’s funds and schemed to sell her piano. Mrs. DePelchin was seven years older than her husband, and if she hoped for a steady, responsible partner, he was not it. Although she tried to keep her marriage intact, within less than a year she wanted him to leave. Adolphe tried, for once with determination, to persuade Kezia to let him stay, but with the stubbornness that would be seen during her efforts in Memphis, she refused. Adolphe eventually joined the army, Stephen was sent back to New Orleans, and this unhappy chapter of her life essentially closed.²⁴⁰ Mr. DePelchin eventually moved to Matagorda, Texas where he continued to be involved in the affairs of Christ Church in that city.²⁴¹

Women in Houston and Texas History

Women have been an integral part of the Texas and Houston landscape since the earliest days of settlement and played significant roles in the growth of the city and the institutions that provided its framework. A newspaper account from 1930 tells the story

of a woman and her daughters who reportedly ran a boardinghouse in 1822 for the first intrepid adventurers who sought early settlement along the bayou.²⁴²

The Texas to which Kezia DePelchin and her family emigrated in 1839 was a primitive frontier. The Republic of Texas was inaugurated only three years earlier in 1836 amid remote settlements dependent on the growth of cotton. Colonial Texas with roving Indians and rugged life removed from civilized society was not long past.²⁴³ The entire republic consisted of no more than 40,000 citizens and towns with mud-paved streets could perhaps claim a few thousand residents.²⁴⁴ Indeed, the city of Houston was apparently noteworthy for its mud. A newspaper reported that “from early history we find that mud was “one of the most ‘outstanding distinctions.’”²⁴⁵ And Millie Gray, an immigrant from Virginia, noted in her diary that “I never saw anything like the mud here- It is a tenaceous [sic] black clay, which cannot be got off any thing without washing.”²⁴⁶ One can only imagine the travails borne by the early women settlers as they struggled not only to navigate the streets but endeavored to maintain cleanliness of self while enshrouded in floor-length garments.

Pre- Civil War Texas was distinguished by its southern mentality due to the southern-state origin of the majority of Texas immigrants.²⁴⁷ The southern flavor of Houston was in part due to the settlement of adventurers from “Virginia, Kentucky, the Carolinas, Tennessee, and Alabama.”²⁴⁸ Texas was also of note for its economy based on agriculture and slavery within the backdrop of the Indian frontier;²⁴⁹ Houston itself had a slave population of 1,069 in 1860, 22% of the total population of 4,845.²⁵⁰ Although uncommon, it would not have been surprising for immigrants such as the DePelchin

family to settle in the new republic where by 1860, approximately 30,000 Texans were of European origin.²⁵¹ These Anglo-American women immigrants found in Texas unfamiliar and rugged landscapes unlike their homelands. They were true pioneer women tending hearth and home in frontier land,²⁵² settling in Texas where they found “cheap or free lands.”²⁵³

An anthology of stories about early Texas women settlers contains brief biographies of 77 women who immigrated to Texas prior to 1845. Many of the women traveled by wagon or oxcart overland to the Texas frontier. And frontier it was; no less than 42 of the stories include references to Indian encounters. And even in the days of early settlement, it was evident that slavery was being established in the Texas territory; 36 stories referred to the presence of slaves on the new homesteads. Not uncommonly, the slaves were brought from other states when the owners immigrated to Texas.²⁵⁴

While Anglo-American women were important contributors to the development of frontier Texas, they were not the only female residents of the state during its early history. Black, Indian, and Hispanic women also constituted a presence on the frontier. Native American women and Hispanic women inhabited the land prior to the arrival of Anglo settlers; black women sadly arrived as slaves.

Indian women were the first females on Texas land. Some tribes, such as the Coahuiltecan and Karankawa, were native to the Texas gulf coast.²⁵⁵ And although their numbers were diminished by the nineteenth century, they could still be observed among early settlements, including Houston. By 1900, however, only 1,000 Native Americans remained within the state of Texas.²⁵⁶

Indian women were hard workers, albeit within a gender-segregated work force. “There were few redundant or ornamental women of any race on the Texas frontier, and almost none existed within Indian societies.” Women primarily engaged in child care and supported the home but also contributed in economic roles. The Indian woman not only prepared meals, but also produced many of their ingredients. She gathered medicinal herbs and contributed items for trade.²⁵⁷

Religion was important to the Native Indian women as it was to “most women of the Texas frontier, perhaps because of their isolation and daily confrontation with hardship and danger...”²⁵⁸ Although not usually the occupants of religious leadership positions, religion to the Indian woman was a creation religion in which she felt connected to the universe in her daily actions.²⁵⁹

Efforts were undertaken by the Spanish to establish missions in Texas to convert Indians to Christianity and utilize the labor of the Native Americans. Such endeavors were seen as “Being beneficial to both the church and the state...”²⁶⁰ The missions tended to be more prevalent in western and central Texas, although a few were established in the eastern part of the state.²⁶¹ There were no missions in the immediate Houston area. While several dozen of the missions survive as architectural treasures (including the Alamo), the success of the effort was mixed. Although some Native Americans responded to the colonization attempts, others within the Indian population were “less than eager converts.”²⁶²

Indian women generally possessed a strong sense of independent will, which may have helped them better cope with the hardships of frontier life. In addition, although

war and hunting parties often separated Indian men from the women, Indian women were never without strong tribal networks of other women even when men were absent from their lives.²⁶³

Life, including childbirth, was dangerous for all women of the time, including Indian women. Diets were inadequate, work was difficult, and medical care was insubstantial. Indian women, however, were “at home on the frontier,”²⁶⁴ and within their tribal framework may have found the dangers and uncertainty of frontier life less isolating and threatening than their Anglo counterparts.²⁶⁵

Little is directly known about black women in early Texas although most were slaves.²⁶⁶ The United States Census of 1860 documented 7 free “colored” females and 567 female slaves in Houston.²⁶⁷ Slave women not only toiled for their masters, but worked to care for their own families as well. A small number of free black women remained in Texas with permission of the government.²⁶⁸ That slavery should have extended to Texas is not surprising since the majority of United States settlers in Texas hailed from southern states where slavery was part of custom although the Mexican heritage and influence in Texas had not sustained the concept of slavery. Indeed, “Most free blacks arrived during the colonial period, attracted by the antislavery position of the Mexican government and the lure of available land.”²⁶⁹

Written records of black women are few, and most information comes indirectly from plantation records, legal documents, or records of sale; slave narratives also provide oral histories of black female antebellum life in Texas.²⁷⁰ Slaves did not or could not leave written journals or records and many blacks, both free and slave, were illiterate.²⁷¹

Black women experienced unique roles within two communities. They engaged in one role within their black community and yet occupied another role within white society, often as slave, although some free black women could and did support themselves.²⁷²

Because of the isolation on the Texas frontier, it was not unknown for slave women and their white female owners to develop relationships of friendship and mutual regard. These relationships, however, diminished over time as the frontier succumbed to development and a plantation society emerged.²⁷³

Black women worked as child-care and household servants for their white owners, but also worked in the fields. They hoed, cleared brush, and picked cotton, though rarely in positions of authority over men.²⁷⁴ Everyday illnesses and childbirth were tended to by the “Granny,” a noteworthy female in the slave quarters who was “midwife, medicine woman, and advisor,” and knowledgeable about herbal remedies.²⁷⁵ Black midwives may also have delivered white infants as well. An oral history of Annie Mae Hunt reports that “My grandmother was a midwife. Every white man or black man born in that country that’s my age, my grandma *caught* him.”²⁷⁶

In addition to their work in their own homes and in the agricultural work of the plantation, black slave women were also “expected to be reproductive.”²⁷⁷ There was, however, no legal foundation in Texas for marriage between slaves. Black females also often fulfilled the role of family caretaker when males were sold or hired out to other plantations.²⁷⁸

That black families survived at all is due in part to the strong alliances that developed within slave communities. Extended families assumed the roles of missing family members or the slave community extended itself if no direct family members were present.²⁷⁹ Black females were supported by the black slave community in the same way that Indian women were supported by their female networks.

Mexican communities existed in Texas prior to independence from Mexico in 1836.²⁸⁰ Hispanic women populated Texas prior to the arrival of Anglo-American settlers. Tejanas are “women of Spanish-Mexican origin in Texas.”²⁸¹ Like most black women, “they remain almost entirely anonymous in history.”²⁸² Neither the 1860 nor the 1870 United States Census specifically make note of the Hispanic population in Houston. The 1860 census, however, notes that 12,443 native Mexicans were included among the population of Texas.²⁸³ It was not uncommon during the early days of settlement for Anglo men to marry elite Hispanic women; men from the United States far outnumbered Anglo women. Children of these unions were considered Anglo.²⁸⁴

Under Spanish law, Tejanas could keep property they owned at the time of marriage and were eligible to share community property; they secured their own land grants and could transact contracts.²⁸⁵ Tejanas owned land and cattle, operationalizing the work on their land and overseeing the workers.²⁸⁶ Like other women’s groups in Texas, they organized family life, religious observance, education for their children, and celebration of holidays. They engaged in the development of their communities.²⁸⁷ Unfortunately, neither slaves, Indians, nor Tejanos were treated compassionately by the

Republic of Texas. The Anglo government “sought to maintain slavery, restrain or rid the republic of Native Americans, and dispossess the Mexicans of their land.”²⁸⁸

Tejanas served as midwives to Indians at the missions and baptized critically ill infants.²⁸⁹ Indeed, “Women were almost exclusively responsible for medical care.”²⁹⁰

Acosta asserted that regardless of ethnic origin, all women in Texas lost access to rights under the new Texas Constitution of 1848. Husbands gained more control over their wives’ separate property and also over community property.²⁹¹

Hispanic women, then, engaged in the same activities as other women in early Texas. They cared for their families, their communities, and contributed to economic development. They were granted some legal rights under Spanish law and witnessed the loss of some of those rights (as did other women) under Anglo law.

Anglo women who migrated to Texas were burdened with nineteenth century expectations of females. The role of women was circumscribed to encourage feminine attributes within a male-dominated society.²⁹² During the early years of Houston’s settlement, women tended to maintain traditional roles in the home and family. As industrialization transformed the work of men from the farm to the factory, women became the guardians of “home as a sanctuary.”²⁹³ The characteristics that distinguished women of the day were “piety, purity, submission, and domesticity.”²⁹⁴ It was presumed that women would conform to the wishes of their husbands or fathers.²⁹⁵ Although these features were primarily attributable to middle-class wives, their desirability extended to impact other women as well.²⁹⁶

Anglo women settlers often experienced a sense of “alienation” in their new surroundings that were often in remote and unsettled areas. They tended to the home and cooked, spun yarn, gardened, and engaged in nursing their own families and neighbors. Letters home to their places of origin reflected worries about the physical safety of their settlement families. The frontier presented a constant litany of dangers, including Indian attack, childbirth, war, and oft-recurring episodes of disease and fevers.²⁹⁷ The Texas frontier was much different than the settled societies from whence they came, even if that society was in the South.

Some of the Anglo women were of upper-class origins and either succumbed to the vagaries of life on the frontier, or rose to the occasion and survived. They tended to develop “patience, acceptance, submission, stoicism, and above all, adaptability.”²⁹⁸ Anglo middle-class women perhaps had an easier adjustment to the harshness of frontier life due to their past work roles in the home without benefit of servants. They, like their Indian counterparts, engaged in family and economic roles within a male-dominated society. They tended to become “independent, resourceful, and self-reliant women.”²⁹⁹

Not much is known about poor white women on the frontier. They left few records, although life no doubt was hard for families who experienced enduring poverty.³⁰⁰ Even with the burden of poverty, however, Anglo women were at least “white and free.”³⁰¹

Not all Texas women gratefully submitted to the dependent roles foisted upon them. Elizabeth (Lizzie) Scott Neblett, the wife of a Confederate soldier from East Texas, for example, decried her designated role in life, recording in April, 1852 that

“Heaven in her wisdom has placed insurmountable barriers between me and my individual ambition. I can never gain worldly honors. Fame can never be mine. I am a *woman!* a woman! I can hardly teach my heart to be content with my lot...”³⁰²

Childbirth was a dangerous event for all women of the time, but especially so in the South where rural communities without sufficient doctors or midwives increased the danger. Texas itself had a high percentage of white female deaths due to childbirth.³⁰³ Letters written by and to Lizzie Scott Neblett during the 1860’s address the fears and mental health threats that women faced when confronted with the possibilities of unwanted pregnancies. Lizzie warns her husband that she will not reside with him after his return from the war if he does not bring her a means of contraception, saying “You have no idea how the fear of such a disaster [childbearing] clips the wings of my desire to see you...”³⁰⁴

The women who settled Texas did not always acquiesce to the restrictive values thrust upon them and some sought to expand their diminished lives. Mary Ann Goodnight, for example, drove a supply wagon on a cattle trail and Mary Bunton rode the Chisholm Trail with her husband, during which “four things disturbed her peace of mind—the wild animals, the Indians, the rattlesnakes, and storms.”³⁰⁵ Margaret Borland assumed control of her husband’s cattle industry upon his death and led over 2,000 cattle overland to Wichita, Kansas in 1873.³⁰⁶ Ann Whitney, a Texas immigrant from Massachusetts, sacrificed her life to protect the schoolchildren under her care when attacked by Comanches.³⁰⁷ Elizabeth Smith nursed in Crosby County upon her arrival in 1877, bringing her own medicines with her. She provided the only medical services to the area

for a decade.³⁰⁸ Lizzie Williams authored fiction, was published, and used her income to purchase cattle as an investment. With the proceeds from her investment she bought land and cattle and recorded her own brand for the cattle. She also led her herd up the Chisholm Trail.³⁰⁹ The famed Texas sculptress Elisabet Ney immigrated to the state in the early 1870's and resided on Liendo plantation not far west of Houston. Her sculptures of Sam Houston and Stephen F. Austin are on display in the Capitol in Washington, D.C.³¹⁰

That the church and religion were significant factors in Kezia DePelchin's life is no surprise. Indeed, as Fehrenbach, a Texas historian, contended, "all historians seem to agree that they [churches] were the single most important cultural and social force behind the Texas frontier."³¹¹ Women began to engage in endeavors outside the home through the pursuit of religious activities related to the church.³¹² Women's roles began to expand from the home to the community with religion serving an instrumental role in ushering women towards "participation in a broader public sphere."³¹³ Houston women contributed significantly to the development of churches within the growing city. While not always among the charter members of the congregations, they nonetheless inaugurated and directed their own church and community projects, including fundraising for building campaigns, instituting Sunday schools, providing prayer books, and establishing a shelter for elderly women. While fulfilling these many obligations, however, women were excluded from roles of "authority" within the congregations.³¹⁴

The city of Houston, while accessible by water up Buffalo Bayou from the Gulf of Mexico, was difficult at best for hardy visitors to find over land routes. The new city

was essentially hidden within lush pine forests and required intrepid visitors to navigate freshly designated trails laid out in the woods.³¹⁵ The city did have some amenities in these early days of settlement. A two-room schoolhouse constructed of rough boards had been erected, a steamboat plied the bayou, church was held in the capitol building, and a jail, hotel, and courthouse had been raised. Weddings, balls, and receptions were held in these early Houston surroundings.³¹⁶ Despite the difficult conditions, by 1850 a female visitor to Houston could report that “The citizens thus far I like very much, some of the ladies are very lovely.”³¹⁷ The New Year of 1850 was ushered in with partying and visitations to the ladies. And the 4th of July was celebrated with a Sunday school picnic and an ice cream social in the evening with teachers in attendance.³¹⁸

The Civil War had a profound effect on the roles of Houston women. While they participated in the commonly expected activities of rolling bandages, fund-raising, and knitting scarves, women also stepped out of their lives of conformity to fulfill roles left vacant by men departing for distant battlefields.³¹⁹ The lives of black women were also deeply affected in the aftermath of the Civil War. They sought lost family members and embraced the legalization of marriage which was now available to them. Family units and relationships were reestablished under the new mantle of freedom. And like white women before them, black women also broadened their lives and community through investment in their churches.³²⁰

Blacks and whites resided in the same neighborhoods in Houston following the Civil War; segregation was not a policy and would not be established for decades.

“Houston blacks and Houston whites knew each other well...”³²¹ The section of the city

of Houston where Mrs. DePelchin resided in 1870³²² was fairly evenly divided between blacks and whites; the white population in Ward 4 was 1,741 and the black population was 1,314.³²³ Houston was comparable to most other post-Civil War Texas towns that could generally boast of a courthouse, general store, drugstore, and saloons. The stores might provide basic supplies including coffee, crackers, and sugar as well as calico and gingham next to quantities of guns and ammunition. By 1870 Houston was the third largest city in the state with a population of 9,000. It was a steamboat and railroad hub with expanding manufacturing facilities.³²⁴

It was also a city in which women extended their roles in the community as teachers in such institutions as the Houston Academy, a co-educational facility that existed as early as 1845, although classes were segregated by sex.³²⁵ Teaching was considered an acceptable and appropriate female occupation and small schools in private homes were established before the growth of the city necessitated the development of a public school system in the 1870's. Teaching rendered an unparalleled opportunity for black women as it was the only profession in which they could engage.³²⁶ The city directory of 1877 listed three schools for "young ladies" and several schools for both boys and girls.³²⁷

Women's opportunities for employment prior to the Civil War, however, were limited and perhaps only 10% of women worked for a living in paying jobs outside of the home.³²⁸ This represents approximately 800,000 women in the United States according to the 1840 census.³²⁹ These jobs were generally confined to teaching, domestic work, and factory work.³³⁰ At the turn of the century, however, almost four million women, or

one in seven women, worked outside the home; most of these women were unmarried.³³¹ In a thankless marriage, Kezia DePelchin found herself responsible for her own sustenance. Essentially a single woman, she found it necessary to support herself and did so as a teacher, as did many other women of her day and circumstances.

The development of social clubs in the 1800's provided a means of intellectual growth for Houston women. Not only did the clubs provide opportunities for social interaction, but they also afforded venues for the development of social awareness and action that further enhanced their communities.³³² The Ladies' Reading Club, the city's first women's group, was established in 1885 and sought to broaden an understanding of topics in history, science, literature, and art.³³³ The club had a written constitution and by-laws and undertook a study of Egypt as their first effort at "self-improvement."³³⁴ There is no evidence to suggest that Kezia DePelchin participated in these early women's groups. Although a literate woman and a teacher herself, it would seem more likely that Mrs. DePelchin would engage in pursuits where her skilled action produced immediate results. While community fundraising was a worthy enterprise, as Matthews noted, "Selling tickets to a dance did not appeal to her."³³⁵

Because of her life experiences, Kezia was not a frivolous individual entertained by frippery and dreams of romance. She was instead a self-reliant woman who took her responsibilities seriously and did not pin her hopes on a prospective male figure upon whom she might rely. Indeed, Matthews noted that "In spite of the respect and admiration Houstonians had for Kezia, they looked upon her as different from other young ladies."³³⁶

To a large degree, most women in Houston, once married, remained married. Although divorce was a legal procedure in the majority of states by 1800, it was an infrequent occurrence.³³⁷ The first divorce in Texas may not have occurred until 1848.³³⁸ By the time of the Civil War, 1.2 divorces occurred within 1,000 marriages.³³⁹ By 1890, Texas reported an average annual number of divorces per 100,000 married population of 253 (2.53 per 1,000).³⁴⁰ It would not have been unusual, then, for Mrs. DePelchin to separate from her husband yet not obtain a divorce; indeed, the wife of the city's co-founder separated from her husband in 1850.³⁴¹ Not only was a divorce uncommon, but her religious faith may have precluded Mrs. DePelchin from breaking the vow she had sworn to uphold. And like many a disappointed woman, Mrs. DePelchin may not have given up hope that her idle, irresolute husband might change his ways. She arranged for flowers to be placed on his grave until her own life ended.³⁴²

Not all Texas women, then, were overwhelmed and overshadowed by the restricted roles imposed on them. Perhaps women were stifled within society as a whole, yet individual women embraced their own paths of interest and achievement. Women were active in the arts, in business, on cattle trails, in philanthropic works, and also as wives and mothers. A learned and confident woman like Mrs. DePelchin would not have deemed it unusual to pursue an undertaking for the benefit of others. Texas women, no matter their role, could adapt to challenges with an independent spirit.

Nursing in Houston and Texas

Although training schools of nursing began to develop in the United States in the 1870's,³⁴³ the first school of nursing in Texas was not established until 1890, more than a

decade after Kezia DePelchin provided nursing care to yellow fever victims in Memphis. With the admission of students in March, 1890, the John Sealy Hospital Training School for Nurses opened in Galveston, Texas and became the first nursing school west of the Mississippi River.³⁴⁴ The first nursing school in Houston, under the auspices of the Sisters of Charity of the Incarnate Word, opened in 1905.³⁴⁵

Prior to the establishment of nurse training schools, nursing in Texas was a self-taught role often founded amidst the dangers and emergencies of a frontier settlement. Responsible for the functioning of the home, women in early Texas also fulfilled the role of administering to the sick within their own households as well as within the homes of neighbors when illness struck.³⁴⁶ As such, they engaged in the practice of domestic nursing.

While not formally trained in a school of nursing, Kezia DePelchin undoubtedly experienced innumerable opportunities during her years of residence in Houston to gain familiarity in caring for the sick. Houston endured yellow fever epidemics while she resided in the city and episodes of smallpox, cholera, and diphtheria were not uncommon along the Texas Gulf coast.

In addition, the Civil War years provided additional opportunities for southern women to engage in the care of the sick and wounded. Care was directed towards not only the individual but towards persons within a larger segment of the community as wounded soldiers returned to their homes. Women discovered that these experiences of caring for the sick and wounded broadened their skills and provided a framework for future work in challenging social environments. Houston women in general (at least free,

white, and middle-class women) and Kezia DePelchin in particular were prepared and ready to move further afield in the world, bringing the skills acquired from a lifelong battle with disease, war, and frontier life.³⁴⁷ Circumstances for women of other races and classes may have been different.

Mrs. DePelchin and other women may also have been influenced by material published in the print media of the day. We know that Mrs. DePelchin read the newspaper assiduously and it is not difficult to imagine her awareness of (or desire for) other sources of information. Although published in Philadelphia, *Godey's Lady's Book* was known as far south as Texas and published stories, recipes, patterns, and other items of benefit to women.³⁴⁸ And although it is unlikely that Mrs. DePelchin was interested in decorating suggestions or frippery, the magazine also provided information on diverse topics, including nursing, that a woman of her serious nature would have found useful.

As early as 1861, an article called "Nursing the Sick" appeared in the publication, upheld the value of a nurse and provided useful suggestions for patient management.³⁴⁹ Additional articles emerged during the 1860's and 1870's, including one in 1871 that discussed the "benefits that would follow if the calling of sick nurse were elevated to a profession."³⁵⁰ Women in general, then, were exposed to the idea of the nurse as a professional woman and nursing as a profession that required specific skills.

In addition, the concept of a "trained nurse" was also making inroads in other dimensions. An article in 1869 in the *Transactions of the American Medical Association*, for example, expressed the observation that "good nursing...is half the battle in disease."³⁵¹ The publication addressed the findings of a Committee on Training of

Nurses that encouraged the development of schools of nursing within hospitals albeit with a religious affiliation and instruction provided by the medical establishment.³⁵²

The role of a skilled nurse, then, was not an unknown concept to the medical establishment or to women in general. It was a concept, however, at least in Texas, that had not yet reached the point neither of design nor implementation.

Death of Hannah Payne

The United States Census of 1870 for the state of Texas, Harris County, recorded information pertaining to both Hannah Payne and Kezia DePelchin on July 22, 1870. The document indicates that they resided in the 4th Ward in Houston. Hannah Payne was listed as 70 years of age, female, and white, with England as her place of birth. Directly underneath the entry for Hannah, a listing for Kezia appears. Her name is not clear, however, and a transcribed record of the 1870 Census indicates the name “Delespine” Payne under Hannah’s. Kezia is identified as 40 years of age, white, female, designating “music teacher” as her occupation, and Madeira Island as her place of birth. In the United Census for 1860, Kezia is listed as “Eliza” under Hannah’s name. By 1880 she may have despaired of ever having her given name appear correctly noted on the census forms, and she is listed simply as “Kate DePelchin.”³⁵³

Less than four months later, on November 9, 1870, Hannah Bainton Payne died. She was laid to rest with services conducted by the Episcopal Church.³⁵⁴ This had to have been a sorrowful moment for Mrs. DePelchin. She and Hannah had crossed an ocean together, settled in a new and strange land, forged a home on the frontier, suffered epidemics and the loss of loved ones, and formed a family for more than thirty years.

That this was indeed a grievous moment for her is indicated in a letter she wrote to her sister on November 9, 1878, in Memphis, in which she sadly remembers the death of Hannah eight years previously. "...then was I left alone. to me the world was empty... This is the first time I have ever failed to visit her grave and cover it with flowers on the anniversary of her death but I know she would approve of my conduct..."

Teaching

After Hannah's death, Mrs. DePelchin left the Milam Street cottage and boarded with families in the community,³⁵⁵ including the Reverend Fritz Vordenbaum, who was assigned to Bering Memorial Methodist Episcopal Church from 1877-1881.³⁵⁶ The United States Census of 1880 lists Kate DePelchin as "boarder" under the name of Fritz Hardenbammen, Preacher, German Methodist.³⁵⁷ Although there is no preacher by the name of Hardenbammen on the roster at Bering Memorial United Methodist Church, Reverend Vordenbaum served in 1880 and it is reasonable to assume an incorrect spelling of the name as has previously been noted in the case of Mrs. DePelchin.

At the conclusion of the Civil War, attention could be directed toward civic interests that had previously gone unaddressed. Provision of educational institutions was one area that had been neglected. Some private schools, including the Houston Academy (the first of which was established in 1844), among others, were operational. Education resided entirely in private schools.³⁵⁸ Interest in the establishment of a public school system was intensifying.

Churches and schools were two areas of civic institutions to which women in early Texas contributed.³⁵⁹ Mrs. DePelchin had long been active in the church community

starting with her residence in Galveston, and she engaged in a teaching role for extended periods beginning in the 1850's. On her own and responsible for herself, Kezia committed herself to another of her careers, that of schoolteacher, both in the classroom and the music room. "In October, 1857, there were ten schools in successful operation in Houston. They were those of Mr. Bolinger, ...Professor Ruter and sister, Miss Kate Van Alstyne, Miss K. Payne and Mrs. H.X. Cotton."³⁶⁰ The Houston City Directory of 1866 identified Mrs. K. DePelchin as a music teacher at an address on Milam Street between McKinney and Lamar. She also worked for most of the 1870's at the school affiliated with Bering Memorial Church, also known as the German Methodist Church.³⁶¹ And on January 30, 1875 a notification appeared on a page of the *Houston Daily Telegraph* documenting her work as an educator. The notice proclaims GERMAN-ENGLISH SCHOOL in bold print. The announcement continued, "The Free Schools having closed, the German-English School, corner Milam and McKinney streets will be opened again as a private school on Monday, the first day of February (next words unreadable) Teachers – W.J.R. Thoenssen, Mrs. K. DePelchin."³⁶²

In October, 1877 the public school system in Houston was initiated. On October 1, fourteen schools opened in locations throughout the city. Mrs. DePelchin made the transition from private to public schools. On October 2, 1877, according to Carroll, the *New Age* reported that "Mrs. Kate DePelchin, also in the fourth ward, has under her efficient charge 13 boys and 18 girls, in the fourth and fifth grades."³⁶³ The city directory for 1877-78 included the name of Mrs. Kezia DePelchin and listed her occupation as

schoolteacher; she resided in downtown Houston on McKinney street between Travis and Milam.³⁶⁴

Education commanded the attention of Kezia Payne DePelchin throughout three decades in various settings and formats including kindergartens, elementary schools, public schools, private schools, and a music school. Her activities once again demonstrated her commitment to those who most needed assistance. She continued with the activities of a full and useful life that no doubt included service to the church as well as nursing activities in the community as needed. Then came the summer of 1878.

Yellow Fever, 1878

With the arrival of the heat and humidity of summer, Houstonians tried to prepare themselves for the potential threat of a yellow fever outbreak. They anxiously pored over the daily newspapers for reports of yellow fever in port cities from which the fever could spread into Houston. The dispatches were often designated as “Fever Reports” and frequently appeared on the front page of the newspaper. The first reports appeared in *The Houston Daily Telegram* at the end of July, 1878 with seventeen deaths in New Orleans and quarantines established at Mobile, Alabama and Shreveport, Louisiana.³⁶⁵ Thursday, August 1 brought a report from Memphis, Tennessee concerning a quarantine of river and railroads from New Orleans and Vicksburg.³⁶⁶ On the next day, the city of Memphis halted rail freight from entering the city for ten days and all rail or steamship passengers were banned from the city until otherwise informed.³⁶⁷ By August 13, an advertisement was placed for 15 nurses who were needed in Mississippi, where 100 cases of yellow fever had been reported in Grenada, sixty miles south of Memphis.³⁶⁸ The Houston

newspaper on August 14 included a message from Grenada: "Send orange leaves and nurses. Situation fearful; worse than in 1873 in Memphis." The first case of yellow fever in Memphis was reported.³⁶⁹ August 15: thirty-three new cases and six deaths in Memphis.³⁷⁰ August 16: 98 new cases in New Orleans; 17 deaths. From Grenada: "Help us to pay nurses and bury the dead."³⁷¹ A report from Grenada in the Houston paper on August 17: "scenes in this plague-ridden town beggar description...strongest men and women and helpless children are sick, dying or dead. It is pitiful indeed to see entire families prostrated and swept away in a few brief hours."³⁷² The August 20th Houston paper declared: BRONZE JOHN. Still On His Deadly March.³⁷³ On August 21, a call for nurses and money was issued from Grenada where "the epidemic...appears to be the most malignant and fatal ever known in the country."³⁷⁴ On August 25, another entreaty from Grenada: "appeals for nurses today which could not be met were heartrending. Whole families were down with not a soul to aid them. Fifty brave nurses on duty and have more than two patients each...good nurses are greatly needed."³⁷⁵ The suffering in Grenada continued. The Houston paper on August 27 reported, "nurses worn out...Physicians needed with nurses, but not without...need 25 nurses more than anything else...For God sakes send nurses if you can."³⁷⁶ Then began the calls from Memphis: "There is a scarcity of nurses."³⁷⁷

The Howard Association

Upon her arrival in Memphis, Mrs. DePelchin became affiliated with the philanthropic efforts of the Howard Association. The organization was named in honor of John Howard, a wealthy Englishman who significantly influenced the development of

humanitarian principles as well as the concept of public health in England and the United States. The impetus for these monumental achievements may have been his shipboard capture by a French privateer and his subsequent confinement in prison.³⁷⁸ Almost two decades later, when appointed county sheriff, he set out to abolish the practice of re-imprisoning the acquitted for inability to pay the fees accrued during their incarceration.³⁷⁹ He began visiting prisons to examine existing conditions and expanded his investigations to other public facilities including hospitals. Until his death in 1790, he spent the remainder of his life traveling, investigating, reporting, and providing monetary assistance to others.³⁸⁰

During the nineteenth century, boards of health, if they existed at all, were in primitive stages of development and a systemized model for responding to epidemic disease was not defined. Because repeated episodes of yellow fever caused havoc to commercial interests as all trade and commerce came to a standstill, it was not surprising that the initial networks established when epidemics threatened were initiated by businessmen in the community.

The first Howard Association in the South was instituted in 1837 to provide relief to yellow fever victims in New Orleans.³⁸¹ As word of their efforts spread, other Howard Associations were created throughout the South. The Galveston, Texas Howard Association was chartered in 1854 and one in Houston followed in 1867.³⁸² Unfortunately, no Howard Association records could be located in either Houston or Galveston. The Howard Association in Memphis was organized in October, 1855.³⁸³

The overarching mission of the Howard Association was to provide for the needy in time of yellow fever epidemic disease without consideration of race or class.³⁸⁴ The Association operated by virtue of private donations from the locally affected community and surrounding regions as well as from communities across the nation. When an epidemic announced its presence in a community, the Association assembled and formulated their response. They divided the city into districts with a volunteer (called a “visitor”) overseeing each district. The organization was responsible for identifying victims of disease and initiating assistance. Physicians and nurses were assigned to each case, food and equipment were distributed, and medications were dispensed.³⁸⁵ In addition, the Association provided for nurses at the City Hospital in Memphis when it was converted into a yellow fever hospital by the Board of Health.³⁸⁶

There were thirty-two full members of the Howard Association during the time of the 1878 epidemic listed in the Keating *History* and four honorary members. The officers were: A.D. Langstaff, President; W.J. Smith, 1st Vice-President; J.H. Edmondson, 2^d Vice-President; J.H. Smith, Secretary; J.G. Lonsdale, Treasurer; and John Johnson, Superintendent of Nurses. Eleven members sickened and died; eighteen sickened but recovered. It should be remembered that officers varied at times as members became ill or died and were replaced by other members. John Johnson, for example, also served as treasurer.³⁸⁷

When she arrived in Memphis, Mrs. DePelchin immediately contacted the Association and became a nurse under the auspices of the organization. She provides great detail in her letters concerning her interactions with the Howard Association

personnel and its organizational framework. Railroads provided free transport to medical and nursing volunteers who departed for cities that desperately awaited their arrival and a rail pass carried Mrs. DePelchin northward to Memphis and the Howard Association.³⁸⁸

CHAPTER III

THE EPIDEMIC UNFOLDS

The yellow fever epidemic in the summer of 1878 was an event of enormous proportion. The epidemic in Memphis itself remains a notable chapter in our national history, claiming more loss of life than other perhaps more well-known disasters including the “Chicago fire, San Francisco earthquake, and Johnstown flood combined.”³⁸⁹ The catastrophe was not confined to Memphis, however. Communities throughout the Mississippi Valley, united by the breadth and length of the Mississippi River and the expansion of railroads, shared not only commerce and human cargo but disease spread through the transportation network. The *New York Times* provided daily accounts of the progress of yellow fever from its inception in the Gulf of Mexico to its spread upward through the states of Louisiana, Mississippi, and Tennessee. Yellow fever progressed northward along the route of the Mississippi River and affected communities hundreds of miles from the fever’s point of origin in the Mississippi Delta.

In his history of the epidemic, Keating recorded reported deaths attributable to yellow fever. The names of those who died in Memphis cover thirty pages, approximately 170 names to a page. Thirty-one other towns and municipalities of Tennessee also experienced loss of life, from Covington and Bethel Springs with one death each, to Chattanooga with 193 dead. Deaths in Mississippi consume more than eight pages, 300 names to a page. Vicksburg alone suffered 900 deaths. Arkansas, 40

deaths; Alabama, 90; Kentucky, over 350. The death list for New Orleans covers eleven pages, over 350 names per page. The upper Mississippi Valley was not immune to the ravages of the epidemic. The fever expanded northward to Ohio where 25 died; St. Louis endured the deaths of 30.³⁹⁰ The appalling loss of life was not all. Economic loss was pronounced³⁹¹ as trade, transportation, and mail routes were all disrupted.

The state of science in 1878 did not allow for the understanding of the transmission of yellow fever and the circulation of various causation theories produced debate and disagreement. According to Keating, yellow fever was a xymotic (yeast) disease caused by “invisible germs floating in the atmosphere”³⁹² that entered through the lungs and into the bloodstream. Others believed it arose “spontaneously,” exacerbated by unsanitary conditions of urban areas. Yet others averred that the fever never originated in the United States and was always imported. It was also noted that the disease was more likely to occur amid crowded urban areas, was temperature dependent, and was not evident when temperatures fell below freezing.³⁹³ More imaginative explanations for causation described a “marsh miasma” or “a subtle poison that explodes in the air” and was subsequently swallowed or inhaled.³⁹⁴

With no means of scientific clarification, theories abounded yet remained unproven. The disease was generally recognized as noncontagious from person to person but transportable by person or trade.³⁹⁵ Thus developed the intrigue surrounding the concept of “fomites.” These were any articles that came in contact with yellow fever patients and were contaminated with whatever agent, though unexplained, caused yellow fever. The disease could then be passed on to an uninfected individual who came into

contact with the offending item.³⁹⁶ In order to halt the transmission of disease from fomite transfer or importation, quarantine (from the Italian, “forty days”) was instituted. Some believed that absolute quarantine, or the total avoidance of commercial interaction with areas afflicted with yellow fever would guarantee immunity to the disease by denying yellow fever “germs” access to people susceptible to the disease.³⁹⁷ Quarantine prevented interaction with “individuals, ships, steam-ships, steam-boats, railroad cars, and by cargoes of goods supposed or suspected of being tainted.”³⁹⁸ Disagreement as to the need or effectiveness of quarantine was as ubiquitous as the disagreement concerning theories on the origin of yellow fever. Without other viable avenues of defense, however, many southern cities instituted quarantine as a safeguard when reports from New Orleans, especially, indicated that yellow fever had entered that southern seaport.

Disease

The disease of yellow fever begins acutely, takes an unpredictable course, and produces terrifying symptoms. Following an incubation period of three to six days, the fever manifests itself in stages, and symptoms may vary across a broad spectrum. Prodromal symptoms are uncommon.³⁹⁹ During the initial stage (period of infection)⁴⁰⁰ of one to three days, the victim may suddenly experience chills, fever, headache, pronounced backache, muscle pain, loss of appetite, and nausea and vomiting. The tongue may be coated. Circulating virus in the blood of the victim causes him to be a source of infection if he is bitten by another mosquito and the virus may thus be transmitted to others.⁴⁰¹ Dizziness, a quickly rising temperature, and a flushing of the

face, neck, and upper torso may be evident and accompanied by apprehension.⁴⁰² The patient may exhibit a slow pulse in relation to the rise in fever (Faget's sign).⁴⁰³

Following this first stage that lasts three to four days, the fever recedes, the pulse slows, and an apparent convalescence (period of remission)⁴⁰⁴ begins. Some patients indeed continue to improve and recover; others, approximately 15%, progress to an intense final stage.⁴⁰⁵ This ultimate stage (period of intoxication)⁴⁰⁶ produces the jaundice and yellow skin for which the disease was named; Reynolds referred to the skin as "lemon yellow."⁴⁰⁷ Also, fever reappears and urinary output may decrease. This final stage also produces the defining symptom that distinguishes yellow fever from all other fevers. The Spanish name "vomito negro," or black vomit, describes the digested blood emitted from the stomach and the symptom that usually precedes death.⁴⁰⁸ Bleeding may also arise from the mouth, nose, and eyes.⁴⁰⁹ Sternberg noted the onset of delirium which Strode characterized as "wildly agitated delirium."⁴¹⁰ Tomori described "agitated delirium, stupor, coma."⁴¹¹

It is reported that 50% of patients who enter the last stage die within ten to fourteen days while the other 50% successfully recover.⁴¹² Those who do recover experience life-long immunity and do not succumb to further attacks of yellow fever due to the presence of circulating antibodies.⁴¹³ The yellow fever of 1878 from the first appearance of symptoms to resolution as recovery or death occurred within a span of three to seven days.⁴¹⁴

Diagnosis of yellow fever remains difficult even today and can be confused with other infections that are hallmarked by fever. Malaria, typhoid, and other fevers of

unknown origin were rampant in the southern United States prior to and concomitant with the yellow fever epidemic in 1878. There were no means available either scientifically or medically, other than the thermometer, to distinguish among causes of fever other than the diagnostic skills of the physician.⁴¹⁵

Although laboratory tests including serum transaminase, direct bilirubin, serum aspartate aminotransferase (AST), alanine aminotransferase (ALT), urine protein, serum creatinine, prothombin times and white blood counts are available to assist today's clinician in both diagnosis and treatment of yellow fever,⁴¹⁶ none of these tools were available to the physician engaged in the care of yellow fever victims in 1878.

What medical care there was, was limited, and included the use of emetics, oil, ice chips, laudanum in a starch enema, poultices of mush, onion poultices, and mustard plasters. Laudanum, however, was the only specific medication that seemed to be available, and the treatments required and consisted of direct nursing care procedures.⁴¹⁷

The Epidemic

As early as February, 1878, the Louisiana Board of Health received reports of yellow fever in Brazil. Ships from that country, however, were permitted to proceed to New Orleans from the city's quarantine station without detention. The first official notice of disease in New Orleans was not until July 12 with new cases appearing over the coming month that caused an exodus from the city⁴¹⁸ of those trying to escape the fearful disease.

While events were unfolding in New Orleans, developments were also occurring in Memphis. The president of the Board of Health resigned in early July because the

board failed to approve his proposal for a quarantine at Memphis from July 1 to October 1, declaring that “if we ever have yellow fever again it will be our own fault for not taking the known, necessary precautions against it.”⁴¹⁹ On July 26, the *New York Times* referenced twenty-three cases and thirteenth deaths in New Orleans.⁴²⁰

By July 27, it was reported that the *John Porter*, a New Orleans tugboat, had discharged two victims of yellow fever in Vicksburg and was in the process of ascending the river.⁴²¹ The Memphis Board of Health with dispatch erected quarantine stations on the railroad lines and on the river.⁴²² Freight from New Orleans and Vicksburg was to be unloaded outside the city limits to be quarantined for ten days and disinfected; freight from the cities was eventually entirely refused. Passengers were evaluated and, if suspect, were quarantined.⁴²³ Passengers, however, by-passed these safety features by purchasing steamboat or railroad tickets to locations not under quarantine and from these intermediate positions would make their way to Memphis.⁴²⁴ The mayor began discussions with the Howard Association at the end of July perhaps cautiously planning for eventualities with the organization known for its assistance during epidemics despite the hope of the city that its quarantine system and sanitation efforts would ward off the fever. Hotels were instructed to report any illness among guests and the city instituted a campaign to remove garbage and clear gutters. Despite all these initiatives, the first report of a case originating in the city occurred on August 13, followed by two deaths on August 14, thirty-three new cases on August 15, and twenty new cases on August 16.⁴²⁵ The Board of Health turned the city hospital into a facility for yellow fever victims with care provided by Howards nurses⁴²⁶ through the Howard office located on Madison

Street.⁴²⁷ John Johnson was elevated from honorary member to active member of the Howards and became the superintendent of nurses.⁴²⁸

There then arose what Ellis called a “human stampede” from the city.⁴²⁹ Every person with the ability to leave the city of Memphis departed in a frenzy of leave-taking by carriage, rail, or boat. Bloom suggested that approximately 20,000 persons departed Memphis by rail; Coppock indicated that approximately 25,000 fled during the immediate four days following the first confirmed yellow fever death.⁴³⁰ The hurried pace of departure was exacerbated by the fears that quarantine would be established by other towns and cities to deny entry to those escaping yellow fever in Memphis.⁴³¹ The *New York Times* of August 16 described in a “Special Dispatch” from Memphis that “Nearly all towns in all directions are quarantined against us” and noted that railroads between Memphis and the towns of Grenada and Little Rock had “stopped running trains.”⁴³² The next day the newspaper characterized the city of Memphis as in a “panic.”⁴³³ Memphis became an isolated island with no further limits on who could enter the city but restrictions now on who could *leave* the premises to enter other communities. The exodus, however, took a toll on the city, as “Some of the residence streets are entirely deserted, and many large stores are closed.”⁴³⁴ A letter from Dr. W.J. Armstrong, a member of the Howard Medical Corps of Memphis⁴³⁵ was sent to his wife on August 17, 1878. In it he tells her, “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.”⁴³⁶ The Board of Health instructed that “all persons dying in this city of a suspicious character of fever be coffined and buried at the earliest practical moment, and the public are advised

against attending public funerals until further notice”⁴³⁷ in an effort to stave off the fever. The toll of the disease became grim. Because the number of available hearses to transport the dead for burial was inadequate, an appeal was made to the public by Dr. Mitchell to “furnish horses and vehicles.”⁴³⁸

A member of the Sisters of St. Mary’s, an Episcopal community of nuns, documented her observations and experiences of the exodus. She recounted a mammoth migration from the city over several days in every contrivance available, and if none was at hand, departure was undertaken by foot. “On Wednesday and the three following days, 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.” The mood of the departing reflected their fear and despair. Railroad depots were packed to overflowing; even standing room on trains was unavailable. A week later the city was “still and death-like.”⁴³⁹

Train depots convulsed with scenes of desperation as the fearful populace attempted to flee. Abandoning homes and possessions, those escaping the fever inundated accessible trains to claim whatever remnants of space were available. “Seats, aisles, platforms and roofs of all cars were crowded and men who could not obtain entrance by doors climbed through car windows...Courtesy was forgotten and often, even the common feelings of humanity. Self preservation reigned as law.”⁴⁴⁰

A letter written by a mother to her young daughter in October, 1878, from Macon spoke of the horror:

My Darling Little Daughter,

We are in the midst of death and desolation; today we are alive but tomorrow may find us dead—victims of one of the most terrible plagues that ever desolated any country. Your Father and myself with you in our arms left Memphis on the 14th of Aug. for this place which we then thought was a place of safety. Since our arrival hundreds upon hundreds have died in Memphis, and now the disease has spread to every town upon the railroad for miles and miles the mortality sickness and distress being almost too horrible to contemplate.⁴⁴¹

Surrounding areas refused to accept refugees from Memphis in an attempt to protect their own communities from the fever. Trains passing through towns with their own quarantine refused to let the locomotives stop for supplies. Armed men lined the station platforms enforcing a “shotgun quarantine.” T.L. Turner recalled a message from Memphis asking the town of Milan to provide food and water to the refugees on a train. Tables were set up approximately four miles from the town. “The tables were loaded with food and tubs of water were placed near them. The townspeople then gathered on the hills about a mile away and watched the men, women, and children run from the train and plunge head first into the food and water. Then they were driven back to the trains with guns, but this was the last time relief was ever given.”⁴⁴²

Everyone with the means to leave, left. Among those remaining were the ill, those caring for the sick, others who thought they were in areas safe from the fever, or the poor with no recourse but to stay and endure. Tents were erected to provide shelter for those escaping the city with no other accommodation of refuge available to them. A tent city, Camp Joe Williams, was erected approximately five miles from the city by the Citizens Relief Committee.⁴⁴³ By now the plight of Memphis attracted the attention of the

rest of the country and appeals were made to the United States government. A telegram was sent to George McCrary, Secretary of War, declaring that “Death is making rapid strides through our streets. Can you not order 1,000 tents into which to remove the poor?”⁴⁴⁴ A telegram from Washington, D.C. dated August 20, 1878, was recorded in the Memphis paper and stated, “Secretary M’Crary orders rations for two thousand persons for twenty days,” and the paper noted “one hundred tents erected for refugees...and four hundred on hand.”⁴⁴⁵ By August 23, the Board of Health encouraged anyone who could leave the city to depart in the hope that “depopulation” would stem the disease. A pivotal moment occurred on this day, August 23, 1878. The Board of Health declared that an epidemic of yellow fever officially existed: “Resolved by the Memphis board of health, That the increase in the number of yellow fever cases throughout the city has been so large, the board feels it their duty to declare it epidemic; and urges all who can to leave the city forthwith.”⁴⁴⁶

CHAPTER IV

LETTERS FROM A FOREIGNER

The letters of Mrs. DePelchin (See Appendix) are unique in both their content and duration. The particular information provided about a nurse and nursing during the yellow fever epidemic is not seen elsewhere in nursing literature. The letters are also exceptional in that they almost entirely address aspects of the epidemic. Instead of fragments of discussion within a collection of letters, Mrs. DePelchin's comments almost in their entirety describe her experiences during the yellow fever epidemic. More so, her letters address her experiences as a nurse. Such specific information has not been previously noted. Therefore, I have described the material within the letters in detail in this chapter.

Chapter Four is organized into two parts. The first part, *From Houston to Memphis*, discusses the circumstances of Mrs. DePelchin's departure from Houston, arrival in Memphis, and her initial engagements as a Howard Association nurse. She narrates in vivid detail her nursing duties and roles during the height of the epidemic, including her assignment to a children's home. In part two, *From Memphis to Houston*, her extraordinary experiences in Senotobia, Mississippi illustrate the far-reaching impact of yellow fever as families in outlying areas were thunderstruck by the advancing epidemic. And finally, she describes her return home to Houston.

During the course of this research, it became evident that the disparities in the spelling of Mrs. DePelchin's name did not cease with enrollment on census forms. Mrs. DePelchin's name has been spelled, in print, in several formats, including DePelchin, de Pelchin, De Pelchin, and Depelchin. Mrs. DePelchin signed her name on at least two sources as "de Pelchin." The DePelchin Children's Center, however, known to generations of Houstonians, spells her name "DePelchin;" the Woodson Research Center lists the collection title as the *Kezia Payne DePelchin letters*. For these reasons, "DePelchin" is the spelling used throughout these pages. While I recognize that this spelling differs from Mrs. DePelchin's own format, I have used the commonly known spelling for her name, in order to be consistent and recognizable for future research. In addition, rather than refer to her as Kezia, I have referred to her as Mrs. DePelchin because she objected to less dignified forms of address: "This was never tried with me but once."⁴⁴⁷

Part One: From Houston to Memphis

Leaving home: "as if I was going to execution"

Conditions continued to deteriorate in Memphis. A list of individuals wanting nurses started to appear in the newspaper.⁴⁴⁸ Dr. Armstrong wrote his wife on August 24 that there were "no butchering stalls, no groceries - no feed stores - we live on bacon, coffee, and milk...my work is fearful - some 30 visits before noon, probably one-half as many this afternoon."⁴⁴⁹ J.M. Keating, editor, and one printer were the only staff at the *Memphis Daily Appeal* who remained at work, knowing that the daily newspaper was essential for the doctors, nurses, the Howards, and the Board of Health to provide

information to the public.⁴⁵⁰ “Forty-seven nurses furnished yesterday” appeared in one newspaper column.⁴⁵¹ By August 24, the week’s death toll for Memphis itself was almost at 100.⁴⁵² Dr. Armstrong again wrote his wife. “The fever is assuming a most fearful form and no signs of abatement...nothing but distress and death on all sides.”⁴⁵³ On August 25, the vice president of the Howard Association issued an appeal stating that “Experienced Female Nurses Are earnestly requested to call at office of Howard Association IMMEDIATELY.”⁴⁵⁴ August 31 brought perhaps 106 new cases and 90 deaths and reports of fever at Camp Joe Williams,⁴⁵⁵ while “There was an extraordinary heavy drain upon the Howards yesterday for nurses.”⁴⁵⁶ By September 1, noted deaths had more than tripled⁴⁵⁷ and the *New York Times* indicated that ““Found dead in a house”” had become a common report from the visiting nurses.⁴⁵⁸

It did not take long for Kezia DePelchin to mobilize into action. Her years of nursing during prior yellow fever epidemics meant she had the needed skills. Her own bout of yellow fever left her with immunity from further attack. Her years of compassionate care for others during epidemics and illness, her work during the Civil War, her concern for the welfare of children, and her deep commitment to her church did not allow for hesitation from her duty. She was determined to go to Memphis or Grenada. A notice in the Houston paper on Tuesday, August 27, reported that a woman received a pass from Superintendent Hoxie of the International and Great Northern Rail Road to take her from Houston to Little Rock where she would then continue on to Memphis to nurse in the epidemic.⁴⁵⁹ No doubt Mrs. DePelchin read this notice, for she commented to her sister that “Gen. Hoxie would give free pass to anyone who would

go.”⁴⁶⁰ The city of Houston was certainly not surprised that Mrs. DePelchin would decide to go to the aid of others. The *Houston Daily Telegram* on Wednesday, August 28, 1878 included the following story:

Mrs. DePelchin Going to Grenada

Mrs. DePelchin, a lady well and favorably known in the city as charitably disposed and ready and willing to assist the sick and afflicted, will leave for Grenada, Miss., via the International road, this evening. She yesterday offered her services to Dr. Rutherford, who procured passes for her to Little Rock, and she will leave this evening for the scene of destitution. We know her services will be very acceptable to those afflicted people, and that they will be very valuable. We hope she will be allowed to pursue the path of charity and will be guarded by angels through her noble and self-sacrificing work.

The *Daily Telegram* on August 30, 1878 reported that four rescuers, Mrs. Depelchin, Mrs. M.A. Nunn, Mr. Clark and Wm. Sheldon, had departed by train. At the same time, the city of Houston gathered itself for action in response to calls for assistance from a fellow southern city. The *Telegram* noted that “Houston has come nobly to the aid of suffering humanity, but can and will do better before many days. Already \$633 in cash have been sent from this city as well as six good and experienced nurses.”⁴⁶¹ By Keating’s *History*, Houston would send a total of twenty-three nurses to Memphis.⁴⁶²

On August 28, 1878, Kezia DePelchin wrote the first letter to her sister.

“My friends came in to bid me goodbye [*sic*] as if I was going to execution,”⁴⁶³ wrote Mrs. DePelchin, in the first of her letters that continued until November of 1878. Mrs. DePelchin’s journal of letters began as she was preparing to leave for Memphis on a free pass on the railroads. In this first letter, written in Houston, she expressed her desire to attend victims where needed and offered a hint of the stubbornness that would serve her well in Memphis:

[August 28, 1878]. You will be surprised to hear that I have determined to go to Memphis or Granada [*sic*], to nurse in the epidemic that is now raging there; I wish to go to Granada [*sic*], but the violence of the storm, may be over before I reach there. However, I cannot read these accounts, and appeals for help, and turn a deaf ear to them. I start tomorrow.

Her practicality, self-reliance, and faith in God became evident as she made preparations for her departure and needs while absent from home. She did not expect to return home to Houston until December, “as the climate, being warmer, they will be fearful of us bringing it [yellow fever] back,”⁴⁶⁴ She took her “watch which is so necessary to a nurse”⁴⁶⁵ on a black ribbon, changes of clothes, slippers for use in a sick room, and a warm set of clothes for her return trip. She made her will prior to leaving for the fever zone. Although nurses did receive pay from the Howard Association, Mrs. DePelchin did not intend to accept payment as long as she had any money of her own. She took with her the approximate sum of fifty dollars, contributed from friends interested in her welfare as well as from her personal funds.⁴⁶⁶

That she could not “turn a deaf ear” to the pleas for assistance was entirely in keeping with her well-recognized willingness to offer aid to those in need. It was not surprising that she quickly settled her affairs, packed her bags, and ventured forth where needed, as “God has told us who trust in him not to be afraid.”⁴⁶⁷

In Memphis, conditions were growing worse. On August 27, just before her departure from Houston, the Memphis Board of Health replied to a query about the type of help needed with a cryptic message: “Money & experienced nurses.”⁴⁶⁸ The Howard Association opened an infirmary at the Market Street School and began to supply nurses.⁴⁶⁹ The Citizens’ Relief Association ceded operation of the Canfield Orphan Asylum to the Sisters of St. Mary’s for the care of children who lost their parents in the epidemic, with funding provided by the Relief Committee.⁴⁷⁰ On August 31, The *Daily Ledger* reported that “the number of experienced nurses has been small until within the past forty-eight hours. It appears, though, that as fast as one need is supplied another presents itself.”⁴⁷¹ The Knights of Honor, another organization providing relief to the stricken city, placed an advertisement in the same newspaper in the Wanted column: “Good recommended and experienced yellow fever nurses.”⁴⁷²

By the end of August, the panicked exodus from the city had abated. Most who stayed in Memphis helped in some way to care for those who were ill, or they were ill themselves. Dr. Armstrong, who remained in the city, and who died on September 20, wrote to his wife on September 1 that “we poor doctors stand by abashed, at the perfect uselessness of our remedies.”⁴⁷³ There was a shortage of lumber for coffins as well as an inadequate number of men to dig the needed graves. A letter from Sister Constance of St.

Mary's sadly reported that "The body has been there for nearly two days, and no undertaker can be found who has time to bring a coffin."⁴⁷⁴

On September 3, Mrs. DePelchin wrote of the details of her journey to Tennessee, noting that "Here I am, not in Granada [sic] as I expected, but in Memphis."⁴⁷⁵ She crossed the Texas-Arkansas border and her train pass sent her to Little Rock where she saw festivities on the train platform. As others thronged on the reboarding train, it became clear that the band, music, and crowd were gathered to send off another group of concerned caregivers, Dr. Easley and twenty nurses on their way to Memphis. When Mrs. DePelchin learned that only three of the nurses were acclimated she "shuddered at the prospective sacrifice" and sadly recounted that "The music yet rings in my ears, as if it will be their funeral march."⁴⁷⁶ In a later conversation with some of the male Little Rock nurses, Mrs. DePelchin "implored" them to return without avail:

[September 3]. 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...

Aware of her own immunity to yellow fever, Mrs. DePelchin wrote that "I can go with less risk than many, as I have had it (the yellow fever) and been through several epidemics."⁴⁷⁷

The rescuers eventually arrived in Memphis via a circuitous route through Charleston, Missouri, and then down through the southwestern corner of Kentucky into Tennessee through Humboldt, as seen below in Figure 2, as all routes were closed

between Memphis and Little Rock. To go to Grenada she should have remained on the train in Humboldt, but “I did not know that, indeed the doctor in Houston told me I had better go to Memphis as the fever was there now.”⁴⁷⁸



Figure 2. Trip to Memphis

Dr. Easley from the Little Rock train station was eager to engage the Texas nurses in a hospital under his direction because they were acclimated “and were no common trash.”⁴⁷⁹ Remarkably, Kezia DePelchin regarded his remarks as a compliment! She did not join his group of nurses after she saw the prospective matron with a bottle of whiskey. Dr. Easley⁴⁸⁰ is listed in the Keating *History* under the “List of Unacclimated Volunteer physicians.” There are thirty-eight Little Rock nurses recorded in the *History*, thirty-two males and six females. One of them, T.J. Carr, Mrs. DePelchin mentioned in her letter: “No time to write passes for the Texas nurses so we were pointed out to one

Mr. T.J. Carr. he had to identify us every time the conductor came round; thus we became acquainted.”⁴⁸¹ She came to regard him as a friend and fellow nurse.

“how the Howard Association works”

Upon arrival in Memphis, the entourage was transported to the Peabody Hotel, observing streets “gloomy” with burning tar. Dr. Charles T. Davis, a yellow fever physician, reported that “Folks thought tar smoke would kill yellow fever germs... Wagons with tar furnaces on them used to clatter thru the deserted streets spouting clouds of smoke.”⁴⁸²

The original Peabody Hotel, built in 1869, was located in downtown Memphis on the corner of Monroe and Main Streets and was “considered one of the finest in the South. It had 75 rooms with private baths, a ballroom, saloon and lobby. It cost \$3 to \$4 a day for a room and meals, extra for a fire or gas light.”⁴⁸³ The Peabody’s place in this history is significant, serving as a place of shelter for some caregivers and as a meeting place for those directing the response to the epidemic. The hotel still exists in downtown Memphis, though in a new location on Union Street.

Mrs. DePelchin’s party was met at the hotel by Mr. A.D.Langstaff, President of the Howard Association. Later that first night Mrs. DePelchin was called for and sent out on her first assignment:

[September 3]...someone came to the door. Said there was a woman left alone sick, not a nurse in the Howard rooms would I go? Of course I went.

Mrs. DePelchin stopped at the Howard Association office and obtained a badge (Howard nurse) and a ticket indicating the patient's name and residence. Mrs. DePelchin's name was recorded as well as the time she commenced duty. There was a space to record the time on duty per twenty-four hours. The ticket, essentially her Howard Association employee enrollment, was number 626 (she was nurse number 626), dated August 31: "I knew nothing of what this was for, but found it employed me as a nurse of the Howard Association."⁴⁸⁴ Keating's *History* lists her as a Howard nurse in the Report of the Superintendent of Nurses, under the Names of Nurses from Other States and Cities.⁴⁸⁵ It is remarkable that she was enrolled as a Howard nurse within three days of her departure from Houston given the circuitous and difficult route from Texas to Tennessee. It is also of note that little time was wasted between the time of her arrival and the time she was summoned for her first assignment; this short time interval supports the reported severe lack of nurses.

The downtown area of Memphis in 1878 covered a relatively small geographical area on the northern part of the city, as seen in Figure 3. Front Street bordered the bank of the Mississippi River and city streets stretched eastward from that point. The establishments significant to the yellow fever epidemic and Mrs. DePelchin were located within a seven block area between Front and 3rd Streets. The original Peabody Hotel was located on the northwest corner of Main and Monroe,⁴⁸⁶ the Board of Health on the southside of Court Square,⁴⁸⁷ and the Howard office at 16 Madison Street.⁴⁸⁸ Mrs. DePelchin's eventual hotel, Chambers House, was located on 2nd Street between Poplar and Washington.⁴⁸⁹ While the location of *The Appeal* office is unclear, an 1879 reference

noted its address on 2nd Street just north of Market.⁴⁹⁰ The distances between these locations are easily walked, even by today's standards. This modest region served as the headquarters for the response to the epidemic. It is understandable that Mrs. DePelchin would encounter either new acquaintances or old friends while out walking in this highly influential area.

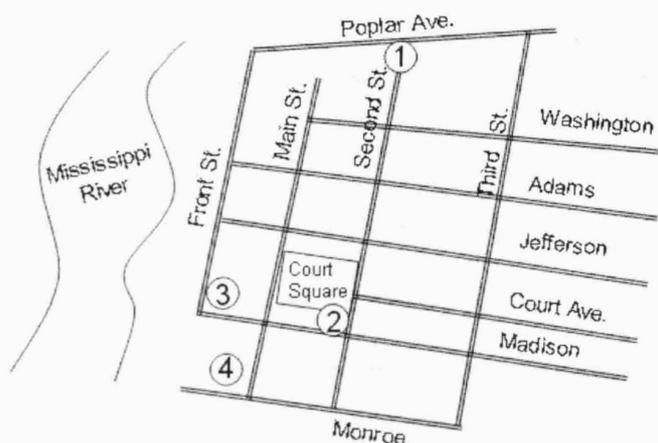


Figure 3: Downtown Memphis

1. Chambers House
2. Board of Health
3. Howard Association Office
4. Peabody Hotel

Mrs. DePelchin was escorted to her first assignment by the young man who called at her room. She entered the room of a bedridden sick woman with a young female attending her, both of whom were glad to see Mrs. DePelchin. She initiated her nursing duties immediately by applying cold compresses to the head of the ill woman, cooling the room (which she reported had a most foul odor), and straightening the bed linens. Mrs. DePelchin was confused by her surroundings:

[September 3]...these women whoever they are, seem so friendless no one comes to see them or inquire after them...if I would stay and take care of these women; I may have a room here free of charge. but I want to know where I am. handsome furniture and no comforts, all the provisions I found in the house. loaf of bread and ...tea that came from the Howards.”

It was not until later that Mrs. DePelchin discovered that the dwelling was a house of prostitution.

The organizational skills and expertise of the Howard Association (referred to by Mrs. DePelchin as the “Howards”) were evident from the start. At the end of August the epidemic was already noteworthy and the Howards had implemented their tactics to gain control of the deteriorating situation. Mrs. DePelchin believed that Memphis was divided into at least 11 districts by the Howards since “the epidemic has already assumed such gigantic proportions”⁴⁹¹ with two or three doctors assigned to each district; Falsone reported that the city was divided into five districts.⁴⁹² In addition, there were two individuals called “visitors” in each district who called daily upon every household where a Howard nurse was assigned to determine needs and assess nursing care. The visitors were members of the Howard Association.⁴⁹³ Needed items could be identified on printed lists and requested by order of the doctor or visitor. There were separate identification badges for nurses, doctors, and visitors. Howard Association members wore yellow silk armbands.⁴⁹⁴

Two offices provided resources for materiel and personnel. One office served as a clearinghouse for supplies, and another housed the superintendent of nurses, John Johnson.⁴⁹⁵ Requests for nurses, male or female, were forwarded to the superintendent who dispatched a nurse if available, by means of the ticket system. When the assignment was completed, the nurse returned to the office where the hours of duty were recorded and pay received. Mrs. DePelchin noted that the Howard Association paid up to \$4.00 per day and board; meals and lodging were obtained by designated tickets.

The Howards was well organized and run. Two gentlemen could always be counted upon to be in attendance. One was Mr. Bowen, who distributed the meal tickets and initialed requests placed on an order form. If an item was needed quickly and no visitor or doctor was available to sign the order form, Mrs. DePelchin wrote out a request herself and it was honored. She remarked upon the Howards' awareness of fiscal responsibility for the monies donated to the association. The other gentleman was Mr. Johnson, the superintendent of nurses. Mrs. DePelchin described him as possessing a "large massive frame. dark. black hair."⁴⁹⁶ She later paid them both a sincere compliment, noting that she had never heard either of them speak to anyone without respect, remarkable in a situation where everyone was under a great deal of mental and physical stress.

She had brought her own cup, knife, and spoon to her assignment, perhaps envisioning a need to improvise and become self-sufficient. Finding coffee and crackers at a local store, she seemed proud of her self-reliance without the assistance of the

Howards in a city where she virtually knew no one and where she was newly arrived: "I made myself some coffee last night and began to feel quite independent."⁴⁹⁷

The funeral processions that prevailed both morning and night were haunting. Mrs. DePelchin despaired that "thus without prayer, or psalm are conducted these lonely funerals."⁴⁹⁸ Dark cloth-covered coffins piled high in carts accompanied by two men passed through the streets. Those who could afford a hearse had their relatives or friends transported to Elmwood Cemetery. Mrs. DePelchin heard the frequent ringing of bells and determined that a bell was rung twice with every entrance of a hearse into the cemetery, saying "I have heard a bell tapping often they tell me when a hearse goes into Elmwood [the cemetery] the bell gives two taps."⁴⁹⁹

Keating reported that by September 3, both the northern part and the southern part of the city had succumbed to the pestilence.⁵⁰⁰ On September 5, the *Avalanche* noted, "Great God! ... Surely our cup of sorrow must be full..."⁵⁰¹

Mrs. DePelchin acknowledged her connection and duty to the Howard Association. When later assigned to an establishment with adequate nurses, Mrs. DePelchin asked the woman in charge "to write a note to Mr. Langstaff, as I had wished to be placed elsewhere but at his request had given up my own wishes for as I had joined the Howards, it was only right to do as the President thought best."⁵⁰² She frequently complimented the unending hard work of the Howard visitors, saying "I believe some of these Howards never rest day or night..."⁵⁰³

Mrs. DePelchin cast her lot with the Howard Association immediately upon her arrival in Memphis. The volunteer organization of businessmen formed a critical

framework for the epidemic response in the city. As stores and businesses were closed and boarded up with the advancing epidemic, the remaining citizens and relief workers were dependent upon donated goods and funds sent from other parts of the country. The Howards depended entirely upon private donations literally from every corner of the United States. It was not only Houston that sent donations. Keating's *History* records twenty-three double-column pages of monetary donations received from Massachusetts to Oregon for a total of \$400,412.54.⁵⁰⁴ In addition, three pages are filled with the contributions of "Food, Clothing, and Medical Supplies" received by the Howard Association from citizens of the United States. The public reaction to the epidemic was overwhelming with private donations permitting the development of an intricate and organized response to meet the needs of over 17,000 victims of the fever. The Association provided nurses and doctors for all who applied. Although Mrs. DePelchin's first patients were prostitutes, the disease paid no regard to station in life and all became equal in its onslaught.

The Howard Association was not the only group providing services for the city. The railroads were instrumental in bringing goods and services to the people. Those who collected the bodies of the dead also provided an essential service as did the gravediggers and caretakers at the cemetery. The epidemic response required a network of interacting components. Mrs. DePelchin cared for her first two patients as a nurse for the Howard Association, proud of her skills of independence and self-reliance. It was the beginning of September. The worst was yet to come.

In the Thick of Things

While the fever advanced, Mrs. DePelchin continued her nursing duties under the auspices of the Howards. She soon noticed one of the effects of the fever in her patient population. Fear gripped not only the fleeing residents of Memphis, but also those afflicted with disease. The symptoms were harrowing, and victims feared not only disease but also abandonment. Family members and friends fled, succumbed to disease, or died, and the sick were left to accept the ministrations of strangers or to suffer alone.

On September 8, in her third letter, Mrs. DePelchin wrote that “death is on every hand.”⁵⁰⁵ She was still with the same women, but now both were ill and fearful that Mrs. DePelchin would depart. She assured them and said, “...don’t be afraid I will not leave you.”⁵⁰⁶ Mrs. DePelchin finally concluded that the residence was a house of prostitution. She heard their prayers for forgiveness and promises of reform, and determined to care for them while ill and also to help them if they recovered.

In one episode of characteristic stubbornness, a visitor tried to send an additional nurse to another home, but the nurse would not comply. Mrs. DePelchin offered to go, stayed the night and returned in the morning. Mr. Langstaff challenged her decision to leave her original assignment and

[September 8]“wanted to know how it was I left one place to go to another? I told him I knew it was not always right. especially in yellow fever to do so but this was a case of emergency”

This would not be the last time she spoke up for herself.

Mrs. DePelchin returned to her first patients but discovered that she was not well-received: “you are very good to me, but I love my first nurse the best.”⁵⁰⁷ She realized the patient was in the throes of confusion produced by the disease, returned to her room, and changed into the dress she originally wore; the patient was satisfied.

A doctor accused her of leaving her nervous patient. She later confronted him:

[September 8]“I waited till I saw him again a few hours after told him; he might take me a Justice of the Peace. and let me take an oath. I had not neglected her; for as I was a stranger to him I did not expect him to take my word.”

Once again she countered any challenge to her competence.

She heard reports of 103 deaths the previous day, but expected her first patients to recover and was pleased:

[September 8]“Oh when I look at the carts filled with rough coffins, and I think of how some heart goes yearning out after each one it fills me with a sadness. I cannot find words to express; I will now go to see my patients who will now recover. I think. I feel encouraged my first ones. have done as well.”

Mrs. DePelchin was next assigned to St. Mary’s, at 352 Poplar Street,⁵⁰⁸ an institution that “if my first place puzzled me. this one perplexed me.”⁵⁰⁹ Although an Episcopalian establishment, she found the residents to be clothed as nuns in black dress.⁵¹⁰ Mrs. DePelchin discussed her views on the Reformation as a Protestant of a different faith. The circumstances at the cathedral were at odds with her own beliefs, in

that she thought “such communities were relics of the dark ages.” She noted ““horrid’ buttons marked with Death’s head & crossbones” and was thankful for a religion that “does not call on me to swelter in coarse heavy serge.”

She saw that St. Mary’s⁵¹¹ had an adequate number of nurses and requested to be assigned elsewhere. A message arrived, however, that directed her to “the Church home, for orphan children” where 16 children, three sisters, and the minister were ill.⁵¹²

While the downtown area of Memphis served as the nexus of response to the epidemic, St. Mary’s served as another center of activity. The sisters maintained the Church Home for children and eventually also oversaw the care at the Canfield Orphanage for black children as the number of children needing shelter and care increased when parents sickened or died.

Mrs. DePelchin reported to Sister Frances⁵¹³ and was assigned eight children for whom she was responsible. While descriptions of yellow fever list “agitation” as one of the symptoms of the disease, Mrs. DePelchin’s letters clarify the meaning of the term in a way unseen elsewhere. Her descriptions of the children experiencing agitation and confusion are vivid and heartbreaking. She described an unsettling account of the “unmanageable” behavior of a German child due to agitation. “It is one of the peculiarities of yellow fever. that the dying will try to get up sometimes they will fight anything, to get away ...”⁵¹⁴ The child frequently leapt out of bed, tried to escape out a window, “attacked” a child in another bed and in general required uninterrupted observation and intervention. The child appeared to be very ill, “her mouth was black. her limbs purple. and trembling she was muttering. all the time.”⁵¹⁵ Mrs. DePelchin’s

reaction was to embrace the child, speak to her in German, and move her bed to an area separate from the other children. The child died within hours.

She had an unpleasant experience with a doctor at the children's home. She was feeding chips of ice to two children when the doctor angrily confronted her, claiming that congestion from ice caused the death of a man the previous night: "he talked pretty hard about nurses in general. and me in particular." Mrs. DePelchin held her tongue and called Sister Frances to have the doctor's orders from the previous day repeated (which included giving small pieces of ice), to which the doctor's only reply was: "the orders of yesterday are not those of today."⁵¹⁶ She looked at him, saw that he appeared ill, and "choked down the sharp reply" that she struggled to contain. She saw in the next day's paper that the doctor had contracted the fever. But once again she had confronted authority when her actions were challenged.

When three nurses from Charleston appeared at the children's home she felt she could leave for town since supplies were needed. She arranged for replenishments and checked above the Howard office where rooms were made available to the Howards who became ill: "it looked as if they must all die." The six nurses she had seen there on Sunday all died by Wednesday. She lost her friend J.M. Trigg. On her way home she again saw carts loaded with coffins and reached a low point thinking "so bitter was my life becoming, where I strive to do my best I was blamed."⁵¹⁷ Adding to her woes, she was told that Mr. T.J. Carr was also dying.

She returned to the children's home. Mrs. DePelchin felt that she could provide better care if the same children were in her care on a regular basis: "...if I could have

had the same ones. all the time. I could have done better. but we were changed...”⁵¹⁸ The sister in charge had just recovered from the fever, however, and schedules were in disarray: she “had just had the fever. She was nervous and really not well enough to have charge. no one else had authority.”⁵¹⁹ Mrs. DePelchin’s next night at the orphanage was not an improvement. She cared for eight children, one whose agitation required him to be physically returned to bed a near dozen times. A new admission arrived. A young girl, Fannie, had severe diarrhea and Mrs. DePelchin only had one bed pan to use among all her charges: “...you will appreciate my position.” She managed to settle all the children when an older twelve-year-old girl awoke. Mrs. DePelchin attempted to administer medication the child was to receive upon awakening. The girl inquired if the others had already received their medicine. When Mrs. DePelchin confirmed that they had, the child could not be reasoned with and became agitated. She started kicking the wall and made such noise that she woke all the other children including the boy who had been agitatedly rambling earlier in the evening. Another child offered Mrs. DePelchin fifteen cents, all she had, if Mrs. DePelchin would make her well. Mrs. DePelchin recognized these behaviors as originating in the disease:

[September 14]“...such a pandemonium! I could have stood the noise. but I knew this would perhaps cost some of them their lives...The fever just crazes the children. I am so sorry for them. and was determined to have an assistant. the next night.”

Food and rest for herself was scant and catch-as-catch-can while bearing in mind the pressing needs of the sick children who were in various stages of illness.

[September 14]“We tried to get the children divided. Say five to a room. and remove them as they were getting well. there were plenty of rooms. not very large. No. with that strange idea that prevailed. the whole house must not be infected.”

Burial preparations were also vetoed for fear of spreading the disease.

The Sister also questioned the necessity of Mrs. DePelchin returning to her room after finishing her duty.

[September 14] “She thought a nurse ought to set up at least a week without sleep. I told her a Corliss Engine would want greasing in that time and I was made of other material and had nerves-that clamored for rest.”

She searched for Fannie on her return to the orphanage and found the child in a room by herself with a dead child next to her outside on the porch. A receptacle filled with waste sat next to the child. It was a scene that caused anguish for Mrs. DePelchin.

September 14]“...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.”

The child begged Mrs. DePelchin not to leave as she herself could not battle the flies: “Oh, Nurse, said she, “don’t leave me. I can’t fight these flies...don’t leave me. don’t.” Mrs. DePelchin departed with the waste receptacle but not before leaving her hat and watch so the child would know Mrs. DePelchin would return. Later a wagon brought three coffins, but there was only the one body on the porch. An infant, too young to

understand, was expected to die shortly, and then there was Fannie. "I went back, Fannie said, 'They think I'm going to die; so left me.'" Mrs. DePelchin was horrified. She refused any assignments other than providing care for Fannie, stating, "I shall not try to wait on anyone but Fannie tonight." Mrs. DePelchin refused to report to the office when summoned, and said the sheriff would be required to move her from her post.

An encounter with the Sister was inevitable. Asking why the child was left alone to die, Mrs. DePelchin was told it was thought the child was unconscious and bodies needed immediate burial.

[September 14] "I cannot make out why you sent the coffins," said Mrs. DePelchin. "...Fannie knows you thought she would die...I came from Texas where you all look on us as a wild and reckless set(t). but I have yet to see such cruelty.-. A frontier Indian would blush through his war-paint at such a deed."

Mrs. DePelchin left the orphanage, feeling she had been too outspoken to continue her work in the institution. She was perplexed by her first two assignments, one amid "sin and misery," the other in "an abode of peace and holiness," neither, to her, being what they appeared.

The Board of Health was unable to assemble a quorum for meetings on either September 1 or September 2.⁵²⁰ By September 5, the banks of the bayou were covered with dead fish from the carbolic acid poured into the water.⁵²¹ A daily newspaper report from Dr. Mitchell noted the number of new cases. By September 7, Mr. Langstaff

“...was in despair...The nurses in two more days cannot attend one-half the sick...We are doomed, surely, truly, we are doomed.”⁵²²

The Epidemic Rages: “This has been a fearful week”

Memphis, September 17, 1878. Now in mid-September Mrs. DePelchin was assigned to care for a sick young woman on the third floor of a tenement. As the doctor wanted a blanket applied to the patient and none was available, Mrs. DePelchin returned to her room and obtained the one from her own bed. The woman grew irritable and then the black vomit appeared. The patient recognized the significance: “Now I must die,” knew she had kissed her child, Arthur, for the last time. A doctor was summoned to no avail. She died that night and was prepared for burial.

Mrs. DePelchin reported the death to the police and three men came in a wagon carrying a coffin, after which she described an almost surreal event. They placed a white blanket in the coffin and gently laid the woman within despite their need for camphor to offset the odor. It was a solemn moment but no friends or family were there to note or acknowledge the woman’s death: “...we were all strangers to her, and to each other.”⁵²³

She received the pleasant surprise of a letter from a friend in the eastern part of the state. This is an indication that at least some mail was entering the city, although she was unable to send a letter to Houston, “much more across the Ocean to you.”⁵²⁴ While at the Howard office to obtain some payment and receive her letter, she made the acquaintance of Mrs. Heckle from Houston.

The stresses of caring for the acutely ill and dying were taking their toll. “The Doctors have blamed the nurses. Some of the Nurses have cursed the Doctors.”⁵²⁵ The

ringing of the bell at Elmwood Cemetery was incessant and wagons were piled high with the dead. Mr. Langstaff was ill. Turnover of staff at the Howard Association was rapid with new members replacing those who had been stricken with disease. And the need for caregivers was great: “Experienced nurses are needed.- this has been a fearful week.”⁵²⁶

Mr. Lonsdale, the Treasurer of the Howards, told her through sobs that his wife was ill and his son had died the previous week. She accompanied him to his home three miles from town, never before within an epidemic (meeting, along the way, Dr. Easley from Little Rock, who “still looks well; and I hear has worked hard.”), and commenced caring for his wife who was suffering from severe headache.

[September 23]“[Her] syptoms [sic] were the very worst, trembling with nervousness—the room was obliged to be kept so dark. we could scarcely see our way about. She was suffering great pain in her head.”

A doctor pronounced no hope. Nurses remained at her side all night. Mrs. DePelchin went to the kitchen in the morning to obtain some tea or coffee but found none. She opened a door to obtain some fresh air as she felt faint and promptly fell head-first out the door. She was scratched and bruised but picked herself up (“That wakened me up pretty thoroughly”) and went back to her patient. By morning death had appeared once more, and Mrs. DePelchin dressed Mrs. Lonsdale in white, “as I did my own precious Mother.” Two members of the Howards and a neighbor accompanied Mr. Lonsdale to the cemetery, the largest funeral Mrs. DePelchin had observed.

“outside barbarians”

September 23, evening. As there were a sufficient number of nurses in the Howard office to meet the need, Mrs. DePelchin offered to journey to surrounding towns if helpful. Mr. Lonsdale apparently overheard the offer and “told them to send me as one of the best,” a statement that showed his appreciation for her efforts and “was gratifying to me.” While making her rounds, she encountered the watchman who took her to her first assignment in the house of prostitution and was told that someone there had died. She hurried to check on her two patients and found them both alive. A nurse from Nashville was there, ill but recovering. Mrs. DePelchin remarked that “The citizens have mostly fled, and Strangers come to care for those who are left.”⁵²⁷

She wandered down Front Street, the heart of the business district, and saw one woman selling apples and two children sitting on the steps. No steamboat could be spied on the river. Thus was the commerce of Memphis.

The practice of burning items that had been in contact with yellow fever victims who died was common. Mrs. DePelchin supported the burning of small items but not of large (mattresses, featherbeds, woolens, for example) as the smoke and fumes were “disagreeable and poisonous.” She also made an insightful comment concerning the need for disposal of the items belonging to those who did not die as well as those who succumbed: “Equal care should be taken with the clothes of those who recover.”⁵²⁸

Mrs. DePelchin described how the nurses came to be present in Memphis. Some traveled of their own volition, as did Mrs. DePelchin. Others arrived in “companies” such as one from Mobile comprised of nurses under the direction of a leader. They were

promised a certain amount in salary and the difference between what they were promised and what the Howards paid was made up by donations to the company. Most of the cities that sent nurses guaranteed some sort of pay and the governors of some states arranged for payment of salaries. Mrs. DePelchin described salaries that she apparently saw recorded in the paper: \$10 for evening, \$20 for day on offer by unknown parties; the Howards paid \$4 per twenty-four hours plus board (the Peabody Hotel now allowed nurses); the Knights of Honor paid \$10 and the Masons \$7.⁵²⁹

According to the newspaper, some nurses were starting to go home, but Mrs. DePelchin thought that she was still needed. A notice appeared in the newspaper as early as September 21 indicating that “Unemployed Nurses who volunteered from abroad, and whose services are no longer needed, are requested to report at Headquarters TODAY, to receive the balances due them and transportation to their home...”⁵³⁰

Liquor use among nurses and doctors was a concern of Mrs. DePelchin, and in her own unique way depicted the situation:

[September 23, Evening]“perhaps they had heard the following prescription for the rheumatism: ‘Take a bottle of brandy. swallow the contents yourself and rub the patient with the bottle’ and thought they would try it on yellow fever.”

She believed alcohol use reflected badly upon both doctor and nurse and diminished their capacity for service as the public was reluctant to call upon them.

One nurse acquaintance had been summoned to a home with a sick child. The Irish nurse was instructed to wait in the hall until the doctor came and could proclaim her

as a “proper” person, since she was a “foreign” nurse. Mrs. DePelchin included in parentheses: “That is what they call us outside barbarians.”⁵³¹

The Fever Spreads

Her one-month anniversary in the city on September 30 was now past. To this point she had asked only to be assigned to women (she cared for children as well); now she was being asked to care for men. She was also assigned to more locations outside the fever line. Mrs. DePelchin was told there was a “negro” man who would provide direct care for a gentleman and she would only have to supervise the care. The caregiver was not too happy with these arrangements. Mrs. DePelchin assumed watch of the patient during the night, and when he was cold and she could find no warm flannel to prepare as a warmer, she removed her own wool skirt, warmed it by the fire, and wrapped the patient’s feet within.

The path of the fever was now evident. The fever started down by the river and Front Street, then moved east into the Pinch district. It then moved across Alabama and Poplar Streets south towards the center of the city to Madison Street.⁵³² By mid-September, however, surely as hope was growing dim, the number of deaths began to decline. The number plummeted between September 14 and September 28. The notice advising unemployed nurses to apply for the pay due them appeared on September 21. The fever was however, spreading outward from the city.

Isolation and Loneliness

By October 6, sorrow and despair filled the pages of this next letter:

[October 6]“I am asked for, and taken from one place to another. would to God I could feel I was doing some good; do I not pray aright? I would willingly humble myself. perform the most menial offices for anyone, I say constantly send me to the poorest, I will go anywhere, do anything.”

Mrs. DePelchin found herself once more assigned to a home erroneously thought to have been outside the fever zone. A large family was victimized, the wife dead within forty-eight hours of illness. A younger sister died, the mother became ill, then a sixteen year old daughter was fearfully ill with fever, headache, and thirst:

[October 6]“She perspired, but her head ached fearfully.-on the third day her head ache ceased, but the temperature was not lowered. the thirst continued. I had seen these symptoms before and feared the worst.”

Mrs. DePelchin’s letter was tinged with gloom. As the daughter sickened, Mrs. DePelchin wrote:

[October 6]“O what is this hidden fatal chemistry, that works inwardly turning everything to death. that silently gnaws the vitals and writes the Death warrant...written in black. black as midnight...”

A son was recovering, another took ill. Mrs. DePelchin, the husband, and a colored nurse took turns caring for the needful patients. Jennie, the daughter, progressively worsened until the black vomit appeared and her bed “was as if several bottles of ink had been thrown around.” Mrs. DePelchin was in despair:

[October 6]“I threw my arms around her. exclaiming my darling, has it come to this. 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? Sweet. Jennie. Morrow.”

Both mother and daughter struggled for breath:

[October 6]“The Creole nurse said, they pant like two racehorses; a race for life indeed it was, who should reach the end of their mortal career and enter the pearly gates first.”

The daughter died first, unknown to the mother who soon followed her child. The nurses dressed the mother in black, the daughter in white, and hearses carried them to Elmwood Cemetery.

While at the cemetery, she noted the monument to Mattie Stephenson, a young woman who nursed yellow fever victims in the 1873 epidemic and died herself from the disease within a week.⁵³³ Mrs. DePelchin reflected upon the legions of caregivers in the 1878 epidemic, writing, “...how many this time braved the pestilence unacclimated.”⁵³⁴

Although deaths in Memphis had declined by the end of September as seen in Figure 4, areas outside of Memphis still suffered and sought help from the Howard Association in Memphis. Relief trains, containing supplies as well as physicians and nurses, were organized for communities surrounding Memphis.⁵³⁵

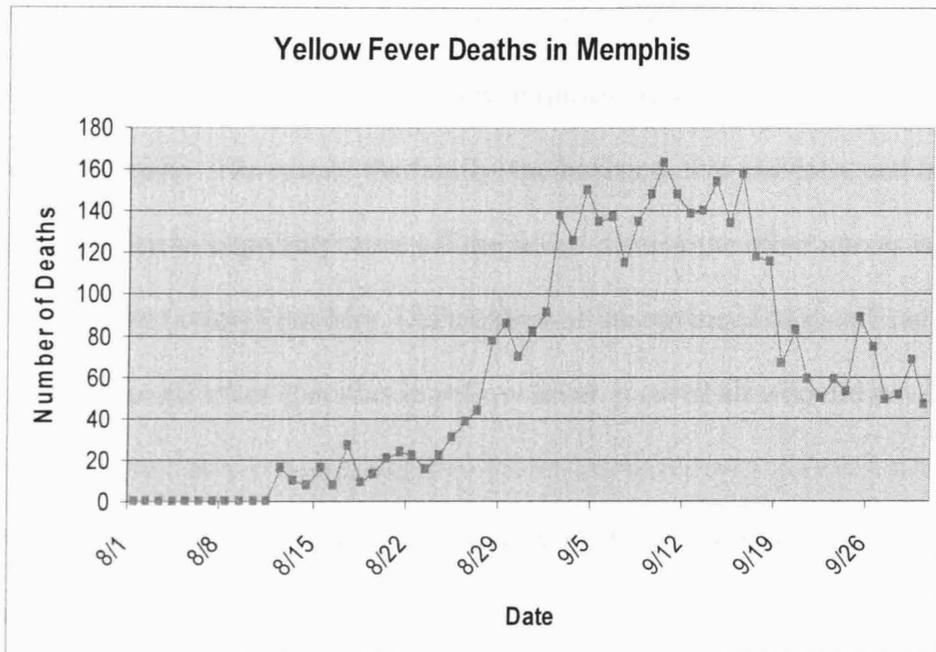


Figure 4. Yellow fever deaths in Memphis (From data in Keating, *History*.)

By the time of her next letter on October 8, Mrs. DePelchin was emotionally and physically exhausted and requested a two-day respite. She was quite dispirited. Dr. Easley who came from Little Rock at the same time as Mrs. DePelchin was dead; most of the nurses who had accompanied him were dead as well, including Mr. Trigg and Mr. Carr. Another nurse from Houston, J.E. Miller, whose name also appears in Keating's *History*, had died. Her list went on. Sister Frances from the children's home was dead: "I was shocked. I thought she had had the fever." So was the child, Fannie, from the orphanage and her sister. Mr. Lonsdale from the Howards was dead, along with two others who were ill and another who was dead.

Yet she continued on. Her next assignment was to a home out in the country, yet still not immune from the vagaries of the epidemic. The cook and her child first

succumbed to the illness, then two family sons in their twenties; both sons died. Then the mother, two more sons, and her brother. Seven nurses were needed to provide care for the devastated family. The rest of the family, the husband, five children, and his sister, were taking quinine to hopefully stave off the fever. One of the other nurses was a great believer in celerine (celery) but Mrs. DePelchin was unconvinced of its efficacy, reporting that “like all other specifics in yellow fever. it cured all who did not die anyway.”

While attending one of the sick sons, Mrs. DePelchin was accused by a relative of falling asleep at the bedside. She did not believe she had, as it was almost medication time. She checked her watch ten minutes previously and was accused five minutes later:

[October 8]“I suppose he was not satisfied. as he sent down another nurse to take my place; this mortified me. but if I did not I deserved the reproof; The family said no more about it. but the nurse who was sent down made a great deal over it...”

In her own compassionate manner she did not blame the family for they were very anxious about their seriously ill family members.

The need for fumigation and cleaning of sick rooms was apparent to Mrs. DePelchin. She fumigated by removing all clothes and towels, opening cupboard and closet doors, and burning sulphur in a pan. She watched the fire through the keyhole. She washed down all available surfaces. The mattress was buried. The featherbed and pillows she fumigated with sulphur. She burned personal items one at a time to prevent

smoke carrying disease from blowing toward the house. Other items of clothing she disinfected by soaking overnight in preparation for laundering.

Mrs. DePelchin frequently made religious references in her letters. It was apparent that her faith was important to her as she confronted the illness and sorrow before her eyes. This letter, however, more than most illustrated the despair and exhaustion that she felt:

[October 8]“It was expected [she was told by the Howards] that when a nurse was sent to a patient the probability was they would have to lay them out. It was the exception they got well, not the rule: I think this time must be something like the Deluge. the people must die, the fiat has gone forth...”

Caring for victims of yellow fever continued to take its toll on her. She wished to rest. She did not feel well (“my bones ache”) but believed it was a cold due to her depleted condition rather than the fever:

[October 8]“...I do get so sorry for people. it breaks me down.
Dear Sister goodnight. perhaps I may never write you another letter—but I hope you will get this one.”

“I have given up, sick”

The care of the ill was starting to take its toll on Mrs. DePelchin. On October 9 she attempted to retrieve some letters from the post office; no letter carriers were going on rounds. The surrounding area was disheartening with an undertaker nearby and

coffins piled high in such a manner that she had to “pass through an avenue of them.” She was still disheartened herself, and thought “perhaps one of these may be for me...”⁵³⁶

She was notified that a carriage was waiting to take her to her next assignment, but by the time she readied herself and appeared downstairs she was too ill herself to go on duty: “I have given up, sick.”⁵³⁷ She worried that the hotel manager would require her to go to the Howard Infirmary, but he apparently could tell that she was not ill from the fever, but was worn out and had acquired a cold.

She was visited by one of the Howards. He brought a “colored” nurse, Laura Nelson, with him to care for Mrs. DePelchin. It was then that Mrs. DePelchin recognized the value of the advice she had been given in Houston to join the Howard Association when she arrived in Memphis:

[October 9]“I did not intend when I came, to be enrolled with any association. but the Drs in Houston. advised me to. as I was a stranger. if I worked for them. I could then claim their protection, or aid if I was sick. I had gone wherever they had sent me. and now I was sick I felt free to send to them for help.”

Indeed, the Howard visitor told her to send to them for anything she needed. Mrs. DePelchin also experienced a great moment of pleasure upon receiving a letter from Houston, noting that letters to nurses were sent to the Howard office.

She was intrigued by her nurse, who apparently attacked her assignment with great enthusiasm, and told Mrs. DePelchin:

[October 9]“down at the Office. they told me I must take care of you; and not let you die, so you’r [sic] some account. and I want to get up my reputation on you.”

By Saturday the 12th she was ambulatory again and ventured out. The newspaper reported that residents who had fled at the onset of the epidemic were now returning. Mrs. DePelchin noticed that “Houses are being opened and aired. and some persons have returned. too soon.”⁵³⁸ Indeed, the *Avalanche* even by October 23 noted an announcement of the Board of Health that “refugees should not return until officially notified by the Board that it is safe to do so...”⁵³⁹ The prevailing hope was for a frost that would herald the end of the epidemic.

She stopped to see her first two patients and received a warm welcome and apologies that they were still in the same surroundings. She received word from the Superintendent to remain off-duty until Monday, but to then be prepared to be sent out of town if necessary.

It was not only the city of Memphis that was disintegrating. Mrs. DePelchin observed the erosion of the family. Whether family members deserted the city or their homes by choice as they fled the advancing nightmare of the epidemic, or whether they were taken ill themselves, the family as it existed previously in Memphis no longer was a reality. Mrs. DePelchin witnessed families diminished by separation as the healthy were sent to camps hopefully far enough removed from the reach of the plague. She saw families divided by the walls and rooms within their own homes as they fell one by one to the illness.

And she saw families torn apart as death claimed one and then another, at times leaving only a solitary figure to mourn the loss of what was once a family. While the numbers of those ill were staggering at over 17,000 cases and the dead numbered over 5,000, each of those numbers reflected individual lives and families that would never again be the same. Even if death was waylaid, the fear that the fever engendered was incalculable. Fear and loss were the burdens that both Memphis and her families were forced to bear.

Part Two: From Memphis to Houston

Senatobia: "This was hard work."

Once the fever swept through the city, it laid claim to the surrounding countryside. Smaller towns suffered loss without the resources afforded to Memphis. The same pleas for help originally issued from the Bluff City to the rest of the country now emanated from struggling towns to Memphis.

By the morning of October 14, Mrs. DePelchin expected to be sent to a surrounding town. She was still in Memphis, but had her basket packed with comb and brush, Bible, and a few crackers. She remarked that "I am now going forth. and if I am sent to a town we shall see what we shall see."⁵⁴⁰ She arranged for Mrs. Heckle to have use of her room in her absence.

Senatobia, (Mississippi) October 14, 1878, evening, room in sheriffs [sic] house, the letter said. Mrs. DePelchin must have realized the effect the letter's heading would have on her intended reader, for she immediately confessed that she was only a guest of the sheriff and not his prisoner!

While at the Howard office, she engaged with two other nurses in a conversation about the fees paid by the Howards. Mrs. DePelchin contributed her experiences of being unable to find food for purchase, because if she had, she would not have “cost the Howards a cent.” Her comments were apparently not met with bland acceptance; she reported “such a storm as I drew down on my head.” She went on to say that in Houston, neighbors took care of each other for no pay and in that city, the Howards were engaged in the care only of the “very poor—or strangers.” She noted that she had cost the Howards \$7.50 for her month’s board. She believed that medical and nursing care should be offered on a voluntary basis:

[October 14]“I feel now and always have felt. that it would be better if Doctors, Nurses came for nothing in such an epidemic. Money inducements will attract needy adventurers, that bring disgrace on the others.”

She believed it was sufficient to have board and lodging provided and perhaps an allotment for washing; such arrangements she felt would have produced an adequate number of volunteers who could travel for free on the railroads. There were reasons, however, for the payment of salary. The other side of this argument was that the Howards did not want nurses who would not accept payment because they feared the nurses would then not be willing to go where they were assigned.

After an unsuccessful attempt to obtain some dinner, she returned to the Howard Office, and was asked to immediately embark in an ambulance for the town of Senatobia. Changes had occurred in the Howard Office. Superintendent

Johnson took the place of Mr. Lonsdale as Treasurer, and Mr. Simmons, whom she described as a “wiry, nervous little man,” became the new Superintendent of Nurses. He was acclimated to the fever having been previously ill himself, and Mrs. DePelchin believed him to comprehend the value of nursing in patient care. She noted he was determined to provide good nurses for the ill but he also insisted on appropriate care of the nurses. Mrs. DePelchin believed this to be important because some in the community felt that nurses came for money rather than to assist with the ravages of the epidemic and many a one [nurse] “who tried to fulfill their duty is snubbed and made to feel as if they hold a subordinate position.”⁵⁴¹

Mrs. DePelchin agreed to go to Senatobia and Mr. Simmons provided a ticket, saying, “they have telegraphed from Senatobia for Doctors and nurses. No Doctor can be spared today so we must send some one we can trust.”⁵⁴² He sent along two nurses to assist her, and admonished her not to overwork herself since she had recently been ill. She was to have her meals prepared and was told, “don’t let us hear of your washing or cooking.”⁵⁴³

She boarded the train along with the two other nurses, Sarah and Louis. While she hoped to obtain a cup of coffee at one of the stations along the route, there were guards at the depots to prevent the nurses from disembarking. Residents were fearful of the nurses bringing fever to their communities.

Upon arrival in Senatobia, they discovered that the two women mentioned in the telegram sent to Memphis had expired and there was now one sick young man and an ill

female. The town had one nurse, Mr. Roman, and another individual who had had the fever previously and was immune. Mrs. DePelchin suggested that she stay anyway for a day or two until it was determined if more cases would develop. She still was without dinner and attempted once more to obtain an elusive cup of coffee:

[October 14]“I had had no dinner. it was nearly four o’clock. I asked to be shown where I could go and buy a cup of coffee, no one would let me come about, for fear I might have fever in my clothing.”

Someone did send a cup of coffee to the train station.

Sarah was assigned to care for the sick woman and Louis accompanied Mr. Roman to care for the young man. Mr. Massey, a city representative, did not know what to do with Mrs. DePelchin: “I think they felt something like the man who drew an elephant in a lottery.”⁵⁴⁴ In her modest fashion, she offered to sleep in the train station if given a blanket and confirmed that she was willing to nurse anyone who was ill. Her unpretentious manner resulted in a Mr. Matthis offering her the use of his home.

After checking on the colored woman who appeared near death, Mrs. DePelchin approached the household where Dabney, the young man, lay ill. She encountered Mr. Dickey, the young man’s father, however, before she reached the house. Mr. Dickey described the young fellow’s symptoms and pronounced him “doing well,” although Mrs. DePelchin was not convinced due to “this strange disease: so subtile [sic]: it is hard to tell.” She promised to “set up” with the young man that night.

Meanwhile, things were still not normal in Memphis. Sister Frances was buried in Elmwood Cemetery on October 4.⁵⁴⁵ No doubt those who survived the epidemic could

not always find where their loved ones were buried in Elmwood Cemetery; too many bodies requiring internment overwhelmed the usual system for conducting burials.⁵⁴⁶ Finally, however, the event that all hoped for occurred: Keating reported that a “heavy black frost...gladdened the sight of the many who were on the lookout for it, on the morning of October 19.”⁵⁴⁷

October 27, 1878, Sunday. In this letter was the story of the Dickey family, whose twenty-four year-old son was ill. His symptoms were “very bad” but no worse in the morning. Black vomit appeared and was unresponsive to a starch and laudanum enema. By night restlessness and agitation ensued and four people were needed to restrain him in bed. The seventeen year-old daughter, who Mrs. DePelchin thought looked ill the day before, became restless and had to be returned to bed three times. She quickly became delirious. The mother stayed at night with the daughter, Mattie, and Mrs. DePelchin stayed with the son. The father remained with his son most of the night. By morning the boy was gravely ill and

[October 27]“began to turn a bronze. color. as if he was bronzed with a brush. Then I understood why they called this fever Bronze John. I never admired the slang phrase. Yellow Jack. but I could understand it. as most turn yellow.- but Bronze John I could not understand until that minute.”

The young man died. She was asked to help place him in the coffin, but replied, “I can’t.” If she did not assist, then the father must help. “For me the trial was great, but for a parent to put his own child in the coffin was greater. I helped to put him in; with feelings

of agony.”⁵⁴⁸ She cleansed his face, tidied his hair, and fixed his collar before his mother saw him for the last time, but “this last broke me down.”⁵⁴⁹ Clearly the burdens of this work were weighing heavily on Mrs. DePelchin.

Her care for the patients continued. She removed the bedding from Dabney’s room and threw it out the window so Mattie, the daughter, would not have to see it. She extracted every object that had been in contact with Dabney. She recounted the difficulties she had working with Sarah, who apparently was unwilling to work uncontestedly under Mrs. DePelchin’s direction:

[October 27]“You will remember. I told you Mr. Simmons told me not to work too hard. don’t let us hear of you washing and cooking he said. I now found that Sarah had laid this injunction to her heart.”

Mrs. DePelchin intended to sever her ties to the assistant nurse.

The Dickey household was deteriorating with the fever; Mattie was gravely ill and Mrs. Dickey was herself succumbing, although her fever was not alarmingly high and she remained lucid. Mattie, however, was severely ill and required intense care all night. A hot bath did not break her fever and she was then sponged all night long. “I worked on her as if for my very life.”⁵⁵⁰ Sarah cared for Mrs. Dickey but would not help Mrs. DePelchin. Her inability to work satisfactorily with Sarah was troubling:

[October 27]“I was surprised as I spoke kindly to her and all who had nursed with me before had liked to do anything for me. about half a dozen. when my name was called to come here asked me to please let them come with me...”

The conflict continued. In the morning Mrs. DePelchin offered Sarah some coffee and a biscuit, but Sarah wanted rice instead: “you’ll have to cook it then.”⁵⁵¹ Sarah refused, referring to Mr. Simmons’ directions. Mrs. DePelchin:

[October 27]“thought to myself. botheration to Mr. Simmons and his orders. or for giving me such an assistant. although I know he did all he did for the best.”

Sarah “wound up her career...I let Sarah go in peace. but I should very much enjoyed seeing some one kick her out of doors,”⁵⁵² though she said Sarah should be discharged “not on my account.”

The sickness worsened in the Dickey household. Mattie continued to exhibit severe symptoms throughout the next day. Her fever was as high as 105° and she became delirious although she was rational for brief periods. During her lucid moments she prayed for her family or would embrace Mrs. DePelchin to thank her for her nursing care. Mrs. DePelchin noted that Mattie’s arms felt like “burning iron” and “her breath on my face was like the blast of a furnace.”⁵⁵³

Mattie deteriorated. She became irrational and the bleeding into her bowels was unceasing, although “because Mr. Dickey was so devoted to her. and to his wife, that I did all that was to be done cheerfully.”⁵⁵⁴ Mrs. DePelchin rested on the floor by the fireplace while a new colored nurse attended to Mattie during the night: “I found I could be of no further use. the other nurse was fresh- and willing.”⁵⁵⁵ All the efforts were to no avail; Mattie died the following morning, the day of her father’s birth. Mattie was dressed in a garment she had sewn herself and wore but once when she last attended church.

Next came the disinfection⁵⁵⁶ of Mattie's belongings, a not insignificant assortment that included two feather beds, a mattress, sheets, and six quilts. Mrs. DePelchin burned the sheet in closest contact to the patient. She soaked the quilts in a large tub and then individually immersed them in boiling water. She then dunked them in cold water, wrung some of the water out, and eventually wrestled them over a fence to dry. In quite an understatement and for her, quite a revealing comment, she noted that "This was hard work."⁵⁵⁷ Then she tackled the beds.

Mr. Dickey dug a hole for her in the garden. Mrs. DePelchin somehow hoisted the beds one at a time on top of a wheelbarrow and pushed the conveyance through the garden to the site of the hole where she dumped them. She admitted to her wheelbarrow tipping over more than once as she made the journey "as I had to navigate through some tomato vines."⁵⁵⁸ She also disposed of five pillows and two quilts that were beyond saving. When all the items were within the hole she covered them with dirt and packed down the soil as best she could. She was trembling with fatigue and acknowledged that she was not likely to make her fortune hoeing corn or weeding cotton. When finished, she had four newly washed and dried quilts and a shawl; two mattresses with blankets; sufficient quilts for warmth and a blanket on Mrs. Dickey's bed. It took her four days to complete these tasks. Mrs. DePelchin proclaimed, "I was through."⁵⁵⁹

Mr. Dickey assisted with care until he, too, became ill. She administered a mustard emetic to Mr. Dickey, and sent for the doctor in the morning. A new group of nurses had arrived by train and a nurse, a woman who was willing to do any task that was needed, was brought to help Mrs. DePelchin.

Throughout these times, circumstances necessitated that they perform a variety of chores that perhaps had not been theirs to do but they did them anyway because there was no one else. In addition to nursing duties, they fed the chickens and the pigs, prepared their own tea or coffee, and took turns bringing each other food from the jail as both were unable to leave the house at the same time. They each slept half the night. Mr. Roman, now Superintendent of Nurses, brought supplies of medicines and doctors' orders.

Mrs. DePelchin had become an expert in yellow fever over the weeks she had been in Memphis and Senatobia. The doctors were pleased with Mr. Dickey's progress but Mrs. DePelchin worried about his continued fever that did not break despite the presence of perspiration and a decrease in his headache. Her worry was not unfounded. Mrs. DePelchin could recognize the implications of the signs she observed. In several days he was delirious and dying. It took several people to keep him confined to bed; the need for vigilant nursing care was constant. Mrs. Dickey was distraught and required attention as well, begging Mrs. DePelchin to be allowed to visit her husband. Despite her doubts because Mrs. Dickey was not totally recovered, Mrs. DePelchin dressed Mrs. Dickey warmly and braced her on the walk to her husband's room. It seemed that Mr. Dickey at one point recognized his wife, but Mrs. DePelchin found it to be a heart-wrenching moment: "...that scene was more than I could bear."⁵⁶⁰ She returned Mrs. Dickey to bed. Mr. Dickey died at six in the morning.

A distraught Mrs. DePelchin reflected upon the efforts that had been made on behalf of the patients in the devastated family, but thought that all that could have been done had been done (the Andersons were the local Howards):

[October 27]“I cannot even now. think of aught that was left undone: I tried as hard as I could. the Andersons provided all that was necessary, and to me it seemed the medical treatment was right.”

The process of disposing of items began gain. Of note that by now, Mrs. DePelchin was alone in this work and began to dispose of the contaminated bedding from Mr. Dickey’s room, piling all the materials in the garden and starting a fire with dry leaves. She felt the fire to be non-threatening as no one had yet moved back to town. She did not attempt to disinfect anything by washing because there was no one left in the family to become ill and the bedding would not be needed again. She discussed the difficulty in performing this work by herself but realized that nursing yellow fever victims required the willingness to perform duties that were “not on the programme.” She asked the question, “Whose place was it?” It had to be done, and it was too dangerous for the unacclimated to come in contact with bedding and clothes “damp with black vomit and death sweat.”⁵⁶¹ This time, fortunately, Louis assisted her in burning the items; she was grateful. Mrs. Dickey arose from bed but was still weak and needed attention. Mrs. DePelchin heard rumors about the nurses returning to Memphis the following day, but the doctor said both Mrs. DePelchin and he should remain as they were both too tired to provide care on their own and Mrs. Dickey was too fragile to be left alone.

On October 29, 1878, the Memphis Board of Health declared that the epidemic was over.⁵⁶²

By October 31, Mrs. DePelchin thought she was the last nurse in town. Her assistant, Miss Hamilton, of whom she spoke very fondly, had left the previous day. Mrs. Dickey was improving. Efforts were made to hire someone to wash clothes, but no one would come to the house or accept articles of clothing from the house for laundering. Mrs. DePelchin reflected upon her experiences and found that she doubted not only her own skills but her relationship with God. She asked one of the doctors,

[October 31]“what makes me so unlucky. here. I try as hard as I did in Houston? He replied What makes everyone so unlucky from the highest point on the river down to New Orleans? This fever baffles and staggers the wisest. How in my heart I thanked him for that remark made to me.”

By November 6, Mrs. DePelchin was still in Senatobia. It was thought that ten days were sufficient for yellow fever germs to be extinguished, and therefore she would not leave until ten days after the death of Mr. Dickey (Nov. 5). Neighbors were moving back, and Mrs. DePelchin readied the house for Mrs. Dickey but her heart was not in these activities. She was dispirited about leaving Mrs. Dickey by herself and worried about Mrs. Dickey constantly: “...but what will this poor lonely creature do? came to me continually.”⁵⁶³ Mrs. Dickey likewise did not want Mrs. DePelchin to depart, and made her a little twig basket as a remembrance

[November 6]“as if I could ever forget her. this is one pleasant remembrance . wherever I nursed. the sick liked me, they clung to me . to the last. And I could see Mrs. Dickey could not bear to give me up.”

Mrs. DePelchin promised that she would return.

Mrs. DePelchin read in the Memphis papers that nurses were to report to the Howard Office on November 1st or 2nd to obtain their transportation tickets for home. She wrote a note explaining why she would not be there on those dates and requested a reservation for her ticket. Mr. Massey completed discharge papers for Mrs. DePelchin that she could present to the Howard Office in Memphis. Mrs. DePelchin left for Memphis in the morning. She traveled for free on the same rail pass that had brought her to Senatobia. She returned to the hotel upon her arrival in Memphis. Without much ado she reported in her letter that the others had heard she was dead

[November 6]“but no one had administered on my estates, which consisted of the broken trunk aforesaid, a dilapidated umbrella. a waterproof cloak. and sundry other articles of equal beauty and value.”

She also found a letter in the pocket of her cloak from one of the nurses: “...it was rich and racy.-gave me an account of her trip.”⁵⁶⁴

The weather was now warm in the day and frosty at night; Mrs. DePelchin still feared the warmth was enough for the fever to survive although it did not exist in epidemic form. She proceeded to the Howard “rooms” which were closing and “all business would henceforth be transacted No.16 Madison Street.”⁵⁶⁵ Mr. Simmons processed her ticket.

She made arrangements to return to Senatobia as she was determined to see Mrs. Dickey again. Others warned her that she would lose her transportation, but she was confident that her rail pass was good in both directions. She needed a pass from the

Howards in order to travel freely outside the fever zone and again went to the office on Madison Street. She put her tickets in her pocket book and remarked that her first ticket was number 626 and her last one was 7570.

Back in Senatobia, Mrs. Dickey was still quite weak and ruminating on her loneliness. Mrs. DePelchin, now without the resources of the Howards, was traveling on her own assets but noted that there were adequate provisions for the moment as the city had divided up the stores in the warehouses among the needy. Mrs. DePelchin planned to stay “until Mrs. Dickey was able to take a few boarders or her Sisters send for her.”⁵⁶⁶ Mrs. DePelchin removed her clothing from the trunk to air it for forty-eight hours even though it had not been exposed to yellow fever.

She and Mrs. Dickey shared the bedroom where Mr. Dickey and the two children died while the uncontaminated front room was available for whatever intrepid visitors would call. Often Mrs. DePelchin would have to meet visitors at the fence to conduct business: “I take a barrel down, they put it [corn] inside and I get it back into, or round the house the best way I can.”⁵⁶⁷ Once a gentleman approached her in the street to say he would purchase Mrs. Dickey’s pigs

[November 9]“if I could be the go between. he was afraid to go to the house. I told him what I thought they were worth. Mrs. Dickey was satisfied. I drove the grunterns into the next field. he came and took them paid me the money.”

The fear of the fever still lingered. Townspeople pointed her out as the yellow fever nurse from Memphis and steered clear. She hoped to attend church the next day as

she had not visited the previous week for fear that her presence would have “scattered the congregation as if a bombshell had burst in their midst.”⁵⁶⁸ Still no word had arrived from Mrs. Dickey’s sisters, but they lived in a town severely affected by the epidemic. It would therefore seem not unusual for mail service to be curtailed.

Mrs. DePelchin continued to assist Mrs. Dickey since no one was yet willing to work at the house. She made light of her cooking and of the arrangement for communicating with the outside world. “Some one calls. (These visits are genuine calls. The callers stop at the gate. and holler until I come out...)”⁵⁶⁹

Mrs. DePelchin received a letter from Houston reporting that the quarantine had not yet been lifted and thus Mrs. DePelchin was advised not to return to Houston until December. Mrs. DePelchin expressed some vexation that the Howards had not determined whether the nurses could return home before they were dismissed from Memphis. She feared that the inability to return home would engender some bitterness on the part of the nurses:

[November 9] ‘The call for nurses was loud, and urgent, and now they are through: they hustle them out of the way. like poor relations. 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: without ascertaining the exact state of the case; just where the fault is I cannot say; I only give my opinion.’”

When she left Memphis, Mrs. DePelchin was assured she could receive a rail pass to Little Rock and believed she could obtain a pass at Little Rock for Houston without difficulty.

By November 16, Mrs. DePelchin was readying herself for departure. Plans were made for Mrs. Dickey to pack her belongings and travel by train to Collierville, Tennessee, the town where her sister and brother-in-law resided; Mrs. Dickey was to make her home with them. Mrs. DePelchin was to accompany Mrs. Dickey to Collierville and continue from there to Sewanee, Tennessee, to visit a friend.

Interest in the fate of yellow fever victims was not limited to Tennessee or Mississippi. The news of yellow fever affected people across the United States. Mrs. DePelchin received a letter, forwarded from Houston, written by her cousin in Philadelphia, telling how they avidly read the papers to determine if the fever had reached Houston, and how their local community took up a collection for yellow fever victims in Memphis:

[November 16]“She told me how they raised money; little boxes were put up at every corner. and over them a notice. remember the yellow fever sufferers of the South. Children put their nickels in. and grown people their dollars-besides that concerts fairs. and many other ways. and means were resorted to, to raise money.”

Mrs. DePelchin discussed the disbursement of funds collected in Senatobia and elsewhere for care of yellow fever victims, noting that “those who gave the least are most worried about the disposition of the money they did not give.”⁵⁷⁰

Sewanee, Tennessee: "lonely as Robinson Crusoe"

November 23, 1878. Prior to departure for Sewanee, neighbors visited Mrs. Dickey in her home but Mrs. DePelchin could tell the neighbors were afraid to be in the house. When Mrs. DePelchin mentioned in conversation at church that she had a headache, a woman fearfully inquired if Mrs. DePelchin was succumbing to the fever. She also recounted how lonely and isolated they felt in the house, and "often times, felt as lonely as Robinson Crusoe."⁵⁷¹

Her headache continued all day but eased by the night time. She arose early to make the coffee, poured first one cup and then another, but did not remember completing these tasks or any others until she awoke because Mrs. Dickey was bathing her face. "I had fainted away."⁵⁷² Her companion was afraid: "Mrs. Dickey was distressed, she said she felt as if her last friend was gone when she saw me fall over, and did not know if I would ever come to."⁵⁷³ Mrs. Dickey tried to convince Mrs. DePelchin to delay her travel until Tuesday but Mrs. DePelchin refused. They traveled to Memphis as planned.

In need of money with only two dollars in hand, Mrs. DePelchin called at the Howard Office. Rumors circulated about nurses who returned home early and were quarantined upon arrival. Mrs. DePelchin therefore still did not plan to return to Houston until December 1 and needed to replenish her funds. Shortly after her arrival at the Howard Office, it was announced that the office would no longer accept nurses' tickets for payment; the treasurer stated that Mrs. DePelchin should accept her earnings and use it as she desired: "I knew there were plenty needing it in the city, and as I was obliged to stay till Dec. I might as well go to Sewanee."⁵⁷⁴

Mrs. DePelchin and Mrs. Dickey walked down to the river which was undergoing a resurgence of activity and later that day began the train trip to Collierville. Mrs. Dickey had difficulty departing from her friend:

[November 23]“She came and sat with me. bid me good-bye. said she could not bear to part from me. especially as I was not well...The train stopped the conductor called out Collierville, 5 seconds to get off. She left. and I looked in vain out into the darkness to see her on the platform. but I know she too looked after the train. that took me from her.”

Mrs. DePelchin’s train journey continued through impoverished northern Alabama and she continued to record her observations of hamlet and town. In Stevenson, she noted the report of five yellow fever victims who were cared for in the hotel. There was also a report of a man ill in a box car, “...but one cannot tell the truth of anything unless we were there.”⁵⁷⁵

She arrived successfully at the home of a friend, a former teacher, and enjoyed a warm welcome despite her weariness and lack of strength, hardly believing where she was: “as I look round and find myself waited on. and petted I can hardly realize it is I. or that I am in the same world I have been in, the last few weeks.”⁵⁷⁶

December 9 still found her in Sewanee where she was recuperating from her depleted condition. A doctor was summoned and had prescribed rest and proper nourishment. She began to make plans for her return to Houston, and wrote to Dr. Rutherford, the health officer in Houston, for a pass to transit the quarantine line in the

city. She intended to begin her journey back through Memphis to Nashville and onward to Houston.

The need for the Memphis Howards to supply materials and personnel to outlying communities illustrated the far-flung impact of the epidemic. Mrs. DePelchin continued to display her compassion, independence, and self-sufficiency as she unhesitatingly volunteered for duty in peripheral areas. Her deployment to Senatobia portrayed the personal complexities of caregivers engaged in nursing fever victims. The toll personally was both physical and mental. Mrs. DePelchin was physically depleted in both body and spirit. Caring for victims was indeed “hard work” and required constant and intensive labor. The loss of life and the effects of these losses on the family members who remained were no less devastating for the caregiver to behold than the physical work that nursing care demanded. The bond formed between Mrs. DePelchin and Mrs. Dickey reflected the need for emotional sustenance of both caregiver and victim. These two extraordinary women relied and depended upon each other as they struggled to overcome the devastation of loss that entered their lives from different directions. Loss was experienced by thousands as the yellow fever epidemic intimately encroached upon the weary and depleted lives of both caregiver and family throughout the Mississippi Valley.

On the Way Home

The letter dated December 19, 1878 found her back in her old hotel in Memphis. She completed some final tasks in Memphis before beginning the long journey home. She applied for a pass and was told to return the next morning to obtain it. She visited Elmwood Cemetery to find that the nurses who had died during the epidemic were buried

in a section purchased by the Howards. The nurses were buried in “two long rows” not far from the area where the doctors were interred, but

[December 19]“one or two [graves] I looked for, I could not find; they had died in that week I mentioned in one of my letters to you as being so fearful, that time is now spoken of as the ‘terrible days’...the shadow of the monument to Mattie Stephenson can fall on them.”

Her pass was ready the next morning; Mr. Johnson provided a ticket to Texarkana. In addition she received a letter expressing appreciation for her services, signed by Mr. Johnson and the Secretary Mr. Smith. She also received a letter from Senatobia signed by Mr. Massey and Dr. French requesting that the railroads allow her free travel. She accepted some money for her trip to Houston but [will]

[December 19]“send back what I do not use for actual need . I have been today and given the most of it where I thought it the most needed. The money was sent to the poor of Memphis to them it belongs. and not to me.”

Houston: “Home again”

December 28, 1878. “Home again.” Mrs. DePelchin reflected upon her experiences during the past several months. She credited the railroads with providing a great service by allowing free passage for those traveling to Memphis to render care: “the calls for help would not have availed much if they had not sent us free.”⁵⁷⁷ She also gave credit to the Howards and the Andersons for their respectful interactions.

She found it odd that there were so few acclimated nurses in Memphis, a city that had experienced previous epidemics of yellow fever. She also noted the significant number of “colored” who died in Memphis, although she thought the deaths might be due to the insufficient care received by the black population. She was confused by the number of men who left their families or women who left their husbands during the epidemic in Memphis, stating that “Texas women would not go off and leave their husbands to take the fever”⁵⁷⁸ and that even if Memphis women were more obedient and departed as their husbands wished, Mrs. DePelchin chose “Texas. disobedience.”⁵⁷⁹ She also discussed the controversy surrounding the departure of ministers from the beleaguered city of Memphis during the epidemic, although Mrs. DePelchin believed that both Protestant and Catholic abandoned their posts as well as sacrificed their lives for their congregations. She continued to rely upon her religious faith, as

[December 28]“standing face to face with death. as I did for weeks. I learned more of God’s mercy and dealings with men. and we never get worse by contemplating his mercy. What a comfort it was to know God was there.”

In a letter to a newspaper about her trip from Sewanee she noted that in Memphis “nearly everybody was dressed in black, the town had a sad look.”⁵⁸⁰

By January, 1879, Mrs. DePelchin had returned to her teaching duties and was frequently asked about her nursing experiences. Her comments about the doctors were thoughtful and gracious, noting:

[January 27, 1879] “I will say they worked hard, if they failed it was not because they did not try. The rows of graves at Elmwood show they gave all human beings could give...Sometimes they (the doctors) found fault with nurses without finding out if they were to blame. that might be anxiety.”

The doctors received \$10.00 per day, room and board, and a buggy with horse and driver. While she did not begrudge the physicians their income, she reiterated her belief that service should have been voluntary. She lamented the lack of thankfulness from those who had not suffered. “Too often we turn away from the terrible lesson. where will as much be given to charitable purposes. or even scientific works. as will be spent on the approaching Carnival on Mardi Gras.”⁵⁸¹ She was distraught about the impending mirth following so soon after the horrendous suffering and loss of life. She reflected that

[January 27, 1879]“are not hearts desolate yet?...What if the pure snow wreaths wrap the bluffs of the Mississippi. will it bring back the dead?...What matters it to the Mother bereft...weeping for her children and refusing to be comforted, that the plague is stayed?”

Her reflections also encompassed things that she learned during her journey. She noted the importance of diligent work in the study of the natural world. She thought it possible that the cure or prevention of yellow fever could be identified, and that the contemplation of nature could bring mankind closer to God.

Mrs. DePelchin then discussed her thoughts pertaining to Nurses. First and foremost was the absolute need to identify the nurses who were acclimated and deny

passage to those who had not had the fever. The accepted theory in Texas proclaimed that a nurse in the lower South could safely go further north to care for yellow fever victims, but that a nurse from a more northern clime would be susceptible to contracting the disease again if she ventured south. She then acknowledged that “I had it in childhood. lightly. I have been through eight epidemics. have always nursed somewhat. not perhaps as steadily. as in this last.”⁵⁸² She felt that her acclimation was confirmed and that she would not succumb again. She initially consumed a daily dose of mustard seed as a preventive; the ingestion of white mustard seed immersed in whiskey was considered a method to avoid the fever although “I took it minus the whiskey.”⁵⁸³ She was given a package when she departed Houston but so many people asked her for a portion that it was quickly consumed.

She spent some time explaining her personal efforts at prevention. She changed her clothes every twelve hours whenever possible. She carried a change of clothing, and when she removed the clothing items exposed to the fever at night she hung them in a room where the air circulated or out of doors. She then took a few minutes to change again in the morning. Apparently the smell of yellow fever was noticeable in the fabric, but the airing of the clothes would diminish the odor. She used her own comb, brush, and towel, and carried several tin cups; she did not drink from anything used by a patient.

“Next a Nurse must be unselfish...”⁵⁸⁴ because there was no other disease as demanding or vexing as yellow fever. Mrs. DePelchin strongly believed that one Nurse should obtain orders from the doctor and that any one who relieved that nurse should follow her instructions as to what care should be provided. Mrs. DePelchin had gone so

far as to refuse to be relieved by a nurse who would not follow her guidelines. Mrs. DePelchin also noted the unselfish acts of the unacclimated nurses and regarded their efforts as a noble sacrifice although “Sometimes it looked like sympathy run mad...”⁵⁸⁵

Mrs. DePelchin acknowledged that disinfecting was not always accomplished, but felt that the nurse should carry out the procedure even if no one else would complete the task in order to “by all means prevent the spread of the disease.”⁵⁸⁶ She felt self-confident that she was not responsible for the spread of the disease. As for those who felt it was beneath the dignity of the nurse to be responsible for the disinfection process, she felt that whatever conceit she had harbored when she arrived in Memphis was long removed: “Many lessons we had to learn from this epidemic. For my part if I had any pride, it is gone.”⁵⁸⁷ It was necessary many times to do whatever was needed because no one else was available. She also discussed the question of whether a “death test” was necessary in order to prevent the horror of a premature burial, but noted that the bodies decomposed so quickly that an erroneous death report was unlikely.

Her letters concerning the epidemic were at an end. In this final letter she disclosed that she found a testimonial waiting for her in Houston. She paused to remember those like her, who sought to aid the ill in need but, unlike her, would not return to their homes, lost to the fever themselves. She gave thanks to God for bringing her safely home, though “...the remembrances of the scenes of the great epidemic, have cast a shadow on my heart that will never pass away.”⁵⁸⁸

ADDENDUM: "What I write"

Another letter is included dated March 1, 1879. Mrs. DePelchin became aware of a book published by Dr. Dromgoole about the Memphis epidemic and she procured a copy. She was interested in the lists of nurses, doctors, and ministers who were recorded within the published account. The list of Texas nurses was incomplete and the state was "credited with about a quarter she sent."⁵⁸⁹ The book discussed theories of doctors and nurses but "as they run counter to each other. afford a very good illustration of the various ideas that prevailed. and which nearly all failed,"⁵⁹⁰ although she felt the book was helpful for its practical information despite its incomplete nature. The book caused her to think that her own ideas for the treatment of yellow fever as a nurse rather than a physician might be useful: "It has put me in mind to give my idea of treatment not as a Physician but as a nurse."⁵⁹¹ She also intended to note the names of the physicians who called upon her patients. She made it clear that "What I write is not to be understood as a theory. of my own- only like the remarks on fumigating. changes of clothing. as experience."⁵⁹² She began writing.

First she addressed interactions with physicians. If a physician was summoned, the nurse should "follow his directions. and if you have not sufficient confidence in him for that. discharge him."⁵⁹³ She advised that the nurse have pencil and paper available on which to record the doctor's orders. He should be queried about appropriate treatment for each symptom exhibited by the patient.

She provided an extensive list of suggested treatments. For treatment of watery discharge from the bowels: an enema of flour starch with 10 or 20 drops of laudanum, or

a compress of cornmeal or warm flannel. If the patient was vomiting: a mustard plaster; lime water comprised of one part lime water and water or milk. If constipated, an enema of warm water, castile soap and castor oil.

If fever persisted following initial perspiration, the patient should be sponged with vinegar water and salt. After the fever dissipated, the patient should be bathed with whiskey, although she thought cayenne pepper in vinegar worked equally well.

The feet should be kept warm with hot flannel. The patient required frequent sponging and the application of cold cloths to the head. Each patient should have his own basin of cold water even if a sick room was shared. Each should also have his own cup and spoon.

The nurse should be kind and gentle yet firm with the patient. She should speak of the physician “as if you had every confidence in him.”⁵⁹⁴ Though sometimes difficult to arrange, the patient should never be left alone.

If only one family member is ill and the others are unacclimated, the well family members should not exhaust themselves caring for the patient. They should instead prepare food for the patient and nurse. The nurse should be provided with coffee, tea, and some nourishment when they “set up” all night. She suggested the preparation of a low-fat chicken broth, freshly made and served to the patient in small quantities. She discussed the preparation of beef tea made with lean beef, water, and salt. She credited a Dr. Howard of Houston with providing her with some useful suggestions for patient care before she left for Memphis. These included no loud talking or whispering, maintaining a ventilated room, and shading the patient from direct light. He also suggested reporting

to the physician what treatments had been given to the patient before the doctor's arrival. Mrs. DePelchin reported that she had heard from one or two nurses that when they had tried to tell the doctor of the administered treatments

[March 1, 1879] "he interrupted them with. I don't want to know what you've done. I want you to do as I tell you." Mrs. DePelchin then wrote, "Such a doctor ought to nurse his own patients." She demanded respect for the nurse.

She provided instructions for the changing of a patient's clothing: the room should be closed and each item of clothing should be warmed. One person should replace each article of clothing as another removed it.

Instructions for bathing a patient and cooling a fever were described. A footbath was to be administered with the patient in bed. Irons should be warmed in the fire and available so that if water spilled in the bed the sheets could be ironed dry. If ice is available, it should be placed in a tin plate in the wind. A cloth for bathing the forehead should be placed on the ice where it would cool.

Mrs. DePelchin provided a two-page list of the doctors who attended the patients in her care. She also included a letter that had been left in the pocket of her cloak by her friend Mrs. Heckle.

A letter of March 25, 1879 addressed the contents of Mrs. Heckle's letter and included a list of over thirty nurses from Houston who served in Memphis that Mrs. DePelchin had collected. In addition, there are several doctors listed as well as six unnamed Texas nurses from Hempstead and representatives from Dallas and Brenham.

She also included a list of the donors who provided money personally to her for her trip to Memphis. Sixteen donors are listed with donations ranging from fifty cents to ten dollars for a grand total of \$55.50. The money was collected quickly after she applied for her pass as it was unclear if she could travel all the way to Memphis by free rail pass. The money allowed her to purchase needed items for her patients when she first arrived in Memphis and did not know the regulations of the Howard Association. She purchased medications with her own money until a druggist informed her that it was not necessary for her to use her own funds. Mrs. DePelchin kept strict records of her financial receipts and expenditures. She left fifty dollars to an orphaned child, twenty-seven to the “house of reformed women. that was for the sake of the two I nursed.”⁵⁹⁵ Twelve dollars were left for the lodging of the poor, and ten dollars she left for Arthur, an orphaned child. She wished to leave all of the rest for Arthur but did not know where he was despite two letters she had written seeking information on his whereabouts. Mrs. DePelchin believed the money was meant for the people of Memphis and that was where it should remain:

[March 25]“The money was given to Memphis I had no right to give it elsewhere. I received it on trust. and laid it up in a bank that never breaks.- For ‘he that giveth to the poor lendeth to the Lord.’”

There is another short message dated Houston, March 25, 1879. She enclosed another letter from Mrs. Heckle. Of note was Mrs. DePelchin’s decision to request Mrs. Heckle to record her own experience in Memphis as “it is harder than mine.” Mrs. DePelchin was grateful that the individuals with whom she interacted in Memphis were for the most part kind and caring; Mrs. Heckle apparently was not as fortunate. Mrs.

Heckle did write her recollections and they are included in the bound volume along with Mrs. DePelchin's letters.

Mrs. DePelchin clearly recognized distinctions between nursing and medicine. She did not shy away from discussing interactions with physicians, and felt that nursing care was a valuable commodity in treating yellow fever victims. She was confident of her role as a nurse and described numerous procedures that constituted nursing care. She no doubt considered nursing functions to be useful and desirable, and in her practical yet insightful manner, delineated methods for treatment honed from her considerable experience that could be beneficial to other nurses. That she provided instruction for nursing the sick was noteworthy for the time.

The yellow fever epidemic left its impact on Mrs. DePelchin. Although she returned to Houston in December, she was still thinking and writing about her experiences in March. She was fortunate to possess a strong faith and a strong will as she reflected upon her encounters in Memphis and restarted her life amid her home and friends in Houston.

CHAPTER V

NURSING IN THE YELLOW FEVER EPIDEMIC

The author who penned the DePelchin letters was a small, plain, and unassuming woman usually attired in a “dark wrapper. [work dress] a leather belt. rather a wide brimmed straw hat [and]...a black ribbon for a watch chain.”⁵⁹⁶ Although of unpretentious physical stature and dress, she attained remarkable achievement as a nurse, contributing significantly to the development of a profession that I believe she would regard with pride.

She could write as a storyteller, recalled great detail, and appreciated the seriousness and significance of her role in nursing the sick. She was an educated woman although she received her instruction at home. She made mention throughout the letters not only to Biblical passages, particularly when she was especially disheartened by the suffering that surrounded her, but also quoted poetry and referenced events or characters from classical literature as well as history. She applied these citations, including those of the laws of Draco, Banquo’s ghost, and DeSoto gazing at the Mississippi River, to her experiences and thus provided the reader a frame of reference for the overwhelming circumstances that confronted her.

Did Mrs. DePelchin provide an accurate report in her letters? The answer lies in the fact that she did indeed write about what she saw and what she experienced, stating

that “one cannot tell the truth of anything unless we were there.” These letters are the truth as she saw and experienced it.

At 55 years of age, Mrs. DePelchin could have avoided her service in Memphis. Her friends were concerned about her safety and health yet quickly subscribed funds to support her endeavor when it was clear she was resolved to leave for Memphis. As a woman alone, bereft of the partner that she hoped for in marriage, and without wealth or material support, it would not have been surprising if Mrs. DePelchin were a bitter and angry woman. All indications are to the contrary. She was a caring, self-reliant woman concerned for the welfare of others. Her willingness to assist others in time of need placed her squarely amid one of the most devastating public health events in the history of the United States.

The letters of Mrs. DePelchin fit readily within a social history framework. Her recordings describe a specific and well-defined moment in historical time and relate to the events in a particular place. She herself was an ordinary individual engaged in work that was not yet recognized as a profession. Although well-known in her community in Houston, she was not a person of far-reaching renown. Her story was that of an ordinary person reporting the events she experienced in a particular place, Memphis, and in a particular time, the summer of 1878.

The yellow fever epidemic of 1878 threatened the social fabric of the nation and the social framework responded. Mrs. DePelchin first learned of the devastation in Grenada and Memphis through newspaper accounts that appeared as “Fever Reports” in the Houston paper. Every resident of the city on the Gulf coast was cognizant of the

threat of yellow fever that arrived with the summer months, and Mrs. DePelchin no doubt would have been no exception. The newspapers faithfully reported daily the news of fever reports from without the southern latitudes. That yellow fever epidemics were of significance to the nation at large is evidenced by the frequent, if not daily, reports of the march of yellow fever in the pages of the *New York Times*. Without the advantage of the telephone, much less radio or television, the population of the United States was dependent upon the news transmitted by telegraph and newspaper. Those links not only provided information nationwide but locally as well. Those groups most affected by the threat or confirmed appearance of the epidemic as well as those responding to it relied upon the instructions or information relayed to them in the pages of the newspapers.

Mrs. DePelchin was not only a recipient of the information held within the pages of the newspaper. She was also a contributor and included two copies of letters she had written to newspapers concerning her experiences in Memphis and her journey back to Houston. It is likely that she believed she had useful or engaging information to share and the newspapers confirmed that belief by publishing her letters.

Mrs. DePelchin read of the calls for help in the newspaper and learned that free passage would be given to those willing to travel to the cities where yellow fever was rampant. She mentioned in her letters the invaluable assistance the railroads provided by allowing free passage. She believed the cries for help would have been unanswered without the generosity of the railroads. She traveled to Tennessee and back home to Houston on rail passes that were distributed to both doctors and nurses. The railroads, then, did not question the necessity of transporting nurses to the centers of epidemic

disease where communities were struggling to care for the afflicted. The Howard Association was most appreciative of the assistance of the railroads in providing employees and railroad cars to transport physicians, nurses, and medical supplies,⁵⁹⁷ noting that “all of the railroad companies were conspicuous for good deeds.”⁵⁹⁸

The Influence of Nursing in the Crisis

How was nursing instrumental in influencing the crisis? The yellow fever epidemic in the Mississippi Valley provided a pivotal moment in the development of nursing within a public health crisis. Nursing played a vital role within the system of care, providing direct patient care amid the upheaval of epidemic disease. Without known cause, cure, or prevention, the care of yellow fever victims became symptomatic care necessitating close and protracted nursing intervention.

As Mrs. DePelchin described, nursing care of yellow fever victims was both physically and mentally taxing. Patients were often severely ill, exhibiting high fevers, vomiting, diarrhea, and agitation. Gastrointestinal bleeding produced “black vomit” as a most ominous sign. Patients required twenty-four hour monitoring throughout the acute periods of the disease. Mrs. DePelchin frequently described episodes of “setting up” with her patients during the night, and catching periods of rest, oftentimes on the floor, when other nurses were available to relieve her. She followed doctors’ orders, recording the instructions and seeking clarification of treatment for each symptom.

She provided specific descriptions of the tasks in which nurses engaged. Mrs. DePelchin not only addressed the physical needs of her patients, but was cognizant of their emotional needs as well. She recognized the importance of family and friends and

included these individuals in the care of her patients. She took great care in managing the patient's environment, including temperature, noise, ventilation, and cleanliness. She was aware of the social, religious, and cultural context of her patients' surroundings.

The physical needs of the patients were many and demanded uninterrupted care. Patients required bathing, the application of cold compresses to reduce fever, and the administration of emetics and other medications. Gastrointestinal bleeding was a constant threat and required intense intervention when it arose. She applied warm compresses to the abdomen and warmed the feet with flannel cloths or poultices. She fed to the patient small quantities of chicken or beef broth that she sometimes prepared herself. Agitation of the patients was often pronounced; calming words and physical restraint were oftentimes necessary to settle a patient and return him safely to bed. "...a boy eleven years was wild. he would jump out of bed the moment I left him to wait on the rest...carried him back to bed at least ten times before midnight..."⁵⁹⁹ Throughout her letters, the compassion that drove and inspired her efforts was evident in all that she did.

Mrs. DePelchin did not neglect the physical needs of her patients even after death, and provided respectful postmortem care, dressing them carefully in clean clothes and preparing the bodies for visitation by family members. Her willingness to lay out the dead was questioned by other nurses who did not always agree that this action was a nursing duty.

The emotional needs of the patients and their families were also substantial. One family member might be ill or succumbing to illness while others in the household were

also ill themselves or dying. Mothers worried about children and sisters worried about brothers. Aware of the anxiety Mrs. Dickey had concerning her husband's condition, Mrs. DePelchin assisted Mrs. Dickey, weak herself from illness, to her husband's room, fearful that Mrs. Dickey's anxiety surpassed the physical exertion spent walking to Mr. Dickey's room.

Mrs. DePelchin attempted to spare the ill from witnessing the removal of the dead from within the household. Doors were closed and the shoes of the bearers were removed as bodies were carried downstairs. When a dying child feared she would be abandoned, Mrs. DePelchin left her watch and hat when she momentarily had to leave the room so that the child would know Mrs. DePelchin would return. Patients were aware of the significance of black vomit, and a calm, supportive voice was essential to encourage and comfort the ill when this ominous sign appeared. It would not be surprising that Mrs. DePelchin was emotionally caring and supportive and noted that "the sick clung to me." She offered comfort through physical touch, hugging her patients or even laying a head in her lap, as occurred with the very ill German child: "her parents had just died two weeks before. I put my arms round her and had her cot moved behind a door away from the other children."⁶⁰⁰

Mrs. DePelchin recognized the worry and anxiety of family members about their ill, and tried to accommodate their need for visitation although she responsibly forbade visits if the family member was unacclimated. She perceived their need to be useful and would, for example, ask them to prepare food or otherwise assist indirectly. Mrs. DePelchin also acknowledged the need for friendship and companionship when so many

families were destroyed and one family member might be the sole survivor. A friend of Mrs. Dickey's, for example, was encouraged to continue her visitation.

The management of the patient's environment also demanded Mrs. DePelchin's attention. The patient's room was kept dark and quiet. She arranged for the room to be ventilated but kept warm. At the children's home, she attempted to divide the children into rooms based on their degree of illness, separating those recovering from the acutely ill, for example. This effort was overruled, but was a forward-looking philosophy of care.

In addition to her other duties, Mrs. DePelchin grappled with controlling the infection that spread before her eyes. She spent a considerable amount of time applying her own fumigation techniques. These included tending to soiled items of the sick by burning or burying, fumigating the sick room with sulfur, and scrubbing every surface in the room, including floors and walls, occupied by the patient. She changed her own clothes every twelve hours and allowed the items she removed to air out. When she traveled from one town to the next, she opened her trunk and allowed the air to circulate around her belongings. She realized there was some unknown scientific explanation for yellow fever and used the knowledge from her own experiences to perform the procedures she thought most likely to control the spread of the disease.

She was also remarkable in her determination to fumigate items from those who recovered as well as those who died. This was an insightful argument even though yellow fever, unbeknownst to her, was not transmitted through contact with contaminated items. And although Mrs. DePelchin was willing to undertake herculean efforts to fumigate the

personal items of yellow fever victims, she made it clear that not all nurses were willing to perform these tasks.

Mrs. DePelchin was saddened that the dead were sent for burial without a proper funeral, religious service, or family and friends in attendance. This was no doubt troubling to her since religion was such an important aspect of her own life and she took comfort in its embrace.

She also recognized that the patients she nursed were not always poor, although she noted that yellow fever was not impressed by either lack of or possession of money. Indeed, no amount of money made any difference.

And finally, Mrs. DePelchin was cognizant of the cultural needs of her patients. Recognizing that a young child was of German descent, for example, she tried to comfort her in her native language: "her mouth was black. her limbs purple. and trembling she was muttering all the time, they said she was German... I spoke to her in German. She then laid her head in my lap. she lasted a few hours..."⁶⁰¹

Mrs. DePelchin influenced patient care in ways beyond that of direct care giver. She was a prudent administrator of the fifty dollars donated to her in Houston prior to her departure. She attentively noted each acquisition of funds and the exact amount of the donation. The money was only used to support situations or activities related to patient care. She used the money to pay for her own housing rather than use money from the Howards. She purchased medicines for her patients before a pharmacist told her it was unnecessary to use her own funds for that purpose. She purchased food for the patients when needed. She only accepted money from the Howards when needed for

transportation or food; she would not accept the four dollars a day in salary, stating “I do not intend to take pay as long as I have a dollar.”⁶⁰²

She did leave Memphis with some money for necessities on her trip back home to Houston but planned to “send back what I do not use for actual need. I have been today and given the most of it where I thought it the most needed. The money was sent to the poor of Memphis to them it belongs and not to me.”⁶⁰³

She was resourceful when supplies were not at hand. She once returned to her hotel room to obtain her own quilt for use by a patient. On another occasion she removed her wool slip to wrap around a patient’s feet for warmth. She improvised a bedpan from a washbowl!

She was aware that supplies were not always readily available and did her best to conserve needed items. All the washing and disinfecting of bedclothes and quilts was due to the necessity of using them on other family members who might, and usually did, become ill themselves. When with the Dickey family in Senatobia, she stated that “I knew no stores were open to buy anything. I did not know if we could get them [quilts] in Memphis or not.”⁶⁰⁴

Mrs. DePelchin also spoke up in defense of her patients. Her encounter with the Sister over the care of the child Fannie at the children’s home is a compelling example of her advocacy. Mrs. DePelchin refused to leave Fannie’s side even when she was summoned twice, saying, “if she wanted me she must send the Sheriff I would not leave for any other authority.”⁶⁰⁵

Sister Frances served as the director of the Church Home.⁶⁰⁶ The sister functioned as an administrator while Mrs. DePelchin functioned as a direct caregiver. As sometimes happens, the objectives of these two roles may not always coincide. It must also be remembered that the individuals responding to the crisis of the epidemic were overworked and functioned on very little sleep and inadequate nutrition. Both women, each a woman of faith in her own way, were striving under extraordinary circumstances to provide care to the best of their ability. It is remarkable, given the time period, that two women should be placed in such roles of responsibility on which their faith and strength of character depended.

Mrs. DePelchin believed that one nurse should manage the nursing care of each patient, assuring continuity of care. While at the children's home, Mrs. DePelchin was assigned to eight children, all different from those she had previously attended and in a different room, with two children seriously ill. She anticipated the benefit of continuity and mentioned that "if I could have had the same ones (children) all the time, I could have done better..." Her concern for her patients did not cease when her assignment was complete. She frequently checked on her first patients, for example, and made provisions for the orphaned child, Arthur.

With all her other duties, Mrs. DePelchin also supervised the work of employees who functioned under her direction. At some locations where she was assigned, she worked with other nurses and she was relieved by nurses. She mentioned frequently, however, that she worked with assistants; often the assistants were black women. In one situation she was assigned to a third-floor tenement household which necessitated

carrying water up three flights of stairs and waste water taken down. Mrs. DePelchin hired an assistant because the hauling of water “would take too much time from my patient.”⁶⁰⁷ She appreciated the contributions that nursing assistants provided to the delivery of patient care. Mrs. DePelchin also noted, however, the threat that the white nurses were to the livelihood of the black servants who no doubt were struggling with limited incomes.

Mrs. DePelchin possessed considerable interpersonal skills that caused her to note that “Those I nursed liked to have me near them.”⁶⁰⁸ Her interpersonal skills usually extended to those she worked with as well. She was unsettled when she encountered difficulties in working with Sarah, the assistant who was sent with her to Senatobia. Mrs. DePelchin did not confront Sarah, but went to report that “I had been considerate of Sarah but I took no further charge of her. though I resented no personal affront.”⁶⁰⁹ Although Mrs. Dickey became ill, it got to the point where Mrs. Dickey got up from her sick bed to help Mrs. DePelchin because “if I asked Sarah to do anything. for me she was so fractious: told me she was no child to be ordered by me.”⁶¹⁰ This behavior caught Mrs. DePelchin offguard; she noted that “I was surprised, as I spoke kindly to her and all who had nursed with me before had liked to do anything for me.” The stand-off continued. Sarah finally came to the end of her tenure. “I let Sarah go in peace but I should very enjoyed seeing someone kick her out of doors” wrote Mrs. DePelchin.

Mrs. DePelchin tended to acknowledge the best intentions of others even if she might not agree with the individual. Her comment about Mr. Simmons: “although I know he did all he did for the best” illustrates this regard. She also made a point of

acknowledging the hard work of others, such as Alec, the black man who chopped wood and did other arduous chores at Mrs. Dickey's.

Mrs. DePelchin, then, described myriad ways in which her nursing skills were directly employed and thus influenced the care of patients during the epidemic. She relied upon her own skills and experience but worked within a multidisciplinary framework that included the Howards, auxiliary staff, physicians, the patient, and the patient's family and community.

Nurses and the Framework of Care in Memphis

The Howard Association

How were nurses regarded within the framework of care in Memphis? A discussion of nursing during the Memphis yellow fever epidemic would be incomplete without the context of the Howard Association. Keating's *History* of the Memphis epidemic of 1878 includes the actions of the Howard Association as well as the history of the epidemic "from the occurrence of the first to the date of the last known case."⁶¹¹ Although Keating indicated in the preface that all known legitimate "sources of information" were utilized for the compilation of the history, the original Howard records cannot be located. Perhaps it was thought the records were not needed once the history was printed, or perhaps they have been misplaced or lost over time. Keating, the editor of a Memphis newspaper, produced the *History* for the Howard Association. The profits were to be used for the creation of a monument dedicated to "Physicians, Nurses, Members of the Howard Association and Citizens' Relief Committee, who died in Memphis..."⁶¹² The title page indicates that the history lists the names of those who

died, the nurses and doctors, the contributors of goods or finances, as well as the list of Howard Association members.

The Howard Association instituted its work related to the 1878 epidemic on August 14, and continued in this capacity until November.⁶¹³ A notice on August 16 appeared in the newspaper to announce the organization of the Howards for its operation against yellow fever, proclaiming that “A list of nurses who had experience in the 1873 epidemic is kept up to date so nurses can be found at a moment’s notice.”⁶¹⁴ The Howards oversaw and managed an enormous undertaking that provided care for approximately 15,000 cases.⁶¹⁵ They employed 111 physicians and expended \$39,225.80 in payment to the doctors. By contrast, they employed 2,995 nurses, 529 from points outside Memphis. The city of Houston sent a total of twenty-five nurses. The number of nurses, especially those from Memphis, may also include black men and women who, when working with Mrs. DePelchin, for example, were essentially nursing assistants and worked under her direction. The amount expended on nurses was \$185,666.52,⁶¹⁶ or approximately five times the amount paid for physicians, although there were approximately thirty times more nurses than doctors. Unfortunately, the report of the Superintendent of Nurses included only a detailed account of the 529 nurses from outside Memphis and does not include any information about the Memphis nurses. Of the 529 nurses from outside Memphis, 362 were male and 167 were female, or about two-thirds male and one-third female. The names of the 529 nurses are individually noted by home city and state. Mrs. DePelchin’s name appears under “Houston, Tex,” along with her friend Mrs. Heckle’s.⁶¹⁷ The nurses from outside Memphis comprised approximately

18% of the total number of nurses employed by the Howards. Mrs. DePelchin herself provided direct nursing care to at least thirty-two patients as seen in Table 1.

Table 1. Mrs. DePelchin's Patients

| Date of Letter | Patients | Outcome |
|-----------------------|--|--|
| 3-Sep | #1. Myra | Survived |
| | #2. Linda | Survived |
| 14-Sep | 8 children: (#s 3, 4, 5, 6, 7, 8, 9, 10) | 1 recovered |
| | 8 additional children: (#s 11, 12, 13, 14, 15, 16, 17, 18) | 2 died (including Ira) 13 unknown; 2 died |
| | 1 additional child (#19) | |
| 17-Sep | #20. Young woman in tenement (Arthur's mother) | Died |
| 17-Sep | #21 Mrs. Lonsdale | Died |
| 30-Sep | #22 Irish woman near Elmwood | Recovered |
| | #23 Gentleman | Unknown: Recovered? |
| 6-Oct | #24 Jennie Morrow | Died |
| | #25 Mrs. Morrow | Died |
| | #26 brother | Recovered |
| | #27 brother | Recovered |
| 8-Oct | #28 son Frank Taylor | Recovered |
| October 14, Senotobia | #29 Dabney | Died |
| October 27, Senotobia | #30 Mr. Dickey | Died |
| | #31 Mattie | Died |
| | #32 Mrs. Dickey | Recovered |

She left Houston for Memphis on August 29, 1878 and wrote her first letter back home in Houston on December 28, 1878. She had been gone almost exactly four months.

Table 2 shows that nurses came from a total of twenty-six states, a rather extraordinary figure considering the total number of states in the union in 1878 was thirty-eight.⁶¹⁸ Louisiana, not surprisingly, since New Orleans had experienced numerous outbreaks of yellow fever itself, sent the greatest number of nurses at 81. Texas was second with 79.

Table 2. Origin and Number of Nurses from Outside Memphis (From Keating)

| State | # of Nurses | State | # of Nurses |
|----------------------|-------------|----------------|-------------|
| Louisiana | 81 | Florida | 10 |
| Texas | 79 | New York | 7 |
| Arkansas | 63 | Illinois | 7 |
| Alabama | 46 | North Carolina | 4 |
| South Carolina | 46 | Indiana | 3 |
| Georgia | 39 | Michigan | 2 |
| Tennessee | 25 | Connecticut | 1 |
| Missouri | 25 | Wisconsin | 1 |
| Kentucky | 21 | New Jersey | 1 |
| Virginia | 20 | Nebraska | 1 |
| Ohio | 17 | Pennsylvania | 1 |
| District of Columbia | 16 | California | 1 |
| Mississippi | 11 | Maryland | 1 |

SOURCE: John McLeod Keating, *A History of the Yellow Fever: The Yellow Fever Epidemic of 1878, in Memphis, Tenn.* (Memphis: The Howard Association, 1879).

Virtually every state in the eastern United States except West Virginia and northern New England sent nurses to Memphis. The majority of nurses claimed southern states as their home. Louisiana, Texas, Arkansas, Alabama, South Carolina, and Georgia sent a total of 354 of the 529 nurses. This was a helpful scenario because chances were greater that these southern nurses were acclimated than nurses from the north. But even this geographical division was not always useful. The Little Rock, Arkansas nurses that Mrs. DePelchin met on the train while headed for Memphis were not acclimated, and although she tried to discourage them from proceeding, they continued on the journey to Memphis.

A notice appeared in a New York newspaper on August 30 from Mr. Langstaff that addressed the issue of the unacclimated. “In answer to many kind offers from physicians and nurses sent to us, we desire to say that the services of all such persons as

are acclimated or have had yellow fever experience would be gladly received, but the association deems it unwise to encourage any to come from Northern latitudes, as such persons are extremely liable to contract the disease.”⁶¹⁹

In a letter of January 27, 1879 Mrs. DePelchin spoke of lessons learned from the catastrophic days of the fever, and specifically discussed aspects of nursing. Comments were directed towards the need for acclimated nurses. She felt very strongly that only the acclimated should tend yellow fever victims, and that the “authorities” should prevent those who had never contracted the fever from entering a yellow fever district. “The theory in Texas is, those who have it far South can go to a more northern latitude as nurses but to go further South, one is liable to take it again,” reflected a recognition of some geographical relationship to the fever. She noted that if an individual lived through several epidemics and had not succumbed to illness, it was possible they would not ever become ill from the fever. She remarked of her nursing service amid eight epidemics in which she “always nursed some what, not perhaps as steadily as in this last. This time it was pretty well tested if I would take it [yellow fever] again,” thus describing the immunity that would be recognized in future years.

The Howards provided one last service for the nurses whom they employed. The Association had a lot in Elmwood Cemetery where Howard nurses were buried when they succumbed to the fever. Mrs. DePelchin frequently mentioned the bodies of the dead being gathered in carts for transport to Elmwood in the southern part of the city. She remembered the incessant tolling of the cemetery bell as bodies entered the gates. Mrs. DePelchin recalled her trip to the cemetery where she looked for the graves of nurses she

had known, noting that “I find the nurses who died since Sept. 16 have all been buried in a lot purchased by the Howards; there are two long rows...I found the graves of several I had known in life but one or two I looked for, I could not find.” She reported that “the shadow of the monument to Mattie Stephenson can fall on them: like a guardian angel.” The graves of the doctors were not far away.

There is a section of Elmwood called “No Man’s Land” where yellow fever victims were buried essentially in mass graves because of the sheer number of bodies requiring burial.⁶²⁰ Perhaps the nurses for whom Mrs. DePelchin searched and who “had died in that week I mentioned...as being so fearful, that time is now spoken of as the “terrible days” were also among the masses interred together. Mr. Johnson, Superintendent of Nurses, did not include (at least in the Keating *History*) a list of the Howard nurses who died during the epidemic.

Elmwood Cemetery, as seen in Figure 5, is located approximately two miles southeast of the historical section of downtown Memphis. The cemetery still exists today within beautiful, peaceful surroundings amid bountiful trees and shady paths. The original cemetery office located on the north side of the cemetery near the Dudley Street entrance remains in use, although the entrance that Mrs. DePelchin probably entered was in a different location.⁶²¹ The original gate of the earlier entrance can still be seen. The bell that tolled the victims’ arrival for burial is housed over the cottage where the office is maintained.⁶²²

There is an outer loop surrounding the perimeter of the cemetery called Morgan’s Grand Tour. Almost immediately to the left of the office cottage is the Howard

Association lot, the four corners designated by stone markers. A simple monument is erected in the middle of the lot and bears an inscription that says: In Memoriam, Howard Association, 1873.1878.1879. The doctors are buried in front of the monument and the nurses are buried in the rows behind. An original description of the lot can be found in the Elmwood records. There are listed the names of approximately 30 nurses and 15 doctors as well as two Episcopalian ministers. On the scheme for the plot, three and one-half rows appear behind the monument with three shorter rows in front. The plot scheme is not to scale, however, and many of the buried may not have ever received a headstone. (Mrs. DePelchin remarked that she could not find the graves of some she remembered). There are no graves of the nurses that can be individually identified, other than that of Annie Cook, a Memphis madam who opened her house to yellow fever victims and nursed them herself. The grave of two reverends is marked, as well as that of Dr. Lowery and Dr. Tate, the first black physician to practice in Memphis. He came to Memphis to assist in the epidemic and died within weeks of his arrival.⁶²³

Directly across the street on the corner of Morgan's Grand Tour and McKellar Avenue sits the angelic statue of Mattie Stephenson, looking over the graves of the Howards as Mrs. DePelchin described. Located behind Mattie Stephenson's statue is No Man's Land. The site contains unidentified victims of 1873 and 1879 as well. The green expanse, adorned only by a rectangular marker explaining the significance of the site, bears the bodies of at least 1400 yellow fever victims.⁶²⁴

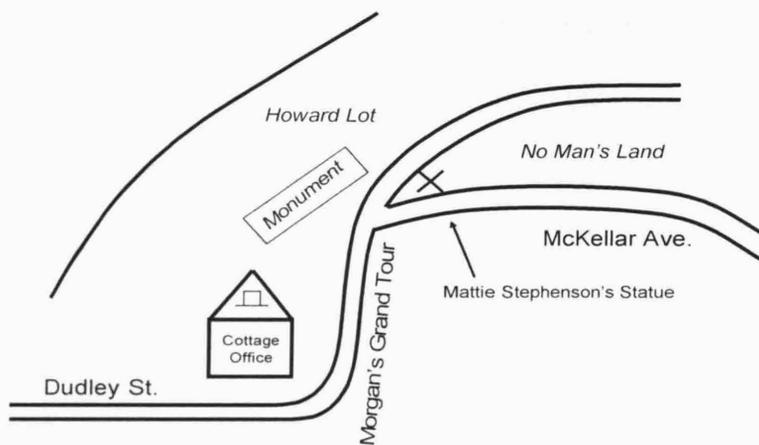


Figure 5. Elmwood Cemetery

Nurses and Physicians

Any discussion of nursing during the yellow fever epidemic must also include a discussion of the relationships among nurses and physicians. As has been noted, there were significantly more nurses than physicians hired by the Howards. From the beginning, however, it appeared the doctors and nurses were treated differently. It should be noted, however, that medical schools existed in the United States since 1765 when the first opened in Philadelphia, and by 1878 there were at least thirty-six medical schools nationwide.⁶²⁵ In contrast, the first nursing school in the United States opened in 1872 in Boston at the New England Hospital for Women and Children; the opening of Bellevue, the Connecticut Training School, and the Boston Training School at Massachusetts General followed in 1873. The school at Boston City Hospital opened in 1878.⁶²⁶ All of

these schools were located in the northeast; there were no nursing schools in Texas in 1878. Indeed, by 1880, there was a total of fifteen nursing schools within the United States. The entire student body was comprised of 323 pupils.⁶²⁷

Upon her arrival in Memphis, Mrs. DePelchin noted that while doctors were housed at the Peabody Hotel, the nurses were not. The Howard nurses were told that the hotel feared contagion brought to the establishment by the nurses. Fear of yellow fever was palpable in the city, and it is fair to say that the yellow fever nurses no doubt spent many more hours in direct contact with patients than did the doctors. For example, Mrs. DePelchin's experiences reflected patient assignments in which she remained with a patient until the individual either recovered or died. She many times slept in the same house, if not the same room, as the patient. Even so, her response to the reason for the housing discrepancy between doctors and nurses was that "the excuse is too transparent."

The physician, however, had a much longer history of medical education in the United States than nurses had of nursing education. The physician was recognized as a practitioner and addressed as "Doctor." The nurse was recognized as a volunteer agent in time of need. The newspapers, for example, did not issue a request for "educated" or "trained" nurses; instead, they appealed desperately for "experienced" nurses. Mrs. DePelchin noted in mid-September that "Experienced nurses are needed..." Even following the Civil War, there were no schools in the southern United States that could educate women in the art and science of nursing.

Nurse-physician interactions have been and continue to be a complex dynamic, and this held true during the yellow fever epidemic as well. Mrs. DePelchin had many

interactions with physicians (all of whom were male) during her several months in Memphis, and pointedly mentioned encounters in which she defended herself against what she considered unjust charges. A physician chastised her for the improper administration of ice to a patient, but a review of the doctor's orders confirmed the instruction. She was also admonished for leaving a patient unattended and mounted a forceful rebuttal in her defense. As conditions grew worse in the city, each side at times blamed the other: "The Doctors have cursed the Nurses. Some of the Nurses have cursed the Doctors."

As has been noted, two-thirds of the Howard nurses were men. Mrs. DePelchin provided a glimpse of how the male nurse interacted with the physician. She initially requested to be sent only to female patients, but necessity required that she attend a male patient. She was instructed to see that the doctor's orders were followed by a black gentleman tending the patient; she would not have to administer direct care. "The "colored" man said this man's [the patient's] fever was up... I brought them down to 100. now the doctor just steps in, to take all the credit or else to kill him."⁶²⁸

The concept of "doctor's orders" was evidently accepted by the Howards and by Mrs. DePelchin. The orders served not only as directions for the nurses, but also as a written means of confirming the intent of the physician and as support for the nurses regarding actions taken. When challenged, the nurses could consult the written orders and validate actions. Mrs. DePelchin later suggested that the nurse keep paper and pencil at hand to record the doctor's orders when given; this suggests that orders were not actually written by the physician, but were verbally transmitted to the nurse.

Communicating later about the doctors in Memphis, Mrs. DePelchin wrote, “I will say they worked hard. if they failed it was not because they did not try. The rows of graves in Elmwood show they gave all beings could give...The disease was malignant. Sometimes the instructions were not carried out...Sometimes they (the doctors) found fault with the nurses without finding out if they were to blame. that might be anxiety.” She noted that “We were glad enough to get a doctor for the sick,”⁶²⁹ and so was unwilling to criticize and lay blame upon them.

Mrs. DePelchin several times commented about the unequal treatment of women by society, saying that “man’s nature tries ever to lay the blame on someone else. if that someone else is a woman, so much the better.”⁶³⁰ The roles of women and men were undoubtedly unequal in 1878, and Mrs. DePelchin expressed her frustration with issues of inequality. The issue of nurse-physician relationships, however, becomes entangled within the consideration of the nurse-physician role as well as the gender issue of the male-female role. Mrs. DePelchin’s perspective was that of an independent woman, confident of her skills as a nurse, and frustrated by the gender role of a female within a male-dominated society.

In other ways, however, the value of both nurses and doctors was recognized. The police, for example, were granted authority to arrest anyone out after the nine o’clock curfew who could not justify their presence on the streets; both doctors and nurses were exempt.⁶³¹

Reactions in Memphis

Mrs. DePelchin remarked that she was treated only with respect by the Howards.

And Mr. Johnson, the Superintendent of Nurses, commented as follows:

The majority of the nurses and workers in my department, both those from abroad and those resident in our city, served with remarkable zeal and efficiency, displaying, under the most trying and discouraging circumstances, a heroism and fidelity to the cause of humanity unsurpassed in the history of epidemics. Many individuals, with utter disregard of personal safety, hastened to our succor from northern, eastern, and western cities. There were times, during the prevalence of the epidemic, when contact with the disease seemed to foreshadow almost certain death; but instances were most rare where any nurse in my department failed to respond promptly to the call of duty.⁶³²

It is unfortunate that negative comments concerning the nurses appeared in the report of Dr. Mitchell, the medical director for the Howards, in which it was stated:

...while many excellent and worthy nurses came, others also came whose only purpose seemed to be plunder and the gratification of the alcoholic thirst, and whose presence here was scarcely less destructive to human life than the plague itself...[the population was] consequently at the mercy of hundreds of uninformed and incompetent nurses.⁶³³

The first report of the Tennessee Board of Health from April 1877 to October 1880 included a sanitary account of Memphis related to the epidemic of 1878.

Frustration at the need for nurses was evident in the report that recounted "...the number of faithful and skillful nurses, out of the large number imported here, was exceedingly small. Hundreds upon hundreds died simply for want of care."⁶³⁴

The nurses most coveted in the midst of a fulminant yellow fever epidemic were nurses who had experience nursing in previous epidemics. Nurses from the South and Gulf coast, where yellow fever often appeared during the summer, were the most useful

and practiced. Their desirability, however, lay with their experience and geographic origin and not with their level of education.

There were no standards of education or standards of care. Just as the South was slower in recognizing the need for a nursing corps in the Confederate Army, she was also slow in instituting the establishment of nursing schools. The first nursing school in Texas was not founded for more than a decade following Mrs. DePelchin's experience in Memphis.

The nurses who arrived in Memphis, then, were a heterogeneous group of volunteers without benefit of education. Many, without thought for themselves, sought to aid others in time of need. Some had skills, others did not. Some came perhaps for money. For whatever reason they came, however, it is clear that they came because someone, namely the city of Memphis, begged them to come. Whatever the criticisms leveled upon them, it cannot be denied that the city was desperate for nurses to care for the overwhelming number of yellow fever victims. Without any formal nursing education, it is not surprising that the nurses who responded varied widely in skill. Mrs. DePelchin observed the same, and commented on the uneven capabilities of the nurses in the city. She also decided not to join the Little Rock nurses on the train to Memphis when she saw the prospective matron with a bottle of whiskey.

Reports concerning the nurses are contradictory when read. Keating's *History*, for example, on one page spoke of a few nurses who died and left "full trunks of silverware...and clothes, to prove how industriously they could ply two trades."⁶³⁵ On the very next page, however, he wrote that "The physicians were greatly aided by

hundreds of faithful and competent nurses—men and women of experience. These are indispensable to recovery...”⁶³⁶ Glowing remarks of thankfulness and appreciation were offset by reports of drunkenness⁶³⁷ or “negligence, inattention, and inebriety of nurses who were prompted in their labors by the hope of reward alone.”⁶³⁸ The *Memphis Daily Appeal* on September 19 illustrated the opposing views noted in reports pertaining to nurses. In the same column on that day are notices remarking on the “terrible experience with nurses” and the mention of “A cheeky nurse, but an incorrigible rascal and thief,” immediately followed by a paragraph that noted: “There are among us a few valuable nurses who are greatly aiding our physicians.”⁶³⁹ The *Public Ledger* also found itself delivering these clashing reports. “A Humbug Nurse” is reported in one column, while the next extols “Miss Lizzie Temple and Miss Emma Reader, two young ladies of intelligence and refinement, who came from Cincinnati to nurse the sick...”⁶⁴⁰ Two days later the *Ledger* printed the following notice:

Experienced yellow fever nurses, male and female, wanted.

Highest cash prices will be paid. Apply at the office of the
Masonic Relief Room. Magnolia block, Union St.⁶⁴¹

Concerning the reports of untoward behavior on the part of the nurses, Keating noted that the “Howards used every precaution to prevent their repetition, and finally succeeded in weeding out the unreliable and incompetent nurses...”⁶⁴²

One of the methods to “weed out” was Mr. Langstaff’s notice of August 24 that appeared in *The Appeal* “To Citizens of Memphis”:

The Howard Association asks and enjoins it upon all citizens as a special and personal duty, to 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. Our reputation depends upon the faithful performance of duty by the nurses we employ, hence our anxiety to have every case of neglect or inattention promptly reported to us.⁶⁴³

This is juxtaposed, however, by a notice immediately above it, which proclaims:

“EXPERIENCED Female Nurses Are urgently requested to call at office of Howard Association IMMEDIATELY.”⁶⁴⁴ The *Public Ledger* on September 9 reported that inebriated nurses were to be arrested and only released upon the direction of Mr. Langstaff.⁶⁴⁵ It is of note that there is no mention of a request to report suspicious doctors.

The Howards themselves, the businessmen who administered the relief operation, recognized the contributions of the nurses and insisted that they be treated with respect. John Johnson, the Superintendent of Nurses (and former mayor of Memphis), wrote of their diligence and devotion. Mrs. DePelchin also spoke of her interactions with the Association and noted that the Howards always spoke with kindness and respect to the nurses.

Untrained the nurses were, but also absolutely essential. With no cure and no specific treatment available, supportive care provided by nurses was the only hope of

recovery. “Where they [nurses] were not to be had, and patients recovered, it was regarded as little less than miraculous.”⁶⁴⁶ One historian noted, “...actual medical contributions were often negligible. The group which perhaps did the most to help patients was the nurses. Sitting beside patients’ beds hour after hour, nurses cooled fevered brows, changed bed linens, and provided nourishment.”⁶⁴⁷ This was the image of nursing that the patients and the ravaged community witnessed despite the displeasure of Dr. Mitchell. This was the image that Mrs. DePelchin recorded in her letters.

One of the lessons of the epidemic of 1878, then, was the recognition by the public, physicians, and boards of health of the need for a sufficient number of trained nurses whose skills could be counted upon. It was no longer acceptable to rely upon volunteer nurses of unascertained and varied levels of competence to meet the needs of a community. The intrepid efforts of the nurses in Memphis, despite the dearth of their nursing education, helped pave the way for the next generation of nurses.

Indeed, the first nursing school in Memphis opened within the decade. The Memphis Training School for Nurses accepted students in December 1887.⁶⁴⁸ It is surprising (or perhaps not surprising) to note that this first nursing school was founded under the auspices of two doctors, Maury and Mitchell, who had an infirmary at Third and Court Streets.⁶⁴⁹ Dr. Maury wrote the sanitary report of Memphis related to the 1878 epidemic for the first Tennessee Board of Health report in 1880, noting the small number of skilled nurses in attendance. Dr. Mitchell was the Howard Medical Director who wrote the unflattering report about the epidemic nurses quoted previously.

The value and contributions of the nurses were recognized in other ways. A banquet was held at the Peabody Hotel in honor of the Howard Medical Corps during which a toast was offered by Mr. Langstaff:

“Our labors will be but in vain without the assistance of physicians and nurses. To you, physicians, and to the nurses, be praise for the noble work done by you and them. It is our duty to find the sick and to bring physicians and nurses; it is the physician’s duty to prescribe the remedy; it is the nurse’s duty to administer the remedy properly. To the faithful nurse, who sits hour after hour by the bedside of the afflicted, often without food or rest for thirty-six to forty-eight hours, too much gratitude cannot be felt.”⁶⁵⁰

A letter was written to the newspaper towards the conclusion of the epidemic.

Titled “Letter From a Good Nurse,” it read:

Dear Ledger—As we are nearing the close of this terrible plague, I must say a few words in behalf of the nurses who left their homes as the cry of distress was heard, and imperiled their lives that others might live, fulfilling the mission of our Divine Master, “do unto others as you would have others do unto you.” How often have they sat at the bedside of the afflicted, bathing the burning brow and scorching lips of the sufferer! Yes, without food or rest, for forty-eight hours. When disease, suffering and death was in Memphis, they heard the cry of distress and that was enough. Bravely have they nursed the suffering people who were strangers to them. What they have seen no pen can describe, so horrible and heartrending were the scenes they witnessed. Many of them were deep and untiring in their devotion and kindness to the sufferers. Some who began with them, alas! are not with them now—they fell by their sides, and were buried, not in the quiet shades of Elmwood, but in the potters-field, in white coffins, in a nameless grave, and in their distant homes the cry will be, “They too are dead; we cannot hear from them.” May they rest in peace! It was a noble work they did and their deeds will live after them, and be remembered, and rise to heaven, and be numbered there. God has blessed them. Through his mercy they have been the means of bringing many through who said they owed their lives to them. This is the ninth epidemic I have worked in. (signed), Mrs. M. A. Harcourt⁶⁵¹

The appreciation for the work and sacrifice of the nurses and doctors and others who risked and lost their lives while assisting the citizens of Memphis was not limited to

this confined period and then relegated to the pages of lost history. A park was dedicated in 1971 to the memory of those who lost their lives while caring for the victims of yellow fever. The park is fittingly located along the banks of the Mississippi River, just west of Riverside Boulevard, southwest of the old city. The park consists of an expanse of green lawn with a towering contemporary sculpture that arises amid the greenery. A plaque declares the area to be the Yellow Fever Memorial Martyrs Park, and reads in part, “In grateful memory of the sacrifice of the heroes and heroines in the 1870s who gave their lives serving the victims of yellow fever...The acts of love and courage, far beyond the call of duty, merited the gratitude and admiration of the citizens of Memphis and of the world...”⁶⁵²

Faith

Mrs. DePelchin was a woman of faith who expressed her beliefs in writing. She took comfort and solace in a personal faith that helped her to withstand the death and devastation unfurling around her. Her letters often contain references to scripture in an attempt to make sense of the events she experienced.

Her foundation of faith was, however, of a very personal nature. The framework of care in Memphis was not based on religious belief. The Howard Association was a secular organization established and organized by businessmen. They did not advertise for nurses of faith; they wanted nurses with “experience.” Mrs. DePelchin traveled to Memphis on her own accord and not under the auspices of a religious organization. Indeed, the only religious community with whom she engaged was St. Mary’s, and her experiences at the children’s home left her unsettled, although her feelings about the

Reformation may have influenced her response. And although Mrs. DePelchin felt a need to help others, she was not foolhardy and only did so because she was aware of her immunity to further bouts of yellow fever.

Mrs. DePelchin's faith is significant in terms of the personal behavior it may have encouraged. Mrs. DePelchin felt a duty to assist and care for others in time of need, and to place the needs of others before her own. These are attributes she may have obtained from her close affiliation with religious faith. They may also have been the result of her own bout with yellow fever and loss of family, her immigration to a frontier society that required aid and assistance from neighbor and friend, or the years of hardship and deprivation of the Civil War years. Her behavior may have resulted from all of these influences and more. We regard her behavior as ethical behavior based on moral decisions determined from a variety of influences including her faith, life experiences, upbringing, and other factors. It is possible to be a good nurse while not a person of faith; it is not possible to be a good nurse without ethical behavior. Mrs. DePelchin was a nurse of high ethical standards which resulted in behaviors that are desirous in a profession such as nursing which practices under its own Code of Ethics.

It is her behavior with which Mrs. DePelchin exemplified her nursing practice that influenced the public perception of her as a nurse. Her patients trusted and liked her; the Howards trusted and depended upon her. It was not so much faith as behavior that influenced public perception.

And while nursing had early roots in religious orders, nursing education in the United States was not formulated only along religious lines. Indeed, the early schools of

nursing in New York, Connecticut and Massachusetts were secular institutions. The first school of nursing in Texas was also secular. Acceptance in fledgling nursing schools required “good moral character” or “good character,”⁶⁵³ not religious affiliation. Mrs. DePelchin was admired not because she was a woman of faith, but because she was a woman of character.

Roles and Functions of the Nurse

What roles and functions did the nurse fulfill in relation to the period of crisis? Mrs. DePelchin described at least six distinct nursing roles that she effectuated in Memphis. As she described her activities, it would seem that she practiced holistic nursing, defined as nursing that considers the whole person including “body, mind, emotion, spirit, social/cultural, relationship, context, and environment.”⁶⁵⁴ She provided direct physical care while recognizing the importance of emotional support both to the patient and his family. She controlled the environment of the sick room by providing ventilation and warmth. A dying child was addressed in his native language.

By today’s standards she would be considered a case manager for the patients to whom she was assigned. Case managers strive to “control healthcare costs through facilitating timely and appropriate use of healthcare resources.”⁶⁵⁵ She was a careful guardian of resources and diligently accounted for the money donated for her trip to Memphis. She was aware of the limited access to supplies in a city that barely functioned, and re-utilized materials that could be appropriately cleansed.

Mrs. DePelchin advocated for her patients, a role that is clearly recognized in

nursing today. An advocate by definition is “one that pleads or speaks for another.”⁶⁵⁶ Her advocacy was most apparent when a desperately ill child was left to die alone at the children’s home. Mrs. DePelchin remained with the child, and obtained assurances that such a circumstance would not be repeated.

Mrs. DePelchin probably would have been a proponent of primary nursing, which supports “explicit responsibility and authority for specific patients...clearly allocated to a specific registered nurse.”⁶⁵⁷ She refused to hand over care to another nurse when the relief nurse was not willing to continue the procedures Mrs. DePelchin had implemented.

At the children’s home, she attempted to divide the children into rooms based on their degree of illness, separating those recovering from the acutely ill. While not implemented, it was nevertheless a forward-looking philosophy of care. This attempt at providing care based on degree of illness can be compared to patient care units of today such as intensive care or step-down units.

Mrs. DePelchin functioned as an infection control nurse and “instigate(d) infection control and prevention measures.”⁶⁵⁸ She changed her own clothes every twelve hours and aired the garments she removed. She aired her trunk when she moved from one place to another. Her fumigation procedures for the items removed from a sick room were stunningly intense and required physical exertion.

In addition to her other roles, she functioned in a management capacity. Mrs. DePelchin in essence was engaged as a nurse manager. She communicated responsibilities, acknowledged skills, made assignments, encouraged skill development, and evaluated the performance of others.

In addition, Mrs. DePelchin believed in the examination of the natural world. She knew there was a scientific explanation for yellow fever, unknown though it was at the time. Her efforts at fumigation could serve as the exemplar in support of evidence-based practice. She spent untold hours of back-breaking work fumigating items in contact with her patients because it was not known the culprit was the mosquito.

The scope of practice which Mrs. DePelchin demonstrated was broad and diverse. She filled multiple roles as care giver, case manager, infection control nurse, and nurse manager. None of these designations officially existed at the time of her tenure in Memphis. Although we might tend to believe that primary nursing or case management are ideas of the modern era, it can be seen that although the titles were nonexistent, the work was very much in evidence. Mrs. DePelchin never received training in a school of nursing. She may not have had a formal acquisition of nursing knowledge, but she had the knowledge of experience. She was an instinctive nurse who was confident of her skills. Indeed, she could be called an expert nurse. Benner's characterization of an expert nurse has been described as "having an intuitive grasp of the situation and as able to zero in on the accurate region of the problem... The expert nurse is able to do this because of her enormous background of experience..."⁶⁵⁹ This is an apt description of Mrs. DePelchin.

Mrs. DePelchin never mentioned an awareness of Florence Nightingale. It is of note, however, that the nursing suggestions written by Mrs. Depelchin are very similar to the contributions of Miss Nightingale in *Notes on Nursing*. They both discussed ventilation, nourishment, warmth, and fumigation. They also both considered patient

management, cleanliness of surroundings, and control of noise. Both described the care of the body and of the mind.

Miss Nightingale, however, was a famous woman due to her well-regarded efforts during the Crimean War. She was born to an aristocratic family with connections to society and government. She was presented to Court as a young woman. She was the epitome of whom history is recorded. Mrs. DePelchin, on the other hand, was an ordinary individual from an ordinary place. Houston, Texas was hardly comparable with London, England in the mid-18th century. While Miss Nightingale engaged with individuals of power, Mrs. DePelchin visited with her friends in Houston. She was not a well-known person of note. She was, however, an ordinary person whose story could be told through the process of social history.

Contributions of Nursing in Memphis

How are the contributions of nursing in Memphis significant? According to Sabin, nurses engaged in community nursing when assisting patients during overwhelming epidemics. Community health nursing may be defined as “direct personal care services, including health education, to persons or family units outside of institutional settings (either in the client’s home or in a clinic environment).”⁶⁶⁰ Public health nursing, in contrast, is “community oriented and population focused”⁶⁶¹ with an emphasis on health and prevention.⁶⁶² None of these definitions, however, totally capture the essence of nursing during the devastating events of 1878. This goes beyond fever nursing that has been previously described.⁶⁶³ It was community-based nursing provided in the home and population-based due to the extraordinary numbers of patients requiring

care, but was neither community-health nor public health nursing in the strict sense due to the urgency of the situation. Nor does community nursing sufficiently describe the singular circumstances unleashed by epidemic disease. I would argue, then, that within the yellow fever epidemics lay the origins of disaster nursing in the United States.

A “disaster is an event that causes human suffering and creates unmet needs and demands exceeding the abilities of the community to cope without outside assistance.”⁶⁶⁴ Disasters may be natural or man-made. Natural disasters include, for example, hurricanes, tornadoes, floods, earthquakes, or droughts. Communicable disease epidemics are also considered natural disasters. Man-made disasters include explosions, fires, pollution, civil unrest, or warfare.⁶⁶⁵ A yellow fever epidemic is a communicable disease epidemic and can be considered a natural disaster.

A communicable disease may be defined as “an infectious disease transmitted (as from person to person) by direct contact with an affected individual or the individual’s discharges or by indirect means (as by a vector).”⁶⁶⁶ Yellow fever is a communicable disease because it is transmitted from person-to-person by means of a mosquito vector. Lundy & Jones reviewed characteristics of disasters⁶⁶⁷ as identified by Dynes, Quarentelli, and Kreps that are relevant to the yellow fever epidemic:

1. Predictability: Some events are more foreseeable than others. Once the summer arrived on the Gulf Coast, populations became vigilant for yellow fever outbreaks.

2. Frequency: Some areas are more prone to disasters than others. The South in general and Memphis in particular were susceptible to the *Aedes aegypti* mosquito and yellow fever.

3. Controlability: Interventions to limit the scope of the disaster were ineffective; quarantine was unsuccessful. The source of the epidemic was unknown and therefore appropriate actions could not be determined.

4. Speed of onset: Once in a community, transmission was rapid.

5. Length of forewarning: Once yellow fever was acknowledged in New Orleans, communities throughout the South braced themselves for the arrival of the disease.

6. Duration of impact: Unfortunately, with no known prevention or cure, yellow fever lasted from the initial case until frost came in the fall to kill the mosquito.

7. Scope of impact and

8. Intensity of impact: The epidemic of 1878 was rampant throughout the Mississippi Valley and especially destructive in Memphis.

The nurses who responded to the call for assistance in Memphis, 1878, engaged in disaster nursing. The local entities were overwhelmed by the needs of the population and outside assistance was required to grapple with the devastation produced by the natural disaster of yellow fever.

Although nurses participated as battlefield nurses during the Civil War, their services were directed towards military personnel. The nurses in the yellow fever epidemic were caring for a civilian population in peacetime. While military nurses can,

and do, participate in disaster mitigation, disaster nursing generally refers to care administered to civilian populations even in time of warfare. Nurses engaged during the yellow fever epidemics were the earliest nursing disaster responders caring for a civilian population in the United States. The history of disaster nursing originates with these women and men who volunteered their services during times of epidemic travails. Although Clara Barton and the Red Cross are commonly acknowledged as the originators of disaster response, the nurses of the Howard Association responded to epidemic disasters prior to the founding of the American Red Cross in 1881.⁶⁶⁸

Implications

Recent years have not spared us the specter of disasters in the United States. From September 11, 2001, to Hurricanes Rita and Katrina, the devastation of New Orleans, and the threats of SARS and swine flu, the American public has been bombarded with both natural and man-made disasters. The yellow fever epidemic of 1878 was a forerunner to these recent events and can offer insight into the issues of significance related to disaster nursing today.

Newspapers in Memphis were essential in providing information to medical and nursing personnel as well as to the public. Effective methods of communication are necessary components of disaster management for both those directing and providing disaster relief as well as the public.

A capable and efficient transportation system is an invaluable element of disaster relief. The railroads provided an extraordinary service during the yellow fever epidemic in transporting medical and nursing volunteers, as well as needed supplies, to Memphis.

Transportation networks may be adversely impacted; how assistive personnel can safely access areas of disaster must be considered and formulated. The entire system of air routes in the United States, for example, came to a halt following the attacks on September 11.

The nurses in Memphis received a salary, although Mrs. DePelchin believed non-paid volunteers would have arrived in sufficient numbers as long as transportation and board could be provided. This helps us to understand that consideration must be given to the source of responders in terms of relying on paid or non-paid personnel.

Anyone who was willing to travel to Memphis, even the unacclimated, were admitted to the city and enrolled as volunteers. Mrs. DePelchin believed that some authority should have vetted the arriving volunteers and only permitted those nurses who were acclimated to enter the city. The deaths of nurses and physicians during the yellow fever epidemic served to teach future generations about the importance of vetting volunteers on certain characteristics.

Working effectively in a disaster of the magnitude that occurred in Memphis required an interdisciplinary approach. Nurses and doctors could not work without the support of pharmacists, the police, the newspapers, food service workers, or cemetery workers. This provides us with an understanding of the importance of a team approach.

It was evident from the Memphis disaster that everyone who could leave the city, did leave. Many individuals who remained in the city were without the means to depart. The same occurred during Hurricane Katrina in New Orleans; many could not escape from the city. Individuals fleeing from Hurricane Rita saturated the roadways leaving

Houston, Texas. When disaster threatens, many of those who can leave, do leave. Those who remain behind are oftentimes those in need, as the Howard Association discovered in the 1800's as epidemic disease swept the country.

People who remain behind may require medical and nursing assistance or evacuation. Shelter, food, and water are required. Often it is the ill, infirm, or those with the least available resources who have no means of escape from a pending or occurring disaster. The Memphis disaster illustrates that disaster assistance may of necessity be of prolonged and intense duration.

Indeed, the significance of studying previous episodes of epidemic disease has been of note in the recent past. The AIDS epidemic reinforced the understanding that epidemic disease is not relegated to the history of prior centuries. Daniel Fox reviewed the history of response to epidemics in the United States and noted recurring themes. These include: an initial low estimation of the threat; fear and anxiety; flight from or denial of the threat; ineffective quarantine; eventual practical joint response by business and government; insufficient numbers of nurses and doctors to care especially for the poor; and the high cost of response.⁶⁶⁹ These circumstances all held true for the yellow fever epidemic of 1878 and it would not be unexpected for them to hold true in future. Antibiotics and vaccines may have mitigated epidemic disease but altered patterns of travel, climate change, virus mutation, or the emergence of as yet unseen disease leave us susceptible to potential threats.

Current Threats of Yellow Fever

The last yellow fever epidemic transpired in New Orleans in 1905.⁶⁷⁰ Since the identification of the *Aedes aegypti* mosquito as the vector of yellow fever and the development of a yellow fever vaccine, yellow fever epidemics have ceased to exist in the United States.

The disease of yellow fever, however, has not been eradicated. There are 32 countries within sub-Saharan Africa and 13 countries within tropical Latin America where yellow fever remains endemic.⁶⁷¹ International travel places Americans within one plane ride of a yellow fever belt. In 2002, a Texan from Corpus Christi traveled to the Brazilian Amazon without benefit of a yellow fever vaccination. He visited an emergency room on March 10; by March 16 he was deceased. According to the CDC, this was the third death of an American from yellow fever since 1996.⁶⁷² The CDC continued: “On returning home, viremic travelers can establish new foci of YF [yellow fever] transmission where susceptible vectors are present. The geographic range of *Aedes aegypti*, a mosquito that transmits YF virus among humans, includes the southern United States.”⁶⁷³

Recent news accounts have reported outbreaks of yellow fever in Paraguay and Brazil. In February, 2008, seven deaths were reported in Paraguay.⁶⁷⁴ According to the Public Health Agency of Canada, the outbreak represented the first cases of yellow fever in Paraguay since 1974.⁶⁷⁵ There were also thirteen reported deaths from yellow fever in Brazil in February, 2008.⁶⁷⁶ And public health authorities in Argentina began

recommending vaccination after in-country dead monkeys were confirmed to have died from yellow fever.⁶⁷⁷

The WHO Regional Office for Africa reports an increased incidence of the disease “worldwide but especially in the tropical regions of sub-Saharan Africa...”⁶⁷⁸ Increased incidence is thought related to the halt of previous mandatory vaccination programs from 1925-1953 that has produced the development of susceptible populations.⁶⁷⁹ Recent vaccination programs are now under threat because of the worldwide financial crisis. According to WHO and the International Coordinating Group (ICG) on Yellow Fever Vaccine Provision, “The current stockpile [of yellow fever vaccine] will run out in 2010 and there is no funding to cover vaccination campaigns once the stockpile is depleted.”⁶⁸⁰

Because of the continuing threat of yellow fever from tropical Latin America and Africa, medical and nursing personnel should inform clients traveling to endemic yellow fever areas to consult the CDC website for vaccination guidelines at www.cdc.gov/travel. The CDC recommends vaccination for individuals “aged ≥ 9 months traveling to non-urban areas where yellow fever is endemic.”⁶⁸¹ A U. S. Yellow Fever Vaccination Center Registry is maintained by the CDC and provides an online resource for locating a center that may administer the yellow fever vaccine. These centers are authorized by state health departments who report the authorized providers to the CDC.⁶⁸² There are, on occasion, restrictions to the supply of yellow fever vaccine due to manufacturing availability. These restrictions are posted on the CDC website. The website also

provides additional information, including risk to travelers and measures for personal protection, including information about the vaccine.

CHAPTER VI

CONCLUSIONS

The yellow fever epidemic of 1878 increased public awareness of the need for qualified nurses. National awareness was raised by frequent, if not daily, accounts of the ordeal recounted in newspapers. The result was an outpouring of goods, supplies, and money from towns and cities across the United States. In addition, nurses and physicians volunteered their services to the overwhelmed city of Memphis. Mrs. DePelchin, as one of the volunteer nurses, not only provided direct patient care, but left an invaluable account of her experiences during the epidemic. We are provided a first-person account of what nursing was like during the epidemic, the duties she performed, the organization of the Howard Association and how nurses fit within its framework, and her own advice and suggestions for nursing yellow fever victims.

That a disaster was at hand is not in doubt. That nurses played a vital role in the mitigation of the disaster cannot be disputed. With no cure or vaccine available, the nursing of symptoms was the only care available. In cities across the South, especially in Memphis in 1878 but in other years and cities as well, volunteer nurses responded to the call for help during yellow fever epidemics and became the first nurse responders to civilian disaster relief in the United States.

Two-thirds of the nurses who traveled to Memphis were men. In comparison, the latest national nursing survey revealed that in 2008, only 6.6% of registered nurses were

male.⁶⁸³ The presence of male nurses was noted by Mrs. DePelchin even as the Little Rock nurses boarded her train. She commented frequently about her acquaintances Mr. Trigg and Mr. Carr, men who traveled to Memphis to provide care during the yellow fever epidemic. She supervised the care of one gentleman provided by a male caregiver. There were then, men who did the work of nursing and were recognized as having skills as nurses. Yet as nursing school openings accelerated in the following years, the schools accepted only women.⁶⁸⁴ This is in contrast to what happened in Memphis in 1878 where it was not unusual for men to be listed on the Howards roster of nurses. Men had nursed in the Civil War and in yellow fever epidemics, yet were not granted admission to schools of nursing. We are left with some unanswered questions as to why men provided nursing care in these very significant times of need, but yet were not a part of the early professional educational programs.

Much can be learned from Mrs. DePelchin's experiences in the epidemic. Although many departed from the city, many of the most vulnerable, including children, the sick, and the poor, were left without means of escape. The Howard Association recognized the needs of those left behind. It is possible to learn from the exodus from Memphis and the exodus from New Orleans 127 years later that many individuals are unable to flee from impending threat. The Howard Association, in 1878, rose to the occasion by providing assistance to the victims of yellow fever, and can influence our preparations to care for those in need in the future. Disasters will come, and with them will come the need for rapid and effective humanitarian response.

The letters of Mrs. DePelchin not only record her daily activities as a nurse, but address the larger relief effort of which she was a part. The Howard Association assumed the overarching framework for medical and nursing relief and supervised a multidisciplinary team to respond to patient needs under the most challenging of circumstances. That they accomplished their goal in an organized and efficient manner through voluntary efforts and a rudimentary communication system should encourage our own efforts to improve disaster response. The list of potential sources of disasters has not diminished since 1878. We have instead seen that both nature and humans are unpredictable. Disaster response demands not only skilled practitioners such as Mrs. DePelchin, but a skilled framework of operations within which multidisciplinary practitioners can effectively function. Nursing fulfills a vital role within that framework. It is essential to ensure that not only individual components of the system are prepared, but that the framework itself is capable of sustaining disaster response.

This group of nurses in general, and Mrs. DePelchin in particular, paved the way for the future development of nursing. They showed that nurses provided compassionate care that made a difference in the lives of patients during the progression of the illness in the individual, family, and community. Mrs DePelchin cared for vulnerable patients, including her first two women patients, children, the wife of a Howard officer, the poor in tenements, and people believed to be outside the fever zone. The work that is described in the letters was systematic and organized and required skill. The letters provide a view of nursing care prior to the elevation of nursing to a professional status; therefore I have referred to these nurses as engaged in pre-professional practice. Although the women

and men in Memphis functioned as disaster nurses, the circumstances of the disaster allow us to witness how nursing was practiced at the time. The nursing care set within the framework of this disaster had broader implications to the development of the profession.

Mrs. DePelchin's contributions to the development of professional nursing are manifold. Without benefit of formal nursing education but with a reliance upon her own skill and experience, she embodied many of the characteristics of today's nurse. She was reliable, trustworthy, and skillful. She effectuated numerous roles and functions. She supported scientific inquiry and the sharing of knowledge. She was insightful, compassionate, and committed. She put a public face to the image of the burgeoning field that was professional nursing. She was the nurse you would have wanted to see come through your sick-room door.

ENDNOTES

Introduction

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Chapter One: Memphis and the Mosquito

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¹⁵⁶ The mosquito is capable of infecting both man and monkey. Three pathways for yellow fever transmission exist and include jungle (sylvatic/forest) yellow fever, intermediate yellow fever, and urban yellow fever. All three pathways produce the same clinical result. Tomori, "Yellow Fever," 405; World Health Organization, "Yellow fever."

Jungle yellow fever occurs when a human is bitten by a mosquito that carries the virus acquired from an infected monkey. Jungle yellow fever usually occurs only among primates (monkey to monkey); humans become infected when they enter the primate environment. World Health Organization, "Yellow fever."

Urban yellow fever by contrast primarily affects human beings. The *Aedes aegypti* mosquito, a domestic arthropod that thrives in manmade containers, spreads the virus from human to human in urban centers. Tomori, "Yellow Fever," 406. Urban yellow fever is the type that occurred in the Memphis yellow fever epidemic.

Intermediate yellow fever occurs only in the savannas of Africa and involves transmission of the virus in both monkeys and humans from monkey to human and between humans. World Health

Organization, "Yellow fever." This form of the virus is essentially a combination of both the jungle and urban viruses.

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Chapter Two: Kezia DePelchin, Nursing, and the South

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Chapter Three: The Epidemic Unfolds

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- ⁴³⁸ *Memphis Daily Appeal*, August 31, 1878.
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- ⁴⁴¹ Letter written by a young mother to her infant daughter, Macon, Oct 8, 1878. Yellow Fever Collection, Box 1, Folder 16, Memphis and Shelby County Room, Memphis Public Library.
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- ⁴⁴⁴ "The Scourge at Memphis," *New York Times*, August 16, 1878.
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Chapter Four: Letters from a Foreigner

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- ⁴⁴⁸ *Memphis Daily Appeal*, August 24, 1878.
- ⁴⁴⁹ Armstrong to wife, August 24, 1878,
- ⁴⁵⁰ George Sisler, "The Time Memphis Died," *Memphis Commercial Appeal*, August 24, 1958.
- ⁴⁵¹ *Memphis Daily Appeal*, August 25, 1878.
- ⁴⁵² Jeffrey Grossman, "An Observation on the Yellow Fever Epidemic Memphis and Shelby County Tennessee in 1878," *The Chicago Medical School Quarterly* 26 (1967): 229.
- ⁴⁵³ Armstrong to wife, August 28, 1878,
- ⁴⁵⁴ *Memphis Daily Appeal*, August 25, 1878.
- ⁴⁵⁵ *Memphis Daily Ledger*, August 31, 1878.
- ⁴⁵⁶ *Memphis Daily Appeal*, August 31, 1878.
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- ⁴⁵⁸ "The Situation at Memphis," *New York Times*, August 31, 1878.
- ⁴⁵⁹ "The City," *Houston Daily Telegram*, August 27, 1878.
- ⁴⁶⁰ Kezia Payne DePelchin to Sallie Payne, August 28, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁴⁶¹ "The City," *Houston Daily Telegram*, August 30, 1878.
- ⁴⁶² Keating, *History*, 373.
- ⁴⁶³ Kezia Payne DePelchin to Sallie Payne, August 28, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁴⁶⁴ *Ibid*,
- ⁴⁶⁵ *Ibid*.
- ⁴⁶⁶ Upon her return to Houston, she recorded in a letter the sums she had collected on August 27, 1878 prior to departure. She listed the names of sixteen contributors and donations ranging from fifty cents to ten dollars for a grand total of fifty-five dollars and fifty cents.
- ⁴⁶⁷ *Ibid*.
- ⁴⁶⁸ Hicks, *Yellow Fever*, 30.
- ⁴⁶⁹ Keating, *History*, "Report of the Superintendent of the Infirmary," 387.
- ⁴⁷⁰ "Sisters of St. Mary's at Memphis."
- ⁴⁷¹ "Reign of Death," *Memphis Daily Ledger*, August 31, 1878.
- ⁴⁷² "Wanted," *Daily Ledger*, August 31, 1878.
- ⁴⁷³ Armstrong to his wife, September 1, 1878.
- ⁴⁷⁴ "Sisters of St. Mary's at Memphis."
- ⁴⁷⁵ Kezia Payne DePelchin to Sallie Payne, September 3, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁴⁷⁶ *Ibid*.
- ⁴⁷⁷ Kezia Payne DePelchin to Sallie Payne, August 28, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁴⁷⁸ Kezia Payne DePelchin to Sallie Payne, September 3, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁴⁷⁹ *Ibid*.
- ⁴⁸⁰ His date of death is recorded as September 30, one month after a telegram appeared in the Memphis paper: "To Dr. R.W. Mitchell: Dr. Easley with twelve nurses and money leaves for Memphis tomorrow." *Memphis Daily Appeal*, August 30, 1878.
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- ⁴⁸⁶ *Guide & Map of the City of Memphis, 1908*.
<http://www.wdbj.net/shelby/directories/1908memphis/miscellaneous.htm> (accessed August 18, 2009).
- ⁴⁸⁷ *Ibid.*; Ornelas-Struve and Coulter, *Years of Courage*, 62.
- ⁴⁸⁸ "Important to Nurses," *Memphis Daily Appeal*, September 21, 1878.
- ⁴⁸⁹ *Southern Business Guide 1879-80: Memphis, Tenn.*, 600-620,
<http://www.wdbj.net/shelby/business/1879/index.html#C> (accessed August 18, 2009); *Memphis City Directory 1898*.
- ⁴⁹⁰ *Memphis City Directory 1879*.
- ⁴⁹¹ Kezia Payne DePelchin to Sallie Payne, September 3, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁴⁹² Falsone, "Memphis Howard Association," 144; The number of Howard districts is not clear. A newspaper report on August 28 noted eight Howard wards, while another report on August 31 mentioned a "District 1½" in addition to single-digit districts. *Memphis Daily Appeal*, August 31, 1878 and August 28, 1878.
- ⁴⁹³ Falsone, "Memphis Howard Association," 144; Keating, *History*, 330.
- ⁴⁹⁴ Patricia M. LaPointe, *From Saddlebags to Science: A Century of Health Care in Memphis, 1830-1930* (Memphis: The Health Sciences Museum Foundation, 1984), 23; Pink Palace Museum, Memphis.
- ⁴⁹⁵ Keating, *History*, 376.
- ⁴⁹⁶ Kezia Payne DePelchin to Sallie Payne, September 23, evening, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁴⁹⁷ Kezia Payne DePelchin to Sallie Payne, September 3, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁴⁹⁸ *Ibid.*
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- ⁵⁰⁰ Keating, *History*, 153.
- ⁵⁰¹ *Avalanche*, September 5, 1878 in Keating, *History*, 155.
- ⁵⁰² Kezia Payne DePelchin to Sallie Payne, September 14, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵⁰³ Kezia Payne DePelchin to Sallie Payne, September 17, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University..
- ⁵⁰⁴ Keating, *History*, 363.
- ⁵⁰⁵ Kezia Payne DePelchin to Sallie Payne, September 8, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵⁰⁶ *Ibid.*
- ⁵⁰⁷ *Ibid.*
- ⁵⁰⁸ "Sisters of St. Mary's." Four of the sisters from St. Mary's died during the 1878 yellow fever epidemic. The four sisters, Constance, Thecla, Ruth, and Frances, are considered martyrs and are an integral part of the cathedral. The names of the sisters are inscribed on the steps of the altar, along with the last spoken words of Sister Constance. A stained-glass window within the cathedral honors all the sisters of St. Mary's and an icon of the sisters rests to the left of the altar. The church considers the sisters as well as others, living and dead, who assisted yellow fever victims to be recognized as The Martyrs of Memphis. They are included on the Episcopal Church Calendar of Lesser Feasts and Fasts, celebrated on September 9. *Constance and her Companions The Martyrs of Memphis*, St. Mary's Cathedral, Memphis.
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- ⁵¹⁰ Kezia Payne DePelchin to Sallie Payne, September 14, 1878, Kezia Payne DePelchin papers, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵¹¹ St. Mary's Cathedral is located between the streets of Poplar and Alabama as they intersect with Orleans Street, approximately a mile east from the river and up a rising incline from the old part of the city. Although St. Mary's has existed at the same location since 1858, the current cathedral, constructed in 1898, was not the one that Mrs. DePelchin would have seen in 1878. *St. Mary's Cathedral*, St. Mary's Cathedral, Memphis.
- ⁵¹² The Church Home was located on Old Raleigh Road. A 1908 guide lists the Church Home Orphan Asylum at 750 Jackson Ave. Old Raleigh Road is now named Jackson Avenue. Goodspeed, *History*, 862; *Southern Business Guide 1879-80, Guide and Map to the City of Memphis, Asylums and Hospitals*.
- ⁵¹³ There are lines drawn through the name "Frances" in this letter; it is not known who applied the strike-through.
- ⁵¹⁴ Kezia Payne DePelchin to Sallie Payne, September 14, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵¹⁵ *Ibid.*
- ⁵¹⁶ *Ibid.*
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- ⁵¹⁸ *Ibid.*
- ⁵¹⁹ *Ibid.*
- ⁵²⁰ Hicks, *Yellow Fever*, 34-35.
- ⁵²¹ *Memphis Public Ledger*, September 5, 1878.
- ⁵²² Yellow Fever Collection, Folder 8, Duffy, Jon J. Scrapbook, Memphis and Shelby County Room, Memphis Public Library.
- ⁵²³ Kezia Payne DePelchin to Sallie Payne, September 17, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵²⁴ *Ibid.*
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- ⁵²⁶ *Ibid.*
- ⁵²⁷ Kezia Payne DePelchin to Sallie Payne, September 23, Evening, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University..
- ⁵²⁸ *Ibid.*
- ⁵²⁹ A Report of the Knights of Honor Central Relief Committee in Keating's *History* indicated a sum of \$6,704.31 disbursed for nurses. Keating, *History*, 423; The Masonic Relief Board, according to Keating, spent \$8,202.25 for nurses. Keating, *History*, 410.
- ⁵³⁰ *Memphis Daily Appeal*, September 21, 1878.
- ⁵³¹ Kezia Payne DePelchin to Sallie Payne, September 23, Evening, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵³² Perre Magness, "Camps offered distance from fever," *Memphis Commercial Appeal*, January 30, 1997.
- ⁵³³ Perre Magness, *Elmwood 2002: In the Shadow of the Elms* (Memphis: Elmwood Cemetery, 2001), 175.
- ⁵³⁴ Kezia Payne DePelchin to Sallie Payne, October 6, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵³⁵ Keating, *History*, 142.
- ⁵³⁶ Kezia Payne DePelchin to Sallie Payne, October 9, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵³⁷ *Ibid.*
- ⁵³⁸ *Ibid.*
- ⁵³⁹ *Memphis Avalanche*, October 23, 1878, on display at Pink Palace; Hicks, *Yellow Fever*, 41.
- ⁵⁴⁰ Kezia Payne DePelchin to Sallie Payne, October 14, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.

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- ⁵⁴¹ Ibid.
- ⁵⁴² Ibid.
- ⁵⁴³ Ibid.
- ⁵⁴⁴ Ibid.
- ⁵⁴⁵ Keating, *History*, 188.
- ⁵⁴⁶ Magness, *Elmwood 2002*, 171.
- ⁵⁴⁷ Keating, *History*, 191.
- ⁵⁴⁸ Kezia Payne DePelchin to Sallie Payne, October 27, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵⁴⁹ Ibid.
- ⁵⁵⁰ Ibid.
- ⁵⁵¹ Ibid.
- ⁵⁵² Ibid.
- ⁵⁵³ Ibid.
- ⁵⁵⁴ Ibid.
- ⁵⁵⁵ Ibid.
- ⁵⁵⁶ There were different opinions about disinfecting clothing and bedding. Mr. Roman assisted with disinfecting Dabney's belongings and sprinkled the bedding and clothing with an unidentified solution. The general opinion seemed to be that burning was not always possible because of the attendant fumes; burying the infected items was instead endorsed. The doctors apparently did not believe the sprinkling of items was adequate for disinfection and instead suggested the use of a water bath. This confirmed Mrs. DePelchin's own beliefs and encouraged her commitment to disinfecting items associated with victims of the fever.
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- ⁵⁶² Hicks, *Yellow Fever and the Board of Health*, 41.
- ⁵⁶³ Kezia Payne DePelchin to Sallie Payne, November 6, 1878, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.
- ⁵⁶⁴ Ibid.
- ⁵⁶⁵ Ibid.; [Whether the "rooms" refers to lodging rooms; or some other facility used by the Howards is not known; the address for the Howards that previously appeared in the newspaper was 16 Madison Street. Falsone(*Memphis Howards*, 197), however, quoted the Notice that appeared October 30 in the *Public Ledger* in which nurses were to report to the Headquarters on November 2, and also a notice in the *Appeal* on October 30 that directed nurses to an office at 271 Main St. Perhaps those are the "rooms" to which Mrs. DePelchin referred.]
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⁵⁷⁸ Ibid.

⁵⁷⁹ Ibid.

⁵⁸⁰ "Lone Star Light," January 7, 1879, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.

⁵⁸¹ Kezia Payne DePelchin to Sallie Payne, January 27, 1879, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.

⁵⁸² Ibid.

⁵⁸³ Ibid.

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⁵⁸⁶ Ibid.

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⁵⁹² Ibid.

⁵⁹³ Ibid.

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⁵⁹⁵ Kezia Payne DePelchin to Sallie Payne, March 25, 1879, Kezia Payne DePelchin papers, 1878-1879, MS 201 Woodson Research Center, Fondren Library, Rice University.

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⁵⁹⁸ Keating, *History*, 127.

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Conclusions

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APPENDIX

| Number | Date | Place of Origin | Content |
|---------------|-------------------------|------------------------|---|
| 1 | August 28, 1878 | Houston | Decision to nurse in yellow fever epidemic |
| 2 | September 3, 1878 | Memphis | Journey to and arrival in Memphis; Howard Association; first patients |
| 3 | September 8, 1878 | Memphis | Her own accommodations; speaking up for herself |
| 4 | September 14, 1878 | Memphis | Church home |
| 5 | September 17 & 23, 1878 | Memphis | “fearful week;” illness of Howards |
| 6 | September 23, 1878 | Memphis | How nurses came to be in Memphis |
| 7 | September 30, 1878 | Memphis | Near Elmwood cemetery |
| 8 | October 6, 1878 | Memphis | Again in suburbs |
| 9 | October 8, 1878 | Memphis | Emotionally and physically drained; deaths of friends and acquaintances |
| 10 | October 9-13, 1878 | Memphis | Illness and recovery |
| 11 | | | Newspaper clipping |
| 12 | October 14, 1878 | Memphis | On duty further afield |
| 13 | October 14, 1878 | Senatobia, MS | In sheriff’s jail |
| 14 | October 27, 1878 | Senatobia, MS | A household shattered |
| 15 | October 31, 1878 | Senatobia, MS | “the last nurse left” |
| 16 | November 6, 1878 | Senatobia, MS | Termination of employment with Howards in Memphis; return to Senatobia |
| 17 | November 9, 1878 | Senatobia, MS | life in the household and town |
| 18 | November 16, 1878 | Senatobia, MS | Preparing for departure |
| 19 | November 23, 1878 | Sewanee, TN | “I had fainted away” |
| 20 | December 9, 1878 | Sewanee, TN | Need for a quarantine pass |
| 21 | December 19, 1878 | Memphis | Return trip to Houston |
| 22 | December 28, 1878 | Houston | Home at last |
| 23 | January 7, 1879 | Houston | “Lone Star Light” |
| 24 | January 27, 1879 | Houston | Thoughts of epidemic; Nurses |
| 25 | March 1, 1879 | Houston | Dr. Dromgoole; her “ideas of treatment” as a nurse |
| 26 | | | Letter in her cloak pocket from Mrs. Heckle |
| 27 | March 25, 1879 | Houston | Donations; list of nurses |

Mrs. DePelchin’s Letters