

THE MAN WITH THE POKER ENTERS THE ROOM:
DELERIUM TREMENS AND POPULAR
CULTURE IN PHILADELPHIA, 1828-1850*

Ric N. Caric
Morehead State University

““*B*ut what is the matter, Bill?’ he asked, earnestly”
“‘What’s the matter? What’s the matter?’ eagerly enquired half a dozen others coming up.”
“‘Why, *the man with the poker is after him*, I believe!’ said the person who had first spoken, in a half laughing, half serious tone.
Poor fellow, ejaculated one. Poor fellow indeed! said another.”¹”

In his first novel, *Six Nights with the Washingtonians*, temperance novelist T. S. Arthur used “the man with the poker” as a popular term for *delirium tremens* or *mania a potu*, a hallucinatory disorder that developed among extremely heavy drinkers. The fictional character, “Bill,” a reformed drinker who was recounting the story before a Washingtonian experience meeting, had had an attack of *mania a potu* while at work as a bookbinder. First, his hands trembled so much that he was unable to use his tools properly. Two hours later, an iron bar for which he was reaching “assumed the form of a serpent.” Soon more bars turned into serpents and, when Bill looked up, he saw “a face of horrible malignancy, just over my

PENNSYLVANIA HISTORY: A JOURNAL OF MID-ATLANTIC STUDIES, VOL. 74, NO. 4, 2007.
Copyright © 2007 The Pennsylvania Historical Association

head, and a dozen serpents and dragons, and monsters of all shapes, coming, as it seemed with hellish delight towards me." Going to a tavern was no help. Bill jumped away from a decanter and glass that "seemed instantly changed into a living monster" and found that even a tumbler of "pure brandy" provided no relief. Advised by a friend that he was not well, Bill went home and was haunted for two days by "awful and malignant shapes" before sinking into a "state of insensibility" and being taken to the Alms House.²

As Bill's condition became known to the men at the tavern, it turned out that he was the only man there who did not know about *mania a potu* or know that "the man with the poker" was a term for *mania a potu*. When Bill's first unnamed friend informed the others that "*the man with the poker is after him*," all the men shared an instant recognition of the term. In Arthur's construction, *mania a potu* had been incorporated into the social conversation to such an extent that the men in the tavern readily apprehended "the man with the poker" as a common term for the condition. As a synonym for *mania a potu*, "the man with the poker" carried considerable ambivalence. The man who announced that the "man with the poker" was after Bill adapted a "half-laughing, half serious tone" as though he were unsure whether to treat Bill's condition as a spectacle being put on for the amusement of the tavern crowd, or as a painful and difficult condition that deserved the crowd's sympathy. On this occasion, the ambivalence was resolved in favor of pity as the other men in the tavern exclaimed "poor fellow" and "poor fellow indeed" as if they were afraid of catching *mania a potu* themselves. It was then that Bill's friend finally told him that he was "not well" and that he needed to go home.³

Mania a potu was the dominant term in the early nineteenth century for a condition that became better and more accurately known as *delirium tremens* (which will be the term used henceforth). The major symptoms of *delirium tremens* included tremors over the whole body, intense fearfulness, and hallucinations of walls falling, devils on one's skin, and attacks by murderers as well as intense efforts to ward off hallucinatory threats. Although there is no historical writing on *delirium tremens*, there are a variety of sources available for the study of *delirium tremens* in Philadelphia, including the records of the Philadelphia Alms House, Pennsylvania Hospital, the Register of Deaths, medical articles, newspaper sources, and the temperance writers like T. S. Arthur. The records of the Alms House Hospital are particularly important because the Alms House treated more than 5000 cases of *delirium tremens* between 1829 and 1850 and also because two of the medical articles contain statistics on Alms House cases. Alms House records indicate that *delirium*

tremens was primarily a male affliction. For example, more than 68 percent (723) of the *delirium tremens* cases and 79 percent (51) of the *delirium tremens* deaths at the Philadelphia Alms House between 1837 and 1841 were men. Because the Alms House records are biased toward artisans, laborers, and seamen, it is difficult to ascertain the extent to which *delirium tremens* affected gentlemen, merchants, doctors, and lawyers. Some fairly well-known men like Nathan Sellers (the son of the prominent metal worker Nathan Sellers) were known to have died of *delirium tremens* and men from the middle and upper classes certainly participated in the popular culture of theaters, taverns, boxing matches, and fire companies. However, there is almost no reporting of *delirium tremens* outside the laboring classes in the hospital records and medical literature.⁴

This article examines *delirium tremens* in relation to traditional male popular culture in Philadelphia. The main point of contact between *delirium tremens* and the traditional culture of masculinity was fear concerning the male body. Just as the hallucinations in *delirium tremens* involved attacks on the body, traditional popular culture represented everyday difficulties in terms of assaults on the body. Artisans and laboring men in Philadelphia compounded their anxieties over poor health, seasonal unemployment, inability to collect wages, and scolding wives by representing their everyday problems as attacks by devils, death at sea, or being slaughtered like cattle, burned to death, dismembered, or assaulted. In this context, traditional leisure culture was the primary mechanism through which lower-class men counter-acted their "breast-disturbing fears." Tavern games, inventing contests, drinking bouts, holiday celebrations and other leisure activities gave men a chance to experience themselves as overcoming their apprehensions and be recognized as independent men. Thus, traditional leisure had an important role in the ability of laboring men to identify with the dominant republican values and re-establish a sense of bodily wholeness and security. Men could view themselves as "manly, honest, good-natured and free" because they participated in traditional leisure.⁵

The onset of *delirium tremens* was an indication that traditional culture was not working well for patients. Symptoms of *delirium tremens* meant that a patient's practical difficulties were so burdensome that he no longer had the ability to overcome his fears concerning his body and identify with republican ideals. Such men consumed large amounts of alcohol to suppress their bodily fears rather than enhance their participation in the social bonding and competitive activities of taverns or voluntary societies. For many of the heaviest drinkers, the

path to *delirium tremens* meant a retreat from the “cheerful glass” to the “solitary bottle.” At the same time, the commencement of *delirium tremens* meant that heavy alcohol consumption was also failing as a strategy for dealing with fears of bodily attack. Whether heavy drinkers developed *delirium tremens* because gastrointestinal disorders kept them from drinking or because they could not tolerate small lapses in alcohol effects, they could not drink enough to suppress their sense of bodily fear any longer. In this context, the hallucinations connected with *delirium tremens* represented a final effort by a man’s mental apparatus to cope with fears of attacks on his body. For men who suffered from hallucinations, traditional culture had failed to such an extent that they abandoned culturally-informed perception for an alternate reality.⁶

This article also makes two arguments concerning the relationship between *delirium tremens* and developments in popular culture. Working from the records of the Philadelphia Alms House and the Register of Deaths, I argue that the number of *delirium tremens* cases rose significantly during the late 1830s and early 1840s before leveling off in the latter half of the 1840s. The initial increase in *delirium tremens* cases was closely linked to the impact of early industrialization. According to labor and economic history writing from Bruce Laurie’s *Working People of Philadelphia* to Edward Balleisn’s *Negotiating Failure*, early industrialization resulted in downward pressure on wages, longer work hours, less secure employment, less hope of owning a business, more vulnerability to business panics, and more susceptibility to diseases like tuberculosis. All of these trends made life more difficult for artisans, factory workers, and laborers, and consequently resulted in a heightened sense of bodily vulnerability that can be seen in popular images of male bodies subject to distortion, being taken over by external forces, and other forms of torment and degradation. Thus, early industrialization put leisure mechanisms under such intense pressure that it became much more difficult for men to overcome their bodily fears through participation in traditional leisure.⁷

Developments in traditional culture also contributed to the prevalence of *delirium tremens*. Because men it increasingly difficult to identify themselves with republican values, sources in popular culture began to refer to values like independence and social respectability as ideals that were either extremely difficult or impossible to attain. Simultaneously, various strategies for displaying degradation were incorporated into traditional leisure activities like tavern socializing and parades. As can be seen in the Colonel Pluck militia parades and popular songs, artisans and other laboring men publicized their increased sense of bodily vulnerability and degradation by adapting female

dress, wearing blackface, or dressing up as cornstalks. Subsisting alongside practices that emphasized traditional republican symbolism, such activities allowed men to work up their increasing sense of bodily vulnerability into a kind of cultural performance. Laboring men also began drinking more heavily as a way to drown their cares, developed new kinds of drinking practices such as long-term “sprees,” and found a growing number of opportunities to flaunt drunkenness as a way to display their sense of degradation. However, instead of creating a stable new basis for coping with the practical problems and bodily anxieties of artisans and workers, both the increased drinking and the cultural innovations of the 1820s and 1830s led to a growing pool of long-term drunkards who could not overcome their anxieties through participation in any kind of traditional leisure. It was out of this expanding population of drunkards that the increasing number of *delirium tremens* cases developed.

The second historical argument is that the decline in *delirium tremens* cases was made possible by the transformation of male culture during the 1840s. Where traditional masculinity was viewed in terms of overcoming imagined attacks, the new cultural institutions of the 1840s conceived masculinity in terms of “exposing” male bodies. For the Washingtonian societies, rioting fire companies, secret societies, and minstrel shows, masculine virtues like courage, honor, loyalty, and freedom were represented in terms of displaying their degradation, exposing themselves to the weapons of their rivals, and creating a powerful group identity in the process. Because the new cultural institutions viewed a man’s sense of bodily vulnerability as a starting point for articulating manhood, participants did not feel their masculinity to be as threatened by their practical problems as they did within traditional culture. Likewise, the group identifications in the fire companies, temperance societies, and minstrelsy were separate from the economic and family circumstances in many ways and could serve as a buffer against the anxieties connected with everyday difficulties

Delirium Tremens as a medical and cultural condition

Most of the surviving medical articles on *delirium tremens* in Philadelphia were dissertations written for the University of Pennsylvania medical school in 1825 and 1826. There were also articles in medical journals and a couple of independently published articles. Where the conventions of temperance writing emphasized the degradation of alcohol consumption and redemption

through the pledge, the primary interest of the doctors who wrote on *delirium tremens* was to demonstrate their medical expertise. Consequently, almost all of the medical articles provided detailed descriptions of *delirium tremens* symptoms, catalogued findings from autopsies on *delirium tremens* patients, and made treatment recommendations. Articles by an anonymous doctor and John Prosser Tabb also used statistics from the Alms House hospital to discuss death rates and treatment strategies. The anonymous article mentions that some doctors refused to prescribe alcohol for *delirium tremens* patients. However, the temperance movement had little impact on medical writing. The main treatment for *delirium tremens* at the Alms House until 1837 was opium while almost all of the medical authors recommended that patients be given frequent doses of alcohol. Medical writers may have disapproved of intemperance, but they evaluated *delirium tremens* from the perspective of medical description and treatment rather than temperance reform.⁸

Most medical writings identified *delirium tremens* as having three distinct stages: 1) a combination of bodily trembling, intense fears, and spatial disorientation; 2) frightening hallucinations; and 3) convulsions leading toward death. According to the medical authors, *delirium tremens* developed when extremely heavy drinkers either reduced their alcohol consumption or withdrew from alcohol altogether. The first symptoms of *delirium tremens* usually began to develop within one or two days after the reduction of alcohol intake, but could take as long as seven days to develop. Most patients stopped drinking because of gastro-intestinal disorders like intestinal blockages or fevers. For example, Richard Sexton describes a case where a canal laborer developed *delirium tremens* after a fever kept him from consuming alcohol for five days. For other men, the onset of *delirium tremens* began when they stopped weeks-long drinking bouts or sprees. Finally, as many as 20 men per year developed *delirium tremens* after being admitted to the Alms House where supplies of alcohol were restricted. One of these unlucky patients was a currier named Edward Laskey who was admitted to the Alms House with dysentery, but soon developed the “horrors” and was transferred to the cells.⁹

In “The Man with the Poker,” T. S. Arthur minimized the first stage of *delirium tremens* while giving particular attention to hallucinations as a way to vividly illustrate the drunkard’s moral degradation. To the contrary, medical articles provided exhaustive descriptions of first-stage *delirium tremens* as medical dissertation writers and doctors sought to convince their audiences of their diagnostic skills. According to Willis M. Lea’s medical dissertation,

the disease generally commences with a sense of chilliness, langour, loathing of food, headache, vertigo, short interrupted slumbers, bloating and suffused face, injected eyes, . . . tongue for the most part foul, generally covered with a whitish fur and clammy, at other times more heavily loaded & dry or of a fiery redness & moist . . . , the pulse full, frequent, tho nearly always very compressible.¹⁰

The first stage of *delirium tremens* also disordered the body's regulatory mechanisms with patients experiencing uncontrolled trembling over their whole bodies and severe difficulty standing and walking as a result of vertigo. Yet, the most distinctive symptom of the first stage was pronounced anxiety and fearfulness characterized by a "countenance commonly expressive of great fear and anxiety or wild and staring though sometimes fixed and sullen." Patients apprehended danger in their environment, but could not perceive that threat as having any particular body or substance. *Delirium tremens* patients responded to their sense of danger by preparing themselves to lash out in self-defense or retaliation. Thus, Isaac Snowden claimed that "an attack [of *delirium tremens*] is usually ushered in by a singular change in countenance" in which there was a "furious expression, rolling constantly with a wild glare." Another medical dissertation writer emphasizes that "Their eyes are also much injected, and constantly rolling in all directions as if following or seeking some particular object." As a result, patients in the first stage of *mania a potu* not only experienced their bodies as vulnerable, disordered, pained, and extremely difficult to coordinate, but also apprehended considerable (although unspecified) danger in their environments.¹¹

One of the ambiguities of the first stage of *delirium tremens* was that patients could have what physicians referred to as a "diseased" perception of danger while maintaining a "rational" perception of particular objects in their environment. In his discussion of "reduced states" of mania in *Medical Inquiries and Observations on the Diseases of the Mind*, Benjamin Rush argued that patients could perceive their environments accurately but reason erroneously from those perceptions. *Delirium tremens* patients, however, did not derive their sense of danger from their perceptions. Instead, their sense of danger seemed to be the focal "point" of their perception while the specific objects of their immediate environment formed a "background" that they could speak of in a "normal" or rational way when requested to do so by doctors. This focus on danger was why patients had expressions of such great fear, anxiety, and fury. According to Maurice Merleau-Ponty's *Phenomenology of Perception*, all

perception has a point/background structure where background objects form “horizons” through which point or focal objects are given definition. For Merleau-Ponty, every object in the background forms a “perspective” through which the objects of our focus gain specificity. In this sense, all of the objects in a patient’s environment would have formed a horizon in relation to which the patient focused on an unspecified danger. Although patients perceived background objects accurately, these objects would have had a meaning of danger that became the focus of their attention.¹²

The focus on environmental threats during the first stages of *delirium tremens* bore a complex relation to traditional popular leisure. In many ways, the intense fear of something in the environment was a continuation of the threats to male bodies that were represented in traditional popular culture. The representation of threats to bodies is a dimension of traditional popular culture that is generally passed over by historians. Analysis of traditional leisure generally concentrates on conflicts between popular leisure and elites. Focusing on the opposition between religious authorities and popular drinking practices, David Conroy’s treatment of taverns in colonial Massachusetts gives little attention to the internal dynamics of tavern socializing in general, let alone the particulars of drinking songs, tavern games, or popular poetry. In *Rum Punch and Revolution*, Peter Thompson makes interesting observations on the importance of competition and group activities like singing as elements in the tensions between elite and plebian drinkers, but refrains from examining any of the self-doubts, fears, or ambivalences that artisans and laborers themselves might have experienced in the course of leisure. The same is the case with Sean Wilentz and Susan Davis’ writing on the representation of male bodies in craft processions. Both focus entirely on the cultural and political self-assertion of craftsmen in opposition to elite claims that full citizenship required wealth and education. A similar emphasis on occupational pride and resistance to elites can be found in Simon Newman’s recent analysis of lower-class male clothing and sailor’s tattoos in *Embodied History*.¹³

However, popular songs, poetry, and newspaper accounts contained many accounts of men being drowned at sea, torn apart by animals, executed, tortured, invaded by devils, or analogized to cattle being led to slaughter. According to Toby Ditz, Philadelphia merchants employed images of bodily vulnerability with special emphasis on being “unmanned” when they were faced with business or personal failure. For artisans and laborers, there was a more general association between personal difficulties and representations of threats to their bodies. Billy G. Smith’s demographical research established

that journeymen shoemakers and tailors struggled to meet their basic necessities even in the best of times and suffered difficult privation during recession periods like the late 1780s. Slack times, uncollectible wages, the threat of bankruptcy, persistent duns, health problems and other threats to their sense of independence and well-being were represented in terms of assaults on their bodies. For example, inventor John Fitch portrayed the financial problems of his steamboat project in terms of analogies with running a gauntlet, being executed, or being burned alive. Heavily indebted machinist Jacob Perkins represented an inventing contest between himself and a naval commodore in terms of a shipwreck. As Ditz suggests, laboring men also opposed manliness to the feminine "other" and identified any failure to respond to insults, show of tears, or subjection to female scolding as effeminate or unmanly. Like images of torture and death, stigmatized associations with femininity focused on bodily vulnerability. Tailors were ridiculed as "the ninth part of man" because women were viewed as being able to thrash up to eight of the stereotypically thin craftsmen.¹⁴

The compounding of a man's practical worries with fears of his practical environment as a threat to bodily integrity was characterized most often as "care" but also as "woes," "troubles," "low spirits," or "ills." For example, the song "Spanking Jack" represented a man's "troubles" in terms of dying at sea, being eaten by sharks, or having their head blown off in battle. Representing practical problems in terms of apprehensions concerning the body could add significantly to the difficulties of resolving the problems. A song written into a ledger from a West Chester tavern captured this dilemma when it asked: "will care cure the toothache or cancel a debt/ will duns or the gout be assuaged by a fret?" In fact, "care" could pre-occupy men to such an extent that they fell into hypochondria or melancholic retreat. In 1791, obsessive worries connected with Matthew Carey's failing magazine business reached such a pitch that Carey suffered severe hypochondriacal chest pains. Having to cope with a painful sense of care was especially the case when men were troubled by uncertain employment, unpaid debts, poor health, volatile marriages, and other kinds of difficulties that endangered their sense of "manly independence."¹⁵

Participation in leisure allowed men to transform the sense of threat associated with care into identification with republican values. Traditional leisure activities were organized as "processes of recognition" in which participants either mounted exhibitions or competed before co-workers and friends. Because workplace leisure, practical jokes, firefighting, processions, militia training, meetings of voluntary organizations, and tavern drinking,

THE MAN WITH THE POKER ENTERS THE ROOM

debates, and games all highlighted individual performances, traditional leisure had a strongly theatrical dimension just like elite culture did for Ditz and Jay Fliegelman. In this context, participants could experience themselves as overcoming their “cares” when they overcame their rivals and proved themselves to be the most learned man, best craftsman, quickest eater, or most enduring drinker in the company. As men “distinguished” themselves in their performances, they also experienced their sense of themselves as independent and respectable members of the community mirrored in the cheers and huzzas from other members of the company. These kinds of transformations took place in a wide variety of settings over the course of the workday or workweek as men moved between work breaks, daily tavern socializing, street encounters, and the activities of voluntary groups like fire companies. In addition, the rituals associated with weddings, funerals, and holidays like the Fourth of July and Christmas provided extended periods of concentrated leisure. As a result, participants in popular culture could effectively counter the threats associated with care in a manner indicated by the sign to Warwick’s Hotel.¹⁶

Whatever may tend to soothe the soul below
To dry the tear and blunt the shaft of woe,
To drown the ills that discompose the mind—
All those who seek at Warwick’s shall find¹⁷

Alcohol was abundantly available during leisure activities and was an integral part of the effort to counter-act the sense of “care” into identification with the dominant values. Drinking alcohol itself was viewed as a way to overpower “care.” According to one drinking song, “if any care or pain remains, why drown it in the bowl.” Drinking also served to create or renew social bonds as men shared drinks with other men who visited their houses or stores, met them on the street, or encountered them in their houses, stores, or shops. To agree to share a drink with a man was to recognize him as an equal and honorable person. To refuse to share a drink was an insult because it implied a rejection of such recognition. Alcohol also accompanied all the vicissitudes of competition in leisure activities. Men were usually drinking when they made their initial challenges to sing songs, tell stories, engage in political and religious argumentation, or mount feats of craftsmanship, made bets for mugs of beer or bottles of wine, and drank freely while watching other men compete. In her study of eighteenth-century taverns, Sharon Salinger observes that men drank to get drunk and that drunkenness was an important element of almost any kind of

leisure activity. In fact, alcohol was an omnipresent sign of good cheer, personal fellowship, and community solidarity, and a round of drinks smoothed almost all transitions within a leisure activity. Heavy drinking was such an integral part of the festivities involved in holiday celebrations, militia training, firefighting, and other activities that critics of popular culture considered extended drunkenness to be the main purpose of much popular ritual.¹⁸

The onset of *delirium tremens* was an indication that the capacity to overcome cares was being overpowered. James Washington made the connection between *delirium tremens* and “corroding care” in his medical dissertation.

Has the individual been driven to intemperance, in order to free the mind of corroding care and anxiety, arising out of misfortune, either in business or in family matters, the mental disturbance will then, almost certainly be protracted to a much longer time than would otherwise have been the case; and the corporeal powers must suffer correspondently.¹⁹

Care and anxiety resulted in *delirium tremens* because of two closely related failures in masculinity. The first of these was the failure to transform the “corroding care and anxiety” back into a sense of independent masculinity. Business and family setbacks could be so severe that men could not effectively counter-act their cares through the normal round of workplace leisure, tavern socializing, and holiday celebrations. In such cases, men might socialize in taverns, revel in the symbolism of “independence” and “liberty,” and oppose “despotism,” but they would not be able to overcome the feelings of bodily vulnerability that were associated with their practical problems. As a result, men would also have a powerful sense of being unmanned, molested, or dependent, and might compare their situations to being burned alive or having their bodies taken over. Men were “driven to intemperance” when they responded to failures in ordinary leisure by increasing their alcohol consumption to suppress their sense of care.

However, heavy drinking created difficult problems in relation to “corroding care.” Although heavy drinking could temporarily “free the mind of corroding care and anxiety,” it also tended to magnify practical problems with employment and families which further increased a man’s cares and the consequent fears concerning attacks on their bodies. Thus, heavy alcohol consumption to free a man from anxieties concerning the environment could have the effect of heightening those fears and making even heavier alcohol consumption necessary.

The first symptoms of *delirium tremens* resulted when drinking also failed as a strategy for coping with a heightened sense of care. Men who were caught in this mutually reinforcing spiral of heavy alcohol consumption, heightened practical problems, and fearful sense of care and anxiety were in a situation of either maintaining heroic levels of drinking or falling into the first symptoms of *delirium tremens*. According to an Alms House doctor, Robert Peacock had been drunk for a month before landing in the Philadelphia Alms House with *delirium tremens* in 1829. Despite Peacock's heroic levels of drinking, *delirium tremens* set in as soon as the effects of alcohol had diminished. The difficulty and humiliation of this either-or situation is illustrated by an anonymous letter to the *Temperance Monitor* in 1836.

At the present time I am in the practice of drinking three half pints a day, fearful, if I did not take my "quantum sufficit," that it would be my lot to have an attack of the mania a potu or of delirium tremens; and from the fear of which I keep my supply of the *poison*—and frequently from dire necessity and bad feeling, both mental and bodily—oh, horrid!!! I am compelled to commence my cups at 2, 3, or 4 in the morning, and so continue until perhaps 9 or 10 o'clock, before I am able to attend to anything like business. Such is my poor, miserable and horrid condition, at the present time.²⁰

Here, the weight of the anonymous man's sense of bodily vulnerability was so heavy that he drank solely to suppress it. Far from reconstituting a sense of independent manhood and overcoming his apprehensions of attacks, this man's anxieties had increased to such an extent that he drank heavily to stabilize his feelings of "dire necessity and bad feeling." Indeed, he may have employed his three half-pints of alcohol to self-medicate the trembling and fearfulness that initiated bouts of *delirium tremens*. While extremely heavy drinking did not allow the anonymous man to represent himself in terms of independent manhood, it prevented him from being completely unstrung by fear and trembling. Simultaneously, heavy drinking involved the man in the further degradation of extreme dependence on alcohol that he described as his "poor, miserable, and horrid condition." Drinking so much would have made the man a "drunkard," subjected him to humiliations from local boys, and made him susceptible to vomiting, stomach distress, and painful home and work accidents. If the man had a family, he would have been as dependent on his wife and children to procure alcohol, feed him, get coffee and clean up after him as any invalid.

Moreover, deviations from his drinking routine would have been punished by tremors, paralyzing fears, and other symptoms that reminded him of his susceptibility to *delirium tremens*. Instead of identifying himself with republican values like independence, this man portrayed himself as a helpless and degraded slave to alcohol. One of the ways that the temperance literature sought to motivate these kinds of cases was to urge drunkards to “be a man” again.²¹

Most medical writers argued that the initial treatment of *delirium tremens* should be focused on preparing the patient’s stomach for renewed alcohol consumption. The usual course of treatment was to prescribe emetics to clear out the gastro-intestinal tract, then soothing treatments. Once the patient’s stomach was prepared, most doctors recommended that patients be given either opium or alcohol to restore the system to its state prior to that episode of *delirium tremens*. One former *delirium tremens* patient reported that he was given a drink every fifteen minutes. If these treatments did not work, *delirium tremens* advanced and patients began to hallucinate particular threats to their lives and bodies. Those who suffered from *delirium tremens* often believed that they were surrounded by enemies who intended to shoot them, or that snakes, vermin, and devils were crawling on their skin. Patients also saw “the motions of some hideous monster that seems approaching to devour him” and imagined that the walls in their room were falling down on them or that the room was turning upside down. In other cases, men believed themselves to have been arrested for crimes such as murder, and devoted a great deal of energy to pleading their cases and begging their doctors to intercede on their behalf. Patients had hallucinations that were not life threatening as well. For example, those who had suffered business reverses or other kinds of personal calamities continually recurred to their difficulties, often engaging in various kinds of hallucinatory business. According to an English physician quoted by Charles Randall, “[t]hey are . . . earnestly engaged in some business immediately before them such as calculations, buildings, counting, picking up money [or] settling accounts” Richard Henry Thomas made the same point in a pithy way when he pointed out that “[s]ometimes he will be engaged in calculations[,] at others in collecting money from the bed clothes.”²²

Although physicians viewed hallucinations as an indication of increasing danger, there are reasons to see the hallucinations as offering advantages over the first stage of the disorder. When *mania a potu* patients hallucinated the walls falling down, attacks from murderers, or devils on their skins, they were conjuring up a definite body to serve as a “cause” for the intense fears they felt. In seeing a murderer or devil attacking them, patients were bringing

their perceptions of their environments in line with their high levels of fear and providing themselves with something specific to be anxious about. In this sense, the hallucinations involved in the second stage of *mania a potu* were a way to make sense of, or rationalize, the dangers they felt in their environments. They were also making it possible to defend against attack. Where the first symptoms of *mania a potu* involved an intense but unseen threat, the specific character of the hallucinations made it possible for *delirium tremens* patients to act to avoid or repulse danger. Medical writings emphasized that victims of *delirium tremens* either defended themselves or fled when confronted with murderers, monsters, snakes, and devils. They would either fight or flee by running away or hiding under the bed and tables. Patients pushed with “all their might against the walls” when they saw the walls of their rooms falling and staggered and fell when they believed the room to be turning upside down. In other cases, patients hid in corners or under their beds to avoid attacks. In one case, a man died when he jumped from a third-story window in his effort to flee hallucinatory danger.²³

Considered in this manner, the hallucinations of *delirium tremens* patients are analogous to phantom-limb syndrome. Merleau-Ponty argues that amputees can repress their awareness of the amputation of an arm or leg and perceive their limb as whole again. Because their consciousness of the amputation is intolerable, individuals replace their perception of the amputated limb with their previous sense of their arm or leg as part of their perceptual danger horizon.²⁴ In the same way, the sense of their environment as a place of intense characteristic of the first stage of *delirium tremens* appears to be intolerable to *delirium tremens* patients. So, *delirium tremens* patients repress that awareness and replace it with a perception of hallucinatory danger that is specific and limited enough that they can respond coherently. *Delirium tremens* hallucinations also indicate another dimension of cultural failure. For those artisans, laborers, and factory workers who developed hallucinations, the apprehensions associated with their cares had become so intense that they at least temporarily could not be suppressed through cultural mechanisms. As a result, the men developed hallucinations as a last-ditch attempt to cope with the apprehensions associated with care.²⁵

If the preferred treatment for *delirium tremens* was to remove any barriers to resumed alcohol consumption, the immediate goal of treatment was to induce what Charles Randolph referred to as a “critical sleep.” If patients could be induced to sleep, they recovered in the overwhelming majority of cases and often were restored completely as soon as they woke up. Where doctors could

not get patients to sleep soundly, they would exhaust themselves with paroxysms of watchfulness, hallucination, and efforts at self-defense. "The system is exhausted by excessive exertion, the eye will retain its restlessness and watchfulness, breathing supervene, and the patient expires in a state of apoplexy, or else lingers for several days, and finally dies of effusion on the brain." In other cases, patients would die from convulsions.²⁶

Delirium Tremens in Popular Culture

If the progress of a single *delirium tremens* case involved a small-scale failure of traditional masculine culture, then how did *delirium tremens* relate to the more general patterns of popular culture in Philadelphia? To determine the relation between *delirium tremens* and popular culture in Philadelphia, it first is necessary to determine the scope of *delirium tremens* in the city. How many cases of *delirium tremens* were there? To what extent did the number of cases increase or decrease over time? What conditions led to increases or decreases in *delirium tremens* and to what extent can increases or decreases in *delirium tremens* cases be connected to developments in popular culture such as changes in traditional popular culture? The period between 1825 and 1850 was a time of significant cultural turmoil with the development of new drinking practices, the beginning of burlesque militia parades, the evolution of rioting fire companies, and the advent of powerful temperance movements and religious revivals. To what extent was the frequency of *delirium tremens* cases connected to these developments?

There are no city-wide statistics on *delirium tremens* cases. Likewise, there are almost no preserved accounts of the majority of cases that were self-medicated, handled by relatives, or treated by private physicians. However, there are materials that make it possible to investigate the relation between *delirium tremens* and popular culture on a larger scale. Concerning the important question of the scope of *delirium tremens*, there are enough sources to estimate the total number of deaths from *delirium tremens* in Philadelphia and the death rate from *delirium tremens* cases. With information on the total number of deaths and the death rate, it is possible to derive an estimate of the total number of cases. For example, if ten men died from *delirium tremens* and the death rate in the population was 5 percent, then there would be twenty *delirium tremens* cases for every *delirium tremens* death, or 200 cases altogether. If the number of deaths stayed steady and the death rate fell, the estimate would increase because there

would be more cases per death. Thus, if the death cases rate from *delirium tremens* fell to 2 percent, there would be fifty *delirium tremens* for every death or 500 cases for ten deaths. Conversely, an increase in the death rate from *delirium tremens* would decrease the number of cases for each death and thereby decrease the estimate of total cases. If there were ten *delirium tremens* deaths at a 10 percent death rate, then the estimated number of cases would be only 100.

Estimates of the number of *delirium tremens* deaths and the death rate from *delirium tremens* can be derived from the Register of Deaths and the Men's Register of the Alms House. The primary basis for determining the number of *delirium tremens* cases for Philadelphia as a whole is the Register of Deaths for 1825-1860. Drawn from cemetery returns, the Register of Deaths included information on the cause of death for every person listed. However, the Register of Deaths is very incomplete. Of the 289 men who died from *delirium tremens* at the Alms House from 1828-1829, 234 were not recorded in the Register of Deaths (81.3 percent). It might be argued that such a high percentage of Alms House deaths were not recorded because the men were so poor. However, there were several other institutions that housed poor men, including Pennsylvania Hospital, Moyamensing Prison, and Moyamensing Alms House and it is likely that *delirium tremens* deaths at those institutions were also severely under-recorded. There is also the possibility that the cemeteries failed to list all of their *delirium tremens* deaths as well. The large gap in the Register of Death records can be corrected somewhat by adding in the *delirium tremens* deaths from the Alms House that were not originally noted. Nevertheless, the estimate of the total number of deaths in Table 1 is best considered as a very conservative estimate of *delirium tremens* mortality in Philadelphia.²⁷

Table 1, Delirium Tremens Deaths in Philadelphia, 1829-1849²⁸

Year	Deaths	Year	Deaths	Year	Deaths
1829	83	1838	64	1845	50
1832	135	1839	48	1846	38
1833	60	1840	51	1847	82
1834	72	1841	53	1848	52
1835	65	1842	30	1849	69
1836	100	1843	44		
1837	78	1844	58		

There is no direct data on the death rate from *delirium tremens* for the city of Philadelphia. However, it is possible to estimate the death rate for Philadelphia if the death rate from *delirium tremens* at the Alms House could be assumed to be the same as the death rate in the city. At the same time, defining a case of *delirium tremens* in the Men's Register in a way that

correlates with medical statistics for the Alms House is a major difficulty. The Men's Register contains data on every man admitted to the Alms House beginning in 1828, usually including the date of admission, diagnosis, ward assignment, the release date, and the date of death if applicable. Nevertheless, the number of cases listed as *delirium tremens* or a synonym (*mania a potu*, the horrors, insanity from drink, etc.) fell far short of the statistics collected by Philadelphia doctors. For example, the anonymous doctor who headed the insane department of the Alms House Hospital in 1828 and 1829 claimed that there were seventy-five cases of *delirium tremens* during the three months between June 10, 1829, and Sept. 10, 1829. However, there were only seven cases listed in the Men's Register under *delirium tremens* or a synonym for those three months and only nine cases in the Women's Register for the whole year. Likewise, the fifty-seven deaths listed in the Men's and Women's Registers as *delirium tremens* between 1832 and 1843 also fell far short of the 313 deaths found by Dr. John Prosser Tabb using death certificates. Indeed, the shortfall is so great that the Men's Register could not be considered useful for determining death rates from *delirium tremens* at the Alms House Hospital unless it can be corrected.²⁹

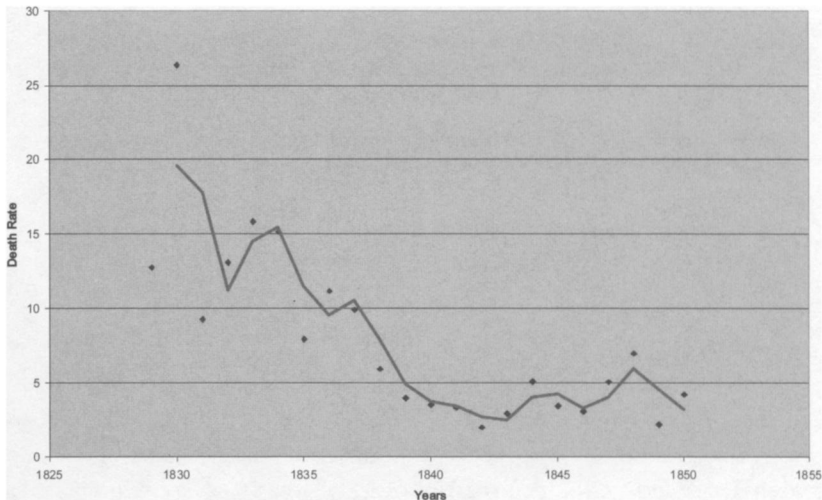
The understating of the number of *delirium tremens* cases can be corrected partially by assuming that other listings in the Men's Register were *delirium tremens*. Here, categories of *delirium tremens* cases are divided into Type I or "strong likelihood" of being *delirium tremens*, and Type II or "good likelihood" of being *delirium tremens*. Those listed as Type I cases include *delirium tremens* or a synonym, intoxication cases, assigned to the cells or Lunatic Asylum (beginning in 1836), and transfers from the medical ward to the Lunatic Asylum. Many *delirium tremens* patients were also listed as being intoxicated and assigned to the cells or (after 1835) the Lunatic Asylum and the assignment of an intoxicated patient to the Lunatic Asylum is a strong indication that they were suffering from *delirium tremens*. As already stated, many patients developed *delirium tremens* after being admitted to the Alms House because of the difficulty of procuring large amounts of alcohol as an Alms House inmate. Patients listed as Type II *delirium tremens* cases included those listed as "intoxicated" and extremely short-term insanity patients. Dr. John Prosser Tabb listed patients admitted for intoxication as having *delirium tremens* in his study of deaths at the Philadelphia Alms House while patients who were "just" drunk were listed as intemperate. Given Tabb's determination that "intoxication" cases were *delirium tremens*, there was at least a good chance that such was the case. Short-term insanity cases of less than one week

THE MAN WITH THE POKER ENTERS THE ROOM

also were listed as having a “good” likelihood of being *delirium tremens*. *Delirium tremens* was easily mistaken for mania and there were several cases like printer John P. Kelley who were listed as suffering from *delirium tremens* on one visit to the Alms House and as “insane” on others. Likewise, insanity cases were almost always listed under the generic heading of “insanity” rather than a specific diagnosis like mania which meant that *delirium tremens* cases could readily be listed under the insanity label. Even with these corrections, the total of 181 *delirium tremens* deaths from Type I and Type II cases in the Men’s and Women’s Registers still fell short of Tabb’s 313 deaths for 1832–1843, but 75 percent of that shortfall comes in two years, 1832 and 1834.³⁰

Using the corrected data on *delirium tremens* cases and deaths from the Alms House hospital, Chart 1 indicates that the death rate from *delirium tremens* went down rapidly between 1829 and 1841 before rebounding somewhat between 1842 and 1849. This data correlates well with the statistics found in the medical articles on *delirium tremens* at the Philadelphia Alms House. The death rate of 12.6 percent found by including the Type I and Type II cases for 1829 is almost identical to the 12.8 percent death rate from the three month sample taken by the anonymous doctor in 1829. Likewise, the 9.93 percent death rate determined in relation to the Type I and Type II cases correlates very well with Tabb’s claim that the death rate was 10 percent in 1837. Finally, where Tabb indicates that the death rate from *delirium tremens* dropped quickly from 10 percent after 1837, this method indicates

Chart 1, Death Rate From Delirium Tremens at Alms House

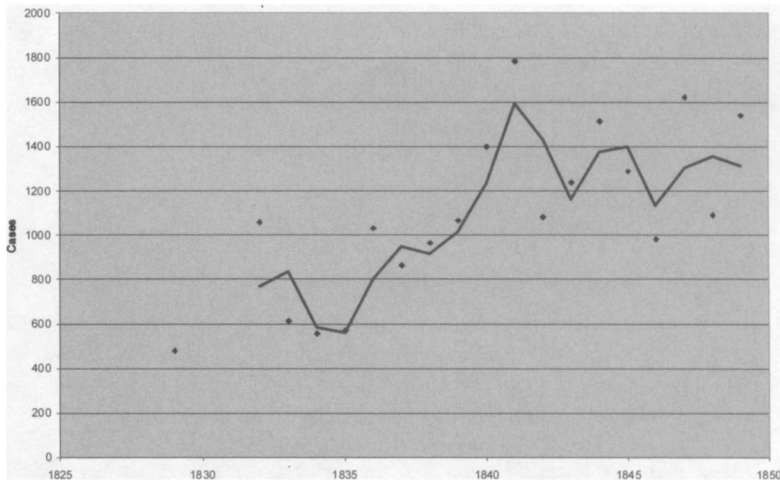


that the death rate dropped from 9.93 percent in 1837 to 2 percent in 1842, almost an 80 percent decline.³¹

The death rate from *delirium tremens* at the Alms House was probably higher than the death rate in the city as a whole. One doctor emphasized that the Alms House often received cases only after they were far advanced. In other words, when the efforts of families, friends, and private physicians failed, a man suffering from *delirium tremens* might be taken to the Alms House. In this way, assuming that the death rate at the Alms House was the same as the death rate in the city as a whole would introduce another conservative bias into calculating the total number of cases. With a higher death rate, there would be fewer cases per death and thus fewer deaths for any given number of cases.³²

Given the conservative biases in the rate of death from *delirium tremens* data from the Alms House and the data on deaths from the Register of Deaths, there is a strong likelihood that the estimate of the total number of *delirium tremens* cases in Chart 2 is on the low side. However, the estimate is a very useful tool for identifying the underlying trends in *delirium tremens* cases.³³

Chart 2, Delirium Tremens Cases in Philadelphia, 1829-1849



According to this estimate, the number of *delirium tremens* cases rose sharply during the 1830s and early 1840s, almost tripling from 480 in 1829 to an average of 1784 from 1839-43. This 371 percent increase is well over ten times the 26.8 percent population increase for Philadelphia County between 1830 and 1840. The total number of cases shows a strong increase

even though the number of *delirium tremens* deaths shown in Table 1 declines from an average of 75.8 from 1834–1838 to 45.2 from 1839–43. This is because the rapidly falling death rate (from 9.93 percent in 1837 to below 2 percent in 1843) means that there were more *delirium tremens* cases per death. The small peak in 1832 involves a further correction in the data. John Prosser Tabb reported that there were 75 deaths from *delirium tremens* at the Alms House Hospital in 1832, significantly higher than the number of deaths for any other year between 1832 and 1843. However, the Register of Death has only scattered listings for 1832. Consequently, the average number of 64 male deaths from *delirium tremens* per year for the rest of the 1830s in the Register of Deaths was assumed for 1832 as well with a resulting estimate of 1059 total cases for 1832. The larger peak in the number of cases in 1841 occurred during the depths of the 1837–1843 depression, with the estimated number of male *delirium tremens* cases more than doubling from 864 in 1837 to 1784 in 1841. *Delirium tremens* had been recognized as a social problem as early as 1825 when lawyer William Davidson wrote in his diary that he would like to see the Athenaeum opened on Sundays to help young men avoid *mania a potu*. Sixteen years later, the problem was considerably worse.³⁴

The rise in *delirium tremens* cases during the 1830s was closely linked to early industrialization. The first stages of industrialization in Philadelphia involved a mixture of large-scale factories producing coarse goods, small to medium-sized shops producing specialty goods, and the traditional trades. Almost all sectors of the productive economy were subject to intense local and regional competition. Within this context, the level of anxiety and uncertainty rose for both those who set up in business as master craftsmen, contractors, and sub-contractors, and their employees. Employers struggled to raise enough capital to keep up with changing technologies, sell houses, fire engines, locomotives, and other items built on “spec,” and purvey their more traditional goods for high enough prices to pay off their debts. As Rilling argues in her book on housebuilders, there were opportunities for journeymen to become employers if they had relatives or friends with capital. At the same time, entrepreneurial artisans in Philadelphia faced many of the same difficulties that Edward Balleisen finds among artisan businessmen in New York—undercapitalization, over-extended credit, brutal price competition, lack of accounting knowledge, and the difficulties of collecting debts. Although early industrialization created new opportunities for artisan entrepreneurs, it also created a much more complex, difficult, and demanding economic environment than the small, traditional shops of the post-revolutionary period.³⁵

Master artisans and employers often responded to the difficulties of their own positions by pressing journeymen and factory workers for higher output at lower wages. Even during the prosperous years of the late 1820s and early 1830s, carpenters, shoemakers, saddlemakers, and printers sought to employ more apprentices, reduce wages for journeymen, force workers to work for longer hours, and exercise more control over the workplace. The situation of journeymen saddlers in 1835 and 1836 exemplifies many of these difficulties. Spokesmen for the saddlers union reported that former members of the union were then among the employing saddlers. However, the employers sought to match the prices of saddlers in other cities by forcing journeymen's wages down from \$4.50 per week and flooding their workshops with apprentices. As a result, journeymen saddlers were forced to accept significantly less than the "living wage" of \$7.00 per week if they could find work at all. The same downward pressure on wages could be seen in shoemaking, ropemaking, harnessmaking, tailoring, and glassmaking. Handloom weavers made only about \$2.50 per week, the same as street sweepers. The deteriorating work and living condition of artisans in Philadelphia had a significant impact on their health. According to demographers like Herbert Klein and Costa and Steckel, crowding into factory and artisan workshops (and spending more hours per day in these environments) exposed men to infectious diseases like tuberculosis and cholera while declining "living standards and nutritional intake" led to a decrease in both the life-spans and height of artisans and laborers beginning in the 1830s.³⁶

The intensifying difficulties of artisans led to an intensified sense of "care" because it created a stream of awkward conundrums and humiliating experiences. Declining incomes and uncertain payment meant that artisans and workers struggled to pay rent, buy firewood, and purchase clothing and food. They found themselves borrowing money from friends and relatives to get through the winter and had severe difficulty making up for income lost during periods of unemployment. Given the trends toward declining health, artisans and factory workers also would have lost more workdays as a result of sickness and would have been obligated to pay higher levels of medical expenses for themselves and their families. Because of their frequent inability to pay routine debts on time, working people would have been mortified by threats and insults from landlords, grocers, tailors, and other creditors. When their debts proved intractable, they faced evictions, lawsuits, and imprisonment for debt as well. The depression from 1837–1843 intensified all of these difficulties. Faced with long stretches of unemployment, many journeyman

artisans earned income through casual labor and tramping and reduced expenses by sharing homes with relatives and other families. Thus, at the same time that artisans and laborers still valued independence, they were often, perhaps continually, reminded in a painful way of their dependence on the good will and forbearance of their employers, families, and creditors.³⁷

Because of the heightened and ingrained sense of care and anxiety brought about by early industrialization, artisans and laborers increased their level of alcohol consumption. In *The Alcoholic Republic*, W. J. Rorabaugh argued that drinking levels among urban craftsmen increased during the 1820s and 1830s because of the frustrations journeymen felt over their inability to save the capital required to be masters. In this sense, having no hope of advancement made long work hours, low standards of living, and uncertain employment even more frustrating than it otherwise would have been. As a result, journeymen created new occasions for consuming alcohol during the workday and accelerated their drinking in local taverns at night. This view was confirmed by a supporter of the General Trades Union who wrote to *The Pennsylvanian* in 1836 that Philadelphia journeymen would “crowd around the bar or the gaming table” after work and by “drinking to excess . . . thus drive away the horrors of mind occasioned by excessive toil.” At the same time, “sprees” in which participants drank very heavily for long periods of time became common. For example, Robert Peacock, a carpenter, drank constantly for a month before landing in the Alms House with *delirium tremens* in May 1829. Holidays like Christmas and the Fourth of July traditionally had been celebrated for up to two weeks at a time. However, where traditional beginning and end points limited such holidays, long-term “sprees” could start at any time and last as long as a man’s funds and endurance held out.³⁸

The increasing anxieties of artisans and other laboring men led to shifts in other leisure activities as well. Where the popular songs and poetry of the post-revolutionary era featured images of men overcoming threats of execution, dismemberment, and torment, the popular culture of the 1820s and 1830s represented bodies as permanently distorted and out of control. In the burlesque parade tradition that began with the Colonel Pluck militia parade of 1825, young men carried exaggerated military equipment, dressed up as women, put on blackface, or wore random patchwork costumes for Muster Day and Independence Day parades. Susan Davis argues in *Parades and Power* that burlesque paraders dressed in outlandish costumes as a way to mock the social pretensions, incompetence, and corruption of the militia system. After the mocking election of a partially disabled hostler named John

Pluck as a colonel by a Northern Liberties regiment of the public militia, there were several newspaper comments about how Pluck's honesty made him superior to most militia officers. Thus, men from the working-class suburbs of the Northern Liberties were affirming long-standing values of personal independence, commitment to the public good, and equality when they satirized the militia system. At the same time however, Davis notes that the burlesque militiamen carried cornstalks and brooms to parody their inability to afford real weapons or avoid the humiliation of involuntary service in the militia. Davis emphasizes this point by quoting a condemnation of militia musters in the *Mechanics Free Press* as forcing men "to submit to the degradation of turning other men (officers) into peacocks." In this sense, burlesque militiamen were not only criticizing militia officers for failing to live up to republican ideals, but representing their own failure to live up to those same ideals by dressing up in bonnets and dresses, wearing blackface, and carrying highly distorted versions of manly instruments like guns and swords.³⁹

At the same time, burlesque militiamen were also participating in a traditional cultural activity by seeking to distinguish themselves within the context of the militia company. Dressing for the burlesque parades was an individual performance and Davis quotes an account of an 1832 parade as emphasizing that "no two dresses bore the least resemblance to each other." Militiamen designed and procured their costumes themselves and doubtlessly vied with each other to look the most absurd. Thus, the burlesque parades were a complex representation. The militiamen emphasized their loyalty to traditional republican values and satirized the merchant-professional class, politicians, and militia officers for not living up to those values. They also satirized themselves for failing to attain republican values and simultaneously transformed their sense of degradation into a performance that could be displayed before the community. As a result, burlesque parading represented a shift in traditional popular culture. The burlesque paraders represented themselves as individuals, as members of the "Fighting Eighty-Fourth," and as part of the working classes by displaying their degradation rather than identifying with the republican values they understood as the norm. Because the sense of distinctiveness generated through burlesque parading only applied to the leisure sphere, it was much narrower than the traditional sense of independence (which also applied to a man's status in the trade, his family, and so on). In this way, burlesque parading provided men a way to turn at least some of their sense of degradation into an experience of integral individuality.

Militia burlesques continued until at least 1842 and inspired the formation of burlesque parading clubs, like the Crows and the Independents, that were especially active in the late 1830s. During the depression year of 1838, the comic actor and theater owner William Burton published a book of comic songs that portrayed male bodies as either transformed into foreign or degraded substances or connected to them. In "The Cork Leg," a man's broken leg was replaced with a cork leg that kept going on its own accord until the man died. Even then, the leg that had taken over his body and resulted in his death did not stop and "he never was buried though dead he be." In "The Steam Arm," an old soldier could not stop an artificial limb. Other songs portrayed lower and middle-class men as having no control over their circumstances. They could neither make money nor control how it was spent, saw their businesses fail and debts mount, and continually had unfortunate accidents that left them nursing a variety of injuries, their houses burned down, and their wives abandoning them. The husbands and fathers of the depression years drank even more heavily than the artisans and laborers of the post-revolutionary era as they tried to "kill care." However, instead of transforming the bodily threats connected with care into identification with republican values, men found that the weight of their misfortunes was transforming their bodies into substances that were just as dangerous and uncontrollable as their external circumstances.⁴⁰

As a result, the same shift away from associating representations of individuality with republican values that characterized the burlesque militia paraders can also be seen in popular songs. Where previous generations sought to identify themselves as independent men, skilled craftsmen, and contributing to the welfare community, ante-bellum songs often represented men as individuating themselves through entertaining representations of their sense of dependency, degradation, and futility. This sense of helplessness can be seen in a song entitled "The Paupers:"

Oh don't you remember the Paupers, Tom Brown?
 The Paupers who ain't got no dough,
 Who grin with delight whenever they meet,
 For "treat" is the word, they well know;
 At the corner tavern you know Tom Brown,
 The Paupers delight all to loafe,
 They'll drink with a friend or play fore a drink,
 Or take a good nap by the stove

Oh don't you remember our "King," Tom Brown?
 Our "King" whose true subjects we are,
 For often we've taken our toddies with him,
 As we stood in a row at the bar;
 Our King's run short of funds, Tom Brown,
 To treat us now, he can't afford,
 So we are compelled to live on the town,
 For nobody pays for our board.

Oh don't you think it a shame, Tom Brown?
 To get any work there's no show,
 If times won't get better, I fear,
 We'll all have to go, "down below,"
 A better time's coming, they say, Tom Brown,
 If it is so, I hope it is near,
 For the Paupers complain, that times are so hard,
 They can't get their pretzel or beer

Twelve hours, twenty, have passed Tom Brown,
 I am not mistaken, I think,
 At least I am sure, 'tis a very long while,
 Since last I have taken a drink;
 So here's to the Pauper's good health, Tom Brown
 Come drink to our health while I sing,
 But while we are drinking our own good health,
 Don't let us forget our good King.⁴¹

The "Paupers" were loafers who depended on the "King" (and others) to treat them at the tavern. Even when the Paupers were working, it appeared that they either would not or could not buy their own drinks. The main dynamic of the song was that "hard times" had removed the "King" from his position of leadership in the corner tavern. Having perhaps lost a business or a position in one of the better-paying trades, the "King" could no longer afford to buy toddies, beer, or pretzels for men at the bar. Thus, even an independent and prosperous man like the "King" was as vulnerable to the oscillations of the economy as loungers like the Paupers. At the same time, the fall of the "King" made the position of the "Paupers" even worse. Unable to depend on the treating of the "King" for their supplies of alcohol and tavern snacks, the unemployed

THE MAN WITH THE POKER ENTERS THE ROOM

"Paupers," could not drink as much as they had. As the narrator himself prepared to down a glass, he mentioned that it had been at least twelve hours, maybe twenty, since he had "taken a drink." Where popular songs of the post-revolutionary era posed men as demonstrating their independence and good-heartedness in the face of dangerous forces, "The Paupers" represents dependence and degradation as the norm and independent men like the "King" as being dragged down to the lowest level of the social order. Independence, honor, and respectability were still portrayed as the dominant values, but "the Paupers" referred to these values primarily to demonstrate their unattainability. From the point of view of the song, men like "the paupers" and the King could not sustain their identification with republican values and it was inappropriate to expect them to do so. As a result, these men were represented as content to identify themselves with the negatives of dependence and helplessness.

Drinkers could also make degradation into a performance. In "Toper, drink, and help the House," the virtue of a drinker named Sol is identified with the enormity of his drinking.

Toper, drink and help the house—
 Drink to every honest fellow,
Life was never worth a louse
 To the man who ne'er was mellow
How it sparkles! Here it goes!
 Ale can make a blockhead shine;
Toper, torch-like make thy nose
 Light thy face up just like mine!

See old Sol, I like his notion,
 With his whiskers all so red;
Sipping, drinking from the ocean,
 Boozing till he goes to bed!
Yet poor beverage to regale!
 Simple stuff to help his race—
Could he turn the sea to ale,
 How 'twould make him mend his pace!⁴²

With a heavy dose of irony, "Toper, drink, and help the House" represents "old Sol" (and to a lesser extent the narrator) as a model for every heavy drinker or toper. "Sipping, drinking from the ocean/ Boozing till he goes to

bed," "old Sol" is an exemplary drinker, a man whose *persona* is etched in his ability to drink alcohol as if he were drinking from the sea, the kind of man who makes a tavern profitable. The song makes reference to the dominant values through its irony even as it treats its role models as entertaining displays of degradation. From the point of view of the narrator (and the dominant values), his "toper" addressee is already degraded. Assuming that the "toper" cannot go back to virtue and respectability, the narrator wants him to go further on the path of drunkenness and make a degraded spectacle of himself in the manner of the narrator and "old Sol."

However, increasingly heavy alcohol consumption could also intensify the horrors of mind. By making growing numbers of men less capable of regular work, the trend toward even heavier drinking led the toppers of the 1830s and early 1840s into new rounds of difficulties with spouses, employers, landlords, and creditors, and resulted in further heightening the sense of apprehensions concerning the body that were associated with care. Bruce Laurie, referring to an 1838 article in *The Fountain*, argued that Philadelphia employers "expected journeymen to lose time because of excessive drinking and holidays—official and unofficial—and endured them as long as they showed up "tolerably regularly" and avoided getting "absolutely drunk" as a matter of habit." In this sense, higher levels of drinking by journeymen had become expected by the late 1830s. Of course, the large numbers of men who took long stretches of time off from work for sprees or spent large parts of each work day in taverns were not making the full wages of a regular worker at their trades. If they had families, such men would have struggled even more to pay rent, buy food, maintain supplies of firewood during the winter, pay for medical care, and deal with aggrieved spouses, and would have felt themselves even more burdened by their "cares" than other artisans. Such men would have been even more vulnerable to the "calamities" of being unemployable in their trade, major accidents, debilitating illnesses, deaths in their families, and the like.⁴³

When those who drank heavily responded to their heightened sense of practical problems and bodily vulnerabilities by drinking even more, they could find themselves slipping into a vicious spiral in which they continually increased their drinking because heavy drinking kept resulting in problems which reinforced their sense of "care." For example, when Joseph Parham struggled with drunkenness, he abandoned his family three times and broke his arms or legs five times while handling kegs and barrels as a tavern-keeper. Likewise, Ephraim Albertson, listed as a blacksmith when he was first brought to the Alms House for *delirium tremens* in 1837, was categorized as

“destitute” during the depths of the depression in 1842, and finally seen as having no trade in 1848. If such “long-term drunkards” were employed at all, their hold on their positions was tenuous. Far from fulfilling their obligations to families and friends, men caught in such a downward spiral depended on wives and children to help them rise from bed, recover from their latest debauch, prepare for work, and procure necessary supplies of alcohol. If the man who began his “cups” at three or four in the morning was married, he would have depended on his wife and children to make sure that alcohol was available and help him as he struggled to become functional again. Likewise, long-term drunkards depended on friends to pay many of their bills, carry them out of taverns, and seek medical care for them when necessary. In this sense, the presence of long-term drunkards was a shadow hanging over families, friendship networks, and taverns.⁴⁴

Delirium tremens cases primarily came from the pool of long-term drunkards. According to Charles Randolph, “*mania a potu* is most frequently to be met with in persons addicted to habitual drunkenness.” Isaac Snowden also stressed that “this species of insanity (*mania a potu*) is mostly to be met with in habitual confirmed drunkards.” The number of *delirium tremens* cases increased during the 1830s because rapidly changing economic conditions and the changing leisure culture resulted in a growing pool of long-term drunkards. As the first stage of industrialization made it more difficult for artisans to identify themselves with republican values, men sought to establish a distinct individuality by displaying their sense of degradation and raising their level of alcohol consumption in order to drown their intensified cares. However, this cultural strategy proved unsustainable for a growing number of artisans and the pool of long-term drunkards increased as men came to rely more on alcohol consumption to combat their “corroding” sense of care. Indeed, John Pluck himself was brought to the Alms House Hospital for *delirium tremens* in 1835. The depression from 1837–1843 eventually led to a higher level of *delirium tremens* because the higher levels of “care” associated with the depression led to an increase in the number of men who fell into chronic drunkenness in the effort to gain some release from their anxieties.⁴⁵

Marx claimed that “the tradition of the dead generations weighs like a nightmare on the minds of the living.”⁴⁶ However, the problem for Philadelphia artisans during the 1830s was that the traditions of early modern culture did not carry enough weight to help them cope with changing economic conditions. Within the pool of long-term drunkards, *delirium tremens*

developed when drinking itself failed as a strategy for coping with high levels of care. At that point, the only recourse for men experiencing an overpowering sense of being threatened was the hallucination of specific dangers that they could respond to. As growing numbers of men were caught in a mutual enforcing spiral of increasingly heavy drinking and an increasingly burdensome sense of care, the number of men who developed *delirium tremens* increased as well.

The annual statistics on *delirium tremens* cases do not capture the full weight of *mania a potu* in ante-bellum Philadelphia. Most of the men who suffered from *delirium tremens* survived the disorder and returned to their homes, boardinghouses, taverns, and workplaces. From that point, *delirium tremens* patients certainly would have carried memories of their hallucinations, trembling, and fevers forward into their daily lives. It is also likely that their visit from the “man with the poker” was also the subject of conversation, recriminations, laughter, or ridicule. Even though *delirium tremens* patients were helpless from the onset of the disease, their wives and friends generally did not send them to a hospital until the disease was “fully formed.” Because *delirium tremens* cases carried such a heavy burden of personal care (and this was the case even if a doctor was called in), the connections of *delirium tremens* patients likely carried their experiences of the case into their reports to other friends and relatives, social gossip, and tavern encounters.

In this sense, *delirium tremens* was a cumulative phenomenon. Every year, those who previously had suffered from attacks of *delirium tremens* brought their memories of their experiences with the disorder forward. The same was the case with spouses, children, other relatives, and friends who had been involved in the illness. Thus, those who developed cases of *delirium tremens* during that year were adding to the pool of *delirium tremens* experience that was already there. At the same time, there was a group of men who were feeling the presence of *delirium tremens* in their lives as they became aware of their vulnerability to the disorder if their consumption of alcohol was lowered or discontinued. The drunkard who drank three pints of alcohol a day to stave off *delirium tremens* was one such man. For these kinds of men, the “man with the poker” was already in the room and they can be considered to be participants in *delirium tremens* even though they had not developed full-blown cases of the disorder.

As a result of the diffusion of *delirium tremens*, the specter of cultural failure hovered over traditional leisure. Like other stereotypical forms of degradation, *delirium tremens* could be the object of satirical comments, practical jokes, impromptu performances, or other forms of display. However, unlike race, gender, and poverty imagery, *delirium tremens* also

represented the distinct possibility that the culture of early modern performance would fail for those participating. Thus, in T. S. Arthur's "The Man with the Poker," spectators to the attack of *delirium tremens* expressed their sympathy for Bill because they knew what *delirium tremens* had done to other people. Perhaps they felt the man with the poker as a specter on the horizon of their own drinking as well. For these men, "the man with the poker" was already in the room and Bill's suffering was only a reminder of that reality. By the time Arthur published this story as part of his *Six Nights with the Washingtonians* collection in 1841, versions of this kind of scene were being enacted in a wide variety of Philadelphia taverns, hotels, oyster cellars, workshops, and dance halls. Where the failure of early modern culture resulted in an accumulation of *delirium tremens* cases, the growth of *delirium tremens* introduced the specter of cultural failure into the heart of early modern leisure.⁴⁷

After 1841, the incidence of *delirium tremens* first declined sharply then rose back to a level close to the depression peak. The estimated number of cases fell from 1784 in 1841 to 1083 in 1842, nearly a 40 percent decrease, and recovered only to the 1600 level in 1847. The number of *delirium tremens* deaths reported by the Register of Deaths also declined from an average of 58.8 from 1837–1841 to an average of 44 between 1842–1846. Thus, *delirium tremens* was significantly less of a presence in Philadelphia at the end of the 1840s than at the beginning.⁴⁸

Almost the entire reason for the decline in *mania a potu* during the early 1840s was the advent of the Washingtonian temperance movement. The Washingtonian movement began in Philadelphia with the organization of the Jefferson Total Abstinence Society in April, 1841, with large numbers of neighborhood Washingtonian societies being formed in the city, Southwark, the Northern Liberties, Kensington, and Moyamensing, by the end of the year. The presence of the Washingtonian movement also reinvigorated the Temperance Beneficial Associations and church-led temperance activities among both Protestants and Catholics. As a result, the Washingtonian societies are best understood as spearheading a broad wave of temperance activism early in the decade. The Washingtonians were most active in 1841 and 1842 and the sharp drop in the estimated number of *delirium tremens* cases in 1842 was a direct result of Washingtonian influence on the working-class men. The decrease in the number of cases was especially remarkable because Philadelphia was still in the depths of the depression in 1842. Even though widespread economic hardships and deprivations were represented in terms of threats to bodily

integrity or violent investments of the body like the “cork arm,” thousands of men refrained from drowning their heightened cares in alcohol.⁴⁹

A thorough analysis of the Philadelphia Washingtonian movement is beyond the scope of this paper. Nevertheless, two points are germane. First, the “experience speeches” given by former drunkards at Washingtonian meetings represented an adaptation of the “displays of degradation” that had become part of traditional popular culture beginning in the 1820s. Where drinking songs like “The Paupers” or “Toper Drink and Help the House” satirized the helplessness and degradation of drinkers as a way to combat “care,” Washingtonian experience speakers like Lewis Levin and Daniel McGinley articulated their life stories to display their personal degradation as an intolerable disaster and to attribute their degradation to alcohol. Washingtonian speakers also stressed that men were incapable of overcoming drunkenness on their own and needed to pledge themselves publicly to abstain from all forms of alcohol and join a Washingtonian society.⁵⁰

Representations of weakness, incapacity, dependence, and even enslavement had been part of Philadelphia popular culture since the Colonel Pluck burlesque militia parades of 1825. However, where traditional popular culture had treated such qualities as negative even when they were being affectionately acknowledged, the Washingtonians created a ritual process in which a man’s acknowledgement of his degradation and helplessness was a powerfully liberating experience. When men joined the Washingtonian societies, they were crossing over from a logic dominated by the effort to overcome the threats associated with “care” to a cultural logic that embraced the acknowledgement of degradation as the mark of a new-born integrity. In relation to *delirium tremens*, Washingtonianism significantly diminished the pool of long-term drunkards out of which *delirium tremens* cases developed and therefore resulted in a quick and sharp decrease in the number of *delirium tremens* cases. In this sense, the advent of the Washingtonian temperance movement resulted in a decrease in *delirium tremens* cases because it precipitated a cultural transition among thousands of long-term drunkards and prevented other men from becoming long-term drunkards in the first place. For many of those who joined the Washingtonian societies, signing the pledge marked the final failure of traditional popular culture and the beginning of their participation in a different kind of popular culture, one in which displaying rather than overcoming vulnerability was the lynchpin of masculinity.⁵¹

Beginning in 1843, the end of the depression and a significant reduction in temperance activism both by the Washingtonian societies and the temperance

benevolent associations were associated with a small increase in the number of *delirium tremens* cases. There were 1239 cases of *delirium tremens* in 1843, an average of 1290 cases between 1843 and 1848, and a peak of 1624 in 1847. Thus, the basic trends were flat. The average of 1290 cases for 1843–1848 was barely above the 1239 cases for 1843 and only 7.5 percent above the average of 1139 cases for 1837–1842 while the peak of 1640 was still below the early 1840s peak of 1784 despite substantial immigration and overall population growth during the 1840s. The Washingtonian temperance movement of the early 1840's had very little to do with this relative decline of *delirium tremens* in relation to the population of Philadelphia. The Washingtonians continued their decline in 1844 and were almost completely inactive by the beginning of 1846 with only three of the initial seventy societies still advertising meetings. By 1846, the Sons of Temperance became the focus of the temperance activism in Philadelphia, but the Sons of Temperance were a secret society that focused on regalia, passwords, handshakes, and exchanging Bibles rather than promoting temperance. By 1847, there was almost no public temperance activity in Philadelphia.⁵²

The relative decrease in *delirium tremens* among Philadelphia males in the mid and late 1840s seems to have been associated instead with the broad transformation of popular culture sparked in part by the Washingtonians. What the volunteer fire companies, the American Republican Associations, gangs, Sons of Temperance, and blackface minstrel entertainments all shared was a strong emphasis on representing group identity. Where traditional culture was organized around individual performances from the colonial period through "Toper, Drink and Help the House," the dominant cultural activities of the late 1840s were collective performances designed to create representations of groups. Works like David Roediger's *Wages of Whiteness* emphasize the importance of whiteness as an identity in their analysis of blackface minstrelsy and the emerging culture and politics of Irish immigrants. Certainly, whiteness was a strong element in the self-understanding of the nativist movement as well. The leader of the Philadelphia Native-Americans (and previously a Washingtonian speaker), Lewis Levin, physically assaulted a stranger who he heard joking that blacks were "native-borns" as well. At the same time, whiteness was correlated with several other types of group identity among white men. The Sons of Temperance employed their elaborate rituals to define a Protestant temperance identity in opposition primarily to alcohol. For the volunteer fire companies, a combination of rioting and their own extensive ritual of parades, excursion, balls, and lectures

allowed them to define a strong corporate (and neighborhood) identity against enemy companies as the “other.” Because working-class men participated in fire companies, the Sons of Temperance, and political parties while attending minstrel shows, it appears that they built up a complex web of mutually-supporting collective identities through participating in popular culture during the latter part of the 1840s.⁵³

At the same time, the willing exposure of men to bodily harm and degradation became a central part of group ritual and identity. Just as the Washingtonians displayed their degradation as drunkards, volunteer firemen and anti-Irish rioters directly exposed themselves to injury and possible death at the hands of their enemies. In the case of the rioting firemen, standing up to the pistols, brickbats, and nail-studded clubs of rival companies was the way that they manifested the courage that they viewed as characterizing the company as a whole. According to the “Independence Hose Song,” “While our name, Independence, we cherish/ No master we’ll own like a slave/ By the side of our carriage we’ll perish/ Our name, and our honour to save.” At the minstrel shows, degradation was still the focus of the activity even though whites in the audience encountered the representation of racial degradation at a remove as spectators. Arguing that minstrelsy was not simply a manifestation of racial hostility, Roediger claims that white audiences identified with the images of freedom they saw in the pre-industrial motifs of blackface minstrelsy. It is more likely, however, that white audiences exposed themselves to images of their own economic struggles, humiliation, and helplessness in the songs and skits about black slaves and found redemption in being able to treat their own experience as “other” and define themselves as better than their own experiences in identifying themselves as white.⁵⁴

Thus, where early modern popular culture sought to overcome the sense of bodily vulnerability associated with everyday difficulties, the dominant leisure activities of the late 1840s made that sense of bodily vulnerability the starting point for defining a different kind of masculine identity. Before the 1830s and 1840s, the artisan sense of “independence,” “honor,” and “service to the community” was threatened on a regular basis because it was so closely connected to the status of artisans as craftsmen, householders, and fathers. Men fell into the chronic drunkenness that led to *delirium tremens* in the course of attempting to re-establish some sense of individual distinctiveness in the face of the enormous anxieties connected with making a living. In the leisure activities that dominated the later 1840s, artisans and factory workers employed leisure to create collective identities that were

not nearly as contingent on the vicissitudes of prosperity. Being somewhat separated from the immediate impact of economic contingencies, the modes of identification created by organizations like the fire companies, Sons of Temperance, and blackface minstrel shows could serve as an effective buffer against the anxieties connected to the economy and thus make alcohol less necessary as a vehicle for combating anxieties. In this sense, *delirium tremens* gradually declined because new forms of leisure activity were more effective at combating the severe anxieties of early industrialization than early modern popular culture.

Conclusion

Delirium tremens was a phenomenon of cultural failure and transformation among male artisans and workers in ante-bellum Philadelphia. With the dramatic heightening of the sense of care brought about by early industrialization, drinking practices changed from seeking to overcome care to satirizing dependency, helplessness, and degradation. Within this context, men drank increasing amounts of alcohol to suppress their apprehensions concerning their everyday circumstances and higher numbers of men fell into the long-term patterns of drunkenness that most often resulted in bouts of *delirium tremens*. In a way, the hallucinations that characterized *delirium tremens* represented the abandonment of cultural mechanisms to combat the threats associated with care and the adoption of direct action. Thus, *delirium tremens* and the increase of *delirium tremens* cases represented a weakening and failure of traditional early modern popular culture among Philadelphia workers.

The decrease of *delirium tremens* during the 1840s represented a further failure of traditional popular culture. The Washingtonian temperance societies appropriated mechanisms for displaying degradation from the drinking culture of the 1830s and employed them to develop new kinds of cultural practices and languages of masculinity. In the early 1840s, the success of the Washington societies significantly diminished the pool of drunkards out of which *delirium tremens* cases developed and thus resulted in a decrease in the number of *delirium tremens* cases. Later in the decade, the development of new forms of leisure that focused on group ritual and group identity resulted in another decrease in *delirium tremens* relative to the population. Where the rise of *delirium tremens* had been a function of

the failure of early modern popular culture, the relative decline of *delirium tremens* during the late forties was an outcome of the transition from early modern popular culture to a culture better adjusted to industrialization.

NOTES

*Susan Klepp graciously pointed me to the medical literature on *delirium tremens*. Most of the research for this article was funded by Faculty Research Grants and Summer Research Grants from Morehead State University. Michael Zuckerman and Edward Reeves made extremely helpful comments on drafts while Mark Phillips provided valuable assistance with the charts.

- 1 T. S. Arthur, *Six Nights with the Washingtonians*, Philadelphia, 1841, 64.
- 2 Arthur, *Six Nights*, 66–70.
- 3 Arthur, *Six Nights*, 66–70.
- 4 Although *mania a potu* was the dominant term for alcohol-withdrawal deliriums, doctors also used *delirium tremens*, *mania a temulentia*, and *febris temulentia*. See Charles Randolph, "An Essay on Mania a Potu," Rare Book Room, Van Pelt-Dieterich Library, 1825. *Delirium tremens* is the better term for the disorder because *mania a potu* mistakenly associates alcohol-withdrawal deliriums with the psychological disorder of mania. Most of those who suffered from alcohol-withdrawal deliriums did not have underlying psychological disorders and many were "entirely rational" after doctors induced them to sleep. Statistics for the gender ratio of *mania a potu* cases at the Philadelphia Alms House were compiled from the Alms House "Men's Register, 1828–1860" and "Women's Register, 1828–1860," City Archives of Philadelphia. For Nathan Sellers, see Register of Deaths, City Archives of Philadelphia, June 14, 1826 and George Escol Sellers, "Personal Recollections of Nathan Sellers," American Philosophical Society, 21.
- 5 For representation of male bodies in traditional popular culture, see Ric N. Caric, "To Drown the Ills That Discompose the Mind: Care, Leisure, and Identity Among Philadelphia Artisans and Workers, 1785–1840," *Pennsylvania History*, 64, (Fall 1997), 465–89; for "breast-disturbing fears," see "An Anacreotic," a poem about hypochondria, in the *Port-Folio*, Feb. 23, 1806; for "manly, honest, good-natured, and free," see "Spanking Jack and Other Songs" in "Songs, 1805," Library Company of Philadelphia.
6. "The Habitual Bottle," *The Tickler*, Dec. 9, 1807.
7. Bruce Laurie, *Working People of Philadelphia* (Philadelphia: Temple University Press, 1980), 14–27; Edward Balleisen, *Navigating Failure: Bankruptcy and Commercial Society in Antebellum America* (Chapel Hill: University of North Carolina Press, 2001), 26–41.
8. The medical dissertations on *delirium tremens* are housed at the Rare Book Room of the Van Pelt-Dieterich Library; for conventions of temperance writing, see David S. Reynolds and Debra J. Rosenthal, *Serpents in the Cup: Temperance in American Literature* (Amherst: University of Massachusetts Press, 1997), 3; for medical articles with statistics, see Anonymous, "Observations on *Mania a Potu*," Historical Society of Pennsylvania, and John Prosser Tabb, "Statistics of the Causes of Death in the Philadelphia Hospital, Blockley, during a period of twelve years," *American Journal of Medical Sciences*, 1843, 364–65. For treatment with opium at the Alms House, see Tabb, "Statistics on the Causes of

THE MAN WITH THE POKER ENTERS THE ROOM

- Death," 365 and Anonymous, "Observations on *Mania a Potu*," 8–10; for the use of opium by a doctor affiliated with Pennsylvania Hospital, see Thomas H. Kirkbride, *Journal of Cases*, 1833–1834, Pennsylvania Hospital Archive, 1. For an argument against taking a temperance view, see Anonymous, "Observations on *Mania a Potu*," 13.
9. For a cohesive formulation of the medical consensus on *delirium tremens*, see Willis M. Lea, Willis M. Lea, "An Essay on Mania a Potu," Van Pelt-Dieterich Library, University of Pennsylvania, 1826, 4–8; for gastro-intestinal disorders, Richard Sexton, "An Inaugural Dissertation on the treatment of Mania a Potu with Spider's Web," 13–14. In 1841, there were 18 cases of men in the Men's Register who developed delirium tremens after being admitted to the Alms House; for the case of Edward Laskey, see Men's Register, Philadelphia Alms House, City Archives of Philadelphia, 1837.
 10. Willis M. Lea, "An Essay on Mania a Potu," 4.
 11. For fevers and difficulties in standing and walking, see Snowden, "An Inaugural Essay on *Mania a Potu*," 191–92; also Willis M. Lea, "An Essay on *Mania a Potu*," Van Pelt-Dieterich Library, University of Pennsylvania, 1826, 4; Isaac Snowden, "An Inaugural Essay on Mania a Potu," 1817, 192; and Charles Randolph, "An Essay Upon *Mania a Potu*," 3–5.
 12. Benjamin Rush, *Medical Inquiries and Observations on the Diseases of the Mind*, (Philadelphia, 1812), Library Company of Philadelphia, 151–52; for rationality of *delirium tremens* patients, see Anonymous, "Observations on Mania a Potu," 4; also Maurice Merleau-Ponty, *Phenomenology of Perception*, trans. by Colin Smith, (London: Routledge, 1962), 3–5, 13, 22, 94–98. My analysis of *delirium tremens* here is closely correlated with Merleau-Ponty's analysis of phantom limb syndrome, 85ff.
 13. David W. Conroy, *In Public Houses: Drink and the Revolution of Authority in Colonial Massachusetts* (Chapel Hill, University of North Carolina Press, 1995) 22–27, 78–82, 146; Peter Thompson, *Rum Punch and Revolution: Taverngoing & Public Life in Eighteenth-Century Philadelphia* (Philadelphia, University of Pennsylvania Press, 1999), 83, 92–102; Susan G. Davis, *Parades and Power* (Philadelphia: Temple University Press, 1986), 117–25; Sean Wilentz, *Chants Democratic: New York City and the Rise of the American Working Class, 1788–1850* (New York: Oxford University Press, 1984), 89–91; Simon Newman, *Embodied History: The Lives of the Poor in Early Philadelphia* (Philadelphia: University of Pennsylvania Press, 2003), 11–15, 106ff.
 14. Toby L. Ditz, "Shipwrecked; or, Masculinity Imperiled: Mercantile Representations of Failure and the Gendered Self in Eighteenth-Century Philadelphia," *Journal of American History*, 81 (March 1994), 53–54, 66–69; Billy G. Smith, *The "Lower Sort": Philadelphia's Laboring People, 1750–1800* (Ithaca: Cornell University Press, 1990), 116–19, 120–23. For John Fitch, see John Fitch, "Life," in Frank D. Prager ed., *The Autobiography of John Fitch*, ed. (Philadelphia: The American Philosophical Society, 1976), 49–50; John Fitch to Thomas Mifflin, Peter Force Collection, Library of Congress, Sept. 21, 1786; Fitch to St. Jean de Crevecoeur, Oct. 25, 1789; also Ric N. Caric, "To the Convivial Grave and Back: John Fitch as a Case Study in Cultural Failure, 1785–1792," *The Pennsylvania Magazine of History and Biography*, 126, No. 4 (October 2002), 563. For Jacob Perkins, see Eugene S. Ferguson and George Escol Sellers, ed, *Engineering Reminiscences* (Washington: Smithsonian Institution: 1965), 16, 18; for tailors as the ninth part of man, see the Tickler, January 17, 1810.
 15. "Spanking Jack and Other Songs," in *Songs*, 1805, Library Company of Philadelphia; "A Song" in the tavern book of William and Lydia Moulder, Historical Society of Pennsylvania. For Mathew Carey's hypochondria, see Mathew Carey to Margaret Carey Murphy, Sept 13, 1791, Edward Carey Gardiner

- Collection, Historical Society of Pennsylvania; for a further analysis of "care" among post-revolutionary artisans, see Ric N. Caric, "To Drown the Ills That Discompose the Mind": Care, Leisure, and Identity Among Philadelphia Artisans and Workers, 1785–1840," *Pennsylvania History*, 64 (Fall 1997), 465–89.
16. For an analysis of the overcoming of care as a dynamic within early modern popular culture, see Ric N. Caric, "To Drown the Ills That Discompose the Mind," 466–77; also see Ditz, "Shipwrecked; or, Masculinity Imperiled," 53–55, 60; Jay Fliegelman, *Declaring Independence: Jefferson, Natural Language and the Culture of Performance* (Stanford: Stanford University Press, 1993), 89; for Christmas, see Susan G. Davis, "Making Night Hideous: Christmas Revelry and Public Order in Nineteenth-Century Philadelphia," *American Quarterly*, 34, (Summer 1982), 185–99.
 17. John Scharf and Thompson Westcott, *A History of Philadelphia, 1609–1884* (Philadelphia: L. Ewatts, 1884), 989.
 18. For "If any care or pain remains/Drown it in the bowl," see Robert Waln, *The Hermit in America on a Visit to Philadelphia*, (Philadelphia, 1819), Library Company of Philadelphia, 110; for drink as an element in creating social bonds, see Peter Thompson, *Rum Punch and Revolution*, 97–100; also see Sharon V. Salinger, *Taverns and Drinking in Early America* (Baltimore: John Hopkins, 2002), 67–71.
 19. James Washington, "An Inaugural Dissertation on Mania a Potu," Van Pelt-Dieterich Library, University of Pennsylvania, 1827, 28–29.
 20. For Robert Peacock, see "Men's Register," Philadelphia Alms House, City Archives of Philadelphia, 1828, 1829; Anonymous, "Observations on *Mania a Potu*," Historical Society of Pennsylvania, 15–16; also *Temperance Monitor*, Library Company of Philadelphia, June 1836, 7.
 21. *Philadelphia Gazette*, July 21, 1841; for the dependence of an extremely heavy drinker on his family, see T. S. Arthur, "The Broken Merchant," in *Six Nights with the Washingtonians*, 32, 43, 58 and John H. W. Hawkins, "Address of Mr. Hawkins, At Faneuil Hall, Boston," in Eleventh Annual Report of the Maryland State Temperance society: Embracing an Account of the Origin, Nature and Extent, of the Washington Reform, Baltimore, 1842, 21–23.
 22. For gastro-intestinal treatment and use of both opium and brandy, see Isaac Snowden, "An Inaugural Essay on Mania a Potu," Historical Society of Pennsylvania, 1817, 194–95; for prescribing rum every fifteen minutes at the Alms House, *Philadelphia Gazette*, February 23, 1842; for "hideous monster," John H. Griffin, "A Dissertation on Mania a Potu," Van Pelt-Dieterich Library, University of Pennsylvania, 5–7; also Charles Randolph, "An Essay Upon Mania a Potu," 7; Richard Henry Thomas, "An Inaugural Essay on Mania a Potu," Van Pelt-Dieterich Library, University of Pennsylvania, 1827, 3.
 23. *Philadelphia Gazette*, January 21, 1841; Randolph, "An Essay Upon Mania a Potu," 7–8. In this sense, the hallucinations involved in *delirium tremens* can be seen as an attempt at cure in a manner similar to the way that Freud viewed psychotic symptoms. See Sigmund Freud, "Psychoanalytic Notes Upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)," in Sigmund Freud, *Three Case Histories*, ed. By Phillip Rieff, (New York: Collier, 1963), 179–80.
 24. Merleau-Ponty, *The Phenomenology of Perception*, 80–89.
 25. James Washington, "An Inaugural Dissertation on Mania a Potu," Van Pelt-Dieterich Library, University of Pennsylvania, 1827, 28–29.
 26. Randolph, "An Essay Upon Mania a Potu," 8–9; "Tabb's Statistics of Deaths in the Philadelphia Hospital," *American Journal of the Medical Sciences*, 1844, 365; anonymous, "Observations on *Mania a Potu*," 8–9.

THE MAN WITH THE POKER ENTERS THE ROOM

27. The statistics on the number of cases recorded was compiled from the Men's Register of the Alms House, 1828–1850 and the Register of Deaths, 1825–1860.
28. The statistics on the number of deaths from *delirium tremens* in Table 1 were compiled from the Men's Register of the Alms House, 1828–1850 and the Register of Deaths, 1825–1860.
29. Statistics on deaths at the Philadelphia Alms House compiled from the Men's Register and Women's Register, Alms House 1828–1836, 1836–1843, and 1843–1847; also Anonymous, "Observations on *Mania a Potu*," 8; John Prosser Tabb, "Statistics of Death in the Philadelphia Hospital," 364.
30. Tabb, "Statistics of Death," 365; for John P. Kelley, see Men's Register, 1836–1843; statistics for deaths at Alms House were compiled from the Men's Register, Alms House; Tabb's findings were from Tabb, "Statistics of Death," 364.
31. Chart 1 was compiled from the Men's Register of the Alms House; also see Tabb, "Statistics of Death," 364 and Anonymous, "Observations on *Mania a Potu*," 8.
32. Anonymous, "Observations on *Mania a potu*," 8; John Prosser Tabb, "Statistics of Death," 365; for a case of a shoemaker who was taken to Pennsylvania Hospital immediately after the beginning of symptoms, see Thomas H. Kirkbride, *Journal of Cases*, 1833–34, 63.
33. Chart 2 was compiled from the information in the table below.

Table compiled from information in the Men's Register of the Philadelphia Alms House and the Register of Deaths, 1825–1860. As was the case with the Alms House records, John Prosser Tabb's procedure of listing "intoxication" cases as *delirium tremens* was followed in relation to the Register of Deaths.

Delirium Tremens in Philadelphia							
A	B	C	D	A	B	C	D
Total Cases				Total Cases			
AH Death		Total	In	AH Death		Total	In
Year	Rate	Deaths	Philadelphia	Year	Rate	Deaths	Philadelphia
1829	0.1729	83	480	1841	0.0297	53	1784
1832	0.1275	135	1059	1842	0.0277	30	1083
1833	0.1471	60	611	1843	0.0355	44	1239
1834	0.1299	72	554	1844	0.0383	58	1514
1835	0.1143	65	568	1845	0.0388	50	1289
1836	0.0969	100	1032	1846	0.0387	38	982
1837	0.0902	78	864	1847	0.0505	82	1624
1838	0.0663	64	965	1848	0.0476	52	1092
1839	0.045	48	1066	1849	0.0448	69	1540
1840	0.0364	51	1401				

34. U. S. Census of Population and Housing 1840, drawn from GeoStat Center, University of Virginia Library; Tabb, "Statistics of Deaths," 365; Bruce Laurie, *Working People of Philadelphia*, 1800–1850, 107–8, 115–24; William Davidson, *Journal*, March 1825, Historical Society of Pennsylvania.

35. For an emphasis on the diverse character of Philadelphia industrialization, see Phillip Scranton, *Proprietary Capitalism: The Textile Manufacture at Philadelphia, 1800–1885* (Cambridge: Cambridge University Press, 1983); also Donna Rilling, *Making Houses, Crafting Capitalism: Master Builders in Early Philadelphia, 1790–1850*, (Philadelphia: University of Pennsylvania Press, 2001), 133–45, 44–45, 49–66.
36. Cynthia J. Shelton, *The Mills of Manayunk: Industrialization and Social Conflict in the Philadelphia Region, 1787–1837*, (Baltimore: The Johns Hopkins University Press, 1986), 7–25, 57–58, 61–62; *Pennsylvanian*, August 8, 1835, March 29, 1836; Herbert Klein, *A Population History of the United States* (Cambridge: Cambridge University Press, 2004), 100–5; Dora L. Costa and Richard H. Steckel, “Long-Term Trends in Health, Welfare, and Economic Growth in the United States,” in Richard H. Steckel and Roderick Floud, *Health and Welfare during Industrialization* (Chicago: University of Chicago Press, 1997), 60–68. For the depression, see Laurie, *Working People of Philadelphia*, 107–8.
37. For the depression years, see Bruce Laurie, *Working People of Philadelphia*, 107–108.
38. W. J. Rorabaugh, *The Alcoholic Republic: An American Tradition* (Oxford: Oxford University Press, 1979), 131–33; for the “horrors of mind,” see *Pennsylvanian*, April 1, 1836; for a discussion of Robert Peacock’s case, see Anonymous, “Observations on *Mania a Potu*,” 15–18. Peacock was admitted to the Alms House for another attack of *delirium tremens* in July 1829, *Men’s Register*, 1828–1836.
39. Davis, *Parades and Power*, 81, 101.
40. Davis, *Parades and Power*, 95–101; for “The Cork Leg,” and “The Steam Arm,” see “Burton’s Comic Songster,” 1838, 11–15 and for other songs emphasizing the impossibility of circumstances or the degradation of the body, see “The Dollars,” “The Hackney Coachman,” “The Nervous Family,” “Wery Pekookiar,” and “Chapter of Accidents,” 9–12, 27–28, 41–44, 58–62, 65–67, Van Pelt-Dieterich Library, University of Pennsylvania; *Mechanics Free Press*, January 16, 1830.
41. John L. Zieber, “The Paupers,” *Broadside*, Rare Book Room, Van Pelt-Dieterich Library, University of Pennsylvania.
42. “Toper Drink and Help the House,” Philadelphia, R. Swift, Rare Book Room, Van Pelt-Dieterich Library, University of Pennsylvania.
43. Laurie, *Working People of Philadelphia*, 57.
44. For Joseph Parham, see the *Temperance Lecturer and Almanac of the American Temperance Union*, New York, 1844, 23; for butcher, see *United States Gazette*, October 28, 1841.
45. For John Plucks admission on June 25, 1835, see *Men’s Register*, Alms House, 1828–1836. There is also a note that Pluck was “formerly a colonel in the militia.” Another popular figure who suffered from *delirium tremens* was the jumper *Sam Patch*. See Paul E. Johnson, *Sam Patch: The Famous Jumper* (New York: Hill and Wang, 2003), 46.
46. Karl Marx, “The Eighteenth Brumaire of Louis Bonaparte,” in Robert C. Tucker, *The Marx-Engels Reader*, (New York: Norton, 1978), 594.
47. For an example of the impact of *delirium tremens* on a friend, see the poem written by Peter Single in the April 11, 1829 *Mechanics Free Press* “on seeing a man drinking, who had just recovered from MANIA A POTU!!!”
48. See table in note 33.
49. For general histories of the Washingtonians, see Ian Tyrell, *Sobering Up: From Temperance to Prohibition in Antebellum America, 1800–1860* (Westport and London: Greenwood Press, 1979), 159–218; Leonard

THE MAN WITH THE POKER ENTERS THE ROOM

- Blumberg, *Beware the First Drink: The Washington Temperance Movement and Alcoholics Anonymous* (Seattle: Glen Abbey Books, 1991). Washingtonian societies began forming in Philadelphia in April, 1841 and there were about seventy Washingtonian societies whose meetings were advertised in the *Public Ledger* by the end of 1842. Most of the Washingtonian societies were neighborhood societies in the Northern Liberties, City, Southwark, Kensington, and West Philadelphia.
50. For Daniel McGinley (or "Old Mac") see the *Public Ledger*, April 30, 1842; for Lewis Levin, *Public Ledger*, February 1, 1842.
 51. See my analysis of experience speeches as "displays of degradation" in "Displays of Degradation: The Washingtonian Movement in Philadelphia, 1841–1845," *Ohio Valley History Association*, October 2002.
 52. The decline in Washingtonian activism began in June, 1843. Between June 1842 and June 1843, there were an average of 46 temperance meetings and 8 Washingtonian events advertised in the *Public Ledger* per month, but only 22 meetings and 2.4 events per month between June 1843 and May 1844 (compiled from the lists and reports of public meetings and events in the *Public Ledger*). Philadelphia Washingtonians (many of whom were connected with the Nativist rioters) ceased holding public meetings for six months after the July 1844 anti-Irish riots. For John Gough's visit to Philadelphia, see the *Public Ledger*, January 15–17, 1845; for the focus on regalia in the Sons of Temperance organizations, see "Journal of the Proceedings of the National Division of the Sons of Temperance, Philadelphia, 1844," *Library Company of Philadelphia*, 5–6; for Bible exchanges, see *Public Ledger*, January 2 and May 20, 1846, for decline in "outdoor" temperance activity, see address of Philadelphian and former Washingtonian speaker Phillip S. White, Most Worthy Patriarch, "Journal of the Proceedings of the National Division of the Sons of Temperance," 1847.
 53. For rioting fire companies, see Laurie, *The Working People of Philadelphia*, 46, 58–60, 116; Amy S. Greenberg, *Cause for Alarm: The Volunteer Fire Department in the Nineteenth-Century City*, (Princeton: Princeton University Press, 1998); for the connection between fire company rioting and group representation, see Ric Caric, "From Ordered Buckets to Honored Felons: Fire Companies and Cultural Transformation in Philadelphia, 1785–1850," *Pennsylvania History*, (Fall 2005), 142–46; also David Roediger, *The Wages of Whiteness: Race and the Making of the American Working Class*, revised edition, (London: Verso, 1999), 104–7, 137. For the Kensington and Southwark Riots of 1844, see Laurie, *The Working People of Philadelphia*, 128–133 and Michael Feldberg, *The Philadelphia Riots of 1844: A Study of Ethnic Conflict* (Westport, CT: Greenwood Press, 1975); for Lewis Levin's assault on John Manderfield, see *Public Ledger*, May 3, 1844.
 54. For nativism, see Laurie, *Working People of Philadelphia*, 129–33. By 1846, blackface minstrelsy was the dominant form of entertainment advertised in the press and had completely displaced temperance events at Temperance Hall where the Ethiopian Serenaders performed for 120 consecutive nights. See *Public Ledger*, February 20, 1847; for Roediger's analysis of blackface minstrelsy, see Roediger, *The Wages of Whiteness*, 104–7; also see Eric Lott, *Love and Theft: Blackface Minstrelsy and the American Working Class* (New York: Oxford, 1995).