Introduction

CHRISTOPHER BRICK: Hello everyone, welcome back to the *Intervals* podcast, a public humanities initiative of the Organization of American Historians.

I’m Christopher Brick, here on behalf of the OAH committee on Marketing and Communications, and I also join you today in deep gratitude to the National Endowment for the Humanities who sponsored season 1 for us and whose support made this episode of the lecture series possible.

Our guest speaker today is Dr. Carolyn Eastman, who is joining us from the Department of History at Virginia Commonwealth University where she’s also an Associate Professor.
Because Carolyn’s such a truly fantastic lecturer and storyteller, this episode is as great a listening experience as it is a learning one. Carolyn specializes in the histories of media, gender, and political culture in early America, and she is most recently the author of *The Strange Genius of Mr. O: The World of the United States’s First Forgotten Celebrity*, recently published by our friends at the University of North Carolina Press. Based on the word of mouth it’s getting I wouldn’t be surprised if the new book is as much of a triumph on the prizewinning circuit as was Carolyn’s 2009 volume, *A Nation of Speechifiers: Making an American Public After the Revolution*. She is currently working on a history of the yellow fever epidemics in New York City in the 1790s, and that’s the work that brought her to us for this season on public health.

If you’ve seen the musical *Hamilton*, or even just listened to the cast recording of the show, then you already have had one kind of encounter with the New York City of the Founding Era. Well this lecture is a different kind of encounter, a rigorously historical one, and so it’s trickier to find heroes and villains in quite as tidy a fashion as one can make them seem in period musical drama. Here the streets teem more with filth than revolutionary potential, particularly if you’re one of the people who Alexander Hamilton enslaved and perhaps even proffered as a form of compensation for services to a physician who had treated him for yellow fever.

It’s that physician, Alexander Anderson, who left behind a diary that Carolyn uses to share stories like this one with us, and to draw us into a history of early America that was inseparable from the disease ecologies it incubated.
It’s not something you’ll learn on Broadway, but it is something you’ll get to learn about right here. And with that I give you Prof. Carolyn Eastman’s examination of “A Plague in New York City: A Young Doctor Confronts Yellow Fever in the Founding Era.”

Lecture

I’d like you to imagine the New York City skyline, not the skyline as we know it today, with vaulting skyscrapers and tall apartment buildings. Instead, I want you to imagine it as it appeared in the 1790s. At that time, a young French émigré sat on the Brooklyn riverbank and set about sketching what he saw on the other side of the river, the Manhattan skyline. When we look at it, we see that the tallest buildings have only five or six stories, and the vast majority are even shorter than that. [Inaudible] is so low slung that the New Jersey hills in the distance behind it seem almost like mountains.

From this viewpoint, the most distinctive buildings are the churches. They all sit behind the waterfront, so you can’t see the Trinity Church building or St. John’s Church from this view, but their spires tower above the warehouses and other buildings lining the river.

The print I saw was only about seven inches high, but more than four feet in length. And in the margin underneath this long thin image, you see notes identifying different landmarks: Constable’s Wharf, the Tontine Coffee House, the flea market, the city hospital, and in the water between Manhattan and our French artist, are dozens and dozens of sailing ships. This is New York of the mid-1790’s. The biggest city in the United States,
and it was still short of having sixty-thousand residents.

If you disembark from one of those ships during the summer months, you’d find yourself on a wharf alive with business and you’d be surrounded by dock workers loading and unloading the cargo. Ferry boats coming downriver from farms in upstate New York were filled to the gunwale with ripe cherries. Ships from the Caribbean carried barrels of sugar and rum. Going in the other direction, ships bound for France and England were getting loaded with flour.

One of the things that made New York such an important port was the fact that the water never froze in winter and allowed shipping to move in and out at a fast clip. Walking along the wharves, you heard the sailors and dock workers singing as they loaded and unloaded the ships.

Moving beyond the docks, to the crowded, twisting streets of lower Manhattan, you’d find daily markets and street vendors with carts full of pineapples brought up from the Caribbean, and sweet potatoes from South Carolina. Open air meat markets sold everything from wild turkey, to possum, green turtle, and stingray. And late at night as the watchman passed through the streets, seeking to keep the peace, he called out “Twelve o’clock at night and all’s well!”

In August 1795, however, not all was well. Many New Yorkers had temporarily abandoned their homes for the country, leaving the streets eerily quiet. Those who couldn’t leave got desperately sick. The yellow fever had arrived.

Yellow fever was one of the most terrifying diseases of the age, made worse by the dramatic and horrifying symptoms that sickened people quickly
and often fatally. It was distinguished by jaundice, the liver damage that turned one’s eyes and skin yellow. High fever also came with this infection. In many cases, you might experience a milder case. So, after fighting a fever, muscle aches, and headaches for a few days, the disease subsided and you began to recover. But the worst cases were also the scariest. Even some who thought they’d began to recover, got a second round of fever so high that they began to hemorrhage internally. Their bodies simply couldn’t reabsorb the blood which sometimes leaked from their eyes or ears. Even today, up to fifty percent of the people who suffer this serious phase of infection die from it.

It took until 1938 for scientists to come up with a vaccine.

Yellow fever had made occasional appearances in the American colonies, but outbreaks became exponentially worse during the 1790s. In August of 1793, a terrible epidemic hit the city of Philadelphia. No one knew what to do. Many believed the disease might be spread through the air, perhaps originating in stagnant, swampy water, or emerging from rotting garbage or animal waste. Philadelphians frantically cleaned the streets, but they also took pains to flood their noses with other smells: vinegar, camphor, garlic, or tobacco smoke.

Others lit fires on street corners, hoping the smoke would dissipate the disease. Some even tossed gunpowder into the flames, hoping to kill the poisons that infected the city. Those with the resources to do so, evacuated the city for the countryside where they hoped to find fresh air. One Philadelphia resident wrote to his brother, “They are dying on our right hand and on our left. We
have it opposite us, in fact, all around us. Great are the number called to the grave.”

It would take more than a hundred years before scientists learned that yellow fever was spread by a particular variety of mosquito, which passed the virus from the sick to the healthy during the warm and wet seasons. In 1793, more than a tenth of the population of Philadelphia died.

So, two years later, when one young New Yorker got hired by New York’s health committee to work at the brand new Bellevue Hospital in late August of 1795, he was nervous. Alexander Anderson was only twenty years old, still taking classes in medicine at Columbia and serving out an apprenticeship to a local doctor. The big Bellevue house and estate sat several miles upriver from lower Manhattan. It’s now located at about 28th street, though this was long before any of the numbered streets had been laid out. Bellevue had recently been rented by the city to serve as a pest house, or a site where they could treat patients who’d been hard hit by yellow fever.

On the day Anderson took a carriage ride from downtown up to Bellevue, he wrote in his diary that “This day I was plunged into a business as perplexing as new to me. Behold me in a state of confusion and perplexity.” What he found upon arrival, was a hospital in crisis.

In taking the job, Anderson took his first step into adulthood. If things went well and he earned praise for his work, it could smooth his path to success and renown as a doctor later on. It also paid well, but the list of things that could go wrong made it a hard choice. He could fail, or he could receive public criticism, he could even die of the disease.
His mother wrote him encouraging letters almost every day from their home in lower Manhattan. She told him, “If you ever live to have such a son, you will know what I feel. The fates have all combined to call you into public life, some years before you intended it.” We know what she said in these letters because he kept every one, all of which are now preserved at the New York Public Library. His diary now reveals the nightmarish quality of his days dealing with yellow fever. Three of his earliest patients were nurses. One arrived, he wrote, “in a shocking condition, tenth day of the disease, vomiting blood by the mouthfuls.” This patient dies within two hours of arriving.

When the parents of a sick young girl expressed their eagerness to see her, Anderson asked them to stand outside at some distance in the garden, where they could see her through a window. Sometimes, when the boatmen brought an especially sick patient up to Bellevue on the hospital boat, he jumped into the East River afterward, hoping to cleanse himself of any infectious effluvia that might have attached to his skin or clothes.

Anderson, though, didn’t have that luxury. He spent his days scrambling to find ways to ease the suffering of his patients. He didn’t have a lot of options for treatment. Medical experts in the 1790s still largely held to ideas about human health that stretched back centuries. Their medical treatments all stemmed from the idea that people became ill when their body’s essential elements became unbalanced. So, as a result, the most prominent doctors in the country recommended bleeding yellow patients, or giving them substances that would lead them to vomit up the excess material that had created the imbalance to begin with.
In Philadelphia, the renowned Dr. Benjamin Rush administered harsh, mercury-based purgatives to induce vomiting, alongside very aggressive bloodletting. In New York, Anderson and his colleagues followed that advice, and also tried laudanum, an opium based liquid, hoping it would calm the patients down and prevent diarrhea. He blistered their skin, hoping it would stimulate the internal organs affected by the disease. None of it worked.

Meanwhile, following the lead of Philadelphians two years earlier, New Yorkers with the means to do so evacuated the city. One observer wrote “Every vehicle, from the humble dung cart, to the gilded carriage, was now in requisition, removing families, furniture, and goods. The lame, the halt, and the blind, all crowding the boats, the lanes, and the outlets from the city. Fear quickened their pace, and the destroying angel at their heels. Hundreds of them died in the towns and villages around.”

It was even scarier for those who remained in the city, rumors spread about which neighborhoods were particularly hard hit. Often those neighborhoods near the docks, and everyone complained about the mosquitos. No one, of course, had screens on their windows and sometimes the mosquitos bred in wet basements inside your own house. In one of her letters, Anderson’s mother mentioned the mosquitos made it hard to sleep at night. They could not have known, of course, that the disease spread not through the air or by contact with other infected people, but via a summertime pest. “The fever has increased with terrible violence these two days past” his mother wrote. “‘Tis really gloomy to walk the streets. The
city seems desolate. Those shops that are open, are without customers."

If the shops had closed, at least one carpenter stayed in business by building coffins that he sold for four dollars apiece. He placed them on a hand cat and sent his two sons into the streets to sell them. Every time they moved their cart into an intersection they called out “Coffins! Coffins of all sizes!” The disease especially hit people who lived and worked near the waterfront, many of whom found themselves out of work when the port closed.

Up at Bellevue, Alexander Anderson faced daily crises as new patients arrived every day. One man, who had arrived so sick that he was delirious, ultimately wandered around the hospital and collapsed in one of the outbuildings. Anderson reported to his diary that they got him back inside, but he seemed to bear the marks of death. Yet, a few hours later, still delirious, this man snatched up a club and rushed into another room full of other patients, as if to harm them. He died a few hours later.

Another man, also out of his mind with fever, used his hat as a chamber pot in the middle of the night. Anderson wrote in his diary “I’m sometimes tempted to resign my station, but really, I’m afraid that, like Jonah, I shall meet with a worse fate.” He admitted that he thought about quitting his job at Bellevue to his mother in one of his letters home, but he received a sharp answer in response. “If you give that up, you have spent six years studying medicine in vain” she wrote, heatedly. He remained at Bellevue.

In early November, the disease finally began to abate. When city leaders saw the daily death rate drop, the health committee publicly commended
Anderson and the other resident physician in the newspaper for their “persevering attention, humanity, and fidelity to the sick.” In reviewing the course of the terrible epidemic, members of the committee noticed how prevalent the disease had been closest to the waterfront. Those densely populated areas closest to the docks that our French émigré had sketched in his long horizontal portrait of the New York City skyline.

A few of the dead were famous, city leaders, but most were ordinary working people whose names and occupations appeared in a long appendix to an account of that year’s tragedy. Some of the earliest to take ill had been seafarers and ship captains. In other words, the very docks and wharves that helped to build New York into the nation’s largest city might well have been the source of this terrible disease. Nevertheless, the 1795 yellow fever epidemic was over and Anderson returned to live with his parents and his brother, as before.

Alexander Anderson’s diary offers a vivid account of the yellow fever, but even more so, it’s an unusually detailed and self-reflective diary by a young person of that era. If you compared it to others from the 1790s, the differences would leap out immediately. Most diarists stuck to a tedious routine of recording the weather, describing weekly sermons, or earnestly documenting their attempts at self-improvement.

Few people used their diaries to explore their feelings, express their personality, or confess their secrets. Anderson’s diary was different. He possessed a novelist knack for using words to capture the world he saw around him. For seven years, starting when he was only seventeen, he kept a daily record of his life and sometimes added
whimsical doodles and sketches in the diaries margin to describe his doings and the people he loved.

He also had his quirks. For example, when he began to worry that he suffered from constipation, he started buying pounds of raisins to keep himself regular. His family wasn’t wealthy, but they had enough money to give their two sons good educations and prepare them for respected professions. Anderson and his older brother John, who was in training to become a lawyer, took long walks around lower Manhattan in the evenings and he made notes on what he witnessed. He commented on overhearing the political arguments taking place at the Tontine Coffee House between members of the Federalist and Republican parties.

He referred to the federalists disapprovingly as “aristocrats.” He described hearing French revolutionary songs sung enthusiastically by the many residents of the city. He bought tickets to see museums and a panorama of the city of Charleston painted on an enormous piece of cloth that unspooled slowly from one giant scroll to another. During the summers, he sometimes took a ferry with his friends to Long Island in search of cherry trees loaded with fruit, or instead walked down to the battery to watch fireworks or hear musical performances.

And one January night, as he and his brother walked to their family home on Wall Street, they looked up to see a prostitute gaily dressed, looking out from a window across the street from the church. Meeting their gaze, he reported to his diary, she gave them an artful smile and displayed her breasts to our view. After catching that glimpse of her body, he commented wryly on his ignorance of what she had wordlessly proposed. It
“afforded an idea of a scene often described” he wrote, a scene of sex that the seventeen-year-old had not yet experienced.

He was also a self-taught artist and filled blank spaces in his diary with doodles. He might sketch a pipe resting next to a candle, a caterpillar on a leaf, or a small self-portrait. He had learned to appreciate printed words and images from his father, known as the revel printer who lost his printing business during the revolution when the British army and a loyalist majority occupied New York City and made it impossible for him to continue printing his patriot newspaper.

In fact, in a way, Anderson followed in his father’s footsteps when he picked up the craft of engraving images for local printers. For example, when he had the chance to see an orangutan and two panthers at an exotic animal exhibit, he earned spending money by carving their images onto type metal for printers who were reporting on the sites.

At times, Anderson’s diary seems to indicate that he enjoyed the art of engraving more than his medical studies. Anderson’s diary is full of these little moments of everyday life. Jokes they played on one another, cautious reports of how he and his brother began to court two sisters from a neighboring family. And in the process, the diary reveals another story. It tells the story of a young person growing up and coming into his own. In between the entries that mention his attending medical lectures at Columbia, or helping his patients, the diary also incidentally reveals a huge range of New Yorkers he engaged with from day to day.

From enslaved New Yorkers, sometimes known only by their first names, to an array of immigrants,
seafarers and artists. It offers a record of the ways the city was growing and changing as Anderson gradually came into adulthood. In the earliest pages, he and his brothers were teased for cheeping too close to their mother, like chicks to a mother hen. But by 1798, both had gotten married and had established busy professional practices. Alexander Anderson had a new baby at home as well.

Ever since the 1795 yellow fever epidemic, leaders in the city had taken steps to avoid a similar disaster occurring again. Like their neighbors in Philadelphia, they had tried to pave at least some of the streets to prevent water from stagnating in puddles and sinkholes. But considering the number of horses in the city, as well as the goats and pigs that wandered the streets eating garbage, it was impossible to fully contain the animal waste that accumulated.

Under the direction of the health committee, the city created a new pest house on Bedloe’s Island where they could quarantine sick people before allowing them to enter the city. After renting the Bellevue Estate in 1795, they decided to purchase it outright from the owner, as well as an adjoining estate, for use as an isolation hospital. The city created New Potter’s Field where they could bury the poor. They located that new burial ground to the north of the inhabited part of the city, on a piece of ground that would eventually be transformed into Washington Square near New York University, in an area that is now hard to imagine as the far northern edge of habitation.

These actions, however, couldn’t prevent yellow fever from making occasional appearances. Small outbreaks of the disease appeared in the city in both 1796 and 1797. Philadelphia also suffered
another smaller outbreak. Both cities, though, congratulated themselves for their mostly successful efforts in containing the extent of the disease. None of it prepared them for 1798. Alexander Anderson had had a hard summer that year. After giving birth in the spring, his wife, Nancy, had recovered slowly. Their little son, however, had not thrived.

In July, Anderson wrote in diary that “I was up all night trying every method for the relief of my little boy, but in vain, for he died at two this morning.” In the margin of the entry, he sketched a black image of a coffin. Nancy took the ferry to rural Bushwick to stay with relatives while she recovered. They now had grief on top of the financial worries of a young couple, who struggled to pay their rent, despite Alexander’s income as a licensed doctor. Meanwhile, city health officials kept their eyes on the small number of yellow fever patients in the city. They didn’t feel the need to raise alarms about the numbers.

But then, in mid-August, a huge thunderstorm pummeled the city for three days. One commentator explained that the streets were covered with water, in many places knee deep, and a vast number of cellars were filled with it. Those who believed that yellow fever was spread by stagnant water, hoped that this excessive rain and thunder would so purify the air that our city, in a few days, would be totally exempt from any cases of the disorder, as this commentator continued. But, our expectations in this respect, were dreadfully disappointed. For from this day, the pestilential fever almost immediately began to spread in every direction.

Making matters worse, the weather turned hot and sticky so that all the standing water soured.
City doctors would later speculate that this alone had compounded the city’s problems. As in 1795, tens of thousands of New Yorkers tried to evacuate the city for the surrounding countryside. With his wife still in Bushwick, Anderson agreed to return to Bellevue to serve as a physician there. The daily salary was high, it would allow him to pay off his debts. So on August 31st, he left him home and took the hospital boat upriver to the hospital. He found about twenty patients upon arrival, they admitted about fourteen more throughout the day and saw four die.

Conditions were bad for the next few days. One day they discharged a man, only to learn that he died the following day. “I was up till one in the morning attending patients”, Anderson wrote September 4th. He also reported that a friend had rode over from Bushwick and informed me that my wife was not so well. The very next day, he received even worse news. “In the afternoon, my father came up and told me that John was sick”, he wrote in a worried manner about his brother, now an attorney. In addition, the doctor to whom he’d assigned all his regular patients had just died.

This put Alexander in an impossible position. On the one hand, he had an urgent situation at Bellevue. But on the other hand, he felt responsibility for a range of other sick people; his brother, his worried parents downtown, his wife across the river, and his former patients who no longer had a doctor looking after them. For several days, he rushed back and forth between the hospital and his loved ones, often walking an hour each way as he reported increasingly disturbing updates. “My brother’s situation alarms me, my father is ill, and myself, low-spirited”, he wrote on September 7th. John seems in danger.
On the following day, he wrote, “A heavy blow. I saw my brother this morning and entertained hopes of his recovery. In the afternoon, I found him dead.” As shocking as it was, Anderson couldn’t stay. Instead, he wrote, “I left my poor parents struggling with their fate and returned to Bellevue. The following days proved a hurricane of awful news. He found his father terribly sick the next day, his father died on September 12th. When he took the ferry over to Bushwick to visit his wife Nancy, he wrote, “the sight of my wife ghastly and emaciated, constantly coughing and spitting, struck me with horror.” She died on September 13th. His mother became sick on the 16th and died five days later.

Writing about this final member of his immediate family, he wrote in his diary, “I shall never look upon her like again.” Some of his in-laws would soon follow. By the time the disease died away with the changing of the season in late fall, Anderson had lost eight members of his extended family, as well as, as he put it, “almost all my friends.”

Anderson quit his job at Bellevue because he was simply unable to address his family’s illnesses at the same time that he treated patients so far from home. He offered only hints of his emotional state after experiencing so many deaths. In mid-September, while his mother still survived, he paused to note in the diary that “I feel surprised by my own composure.” He chalked it up to despair, rather than resignation. Two weeks later, he told the diary, “My composure is only apparent, my mind is depressed.”

Throughout that terrible fall of 1798, he received offers of medical work from the city’s commissioners of health, but he turned them down.
Instead, he spent his spare time emptying out not just his own home, but his father’s auction business, and his parents’ and brother’s homes as well. At the end of October, he wrote, “I took a walk to the burial ground, where the sight of Nancy’s grave riveted my thoughts to that amiable being and was as good a sermon as any I have heard.” He never returned to the practice of medicine. He sold all his equipment and most of his medicine chest. Instead, he began to tell the diary about his need to escape, to leave the city of New York.

After a couple of short trips, he decided to sail to the Caribbean. When he got on the ship in early March of 1799, he turned around to view the city. “I looked back on New York with less regret than I should’ve done a year or two ago” he wrote. “Many ties are broken, but increasing distance and a little reflection will no doubt discover sufficient to render my native nook of earth doubly dear to me.” Between poor weather and a leak in the hole that required mending, the voyage took five weeks.

He ultimately spent two months in the Caribbean before returning to New York and moving in with his father-in-law.

Listening to the story of Alexander Anderson and New York’s experience of the yellow fever epidemic of 1798, you might wonder what this earlier epidemic has to tell us. Is it just another moment in history when humans were hammered by a virus they couldn't yet understand or treat effectively? Is it just a series of anecdotes about people in the past? Are there lessons here for the 21st century?
When COVID-19 appeared in the U.S. during the spring of 2020, I was one of those people who could not watch the film ‘Contagion’ again. It took enough strength just to read the newspaper, yet something drew me back to Anderson’s diary. Re-reading it, I found myself smiling at his jokes, charmed by the scenes he described of New York life in the 1790’s. Affected all over again by his account of the yellow fever epidemic of 1798, a disease that changed his life forever.

And after reading it again, I built outward. I turned to newspapers of the day, which reported the spread of the illness throughout the city. I looked at retrospective accounts that tried to come to terms with the calamity. Sometimes those accounts included detailed lists of the people who died, lists that hint at the kinds of people New York lost in the process. A tailor named Henry Bach, who was an immigrant from Germany, died along with his wife and two children. A wide array of Black men, women and children appeared on the list, including Venus Barter, Rosanna Robinson, an enslaved woman listed only as ‘Violet’, and Tom Savoy, who worked as a chimney sweep. Lots of doctors died, including an Italian immigrant named J.B. Scandella, a 21-year-old Jewish medical student named Walter Jonas Judah, and William Reed, the chief surgeon on the U.S.S. Constitution. Anderson’s diary shows what this must have looked like from day to day, as one family member after another fell ill.

I want you to remember the earliest days of COVID-19, when in between horrifying stories of rising infection rates, you could often find pieces by historians, urging all of us to start keeping diaries. One, a scholar named Katherine Sharp Landdeck, wrote “Now, we are part of our own historical moment in time, a period that historians
will debate for decades, even centuries to come. Our chance to control that narrative is in our hands.

If we don’t want to be forgotten, we must write down our own experiences and thoughts.” Another, Amy Carney, wrote that “Documenting what you’re thinking, feeling, and doing, would be a treasure trove for future historians.” Just think back, for example, to what you might have written the first time you saw someone wearing a mask. And think back to what you might have written the first time you went into public and saw people refusing to wear masks.

For me, that’s what Alexander Anderson’s diary provides. It regularizes time. It allows us to see the world through the daily experience of a single person. Instead of reading a memoir or another backward-looking portrayal of these horrible days, we see it unfold from one day to the next in the pages of the diary. Like frontline workers today, Anderson witnessed a slow-motion horror story as he saw his patients suffer, the doctors and nurses around him get dangerously ill, all while he worked himself to the bone. And all of this before his own family got sick. His diary reminds us that epidemics aren’t just about these terrifying numbers and charts that we see everyday, it reminds us to look for the human story behind the numbers, the people who were trying to make sense of a world that seemed to be coming apart.

Alexander Anderson never returned to medical practice, nor did he ever, apparently, keep a diary again. Instead, he became an engraver well known for his skill in carving on wood. He married again and raised a large family of six children and ultimately died at the age of 94. His artistic reputation likely would have made his name
familiarly to scholars who specialize in the subject, but his diary of his early adulthood offers an entirely unique story separate from his life's work as an artisan.

It paints a picture of an ordinary young person, seeking to make himself in life, as well as on the pages of his diary. And then it shows what can happen when extraordinary events transform everyday life. His diary reveals a wrenching story, all the more meaningful for the way it unfolds day after day. Because it privileges a single person's viewpoint, it can't offer a big picture vision of the past, like that four-foot-long sketch of New York's skyline, I described at the very beginning.

Instead, it focuses our attention on one person's experience located in time. It reminds us that no matter how vast our perspective of history might be, our viewpoint of the present is anchored to the daily choices we make and the tiny changes we experience. It reminds us that although it can be illuminating to read an encyclopedic account of a historical event, it can be even more satisfying to experience that event through the eyes of someone who encountered it.

Q + A

[segue from lecture]

CHRISTOPHER BRICK: Alright, so now that you know a little bit more about not just New York City in the 1790s, yellow fever, or Alexander Anderson or Hamilton both -- now that you know a little bit more about all those things, you also probably know a little bit more about why Carolyn's work wins awards. And so it shouldn't surprise you to learn
that the Q+A with her was marvelous -- and here it is.

[beginning of group conversation]

CHRISTOPHER BRICK: Carolyn Eastman, welcome to the podcast!

CAROLYN EASTMAN: Thank you so much!

CHRISTOPHER BRICK: All the pleasure is...all of the Intervals crew were delighted to have you here, (?) thanks to you as well, the Marketing Communications Committee.

I was, as I listened to your talk, I mean the thing that I think almost more so than anybody in this series, the thing that struck me about your lecture was the scene-setting quality to it. There was so much. I felt like I could feel the streets. I could feel the animal waste that you described, the effluent, the smell of the air, what the cityscape looked like. What we imagine a cityscape to look like now is very different than it was in the late 18th century. And, for that reason, because there is so much great, tangible description in there it felt like an encounter with this space. Which is really hard to achieve, so bravo because I don’t find my own work, I don’t have that particular skill set, so I envy it too. There’s a bit of envy here.

So, it felt like an encounter with this city, the New York City of the late 18th century, that’s mired in this Yellow Fever epidemic at the moment which is very challenging context and environment for these people to be navigating. But it also feels like an encounter with this person and that also bears an intimacy upon the work that I also find really challenging to replicate.
So this gentleman, Alexander Anderson, whose encounter with this Yellow Fever epidemic in New York that you described, do we know what became of him after the fact? After this episode that you described? Did he continue keeping his diary and sharing? I appreciate you bringing that up the way that it’s unusual in diaries of this period for there to be a real expulsion of interiority onto the page, for there to be this internal dialogue that’s rendered with the written word. And it seems like this source allowed you to do that, this source that you profiled in particular. Do we know what became of him and did he continue to share and reflect?

CAROLYN EASTMAN: Yeah, thank you for all of that. And, you know, I have to say that this is not a typical format for me to write in either in some ways. But I think the other elephant in the room here is COVID-19. When I began writing this, I was reading accounts of New York City in March and April when the city was emptying out of people or going silent, the cars were gone. When I went back to Anderson’s diary and began to think about him as an observer of that world and how to recapture the world that he was seeing around him, I had this other thought in mind, right.

And yeah, we do know what happened to him. He had a remarkable career. When the diary ends in 1799 and he apparently never kept a diary after that, but at that point he abandoned medicine all together. He never went back. He wound up becoming an engraver. He took this other sort of self-taught artist side of his life that in the diary is very powerful because he illustrates so much in the margins and made an entire career out of it. He worked as an engraver and became quite renowned for it for the rest of his life. He wound up dying just
a few months shy of the age of 95. He had another family, he had children, and at that point was remembered for his artistic career. And his papers doubtless got collected because of his career as an artist.

CHRISTOPHER BRICK: Right, so he’s an introspective person who has this medical iteration to his life and then is able to document it in the language of the time too, right. So into what answered for scientific language at the moment, and that’s fused with this emotional story that he chooses to share. Is this the kind of text that he assumed no one would ever read? Or was it the kind of document that he understood would be left behind, and that he would be kind of evaluated and judged by?

CAROLYN EASTMAN: I can only guess based on what we know about diaries from that time, which is that they were usually not private. They were usually things that people sometimes read aloud from to their family members or to their friends, they let people read them. There wasn’t the same degree of privacy that we now take for granted, or much less the secrecy of private writing. So if you got a letter from someone, or if someone came back from a trip and had a travel journal, they would definitely read that aloud.

And so I’m assuming that to a large degree, he began writing it because he was making himself as a young guy in the city, taking classes, working as an apprentice to a doctor, that he assumed that the diary was one of the sort of public faces of his self-making at that time. I can imagine that there would have been more of a forward looking my children can read this aspect to it, but I don’t think that was the primary aspect of his diary. I
think it was more of a day-to-day, keeping myself on the straight and narrow.

And some of it, like some other diaries of the time has a kind of, you know, he’ll record every time he goes to church, and he was a very dedicated churchgoer. He records drinking more than he thinks he ought to have. There are aspects to it of confession. But what does make it really unusual is his charm and his willingness to sort of unpack the world around him and his funny observations of the city, which then make the latter part of the diary when his family was dying day after day all the more powerful.

CHRISTOPHER BRICK: Yeah, yeah, so there’s humor there, right, and then I guess that’s also something that the text tracks and demarcates, the onset of this really ghastly scene with Yellow Fever in this moment. It sounds like an appalling condition, wasn’t well understood, unlike say Smallpox for which there was a rudimentary kind of vaccine technology available and implies therefore some sense of control or sense of mastery over at least this one pathogen. Not assuming the fact that the virus itself isn’t understood, but there is an intervention that can be made. And that one of the things that we see in these stories is that that does give people a sense of agency in confronting these illnesses. That’s not the case with Yellow Fever. You brought up in your talk, which surprised me, there was no vaccine for this until 1938?

CAROLYN EASTMAN: That’s right. That’s right, and they didn’t understand that it was passed along through mosquitoes, a particular breed of mosquitoes, until after the turn of the twentieth century. And so this was a disease that continued to ravage especially the south, but also areas like
New York that were hit by excessive amounts of rain and heat at different points. And so, they were almost always localized epidemics. So, you know, there was the famous one in Philadelphia in 1793, but it didn’t seem to spread to New York or to Baltimore at that time. But then, Charleston would have an epidemic later on. St. Louis had a terrible epidemic, New Orleans had one, but they tended to be sort of localized, urban phenomena because you needed this sort of critical mass of mosquitoes spreading the disease from a sick person to a healthy person.

CHRISTOPHER BRICK: Right, yeah, it sounds like a concentration of population too was itself a vector.

You mention at one point he has views about Federalists. So he’s talking about politics too, right? That kind of proto-politics of the early Republican New York City in a specific time and place. That has a foothold in our popular culture these days because of Lin Manuel Miranda and Hamilton, and everything else. What parts of his political psychology does he share with us? And was that affected or not? Do we detect any transformation in his views about American republicanism, American culture, American society, at this real contingent moment where people are kind of inventing the idea of what Americanness is supposed to be about? He (?) his views about the Federalists. I’m curious to hear about those, and I’m curious to hear about if the encounter with Yellow Fever in this rally challenging moment in New York had any impact?

CAROLYN EASTMAN: That’s a great question. I don’t know that it had an impact. But, throughout the diary, he does have pretty snarky things to say
about Federalists being sort of would-be monarchists, and aristocrats, and so on, so he very strongly identified with the Republicans. At a moment in the 1790s when that really had a lot of weight, and so for example, one of the things he talks about at length are the French Revolution celebrations going on in the city. And so he’ll pass a bar where everyone is playing French Revolutionary music and singing along at the tops of their lungs, and so I think he was really inspired by that explosion of democratic thinking in the 1790s that was so inspired by all kinds of international movements like the French Revolution but also radical democrats in places like London and Dublin and other parts around the Atlantic world.

But the question about whether it affected his views after Yellow Fever, I don’t think I have an answer for that because so much of his response to the Yellow Fever epidemic was about grieving and about healing, and so he talked quite a bit less about politics at that point. And then of course the diary ends a little more than a year after the 1798 epidemic. But I will say, you mentioned Hamilton. During the 1795 epidemic when he was 20 and he was at Bellevue working at the hospital, Alexander Hamilton sent one of his enslaved people who he believed had been infected with Yellow Fever. And then Anderson and his mother, who clearly have no use for Alexander Hamilton, for whatever reason, whether it was about politics, or whether it was about his personal behavior, or his imperious attitude, it’s not clear.

CHRISTOPHER BRICK: What’s the language Anderson uses? Would be king, would be monarch, something like that? That’s the quotation you have in the talk.
CAROLYN EASTMAN: Anderson and his mother have a really delightful exchange about how Hamilton had offered the use of this enslaved man for Anderson in the hospital after he had recovered from the disease. Sort of indefinitely, but then changed his mind.

CHRISTOPHER BRICK: Wait, hold on, back it up a second. So Alexander Hamilton shows up, essentially, by proxy more or less, with an enslaved person who’s ill.

CAROLYN EASTMAN: Who he owns, yes.

CHRISTOPHER BRICK: Who he owns.

CAROLYN EASTMAN: Yes. Or he has enslaved.

CHRISTOPHER BRICK: He has enslaved. Okay. So he’s really quite complicit in this in a way that the musical doesn’t.

CAROLYN EASTMAN: Oh yeah, I think that side of Hamilton has been thoroughly debunked. I mean, he may have had some worthy notions at some point about the end of slavery, but that certainly was not the case in the 1790s.

CHRISTOPHER BRICK: Wow! And so this doctor, he brings us a little into this episode, proximate to this episode because. Tell this story a little bit, I mean I’m curious. Alexander Hamilton, this enslaved individual is sent to this physician because of a Yellow Fever infection. And then the services of this enslaved person are offered to Anderson as payment for the medical services, is that?
CAROLYN EASTMAN: That is never explained. The implication that I got from this letter exchange between Anderson and his mother about this was that Hamilton just didn’t want this potentially infectious person around. But that might be their assumption about what was going on. But the facts of the matter were simply that Hamilton had sent his enslaved man to Belleview Hospital to be treated and then was concerned enough about him that afterward allowed him to just simply stay there and serve the purpose of the hospital for the doctors and nurses.

CHRISTOPHER BRICK: Wow. This is extraordinary. Yeah, I guess given the sympathetic (shall we say) depiction of -- the somewhat sentimental depiction I would say in the musical, one can understand why Lin-Manuel Miranda left this particular episode out. And Ron Chernow I guess too in the biography? I don’t know if that surfaces at all in that text.

CAROLYN EASTMAN: Well, you know, this is a period. I mean, I’m not trying to excuse Alexander Hamilton here, but I think it’s really worth noting that this was a period of some fuzziness about. I mean, many people could both hold anti-slavery views and yet still enslave human beings. And so, you see some of the early anti-slavery movements really seeking to engage enslavers of human beings. And so, you know, it was a slow and gradual process moving toward true emancipation and certainly the attitude of absolute abolition. So, again, I’m not trying to excuse Hamilton here, but it’s definitely true that he did join manumission societies. You know, he joined organizations intended to ultimately wind up with full freedom, and yet it’s also clear that he owned people.
CHRISTOPHER BRICK: Right, so we shouldn’t think about this range of attitudes and perspectives as some sort of crude binary, like it’s not, I think is what you’re saying? And that Alexander Hamilton, his story, embodies some of that ambiguity.

CAROLYN EASTMAN: That’s right, that’s right. And New York itself was on the cusp here at the end of 17--, I hope I’ve got my dates right, at the end of 1799 the state passed a new law stating that starting on January 1st of 1800, all new children born to enslaved mothers would be free. In that, they would be placed into a sort of indentured servant contract until I think the age of 28.

CHRISTOPHER BRICK: So there’s still compulsory labor involved, a lot of compulsory labor, but their status in the eyes of the law is shifted.

CAROLYN EASTMAN: It has. And this was a gradual emancipation law. The intention was to gradually emancipate enslaved people. It was a horribly comprised law because it was the only way that legislators could figure out how to get enslavers to agree to get this law passed. But it was nevertheless a step in the direction of freedom. But I think that sort of illustrates how complicated this period was in terms of their attitude toward enslaved people.

CHRISTOPHER BRICK: Right. Yeah. This is fascinating, I mean I’m learning so much from you right here. We could have a whole episode on this.

To bring it back to the Yellow Fever public health conversation about what’s happening in New York at this moment and what’s happening with Anderson. I mean, he has a very very wrenching,
personal experience that this diary documents. I think he said he lost eight people in his immediate family or extended family. That strikes me as something that bears some resonance to the present in the sense that there are a lot of people who are going to have emotional scarring and mental health scarring from this pandemic experience. Not just from loved ones they may have lost, but also I know parents with their children at home, it’s been a very stressful set of contingencies they’ve had to--

CAROLYN EASTMAN: Not to mention healthcare workers of all kinds.

CHRISTOPHER BRICK: Healthcare workers, yeah. I mean, my sister’s a healthcare worker in Queens, New York. She was in those ICUs, those COVID, floors every night. She has a couple of kids, but two young ones in particular who are primary school age. And she would be in these COVID floors for twelve hours just helping people basically die. She’s normally in an OR. So, I’m getting a little personal here but it’s okay this is relevant to what we’re talking about, so I can share this particular anecdote without too much concern that we’ll go too far off field of our audiences’ needs here. One of the hardest things for her was to deal with that and come home and have to be second grade teacher all day to two twins, eight-year-olds. Very difficult. And, I think probably she’s going to have some emotional scarring from that. We’re seeing a lot of reporting now that nursing professionals in particular are re-thinking their career choice because they’ve been through so much harrowing stuff in the past year really, since this got going.
With respect to Anderson’s encounter with a really odious, infectious disease that produces this kind of mass trauma. Do we get a sense at all about how he healed, or how he recovered from that kind of? I think those in particular the kinds of stories that people could benefit from hearing in the present, you know what I mean, modeling for their own life. I mean, eight people, that’s incredibly traumatic. There’s plenty of people who wouldn’t come back from that. If he was able to or did, I’d just be curious to know what sorts of resources was he able to draw upon? Was it personally, or communally, or medically, etcetera, that helped that facilitated that?

CAROLYN EASTMAN: He struggles. It’s really clear. He speaks every few days in the diary about how hard it is. By the end of 1798, so the disease for the most part died back in early November with the arrival of cold weather, the mosquitos died off so new infections ceased, but throughout that late fall, he continues to talk about how he’s depressed, he’s struggling. On December 31st, he sort of looks back at the year and says two things. First of all, that his religion has sustained him in some ways, but that the other thing that got him through was quote excessive use of alcohol. He’s not a big drinker as he has confessed many times throughout the diary, but I think it was a sign of how hard things were.

After that, he traveled a little bit. So he had begun to simply want to be out of the city. So he took some trips around the state of Pennsylvania and other areas, and ultimately got on a ship bound for the Caribbean. He had had an uncle in the Caribbean who was at the head of a botanical garden there. And he wound up spending three or four months down in the Caribbean with these
acquaintances and family members and weighed the possibility of staying. His uncle offered him a lucrative job, but he ultimately couldn’t agree to that. That part of the diary is really interesting because again, what he saw in the Caribbean was a society very different than the one he lived in in New York City. Very much more oriented to enslavement. And in fact he speaks with real nervousness about how often he saw an enslaver take one of his enslaved women into a bedroom, or other examples of sexual abuse.

And so he wound up coming back to New York City with some trepidation and wound up staying with his father-in-law. And at that point, the diary ends, and so I don’t know what happened at that point. But as I said, I know he never went back to medicine and wound up focusing his career on engraving. Trying to make a career of a job that wasn’t terribly well payed, but it satisfied his artistic inclinations.

CHRISTOPHER BRICK: It sounds like a communally traumatic thing. How is it commemorated, or remembered later on? If it was? Or maybe it was forgotten? I mean, sometimes the most telling this is what we choose to forget rather than what we choose to remember, right. So I’m curious to hear about how this is processed by New Yorkers themselves.

CAROLYN EASTMAN: You know, I’m still unpacking that part of the story. But some of the quotes that I draw from, some of the scene-setting that I draw some from this piece, have to do with a couple of really vivid memoirs of different people’s lives as they look back. And Yellow Fever played a big role in their memory. In one case, the guy was a relatively recent immigrant from Scotland, who had
arrived and was working for very little money in the City. And so, the fact that Yellow Fever hit within a couple of years of his arrival really imprinted on his mind. And so when he wrote his memoir looking back, it played a big role.

But you know, the thing is, this wasn’t the last epidemic to hit the City. And so you had epidemics of cholera, you had more Yellow Fever epidemics in the City as time went along. And so, I think the thing that really stood out for me was a growing divide of rich and poor, in that the rich could send their families to the countryside where ostensibly they’d be protected from this dense, urban environment where these disease proliferated in the summer and they could be saved by being out there. And the same was true for Philadelphia. The other thing that happened was that cities began to enact new efforts to clean the streets, to bury the dead far from the sort of densely habitated parts of the city, and so on.

CHRISTOPHER BRICK: I wanted to follow up on that as well. You mention this Pottersfield that gets constructed where contemporary Washington Square Park ends up being placed. Which, anybody who is familiar with the geography of New York, that will amaze them, right? That that was the far northern fringe.

CAROLYN EASTMAN: That was the -- yes, the edge of civilization.

CHRISTOPHER BRICK: It was kind of the outback of New York City was Washington Square Park at the time.

CAROLYN EASTMAN: That’s right.
CHRISTOPHER BRICK: And there is this burial ground that’s established for I guess (?) and unclaimed people. I assume a lot of the Yellow Fever victims would’ve ended up there. This gets to a different side of how we research the past and how we put together the stories we do tell, right, I mean you do have this wonderful resource in this diary that you use to unpack as you say this moment and give us all that fantastic texture that is in your talk. But is there a forensic anthropology aspect to how we’re recreating this moment as well? I mean, I assume if that was in a Potters Field the remains either were there at some point or are still there? Or material culture, those kinds of resources? Because the further back in time you go, I find, the more dependent our conclusions and readings of the past become on those types of sources as well.

CAROLINE EASTMAN: What a great question. I do not have an answer to that. But, yeah, that’s a fantastic question. And I’m sure that you know, were I able right now to get into something like the Museum of the City of New York, I might be able to get answers to that.

CHRISTOPHER BRICK: So, yeah, I mean if there are any researchers, potential researchers out there listening, I mean. There’s no lack of new avenues to go down, you know, research wise and source wise, material wise as well.

CAROLYN EASTMAN: Yeah, and you know, I mean look, this project was entirely done with a digital copy of the diary that I had kept going years back for very different reasons. I was going to work on Anderson as an engraver. But it was entirely done during the era of Covid. So, I was using sources that have been digitized and are available online.
So, you know, I have not been able to get into archives, I haven’t been able to get into rare book libraries that have things that are not available online. So all of this was done using the sources that I could access.

CHRISTOPHER BRICK: It sounds -- the sources you do use, it sounds like they teach very well, you know, if you assign them in a course or something. Or at least (?), students would probably really engage because I find that in my own teaching you can make a point, but if you have an excerpt of something it’s very powerful and you just kind of read it to underscore that. I mean it really connects.

CAROLYN EASTMAN: Well, I mean, and you know, the 1790s were just such a different time than the present. A lot of my students are mystified by how anyone could live without cellphones, but you think about a time when people didn’t bathe very often, peoples’ material lives felt really different in that, you know, siblings very often shared beds together, if not the same room as their parents when they were sleeping, it’s just a whole different material universe. And that’s one of the things I find really fun about researching the past. I’m constantly surprised by the things I don’t know about what people took for granted in this time.

CHRISTOPHER BRICK: We’re living through this moment that feels very exceptional.

So much has been overturned and disrupted by what’s going on. But, it sounds like as bad as this was, that the people were sort of conditioned to these outbreaks of various kinds of illness and disease here and there. It’s somebody that’s more priced into their expectation about what daily life
and what monthly life and annual life is likely to entail.

CAROLYN EASTMAN: That’s right.

CHRISTOPHER BRICK: And so, that’s a real difference in kind. It sounds like that could have been a resource for them to draw upon, a strength of sorts to draw upon. But also something that really kind of beat you down because none of these illnesses that you talk about sound like they were particularly pleasant to have or endure, right? I mean, they result in a lot of catastrophe both personally, individually, and collectively, communally.

CAROLYN EASTMAN: Yeah, and it wasn’t even just those. I mean, up until the 1790s, for many people smallpox was still a problem. And going on from there, tuberculosis became a real problem, or consumption as they called it, you know, with this long lasting, wasting disease of the lungs and the body, you know, really miserable. It’s hard to think about 19th century literature like Little Women and anything by French novelists that doesn’t involve --

CHRISTOPHER BRICK: Edgar Allen Poe, yeah. If you think about The Mask of the Red Death.

CAROLYN EASTMAN: -- that doesn’t involve tuberculosis, yes exactly. And yet.

CHRISTOPHER BRICK: And dipsomania. I mean, right?

CAROLYN EASTMAN: Oh my god, yes. Thank God for 19th century scientists.
CHRISTOPHER BRICK: It’s such a good way to talk about addiction in the 19th century because even just how much the language changes is very revealing.

CAROLYN EASTMAN: That’s right, that’s right.

CHRISTOPHER BRICK: Before we wrap up, I just wanted to -- given all these parallels, I mean, there’s so much that’s different, but also there are these recurrences, there are these patterns that recur and by virtue of that, there’s also insights I think that can be gleaned for our contemporary moment from each of these episodes that are being highlighted as part of the series and from yours as well. So, what we’re talking about, using the past to inform the present. What kinds of insights about the current world and the Covid-19 Pandemic can we derive you think from this work you’re doing and just from the Yellow Fever outbreak in New York in the 1790s more generally?

CAROLYN EASTMAN: Well, you know, as I say in the piece, I was not the kind of person who wanted to study pandemics. When Covid-19 came along, I wanted to huddle in my house and hope for the best. But, as I was working on this project, I really found it cathartic. I found it helpful to see that someone I liked as much as Anderson could survive. And that was really helpful to me to see that. I also found that I started keeping records of my experience in ways that Anderson did, and this is something I also mention in the piece. I started thinking about the things on YouTube that I discovered that gave me huge pleasure. I started to keep records of the kinds of new activities that we picked up, you know, as time went along. The new things we were cooking at night because we were cooking every
night. And so, I found something useful about sort of mirroring Anderson’s life and keeping a record of what happened on a day-to-day basis. And also the kinds of things I was worried about. And I started thinking very much about the ways that that could be magnified times ten-thousand, a really valuable record for historians of the future to think about reconstructing the felt experience, the emotional lives, and materials lives of people going through Covid-19.

CHRISTOPHER BRICK: I wish, yeah, as you were talking about that, I wish I had done that. You know, I mean, I did not create -- I’ve never been somebody who journals, and things like that ever.

CAROLYN EASTMAN: Right, me either!

CHRISTOPHER BRICK: But if there is one year I could pick to just commit myself, give myself that responsibility every day just to document even a little bit. We’re gonna have so many resources, I mean I can go back through my text messages from a year ago, six months ago, and see what it was that I was thinking or feeling, but. I think the emotional piece, I think the thing that I’ll take away that reinforced for me, how it is that an important part of how historians are going to have to address this moment in the future is what you did in this talk, which is connect with the internal, the emotional, you know, mental health side because it’s so easy to get, like you said, very terrified and alarmed and shocked by the images that we see of, you know, what’s going on in these IC units and how much catastrophe has been unleashed by the Covid Pandemic.
CAROLYN EASTMAN: Yeah, that’s right. And I think that, you know, when I began writing this, I was seeing numbers and graphs and of course, you know, curves and spikes and everything else in the paper every day. I still see them every day. And those were so dehumanizing somehow, even as they represented human cost, the human sort of fallout of this disease. They didn’t help me understand how to proceed emotionally through this horrible thing. And so, I started taking notes on things like the new advertisements that I would see in social media for elaborate face masks or other kinds of, you know, the ways that the market sort of sprang in to offering all kinds of new items for us to protect us against a disease.

CHRISTOPHER BRICK: It’s true, designer masks became a thing --

CAROLYN EASTMAN: Or there were special gloves that were being advertised that would allow you to use your smartphone and yet also protect you from touching things that other people had touched. And so, anyway.

CHRISTOPHER BRICK: Yeah, so this decontamination that run in the stores. I’m trying to think back to the very first time that I saw a large number of people masking. It must have been pretty early, like you know March, April of 2020, something like that. It was just that subtle change to me felt like a shift in power almost about control over our everyday lives, my everyday life, my immediate surroundings, my environment. Now, it just seems so completely pedestrian. But at the time, it really did feel like something dramatic had shifted, had changed, and something very ominous. Which, of course, it is ominous.
CAROLYN EASTMAN: Well and, don’t forget, there was that hot minute where we were told not to mask. And so, when you saw someone in a mask the first thing you thought of was this person is taking away PPE from actual healthcare workers. I remember the shift when all of a sudden, the word was get masked up! Everybody needs to have a mask on! And that changed you know, everything overnight again.

CHRISTOPHER BRICK: I do remember very distinctly there was a, I think it was a Farhad Manjoo column in the *New York Times* about you know, he’s like, “it’s time to make your own mask.”

And I remember at the time thinking, “okay, that’s good, I’m never gonna be able to make my own mask, I don’t even know how to scramble eggs. So, you want me to sew?”

But I was able to get a couple of cloth ones made by a friend of a friend kind of thing and she sent them, and I still use them. And now they’re not just accessories, but they’re just kind of like part of my [routine]: it’s like wallet, keys, cellphone, mask. And there isn’t that sense of ominous --

We’ve become socialized and habituated to these rituals that seemed very terrifying at the beginning, at least to me they did. Because it was this real way of wearing, quite literally, the emergency that we’re in and you know, having to encounter that so much was just one of these little micro-transformations that all of us had to manage.

CAROLYN EASTMAN: That’s right, that’s right.

CHRISTOPHER BRICK: And I think that the substance of that is something that is going to you know, be an important part of how historians have to narrate
this. Like you were saying, I mean, all those charts and all those numbers, all those statistics do have a way of flattening all this.

CAROLYN EASTMAN: Right.

CHRISTOPHER BRICK: And one of the things I love about the work that we get to do as historians is that the storytelling that goes on enables us to imbue that with a degree of humanity that wouldn’t be there otherwise. So, I want to thank you for helping us do that today.

CAROLYN EASTMAN: Thank you.

CHRISTOPHER BRICK: And for the wonderful talk you gave and for helping us construct this first season of the Intervals podcast. We are much obliged to you, Carolyn Eastman.

Conclusion

CHRISTOPHER BRICK: I want to thank you for joining us this week and invite you to come back next time when Pippa Koch will walk us through “Providence and Benevolence in Philadelphia’s Yellow Fever Epidemic of 1793.”

The yellow fever epidemics at this time were not just in New York, and so we get to go down to Philly next week. We’ll catch you then.