

The Myth of Mountain Day: Popular Fears, Medical Knowledge, and Collegiate Tradition

David Sowell

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Why do we celebrate Mountain Day? What was the disease that caused the three orphans to seek refuge at Trough Creek in early 1878? Let us begin by reflecting on several objects: a seemingly handmade chair, two books, and a website. What do you know about this chair?



Figure 1. Chair made by students during their stay at the forge, *Reminiscences of Juniata College, quarter century, 1876-1901* by David Emmert.

Audience: I've seen that chair in the library. It was made by the students at the forge when they fled smallpox in Huntingdon.

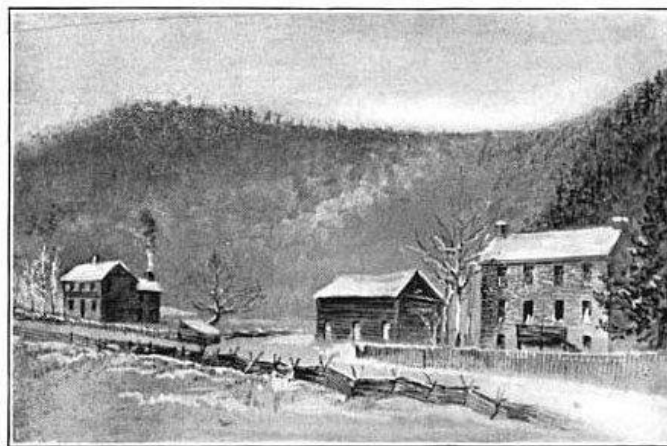
David Sowell: How do you know about that event?

Audience: Everybody knows about the smallpox epidemic. We can read Earl Kaylor or look on the College's website.

Sowell: If you wanted to research the relationship between smallpox and Mountain Day, you would likely begin with Earl Kaylor's history of the College.² You would find that he did a lot of research in local newspapers and relied quite intensively on David Emmert's *Reminiscences of Juniata College, quarter century, 1876-1901*.³ Emmert was on the faculty when he published the book in 1901; he had been a student during the outbreak of the disease. Emmert's book reflected his memory, written more than two decades after event. By contrast, Kaylor relies upon basic historical research. For images of Mountain Day celebrations, Nancy Siegel's *Uncommon Visions of Juniata's Past* is a fine source.⁴

Despite the seeming confidence in the College website and popular perceptions that an outbreak of smallpox led to the student exodus, the historical record is unclear whether the disease that afflicted Huntingdon was smallpox or chickenpox. Physicians of the time disagreed upon the nature of the disease, using the local press to debate the diagnosis with considerable vigor. Both Emmert and Kaylor reflect this uncertainty, but over the course of the twentieth century, College sources increasingly identified smallpox as the unquestioned disease that led students to the countryside. We see that in our College website. This fall, an article in the *Juniatian* about “weird” traditions perpetuated that assertion. This slow rewriting of history raises questions about the myth of Mountain Day, and how we as a community ought to address our past.

What do we know about the disease in Huntingdon during the winter of 1877 that helped launch the tradition of Mountain Day? This talk explores the disease that panicked Huntingdon during the winter of 1877-78. We will discuss sources of medical knowledge and question the relationships between history, myth, and traditions. Let us consider the winter of 1877 in Huntingdon as a “disease moment.” A disease moment tells us many things about a society. It indicates popular and professional medical knowledge, and any differences in these types of knowledge. It suggests the nature of a public health system, which often indicates patterns of power and socioeconomic hierarchy. In our example, it also suggests the function of media and medical authority in defining disease.



THE ORPHANS' RETREAT

Figure 2. “The Orphans’ Retreat” from Emmert’s *Reminiscences of Juniata College, quarter century, 1876-1901*.

What do we know about the Huntingdon disease moment? If we follow Emmert, we learn that a child living next to Brethren Normal School on Washington Street sickened of what was thought to be smallpox in late 1877. Fear of smallpox swept the town and region as students left to celebrate Christmas. When they returned, red quarantine signs cast a pall over town. These feelings worsened when Delia

Kendig, the wife a Normal student, died on January 13, 1878. School officials soon cancelled classes, leading three “orphans” to seek sanctuary at the forge near Trough Creek. Nearby residents feared that the orphans would spread the illness to them. As the disease waned in February, the orphans and other students returned to school.⁵

Huntingdon newspapers and borough archives add considerable depth to an understanding of the disease moment. The first illness of note was a child living on Washington Street in West Huntingdon who sickened in early 1877. Two doctors diagnosed young Mr. Borrás’s ailment as chickenpox, but within a few days rumors spread that it was in fact smallpox. Editors of the *Huntingdon Globe* criticized those “fear mongers,” saying that it was bad for business and community well-being.⁶

SMALL POX SCARE.—Only Taken Pox.—A few days since a child in West Huntingdon was afflicted with a cutaneous disease, which some inexperienced person pronounced small pox, and at once the news spread through that part of the town that the dread disease had made its appearance. Several of our physicians were called in to examine the case, and they pronounce the disease merely an aggravated form of chicken pox. This testimony of the medical gentlemen should set at rest the wild rumors that have been circulated by one who did not know what the symptoms were. The physician in attendance says the child is recovering.

Small-pox is a disease from which Huntingdon has always been remarkably exempt, and, we believe, it is rare that more than one or two cases occur at the same period. However, it is well for persons to have their children vaccinated, as by this means a person's system is freed from the possibility of taking the disease.

Figure 3. Clipping from the *Local News*, November 12, 1877

December saw widespread sickness, especially among children. Three deaths occurred: Mary Snare, a 14-year-old girl from West Huntingdon died on December 14; a Mr. Wilcox on December 22; and on December 30, Reese Snare succumbed as had his older sister. [Emmert likely addressed Mary’s illness in his account.] Smallpox fever gripped the town.

A doctor who insists upon the prevailing disease being chicken pox, can now leave his overcoat hang in the hall without the least fear of having it molested.

Figure 4. Clipping from the *Huntingdon Journal*, January 4, 1878

The Borough enacted a series of ordinances in early January 1878 that failed to prevent the death of Delia Kendig and several others. Throughout the disease event, most cases were confined to the West Huntingdon in the area of the Normal School,⁷ near what we now call Hess apartments. The illness faded with the apparent success of public health measures. By the third week of February the Board of Health reported no suspicious cases, and special borough restrictions were lifted, leading to a resumption of normal life in the community, including the re-opening of the Normal School on the 25th.

The press highlighted concerns from other communities that the “Huntingdon disease” might afflict them. Popular fear of epidemic diseases was quite common, highlighted perhaps in the 1791 outbreak of yellow fever in Philadelphia, or in the great cholera epidemic of the early 1830s. Fear of epidemics had the capacity to cripple the commerce of a town. The Huntingdon Board of Trade feared loss of several potential industries, and perhaps even the departure of the Normal School to another location. Emmert recalls the horrible rumors he heard on the train returning to college—“Small pox in Huntingdon” ... “and the extravagant stories of death and quarantine.”⁸

REPORT OF THE BOARD OF HEALTH.—
The physicians report the following number of cases in this borough, under their care up to this date:

	January 12th.	13th.	14	15	16
Confluent Small-pox	5	6	6	6	6
Small-pox	2	5	4	4	4
Variol. id.	17	14	11	10	11
Chicken-pox	1	1
	25	26	21	20	21

The Board of Health yesterday made a regulation that in houses where the physicians report the patient convalescent, that the “Small-Pox” label remain upon the house for three weeks afterwards.

There have been 10 persons reported as convalescent since the daily reports have been furnished by the physicians.

Figure 5. Clipping from the *Local News*, January 7, 1878

Opinions differed on the malady that afflicted the town. Most of Huntingdon's doctors believed the disease to be a violent form of chickenpox or some variant of the illness, and that it was quite contagious.⁹ Dr. Andrew Brumbaugh, who attended the Borrass child, diagnosed chickenpox. In December, as Mary Snare died, Dr. George Ballantyne insisted that it was smallpox. The town's leading newspapers took opposing positions, typical of a highly partisan press. The *Huntingdon Journal* championed Ballantyne's interpretation of the disease, while the *Local News* favored the opinions of Drs. Andrew Brumbaugh, D. P. Miller, and R. R. Wiestling. In response to a series of questions from the local papers, Brumbaugh, Ballantyne, and Wiestling each submitted detailed explanations for their medical opinions, a rare insight into medical knowledge—and contention.

Andrew Brumbaugh attended the first victim of “Huntingdon's disease.” Brumbaugh and Miller diagnosed it as “confluent chickenpox,” meaning that the pustules were so numerous as to merge. Brumbaugh was an active physician and surgeon and one of the founders of the College.¹⁰ In his January letter to the Huntingdon community, Brumbaugh maintained that the disease was not the dreaded smallpox—*Variola*—but instead a combination of several types of varicella which combined with horrific effects. He observed that initial cases were “Vessicular,” pustules filled with water and serum, also known as swine-pox. This variant of chickenpox was quite contagious and, under the most favorable conditions, and if a person were especially susceptible, he said, it could become a very mild version of true smallpox. Brumbaugh noted that the disease in Huntingdon differed from smallpox in significant ways: it had less virulent symptoms, shorter and less severe fevers, and eruptions that were smaller and of different character than smallpox; it had a thinness of scabs and left no permanent scars. Contrary to other physicians, Brumbaugh rejected calling the disease varioloid. He referenced Siemens' *Cyclopedia of Medicine* that suggested that varioloid was not a distinct disease, but a form of smallpox produced by vaccination. Brumbaugh insisted that the best response to the disease was isolation, fumigation of clothes, wholesome food—including the absence of pork—and strict avoidance of stimulants and narcotics. Friends should avoid direct or indirect contact with someone afflicted by the disease.¹¹

George Ballantyne vehemently disagreed with Brumbaugh. Ballantyne asserted that the first fatal victim clearly died of smallpox. In making his case before the public, Ballantyne outlined the stages of smallpox, varioloid (smallpox caused by vaccination), and chickenpox. Smallpox caused a more severe fever than chickenpox; it incubated for a longer period of time, lasted for two to three weeks as opposed to eight days, and always had the potential to kill. Chickenpox, he insisted, never caused fatalities. Mild varioloid and severe chickenpox might be mistaken according to the “best authorities” cited by Ballantyne, but chickenpox was limited to only infants and young children. Ballantyne allowed that that measles and chickenpox were causing some illnesses in town, but that persons familiar with the courses of the illness would undoubtedly conclude that smallpox caused the deaths. His claims were supported by

previous examination of victims of smallpox, which he asserted privileged his diagnosis. Ballantyne's recommendations paralleled Brumbaugh's, with both insisting upon quarantine and complete isolation, though Ballantyne suggested that mandatory vaccination was needed as well.¹²

Huntingdon's only homeopathic physician, R. R. Wiestling, offered the most complete overview of the two diseases and the cases that led him to diagnose chickenpox as the primary illness. Wiestling quoted extensively from nine medical texts, identifying several symptoms uniquely associated with smallpox. These included a ten-day incubation period; a prodromal period of three days before the appearance of pustules; a general pattern of pustule movement from the face to the chest, arms, and back; a characteristic "smallpox odor"; and the "*sine qua non*" of smallpox, a depressed center of the pustule.¹³

I fully intended to hand you this in time for Monday's paper, but was waited upon by Dr. Miller asking me to "delay it until I had seen some of his patients which had a mighty suspicious look." I accordingly, on Monday afternoon, made the "grand rounds" with him, and whilst some of the cases lacked the *essential requisites* to constitute small pox, there are some unequivocal cases of the above disease (Small pox.) This may be looked upon as a "square back down." "So mote it be." But suffice it to say, we judge disease by its symptoms, and where all the symptoms of small pox are lacking, and those of Variella present, would you, or any rational man, call it small pox, unless it was the "old small pox nurse" who got "one snuff of that stench" which emanated from Andrew Wilcox's room; (an emanation which, I have been informed by credible witnesses, never existed!"

I have now a genuine case of Variola in a child three years old.

R. R. W.

Figure 6. Clipping from R. R. Wiestling's comments on the disease in the *Local News*, January 10, 1878

Whereas the authorities cited by Wiestling agreed on the characteristics of smallpox, they differed extensively on chickenpox, a factor that might have accounted for some of the confusion in town. Most agreed that chickenpox developed and faded more rapidly than smallpox; had no prodromal fever; had pustules that often began on the chest and migrated to the back, but seldom to the face; was predominantly a disease of childhood; and tended to pass with little complaint. Most authors noted

dramatically different manifestations of chickenpox, with the most severe cases fully capable of causing death. These were often highly contagious. Several noted that varicella might co-exist with smallpox, and that it might develop into variola. (Ballantyne quickly rejected the claim that chickenpox could develop into smallpox, insisting that they were distinct diseases.¹⁴) Wiestling took pains to note that many physicians confused the two diseases. While smallpox adhered to a more predictable pattern, the variations of chickenpox often led to a misdiagnosis, his assessment of what had happened in Huntingdon. The several victims that he visited lacked umbilication, lacked the characteristic smallpox pus, and lacked the odor of the more dreaded disease. Wiestling confessed, however, that he had recently visited a three-year-old child who clearly had smallpox, though he failed to speculate if it had developed from the other disease.¹⁵

For the historian of medicine, these testimonials speak to important characteristics of the emerging biomedical profession, a practice that locates disease in the biology of the human body. First, note the specialized language, which professional physicians claimed the sole knowledge to utilize. Recall that the newspapers asked physicians to explain the disease, as opposed to relying upon common knowledge. Second, each physician referenced specialized publications utilized only by professionals. This is clearly seen in the reference to authoritative sources by Brumbaugh, Ballantyne, and Wiestling. Finally, each physician mentioned their own experience with disease, experiences that underpinned their knowledge.

The Huntingdon disease took place at a period of transition in the history of medicine. In 1854 London, John Snow had traced the outbreak of cholera to users of the Broad Street water pump, undermining the theory of miasma that dominated ideas of disease causation. Snow demonstrated the correlation between fecal contamination and cholera, though the agent causing the disease was unknown. Some twenty years later, Louis Pasteur developed the notion of germ theory in his studies of the French wine industry and then succeeded in developing a vaccine for rabies based upon the isolation of the rabies “germ.” Robert Koch, “the father of modern bacteriology,” used his German laboratory to develop vaccines for anthrax, tuberculosis, and cholera after the 1880s. Knowledge of biology lay at the foundation for these innovations, knowledge acquired in laboratory and clinical settings. The Huntingdon disease moment took place prior to widespread changes in biomedicine, but at a time when professional physicians were coming to assert their superior medical knowledge.

Based upon these three accounts, how can we determine the disease that swept through Huntingdon? If the doctors of the day were uncertain of the disease that afflicted Huntingdon, then how can we? Let us think for a moment about the epistemology of disease. In our early twenty-first century society, how does one know about disease? Let us imagine that you have an illness, how do you know what it is?

Audience: Popular knowledge, friends, mother, advertisements, medical guidebooks, web, physician.

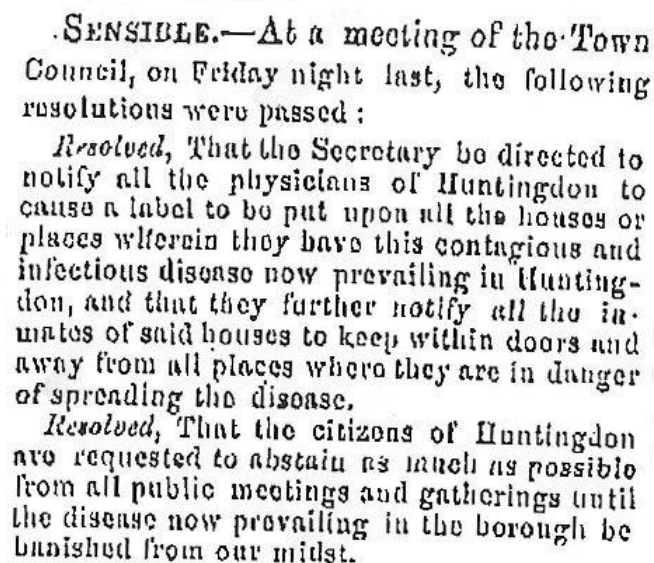
Sowell: My suspicion is that a physician is the last source of information about understanding our diseases, not the first. Which of these sources would you rely upon for truth? My suspicion is that it depends upon what ails you. The more serious the ailment, the more likely that you turn to a physician to determine the nature of your ailment.

Now, let us think about the residents of 1870s Huntingdon. How would they find out about a disease?

Audience: Mother, friends, local wise woman or healer, advertisements, almanacs, physicians.

Sowell: The likely first response is to turn to family and friends, then reflect upon material from the *Farmers' Almanac*, and then, if the condition persisted, contact a local physician.

I find it striking how little has changed. We turn first to common knowledge from friends or family. Public knowledge from print sources is the next source of information, though WebMD has replaced the *Farmers' Almanac*. We turn last to professional physicians. In both periods, physicians relied upon their personal experiences, clinical assessment, and textual evidence produced by medical authorities. The major difference between then and now is the capacity for laboratory testing to confirm the identity of the disease, tapping into knowledge and technologies that had not been created in the 1870s.



SENSIBLE.—At a meeting of the Town Council, on Friday night last, the following resolutions were passed :

Resolved, That the Secretary be directed to notify all the physicians of Huntingdon to cause a label to be put upon all the houses or places wherein they have this contagious and infectious disease now prevailing in Huntingdon, and that they further notify all the inmates of said houses to keep within doors and away from all places where they are in danger of spreading the disease.

Resolved, That the citizens of Huntingdon are requested to abstain as much as possible from all public meetings and gatherings until the disease now prevailing in the borough be banished from our midst.

Figure 7. Clipping from the *Huntingdon Journal* outlining the health ordinance, January 11, 1878

Whatever the disease, public officials took steps to combat the epidemic in early January through a series of public health ordinances. On January 4, physicians were required to place clearly visible signs

on the doors of any home with infectious disease. Victims were urged to remain inside the house, and residents of the community cautioned against attending public gatherings until the disease passed.¹⁶ Significantly, borough officers were at first hesitant to stipulate the nature of the disease, sidestepping that thorny debate.

More dramatic measures came the next week. Officials created a “Board of Health” to “check the spread of the smallpox epidemic now spreading in Huntingdon.” The Board of Health was given broad responsibilities. It mandated smallpox vaccinations, closed schools, churches, and other public events, and required that physicians report daily on each of the ill people that they treated.¹⁷ A January 14 ordinance amplified these measures, authorizing the Chief of Police to fine violators up to \$100. Persons associated with the ill, including family members and nurses, were banned from appearing in public without a certificate from one of the physicians on the Board of Health.¹⁸

All this is accounted for in the fact that it is said that Huntingdon has never had an epidemic within its limits, and when a few took sick it became unduly excited. But to the credit of our Board of Health, which after all, perhaps acted as wisely as any other set of men would have done under like circumstances, we will now say that in a few days they took another action, quarantined the houses of the diseased and in a very short time the disease commenced abating, and to-day we have but a few cases, and to our knowledge, have but one case in all west Huntingdon, so that if any of our readers should feel a little fearful about lifting our papers, they can calm their fears and rest assured that our papers are quite as free from contagion as if published in a place where the small-pox was never heard of. We assure our readers that under no circumstances would we allow persons infected with the disease to be in or about our office, so that it would be utterly impossible for the disease to be spread in this way, as paper cannot become infected with contagion unless it is in direct contact with it in its matured and worst form.

Figure 8. Clipping from the *Primitive Christian and Pilgrim*, n.d.

City officials ordered the construction of a smallpox hospital for the afflicted. Located behind the cemetery above town, the facility contained two rooms, each with enough space for twelve cots, and a small kitchen. Physicians could order that smallpox victims be sent to the hospital for a minimum of three weeks.¹⁹ The first patient, Billy Dunn, was admitted to the facility on January 21.²⁰ By the end of the month, four persons were convalescent at the hospital, though only two were diagnosed with smallpox.²¹

Smallpox vaccinations in most nineteenth-century communities were generally given in reaction to epidemics rather than as preventative measures. Unlike latter vaccines against the disease, in this era one could expect immunity for only five to seven years from the cowpox vaccine.²² Still, it was quite effective in curtailing the spread of smallpox, which was spread from human to human. In mid-December, as rumors of smallpox increased, The *Huntingdon Journal* noted that Ballantyne had brought 20 quills of vaccine from Pittsburgh Board of Health.²³ Doctors Stockton, Ballantyne, and Wiestling all placed advertisements in the papers, all claiming to have “genuine Bovine” vaccine on hand.²⁴

This marketing facet of the disease moment speaks to the monetization of medicine that was occurring in this period. It was also visible in advertisements in the local papers. Beginning in late December, businesses used the “scare” as a device to entice customers into their stores. Two examples from the *Local News* on January 7, 1878, illustrate the tendency.

Small Pox, Chicken Pox, or Huntingdon Pox don't check the rush that is being made daily at our counters for dress goods, Buffalo Robes, ladies good ...and other ready-made clothing. ... we are located away out in the suburbs where epidemics never come.

On account of the disease that is prevailing in town to some extent I desire to say that there are no cases of it in the old town south of Mifflin street ... and there have been no cases in the vicinity of Montgomery's clothing store.²⁵

The public vaccination program involved all six of Huntingdon's physicians. Each was assigned a portion of the borough, visiting all houses and inoculating persons deemed vulnerable.²⁶ If the person could not afford the vaccine, the borough assumed responsibility for the costs.²⁷ By the end of the epidemic in late February, the borough paid for hundreds of vaccinations, the largest number by Andrew Brumbaugh.²⁸ (Wiestling participated in the program, although homeopaths would in time oppose mandatory vaccinations such as those in Huntingdon.²⁹)

It is noteworthy that the vaccination campaign apparently provoked no negative reactions. Anti-vaccination sentiment dated to the time of Jenner, with organized political opposition quite common. If these sentiments were present in Huntingdon, they were not revealed in the press, or in accounts of the period.

All persons within the territory named will be called upon by their respective Physicians, and all in need of vaccination, in the opinion of the Physician, are required to be vaccinated. Where persons are too poor to pay for the vaccination, it will be done at the expense of the Borough, at the rate fixed upon by the Board of Health.

All persons employed to nurse or wait upon Small-pox patients, as well as all members of the family afflicted with the disease, are hereby *strictly prohibited from running at large upon the streets*, until in the judgment of the Physician attending, it would be safe for them to do so.

The Chief of Police is hereby required to see that the above regulation is rigidly enforced, and to arrest all persons found violating the same.

Persons desiring to act as Small-pox nurses are requested to give or send in their names to some member of the Board of Health as soon as possible.

By Order of the Board.
K. ALLEN LOVELL,
JOHN H. GLAZIER, *Chairman.*
Secretary.

Figure 9. Clipping from the *Local News*, January 14, 1878

School officials used the pages of the *Primitive Christian and Pilgrim* to assure parents of Normal School students of the safety of their children. H. B. Brumbaugh offered “An Explanation” of reports of smallpox in Huntingdon. He recounted multiple cases of chickenpox that preceded a minor epidemic of smallpox and varioloid that “caused the Brethren’s School at this place, to suspend and the students to disperse.” Brumbaugh reported that at the peak of the disease moment only twenty-three of the town’s 5,000 residents were sickened by one of the infectious diseases.

But our scare is now all over, and our churches are opened again, our public schools will follow, and with them the "Brethren's Normal,"—the dispersed students will return and things will again move along as pleasantly and as briskly as before.

We make this explanation for the benefit of those who heard some of the exaggerated reports and were anxious to have a correct statement, hoping that this will be satisfactory to all and that no further danger will be apprehended. H. B. B.

Figure 10. A clipping from H.B. Brumbaugh's comments in the *Primitive Christian and Pilgrim*, February 19, 1878

His brother Andrew also issued a statement, expressing his belief that smallpox had not been among the illnesses, and that Huntingdon had always been "a healthy place."³⁰ J. M. Zuck informed students that school would re-open on Monday, February 25, a week later than they had been told earlier. Zuck cautioned students to adhere to their parents' apprehensions about returning to Huntingdon; if parents wished to delay the return, "my advice is that you yield cheerfully to their wishes in this, as well as all other matters."³¹ Emmert reminisced that by the end of March all teachers and students were back in classes.³²

BRETHREN'S NORMAL SCHOOL.

A Card to the Students.

My Dear Scholars:—As you all read the P. C. I will address you a few lines through its columns.

To those of you who are at your homes, I will say that I am glad to inform you that the danger which caused the suspension of school seems now to be a thing of the past, and we have concluded to open school again on Monday, the 25th inst., only a week later than I specified before you left for your homes.

Figure 11. Zuck's comments in the *Primitive Christian and Pilgrim*, February 19, 1878

The decision whether or not to keep the Normal School in Huntingdon was being made as the disease ravaged the community. Borough officials feared that the disease might cause the school to move, a fear that extended to other businesses in the community. Zuck toyed with these concerns:

We mean business, small pox or no small pox. The school must go somewhere, and Huntingdon is the place if you do the fair thing, but I can't see why young and promising Miss School should court old, afflicted Mr. Town, marry him with his bare consent and merely for his name, throwing all her business interests into his hands—not at least while she has other offers and the prospects of still other suitors, some of whom at least equally desirable, are able and are not too stingy to serve upon her a handsome marriage portion, in view of the large profits that are expected to accrue from the union.³³

Ashland, Ohio, was supposedly preparing an offer of \$10,000 and free land to attract “young Miss School.”³⁴ “Old Mr. Town” soon organized a Board of Trade and selected a parcel of land for “young Miss School.” The land would be paid for by generous donations from business and political leaders of the community.³⁵ “Young Miss School” accepted the offer of the land and soon began construction of Founders Hall.

It is extremely difficult to determine the disease that afflicted Huntingdon in the winter of 1877. Given the differences in professional opinions, one's conclusion might depend upon whom you trusted. As I researched, I developed a certain affinity toward some physicians, and maybe a bit of disdain for others.

Might one question the motivations of George Ballantyne? Recall his powerful early argument in favor of smallpox, and his early acquisition of the vaccine. Might we not think of him as a conscientious physician thinking for the good of his community? Does it matter in your assessment that he was an agent for The Pennsylvania Vaccine Company in Chambersburg, one of the facilities in the commonwealth in competition for the growing market for vaccine? Might the profit motive have driven his medical assessment?

THE HEALTH OF HUNTINGDON, PA.

BY A. B. DRUMBAUGH, M. D.

From a medical point of view, Huntingdon is an exceptionally healthy place. For nearly a century this vicinity has been a resort for invalids, on account of the pure fresh air and water, and its delightful scenery. A Hygienic Institute, with all the modern appliances for the treatment of chronic diseases is under contemplation, and will, doubtless, be carried into effect; and no better place could be selected for such an institute, than this vicinity offers.

Figure 12. Clipping from Andrew Brumbaugh's assessment of the disease in the *Reporter*, n.d.

Andrew Brumbaugh, on the other hand, took a steadfast conservative stance. He argued against a

rush to judgment, suggesting his reasons to determine that a severe form of chickenpox afflicted the town. Did his association with the fledgling college shape his judgment? Then as now it was difficult to get students to come to Huntingdon. Fear of a disease might cripple enrollment efforts. Was his medical analysis clouded by the needs of marketing? Was his diagnosis unconsciously shaped by a concern for the fate of the College? His comments on the health of the community certainly had a sensitivity of the market.

So, what can we conclude?

It seems likely that several diseases afflicted Huntingdon, especially among the youth of the community. The big question is whether smallpox was present, or simply a severe strain of chickenpox. Doctors of the time knew that it was not always easy to distinguish between the two. It is even more difficult now.

The World Health Organization committed itself to the eradication of smallpox in the 1960s, a task that was completed by 1977. Smallpox still generates fear however. In researching this talk, I saw a huge spike in the literature after 9/11. One piece caught my eye.

Before its eradication, smallpox was confused with chickenpox more frequently than with any other illness. The similarities between the diseases and the importance in making the correct diagnosis led an infectious disease expert to declare that there was “no more important diagnosis in clinical medicine than the differentiation of these two diseases.”³⁶

Since most physicians have never seen smallpox, the CDC advises that the “presence of a febrile prodrome—defined as a fever...and [more than one] of the following symptoms: prostration, headache, backache, chills, vomiting, or severe abdominal pain ... was a nearly universal feature of smallpox”.³⁷ The CDC notes that prodromal fever is absent in chickenpox, save among some adults. However, a study of 1,000 cases of chickenpox found that some twenty percent of the cases featured prodromal fevers, so that “a considerable proportion” of people with chickenpox might be identified as having smallpox.³⁸ Contemporary medicine seems unable to resolve the chickenpox versus smallpox debate any more than could Ballantyne or Brumbaugh.

Our Mountain Day tradition dates to May 1896, when students traveled to the forge where the orphans had sought refuge. Within a few years the outing had become an annual affair. H. B. Brumbaugh gave the outing the name “Mountain Day” in 1903, and it has continued with few interruptions since that time. Mountain Day activities have changed quite dramatically over the years, becoming one of the most celebrated of all College traditions.³⁹

What is our historical obligation in recounting the story of the disease that gave birth of Mountain Day? Can we truthfully state that it was smallpox? According to some sources, the answer would be yes. According to others, it was an over-reaction to severe cases of chickenpox. Given this uncertainty, what

language should describe the event? Should we speak the truth, or perpetuate a myth? Perhaps we need to add a qualifier to the website in order to reflect the actual uncertainty about the disease.

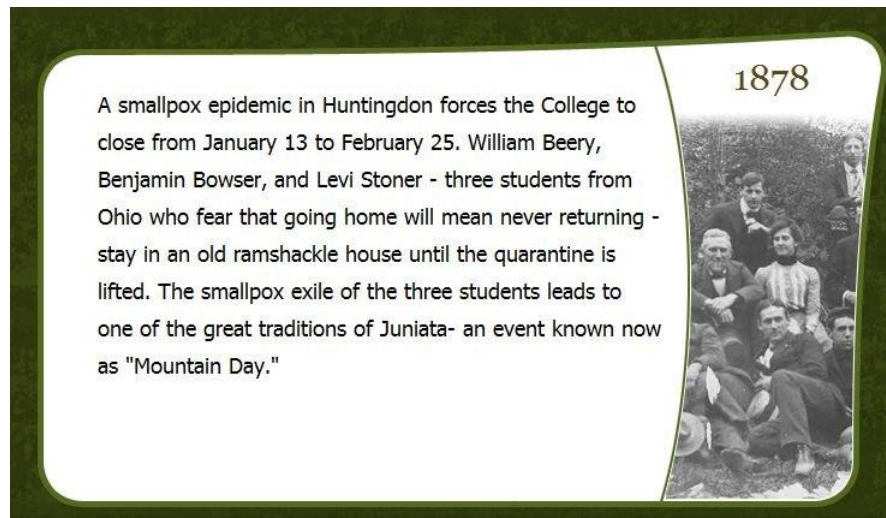


Figure 13. Juniata College's website on the origins of Mountain Day (<http://www.juniata.edu/about/history/>).

NOTES

1. The author would like to thank Andy Dudash, John Mumford, and Jan Hartman for their guidance in the materials of the Juniata College archives. Elena Ostock proved a wonderful source of much information about the changing Mountain Day celebration.
2. Earl Kaylor, *Juniata College: Uncommon Vision, Uncommon Loyalty* (Huntingdon: Juniata College Press, 2001).
3. David Emmert, *Reminiscences of Juniata College, quarter century, 1876-1901* (Huntingdon: Published by Author, 1901).
4. Nancy Siegel, *Juniata College: Uncommon Visions of Juniata's Past* (Charleston, SC: Arcadia Publishing, 2000).
5. Emmert, *Reminiscences*, pp. 43-63.
6. *The Huntingdon Globe*, November 14, 1877.
7. *The Local News*, January 7, 1878.
8. Emmert, *Reminiscences*, p. 44.
9. *The Huntingdon Globe*, December 26, 1877.
10. Brumbaugh earned his medical degree from the University of Pennsylvania in 1866. After graduation he returned to Huntingdon as a general practitioner and surgeon, serving as a surgeon for the Pennsylvania Railroad. He had an active professional career, which included membership in the American Medical Association, the Pennsylvania State Medical Society, and the American Academy of Railway Surgeons. *Commemorative Biographical Encyclopedia of the Juniata Valley; Comprising the Counties of Huntingdon, Mifflin, Juniata and Perry, Pennsylvania, Containing Sketches of Prominent and Representative Citizens and Many of the Early Settlers* (Chambersburg: J. M. Runk & Company, 1897), pp. 77-79.
11. *The Local News*, January 3, 1878.
12. *The Huntingdon Journal*, January 4, 1878.

13. *The Local News*, January 11, 1878.
14. *The Huntingdon Journal*, January 18, 1878.
15. *The Local News*, January 11, 1878.
16. Meeting No. 12, Borough of Huntingdon, January 4, 1878, Huntingdon Borough Archives, Resolutions, Minutes, 1871-1884.
17. Meeting No. 13, Borough of Huntingdon, January 10, 1878; Resolutions, Minutes, 1871-1884.
18. Ordinance of January 14, 1878, Huntingdon Borough Archives, Ordinances, 1872-1918, pp. 43-44.
19. *The Local News*, January 15, 1878, and January 17, 1878.
20. *The Local News*, January 21, 1878.
21. *The Local News*, January 24, 1878, and January 28, 1878.
22. Michael Willrich, "The Least Vaccinated of Any Civilized Country": Personal Liberty and Public Health in the Progressive Era," *The Journal of Public History*, 20:1 (2008): 77.
23. *The Huntingdon Journal*, December 12, 1877.
24. *The Daily News*, January 17, 1878
25. *The Local News*, January 7, 1878.
26. *The Local News*, January 14, 1878.
27. Meeting No. 13, Borough of Huntingdon, January 10, 1878.
28. Partial lists of payments are to be found in Meeting No. 15, January 31, Special Meeting number 16, February 6, and Regular Meeting, March 1, 1878.
29. R. R. Wiestling practiced homeopathic medicine in the years before allopaths sought to exclude them from the legal practice of medicine. In time, many homoeopathic physicians came to oppose compulsory vaccinations. Nadav Davidovitch, "Negotiating Dissent: Homeopathy and Antivaccinationism at the Turn of the Twentieth Century," in *The Politics of Healing: Histories of Alternative Medicine in Twentieth-Century North America*, ed. Robert D. Johnson (New York: Routledge, 2004), pp. 11-28.
30. *The Primitive Christian and Pilgrim*, February 12, 1878.
31. *The Primitive Christian and Pilgrim*, February 19, 1878.
32. Emmert, *Reminiscences*, p. 63.
33. *The Local News*, February 14, 1878.
34. *The Huntingdon Journal*, March 1, 1878.
35. *The Huntingdon Journal*, March 8, 1878.
36. Zack S. Moore, Jane F. Seward, Barbara M. Watson, Teresa J. Maupin, and Aisha O. Jumaan, "Chickenpox or Smallpox: The Use of the Febrile Prodrome as a Distinguishing Characteristic," *Clinical Infectious Diseases*, 2004:39 (15 December): 1810.
37. *Ibid.*, pp. 1810-11.
38. *Ibid.*, p. 1815.
39. Elena Ostock, "Mountain Day," unpublished.