

# Vampires and Death in New England, 1784 to 1892

MICHAEL E. BELL

49 Parkway Ave.  
Cranston, RI 02905

**SUMMARY** During the 18th and 19th centuries, New England was in the grip of a terrible tuberculosis epidemic. During the 19th century, this disease was the leading cause of death in the Eastern United States, accounting for nearly 25 percent of all deaths. Despite an abundance of cures offered by an eclectic mix of practitioners, a diagnosis of consumption—as pulmonary tuberculosis was then called—was the equivalent of a death sentence. Not willing to simply watch as, one after another, their family members died, some New Englanders resorted to an old folk remedy whose roots surely must rest in Europe. Called vampirism by outsiders (a term that may never have been used by those within the communities themselves) this remedy required exhuming the bodies of deceased relatives and checking them for “unnatural” signs, such as “fresh” blood in the heart. The implicit belief was that one of the relatives was not completely dead and was maintaining some semblance of a life by draining the vital force from living relatives.

All of the more than 20 cases documented in New England occurred in areas outside of the Puritan heartland of Massachusetts and contiguous Connecticut—“fringe” areas that were Separatist, Tolerant, or unspecified in terms of religious affiliation. Perhaps surprisingly, from 85 to 90 percent of white New Englanders of this era were “unchurched,” many practicing various hybrid religions that have been classified as “folk” in the sense that they were unofficial combinations of Christian beliefs and various folk practices of the kind often disparagingly referred to as “superstitions.” Interpreting the vampire practice through diverse strands of evidence, including eye witness accounts, family stories, local legends, newspaper articles, local histories, town records, journal entries, unpublished correspondence, genealogies, and even actual human remains reveals that to many New Englanders the border between life and death was indeed far more fragile and ill defined than histories that are based solely on conventional sources have suggested. [Keywords: folklore, vampires, tuberculosis, death, New England]

## Introduction

Vampire incidents in New England remind us of some intrinsic questions: What is death? When is a person truly dead? Can the dead interact with the living? These questions, which transcend time and place and, therefore, speak to what it is to be human, concerned pre-twentieth century New Englanders facing a terrible tuberculosis epidemic. By 1800, one in 250 people in the Eastern United States was dying of pulmonary tuberculosis, accounting for nearly 25 percent of all deaths (Dubos and Dubos 1952:9–10; Rothman 1994:2). Despite an abundance of cures offered by an eclectic mix of practitioners, a diagnosis of consumption—as pulmonary tuberculosis was then called—was a virtual death sentence. Not willing to simply watch as their families sickened and died, some New Englanders resorted to a folk remedy that directed them to exhume the

bodies of deceased relatives and check them for signs considered to be extraordinary. For example, liquid, or so-called fresh blood in the heart was taken as a sign that it was the corpse that might be responsible for the continuing plague of consumption. To stem any further spread of the disease, the heart (and, sometimes, other organs) was cut from the body and burned to ashes. Often it was stipulated that the ashes be fed to anyone in the family suffering from consumption. A variant of this practice was to burn the entire corpse, sometimes having those afflicted inhale the smoke.

The most recent and best-documented incident occurred in Exeter, Rhode Island. In December of 1883, the wife of George T. Brown, Mary Eliza, died of consumption. Seven months later, his 20-year-old daughter, Mary Olive, succumbed. Within a few years, his only son, Edwin, was diagnosed with consumption. By then, it was obvious that Brown's 19-year-old daughter, Mercy Lena, also was ill. Her consumption was diagnosed as the "galloping" variety, and she quickly died and was entombed in the family vault on Chestnut Hill in January of 1892.

With no other hope to save his remaining family members, and pressured by friends and neighbors, Brown turned to the folk remedy, even though he reportedly had no faith in its efficacy. On Wednesday, March 17th, 1892, according to the *Providence Journal*:

four men . . . unearthed the remains of Mrs. Brown. . . . Some of the muscles and flesh still existed in a mummified state, but there were no signs of blood in the heart. The body of the first daughter, [Mary] Olive, was then taken out of the grave, but only a skeleton, with a thick growth of hair, remained.

Finally the body of [Mercy] Lena, the second daughter, was removed from the tomb, where it had been placed till spring. The body was in a fairly well preserved state. . . . The heart and liver were removed, and in cutting open the heart, clotted and decomposed blood was found, which was what might be expected at that stage of decomposition. The liver showed no blood, though it was in a well preserved state. These two organs were removed, and a fire being kindled in the cemetery, they were reduced to ashes, and the attendants seemed satisfied.

The old superstition of the natives of Exeter, and also believed in other farming communities, is . . . that, so long as the heart contains blood, so long will any of the immediate family who are suffering from consumption continue to grow worse; but, if the heart is burned that the patient will get better. And to make the cure certain the ashes of the heart and liver should be eaten by the person afflicted. [1892a:3]

Edwin Brown was said to have drunk the ashes in water shortly thereafter, but to no avail, as he died two months later.

The *Providence Journal*, noting that "all mention of 'the vampire' is omitted from this account" because the local correspondent "failed to get to the bottom of the superstition," placed the Mercy Brown event in the context of European vampire practices by quoting the *Century Dictionary's* definition of *vampire* as "a kind of spectral being or ghost still possessing a human body, which, according to a superstition existing among the Slavic and other races of the lower Danube, leaves the grave during the night, and maintains a semblance of life by sucking the warm blood of men and women while they are asleep" (*Providence Journal* 1892a:3). Although the procedures employed in New England to identify and dispatch a "vampire" have identical counterparts in Eastern Europe

(Murgoci 1926), the New England tradition is much less elaborate. Many aspects of vampirism absent in New England are addressed in the European tradition, including why someone is likely to become a vampire, how to ward off a vampire, and what precautions one might take to prevent a person from becoming a vampire (see Dundes 1980). In New England, accounts of the tradition focus on the medical or curative aspects, which are invariably associated with consumption. Supernatural elements connecting the deceased to their dying kin tend to be vague: No credible account describes a corpse actually leaving the grave to suck blood, and there is little evidence to suggest that those involved in the practice referred to it as “vampirism” or to the suspected corpse as a “vampire,” although newspaper accounts used this term to refer to the practice. Of course, I must stress here that accounts of these incidents were not made by trained ethnographers, or even by—in most cases, and by any standard of measurement—uninterested parties.

To date, I have identified more than twenty vampire incidents in New England. The documentation that establishes the vampire practice is diverse, including eyewitness accounts, family stories, local legends, newspaper articles, local histories, town records, journal entries, unpublished correspondence, genealogies, gravestones, and even actual human remains (see Bell 2001). The evidence suggests that the vampire practice was not uncommon in certain parts of New England during the late 1700s and throughout the 1800s, a time of significant transformations in the cultural and social fabric of the region. Changing conceptions of illness and death are particularly germane to the interpretation of this practice.

### The Other New England

Early New Englanders accepted a variety of harmful spirits (Dorson 1973:26) and viewed illness as a result of supernatural or irrational causes, ranging from witchcraft to the predestinarian notion that “God causes sickness” (Yoder 1972:204). God and witchcraft were not mutually exclusive. Although many of the Puritans’ miraculous “providences” concerned ghosts and revenants, the role of the supernatural was strictly bounded by Puritan orthodoxy. The witchcraft outbreak of 1692 in Salem Village followed a hard winter and an epidemic of smallpox, both of which served as proof, to a self-righteous few, that “a group of witches has allied themselves with Satan to destroy the Church of God and set up the kingdom of the Devil” (Cavendish 1987:118). But this common foundation, linking a contagious disease to supernatural agency, shared by both Puritans and vampire hunters, diverges in context and interpretation. Understanding why the vampire practice took hold in certain parts of New England but not others requires examination of remote areas where vampire accounts appear in the record and alternative world views held sway. John Brooke begins his investigation of the occult in early New England with the observation that “modern scholars have found magic in New England an incoherent jumble because they . . . have viewed it from the perspective of New England’s majority culture” (Brooke 1995:108). Historians of this era also have directed most of their attention to this Calvinist-based majority culture, which includes the Puritans (Brooke 1995:124).

The *other* New England, radiating from outlying towns in Rhode Island and eastern Connecticut, occupied geographic and philosophical margins. It extended

up the Connecticut River Valley into Vermont and New Hampshire, reaching into southern Maine. This territory, surrounding the Puritan lands, includes precisely those areas where a supernatural worldview coexisted with Protestant ideology and, not coincidentally, where the vampire tradition has been documented. The residents of these areas were, in Brooke's words, "close spiritual kin to the sectarians of revolutionary England" (Brooke 1995:109) who

rejected any connection between church and state, advanced doctrines of a miraculous restitution of the true church and state, advocated free will and universal salvation, and at its extreme announced a perfectionist ideal of human divinity. As the work of Christopher Hill, Keith Thomas, and many others have amply demonstrated, the sectarian theologies of the Radical Reformation and the radical wing of English Revolution accommodated and "perpetuated what we classify as magical or occult beliefs." [1995:108]

These New Englanders were not especially religious in an orthodox sense. Indeed, during the colonial and early national periods, 85 to 90 percent of New England's white population *did not* belong to any church (Quinn 1998:27). Although unchurched, many of these New Englanders were nonetheless spiritual and participated in various hybrid religions that were unofficial combinations of Christian beliefs and folk practices. These other New Englanders experimented with a worldview that tapped into alchemy, astrology, divination, seeing stones, dowsing, and other practices that Puritans viewed as diabolical. Certainly, vampire procedures would have been off-limits, too. But non-Puritan Protestants reconciled such acts in the same way that they could, with equal ease and no apparent contradiction, consult bibles and preachers as well as almanacs and astrologers. For them, as Brooke noted,

the relationship between religion and the occult was more symbiotic and less contested; . . . the occult generated not court testimony and executions, but quiet routine and continuity. It is even possible to go so far as to propose that the sectarian environment acted as a reservoir for much of the fragmentary occult floating around 17th- and 18th-century New England. [1995:109]

This other New England was the heartland of the Quakers and Shakers and the source of later religious sects, such as the Mormons and the Oneida Community (both of whose founders were from Vermont), that developed in central New York's "Burned-over District," so named because of its successive waves of unorthodox religious and spiritual movements based on idiosyncratic interpretations of Protestantism and imbued with an appealing supernaturalism.

The magical worldview crosscut social distinctions, including class, religion, and ethnic and linguistic boundaries. Along with the home remedies and supernatural lore that had been handed down in their own families and communities, people encountered the traditions of other groups. Brooke describes how "a series of cunning folk, born in the folds of sectarian religion," carried the occult tradition into the 19th century (Brooke 1995:120). The prevailing, general interest in supernatural topics is recorded, for example, in newspaper advertisements that show itinerant lecturers, many originally from Germany and Eastern Europe, making the circuit from New Jersey and Pennsylvania into New England. Although this culture has received scant attention from historians, it appears to have touched many, if not most, Americans prior to the early 1800s. In his examination

of the New England roots of early Mormonism, D. Michael Quinn acknowledges that “without statistical sampling and opinion polls, it is impossible to know the actual extent of occult beliefs and magic practices among Americans during any time period.” Even so, Quinn argues that

anti-occult rhetoric by early American opinion-makers (clergy, legislators, jurists, newspaper editors, book authors) may have been the embattled effort of an *elite minority* to convert a vastly larger populace that was sympathetic to the occult. . . . At any rate, literary sources and material culture show that occult beliefs and folk magic had widespread manifestations among educated and religious Americans from colonial times to the eve of the 20th century. [Quinn 1998:xiv]

A tantalizing inkling of this regard for the occult makes a subtle appearance in the official records of Cumberland, Rhode Island. Following is a transcription of the entry for the Town Council meeting of February 8, 1796:

Mr Stephen Staples of Cumberland appeared before This Council and Prayed that he Might have Liberty Granted unto him to Dig up the body of his Dofter [sic] Abigail Staples Late of Cumberland Single Woman Deceased In order to Try an Experiment on Livina Chace Wife of Stephen Chace Which Said Livina Was Sister to the Said Abigail Deceased Which being Duly Considered it is Voted and Resolved that the Said Stephen Staples have Liberty to Dig up the Body of the Said Abigail Deceased and after Trying the Experiment as aforesaid that he bury the Body of the Said Abigail In a Deasent Manner. [1796:1]

Although those unfamiliar with New England’s vampire tradition might be puzzled by this entry, the etymology of the word *experiment* points toward a solution and strengthens the vampire interpretation. From the Latin *experimentum* (“a trial, test”) through Old French, the word entered English as a magician’s term, often used interchangeably with *magic*. As late as the 17th century, according to Lynn Thorndike, “Medical cases and prescriptions were still spoken of as experiments” (Thorndike 1953:702). The Cumberland entry suggests that exhumation for medical purposes was not entirely marginalized and could even be incorporated into the official social fabric of some communities (see Bell 2001:205–208, 253–255).

### Sickness and Healing

American medicine in 1784, the year of the first documented vampire incident in New England, was in a state of uncertainty and transition. The eclectic mixture of approaches based on astrology, religion, and folk cures provided alternative ways of dealing with sickness and healing as empirical, lay, indigenous, and magicoreligious traditions coexisted, often competing. The ancient Greek doctrine advanced by Hippocrates remained unchallenged: The human body was regulated by the interplay of the four “humors” of phlegm, choler, bile, and blood. To restore balance and good health when these fluids or vapors got out of balance, doctors would purge the digestive tract with cathartics and emetics or bleed the patient. The concept of “vitalism” posited that blood, the “paramount humor,” contained the essence, or vital spirit, of the creature in which it flowed (Starr 1998:5).

Until well into the 19th century in New England, a physician's duties were inclusive, requiring little, if any, formal training. New Englanders had long relied on self-treatment and treatment by lay healers, employing mainly herbs and readily available household ingredients. Itinerant healers also worked the circuit. They set up shop in town, advertised in local newspapers and broadsides (most of their ads included testimonies from cured patients), and moved on when business dropped off or, not infrequently, when run out of town by officials or dissatisfied clients. The following list of self-proclaimed specialties suggests the inclusive and unsettled nature of the healing profession throughout America in the 18th and 19th centuries: physicians, surgeons, oculists, aurists, bonesetters, animal healers, botanic-Indian healers, pharmaceutical peddlers, medical electricians and apparatus healers, cancer curers, and dentists and surgeon-dentists (Benes 1992:109–111). Whether treated or not, illnesses ran their natural course and most of the afflicted survived (Estes 1992:114).

But consumption was an exceptional affliction. A disease that ebbed and flowed for thousands of years, it reached epidemic proportions in the early 18th century and remained the leading cause of death throughout that century and the next (Dubos and Dubos 1952:9–10; Rothman 1994:2). The symptoms of consumption progressed from a suspicious cough to the recurring hemorrhages that signaled certain death. Difficulty in diagnosing the disease facilitated its transmission and also led to identifying the "galloping" variety that many, including Mercy Brown of Exeter, Rhode Island, were supposed to have contracted. A person could live a normal life, with little evidence of disease, right up to the final months or even weeks. Out of sight, the disease often worked slowly yet inexorably to destroy its host over a period of years, alarming observers at the apparent swiftness of its course when it finally became manifest (Dubos and Dubos 1952:205).

Projecting their own predilections, as well as reflecting the attitudes of society at large, doctors, moralists and reformers of the era offered a variety of explanations for how one acquired the disease (Sontag 1978:58–59). Overindulgence (in sex, food, drink, or tobacco), unconventional behavior, lack of exercise, and even "a passion for dancing" were singled out as causes for consumption (Dubos and Dubos 1952:197). In 1892, the year of the last documented vampire exhumation in New England, a physician wrote that the constitutional predisposition to tuberculosis "appears to be built up with equal certainty by impure air, drunkenness, and want among the poor, and by dissipation and enervating luxuries among the rich" (Dubos and Dubos 1952:197). Pragmatic physicians looked to the environment rather than behavior, arguing that living in cold and damp places was the major cause (Bowditch 1977; Baron 1882). The kinds of treatments offered were at least as varied as, and even more numerous than, the supposed causes. Under the heading "Therapeutics" in the index to a recent book on the history of tuberculosis, the following subheadings are, themselves, an index to the various approaches for treating the disease: bleeding, blistering, climatology, diet, drug regimens, exercise, leeching, open-air treatment, open health resorts, opium, poultices, purgatives and emetics, rest cure, sanatoriums, voyages for health (Rothman 1994:317). Treatment may have imparted a sense of control to both physicians and patients, but, in the end, none of the treatments was able to stem the rising tide of tuberculosis.

## Death

At the crux of New England's vampire tradition is the relationship between the impermanent and the eternal aspects of a human being, an examination of which introduces a number of other issues that ultimately hinge on the definition of death itself. Margaret Lock's discussion in *Twice Dead* is particularly illuminating. Lock states that, in the early 19th century, a definition of *death* as the point at which the heart and lungs cease to function (i.e., the cardiopulmonary standard) began to displace "an older belief in putrefaction as the definitive sign of death" (Lock 2002:41). The older conception persisted into the beginning of the 20th century, however, as "eminent practitioners continued to have doubts about their ability to objectively assess death and insisted that 'nothing short of putrefaction could distinguish death from life'" (Lock 2002:66).

Although Lock's book is focused on modern issues concerning the demarcation of death in relation to organ transplants, her discussion demonstrates the return of the ambiguities that bedeviled early New Englanders. Like the vampires themselves, some questions do not rest easy. Where is the locus of life, the seat of the soul, the place of personhood? Lock's observation that, "For several centuries, the heart was usually . . . understood as the organ that governed human life and all vital principles" (Lock 2002:74) distinguishes a necessary foundation for New England's vampire practice: the heart's blood (see Leatherdale 1985:15). The power of blood is derived from its association with life itself. Direct observation informed people that if one lost enough blood, one died. Thus, if blood itself is not life, it must contain its essence, soul, or spirit, which explains why people believed that it was craved by the dead or undead. If blood was life, then the heart was its home. The bright red blood from a consumptive's lung hemorrhages was said to be from the heart that, in folk speech, signifies center, essence, soul, and courage. A commonplace phrase that appears in European and American balladry is "heart's blood," a combining of the two traditional locations of soul and power to signify the very essence of a person's life. In a traditional ballad, after the young Sir Hugh is stabbed with a penknife:

Then out and cam the thick, thick, blood,  
Then out and cam the thin,  
Then out and cam the bonny heart's blood  
Where a' the life lay in. [Hodgart 1962:125]

The existence of liquid blood in the heart of an exhumed corpse was viewed as unnatural, because it was interpreted as "fresh" blood. A widespread folk principle underlying many customary beliefs and practices presumes that blood in its liquid state proclaims the presence of life. "Liquid is life" goes back at least to the Greek conception of life as the "gradual diminishing of liquid inside a man." A decomposed corpse is dry, indicating that the corpse is inert and death is complete (Dundes 1980:102). But a corpse that has not sufficiently dried—one with liquid blood remaining in the heart, or one that seemed supple and had not stiffened, for example—would be viewed as incompletely dead. Through ordinary observation, people understood that blood coagulates following death; few, however, were aware of the processes of decomposition that occur after inhumation and that, depending on the circumstances of death,

blood can reliquify naturally (Barber 1988:114). Burning the heart or the entire corpse hastens the drying process, removing life's liquid. One area of agreement between pre-20th-century vampire hunters and physicians in New England was that putrefaction was the key for defining death.

Contemporary Americans might look back to the 18th and 19th centuries and see an enormous gap in knowledge, yet "the complexities of unresolvable questions about the determination of death" continue (Lock 2002:74). A recent article in the *Lancet* by Powner and others, summarized by Lock, identifies the current dilemma:

Does the "vital principle" of life reside in, or is it produced by, a single organ or part of a single organ . . . or is the "soul" represented throughout all organs, tissues, or cells? That is, does death occur and unique "personhood" end when a small number of organs, or perhaps only one, permanently cease(s) to function, or must the entire organism go through such a process before death is defined? [2002:74]

A byproduct of the medical profession's inability to successfully treat tuberculosis prior to this century was the perpetuation of the ambiguous vampire figure, the living dead. D. J. Powner and his colleagues assert that a different sort of failure by the biomedical paradigm has reintroduced the ambiguity of the living dead. In Lock's words,

These authors conclude that these fundamental issues remain unresolved because key concepts that we recognize as life, such as personhood, cannot be measured by medical devices. The work of doctors in the early 20th century to medicalize death and make foolproof its assessment have not withstood the test of time or the invention of the artificial ventilator. [Lock 2002:75]

Referring to the current concept of brain death, Lock remarks, "The new death, with its ambiguous figure of the living cadaver, has rekindled doubts about error and premature declarations of death" (2002:75). She concludes her discussion of "locating biological death" with an eerie evocation of ancient apprehensions:

Concern about "bad" deaths—those that are unnatural, accidental, or untimely, or repugnant—is a universal, age-old preoccupation. Technologically orchestrated deaths appear intuitively to many people to be unnatural. We worry that individuals who die bad deaths suffer unduly, and, even though most of us consider such thoughts irrational, even some health-care practitioners may be harrowed by the idea that this suffering will come back to haunt the living. [Lock 2002:75]

In response to the current ambiguity and controversy surrounding the concept of "brain death," some physicians have advocated a return to the traditional cardiopulmonary standard, arguing from the position that death is a biological event rather than a process requiring social consensus. Neurologist Robert Taylor, for example, asserts that the proper biological definition of "death" is "the event that separates the process of dying from the process of disintegration" and that, therefore, the "proper criterion" of death is the "permanent cessation of the circulation of blood" (Lock 2002:358–359). This formulation is implicit in the vampire hunters' search for liquid blood in the heart, taken as evidence that "fresh" blood was still flowing and death was incomplete.

## Consumption and Vampires

Even granting the existence of an undead corpse intent on harming the living, by what means would it be able to infect them with consumption? The records that document these events do not explicate such associations with any precision, perhaps indicating that the cultural information system defining this ritual did not require empirical validation as the biomedical paradigm does (see Leaf 2004). The several documents that do address this question allude to vague occult connections, suggesting that consumption was conceived to be a spiritual visitation rather than a disease (or biomedically defined pathology), as the following examples suggest:

In New England the vampire superstition is unknown by its proper name. It is believed that consumption is not a physical but a spiritual disease, obsession, or visitation; that as long as the body of a dead consumptive relative has blood in its heart it is proof that an occult influence steals from it for death and is at work draining the blood of the living into the heart of the dead and causing his rapid decline. [Stetson 1896:3]

In northern Rhode Island those who die of consumption are believed to be victims of vampires who work by charm, draining the blood by slow draughts as they lie in their graves. . . . If he died with blood in his heart he has this power of nightly resurrection. [Skinner 1896:76–77]

[The bodies of two brothers were disinterred and burned] because the dead were supposed to feed upon the living, and that so long as the dead body in the grave remained in a state of decomposition, either wholly or in part, the surviving members of the family must continue to furnish the sustenance on which the dead body fed. [Norwich Weekly Courier 1854:2]

The old superstition . . . is that the vital organs of the dead still retain a certain flicker of vitality and by some strange process absorb the vital forces of the living. [Cole 1888:499]

The body of a person who died of a consumption, was by some supernatural means, nourished in the grave by some living member of the family; and that during the life of this person, the body [retained] in the grave all the fullness and freshness of life and health. [Plymouth County Advertiser 1822:4]

They took out the liver, heart, and lungs . . . and burned them to ashes on the blacksmith's forge of Jacob Mead. Timothy Mead officiated at the altar in the sacrifice to the Demon Vampire who it was believed was still sucking the blood of the then living wife of Captain Burton. [Pettibone 1930:158]

In contrast to the examples above, those below reveal a down-to-earth tone, focused on curing a disease rather than exorcising a demon, and hint at a Yankee pragmatism that seeks the bottom line:

If the lungs of a brother or sister who died of consumption be burned, the ashes will cure the living members of the family affected with that disease. [Currier 1891:253]

There seemed to be a curious idea . . . that by cremating or burning the remains of a departed friend or relative while the living relatives stood around and inhaled the smoke from the burning remains, that it would eradicate the disease from the systems of the living and restore them to health. [Tyler 1892:4]

The record of an incident in Woodstock, Vermont, suggests that consumption could be caused by either ordinary or supernatural agencies. The diagnostic procedure was to check the condition of the deceased's heart:

If a person died of consumption and one of the family . . . was attacked soon after, people . . . opened the grave at once and examined the heart; if bloodless and decaying, the disease was supposed to be from some other cause, and the heart was restored to its body; but if the heart was fresh and contained liquid blood, it was feeding on the life of the sick person. In all such cases, they burned the heart to ashes. [Curtin 1889:58–59]

The logic explaining why people connected consumption with the undead may flow from the symptoms of the disease itself and how they correspond to vampire folklore. Consumptives suffer most at night. They awaken, coughing and in pain (sometimes described as a heavy feeling, as if someone has sat on the chest). As the disease progresses, ulcers and cavities develop in the lungs, creating a noticeably sunken chest. The sputum grows thicker, now containing blood that lingers at the corners of the mouth and on the bedclothes. Emaciation becomes extreme. An initial ruddiness of the face gives way to a deathlike pallor that, at the very last stages of the disease, is masked by a glowing, feverish flush. Family members fade away, one after another. Both consumptives and vampires are the living dead. Doomed and waiting to die, consumptives are walking corpses; pale and wasted, they embody disease and death. Vampires are the personification of consumption, an evil that slowly and surreptitiously feeds on the living, draining away life. (See Hufford 1982 for a more inclusive delineation of the nocturnal supernatural assault tradition.)

### **The Living and the Dead**

Blaming the dead for death seems but a short, logical step from the fundamental vampire concept that the dead have a life after death. Fear that the angry, jealous, or vengeful dead will prey on the living unless certain steps are taken to appease or disable them probably explains why the most rudimentary type of vampire is a reanimated corpse (Barber 1988:197; Murgoci 1926:320–21; Tylor 1929:19). A cause-and-effect relationship between the dead and death permeates America's everyday folklore, although the connection often lurks beneath the surface, implied but not stated. A common folk belief, found in both the United States and Great Britain, for example, is that a corpse not stiffening "is a sure sign that death will be knocking pretty soon again at the door of this house for some other member of the family" (Latham 1878:57; for U.S. examples, see Hand 1961, no. 5477). This belief suggests an uncanny connection between living and dead family members, evoking the scene at the graves of the New England vampires, where corpses appeared to be in an unnatural state, interpreted to be at least a sign, if not the actual cause, of the imminent death of kin.

The predilection of these vampires to infect their near relations with a lethal disease links pre-20th-century New England to a larger community, indeed. Two scholars tracing the roots of Pennsylvania German folk medicine observed, "Our pagan ancestors believed that sicknesses were caused by malignant demons—some of them the spirits of dead ancestors" (Brendle and Unger 1970:117). This core belief is found in Europe, India, Asia, and Africa and is as persistent as it is widespread (Frazer 1977:144). A vampire that seems particularly analogous to that of New England is the *moroi*, who resides in the region just south of the Transylvanian Alps. Like the New England vampire, a moroi stays close to home, waiting for an opportunity to settle accounts with members of its

own family. It inhabits the body of a weaker relative by creeping into its heart, which it eventually devours (Schierup 1986:179).

Sergei Kan argues for the central position of what Robert J. Lifton called "symbolic immortality," that is, "a continuous symbolic relationship between our finite individual lives and what has gone before us and what will come after" (Kan 1989:15). Kan writes, "An anthropological analysis of the mortuary complex must incorporate this crucial dimension and relate it to whatever social, political, or economic functions a particular mortuary ritual might have. In fact, this interrelationship between the otherworldly and the more mundane concerns is the hallmark of the mortuary ritual and should be the cornerstone of mortuary analysis" (Kan 1989:16). But in the vampire case, the "continuous symbolic relationship" is not one that the living wish to maintain. It is viewed, instead, as an evil, devastating relationship that must be destroyed to return the family and community to their proper order.

Robert Hertz's notion of "double obsequies," which is central in Kan's interpretation of the Tlingit Potlatch, is especially applicable to the vampire ritual. Kan writes that Hertz:

developed a model of primary and secondary disposal of the remains of the dead in which the process of the corpse's decay, the mourning regulations imposed on the bereaved, and the transformation of the spirit of the deceased parallel each other. Once the corpse has fully deteriorated or has been destroyed by human means and the double obsequies carried out, mourning comes to an end and the spirit of the deceased is firmly established in its new existence. [Kan 1989:13]

The secondary mortuary ritual, or double obsequies, carried out in New England was intended to identify which corpse had not "fully deteriorated" and, therefore, was yet to be "firmly established in its new existence." Burning the corpse or its heart ended the unnatural relationship between dead and living kin and, in a practical sense, completed the mourning, thus allowing the living to leave the "otherworldly concerns" and return to their "more mundane concerns."

Kan argues that our attempts to avoid "applying simplistic psychological interpretations to another culture's way of death . . . should not deter us from trying to establish how the participants' emotions are stimulated, utilized, and dealt with in the mortuary ritual" (Kan 1989:17). The Mercy Brown exhumation of 1892 is sufficiently well-documented to allow some interpretation of how Mercy's father, George Brown, interacted with kin and neighbors to resolve the crisis that a consumption epidemic had created in Exeter, Rhode Island. The crucial event in that drama was George Brown selecting a course of action from a severely limited set of grim choices. Emotions that Brown surely must have dealt with include uncertainty, fear, guilt, desperation, community, hope, resolution, healing. Following Kan, I view these emotions as defined in social contexts ("culturally constituted systems," in Kan's words) that incorporate mutual expectations about how Brown, his family and his community should feel and behave.

Edwin "Eddie" Brown was on the brink of death in March 1892. He first "began to give evidence of lung trouble" about two years earlier. According to a local newspaper, this "young married man of good habits" grew worse until, "in hopes of checking and curing" his disease, "he was induced to visit the famous Colorado Springs, where his wife followed him later on" (*Pawtuxet Valley Gleaner* 1892a:1). But Eddie grew worse, and on February 23, 1892, he and his wife

returned to Rhode Island on the train. Following a long-standing New England social ritual, Eddie was coming home to die, to be “enmeshed in a web of concern” under the tender “death watch” of close kin. American historian Jack Larkin noted that “the prospect of dying and being buried by strangers was a truly frightening one” (Larkin 1988:98). Those chosen to be “watchers” considered it a privilege. Neighbors took turns at the sickbed so that exhausted family members could sleep. “Watchers could administer medicine when needed, but, far more important, they provided a continuous comforting presence—as well as witnesses who could quickly gather the family around if death seemed imminent” (Larkin 1988:93).

As the outcome of Eddie’s condition became increasingly evident, George Brown faced a difficult decision. Would he “satisfy his neighbors” (*Providence Journal* 1892c:8) by having the bodies of his wife and two daughters exhumed and examined? Brown’s neighbors were worried about consumption; they had seen it take hold in a family, then spread to others. Even before Robert Koch identified the tuberculosis bacillus in 1882, New Englanders were aware that tuberculosis was contagious and lethal. Paul Barber wrote about the “sheer terror” that prompted people to seek—and find—vampires, as their friends and neighbors were “dying in clusters, by agencies that they did not understand” (Barber 1988:121). Death itself appeared to be contagious.

Those who knew the Brown family also were concerned about Eddie’s health. When he returned from Colorado Springs, the local newspaper wrote: “If the good wishes and prayers of his many friends could be realized, friend Eddie would speedily be restored to perfect health” (*Pawtuxet Valley Gleaner* 1892a:1). In helping the Brown family solve its problem, the community was protecting its own families, too. There were no disinterested bystanders in this agricultural town of less than a thousand people. Theirs was a community where consensus took priority over rules administered by outside officials. The family and neighbors would consult to decide on a course of action.

Brown was “besieged on all sides by a number of people, who expressed implicit faith in the old theory” (*Providence Journal* 1892a:3). There is no record of their identities, but there is a likely channel of oral tradition for the vampire practice in Exeter that links several generations, consisting of genealogical and social ties. Brown was a member of the Exeter Grange, of which William Rose was elected Worthy Master in 1890; Rose also was a member of the town council. He had exhumed the body of his daughter in 1872 in an attempt to halt the spread of consumption. Rose’s wife was Mary Tillinghast Rose, the great-granddaughter of Stukeley Tillinghast, who had several of his children, dead from consumption, exhumed around 1799 (Bell 2001:76–77). When “the old theory” was described to Brown, he likely was repulsed by the idea. Almost certainly he did not believe in its efficacy, for a letter in his home town newspaper reported that “the husband and father of the deceased ones has, from the first, disclaimed any faith at all in the vampire theory” (*Pawtuxet Valley Gleaner* 1892b:5). Even the largely disapproving city newspaper, the *Providence Journal*, acknowledged that Brown had “no confidence in the old-time theory” (*Providence Journal* 1892a:3). But Brown agreed to consider it. He, and perhaps Eddie as well, must have addressed several questions: “Are there any other options?” “What if the ‘old theory’ really works but we don’t try it?” “Should we, can we, turn our backs on our friends and neighbors?” “What do we have to lose if we try it?”

As head of a household, Brown may have felt a tacit obligation to both his family and community to exhaust every possibility for halting the devastating plague. In his time and place, he was aware of two options, neither appealing. One was to side with the medical establishment, which prognosticated certain death. The other, which Brown apparently considered intellectually implausible, and almost certainly would have found abhorrent in its implementation, offered a possible solution. Brown reluctantly assented to the latter option, but he made it plain that neither he nor Eddie would attend the exhumations. In characterizing Brown's motivation, we would be on firmer ground by substituting for "belief" one or more of the following terms: "hope," "desire," "acquiescence," "assent," "possibility." As Rodney Needham (1972) has argued, these concepts may be related to the concept of belief, but certainly do not require its existence.

In March, a young acquaintance of George Brown informed Dr. Harold Metcalf that Eddie was close to death from consumption. He told the doctor that "several friends and neighbors" were convinced that the bodies of Brown's wife and two daughters must be exhumed and their hearts examined. He said that any heart filled with blood must be destroyed because it was "living on the tissue and blood of Edwin." Dr. Metcalf dismissed the young man, telling him the belief was absurd. The same emissary later returned to tell the doctor that Brown, "though not believing in the superstition himself, desired him to come up to satisfy the neighbors and make an autopsy of the bodies." Metcalf attended the autopsies in his official capacity as the Medical Examiner for the towns of North Kingstown and Exeter (*Providence Journal* 1892c:8).

If we broaden our conception of healing beyond what the biomedical world considers its borders, we might conclude that a family and community were healed even though the patient, Eddie, died. The people's medicine is successful because it "treats the community along with the patient." The patient is not regarded as an autonomous organism requiring a cure, but an "integral part of a folk community." In communities such as Exeter, deaths were "a disturbance of the normal rhythm of life" (Yoder 1972:206) or, as Larkin put it, "rents in the social fabric which concerned far more than the immediate family" (Larkin 1988:99). The practitioner must reunite and heal the broken community. The secondary mortuary rite of exhumation was a means to transcend the loss of a person—grieved for at the primary rite, the funeral—by reinforcing the ongoing social order of the community (Kan 1989:289–290). I have to conclude that George Brown realized what role he was being asked to play and why. He knew that no one else could give his son, his family, and his community (himself included) what they required at that moment. Singled out by circumstance to be a folk healer, he reluctantly assented. For George Brown, it appears to have been a pragmatic decision, not a magical ceremony.

By the time Mercy Brown's heart was cut from her body and burned, in 1892, several significant cultural changes had converged to doom the vampire practice in New England (Bell 2001:260–278). Within a span of 100 years, the biomedical paradigm had consolidated its authority in the realm of medicine, and its rapid and unprecedented dominance overshadowed the medical pluralism that had been the norm, not only for New Englanders but also for most societies throughout history (Fábrega 1997:12–14). A widening rift between the official and folk worlds had developed, at least from the viewpoint of the "civilization establishment" that included scientists, scholars, businessmen,

clergy, politicians, and practitioners of the dominant biomedical paradigm. Beginning in the 18th century, distinctions among magic, religion, and science became increasingly important to the elite, even though they still meant little to ordinary people, for whom the borders separating medicine and magic, and religion and the occult, were not sharply defined. Where elite, official, and academic cultures began to divide the world into a variety of specialties, with their attendant specialists, the holistic nature of folk culture persisted.

Urban, establishment newspapers, notably the *Providence Journal*, pointed to Mercy's exhumation as evidence that "civilization" had not yet triumphed everywhere and was being threatened by "survivals of primitive thought." Referring to "Deserted Exeter," the *Journal's* editors wrote that "there are considerable elements of rural population in this part of the country on which the forces of education and civilization have made scarcely any impression." They regarded "the amount of ignorance and superstition to be found in some corners of New England . . . more than surprising" (*Providence Journal* 1892b:4). Viewed from the pedestal of civilization in 1892, the exhumation of Mercy Brown was yet another skirmish in the war between "scientific thinking" and the "primitive, unreflective superstitions inherited from a savage past."

Ten years before Mercy was exhumed, Robert Koch had announced his discovery of the tubercle bacillus. Germ theory became the commonly accepted explanation for the spread of tuberculosis, although not as quickly, easily, and universally as some, including Koch himself, had hoped and expected. With a different theory came a different method of treatment that, until the discovery of streptomycin in 1943, entailed the isolation of the patient. This, and other preventative measures based on the assumption that the germ could be transmitted both directly and indirectly from person to person, led to a steady decline in the incidence of tuberculosis (like the vampire, the term *consumption* also was doomed in white U.S. society). In a world in which the biomedical paradigm has gained overwhelming acceptance, the correlation between contagion and germs is accepted without question and a fear of vampires is considered irrational. But are we not afraid of contagion? What if we believed that death was contagious? Fear of the dead may just express a broader, perhaps more indirect notion of contagion than the one currently holding sway in the biomedical paradigm: one that includes revenants as well as microbes (Barber 1988:37). The significant difference is how the contagion is explained. In any event, by the close of the 19th century, a microorganism labeled *Mycobacterium tuberculosis* had replaced the vampire as contagion's scapegoat.

At the same time that germ theory was winning acceptance, chemical embalming as a mortuary practice was gaining popularity. Between the years of 1856 and 1870, 11 embalming patents were filed with the U.S. Patent Office (Habenstein and Laners 1955:328–329). The Civil War created the necessity of preserving a great number of corpses, often far from desired or convenient sites of interment. The embalming of public figures for their lying in state created a greater popular awareness of the custom (Habenstein and Laners 1962:395). Lincoln's assassination, and the subsequent public viewing of his body as it went by rail from Washington to Illinois, reinforced general acceptance of the two related customs of embalming and public viewing of the corpse. The funeral industry grew rapidly during the 1880s, but, as is the case with many customs, there was a split between city and country. The rural population was slower to accept the expanding role

of the professional undertaker, which usually included embalming. Earlier in the 19th century, embalming was used as a sanitary measure, particularly during outbreaks of contagious diseases such as smallpox, diphtheria, scarlet fever, and yellow fever. In the latter half of the century, embalming became the socially prestigious choice. In addition to the cosmetic effects of embalming, removal of the blood also renders the corpse inert, preempting, as it were, the creation of a vampire by eliminating the prime constituent. A person who was not dead (by any standard) prior to embalming would be dead (by any standard) after embalming (Barber 1988:84, 174).

By the close of the 19th century in New England, germ theory had become the generally accepted explanation for tuberculosis in white society; embalming and interment by mortuary professionals was the preferred method for treating deceased relatives; and it was widely believed that civilization had won—or was on the verge of winning—the war against superstition. Understandably, vampires disappeared from the New England countryside.

In the vast stretch of human history before the 20th century, disease was an accepted part of life, ever-present and endured. Yet, almost everyone alive in today's industrial states was brought up believing in the inevitable conquest of disease. Vaccines, antibiotics, modern hygiene, and aggressive public health campaigns all but eradicated such feared scourges as tuberculosis, pneumonia, smallpox, polio, and measles. We seemed to be on the way to a disease-free world. Today, however, certain terrible things have shaken our complacency. Antibiotic-resistant bacteria and new infectious enemies, such as AIDS, Ebola, West Nile, and Avian Flu, have appeared and some old ones, particularly tuberculosis and pneumonia, have reemerged. Our microbial adversaries have shown us the vulnerability even of biomedicine. Humbled by our own era's failure to conquer disease, we should acknowledge our affinity with those who endured the fear and uncertainty that tuberculosis embodied in pre-20th-century New England.

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