Necropolis:
Yellow Fever, Immunity, and Capitalism in the Deep South,
1800-1860

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A thesis submitted for the degree of
Doctor of Philosophy
Michaelmas 2016
Abstract

This thesis is a social history of disease and mortality in the American Deep South before the Civil War. Yellow fever attacked the region at epidemic levels every two or three years between 1800 and 1860, killing about eight percent of the urban population, and as many as 20 or 30 percent of recent migrants from Europe. With little epidemiological understanding of mosquito-borne viruses—and almost no public health infrastructure to ameliorate disease—the only real protection from this scourge was to “get acclimated”: fall sick with, and survive, yellow fever. About half of all people would die in the acclimating process. By placing the Deep South within an Atlantic disease diaspora uncontained by continental boundaries, the project shifts the fault-lines of the Southern past from North-South political conflicts onto similarly formative but overlooked ecological processes in the Greater Caribbean.

Yellow fever and mass mortality are largely absent from the recent historiography on the cotton kingdom and “slave racial capitalism.” But as well as being a “slave society,” this thesis suggests the Deep South was also a “disease society”: Deep Southerners discussed yellow fever obsessively, worked according to its seasonal schedule, and judged others based on their perceived vulnerability to the disease. Yellow fever, and immunity to it, profoundly shaped the asymmetrical hierarchies of Deep Southern society, with acclimated “immunocapitalist” creoles on top, and unacclimated “foreigners” below. Slavers and their allies argued only intellectually-inferior but naturally-resistant black people could perform the arduous labour of sugar and cotton cultivation in the Deep South, as whites too frequently died. This became the region’s chief argument for permanent racial slavery. However, almost every slave revolt in Louisiana coincided with a particularly bad epidemic, suggesting slaves found disease politically intriguing and understood that yellow fever left white society chaotic and vulnerable to attack.
Extended Abstract

This dissertation assesses yellow fever’s staggering impact on Deep Southern society before the Civil War. During the winter of 1803, news of the Louisiana Purchase electrified the United States. But soon, planters, slaves, politicians, and immigrants encountered the problem that would plague the region until mass mosquito-eradication in the 1900s: it was a death-trap, a place newcomers died horrible, violent deaths. Every two or three years, yellow fever struck at epidemic levels, killing about eight percent of the region’s entire urban population, and as many as 20 to 30 percent of recent migrants from Ireland and the German states. Yellow fever and mass mortality are largely absent from the current historiographies on capitalism, slavery, and expansion in the cotton kingdom. Edward Baptist (2014), Walter Johnson (2014), and Sven Beckert (2015) barely mention the disease, though their primary source bases—the papers of planters William Kenner, John McDonough, and Stephen Minor—discuss disease obsessively, sometimes dedicating pages to their fears about fevers, family deaths, and medicinal regimes.

Historian J. R. McNeill argued in Mosquito Empires that mindless viruses dictated the broad strokes of empire in the eighteenth-century Atlantic world, with humans playing only a minimal role. But in the Deep South humans were key players, with many thinking people using the invisible microbial world—yellow fever and immunity to it—to reinforce and justify a specific version of slave racial capitalism and intensify its already-socially Darwinist tendencies. Here, a small immune elite (immunocapitalists) were able to command the labour of thousands of desperate, unacclimated whites, and violently control the bodies of enslaved people, widely held to be resistant to the disease. As much as cotton, sugar, and slavery, mass yellow fever mortality, immunocapital, and the laissez-faire attitude politicians adopted towards public health powerfully fortified the factors that made antebellum New Orleans into a socially stratified place, dominated not by state institutions but the profit and slave-crazed few. As much as it was a “slave society,” the Deep South was also a “disease society” with all institutions, relationships, and thought systems shaped by the tiny yellow fever virus.

The first chapter traces the epidemiology of yellow fever in the Atlantic world and discusses how antebellum Southerners came to describe yellow fever as a “stranger’s disease,” associated with poor white immigrants from the North and Europe. In tandem to this, Deep Southern whites borrowed elements of the Atlantic proslavery canon, contending that black slaves were naturally resistant to yellow fever. Mass sickness and mortality sparked a distinctive death culture as Orleanians struggled to assuage their fears about disease and explain why some died while others survived. New Orleans’ third industry—health and death—developed apace as the city flooded with doctors, nurses, charlatans, and steamers, each professing to have the best cures. Orleanians spent vast sums on medical care, physicians, and drugs to protect their health, often bankrupting themselves in the process of trying to get better. In turn, sometimes-predatory “death entrepreneurs,” hawking insurance, mourning goods, and legal services found Orleanians to be willing customers.

Chapter Two discusses immunocapital: how Deep Southerners leveraged their immunity to yellow fever to obtain social, economic, and political power. Immunity, gained only by surviving the disease—what contemporaries termed “acclimation” or “creolization”—created an elusive, but rigid social hierarchy where people were either unacclimated inhabitants or acclimated citizens. Immunity was (and is) an objective, biological reality. But, before diagnostic blood-testing, it was invisible and impossible to
verify. Acclimation was therefore also subjective, performative, and speculative, a matter of faith as much as fact.

Until white Orleanians could prove that they had survived yellow fever, they struggled to find steady, well-paid employment, safe housing, and a political voice. Once they passed the yellow fever threshold and leveraged their “immunocapital” by convincing others of their invisible immunity, whites could access higher echelons of political, social, and economic power within cotton- and slave-capitalism. Immunity to yellow fever thus became a bedrock of nineteenth-century “creolism,” for white individuals as well as institutions. For black people—widely held to be more resistant to yellow fever than whites—immunity was not a springboard to social mobility. On the contrary: acclimation (innate, acquired, or simply imagined) bestowed on black people a type of negative immunocapital, cited as the chief justification for why they should remain permanent enslaved labourers.

The third chapter describes the problems that arose due to the government’s indifference toward yellow fever and public health. Deep Southern cities—especially New Orleans—lagged well behind their Northern counterparts in building public health infrastructure. Boards of health, virtually all ineffectual, came and went depending on the politics of the day; quarantines perennially failed; the Charity Hospital was a notorious death-trap. Unwilling to spend tax money to protect the lives of the poor generally by sanitizing and draining immigrant neighbourhoods, the “commercial-civic elite” who dominated the city council claimed their stinginess was a boon to all on the grounds that the only effective public health solution was private acclimation: quarantines and water pumps only delayed this inevitable process. Seeking to attract many people to the region, boosters conducted a massive propaganda battle that presented New Orleans as a health spa, surrounded by fertile soil, and rife with potential riches.

To raise the necessary funds for modest sanitation projects (in rich neighbourhoods and commercial areas), New Orleans criminalised many activities associated with poverty, vagrancy, destitution, and need, targeting people least able to afford legal counsel and those who lived by choice or circumstance at the legal periphery. These people were disproportionately new to New Orleans and unacclimated. Such practices were deeply tied to the public’s general health: the state had an interest in keeping a large portion of the city’s inhabitants poor, unacclimated, and vulnerable as these people were lucrative and politically dispensable. In turn, people subjected to massive fines for drunkenness or vagrancy ($30 or an entire month’s salary for prostitution, for example) could not afford to escape the city when epidemics arrived, buy medicine, or solicit a physician’s care. Thus the lower, unacclimated, criminalised sort had far worse health outcomes than the rich.

The final chapter discusses how the lessons taken from yellow fever infused American proslavery ideology and shaped slave experiences as the nation approached the Civil War. Using spurious biological claims, physicians like Josiah Nott, Samuel Cartwright, George Glidden, and John Van Evrie argued slaves were “perfect non-conductors of yellow fever.” Thus, black immunity was taken to signal divine sanction for widespread slavery, with God creating black slaves specifically to labour in the cane and sugar fields of the Mississippi Valley. Already inclined to subscribe to racialized theories in phrenology and ethnology, Deep Southerners publically parroted the idea that blacks were immunologically-superior but intellectually-inferior. But in private, most slavers would not buy an unacclimated slave, and paid between 25 and 50 percent more for a “guaranteed” acclimated person.
Though petrified of yellow fever like all other inhabitants of the region, enslaved black people could not flee or afford expensive doctors when they fell sick. In fact, many Virginian and Kentuckian slaves remembered their fear at being sold to a New Orleans trader precisely because of yellow fever. But some blacks appear to have found epidemics politically intriguing. These episodes of widespread disorder and chaos proved the best moments to commit petit or even grand marronage. It was also no accident that almost every slave revolt in Louisiana—real or imagined—coincided with a particularly bad yellow fever epidemic. Many slaves appear to have recognised that epidemics offered rare opportunities to attack vulnerable white society, undercut its pernicious views about the alleged epidemiological-strength of the black body and intellectual-inferiority of the black mind, and demand that the ideas of the American Revolution, colour-blind in rhetoric, could be so in fact.
Acknowledgements

This thesis would have been impossible without the financial support of the Arts and Humanities Research Council, the Isaiah Berlin Scholarship at Wolfson College, and the Rothermere American Institute at Oxford. I am similarly indebted to the Wellcome Unit for the History of Medicine and the Institute of Historical Research for their support and feedback, as well as a litany of archivists at the New Orleans Historical Center, Tulane University, New Orleans Public Library, Louisiana State University, University of Texas, and University of North Carolina-Chapel Hill.

Many people have helped me over the course of the doctorate. I would like to give thanks to my fellow Americanists at the RAI for their scrupulous advice, including Tom Cutterham, Nicholas Cole, Peter Thompson, Jay Sexton, Mandy Izadi, Mara Keire, Annette Gordon-Reed, Kristin Hoganson, Carol Sanger, Skye Montgomery, Nonie Kubie, and Sveinn Johannesson. Katherine Mooney and Jane Dinwoodie earn exceptional praise for commenting on the entire thesis and acting as my historical checks and emotional rocks over the past three years. Special thanks must also be given to my supervisors. Lawrence Goldman has been a constant source of encouragement during the process of research, framing, and writing up – ever cheerful yet insightful. Pekka Hämäläinen was, and continues to be, a supportive and inspirational mentor, instrumental in helping me frame and scale this project and pushing me to think bigger about some of the key historical and historiographical claims.

My family has not only supported me throughout this process but has been an excellent historical sounding board. Thank you, Chase Olivarius-McAllister and Jack Olivarius-McAllister for putting up with me; Ann Olivarius for your meticulous attention to detail; Jef McAllister for your world-class editing skills and historical mind. Most of all, thank you Joe Geylin, who has read more drafts of this than I can count, has endured a never-ending recital of gruesome yellow fever stories, and has done so with a smile on his face.
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List of Abbreviations

AMA
*Transactions of the American Medical Association.*

Cabildo

CCR

DBCA-Austin
Dolph Briscoe Center for American History, University of Texas at Austin.

Duke
Rubenstein Rare Book Library, Duke.

LRC-Tulane
Louisiana Research Collection, Howard-Tilton Memorial Library, Tulane University.

LSM
Louisiana Historical Center, Louisiana State Museum.

LSU
Louisiana and Lower Mississippi Valley Collection, Special Collections, Louisiana State University.

NL-C
Newberry Library, Special Collections, Chicago, Illinois.

OR

NOHC
New Orleans Historic Collection.

NOMSJ
*New Orleans Medical and Surgical Journal.*

NOMNHG
*New Orleans Medical News and Hospital Gazette.*

NOPL
New Orleans Public Library, Special Collections.

TASTD
Trans-Atlantic Slave Trade Database.

TP, IX

UNC-CH
Southern Historical Collection, University of North Carolina, Chapel Hill.

WC
Wellcome Collection, London, UK
INTRODUCTION
CAPITAL OF DEATH: YELLOW FEVER, CAPITALISM, AND RACE IN THE ANTEBELLUM DEEP SOUTH

In the early autumn of 1819, New Orleans was gripped by a violent epidemic of the most terrifying disease in the Atlantic world: yellow fever. By the end of August, hundreds of people were dying each week. The Charity Hospital, the city’s repository for the poor and indigent, had filled past capacity. Corpses wrapped only in a thin shroud piled up outside graveyard gates, putrefying under the sub-tropical sun. A continual procession of hearses and funerals paraded down Canal Street. As New Orleans sat so close to sea level, mourners covered the bodies of the dead with copious amounts of bisulphate of lime, weighed down coffins with large rock slabs, and hoped the departed would decompose before bobbing to the surface of their watery grave. By September, the smell of decaying bodies was so overwhelming that enslaved labourers excavated the corpses of the August-dead and incinerated them in massive pyres. Petrified of disease, most politicians quit the city, abandoning their constituents at their most vulnerable moment. By November, between 2,190 and 6,000 people had died from yellow fever, with countless more left destitute, bereaved, and orphaned.

1 Some accounts of yellow fever epidemics in New Orleans—the “Wet Grave”—described that gravediggers bored holes in the base of coffins, and two black men would stand on top until they filled with water and sank. See James Edward Alexander, Transatlantic Sketches, Comprising Visits to the Most Interesting Scenes in North and South America, and the West Indies (2 vols., London, 1833), 2:30.
2 Bennet Dowler, Tableau of the Yellow Fever of 1853 with Topographical, Chronological, and Historical Sketches of the Epidemics of New Orleans Since their Origin in 1796 (New Orleans, 1854), 15-16. Though this is a wide range of deaths, the higher estimate is likely correct as it was based upon first-hand observations and data collected within the city. Mr Nuttal, a visiting naturalist based in New Orleans, estimated that deaths were between 5,000 to 6,000; the official army report, using only military data from out of town, estimated that about 3,000 people died. See J. M. Keating, A History of the Yellow Fever. The Yellow Fever Epidemic of 1878 in Memphis, Tenn. (Memphis, 1879), 84.
many respects the most wretched hole in the universe.” A person in New Orleans, he contended, “has one third the number of lives of a cat—for in the first place he is **murdered** by the yellow fever, in the second he is **drowned**, and in the third he is **burnt**.” The writer meditated on death, articulating the core anxiety shared by every antebellum Deep Southerner, white or black, free or enslaved: “my lot being cast in a place, where pestilence ‘walketh in darkness,’ there is no knowing but my turn may come next.” He concluded: “this may be the last you will ever hear from me.”

During the winter of 1803, news of the Louisiana Purchase electrified the United States. As new and apparently unoccupied lands in the Deep South—the region that would become Alabama, Mississippi, and Louisiana, and eastern Texas—opened up to settlement, many Americans expressed particular interest in the bountiful Lower Mississippi River Valley, specifically in the newly-cultivated sugar parishes surrounding New Orleans. Here—where, as travel writer Thomas Ashe observed that the “frigid character of North America” had been “dressed in the drapery of the West Indies”—ambitious white settlers could make Caribbean-style wealth through cash crops and slave labour. The Territorial Governor of Orleans Parish, W. C. C. Claiborne, remarked to President Thomas Jefferson that the “facility with which the sugar Planters amass wealth is almost incredible” and that it was not “uncommon with 20 working hands to make from 10 to 14 thousand Dollars and there are several planters whose field Negroes do not exceed forty who make more than 20,000 Dollars each year.” In Louisiana, a man could potentially make more than 100 times the average yearly income earned by a farmer in Virginia or Massachusetts in 1800.

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3 *Orleans Gazette*, 25 October 1819.
Captivated by the promise of massive wealth, French Prefect Pierre Clément de Laussat observed that thousands of Anglo-Americans were “swarming in from the northern states” to Louisiana like the “holy tribes invaded the land of Canaan.” One emigrant’s guide relished in “the spirit of emigration to the western States,” which “has been of late years without parallel in the history of any country.” By the time of the Missouri Compromise in 1820, the population of Mississippi had exploded from under 10,000 to over 75,000. The same held true for Louisiana and Alabama, which boasted about 150,000 residents each in 1820. Overall, at least 550,000 whites immigrated to New Orleans between 1803 and 1860 from the northern states and Europe, making it the country’s second most popular immigrant destination after New York City. In addition, hundreds of thousands of enslaved black people were marched or shipped to the Deep South as part of the domestic slave trade, the human collateral of Jefferson’s “empire for liberty.” By 1860, New Orleans was one of the nation’s largest cities through which millions of tons of cotton and sugar passed on a journey to ports around the world.

8 *The Emigrants Guide, or Pocket Geography of the Western States and Territories* (Cincinnati, 1818), iii, NL-C.
But soon after the Purchase, planters, politicians, slaves, and immigrants encountered the problem that would plague the region until the mosquito eradication campaigns of the 1900s: it was a death-trap, a place where up to 50 percent of newcomers died horrible, violent deaths from yellow fever. In the urban Deep South—Natchez, Vicksburg, Baton Rouge, Mobile, Biloxi, and especially New Orleans—yellow fever was a problem every summer.13 Every two or three years, yellow fever struck at epidemic levels, upending society as people fled the cities in panic.14 Annually, the mosquito-borne virus killed about eight percent of the region’s urban inhabitants, and as many as 20 or even 30 percent of “immunologically naïve” recent migrants, mostly from Ireland and the German states. In 1853, the year of New Orleans’ worst epidemic, about 12,000 people died, constituting one-tenth of the city’s population. In mortality terms, the 1853 epidemic was one of the worst natural disasters in American history.15

Indeed, by moving to the Deep South, unlucky migrants effectively cut their life expectancies by 20 years.16 There was the recently arrived Christopher Antoine, a 48-year-old German weaver, who ailed in the Charity Hospital for seven days before haemorrhaging blood from his mouth, nose, and ears; Ellen McDonald, an Irishwoman

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14 Physician John Harrison summed up the “epidemic” status of yellow fever between 1832 and 1844, noting “1832, Epidemic; 1833, Violent epidemic; 1834, Epidemic; 1835, Mild epidemic; 1836, Very few cases; 1837, Violent epidemic; 1838, Few cases; 1839, Violent epidemic; 1840, None; 1841, Violent epidemic; 1842, Epidemic; 1843, Epidemic; 1844, Mild epidemic.” John Harrison, “Remarks on Yellow Fever,” NOMNHG, vol. 2, no. 2 (Apr., 1855), 51.
16 Many people chose to immigrate to the United States through New Orleans over New York because there was no quarantine and no medical check upon arrival. See Lawrence H. Larsen, *The Rise of the Urban South* (Lexington, 1985), 41-42.
who, in a fit of delirium from yellow fever, slit her own throat and died; Mary Ann Hart, a young immigrant girl who screamed miserably while her sister and mother lay convalescent in the next room.\(^\text{17}\) As Isaac Briggs, a man who would shortly be dead from yellow fever, wrote to Jefferson in 1804, the “Divine Author of Nature has indeed made this Country a Paradise,” but man and disease “has converted it into a Pandemonium.”\(^\text{18}\)

In describing how disease shaped empires in the Greater Caribbean, historian J. R. McNeill wrote, it is “perhaps a rude blow to the amour propre of our species to think that lowly mosquitoes and mindless viruses can shape our international affairs. But they can.”\(^\text{19}\) With this insight, McNeill demonstrated how mosquitoes determined the outcomes of Atlantic struggles like the American and Haitian Revolutions as military leaders leveraged the “differential immunity” of their soldiers and responded to crippling death rates. To McNeill, it was not the diplomatic genius of Jefferson but the staggering levels of mortality from yellow fever among French soldiers in St. Domingue that made French possession of Louisiana untenable after 1802. Undermining the “geopolitical order in the Americas,” McNeill’s “tiny amazons”—female *Aedes aegypti* mosquitoes, vectors of yellow fever—provided the impetus for Napoleon Bonaparte to sell Louisiana to the United States, shifting forever the course of European empires in the Atlantic.\(^\text{20}\)


\(^\text{18}\) “Isaac Briggs to Thomas Jefferson,” 2 January 1804, Isaac Briggs Letters, mss. 3H90, DBCA-Austin.


Drawing on McNeill’s innovative argument, I suggest that mosquitoes also shaped the course of empires, once conquered. In the Lower Mississippi Valley, the northern-most outpost of the Greater Caribbean, yellow fever played a pivotal role in economics, social hierarchies, and politics, and was a driving force behind why this society was violently capitalist; why it was characterised by asymmetrical social and labour relations; why it bred politicians uninterested in the welfare of the poor; why it produced rabidly xenophobic, classist, and individualist inhabitants; and why its white inhabitants professed racial slavery integral to the economic health of their region and the larger nation.\textsuperscript{21} Mosquitoes may have determined the broad strokes of imperial power in the Deep South, but humans played a crucial role in converting unthinking biology into a political, social, and economic force.

The antebellum Deep South, as historian Ira Berlin described it, was a “slave society,” where all institutions revolved around racial slavery and all relationships replicated the dynamics of the master-slave relationship.\textsuperscript{22} But this was also a “disease society,” with yellow fever infiltrating every aspect of Deep Southern life, from the schedule of business, to the perception of outsiders, to the role of government, to how black people thought about white people and vice versa. Even Dr Josiah Nott, one of America’s foremost proslavery theorists, recognised that disease, specifically yellow fever, was an engine of

\textsuperscript{21} For more on the environmental history of the Lower Mississippi Valley, see John Rehder, \textit{Sugar Delta: Louisiana’s Vanishing Plantation Landscape} (Baltimore, 1999); Mikko Saikku, \textit{This Delta, This Land: An Environmental History of the Yazoo-Mississippi Floodplain} (Athens, 2005); Christopher Morris, \textit{The Big Muddy: An Environmental History of the Mississippi and Its Peoples from Hernando de Soto to Hurricane Katrina} (Oxford, 2012).

regional identity, asking in 1857, “Is it not the constant theme of the population of the South, how they can preserve health”?  

This thesis is neither a history of yellow fever in the antebellum South, nor is it a history of public health. Rather, it is a social history of epidemic disease, accounting for how mass sickness, mortality, and suffering shaped the institutions, hierarchies, markets, and mind-set of New Orleans and its region, as it transformed from a French colonial backwater into the heart of America’s cotton, slave, and sugar kingdoms and the “Necropolis of the United States.”

Histriography

Since the 1960s, historians like Eugene Genovese, Elizabeth Fox-Genovese, and James Oakes have sought to understand the political and economic development of the cotton kingdom, trace the causes of the Civil War, and unpack the unique “mind” of the planter class – the elites who sought to reconcile the “pre-modern” institution of slavery with nineteenth-century technology, industrialisation, and innovation. Shifting the focus onto the experiences of the enslaved rather than enslavers, the new historians of slave-capitalism—Adam Rothman, Sven Beckert, Steven Deyle, Edward Baptist, and Walter Johnson—have crafted a now well-rehearsed argument that situates New Orleans at the

23 Josiah Nott and George Gliddon, Indigenous Races of the Earth; or, New Chapters of Ethnological Inquiry (Philadelphia, 1857), 376.
24 Bennet Dowler, Researches upon the Necropolis of New Orleans, with Brief Allusions to its Vital Arithmetic (New Orleans, 1850), 3-28;
heart of “slave racial capitalism.” At its core, this global economic system was founded upon the violent commodification and manipulation of enslaved black people. Over one million people were sold “down river” in the domestic slave trade, forcibly transplanted from the increasingly unfertile lands of Virginia and Maryland to the boom states at the base of the Mississippi River.

As bondage spread into the North American interior, so too did new commodities markets, American political and legal traditions, crop mono-focus, and white supremacy. Enslaved men, women, and children forcibly transformed the Indigenous South into cultivated grids of cotton and cane fields, harvesting these crops year in, year out, under the threat of constant violence. Slavery underpinned the republican freedoms of large white planters, secured the Southwest’s position in the global cotton economy, and made the Deep South and slaveocracy forces to be reckoned with in federal politics. The oligarchs of “Dixie leviathan”—its planters and merchants—dually fascinate and repulse historians of slave-capitalism. This commercial elite indulged their compulsive need to


28 For more on the Native or Indigenous South and its relationship with slavery, see Christina Snyder, Slavery in Indian Country: The Changing Face of Captivity in Early America (Cambridge, Mass., 2010), 20-44.

commodify human beings while congratulating each other on the degree to which their “enterprising mercantile spirit” forced others to capitulate to their will.30

Historians of slave-capitalism have made large claims about how exterior circumstances like markets, globalisation, and white supremacy moulded the inner lives and daily experiences of people on the ground in Louisiana – black and white, enslaved and free. Deep Southern slaves endured unspeakable horrors to supply Bostonians with linen, Londoners with sugar, and hundreds of thousands of people around the world with jobs. Indeed, the most rudimentary exertions of enslaved people, what Walter Johnson termed their “bare-life processes”—founded on sun, water, and soil, “blood, milk, [and] semen”—collectively underwrote vast prosperity and ease for others.31 Johnson explained how the “commercial standards of the wider economy” (cotton prices) shaped the labor practices of Louisiana (the degree to which a slave was punished for working slow or escaping).32 Everyone, everywhere participated in American slave racial capitalism: a “quasi-feudal” planter like William Kenner with thousands of acres and hundreds of slaves in Louisiana might have directly benefitted from bondage, but a small farmer in Ohio, a railroad engineer in Cairo, an accountant in Liverpool, or cotton importer in Berlin were also reliant on Deep Southern slavery and inadvertently shaped how it was practiced along the Gulf Coast.33

Despite its fixation on the exertions of human bodies and environmental symbiosis, the slave-capitalism historiography is strikingly silent about yellow fever and mass mortality in the Deep South, even though references to disease and its consequences

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30 Baptist, _The Half_, 87.
31 Johnson, _River of Dark Dreams_, 9.
32 Ibid, 110.
33 Baptist, _The Half_, xix.
This topic has been hidden in plain sight. Almost every kind of source from the antebellum Deep South—diaries, plantation ledgers, pamphlets, doctor’s records, insurance tables, campaign speeches, government documents, and newspapers—is littered with references to yellow fever, death tolls, and the hardships caused by yellow fever. Between July and December, Orleanians filled their epistles with detailed accounts of symptoms, family deaths, funerals, medicinal regimes, and their fear of death; settlers stocked their bookshelves with tomes on fevers; slaves, ripped from their homes and forced to migrate south, sang about fevers as they picked cotton; newspapers printed weekly death tolls and poems reflecting on the fickle nature of “Yellow Jack.” In autumn, yellow fever—not cotton, sugar, or slavery—was the main topic of conversation in New Orleans coffee houses. Neighbours, seeking to build new communities in this corner of the American nation, performed some of their most important social duties in caring for the sick. Letters from New Orleans, in fact, so often contained news of death that distant family members grew weary of opening them, dipping the envelopes in vinegar in hopes of avoiding infection themselves before bracing for the worst.

In ignoring disease, historians have obscured a major dimension of Southern life and identity and missed an access point into this world. For example, many historians have cited the corpus of letters written by William Kenner, a successful Virginia-born migrant to

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34 This new historiography has sometimes been criticised for its over-use of narrative, anachronism, and modern morality. It has also ignored the role of women in antebellum capitalism, especially in the crucial nexus of enslaved women’s reproductive lives in tandem to physical labour. See Amy Dru Stanley, “Histories of Capitalism and Sex Difference,” *Journal of the Early Republic*, vol. 32, no. 2 (Summer, 2016), 343-50.
36 “Hore Browse Trist to Mary Trist,” 10 October 1802, Nicholas Philip Trist Papers, mss. 2104, folder 4, series 1.1, UNC-CH; “Rebecca Wyche to Sarah Wilburn,” 2 January 1832, Wyche and Otey Family Papers, mss. 1608, UNC-CH.
Louisiana who planted cotton and sugar, owned hundreds of slaves, and was deeply involved in New Orleans politics. His papers describe plantation life, popular perceptions of the Napoleonic Wars, the War of 1812, and the growth of the planters’ banks. Kenner, even by contemporary standards, was a large slaveholder and was known for his shrewd, often cutthroat, business tactics. But in the hundreds of documents he produced, Kenner seldom discussed slavery outright. More often, he was fixated on health.  

For example, on 1 November 1804, at the end of New Orleans’ terrible yellow fever epidemic, Kenner wrote a letter to Stephen Minor, his Natchez-based business partner, about 14 slave boys from Charleston he had recently purchased and insured. Ostensibly enquiring about when these slaves would arrive, Kenner was actually writing to make sure Minor was still alive: he had not received word from him in some time and was “fearful that something must be the matter.” Kenner closed out his letter with a typical refrain:

Not a drop of rain here since I came down and for a great length of time before – such weather has scarcely even been seen, you could hardly see the sun for the dust and smook [smoke]. Almost everybody sick … I have been several days much indisposed, and am still so. The rest of us are pretty well. The lady of Judge Provost died last night.  

These routine matters of life and death literally framed Kenner’s correspondence. Undoubtedly, they also framed how he thought about himself as a businessman, a planter, a family man, a white man, a master of slaves, and an American on the country’s isolated western fringes.

37 Baptist, The Half, 88, 101. Kenner did occasionally write about slavery, but that business was mostly left to his clerks.
38 “William Kenner to Major Stephen Minor,” 1 November 1804, William Kenner Papers, mss. 1477, 1491, box 1a, folder 1a, LSU.
Perhaps historians of slave-capitalism consider yellow fever background noise to the more resonant economic and political stories of the cotton kingdom—or a separate history entirely. Perhaps too, it seems distasteful, even wrong, to discuss the suffering of white people (recent white immigrants were the primary victims of yellow fever) in a space where a million black people were worked to death to increase the capital—economic, social, and personal—of whites.39 Racial slavery was horrific, and its industrial scale and terrors were well known to contemporaries, even those who professed racial slavery benign and protective. Indeed, one 1818 “emigrant’s guide” described to all newcomers that on some plantations in south Louisiana, up to 400 slaves lived in “wretched condition[s]” exposed to “every species of abuse, without the hope of redress,” a striking contrast to the “opulence” of their masters.40

Slavery was pervasive, and its effects were complex. But by 1860, only 29 percent of free families (black and white) owned slaves in Louisiana, and fewer than five percent of whites could boast of membership in the 20-plus slave “planter” class.41 Perhaps more Southern whites aspired to enslave people; maybe the promise of slaveholding was the reason a family from Hamburg immigrated to New Orleans over Boston or New York. And, even if a white person did not own a black slave, most whites were intimately acquainted with slavery. Some whites were engaged daily with slaves as an overseer on a plantation, others worked as cotton clerks handling slave-harvested products, and all whites saw slaves toiling for the benefit of others.42 This is, at its core, the nature of a slave society.

39 Walter Johnson described the horrors of the slave market, and the system of slavery more generally. See Johnson, Soul by Soul, 4.
40 Emigrant’s Guide, 146-47, NL-C.
42 For more on masculinity and aspirational slaveholding, see Stephanie McCurry, Masters of Small Worlds: Yeoman Households, Gender Relations and the Political Culture of the Antebellum South Carolina Low Country (New York, 1995), ix.
But this region was also a “disease society” – a place where no one could escape the powerful influence of yellow fever, even if they survived it. And by ignoring the environment, the significance of disease and immunity, and the sheer luck of the biological draw, the slave-capitalism historiography presents an oddly linear, neat vision of capitalist success: that with resolve, intelligence, ruthlessness, and a pinch of luck, all whites possessed the building blocks for success in slave racial capitalism; that white people entered a fundamentally level playing field.

Disease determined that this was not the case. In another telling, hundreds of thousands of whites arrived in a filthy city with almost no public health infrastructure, impoverished after a long, expensive journey, and inundated by a completely new and dangerous microbial reality. These people had come to New Orleans hoping to ascend the social and economic ladder, theoretically knowing this would happen through the violent exploitation of black people, hundreds of thousands of whom had been forced to move to this region. Some whites would “get acclimated,” enslave others, make fortunes, and accumulate power. But a large percentage, engulfed by a new viral regime, quickly ended up in a coffin.

The consequences of this repetitive slaughter radiated through Deep Southern society. Understanding this region through an epidemiological hierarchy of disease and immunity does not supplant the primacy of its racial hierarchy of unfreedom, or diminish its importance, rigidity, and horrors. Rather, yellow fever was one of the most brutal aspects of this society, dreaded by whites and blacks, free and enslaved alike. And the realities of mass disease and mortality reinforced the cruelties and inequities of this slave society, raised its stakes, and made its implicit violence more repressive and intractable.
Historians of slave-capitalism have elided the disease environment. But historians of disease and public health in the Deep South like John Duffy, Jo Ann Carrigan, and Margaret Humphreys have similarly sequestered themselves, presenting yellow fever as an environmental phenomenon largely independent of widespread slavery, commodities markets, and social hierarchies. These historians chronologically traced yellow fever’s origins in the Deep South to 1796, its periodic visitations in the 1820s, near-constant visitations in the 1830s and 40s, and devastation in the 1850s. Hereafter, the disease situation improved: by the 1860s, public opinion crystallised around the efficacy of quarantines and drainage; by the 1870s, municipal and state government appropriated funds for disease education and prevention; by the 1880s, the federal government increasingly displaced ineffective boards of health; and by the beginning of the twentieth century, the disease was eradicated entirely from the United States. In identifying public health turning points in the second half of the century—1853, 1858, 1878—historians of disease have fostered a whiggish narrative – that health improved, eventually. But in doing so, these historians have implied a level of institutional progress, government action, and social awareness that would have been unrecognisable to most antebellum Deep Southerners.43

During the 1833 yellow fever epidemic, one German immigrant named Carl Koln demonstrated that hopelessness most antebellum Orleanians felt in the face of disease.

Writing to his uncle, Koln implored, “Is this the ‘dear Orleans’ of which you talked in your letters with such affection? Is that the place where you wish to lay now your mortal remains? Bye the bye that’s a good idea, for it is only a place to die at but not to live.” Koln concluded, “I shall call it ‘my dear Orleans’ when I may be able to leave it altogether.”

The influence of yellow fever constitutes the dark matter of the Deep South: operating invisibly, the virus exerted orbital pull on everything else in the region. Disease helps explain Deep Southern behaviour, the contours of identity, and the region’s particular worldview. Because of disease, the commercial-civic elite of New Orleans argued that their region could not be held to the same republican standards set elsewhere in the nation: they required large-scale black slavery. Yellow fever impacted the size, scope, and effectiveness of government. It also dictated the pace of the cotton market, shaped the economic choices made by planters and mercantile elites, and through a hierarchy of “immunocapital”—where immunity or vulnerability to yellow fever determined professional, political, and social status—structured Southern society in ways different from the rest of the country. Here, a small immune elite commanded the labour of thousands of desperate, unacclimated whites, and thousands of enslaved people, widely held to be resistant to the disease. Until whites could prove they were acclimated, they could not get jobs, struggled to find housing, put off marriage, and were politically impotent.

44 “Letter Book,” 23 September 1833, Carl Koln Letter Book, mss. 269, NOHC.
45 J. R. McNeill, “Global History: Research and Teaching in the 21st Century,” 20 June 2005, Center for Global Studies, University of Illinois at Urbana-Champaign; Peter McCandless, Slavery, Disease, and Suffering in the Southern Lowcountry (Cambridge, 2012); Todd Savitt and James Harvey Young (eds.), Disease and Distinctiveness in the American South (Knoxville, 1988).
46 Johnson, River of Dark Dreams, 348, 442n40.
Though surviving yellow fever had little to do with medicine, personal choices, morality, or character, “immunocapitalists” had an uncanny knack for attributing their relative epidemiological luck to God’s approval – for their lifestyle and the system of slave-capitalism that made it possible. In their carefully-curated ideology, the immune elite stood atop the Deep Southern pyramid not because they were white or lucky, but because they had made the moral, manly choice to survive yellow fever. Conversely, those who died were failures: intemperate, weak-willed, cowardly, and undeserving of the fruits of capitalism.

Seeking to encourage a constant stream of bodies to replace the dead, boosters sold the region to incoming migrants as a place of economic vibrancy in spite of its glaring sickliness. “Disease denialists” similarly insisted that survival was a product of providential selection, with death a mark of damnation rather than immunology or luck. They alleged the insalubrious image of the Gulf was a jealous northern fiction and accused outsiders of spreading falsehoods. They argued the process of acclimation was gentle, even joyous.

But while they boasted of their own acclimation, the elite still fled New Orleans upon the slightest whisper of fever in Santiago de Cuba or Vera Cruz. And while they might have blamed victims of yellow fever for their own imprudence, they crafted a different narrative when their own children died. Disease denialism resembled the web of contradictions Southerners used to justify slavery in the 1840s and 50s: buyers palpated enslaved people’s bodies in auction houses to check for scars—clues as to whether their
potential “property” was rebellious—while avowing that slavery was not violent, slaves were happy, and that the alleged atrocities of slavery were a northern conspiracy theory.47

Disease provided the tacit justification for who did what work during cotton and sugar production, becoming the essence of an increasingly elaborate justification for widespread and permanent black bondage. In the Deep Southern view, only blacks could survive work like cane cutting, swamp clearing, and cotton picking, as whites did not have the constitution to work under the “torrid sun” with such “deleterious moisture.”48 In fact, they argued, black slavery was positively natural and humanitarian for it protected the health of whites, insulating them from diseased-labour and diseased-spaces that would kill them. Northern citizens and legislators, most of whom remained utterly ignorant of what exactly the United States had purchased in 1803, largely capitulated to this Deep Southern orthodoxy: if white settlers could not cultivate the Lower Mississippi without yellow fever-resistant black slaves, then they must have vigorous, unfettered slavery, lest this valuable region fall to France, Spain, or Britain.

Critics of environmental determinism might counter that all nineteenth-century Americans thought and wrote about death, and that diseases and viruses were problems everywhere. But there was both a qualitative and a quantitative difference in how Deep Southerners discussed disease, infusing their explanations of it with racial theory, self-righteousness, paranoia, and anecdotal declaration. Here, a few whites were supreme, made rich through enslaving black people and exploiting a steady stream of whites with no resistance to the disease, wholly unprotected by health infrastructure or government

agencies that were kept deliberately weak and poor. Yellow fever made, and made sense of, a society where a select few immunocapitalists became rich and powerful; everyone else—black, white, or mixed race—was disposable, and subject to the whims of the white immune minority.

Methodology and Structure

This thesis employs a wide range of historical material to capture the impact of yellow fever on Deep Southern society and access voices otherwise muted in more traditional sources like letters, archival paper collections, and travel literature. New Orleans and its hinterlands were such a shocking and remarkable place during the antebellum period that many people—especially yellow fever survivors—provided testimony of their time in the Deep South. I have used sources like travelogues and letters, and a large collection of archival epistles and diaries written by planters, merchants, businessmen, and travellers. But I have particularly sought out materials written by poor immigrants, women, and non-whites to capture alternate narratives of this terrible disease.

The sunny vision of this region presented in immigrant guides, travel pamphlets, and booster literature is contradicted most readily through a close analysis of hospital registers, doctor’s ledgers, and interment records from a wide range of cemeteries and institutions. I have also used every extant mortality list of New Orleans’ board of health, the interment reports of every cemetery that kept records during the antebellum period, and every Charity Hospital account book to understand the true lethality of yellow fever, cross-referencing their mortality projections with the private writings of doctors and politicians.
Moreover, I have used dozens of local, national, and international newspapers, in French and English, to determine how society at large grappled with disease. Newspapers show the degree to which the medical debates about disease, contagionism, and quarantines—argued over decades in the *New Orleans Medical News and Hospital Gazette* and the *New Orleans Medical and Surgical Journal*—penetrated the populace. Newspapers suggest, for example, that most white Orleanians were excited by the racist theories about black yellow fever immunity, as forwarded by physicians like Samuel Cartwright and Josiah Nott in esoteric lectures in New Orleans’ medical schools and societies. Throughout this thesis, I have also used the findings of modern epidemiology and biology to explain disease patterns and yellow fever pathology that antebellum Deep Southerners only vaguely understood.

The most granular detail about the impact of yellow fever on the lower sort—poor immigrants, indigents, women, free blacks, and slaves—however, comes from the tens of thousands of pages of minutes recorded by New Orleans’ municipal councils, comptrollers, recorders, and government functionaries, now stored in the New Orleans Public Library. The debates of aldermen are telling more often for what they do not say rather than what they do. Official silence on matters of health and death even at the height of epidemics speaks volumes about the relationship between state and citizen, and how average inhabitants—totally unsupported by governing structures and institutions—experienced disease when they fell sick.

Capturing the varied experiences enslaved people had with yellow fever proved difficult as few slaves were literate. Almost every extant source about slaves and yellow fever was written, and thus moderated, by whites. To reconstruct the black experience of disease, I have scoured doctor’s ledgers, slave narratives, and municipal records from the city’s work house, jail, and chain gangs. Through aggregating fleeting references to sickness,
death, and survival in the WPA narratives, this thesis suggests that slaves were dually terrified of yellow fever but intrigued by its political possibilities.

The first chapter traces the epidemiology of yellow fever in the Atlantic world and discusses how antebellum Southerners came to describe yellow fever as a “stranger’s disease,” associated with poor white immigrants from the North and Europe. In tandem with this, Deep Southern whites borrowed elements of the Atlantic proslavery canon, contending that black slaves were naturally resistant to yellow fever. Mass sickness and mortality sparked a distinctive death culture as Orleanians struggled to assuage their fears about disease and explain why some died while others survived. New Orleans’ third industry—health and death—developed apace as the city flooded with doctors, nurses, charlatans, and steamers, necromancers, and fortune-tellers, each professing to have the best cures for a disease no one understood. Orleanians spent vast sums on medical care, physicians, and drugs to protect their health. In turn, sometimes-predatory “death entrepreneurs,” hawking insurance, goods, and services, found Orleanians to be willing customers.

Chapter Two discusses immunocapital: how Deep Southerners leveraged their perceived immunity to yellow fever to obtain social, professional, and political power. Immunity, gained only by living through the disease—what contemporaries termed “acclimation” or “creolization”—created an elusive, but rigid social hierarchy where people were either unacclimated inhabitants or acclimated citizens. Until white Orleanians could prove that they had survived yellow fever, they struggled to find steady, well-paid employment, safe housing, and a political voice. Once they passed the yellow fever threshold and leveraged their “immunocapital” by convincing others of their invisible immunity, whites could access higher echelons of political, social, and economic power
within cotton- and slave-capitalism. Immunity to yellow fever thus became a bedrock of
nineteenth-century “creolism” for white individuals as well as institutions – proof of
nativity, local acceptance, and credibility. For black people, widely held to be more resistant
to yellow fever than whites, immunity was not a springboard to social mobility. On the
contrary: acclimation (innate, acquired, or simply imagined) bestowed on black people a
type of negative immunocapital, cited as the chief justification for why blacks should
remain permanent enslaved labourers.

The third chapter describes the problems that arose due to the government’s *laissez-
faire* approach toward yellow fever. Deep Southern cities—especially New Orleans—lagged
far behind their Northern counterparts in building public health infrastructure. Boards of
health, virtually all ineffectual, came and went depending on the politics of the day;
quarantines perennially failed; the Charity Hospital was a notorious death-trap. The state’s
nightwatchman approach to public health led to the growth of private charitable
institutions dedicated to the care of selective pockets of society – poor French girls,
German immigrants, or Catholic boys. Unwilling to spend tax money to protect the lives of
the poor and newly-arrived by sanitizing and draining immigrant neighbourhoods, the
commercial-civic elite claimed their stinginess was actually a boon to Orleanians on the
grounds that the only effective public health solution was private acclimation. Despite
overwhelming evidence that public health measures were effective against yellow fever in
other cities, New Orleans’ leaders insisted those examples were irrelevant and that the only
ture solution was for everyone to contract the disease and survive for themselves.
Expensive public health infrastructure only delayed this process. Boosters conducted a
propaganda battle that presented New Orleans as a health oasis, surrounded by fertile soil
and rife with potential riches. “Disease denialism” was a sign of the Deep South’s
intellectual adaptation to being caught between the interlocking gears of its brutal disease
landscape and the behemoth of slave racial capitalism.

The final chapter discusses how the lessons taken from yellow fever infused American proslavery ideology and shaped the slave experience as the nation approached the Civil War. Using spurious but racially-specific visions of medicine and biology, physicians like Josiah Nott, Samuel Cartwright, George Glidden, and John Van Evrie argued slaves were “perfect non-conductors of yellow fever.”**49 Thus, black immunity was taken to signal divine sanction for widespread slavery, with God creating black slaves specifically to labour in the cane and sugar fields of the Mississippi Valley. Already inclined to subscribe to racialized, pseudo-scientific theories like phrenology and ethnology, Deep Southerners publicly proclaimed that blacks were immunologically-superior but intellectually-inferior. But in private, most slavers would not buy an unacclimated slave, and the slave market essentially shut down in August, September, and October in order to protect the health of potential buyers and their valuable slave property.**50

Though petrified of yellow fever like all other inhabitants of the region, enslaved black people could not flee or afford expensive doctors when they sickened. In fact, many Virginian and Kentuckian slaves remembered their fear at being sold to a New Orleans trader precisely because of yellow fever. But some blacks appear to have found epidemics politically intriguing. These episodes of widespread disorder and chaos were the best moments to commit petit or even grand marronage. It was also no accident that nearly every slave revolt in Louisiana, real or imagined, coincided with a particularly bad yellow fever epidemic. Many slaves appear to have recognised that epidemics offered rare opportunities

*50 For an excellent discussion of black acclimation and labour in Charleston, see Michael D. Thompson, *Working on the Dock of the Bay: Labor and Enterprise in Antebellum Charleston* (Columbia, 2015), 75-104.
to attack white society, undercut its pernicious views about the epidemiological-strength of the black body and intellectual-weakness of the black mind, and demand that the ideas of the American Revolution, colour-blind in rhetoric, could be so in fact.
CHAPTER ONE
YELLOW FEVER’S EPIDEMIOLOGY IN THE DEEP SOUTH, AND ITS ENTREPRENEURS OF HEALTH AND FATALITY

For the entire nineteenth century, yellow fever was an inescapable part of life in the Deep South and a point of near-constant terror in New Orleans, the region’s cultural, economic, and political hub. There was no cure, no inoculation, no conclusive evidence of disease transmission, and no explanation for why it killed some while leaving others unaffected. It was, moreover, a sudden and horrible way to die. Remembering his time in New Orleans, Unitarian minister Theodore Clapp wrote that there was no death “more shocking and repulsive to the beholder … Scarcely a night passes now, in which my dreams are not haunted … by the distorted faces, the shrieks, the convulsions, the groans, the struggles, and the horrors which I witnessed thirty-five years ago.”

Yellow fever victims experienced a sudden onset of headache, back pains, jaundice, nausea, and chills. One victim likened the disease to a “civil war” raging in the stomach and the head feeling “as if it is filled with molten lead.” Fevers as high as 40.6°C (105°F) set in. Renal failure stopped urination, and toxins built up in the body causing delirium and convulsions. Within days, victims oozed blood through their external orifices, writhed in pain, and vomited up partly coagulated blood, roughly the consistency of coffee grounds. Organs failed. Helpless doctors, nurses, and family watched as patients lapsed into a coma, then died. It was so painful that even pious victims screamed profanities as the end neared. The corpse, as Clapp described, was “usually sad, sullen, and perturbed; the countenance dark, mottled, livid, swollen, and stained with blood and black vomit; the veins of the face and whole body

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51 Theodore Clapp, *Autobiographical Sketches and Recollections during a Thirty-Five Years’ Residence in New Orleans* (Boston, 1857), 189.
become distended, and look as if they were going to burst.”

There were only two outcomes after an attack of yellow fever: lifetime immunity or death.

Until the twentieth century, almost every question relating to yellow fever was controversial. Was it imported or native to the region? Was it contagious? Was it a discrete disease, or a mixture of different fevers? Was it carried by persons, transmitted through water, or spread in the air? What were the most effective treatments? Who should pay for the social costs of disease? Why did black slaves appear to suffer less from it than whites? When was it acceptable—for the state, companies, or individuals—to make money during epidemics? Did a doctor’s attention actually help? Most of these questions would remain unanswered until 1901 when Walter Reed and the United States Army Commission in Cuba determined that yellow fever was a virus transmitted by the *Aedes aegypti* mosquito. Subsequent mosquito eradication campaigns have, temporarily at least, erased yellow fever from the Deep South. But in the nineteenth century, yellow fever was an impenetrable mystery, its dangers inviting myth-making on a grand scale, with significant consequences for the organisation of economic activity, politics, social life, and slavery.

This chapter traces historical understandings of yellow fever alongside modern epidemiology to explain why the Deep South, and New Orleans in particular, was vulnerable to this disease. Using doctor’s ledgers, sexton’s reports, city council rolls, newspapers, and travel accounts, I will seek to determine yellow fever’s demographic impact, controlling for chronic underestimation in official sources. Unlike cholera which was “no respecter of person,” each yellow fever epidemic produced mounting evidence to

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suggest that the disease affected certain ethnic groups and races more than others.\footnote{“Progress of the Cholera in Paris,” \textit{The London Medical Gazette}, vol. X (London, 1832), 58.}

Orleanian physicians—who had trained in St. Domingue, Martinique, Liberia, Paris, and Philadelphia—experimented with new, sometimes controversial therapies, making the city an incubator for fever specialists. Over time, a yellow fever culture developed: Orleanians joked about Yellow Jack and composed songs, ballads, and poetry on the topic. In crafting their own idioms to describe yellow fever, Orleanians reconciled themselves to mass mortality and developed mechanisms to cope with their losses.

Visitors regularly noted that New Orleans and its region were energised by the slave and cotton industries. But the culture of death and its parallel economy were equally animating, giving the city, as visitor Henry Tudor wrote, “a character … totally different” from that “of every other in the United States.”\footnote{Henry Tudor, \textit{Narrative of a Tour in North America: Comprising Mexico, the Mines of Real del Norte, the United States, and the British Colonies} (2 vols., London, 1834), 2:64-65.} Indeed, when asked how New Orleans compared to Richmond, Virginia, one immigrant replied “not half so well,” strenuously objecting to its death culture with the “black legs & its black vomit.”\footnote{“Thomas Robertson to Mary B. Robertson,” 18 October 1819, Walter Eaton Prichard Collection, folder 1, mss. 2912, LSU.} After cotton and slavery, health was antebellum New Orleans’ third biggest industry. Inhabitants spent millions of dollars in aggregate—sometimes all of a person’s disposable income—on doctors, nurses, medicines, hospitals, and medical advice. Some “death entrepreneurs” like insurance brokers, doctors, and home care specialists found other ways to monetize mortality, taking large sums off of the petrified, ailing, and bereaved. Though much of this industry was legitimate, select pockets were extortionate or even predatory, capitalising on Deep Southerners at their most vulnerable moments.
As eighteenth-century mercantilism spread commodities around the world, it quietly exchanged germs, mosquitoes, and plasmodia, too. Native to parts of Central West Africa, the yellow fever virus—a tiny parcel of RNA and DNA strands encased in a protein shell—has existed in its present mutation for about 3,000 years. It probably came to the Americas sometime after 1492 in ships carrying goods, water, insects, and people across vast oceans, when slave traders began acquiring human beings in Central West Africa and relocating them to West African port cities before shipping them across the Atlantic. Some mosquitoes accompanied these people on board slave ships and bred. Third-generation bugs disembarked in the Americas around 60 days later. The rise of sugar culture in the Caribbean intensified travel and slave importation to the Caribbean, triggering the first recorded outbreaks of yellow fever in North America.

Yellow fever proved highly lethal in Gibraltar, Cádiz, and the Caribbean. Arriving on mainland North America as early as 1699, it periodically struck with staggering violence. It killed about 5,000 people in Philadelphia in 1793 (one-tenth of the city’s population; a further 17,000 fled the city), 5,000 more in 1798 in both Boston and New York, and about

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59 Urmi Engineer, “Hurricane and the Human Frame: Yellow Fever, Race, and Public Health in Nineteenth-Century New Orleans” (PhD diss., University of California, Santa Cruz, 2010), 35.
1,000 in Baltimore in 1800.\textsuperscript{61} The first yellow fever epidemic on the Gulf Coast occurred in 1796, coinciding with Louisiana’s first successful sugar harvest.\textsuperscript{62} Given New Orleans’ importance to the trade interests of France and Spain and its regular maritime contact with the West Indies, yellow fever almost certainly arrived in the Deep South multiple times before 1796 but did not reach epidemic proportions. In 1739, “autumnal fever” killed 500 of the 1,200 mainly French and Canadian troops concentrated around Fort Assumption on the Mississippi (near present-day Memphis, Tennessee). Fevers of various descriptions visited other Gulf Coast cites—Biloxi, Mississippi in 1702, 1704, and 1707, and Mobile, Alabama in 1704—but killed too few people to raise alarm or spur officials to document it as anything irregular.\textsuperscript{63}

To Orleanians, the disease outbreak of 1796 seemed entirely new. Perhaps 1,000 soldiers garrisoned outside the city sickened or perished, many of them expressing the tell-tale symptom of black vomit.\textsuperscript{64} Over 600 non-military people also died of the disease, including “all of the laborers engaged” in building the Carondelet Canal connecting the city to Lake Pontchartrain. In late August, about 15 to 20 people were dying each day, leaving the city’s 7,500 inhabitants, as Spanish intendant Ventura Morales described it, “terrified”


\textsuperscript{62} Arthur Preston Whitaker, \textit{The Mississippi Question, 1795 to 1803: A Study in Trade, Politics, and Diplomacy} (New York, 1934), 41.

\textsuperscript{63} For a general history of yellow fever in eighteenth and early nineteenth-century America, see René La Roche, \textit{Yellow Fever, Considered in its Historical, Pathological, Etiological, and Therapeutic Relations} (2 vols., Philadelphia, 1855), 264-103; John Monette, \textit{History of the Discovery and Settlement of the Valley of the Mississippi} (2 vols., New York, 1848), 2:290. Many eighteenth-century cases of yellow fever were misdiagnosed. Malaria undoubtedly affected military expeditions, along with other maladies like scurvy, “bowel complaint,” and typhoid, diseases associated with poor nutrition, vitamin-deficiency, and unsanitary living conditions. See Erica Charters, \textit{Disease, War, and the Imperial State: The Welfare of the British Armed Forces during the Seven Years’ War} (Chicago, 2014), 19-25.

and “in a state of consternation.” 65 Overall, about six percent of the city’s population died, equalling roughly ten percent of whites, more than 25 percent of non-creole whites, and an unknown number of enslaved and free black persons. 66 After 1796, the disease returned to the Gulf Coast almost every year for over a century, earning New Orleans the moniker of “Necropolis” of the United States. 67

Due to a variety of human and environmental factors, antebellum New Orleans proved a perfect storm for yellow fever epidemics. Lying at sea level in the swamplands of south Louisiana, the city regularly flooded. Indeed, the battle to control water—from the sea, river, sky, and ground—has plagued New Orleans since its establishment in 1718. 68 Levees, the natural and artificial barriers constructed to keep the Mississippi River at bay, had to be constantly monitored and reinforced. Even when intact, water seeped through, softening the soil to such a degree that farmers did not bother to shoe their horses. Even in dry years, roads were often impassable because of ground water, and after heavy rains very little distinguished the street from the drainage ditch. 69 With nowhere to drain when the river was high, pools of stagnant, foul-smelling, garbage-laden rain water festooned the town, expanding mosquito breeding grounds. Indeed, the last Spanish Governor of Louisiana, Baron de Carondelet, argued in the 1790s that if some drainage was not undertaken, it would be “necessary to abandon the town in less than three or four years.” 70

67 For historical and contemporary descriptions of the “Necropolis” see Jo Ann Carrigan, “Yellow Fever in New Orleans, 1853: Abstractions and Realities,” Journal of Southern History, vol. 25, no. 3 (Aug., 1959), 339; Carrigan, Saffron Scourge, 13; Albert Cowdrey, This Land, This South: An Environmental History (Lexington, 1983), 41, 86; Gleeson, The Irish in the South, 47.
Urbanisation also contributed to the city’s biological vulnerability. An 1803 census suggests the city inherited by the United States counted a population of 8,050 residents, inclusive of all races and 700 people “not domiciled.” New Orleans’ population doubled in size in 1809 with the influx of asylum-seekers from St. Domingue to 18,000, and continued to grow, swelling from 46,000 in 1830 to 102,000 in 1840 through European, American, and forced black migration. In 1860, the city’s population surpassed 168,000, mostly through the addition of tens of thousands of Irish people escaping famine and Germans fleeing the upheaval of 1848. Most of these new arrivals were “immunologically naïve,” having had no previous contact with the yellow fever virus unless they had travelled in Africa or the Caribbean. With this rapidly expanded food supply (both human blood and sugar), the mosquito population exploded. Yellow fever cases were reported each summer. Every two or three years—1796, 1799, 1801, 1804, 1809, 1811, 1817, 1819, 1821, 1822, 1824, 1829, 1833, 1835, 1839, 1841, 1843, 1845, 1847, 1853, 1854, 1855, 1858—the disease attacked at violent epidemic levels.

72 The “not domiciled” population would later be called the “floating population.” “Census of the City of New Orleans,” 1803, New Orleans Municipal Records, mss. 16, LRC-Tulane.
75 Some research suggests that sucrose may make the A. aegypti more active, even if human blood is their primary food source. Sucrose can also increase its lifespan. On sugar plantations, there was a year-round supply of sucrose for A. Aegypti, in the bagasse (discarded cane after pressing), in cooling vats, and in the clay pots that held crystallised sugar. These bugs can also survive on animal blood like chickens and rabbits. See Goodyear, “The Sugar Connection,” 11; S.R. Christophers, Aedes Aegypti (L.) the Yellow Fever Mosquito: Its Life History, Bionomics and Structure (Cambridge, 1960), 468-69.
76 La Roche, Yellow Fever, Considered, 542.
Yellow Fever Epidemiology

Southern doctors, few of whom had first-hand experience with yellow fever, were initially flummoxed by this new scourge. Not only did its victims expire quickly and violently, it elided contemporary ideas of contagion and disease communicability, killing with seeming randomness. “Fifty times have I had my hands and face besmeared with the putrid blood, black vomit, or foetid slimy matter of perspiration,” Dr Dupuy De Chamberry wrote in 1819, but he had never been knowingly infected by the disease.77 Another doctor, Ashbel Smith, wrote: “I have made several post mortem examinations—handling every organ without squeamishness; immersing my hands freely in the black vomit and other fluids; smelling and viewing them closely.” He added, “I have repeatedly tasted black vomit, when ejected from the stomachs of the living; and I am not aware of ever having experienced further inconvenience or effect than fatigue.”78 As another doctor put it, yellow fever was the “queerest disease in the world,” like a “character actor on the stage, who comes out in different costumes and with different gestures and voices, but is the same man under it all.”79

This seeming irrationality of yellow fever arose from the whims of the rather pesky female mosquito, the *A. aegypti*. Unlike the swamp-loving, malaria-carrying *A. aegypti*, this peridomestic species prefers to breed in clean water vessels typical of cities and sugar plantations—wells, cisterns, open barrels, puddles, and clay pots.80 Their larvae, thick and

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77 Dowler, *Tableau of the Yellow Fever of 1853*, 16.
78 Ashbel Smith, *An Account of the Yellow Fever which appeared in the City of Galveston, Republic of Texas, in the Autumn of 1839, with Cases and Dissections* (Houston, 1839), 33.
80 Engineer, “Hurricane and the Human Frame,” 31-35.
blackish, cake at the bottom of casks and cisterns. In hot humid weather, the bugs hatch within two days. Generally, these mosquitoes need temperatures of about 10°C (50°F) to survive, above 17°C (63°F) to bite, and above 24°C (75°F) to reach peak activity, with their ideal temperatures ranging between 27° and 31°C (81° to 88°F), mapping closely to the median temperature range of New Orleans during summer and autumn. The climatic sensibilities of the *A. aegypti* also meant that yellow fever epidemics generally ended after the season’s first frost, occurring normally between November and December in southern Louisiana.

These mosquitoes do not buzz. They hover close to the ground, find humans (their favourite food source) by sight and chemical sensors, and bite them around their ankles around dawn or dusk. Most people probably did not even notice the bite until it began to itch. In optimal humid conditions, the *A. aegypti* can detect moving objects as far as ten feet away. Attracted by warmth, exhalations of water vapour, and carbon dioxide, they appear to have a particular sensitivity to high concentrations of ammonia and lactic acid typical of human sweat. *A. aegypti* travel only a short distance, spending their entire lives within about a 20-foot radius. As a yellow fever victim’s blood is only briefly infective at the illness’ onset, *epidemic* yellow fever (in non-endemic regions) requires a large mosquito population and a densely-packed, immunologically-naïve human population or the virus will not spread effectively. But if these conditions are met—a dense urban setting with a healthy mosquito population—one person with yellow fever would on average spread the

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81 Elizabeth Barnett, “Yellow Fever: Epidemiology and Prevention,” *Clinical Infectious Diseases*, vol. 44, no. 6 (Apr., 2007), 852.
83 The *A. aegypti* make only a few bites in their lifetime, perhaps ten or 20. Their blood must incubate for nine to 18 days before the mosquito can infect another human being. After this period of extrinsic incubation, the mosquito remains infective for the remainder of its two-month life. Thus, older mosquitoes are more effective yellow fever transmitters. McNeill, *Mosquito Empires*, 40-52.
disease to four other people. Ex-victims cannot be infected or spread the disease further, thus “herd immunity” is attained around an 80 percent threshold.

Yellow fever does not treat all people equally. Unlike most diseases, it tends to kill young people with active immune systems, rather than the very young or old, suggesting that a strong immune response may heighten yellow fever’s lethality. Children tend to experience milder, flu-like cases, thus most “creoles”—people born and raised in the Deep South—probably developed immunity early in life. Women appear to have had greater resistance to yellow fever than men. As Hore Browse Trist, the Customs Collector of Orleans Territory, wrote to his wife Mary in 1803, he hoped to move from Natchez to the “healthier” New Orleans, which he believed was better “for Ladies, who never die there.”

Gender may not have provided women with protection against yellow fever in and of itself, but gendered circumstances and demographics did. The immigrant population of the Deep South skewed male (there were more employment opportunities for men in the region) and as men spent more time outdoors performing manual, sweat-inducing labour,

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84 This is known as the R₀ value or basic reproduction number.
86 Some epidemiologists suggest that dengue fever, and Japanese encephalitis, other flaviviruses, confer some “cross-immunity” to yellow fever on those who survive. Kenneth Kiple describes that many people of Chinese origin were considered to be almost as resistant to yellow fever as blacks in the nineteenth-century Atlantic, although yellow fever had never invaded Asia. Most childhood cases remained either undetected or were misdiagnosed as influenza, dengue, typhoid, or malaria. If they survived past five, most people had developed some resistance *plasmodium vivax*—the milder form of malaria—and had a higher chance of reaching adolescence. One doctor related that the youngest case of yellow he had ever seen was a “white infant aged five weeks,” who died alongside her unacclimated mother. Half of all babies in Louisiana died in their first year. E. D. Fenner, “Report on the Epidemics of Louisiana, Mississippi, Arkansas, and Texas, in the Year 1853,” *AMA*, vol. 7 (New York, 1854), 468; Kenneth Kiple, (ed.), *The Cambridge Historical Dictionary of Disease* (Cambridge, Eng., 2003), 366.
87 “Hore Browse Trist to Mary Trist,” 18 August 1803, Nicholas Philip Trist Papers, Series 1.1, Folder 6, mss. 2104, UNC-CH.
men were more often in yellow fever-prone spaces. In 1817, city officials determined that yellow fever killed 12 times the number of men (760) as women (63). During the last week of September 1841, 85 men were interred at city expense in Lafayette Cemetery compared with just 17 women.

Today, about 75 to 85 percent of yellow fever victims suffer only briefly, and in extreme cases, only 20 to 50 percent of people with serious cases die (placing the fatality rate of all sufferers at between three and 13 percent). 200 years ago, the mortality rate was much higher for reasons modern epidemiologists do not entirely understand, with some estimates placing fatality between ten and 50 percent, or on the high end at between 85 or 95 percent. The difference between modern and historical fatality probably lies in the determinants of health more broadly. Antebellum Deep Southerners had larger “disease loads” than moderns (tuberculosis, malaria, etc.), and were generally malnourished and immunosuppressed. Tobacco and alcohol use were widespread; malaria and sexually transmitted diseases were commonplace; as historian Steven Stowe described, it was common even amongst the rich to eat a monotonous diet of near-rotten meat, just-turned milk, and microbe-laden water.

Poor white immigrants were particularly vulnerable to yellow fever. The sea voyage from Europe or the overland journey from the eastern United States was arduous, lasting anywhere from 70 to 100 days. As historian Billy Smith noted, poor European immigrants “frequently experienced appalling voyages across the Atlantic” at times “equalling” even the

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90 In unvaccinated populations, mortality can reach 89 percent. See Barnett, “Yellow Fever: Epidemiology and Prevention,” 850-56.
African middle passage in horrors, arriving in New Orleans exhausted and weak. Indeed, one German immigrant named Mr Eder described the journey he took to New Orleans as terribly cramped, scary, and disease-ridden. About 40 people, or a fifth of the passengers, died. Indeed, Eder wrote, the drinking water “stinks like the pest” and despite terrible dehydration, “in the end one could no longer drink it.” J. R. McNeill accounted for modern and historical mortality discrepancies by suggesting the risk of exposure has drastically decreased in recent years: rarely, if ever, do large numbers of non-immune/unvaccinated people (armies, refugees, labourers) travel to destinations where yellow fever presents a risk.

Antebellum Orleanians understood little of this epidemiology. Deep Southerners often mislabelled yellow fever, calling their illness rheumatic, bilious, remittent, relapsing, intermittent, or tertiary fevers. Even physicians could not accurately differentiate among cases of fever, especially in the absence of black vomit which did not afflict all patients. Epidemics were sometimes described as an “amalgamation” of diseases, notably the “vomito of Vera Cruz,” the “ship fever” of Europe, “petit fleur” in Mexico, “le mal de Siam” in St. Domingue, “Climatfeber” of St. Croix, or the “bulam fever” and “Haemagastic pestilence” of the British West Indies.

Heeding the prevailing concepts of disease communicability, most physicians argued that yellow fever, unlike smallpox or syphilis, was “non-contagious” as it was not spread by human-to-human contact. Instead, yellow fever was “miasmatic,” the organic result of the city’s heat and filth. 97 Daniel Drake, a western physician, described the filth problems of New Orleans, writing, “from the dwelling houses, taverns, drinking houses, warehouses, market-houses, oyster-sheds, sugar wharves, and cotton-presses, a vast quantity of filth, and organic recrements, find their way into the water’s edge.” Much of this waste was “deposited on the subaqueous batture, and, with the fall of the river, subjected to solar influence,” producing the dangerous, fever-causing miasmas. 98

Southerners associated yellow fever—like most disease—with the lower classes, thought to be unclean and intemperate. “Free livers” who enjoyed too much alcohol and louts who exercised no moderation “in the use of sensual enjoyments” were believed to be more susceptible. 99 As Hore Trist wrote to his wife Mary, “I enjoy as good health as possible in a debilitating climate & throw off all noxious effluvia by 9 quarts of perspirations daily.” 100 He made sure to remind his mother Elizabeth and wife Mary of his faithfulness, as he had not “met with one French family, neither with one very interesting woman,” and “as danger exists only when there is temptation, you need be under no sort

98 Daniel Drake, A Systematic Treatise, Historical, Etiological and Practical, on the Principal Diseases of the Interior Valley of North America (Cincinnati, 1850), 102.
99 Charles Sealsfield, The Americans as They Are: Described in a Tour through the Valley of the Mississippi (London, 1828), 197.
100 “Hore Browse to Elizabeth Trist,” 25 March 1803, Nicholas Philip Trist Papers, series 1.1, folder 5, mss. 2104, UNC-CH.
of alarm.” This was no mere statement of marital fidelity, but rather a reassurance to his relatives that he remained chaste and sober and was doing his part to stay healthy.101

Mobile, Alabama, a port city about 140 miles to the west of New Orleans, suffered an especially fatal yellow fever season in 1819. 274 people died out of 1,300 inhabitants, amounting to 21 percent of the population. A special committee formed in the epidemic’s aftermath found that as alarm spread through the town in September, those who could fled. But about 500 remained, and “those of the poorer class of people, who either lived in small, crowded filthy dwellings, or even without any, frequenting the grog shops near the wharves” were particularly affected. Among this “intemperate” class of people, “the fever was observed to be dreadfully mortal—almost all of them died.” In their cramped lodgings, the dying mixed with the dead, and a “continual procession” of these people “pass[ed] to the grave.” The committee determined that the poor had greatly increased the spread of disease and with their immoral lifestyles, had “themselves became the victims of their temerity.”102

Yellow fever was considered a “stranger’s disease,” strongly associated with “unacclimated” white immigrants from the North and Europe. Indeed, single, male, white immigrants formed the bulk of what officials termed the “floating population” of New Orleans, those who had recently arrived in town and were not yet domiciled.103 So strong was the association with foreigners that during the fever season, Charity Hospital administrators yelled out “name, age, and country?” as patients hobbled to the gates. When

101 As men perspire more, and the A. aegypti were attracted to sweat, this may explain why yellow fever affects slightly more men than women. McNeill, Mosquito Empires, 35.
103 The “Died” section of newspapers brimmed with the names of foreigners. For example, “On Friday morning, the 26th inst., at 6 o’clock, of the prevailing epidemic, Mr CHARLES KOHLER, aged 24 years, a native of the Kingdom of Hanover.” “Died,” Times-Picayune, 26 August 1853.
patients answered “Wörte,” “Bruntz,” or “Mahoney,” physicians directed them immediately to the yellow fever ward with no further consultation.\textsuperscript{104} Thousands of New Orleans tombstones stand as memorials to unlucky foreigners: in the Girod Street Cemetery, inscriptions denote “Native of Tenn.,” “Native of Mass.,” and “Native of Prussia.”\textsuperscript{105} If the epitaphs did not specifically mention yellow fever as the cause of death (which they often did) they noted short New Orleans residencies, young ages, and autumnal dates of death. Headstones concretely support contemporary assertions that about half of all strangers would be felled by yellow fever soon after their arrival.\textsuperscript{106}

Foreigners, particularly poor ones, were the primary victims of yellow fever, but Orleanians blamed them as the disease’s cause. As Dr Charles Caldwell theorised in 1836, the “extraordinary assemblage of ignorant and intemperate, unacclimated and reckless inhabitants” triggered epidemics. Conversely, “native, acclimated, and orderly citizens…will enjoy as sound an uninterrupted health,” as upper-class Northerners.\textsuperscript{107} J. S. McFarlane, a well-reputed Orleanian doctor and city councillor, made no effort to hide his disdain for the lower sort. “Go and survey the seats of impurity,” he wrote in 1853. “[W]ho are their conductors? who are their occupants? who are their supporters, and who their frequenters? Strangers; who periodically visit this city.” Not only could New Orleans thank the floating


\textsuperscript{105} “Cemetery Records,” Girod Street Cemetery Records, box 1, folder 1, mss. 220, LRC-Tulane.

\textsuperscript{106} Henry Didmus, \textit{New Orleans as I Found it} (New York, 1845), 43-45.

\textsuperscript{107} Charles Caldwell, \textit{Thoughts on Hygiène, as Applicable to Hot Climates, more Especially to the Mississippi Region, and to New Orleans} (New Orleans, 1836), 86. For yellow fever’s disproportionate impact on immigrants, see Patrick Brennan, “Fever and Fists: Forging an Irish Legacy in New Orleans” (PhD diss., University of Missouri-Columbia, 2003), 112-15; John O’Hanlon, \textit{The Irish Emigrant’s Guide for the United States} (Boston, 1851), 31, 116-17; Tudor, \textit{Narrative of a Tour in North America}, 64-65.
population “for the principal portion of our crimes and disease,” but McFarlane noted they also diminished “the salubrity of our climate and the morality of our population.”

Blaming strangers, which had support in both medical and social theory, expressed and exacerbated nativist antipathy toward the foreign-born. The contention that yellow fever only killed low-class foreigners was wrong, as historian Ari Kelman has argued, “emerging] out of a half-baked notion” that was “drawn from a recipe of equal parts flawed empiricism and cultural conceit.” And though they knew it to be true, few of the elite liked to admit that yellow fever also killed well-respected creoles, upstanding merchants, and rich politicians.

The first line of defence against the fear generated by living in a necropolis was to label the victim as “other” and blame them. Survivors explained who lived and died by contending those who suffered had brought yellow fever on themselves, by travelling to the region at imprudent times, by remaining in the city when epidemics raged, or by living immorally. One Louisiana-based writer sought to set the record straight in 1806 about why so many immigrants died. He stated, “When in this country we see a poor family descend the Ohio and Mississippi in the midst of Summer, and arrive after a fatiguing voyage, an exposure to the sun of forty days in a flat boat,” hard times would surely follow. These families moved “without a stock of wholesome provision” and drank putrid water. In their modest dwellings, they were “exposed to the inclemencies of the weather.” “Little cleanliness [is] observed” in their homes, “and unfortunately we may add, the too great use


of spirituous liquors.” The writer concluded, “what can there be expected but sickness, misery, death.”

Louisianans considered cities dangerous spaces, but also approached swamps and cane fields with caution in August, especially as they were apt to confuse yellow fever with serious attacks of “intermittent fever,” what modern scientists would largely classify as *falciparum* malaria. Margaret Brashear, a sugar planter in lower Louisiana, recounted the death of her overseer in 1830. “Poor Mr. Priel is dead,” she wrote, after he “went into the swamp with a number of our Negroes for the purpose of getting timber, firewood, and hoop poles.” Priel returned to the Brashear plantation, Belle Isle, “with fever and after a long and painful illness found his grave.” The most common working theory for Deep Southerners was that evading regional diseases—especially yellow fever—required two things: avoiding the miasmas produced by putrid swamps, stagnant water, and city filth, and acquiring resistance to yellow fever through the vaguely-understood process of “acclimation.”

Deep Southerners did not connect mosquitoes with yellow fever, but they found them to be a constant annoyance. As traveller Arthur Singleton noted in 1826, “If Pharaoh had felt the New-Orleans’ moschetoes, he surely would have let the Israelites go the first time.” Sometimes mosquitoes were so numerous that they formed a thick haze in the air. In the summer of 1803, French Prefect Pierre Clement de Laussat retired at ten o’clock to screen “against the mosquitoes, which, at sunset, swarm down from the horizon into every nook and cranny of the apartments. They flit forth about the lights and sharply deliver a

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111 “Margaret Brashear to Walter Brashear Jr.,” 18 January 1830, Brashear and Lawrence Family Papers, series 1, folder 4, mss. 3355, UNC-CH.
112 Arthur Singleton, *Letter from the South and West* (Boston, 1824), 130.
sting with their darts, covering the arms and hands with smarting bumps that become infected upon the slightest touch.” Their swarming presence made it “impossible either to read or to write” as the house “becomes a torture chamber.” Some saw mosquitoes as bad omens. “The inhabitants,” travel writer Charles Sealsfield remarked in 1828, “are in general forewarned of the approaching disease, by the swarms of mosquitoes.” But most just considered mosquitoes exasperating. Benjamin Latrobe, the architect of Philadelphia’s public water works (who died of yellow fever in New Orleans) observed that mosquitoes “furnish a considerable part of the conversation of every day of everybody; they regulate many family arrangements…and most essentially affect the comforts and enjoyments of every individual in the country.”

White southerners took as axiomatic that black people were less affected by yellow fever than whites. The evidence is mixed. Most mortality data from New Orleans

114 Sealsfield, The Americans as They Are, 194-95.
suggests that black people—even those generationally-insulated from Africa and the Middle Passage—died less frequently than white people from yellow fever. In 1820, for example, when the black and white populations were exactly balanced in New Orleans, at least 84 percent of the 863 people who died from yellow fever that year were described as white. Using patient histories and their own anecdotal observations, almost the entire medical community agreed with the racist-pseudoscientist Dr Samuel Cartwright that blacks were “perfect non-conductors of yellow fever.” Even those doctors who challenged the concept of total black resistance believed that yellow fever was sensitive to skin tone: dark-skinned blacks suffered little, “mulattoes” suffered substantially more, and whites suffered the most.

Modern epidemiologists have discovered no mechanism for “passive resistance” to yellow fever as they have for malaria (vivax and falciparum) – where immunity is transferred in utero from parent to child. And mortality records show that whatever resistance did exist was not perfect: people of West African descent did contract yellow fever, if less frequently than white Anglo-Americans and northern Europeans. In 1799, creole planter Armand Duplantier noted that all his slaves fell ill with the disease, and two of them died.


117 This data is not perfect: contemporaries rarely, if ever, provided data for categories of people outside “black” or “white,” like mixed-race or indigenous people. Physico-Medical Society, Report of the Committee of the Physico-Medical Society of New Orleans on the Epidemic of 1820 (New Orleans, 1821), appendix.


119 “Special Observations,” Volume VIII, Yellow Fever in Texas, 1839-58, Transcripts Relating to the Medical History of Texas, mss. 2R 345, p.37, DBCA-Austin. All physicians agreed that indigenous Southerners were as liable to the disease as whites. Dowler, Tableau of the Yellow Fever of 1833, 38-39.

from it (along with his wife). One physician listed many black people among his patients in Natchez in 1817, noting “black vomit” and “sallowskin” among their symptoms. And of course, enslaved persons suffered equally, if not more, from the other diseases that plagued white nineteenth-century Americans: smallpox, hookworm, influenza, typhus, cholera, and tuberculosis.

Having analysed thousands of mortality records, discussed more fully in following chapters, I agree with historians J. R. McNeill, Todd Savitt, Kenneth Kiple and Virginia King, and scientists Lauren Blake and Mariano Garcia-Blanco, that contemporaries’ assertions must have been at least partly correct. People of West African and Central West African descent—not all brown, black, and African-American people—probably died less often from yellow fever than whites from Europe and the eastern United States. Using historical data from the South, one recent biological study suggests that Caucasian patients were 14.6 times more likely to succumb to yellow fever than non-Caucasian patients, controlling for socioeconomic status, cultural bias, and access to healthcare. For the purposes of my argument, it matters little if passive or “congenital” immunity actually existed. What matters is that contemporaries thought it did and believed they had enough evidence to construe resistance in a racially-specific manner.

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121 “Armand Allard to Guy Allard Duplantier,” 5 March 1801, Armand Duplantier Family Letters, series 2, mss. 5060, LSU.
123 Steven Stowe also observed that mental illness is “uniquely difficult to see from a historical distance in all but is most dysfunctional instances,” and afflicted a large number of bondspeople. Stowe, Doctoring the South, 6.
125 Enslaved blacks lived shorter average lives than whites due to other diseases, overwork, violence, and malnutrition. Leonard Curry argued the period between 1800 and 1850 was the “Golden Age” for people of color in New Orleans. In this period, free blacks had longer life expectancies than whites. This may have had something to do with innate yellow fever immunity. Leonard Curry, The Free Black in Urban America, 1800-1850: The Shadow of a Dream (Chicago, 1981), 107-08.
Overall Demographic Impact

It is difficult for historians and epidemiologists to ascertain yellow fever’s overall demographic impact on New Orleans and its region. Historian K. David Patterson estimated that between 1817 and 1905, yellow fever killed 40,171 people in New Orleans—ten times more than the next most-affected city, Charleston.\textsuperscript{126} My own estimate is that yellow fever killed at least 150,000 Orleanians between 1803 and the Civil War, and probably many more.\textsuperscript{127} The disease also cumulatively killed tens of thousands of people in Natchez, Mobile, Vicksburg, Memphis, Houston, Galveston, Biloxi, and on sugar plantations in the southern Louisiana bayous during the antebellum period.

According to official New Orleans reports, the disease killed as many as 1,000 people in 1804, at least 500 in 1811, 1,150 in 1817, and anywhere from 2,190 to 6,000 in 1819.\textsuperscript{128} In the fever season of 1819, one Orleanian doctor suggested he saw 54 people die a day, and that he had personally witnessed “6 funerals within a few minutes—22 to 25 are common.”\textsuperscript{129} It killed tens of thousands of people during the 1820s, and a conservative estimate placed deaths at 8,000 in the 1832/33 season (excluding deaths from the concurrent cholera epidemic). In 1833, Maria Inskeep stood at her window in New

\textsuperscript{126} Patterson, “Yellow Fever Epidemics,” 858-60.
\textsuperscript{128} Dowler, Tableau of the Yellow Fever of 1853, 15-16.
\textsuperscript{129} Orleans Gazette, 30 December 1819.
Orleans and counted 10 funeral processions in one hour.\textsuperscript{130} The Charity Hospital, the primary repository for New Orleans’ poor and indigent, admitted at least 122,317 patients during the 1830s and 40s, the majority during the fever months.\textsuperscript{131} The situation worsened as the city approached the mid-century. Dr J. C. Simonds believed that between 1847 and 1850, 37,785 people died (an average of about 8,719 per year) from yellow fever alone. 1853—the year of the city’s worst epidemic—saw at least 12,000 people die.\textsuperscript{132}

Most historians have based their regional mortality estimates on projections compiled by New Orleans’ board of health – a municipal body tasked with handling health in the city, operating under the auspices of the city council. But its data was flawed.\textsuperscript{133} When a board existed (most antebellum years one did not), it perennially downplayed mortality in official reports (if it collected this data at all), lacked the infrastructure to track the deaths of the indigent poor, at times ignored the “floating population” entirely. Accepting the conventional wisdom that black people were either entirely or partly immune, the board seldom noted when black people sickened or died of yellow fever.

To downplay mortality, the board removed whole sections of the population from its roster: sometimes foreigners, “newly arrived immigrants,” indigents, and even, oddly, Californians, did not factor into the city official mortality statistics.\textsuperscript{134} The board made no

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\textsuperscript{130} “Maria Inskeep to Fanny Hampton,” 28 October 1832, Fanny Leverich Eshleman Craig Collection, box 1, folder 13, mss. 225, LRC-Tulane.
\textsuperscript{131} “Statistics Charity Hospital of New Orleans,” Charity Hospital Papers, box 2, folder 4156b, mss. RG29, LSM.
\textsuperscript{132} Simonds, \textit{An Address}, 13.
\textsuperscript{134} Simonds, \textit{An Address}, 30.
\end{flushright}
effort to track or count those who died outside city limits while fleeing epidemics.\textsuperscript{135} Most officers were not medically trained, had never practised medicine, or were unlicensed. Bending to a complicated set of social and economic pressures, many health officers went out of their way not to declare epidemics, instead purposely misdiagnosing obvious cases of yellow fever as “relapsing” or “sporadic.” The irony was not lost on lay people. As Abraham Hall, a travel writer from New York, sneered, “very fine logic all this, but one naturally asks what difference does it make whether one dies sporadically or otherwise!”\textsuperscript{136}

Most Orleanians looked on sextons’ reports sceptically. It was common knowledge, as court clerk Abner Phelps wrote in his diary in 1846, that the health board was so committed to minimising yellow fever deaths that it changed its diagnostic criteria. “The Board of Health,” he noted in October, “reported twenty two deaths by yellow fever during the last week.” But “[p]hysicians have changed their notions with regard to this disease much this season.” It was not officially yellow fever “unless black vomit & bleeding at the gums & nose” took place. Phelps, whose own wife died of yellow fever, argued “This probably would not occur in more than one case in twenty,” consequently “[m]any more cases of real yellow fever doubtless have occurred than have been reported as such.”\textsuperscript{137} Other Deep Southerners noted that the board massaged its data. After witnessing a hearse carry five members of the same family to the graveyard, William Crenshaw noted in 1841 that the health board only reported 40 deaths for Monday, 11 September when he knew that 80 people had died that day.\textsuperscript{138}

\textsuperscript{135} “The Pestilence,” \textit{Times-Picayune}, 26 August 1853.
\textsuperscript{136} Abraham Oakey Hall, \textit{The Manhattaner in New Orleans, Or, Phases of “Crescent City” Life} (New York, 1851), 66;
\textsuperscript{137} “Diary,” 17, 26 October 1846, Abner Phelps Diaries, vol. 2, mss. 1064, LRC-Tulane.
\textsuperscript{138} “William Crenshaw to Nathaniel Bower,” 11 September 1841, William Crenshaw Letters, mss. 46, NOPL.
Given the flaws in official data, other sources must be employed to triangulate a more reliable, if still imperfect, picture of mortality. Lay estimates range from impossibly small (“no fever this year”) to apocalyptic (“the entire city has been exterminated”), more reflective of an individual’s emotional, idiosyncratic experience of an epidemic than a true record of mortality. Irish traveller Thomas Ashe wrote in 1806 that the climate was “horrid” and estimated that nine out of ten strangers died shortly after their arrival in New Orleans. Ashe’s estimate is impossible to corroborate: most strangers remain vague in the historical record as they did not live in the city long enough to pay taxes, buy property, or establish social, economic, or epistolary ties. But his guess, high though it is, is within the bounds of possibility. Another estimate comes from Territorial Governor W. C. C. Claiborne—whose first wife, second wife, daughter, three best friends, and personal secretary died of yellow fever—who wrote Thomas Jefferson in October 1804 that “I verily believe, more than a third of the Americans who emigrated thither in the course of the last 12 months have perished, and nearly every Person from Europe who arrived in the City during the Summer Months.”

As death certificates could be signed by anyone until 1856, and diagnostic criteria remained uncertain until after the Civil War, doubtless many people who were officially counted as dying of “intermittent” or “bilious” fever had actually died from yellow fever. Seeking to save money, the Charity Hospital regularly piled the indigent dead into unmarked coffins, sometimes three deep, and carted them off to Potter’s Field – the graveyard of the poor and anonymous. Overwhelmed coroners marked each coffin as just one person. People who dropped dead in the streets were sometimes thrown into the

Mississippi River by slave workmen, their corpses evading contact with a doctor, official, or coroner. Overall, it appears prudent to follow the beliefs of contemporary Orleanians, that yellow fever mortality was at least double, perhaps even triple, the official tally.\textsuperscript{141}

Despite its flaws, official data unequivocally shows that yellow fever was incredibly deadly for “unacclimated” white foreigners, especially those from northern Europe with no previous exposure to the disease or other flaviviruses.\textsuperscript{142} Modern statisticians have determined that white American-born migrants died from yellow fever at four times the rate of native Orleanians during the antebellum period; British and French migrants at ten times the rate; and Irish and German migrants at 20 times the rate. In total mortality terms, economists Jonathan Pritchett and Insan Tunali have estimated that yellow fever accounted for 20 percent of all deaths among native Orleanians, but between 75 to 90 percent of deaths among migrants.\textsuperscript{143} Thus, while as many as eight Orleanians per 100 died annually, deaths could reach 20 or even 30 percent in certain immigrant neighbourhoods.\textsuperscript{144}

In 1853—the year of New Orleans’ worst epidemic—at least one in 12 Orleanians, but one in five Irishmen died. A few years earlier in 1850, the Charity Hospital admitted 18,476 people, most during the fever months of August, September, and October, of

\textsuperscript{141} Traveller and novelist Friedrich Gerstäcker believed deaths were vastly underreported. See Di Maio, \textit{Gerstäcker’s Louisiana}, 55.

\textsuperscript{142} Kiple, \textit{The Cambridge Historical Dictionary of Disease}, 366.


\textsuperscript{144} This was very high compared with other cities. About 2 people died per year per 100 in Boston and Salem, 3 per 100 in Charleston, and 4 per 100 in London and Liverpool. Samuel Blodget, \textit{Economica: A Statistical Manual for the United States of America} (Washington, 1806), 71-77. Edward Barton suggested in 1853 that mortality was about 6 ¾ per 100 per annum, conceding that this is probably an underestimate as it was derived from “official published sources.” Edward Barton, \textit{Report of the Sanitary Commission of New Orleans on the Epidemic of Yellow Fever of 1853} (New Orleans, 1854), 222; “The Mortality of New Orleans,” \textit{De Bow’s Review}, vol. 9, no. 2 (Aug., 1850), 245-46; Simonds, \textit{An Address}, 14-17.
whom 11,130 were Irish. One insurance company singled out Irishmen as 57 times more likely to die from yellow fever than native-born Louisianans, and people from Holland and Belgium over 91 times more likely. Of the 60,000 Germans in New Orleans who made their entry between 1848 and 1858, some estimates suggest about half died from yellow fever and cholera. If the seventeenth-century Caribbean was, as historian Richard Dunn called it, the “white man’s grave—and the black man’s, too,” statistics suggest that New Orleans was nineteenth-century America’s equivalent – for strangers at least.

Social Impact of Mass Mortality

Statistics can only hint at how people experienced living in such a deathscape, especially for those in the most vulnerable groups. As one young German girl stated in the midst of the terrible 1853 epidemic, when “[a]ll you can see are dead-carts and coffins…in the end one becomes convinced one must die.” Another woman lamented in 1849 that “[t]onight I feel very melancholy” as “my little Leila asks so many strange questions for a child of her age that it makes me sad.” Obsessed with the unceasing yellow fever deaths, her daughter was “constantly speaking of dying [sic] & going to heaven to be an angle

145 Report of the Board of Administrators of the Charity Hospital, Annual Reports, 1850 (New Orleans, 1851), 7-8; Report of the Board of Administrators of the Charity Hospital, Annual Reports, 1852 (New Orleans, 1853), 9.
148 Richard Dunn, Sugar and Slaves: The Rise of the Planter Class in the English West Indies, 1624-1713 (Chapel Hill, 1972), 302; Dowler, Researches upon the Necropolis, 3-28.
One Alabama immigrant, Sarah Ann Gayle, declared in the beginning of July 1832 as rumours of disease began to circulate, “[w]ere the Destroying Angle to approach me visibly, my fears could not be more harrowing.”

Thousands fled upon the slightest rumour of fever. Luxury hotels that had bustled with foreigners and tourists in the morning were vacated by the afternoon. Those lacking funds, opportunity, or freedom had no choice but to remain. Canal Street—New Orleans’ busiest thoroughfare—emptied. Weeds grew waist-high on major roads. Schools shuttered their doors. The editors of the True American lamented in August 1839 that so many of their employees were sick that it was “exceedingly difficult to get our paper out.” A month later, the Supreme Court adjourned sine die on the second day of its session. Politicians abandoned their constituents. Conversations in coffee houses revolved around the latest death tolls. Cemeteries overflowed with bodies. Superstitious survivors donned macabre cufflinks and bracelets made of dead relatives’ hair. Orleanians saw black rosettes—the “badge of death”—hanging from every other door in town. People avoided getting too close to one another and almost every person on the streets was dressed in mourning black, giving the impression that the whole city was one “vast funeral assemblage.”

At nights, an eerie quiet descended on the streets except for the screams of sufferers in shuttered houses. The city lit giant, stinking tar pits afire and fired cannon through the day and night to drive away the miasmas. Every day, more houses went up for rent. Survivors remained in houses that constantly

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150 “Diary,” 27 December 1849, Eliza Ann Marsh Robertson Papers, mss. 1181-z, UNC-CH.
151 “Journal of Sarah Ann Gayle,” 1 July 1832, Denègre Family Papers, mss. 662, LRC-Tulane.
154 “The Sickness,” True American, 29 August 1839; In 1819, the Mississippi State Gazette ceased publishing entirely between September and December as its editors fled Natchez.
155 Baton Rouge Parks and Recreation Department, Pamphlet “Mourning Customs of the Colonial Period,” Magnolia Mound Plantation, Baton Rouge.
reminded them of dead loved ones, slept in beds once shared, and ate meals at tables where empty chairs memorialised the departed.\textsuperscript{157}

One pastor, William Crenshaw, summed up the dire feelings about town to his friend: “It is an awful time here. You can not imagine the distress that exists. Think for one moment of eight of our neighbors dying in 10 days…within a stone’s throw of us.” He concluded, “wherever I turn sickness and death stares me in the face. And now whilst I pen these lines, the thought strikes me that I may not be spared to meet you again.”

Crenshaw did survive the fever season, though 17 of his immediate neighbours did not.\textsuperscript{158}

In 1830, a young immigrant from Kentucky named Walter Brashear Jr. learned of the death of his teenage sister Caroline from yellow fever – the third sibling to die in quick succession. He wrote to his mother, “I hope my dear mother you all would leave that place for it appears an unlucky place for our family. I know deaths will happen any place but I believe some places are worse than others.”\textsuperscript{159} Walter died within the year, followed shortly by his mother, another sister named Rebecca, and an infant brother Darwin. In total, the Brashear family suffered six deaths in less than five years. Some found it difficult to go on with their lives. When Louisiana planter Valcour Aime lost his only son Gabriel, affectionately called “Gabie,” in 1854, his father was so grief-stricken that he wrote in his diary, “Let him who wishes continue. My time is finished.”\textsuperscript{160}

\textsuperscript{158}“William Crenshaw to Nathaniel Bower,” 11 September 1841, 14 September 1841, mss. 46, NOPL.
\textsuperscript{159}“Walter Brashear Jr. to Margaret Brashear,” 16 December 1830, Brashear and Lawrence Family Papers, series 1, box 1, folder 4, mss. 3355, UNC-CH.
Travel writer Daniel Mallory questioned in 1842 why “the fatal effects of yellow fever on unacclimated people from the north and from Europe” did not deter people from coming to New Orleans. “Every year,” Mallory wrote, “multitudes of these people rush into the city of New Orleans, regardless of their lives, and only intent upon gain.” They “congregate here in vast numbers every year from Ireland, England, and the several states of the German empire, to swell the lists of mortality.” In their hubris, they “add their testimony to the inconceivable number of those that have gone before them, of the folly and sin of making mammon the only pursuit of their existence.” Mallory concluded, “[w]arnings and remonstrances are of no effect … Every one else is in danger but themselves.”

Judge Richard Claiborne crystallised this powerful pull of mammon. “New Orleans,” he wrote in the 1810s, “may be compared to a Plate of Honey. Thousands of insects come & satiate themselves with the sweet food, and die—but where one dies, a thousand visit the delicious repast. So it is with men—where their interests lie, they'll come to the place, tho' death stare them in the face.” New Orleans was a major American immigrant destination, a place ambitious whites went to make their fortunes, cognizant of the risks. For example, in 1858, four young travellers from Kentucky ignored advice and headed to New Orleans in September. Intent on riches, they refused to turn around, “saying that they would die first.” Three died shortly after arrival. The vague but dazzling promises of capitalism seemed to have trumped white people’s fears about the chance of sudden, violent death. Instead, residents focussed on yellow fever’s aftermath: when

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acclimation would provide them with a licence to pursue wealth in slaves, cotton, and sugar.\(^{164}\)

The potential rewards were hard to ignore and created a rapacious economic culture. Johann Joachim Lagemann, a German migrant, wrote to his family in 1801 that in the Deep South “the true spirit of commerciality reigns supreme.” Indeed, the “right and moral value of a person is measured by the size of his moneybag – the scoundrel who can deceive and cheat most is called a ‘home bien poli’ that is, a man, who knows how to live.”\(^{165}\)

But capitalism could trap as much as it could liberate. Migrant Caleb Green owned a modest plantation in Louisiana and wrote to his father about his “golden handcuff” conundrum: “I cannot think of going to the North and risking the loss of what little property we possess, leave my wife destitute, 2,000 miles from her family when, if I can convert it into cash here, with people management & the practice of my profession … [I] can realize an independent way of life in a very few years,” Green wrote. “It would be only some tolerable certainty of success in some well established business at the North,” he concluded, “that could induce me to leave a country where success is not doubtful.” Though it was his dream “day and night” to “return to the land” of his youth, he had to accept the die had been cast – “I am bound to Louisiana.”\(^{166}\)

\(^{164}\) Johnson, River of Dark Dreams, 9, 14; Charles Hooton, “The Crescent City of America,” Simmond’s Colonial Magazine and Foreign Miscellany, vol. 6 (Sept.-Dec., 1845), 213-29.

\(^{165}\) “Johann Joachim Lagemann to brother,” 1 March 1801, Johan Joachim Lagemann Letters, mss. 77-1, NOPL.

\(^{166}\) “Caleb Green Jr. to Caleb Green Sr.,” 29 August 1835, Caleb Green Letters, folder 1, mss. 480, NOHC.
Before 1860, yellow fever regularly extinguished thousands of hopeful lives and caused untold human suffering, anxiety, pain, and grief. But each time the scourge hit, the region quickly bounced back. Empty in September, its streets were bustling once more by November with “Girls, boys, men, and women…exchanging congratulations and compliments” and the “dead old year, with all its sorrows and disappointments, seems almost to be forgotten.” John Dunlap wrote to his wife Beatrice in early October 1847, noting that the city was “beginning to fill up.” Dunlap observed that “[s]ome fair citizens and a great many strangers have arrived, which begin to make the streets look more cheerful, and to have a much more business appearance.” Indeed, “You scarcely hear the fever named, and in a few brief weeks the dead will be forgotten,” with the “living plunging in hot haste into the deep vortex of dissipation, reckless of the past, and forgetful of the future.”

Every Deep Southerner had theories and opinions about yellow fever, perhaps stronger than the opinions they had on slavery, cotton prices, or federal politics. Some doctors said it was dangerous to eat fruit in September; others that tomatoes saved the unacclimated from attacks of the disease. Some argued that there were many “who kill[ed] themselves by eating too much” while there were “very few [who] die[d] from eating too little.” Some Orleanians believed that epidemics occurred only on odd years; others adamantly asserted that this was nonsense. Old hands were quick to offer unsolicited advice and wild theories to the unacclimated; long-term residents swapped tales of their brush with the disease like war stories; medical columnists gave fulsome guidance

167 “The City,” Times-Picayune, 2 January 1858.
168 “John Dunlap to Beatrice Dunlap,” 4 October 1847, John G. and Beatrice A. Dunlap Family Correspondence, box 1, folder 6, mss. 631, LRC-Tulane.
170 Experience, “Prescription for the Present Sickly Season,” Times-Picayune, 9 September 1837.
171 “Health of the City,” Times-Picayune, 31 August 1849; 6 November 1858.
to newcomers on how to navigate the disease, reminding readers to keep warm, make fires, and eat abstemiously. Everyone had recipes, prescriptions, and cures for the “summer ailment.”172 Every letter to New Orleans timidly enquired after the city’s health; every letter from the city walked a fine line between describing, over multiple pages, the dire mortality while assuaging the obvious anxiety of friends and family far away.

The topic of yellow fever was the surest way for Deep Southerners to forge commonality – everyone had either had the disease, was anxious to survive it, or knew someone who had died from it. The topic dominated elite dinner party conversation. One traveller named Thomas Smith Richards wrote in his diary, “I find the people do talk about the fever very frequently & altho they try to make light of it, yet from their so constantly referring to it, shows they have a dread of it.”173 Manhattanite Abraham Oakey Hall—who spent a full chapter of his memoir discussing yellow fever—lamented that the “fever topic” rather “drags in conversational circles” throughout the winter in New Orleans. By spring, when people had put away their winter jackets, the discussion was urgently resurrected: “Will it come this season? Do you stay and weather it?” By August, Hall noted, the members of the health board became “characters for ocular interest” as they walked about town – their nods and winks “scrutinized with great care.”174 At balls, Deep Southerners literally danced macabre to songs about defeating “Saffron John,” with people singing along to lyrics like “Yellow Jack, with us, is said to be/Making this great cheverie;/At his approach every body is in awe—/Let’s give him a touch of old ‘Lynch Law.’”175

172 “Change of Weather,” Orleans Gazette, 12 October 1819.
173 “Diary,” 30 January 1839, Thomas Smith Richards Papers, folder 2, p.47, mss. 20, NOPL.
174 Hall, Manhattaner, 66.
175 “A Song written for and sung at the abovenamed Ball on the 12th inst.,” 14 October 1839, Edward Turner and Family Papers, folder 9, mss. 1403, LSU.
Seeking to neutralise the horror, Orleanians swapped dark jokes about the disease. In 1853, the Picayune jested that as soon as a man registered his name with reception at the St. Charles Hotel, the proprietor “immediately took his measure for a coffin, and asked him to note down in which cemetery he desired to be interred!” One tale went that when a man disembarked from a steamboat, “the officers of the Board of Health immediately took his name and entered it in their books as deceased, to save all the trouble in calling upon him again!” Among the lower sort, a punchline went, “Die!—No, it’s too d----d expensive to get buried here! Bless your heart, sir, I couldn’t afford to die!”

**Medicine and its Industry**

The safest and most stylish summer activity was to become a “truant.” The rich retreated to their plantations outside New Orleans, or travelled to New York and Europe, placing thousands of miles between themselves and the diseased cities and mosquitoes of the Deep South. Some sojourned at one of many luxury health spas closer to home – the Planters’ Hotel, Memphis City Hotel, Florida House, the Madisonville Hotel, Pass Christian Hotel, Mississippi City Hotel, Blount Springs, or Blue Lick House. The fashionable and popular resort of Lauderdale White Sulphur Springs in Mississippi boasted new cottages, large airy rooms, and were “finished with a view to the luxurious comfort of guests.” Thomas Adams, the proprietor, charged $10 per week or $3 per day (half for children and servants). For a family of five, with three children and two servants, for ten weeks—a short fever season—this sojourn cost upwards of $450 in 1856, or an entire

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177 *Times-Picayune*, 13 November 1841.
year’s wages for a clerk. This was after the required costs of packing trunks, carpet-bags, hats, and ladies’ dresses.

Many people could not afford such stays or abandon their jobs for two months every summer. After the completion of the Pontchartrain Railroad between the city and Lake Pontchartrain in 1831, Milneburg, just six miles north of New Orleans, was the destination of choice for the less-affluent wishing an easy escape, if just for the night. By 1834, over 498,000 passengers had travelled to the lake via “Smokey Mary,” at just 25 cents for a return trip.

From August to October, observers routinely commented that there was “nothing doing” in the city’s main industries: cotton, sugar, and slavery. Indeed, as one newspaper reported, “[a]s soon as the first few cases of yellow fever occurred, the run-a-way army received new recruits, till the city was reduced to little more than half of its ordinary winter population. All who feared the fever, and were wealthy enough to travel, left.” In 1823, one writer remarked that Natchez, Mississippi, about 170 miles upriver from New Orleans, had shut down entirely by October: “business is not thought of; taverns all closed; and it is impossible to procure a mouthful to eat except at the gaol.” The writer continued, “Natchez is now the very picture of desolation; her streets are deserted, and a death-like silence prevails from one extremity to the other.” The writer had “entered the city but once since the general retreat—but the appearance struck a chill to my very soul—I hastened to leave it.”

180 “Pontchartrain Railroad Company minutes, 1829-1837,” Railroad Documents Collection, box 1, folder 4, mss. 526, LRC-Tulane.
182 “Yellow Fever,” *Freemans Journal [Ireland]*, 8 November 1823.
In 1833, writers remarked on the eerie silence that had enveloped New Orleans: “a quiet & tranquility reigns over the town,” wrote Carl Koln, “which is only disturbed by the occasional [noises] of the mourning vehicles.” “No sort of business is going on,” he continued, “scarcely any body to be met with in the streets, and it is said that all strangers there, that have not yet had the fever, expect its attack with as much certainty as a condemned criminal does expect the sentence of his execution.”

In September 1837, the *Picayune* described the New Orleans levee as dull, dreary, and lifeless. “No business doing,” it wrote, “and the few ships in port are losing money for the want of cargoes. Steamboats arrive but seldom, and bring neither news, money or goods.” Rather “[e]very person feels like sleeping or running away for the next three weeks and a half.” But most of those remaining “now in the city are bound to stay, to fulfil engagements, live or die.”

The image of a port suspended in time waiting out yellow fever is not entirely accurate. People still had to work, eat, procure medicine, and entertain themselves, after all. And being, as J. D. B. De Bow described, “an entirely commercial city,” there was still money to be made, as the market’s attention refocussed. Cotton exports waned, sugar warehouses closed, and coffee factories adjourned business. Slave auctions, occurring daily until June fell off by July as buyers fled town. But local business still boomed in other sectors, as the market switched from humans and cash crops to preserving health and processing death.

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184 *Times-Picayune*, 6 September 1837.
185 “The Plague in the Southwest,” *De Bow’s Review*, vol. 15, no. 6 (Dec., 1853), 598.
Health had one essential commonality with New Orleans’ other industries: like cash crops and slavery, health was based upon the physical body, buoyed by its exertions and constrained by its limitations. Mass mortality proved immensely valuable to those in healthcare—doctors, nurses, druggists, pharmacists—many of whom risked their lives to help others and performed their jobs with integrity. But New Orleans also had its share of “death entrepreneurs”: men sensing opportunity in widespread illness, suffering, and death. Here, it was even possible to make money betting on suffering. There were wagers on a person’s chances of survival, and on predicting the severity of a given epidemic.186

Unlike the cotton and sugar industries, the size of which can be easily determined by export tonnage and “price currents” (cotton exports from New Orleans were valued over $41 million in 1850, for example), the health industry was nebulous, spanning a variety of formal and informal economies elusive to both the historian and the city government which sought to tax them.187 But given the amount individuals personally expended on their health, the immense wealth of certain doctors, and the ubiquity of health-related businesses, the Crescent City’s third industry—health—was worth many millions of dollars annually.

The prevalence and permanence of disease made doctoring among the most stable vocations in the Deep South. Crops may fail, but sickness was guaranteed. As Mississippian L. H. Peters noted when discussing New Orleans in 1833, the “more sickly the country the better of course for the physicians.”188 There were “doctors” everywhere: men with widely

186 Ibid.
188 “L. H. Peters Letter,” 22 March 1833, mss. 222, LSU.
varying degrees of medical training, often none. In 1823, 53 registered physicians practised in New Orleans. By 1858, 217 licenced doctors operated private practices, 117 druggists pedalled medications, and hundreds of “steam doctors,” advocating homoeopathic and herbal remedies, roamed the city. Persons with money could convalesce in one of seven private hospitals. In the well-furnished Circus Street Infirmary (no contagious persons allowed, costing from $2 to $5 per day), esteemed doctors like John Ker and kindly nurses attended patients around the clock with expensive medicines.

With so many cases, the Deep South became an incubator for fever specialists. During the Civil War, historian Jim Downs estimated that few Union doctors had any experience in identifying or treating yellow fever, a major problem in Southern campaigns. While Southerners conceded in 1862 that the Union had “got the elephant” with its capture of New Orleans, many rejoiced that the Yankees would find their “prize…will cost them vastly more to keep than [it] is worth, if his Saffron Majesty shall make his usual annual visit.” Anticipating epidemic ravages, a frustrated Major-General Benjamin Butler remarked in 1862, “No surgeon in my army ever saw a case of yellow fever or had any instruction in meeting this hideous foe.” Seeking to avoid the worst, Butler implemented a strict quarantine which succeeded in keeping the city yellow fever-free during the Civil War years.

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189 Store ledgers list the debts of residents. Almost everyone listed in such manuals was a “Dr.” See “Natchez Mercantile Store Ledger, 1824-1825,” mss. 2E630, DBCA-Austin.
190 “Account Book, 1841-1842,” Circus Street Infirmary, mss. 171, NOPL.
191 “The New Orleans Disaster,” Petersburg Express [Virginia], 29 April 1862.
192 Jim Downs, Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction (Oxford, 2012), 32; Percy Ashburn, History of the Medical Department of the United States Army (New York, 1929), 68.
193 McNeill, Mosquito Empires, 293.
Beyond keeping a yellow fever patient hydrated, nourished, comfortable, and cool, there was little that nineteenth-century medical professionals could do to ensure their patient’s survival. But physicians swore by certain methods, with fever specialists falling roughly into two camps delineated by ethnicity. French and Creole patients patronised French physicians who had trained in Paris or had direct experience with yellow fever as military surgeons in Martinique and St. Domingue. French-trained physicians normally advocated less invasive procedures, dosing patients with purgatives like calomel (mercury), and letting the disease follow its natural course. Dr Pierre Lambert was famous for his successful use of opium and coffee. One British traveller, George Lewis, noted in the 1840s that when his host fell sick with fever, a French physician sat him in a hot bath, “as hot as he could bear, into which he poured two bottles of lime-juice, which brought instant relief, when the worst symptoms were appearing.” A “profuse perspiration was induced,” by the citrus juice “and from that moment the recovery seemed begun.” Perhaps French doctors—utilising an approach honed by army and navy physicians in the Caribbean for over a century—had stumbled on what we would now recognise as a reasonable regime in the absence of anti-viral therapies and other modern medicine: bed rest, hydration, and a dash of hope-inducing medicine.

American patients sought out American doctors, distrusting the “passive” methods of the French. Rather, as the True American argued, “[w]e believe that the American physicians are more successful in the treatment of the disease, because they are more energetic.” As historian John Duffy noted, the cultural disdain went deeper, with “the

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196 George Lewis, *Impressions of America and the American Churches* (Edinburgh, 1845), 172-73.
197 *True American*, 3 September 1839.
men of action among the American physicians” having “nothing but contempt for the
timidity of their French colleagues.” American physicians, most of whom trained in
Philadelphia, generally had less experience with tropical diseases than their French
counterparts, and many had never seen a case of yellow fever before their arrival in New
Orleans. Indeed, there were only five medical colleges in the entire South before 1845 and
yellow fever pathology was not routinely taught at Harvard and the University of
Pennsylvania until later in the nineteenth century.199

American-trained doctors were known for aggressive “heroic” interventions like
blistering, purging, and bleeding, adhering to the controversial claims of F. J. V. Broussais
that disease was caused by local irritation, principally in the stomach and intestines.200 Some
physicians sought to lower the patient’s temperature by dumping ice cold water over their
heads and rubbing their bodies with hot peppers. Bleeding was performed at the first onset
of fever and was continued until the patient fainted. If the fever persisted, the bleeding was
repeated until the patient fainted again. Soon after, the physician induced vomiting.
Though American physicians were critical of the seeming-difidence of French doctors,
many doubtless killed their patients through their drastic actions.201

Whatever their ethnicity, all doctors advocated immediate medical attention and
constant nursing. Indeed, when an almost-unconscious 16-year-old boy named Michael
Mahoney was admitted to the Charity Hospital in May 1853, he was initially chastised for

198 Duffy, Rudolph Matas, I:271.
for Southern Medical Education,” Bulletin of the History of Medicine, vol. 57, no. 3 (Fall, 1983), 364-81.
200 F. J. V. Broussais, De l’irritation et de la folie ouvrage dans lequel les rapports du physique et du moral sont
établis sur les bases de la médecine physiologique (Brussels, 1828), WC; William Dosité Postell, “The
Principles of Medical Practice in Louisiana during the First Half of the Nineteenth Century,”
201 John Salvaggio, New Orleans’ Charity Hospital: A Story of Physicians, Politics, and Poverty (Baton
waiting three days to see a doctor. Soon, he was hallucinating and vomiting and died from yellow fever later that night. As one newspaper told the unacclimated, “On the approach of the first symptoms, such as a chill, or a pain in the head or in the back,” a victim “should lose no time in apprising a physician of their condition—a skilful doctor, acquainted with their mode of life and their constitution, would be preferable to any other.” Moreover, “[w]e know of nothing in which the old adage, ‘a stitch in time,’ &c., applies with greater force than in cases of yellow fever.”

Following the advice of Benjamin Rush in Philadelphia, the nation’s premier physician who wrote a treatise on yellow fever after his experiences in 1793, almost all doctors urged the use of mercury or calomel. But this could prove fatal: in 1812, one Orleanian doctor observed that most of the soldiers stationed in the city had died from either yellow fever or from the calomel given to them as its remedy. Calomel is powerful and poisonous: a violent laxative, it caused the breath to become fetid, gums and tongue to ulcerate, teeth to fall out, and jaw to corrode. Conscious of its dangers, physicians frequently called for the administration of mercury only until the patient was “salivated,” the first symptom of acute mercury poisoning. Laypeople generally did not perform invasive remedies: too much bleeding or mercury could kill a patient, and a doctor’s worth was mapped to their ability to identify the critical therapeutic point.

203 “Yellow Fever,” Times-Picayune, 17 August 1841.
During the fever season, doctoring was exhausting and dangerous. Physicians were in constant contact with sick people and, as Dr. Joseph Jones wrote, “it would be impossible for language to convey an adequate description of the discomforts of physicians in active practice during the months of July, August, September, and October in New Orleans.” Doctors’ ledgers suggest they were extremely busy during the fever season, constantly called on by desperate people. Dr. E. B. Harris published detailed reports about 20 patients he treated with yellow fever in 1833, though he claimed to have cared for about 80. In late August, Harris was called at 7 pm to see a 28-year-old man described as new to New Orleans. He remained with the patient until late in the evening, and returned at 6 am the next morning and spent two days constantly attending him. Nearly every day for the next month he was called on by a new patient, many of them close personal friends, or friends of friends. Some days he cared for patients well past midnight, returning early in the morning to blister, leech, and bleed. As the Haitian refugee Pierre-Louis Berquin-Duvallon wrote, many doctors were stretched thin during fever season, constantly stressed, and at “their wits’ end in treating it.”

In addition to the psychological burden imposed by unbroken interaction with the dying and dead, many physicians sickened and died themselves. In 1833, it was believed mortality among doctors was proportionally higher than in any other class of society. In August 1833, early in the yellow fever season, an article in the *New York Standard* (syndicated in newspapers as far away as London and Ireland) remarked that “almost every boarding house is crowded with sick and dying.” Seven doctors had died from yellow fever

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209 Crété, *Daily Life in Louisiana*, 181-182, NL-C.
210 For examples of doctor deaths, see Jacques Philip Leluc in *Moniteur de la Louisiane*, 26 August 1807; “Carl Koln Letter Book,” 23 September 1833, mss. 269, NOHC.
and the remaining doctors were so busy that it was “a hard matter to procure one even now at this early stage.”211 In the summer of 1855, two young medical students in the Charity Hospital, Thomas M. Neal and P. O. Tête—natives of Louisiana but not New Orleans—died of yellow fever while completing their residencies.212 When Dr M. P. Provan died of yellow fever in 1858, his obituary noted that he “was quite a young man, and had been a resident here but a short time … and had every prospect of a successful and happy career.” But “his art” could not ward off “the decrees of an inscrutable Providence.”213 Most long-practicing Orleanian doctors likely developed immunity through exposure to the disease, making them even more desirable to desperate patients. Few doctors committed the ultimate professional faux pas of fleeing during the sickly season along with others members of the upper class. Not only was it a reputation-killer, the fever season was their busiest and most lucrative time of year.

Perhaps because doctors were expensive and often unreliable, many Orleanians approached the medical profession with scepticism. William Chambers scoffed in 1862, “if you were to call in, one after another, six of the most eminent physicians in New Orleans … it is probable that they would prescribe six different modes of treatment” with the “patient’s chance of recovery” unimproved by any. Rather Chambers countered, the “nursing of a creole negress, accustomed to the disease, is considered better than any of the usual modes of medical treatment.”214

211 “The Yellow Fever at New Orleans,” Chutes Western Herald [Ireland], 28 October 1833; The Standard [London], 16 October 1833.
212 “Necrology,” NOMNHG, vol. 2, no. 7 (Sept., 1855), 334.
213 “Gone,” Times-Picayune, 29 September 1858.
Many doctors artificially inflated their success rates. As one observer joked in 1853, “a number of our most prominent physicians met at the Medical College, and were bragging of the number of cases they had had, and how few they had lost.” Apparently, “Dr. BARTON was made to say that he had 900 cases and only lost eight. Dr. HUNT said he had 1,300 cases and only lost seventeen; Dr. FENNER had 700, and only lost six; Dr. RUSHTON had 600, cases and did not lose one! Dr. WEDDERBURN had 800 cases, and only lost four.” Dr Stone interrupted the boasting doctors, stating, “from all your accounts, gentlemen, you must have been wonderfully successful. But as the records show nearly 10,000 deaths, I suppose I must have killed all the balance!”

Doctors were reticent to diagnose yellow fever, particularly before July – embarrassed to be wrong and weary of inciting panic. Such restraint could ignite a public health disaster. On 21 June 1847, an Irish drayman who had lived in New Orleans for about five months visited a friend on Adeline Street, three blocks from the Charity Hospital. He was attacked with fever, and soon became so ill that his friend would not permit him to return home. The Irishman instead remained in a crowded, predominantly immigrant boarding house. Dr Mercier was called and found this patient labouring under a high fever with searing pains in the head, back, and neck. Though suspicious, Mercier would not diagnose him with yellow fever. After bleeding him copiously, the fever persisted. Soon, his affliction “began to look so much like yellow fever” that Mercier relented and sought a second opinion from Dr Landreux. Both doctors agreed that the disease was indeed yellow fever. After two terrible weeks, the patient died. Removing this man from the crowded tenement would have been a good precaution, but doctors were

timid – scared to cause panic among the population and invite the wrath of businesses.\textsuperscript{216}

1847 proved a violent epidemic, sweeping away thousands of lives.

Orleanians paid handsomely for well-reputed doctors, even bankrupting themselves in the process of trying to get better. Territorial Governor W. C. C. Claiborne spent half his salary on doctors in 1804, and his wife and child still died from yellow fever.\textsuperscript{217} German immigrant Johann Joachim Lagemann fell ill in Natchez in 1806 and spent his life savings on doctors – money he had wanted to put towards buying land and property.\textsuperscript{218} In 1853, a professional gambler named George Devol paid doctors and an “old colored woman” $25 per day. At the end of his 23-day convalescence, Devol passed over $575 to his caretakers, all the money he had in the world.\textsuperscript{219}

In 1824, doctors associated with the New Orleans Medical Society were guided by a fee schedule: $3 for an initial visit in town, $1 for a subsequent visit, $4 for a first visit at night, $10-30 for a written consultation, $20-40 for the treatment of a simple syphilitic condition (this could go up to $100 if there were complications like bubos, caries, or condylomas), and between $5 and $30 for a simple operation. These fees were reduced by a third for blacks.\textsuperscript{220} But doctors routinely disregarded such guidelines. As one newspaper described it, “If you would know the cost of the yellow fever, or rather the cost of the treatment of it, just figure it out this way;—Doctor’s bill, $50; Cupper’s bill, $20; nurse’s bill, usually about six days, $30; medicine, about $5; contingencies about $5 more.” This made “the aggregate a cool hundred in cash, besides the wear and tear of conscience, and

\textsuperscript{216} “Sanitary Conditions of the City,” Volume VIII, Yellow Fever in Texas, 1839-58, Transcripts Relating to the Medical History of Texas, mss. 2R 345, p.25-28, 32. DBCA-Austin.


\textsuperscript{218} “Johann Joachim Lagemann to his brother,” 30 May 1806, Johan Joachim Lagemann Letters, mss. 77-1, NOPL.

\textsuperscript{219} George Devol, \textit{Forty Years a Gambler on the Mississippi} (Cincinnati, 1887), 20.

\textsuperscript{220} Crété, \textit{Daily Life in Louisiana}, 183-84.
the loss of some 40 pounds of flesh and bloom.” The costs could be exorbitant, but hiring an elite private doctor was a public statement that the family patriarch had done everything in his power to save himself or a loved one from death.

Some physicians saw medicine as a capitalist endeavour rather than a civic calling. In a city with a constant supply of sick people, doctoring was simply a terrific mechanism for entrepreneurs with a medical bent to acquire capital that would eventually be invested in a plantation, the region’s primary engine for wealth creation. This is not to suggest that all Orleanian physicians were bad doctors, just that they had a complicated set of financial incentives which could put their economic interests before the city’s general health.

One such medical entrepreneur was Christian Miltenberger, a white refugee from the Haitian Revolution. In 1796, Miltenberger apprenticed with the renowned Paris surgeon, Dr Arthaus, at a Cap François hospital. Given the devastating impact of yellow fever on the occupying British army, Miltenberger doubtless saw hundreds suffer from the disease and probably gained immunity to it himself. When he moved to New Orleans in 1809, the municipal medical examiners pushed through his certifications and he quickly established a medical practice on Royal Street. Known for his skill in identifying and treating yellow fever, Miltenberger often spoke before the French-language Medical Society. In one paper, delivered in June 1815, entitled “Yellow Fever or American Typhus,” he claimed that yellow fever had been in New Orleans for about 32 years, was not contagious, and outlined the symptoms as ague, fever, fatigue, and vomit. In his private journals,

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223 “Bills and Receipts” box 1, folder 8, Christian Miltenberger Papers, mss. 513, UNC-CH.
Miltenberger pooled the remedies used by others in his elite medical clique like rhubarb, quinine, crème of tartar, and sel de nitré.  

Historian Alfred Hunt argued that men like Miltenberger “helped provide New Orleans residents some of the best medical care available at that time.” Whether Miltenberger deserved his reputation remains unclear as he did not record how many of his patients died or how fast. Nevertheless, his 648-page medical journal displays an incredible breadth of cases and patients. Many were black, both free and enslaved, but he also made frequent house calls to some of the city’s most elite citizens. Miltenberger made money quickly: he earned $3 for a home visit for a young black boy suffering from fever and convulsions, $3 from a black woman who came to his office with a sore throat, $8 for a home visit for an old man with tetanus. In April 1821, he made $93.50 in one day, much of it from smallpox inoculations. In the early autumn of 1821, there was a line outside his door of people complaining of fevers and vomits.

When he landed in New Orleans in 1809, Miltenberger was essentially bankrupt. He sold the Haitian slaves he illegally smuggled into the country to build his medical practice. By 1821, he was earning over $6,700 in his practice annually—about 30 times the income of a working class Orleanian—in addition to the income his slaves made him harvesting sugar at his plantation in Opelousas (and by 1826, in Plaquemine as well). Such money gave him access to elite social and political circles. According to the Louisiana State Insurance Company, he owned at least three properties in New Orleans, dozens of slaves,

225 Hunt, Haiti’s Influence, 65-66.
and a great many luxury goods. His medical practice literally funded the expansion of his sugar plantations, which in turn propelled him into positions of social and political power.\(^{227}\)

Though most rural practitioners in the South made significantly less than Miltenberger—from $500 to $2,000 per annum—Miltenberger was representative of most physicians in the Deep South: almost all owned plantations and slaves or wanted to.\(^{228}\) Medicine (perhaps subconsciously) sometimes became less about protecting the health of individuals and more about financing the planter/doctor’s investment into the cotton economy. Perhaps physicians did not perceive any conflict of interest in amassing fortunes from failure. But many certainly avoided taking substantial steps to improve the public’s health more generally. Most doctors, even fever specialists with government affiliation like Miltenberger (city councillor) and Pierre Lambert (president of the board of health), spent the majority of their energy within their private practices, not promoting public health.\(^{229}\) In an era predating standardised medical ethics or germ theory, epidemic disease was simply good for business; public health was not.\(^{230}\)

\(^{227}\) “Fire Insurance, Louisiana State Insurance Company,” Christian Miltenberger Papers, mss. 513, box 3, folder 29-31, UNC-CH. Edmund Morgan showed that doctors in early colonial Virginia charged extortionate rates, so high in fact that those who could not afford their services sold themselves into servitude for a year or traded futures in tobacco as high as 2,500 lbs. Edmund Morgan, American Slavery, American Freedom: The Ordeal of Colonial Virginia (New York, 1975), 163.

\(^{228}\) Stowe, Doctoring the South, 108.

\(^{229}\) “Appointment of Dr. A. A. Lambert as Administrator of the Charity Hospital,” 6 March 1837; “Appointment of P. A. Lambert as a member of the Eastern Medical Board,” 10 March 1843, OSF 1, Lambert Family Papers, mss. 244, LRC-Tulane; Paul F. LaChance, “The 1809 Immigration of Saint-Domingue Refugees to New Orleans,” Louisiana History, vol. 29, no. 2 (Spring, 1988), 131–33; “The Plague in the Southwest,” De Bow’s Review, vol. 15, no. 6 (Dec., 1853), 625.

Most Orleanians accepted that medical care was an expensive necessity, even if its benefits were inconsistent and unproven. But even in a city where hundreds of thousands of black people were sold at auction, it crossed a moral line to extort sick people at their most vulnerable moments, particularly poor children. In his novel about New Orleans, Baron Ludwig von Reizenstein described poor little immigrant girls with sick parents going from door to door, begging the rich for money to help pay doctor’s bills. Some doctors demanded $20 or $30 up front in addition to the cost of a cab or dray to convey them from their office to the patient’s home, ignoring promises that “we will pay you double and triple later.” Other doctors would not leave their offices for less than $50 in cash, sneering that “the most pitiful quack [would] not accompany you” for anything less.  

Pawn shops operated within the nexus of doctor’s offices that dotted the American and French Quarters. As if by design, some pawn brokers and doctors were co-tenants in the same building. Because of disease and the absence of regulated loan agencies that existed in the North, the Picayune argued that “the business of the pawn-broker is more lucrative” in New Orleans “than in any other city of the world.” Brokers used the fever season to their advantage, able to outlay less for goods in August than they would have to when the city had “normalized” in December. In 1855, one girl was forced to sell her dead father’s gold watch—her last possession—to pay for her mother’s medical care. Though worth $40, she was forced to accept $22 for it. Pleading with the broker, “my poor sick mother is in so much want!” he simply replied, “business is business, my dear.” She took the money and witnessed her father’s watch join 80 others in the window. As the pawnbroker’s “catechism” went, “What does a pawnbroker insure? His own profits—

231 von Reizenstein, The Mysteries of New Orleans, 422.
nothing else. He is a trader upon sufferance, but when the property of others is concerned, it is not he who suffers.”

Criminals—by profession or opportunity—used epidemics to conduct their business with impunity. Von Reizenstein claimed that a quarter of the bodies in the cemetery, allegedly dead from yellow fever, had actually been murdered by jealous wives and angry business partners—likely an exaggeration, but still suggestive. “One would soon learn that the pretty cigar seller, Inana M*, had grown tired of her husband,” von Reizenstein mused, and “used the excuse of yellow fever to get him out of the way quickly without arousing attention.”

“Didn’t people find it quite natural to say that this or that person had died of yellow fever?” he asked. “Did anyone investigate it more carefully?” Von Reizenstein concluded that “yellow fever was the scapegoat of all murderers and poisoners.” Rapists, robbers, and opportunists also used the disarray caused by epidemics to mask their crimes. Women were told to keep their doors closed and locked as “worthless wanderers” would “boldly walk through any open door under the pretext of helping those ill of fever and then do the most dreadful things.” In 1853, Widow Dwyer was robbed of all her furniture shortly after her husband’s death from yellow fever by his brother who knew she could not physically fight him off.

Shopkeepers could, and did, increase their prices in the fever season. In September, goods in New Orleans sold “at northern prices” and only began to cheapen by the end of November. As Thomas Nuttal wrote after the 1820 epidemic, “the selfishness and fearful supineness which seizes upon all classes at this awful season, serves to increase the fatal

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236 Ibid, 436.
237 “Recorder Winter’s Court,” *Times-Picayune*, 20 September 1853.
gloom which surrounds the unhappy stranger,” left like a “carcase [sic] to the vultures!”

In short, it was expensive to be poor and trapped in autumnal New Orleans.

Home Care and Nursing

Not all people could afford doctors, believed in their methods, or had the luxury of feeling paternalistic about their medical choices. As the average salary for an unskilled man was about $20 per month in 1850 and $30 for a skilled clerk, many people were forced to rely on the charity of individual physicians or institutions like the Samaritans or Howards when they fell sick. Poor people also participated in a less formal health economy. As early as 1804, “steamers,” illegal and untrained practitioners evading regulation, employed “Thomsonian” methods of healing like hot steams and herbal remedies. The city council, seeking to regulate the medical industry, recorded that many Orleanians were exposed to steamer’s “empiricism” and “charlatanism,” and required that all medical practitioners present their diplomas or face inspection by a board of three examiners. Trained doctors hated steam doctors and loathed their competition. In turn, steamers hated the medical establishment, claiming (truthfully) that licenced physicians poisoned their patients with mercury. Why, one steamer’s journal asked, are the “venders [sic]” of “carnage and death” protected by their licences, but they who provided “inoffensive and efficient remedies,” illegal?

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239 Thomas Nuttall, *A Journal of Travels into the Arkansa Territory, During the Year 1819* (Philadelphia, 1821), 244.
240 CCR, 20 June 1804, p. 122, NOPL.
241 Thomas Hersey (ed.), *The Thomsonian Recorder; Or, Impartial Advocate of Botanic Medicine*, vol. 1 (Columbus, 1833), 144.
Steamers proved hugely popular with the masses. Mississippi Governor Hiram Runnels estimated in 1835 that almost one-half of the region’s inhabitants followed steam doctors’ medical advice.\(^{242}\) Unfortunately, Thomsonian remedies worked no better than orthodox ones, meaning there were always examples to criticise. One lurid story circulated around New Orleans in 1839 described the ill-workings of one homoeopath. A man “in the last stages of the yellow fever, was brought out of a steam doctor’s shop … packed upon a dray, and sent off to the Charity Hospital,” wrote the *Picayune*. On the way he died, entirely abandoned. The story ended, “[i]f this be true such inhumanity should not go unnoticed.”\(^{243}\)

While doctors and some steamers enjoyed high status and esteem for their work, most health care was far less glamorous, falling on neighbours, mothers, slaves, and children. As historian Kathleen Brown has described, women were “normally responsible for nursing the sick…all women were expected to have intimate contact with the sick and dying,” though wealthy women were more likely to hire nurses than do nurse-work themselves.\(^{244}\) In cases of yellow fever, nursing was “very laborious” according to Mississippi cotton planter Horace Smith Fulkerson. “Two nurses are constantly needed” to keep the perspiration up until the fever subsides, “as there are frequent calls from the bedside to other duties.” Fulkerson remarked that he had saved a patient who was “entirely pulseless,” by feeding him milk toddy all night, the “total quantity of which would make half a dozen well men drunk for a time, with, apparently, little effect upon the patient.”\(^{245}\)

\(^{243}\) *Times-Picayune*, 20 August 1839.
\(^{244}\) Kathleen Brown, *Foul Bodies: Cleanliness in Early America* (New Haven, 2009), 198.
\(^{245}\) For a society that connected temperance with health, alcohol often featured in medicinal regimes. H. S. Fulkerson, *Random Recollections of Early Days in Mississippi* (Vicksburg, 1885), 38-40.
Not everyone had family they could rely on. One anti-slavery white woman named Maria Inskeep wrote from New Orleans to her sisters in New Jersey in 1832 during a yellow fever epidemic, complaining about “the difficulty of obtaining good [medical] help in this part of the country.” This “serious evil” almost reconciled Inskeep to “owning slaves.” Indeed, the Baton Rouge Comet suggested a self-help regime for those unacclimated people without friends: “get a flask of Gin” the paper instructed, “and place an ounce and a half of rats-bane in it—and then go out into the country some where and die comfortably.”

Many nurses, particularly women, butted heads with the established male medical profession, sometimes flagrantly defying their arrogance and medical advice. When Dr Mordica saw the dire situation of Mr Woods, a man suffering from yellow fever in Mobile in the 1830s, he prescribed beef tea and champagne. Elizabeth Hart, a respected nurse, believed this regimen would kill him. She distrusted Mordica, despite his reputation as the “oldest and best doctor in the place,” believing his misdiagnosis of her daughter’s yellow fever as worms years before had killed her. After a heated argument, Hart mixed the best French brandy, a pound of allspice, and mint, and forced Woods to drink the “julep.” She put a poultice on his stomach and throat, and rubbed red pepper and vinegar down his body until her hands blistered. Within a few days, Wood’s pulse had normalised. Mordica grilled Hart for every detail of her care. And when Mordica tried to take credit for Woods’ recovery, the patient chided him. “Had I been depending on you, I would now be a dead man,” Woods sneered. It was “to Mrs. Hart alone I owe my life, she saved me when you

246 “Maria Inskeep to Fanny Hampton,” 28 October 1832, Fanny Leverich Eshleman Craig Collection, box 1, folder 13, mss. 225, LRC-Tulane.
gave me up.” Thereafter, Mordica hated Hart, but always called for her when he had a particularly bad case, allowing him to use her home remedies to his professional advantage.248

The Feverish Economy of Death

“Death entrepreneurs,” capitalising on ancillary aspects of mass sickness and mortality, found Orleanians to be willing and lucrative customers. As von Reizenstein wrote in 1854, the city contained many who knew “how to make money from filth.”249 Many people made their fortunes by inventing medicines. One cure patented by Dr J. Shecut involved dissolving two ounces of “Rochelle or Epsom Salts” with 3 or 4 grains of “Tartar Emetic” in a pint of water, and dosing the patient every 15 to 20 minutes with “half a drachm of Jalap and ten grains of Calomel dissolved in molasses.” This concoction, allegedly, caused immediate bowel movement ridding the body of the noxious poisons.250

Until the passage of the 1906 Pure Food and Drug Act, Americans were vulnerable to false advertising and even poisoning through medicine. Aware that medicine could be as dangerous as disease, most Orleanians nevertheless spent whatever money they could afford on drugs, imbibing vast quantities of Epsom salts, levigated antimony, powdered liquorice, powdered resin, and flowers of sulphur.251 One catchall cure for “diarrhoea, dysentery, cholera morbus & summer complaints” described by Alabama planter James Neal required “equal parts rhubarb, tincture opium, tincture cayenne pepper, essence

251 “Extract from a Treatise on Veterinary Medicine,” Lambert Family Papers, box 1, folder 1, mss. 244, LRC-Tulane. “Account Book, 1841-1842,” Circus Street Infirmary, mss. 171, NOPL.
peppermint, and spirits camphor.” The adult dosage of “15 to 30 drops in 2 tablespoons of water every 20 to 30 minutes according to age & violence” allegedly offered patients some comfort.\(^\text{252}\) Each individual component of a drug had to be bought in a drug store, harvested, or acquired through mail order.\(^\text{253}\) Bookstores and wholesalers advertised their stock of expensive books on yellow fever where Orleanians could learn the most cutting edge treatments. Most literate people had access to one of many tomes written on fevers by doctors like Bartlett, Chomel, Louis, Jenner, and Rokitansky.\(^\text{254}\)

Health-product arbitrage was common. The commission merchant J. H. Field barrelled white sulphur water from a hot spring upstate and sold it at a sharp mark-up from his office on the levee.\(^\text{255}\) “Indian Vegetable Pills,” sold at 25 cents a box—alleged to cure ailments ranging from “intermittent, remittent, nervous, inflammatory and putrid fevers,” to “loss of appetite,” to “hysteriks,” and “delicate female complaints”—were sold by one druggist who had apparently learned his arts from indigenous people. D. A. Kneass argued the “Red Men of the Wilderness have been taught by Nature true medical knowledge, and have been led, by instinct, to select such herbs as possess the greatest healing properties.” In fact, the pills were just ground up vegetation Kneass harvested himself.\(^\text{256}\)

Many people claimed to provide a one-stop-shop for victims of disease. One old woman named Mariquita Orfila boasted that she cured many people who had been

\(^{252}\) “Cures and Recipes,” Neal Family Papers, box 2, folder 30, mss. 4370, UNC-CH.
\(^{254}\) “Medical Book Depository c. 1846,” Medical Documents Collection, box 1, folder 1, mss. 589, LRC-Tulane. The most common treatise was Elisha Bartlett, The History, Diagnosis, and Treatment of Typhoid and Typhus Fever: With an Essay on the Diagnosis of Bilious Remittent and of Yellow Fever (Philadelphia, 1842).
\(^{256}\) “The Indian Vegetable Pills,” Times-Picayune, 2 February 1842.
declared “quite hopeless” by doctors with the juice of verbena, given in small doses three times a day or injections twice a day until the bowels emptied. Orfila would supply the juice and syringe, for a cost.  

Indeed, Marie Laveaux, the famous Voodoo Queen, was said to have healed thousands suffering from yellow fever with charms, medicines, and herbs, again, for a price.

Necromancers, fortune tellers, and phrenologists found steady business in New Orleans. Madame Virginica, the “Great Russian Prophetess and Healing Medium,” was willing to look into the “hidden mysteries of the Past, Present, and Future” and predict the outcomes of law suits, disease, travels, absent friends or relatives, and even “prize numbers in lotteries.” Busiest during the fever season, Virginica also provided medical services for yellow fever victims, with “fully guaranteed” remedies “for healing all manner of disease.” Madame Caprell, billed as “the greatest clairvoyant, seer and spiritual physician in the known world” treated “all disease that flesh is heir to.”

During the fever months, up to one-half of a four-page Picayune issue was filled with “medical cards,” advertisements for new medicines, doctor’s announcements, and hospitals. Often the entire back page of a broadside was covered by notices of new “patent medicines” and “putrefying pills.” Numerous newspapers printed instructions for combating yellow fever and advertisements for mail-order remedies, allowing doctors, pharmacists, and practitioners from out of state to cash in on yellow fever mortality.

260 “Madame Caprell,” Times-Picayune, 11 April 1859.
261 See for example, Daily Picayune, 28 November 1841; 11 October 1843.
262 Times-Picayune, 2 September 1840.
Editorials placed in the “medical cards” section—paying at least $1.50 per small square, or about $6 per day to the Picayune or Bee to appear in each addition—directed readers to burn special sugars in the fire every time the patient had a bowel movement, or give them certain wines (available for a fee) when they felt faint.263 One advertisement in the *Mississippi State Gazette* that appeared throughout the summer of 1818, placed by a Dr Griffith of New York, heralded: “An infallible remedy for Fever and Agues and Intermittent Fever...Of the many hundred boxes of this valuable medicine which have been sold in New York, Cincinnati, and other places, a single box has never been known to fail in effecting a cure IN THREE DAYS, as is attested by many gentlemen of respectability.” The medicine was priced at two dollars per box, and it was “safe and pleasant to the taste.”264

Early in the 1850s, notices for Dr Radway’s Ready Relief began to appear during the fever season, one of the most lucrative mail-away medicines patented in nineteenth-century America. Scores of testimonials asserted that “R.R.R.” allegedly cured all manner of fevers including yellow, bone, bilious, typhus, ship, brain, lung, and congestive, as well as children’s complaints like measles, croup, cholera infantum, and whooping-cough. Though the medicine was primarily alcohol, testimonials claimed that it “will save the lives of your people. Sudden death, either by pestilential diseases or organic derangement, will never occur when the human system is under the life-renewing influence of Radway’s.” R.R.R. was apparently superior to, and cheaper than, the Eau Sedative of Raspail, “so

universally used by the French Creoles,” and it was even claimed that it could cure rheumatism in four hours, toothache in one second, and chilblains in five minutes.265

Wilson Shannon claimed that when he fell sick with yellow fever, he “took down a table-spoonful” of R.R.R. and his “mates … rubbed [him] freely with it.” Soon, his situation massively improved, and everyone believed he was saved. Another testimonial from a plantation master who owned 100 slaves said that it was the only medicine he gave them. New Orleans’ sole agent for R.R.R., John Wright, prospered: by 1852, Wright had enough capital to open a pharmacy on Chartres Street, and by 1858, he had purchased a second branch.266 In 1861, Wright was considered the premier druggist in the city.267

Dr Truman Stillman, hawking his Sarsaparilla Syrup, allegedly recommended by esteemed men such as Martin Van Buren and Andrew Jackson, boasted he had cured over 300,000 persons of fever. His medicine was so potent that imposters, allegedly, had been known to refill empty bottles of his medicine and sell some counterfeit placebo. Between 1835 and 1842, Stillman claimed to have earned over $800,000.268 He even wrote a jingle for his medical success, perhaps the first in the United States: “We carried no passengers over the Styx/Who took out insurance at Ninety-Six!” (referencing his office’s address – 96 Customhouse Street).269

Unlikely remedies for yellow fever, both public and private, abounded. In 1853, one anonymous “medical gentleman” requested the city council buy up a large amount of

266 “Radway’s Relief,” Times-Picayune, 23 July 1852; 24 September 1856; Rainey, A. Mygatt & Co.’s New Orleans, 117.
268 “Dr. Stillman’s Card,” Times-Picayune, 15 June 1842.
269 “Song of the Yellow Fever Demons,” Times-Picayune, 27 September 1842.
coffee and sprinkle it on the streets as the fumes were known to be a “powerful disinfecting agent.” With coffee prices unprecedentedly high, the Picayune believed such a solution would bankrupt the city, hinting that they believed this “medical gentleman” was actually a coffee broker or dealer looking to capitalise on the epidemic.  

A key component of the death industry was monetizing mourning, insurance, and inheritance. Even the poorest people in New Orleans invested in full- and half-mourning outfits. Visitors remarked that Orleanians often wore black, and every second servant wore a black arm band, a customary mark of the loss of a master, boss, or employer. Siblings were supposed to wear mourning clothing for a year, parents for as long as they wanted (sometimes their whole lives), and widows for two years, so most people had multiple sets of mourning clothing. As one store emblazoned in the Picayune, “MOURNING GOODS. Black Cloaks and Mantillas; Black French Merinoes; Bombazines, Alpacas, Baregea, Grenadines, Half Mourning Silks, Mourning Parasols, Black Crapes, Mourning Veils, &c.” at Simpsons on Canal Street.  

A competitor, not wishing to be outdone, advertised, “Crépe COLLARS and SLEEVES, for mourning and half mourning … Embroidered Linen Cambric HANDKERCHIEFS for mourning and half mourning.”  

Churches and priests had their busiest times from August to November, performing a near-constant stream of funerals. The Catholic church made a large proportion of its annual revenue in that season, charging a special tax on all burials taking place in their cemeteries and accepting apparently optional “offerings” for funerals.

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270 “An Expedient,” Times-Picayune, 31 August 1853.
271 “Simpson’s,” Times-Picayune, 8 November 1854.
274 OR, 16 September 1819, p. 138; NOPL.
Wholesalers hawking quicklime, a substance which hastens the decomposition of bodies, made a killing by selling to the government, churches, and individuals. This was a dangerous, highly flammable product which had to be produced in factories outside of town. By 1858, three immigrant men—H. Bonnabel, Richard Chinn, Ulger Lauve—built lime factories and held an effective monopoly on this business. By the Civil War, these men were amongst the richest in the city.275 Bonnabel’s property in New Orleans alone was worth $60,000 when he died in 1870.276 Lauve was a rich sugar planter, who owned multiple slaves and properties upon his death in a bicycle accident in 1864.277

Undertaking, a profession dominated by free black men, was financially rewarding. Of the 20 undertakers operating in New Orleans by 1858, a free black man named Pierre Casanave was the richest and most esteemed. In the 1850s, he bought the patent for embalming from Dr Holmes of New York, refining his technique on the bodies of slave boys. Orleanians considered this process “marvellous [sic] and admirable” as the corpse could be preserved for weeks but “not eviscerated, nor any portion of it removed,” as just a “simple incision is made in the arm, and the anti-septic fluid [is] injected into the bloodvessels.” When embalmed, “the body presents a perfectly natural appearance, without odor, without the slightest mark of decay, and so remains for an indefinite period, perhaps forever.”278 Embalming was considered particularly useful for yellow fever victims as families could preserve bodies until after November, when unacclimated relatives could rejoin them in town for a funeral.

277 “Coast Sugar Planters of Fifty and Sixty Years Ago,” Louisiana Planter and Sugar Manufacturer, vol. XI, no. 23 (Dec., 1893), 363.
278 “Embalming the Dead,” Houma Ceres, 11 April 1857.
One free black man owned a “thriving” undertaking business in Treme— traditionally the free black neighbourhood north of the French Quarter—with multiple branches and stores including a “coffin show-shop on one side of the street” and a “hearse-stable on the other.”\(^{279}\) His hearses were ornately carved and draped, drawn by caparisoned horses, and accompanied by a band playing dirges. Lower class free blacks could earn healthy sums in grave digging – as much as $10 a day during non-epidemic years and $5 to $10 per coffin in desperate times. As von Reizenstein asked, “Aren’t Negroes virtually born to such work?” Travellers described multitudes of black men, smoking a constant stream of cigars, continuously employed in the graveyards—digging, burying, disinterreing, and liming—during September and October.\(^{280}\)

Lawyers also saw a flurry of activity in August and September. Their offices were crowded with people desperate to write up wills, settle estates, and notarize documents. As William Crenshaw wrote to his friend in September 1841, when at least 80 people were dying a day, “I have made my will to prevent trouble in the case of my death. You will find it in our iron chest. It is very short leaving everything to Ma and you my executor.” Crenshaw signed off, “Give my love to Ma and to my sisters and should I not be spared to meet you all again, farewell, Farewell, Farewell!”\(^{281}\)

Certain attorneys made a lot of money off of estate management and successions. One state legislator claimed he had “aided in the settlement of more than fifty successions, some large and some small in amount.” His own uncle died of yellow fever in New Orleans, leaving $3,000 in one of the city banks in gold and silver. The estate was charged


\(^{281}\) “William Crenshaw to Nathaniel Bower,” 11 September 1841, William Crenshaw Letters, mss. 46, NOPL.
$1,100, over a third of the amount, in legal fees. As yellow fever killed quickly and unexpectedly, sometimes attacking those who presumed themselves acclimated, many people died without a will. Lawyers hoped this to be the case: in the absence of a will, attorneys could make even more money as lengthy court cases ensued between family members and business partners. Sometimes settlements would not be reached for over a decade.

November 1st, All Saint’s Day or La Toussaint, was the day Catholic mourners decorated the graves of the departed. For the entire month of October, “gravewares” were peddled outside cemeteries to people who had just buried their loved ones, balanced “on the heads of bright quadroons…sold to all those who desire to render attractive, for a day at least, the narrow dwellings of departed relatives.” By October, natural and artificial flowers were “already beginning to increase in value, as they will be wanted in the grave yards.” Indeed, “curious circlets are paraded in shop windows, with inscriptions such as ‘A mon bon ange,’ ‘Eternal Regrets,’ ‘Tears for the Dead.’”

The premiere outfitter for All Saint’s Day was Michon & Desportes on Royal Street, which sold French-imported garlands of pearls, feathers, velvet emblazoned with mottoes, vases for tombs, rustic flower baskets, and crowns of velvet and felt. This outfitter was also famous for its hair immortelles, artwork made out of a dead person’s hair woven into designs like “ici repose mon père” (here lies my father), “A Mon Epouse,” (for my spouse), or “Souvenir, 5 août” (memory, 5 August). Madame Desportes earned

282 Proceedings and Debates of the Convention of Louisiana (New Orleans, 1844), 691-93.
283 “Inventory of John Dick’s Estate,” 29 May 1824, in P. M. Bertin (ed.), General Index of all Succession, Opened in the Parish of Orleans, From the Year 1805, to the Year 1846 (New Orleans, 1849), 60.
between $10 and $30 for an immortelle, depending on its intricacy. Whitewashers and painters brightened the tombs and mausoleums so that “when the fete day comes round everything will be prepared for goodly celebration.” Those with disposable income paid expensive marble engravers to make annual additions to the funerary art on tombs.

Life insurance was a bustling business in the Crescent City by the 1850s. Early insurance policies acted largely as a form of savings account: based on actuarial estimates of average life expectancies, an individual could either opt to convey a benefit to his family when he died, or could arrange to cash out his policy to obtain funds in old age or protect “against the contingencies and losses of business.” Brokers made money on interest, non-collections (when no one claimed the policy upon the holder’s death), and on those who stopped paying midway through a policy (almost all policies were non-forfeitable and lapsed after 30 days of non-payment).

Life insurance proved popular amongst the lower and middle classes, particularly German immigrants, seeking security in a dangerous city, accepting the argument of the Southern Life Insurance Company that life insurance “will protect the family of the poor from want.” Dr Josiah Nott believed that only the non-slaveholding classes, those who had no financial investment in the lives of others, self-insured: “the poor, honest, industrious…man who at the end of the year scrapes together a few of his hard-earned dollars to invest in an insurance company, with the hope of saving his wife and children

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286 “Grave Merchandise,” Times-Picayune, 18 October 1855.
287 “Mr. Henry L’Hotel,” Opelousas Courier, 2 May 1857.
from beggary when he is no longer able to toil for them.”

Josiah Copes, who ran a life insurance agency in New Orleans, agreed. Most of his customers were young, poor, and immigrant, committed to paying about $10 annually for peace of mind.

Life insurance took off in the South much later than in the North because many southern whites’ financial security rested on land, slave ownership, and slave mortgages, rather than on self-insurance. But life insurance proved popular in New Orleans sooner than in the countryside, particularly among European immigrants. As historian Jonathan Levy has noted, the “self-insurance of men” against premature death “was to be the new liberal/financial response to the perils of life under capitalism.” Thousands of German, Scottish, and Irish immigrants bought policies soon after their arrival.

But “liberalism” could only go so far in a diseased space like the Deep South, and many agents were wary of insuring those living south of Virginia. As one agent from Mutual Life of New York wrote, “the risks of life are nearly double in some latitudes what they are in others.” Compared with New York or Baltimore, the agent continued, the “risk of life in New Orleans is more than 2 for 1.” By 1859, New York Life concluded that mortality among Southern customers was much higher than among Northerners, with death claims from southern policyholders consuming more than half of total pay-outs, but representing only one-quarter of the policies.

290 “Davis and Copes to Latting and Hitchcock,” 31 December 1856, Joseph S. Copes Papers, box 11, folder 17, mss. 733, LRC-Tulane.
291 In the South there was a certainty in slaves and land, whereas there was less certainty in a commercial or mercantile business in the North. Life was a more stable form of capital in the North.
applicant “get acclimated” before he or she could purchase a policy, and worked out special, higher rates for Orleanians, between 5 and 10 percent more than a standard policy.294

One “Stranger’s Guide” from 1856 alerted new arrivals that five life insurance companies operated in New Orleans—all of which were based in the North or Europe and thus paid $1,000 to the municipality annually for the privilege of operating within the city’s limits. Immigrant guides suggested it was prudent to take out a policy right away, especially if unacclimated.295 Board members and directors in New York and agents sitting in New Orleans offices made substantial fortunes. Though from humble origins, the Vermont-born C. C. Lathrop worked as an agent in New Orleans for New York Mutual Life and Aetna. He made many thousands of dollars after his acclimation, much of which he subsequently invested in slaves.296 Lathrop eventually sat in the Louisiana State Legislature. Crescent Mutual Insurance Company (which made a point of not charging “acclimation premiums” but charged a much higher base rate than Northern companies) operated with $500,000 in capital by 1855 and boasted profits of over $400,000 for the first half of 1861. Thomas Adams, president of Crescent Mutual, and Joseph Oglesby, president of the Commercial Insurance Company, both made money so quickly that they were able to build multiple lavish mansions in the Garden District, the city’s most fashionable area.297 Though life insurance was a thriving, legitimate business, other “swindling establishments,

294 ibid, 36.
principally calling themselves Life and Health Insurance offices” also cropped up. After issuing a large number of policies, they “suddenly shut up,” with the “poor and ignorant, especially, hav[ing] been made their dupes.”

Conclusion

Most Orleanians spent most of their disposable income on health products when they were healthy, and most of their savings on medical care when they fell sick with yellow fever. After all, a $2 box of medicine was equivalent to between two and four day’s wages for lower and middle class white men (or a whole week of wages for white and free black women); multiple home visits from a doctor could cost upwards of $50, between two and three months’ salary. Travel writer Charles Lyell noted in 1849 that during the fever season, the “Irish servants in the hotel assure us that they cannot save, in spite of their high wages, for, whatever money” they earned soon went “to pay the doctor’s bill, during attacks of chill and fever.” Even slaves spent whatever money they had on doctors, medicine, and gravewares. Such massive, unpredictable financial outlay prevented people from climbing the social, economic, and political ladders of the city, providing a widespread impediment to social mobility unlike in any other American city in the antebellum period.

298 Times-Picayune, 20 December 1851.
299 This is based on the rubric that unskilled white labourers made about a dollar a day, and women about 50 cents. One German immigrant named Joseph Eder wrote to his friends in Teisendorf, Bavaria in 1854, stating “I earn a dollar a day, i.e. 2fl 30 kr., although I am a mere apprentice.” He noted that carpenters working in the summer could earn $3 a day, “but it is hard to stand the work in summer on account of the great heat.” Eder, “A Bavarian’s Journey to New Orleans and Nacogdoches in 1853-1854,” 492-93.
In this “Necropolis of the United States,” disease was a constant fact of life. Yellow fever may have been personally and demographically devastating and slowed the cotton and sugar economies for a few months each year, but it also generated a distinctive macabre culture as Orleanians invented their own language to describe yellow fever, developed ways of rationalising death, and created medical therapies intended to reduce suffering. Seeking to capitalise on mass mortality, entrepreneurs—medical or otherwise—built death into an industry, one surpassed only by cotton, sugar, and slavery in size. Getting acclimated to yellow fever offered the only true protection against the disease, but in the meantime, Orleanians spent a great deal of their time, energy, and money in pursuit of health.
During the first decades of the nineteenth century, the German immigrant Vincent Nolte reigned as one of the largest cotton merchants in New Orleans. By 1820, his commercial house was worth millions of dollars, responsible for shipping about a quarter of the cotton that passed through New Orleans—four to eight percent of all U.S. cotton exports—to ports around the world. As historian Edward Baptist described it, no man did more to transform the New Orleans cotton market into a global behemoth than Nolte, who in the process accumulated a level of power that “few who were not absolute monarchs had ever felt before.” Nolte and other Orleanian power-brokers like him, William Kenner, Stephen Henderson, and John McDonogh, were true capitalists: they had uncanny business acumen, an almost compulsive need to engage in “creative destruction,” and the “luck of being born white, male, in the right place, and to the right family.” Leveraging these forms of capital, these men transformed the Deep South from a French colonial backwater into the heart of America’s slave and cotton kingdoms.301

But Nolte cherished one form of capital above all others. In 1806, three months after his arrival in New Orleans, he was bitten by a tiny female mosquito and fell sick with yellow fever. As his situation worsened, Stephen Zacharie, the cashier of the Bank of Louisiana, warned Nolte that since he was a foreigner without a will, his fortune was in jeopardy. But unlike up to one-half of yellow fever victims, Nolte survived his

301 Quotes from Baptist, The Half, 85-88, esp. 89; Thomas Ingersoll, Mammon and Manon in Early New Orleans: The First Slave Society in the Deep South 1718-1819 (Knoxville, 1999), 279; Beckert, Empire of Cotton, 214-15, 228.
“acclimation.” And now what had made him sick made him strong. He possessed what I call “immunocapital”: acknowledged, lifelong immunity to yellow fever.\(^{302}\)

Historians of American empire and slavery have long considered antebellum New Orleans an outlier among American cities, characterised by its Caribbean-esque tripartite social system of whites, *gens de couleur libre*, and enslaved black persons.\(^{303}\) But there was another invisible hierarchy at work: Orleanians were either yellow fever survivors, in a probationary period awaiting acclimation, or dead. As one British visitor, Alexander Mackay, described it in 1849, the city could be divided into its “resident” and its “peripatetic” populations:

The former include the creoles—few of whom, being natives of the town, ever leave it; and the negroes, and the mixed races, who have no option but to remain. The latter, the transitory population, are chiefly composed of the Anglo-Americans; a small proportion of whom are natives of the city, and the bulk of them abandoning it on the approach of the sickly season. A little more than one-fifth of the whole population thus annually migrate from the town, the runaways returning as soon as the dangerous period for such as are unacclimated is past. From the beginning of July, until the winter begins to make its appearance in October, the stranger who does not quit New Orleans must be very cautious how he acts during the first, second, and even third season of his acclimation. The process proves fatal to many.\(^{304}\)

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No long-term resident of New Orleans could avoid a brush with this disease. But unlike Charleston or Philadelphia, where yellow fever occasionally struck, in New Orleans, the “necessities of business, and the temptations which exist to induce people to run the risk”—vast wealth through cotton, sugar, and slaves—made surviving yellow fever indispensable for the 550,000 whites who immigrated to New Orleans between 1803 and 1860 in hopes of ascending the economic, political, and social ladder.

Assured that he was now acclimated, Nolte could leverage all his other forms of power—whiteness, maleness, shrewdness—to acquire economic capital—cash, credit, slaves, land—with far more security. He could gamble ever-greater sums of money, restart after frequent financial panics, and command the labour of increasing numbers of other people, both black and white. Confident that he would not drop dead in October, bankers like the London-based Baring Brothers were happier to extend Nolte credit. He could remain in town year-round even as his competition fled the scourge. Nolte would also improve socially: marry more advantageously, father multiple children, and rub elbows with politicians, judges, and international dignitaries like General Lafayette.

As he watched others perish from a disease that he, in his understanding, had chosen to survive because he had “not at all felt like dying,” Nolte could cite his acclimation as evidence of his character and exceptionality. The environment and God had sanctioned his entrepreneurship. Nolte officially became a U.S. citizen around 1811. But with

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305 It is technically possible that one could live in New Orleans for years and never get yellow fever, though highly unlikely. One of the signs that an epidemic was particularly serious was when “old inhabitants” and “creoles” fell sick from the disease, people who either believed they were already immune or consistently fled the city during the fever season.

immunocapital, this immigrant was now “of a different country” – a naturalised Orleanian.307 In the persistently lethal environment created by yellow fever, Nolte and his cohort were powerful not just because they were white capitalists, but because they were white “immunocapitalists.”

Acclimation was the most consequential event of an immigrant’s life, locally considered more important than the decision to emigrate to the city, get married, have children, or even attain U.S. citizenship. Here, where Ira Berlin and Herbert Gutman determined that between one-half and two-thirds of the free working men were “immigrant” (not Louisiana-born), acclimation was the moment life could begin as a newly-minted Orleanian, as what historian Conevery Valenčius termed a “physical citizen.”308 Declaring acclimation decisively and positively differentiated a person in a heavily saturated job market. As von Reizenstein wrote of the 1853 epidemic, “ragpickers” who had last year been stealing the clothes off bloated corpses, “were the next year “sittin in a lawyer’s office, and … pushing a pen.” He concluded, “A man can get rich if he can just stay alive.”309

Immunity to yellow fever, ill-understood in the nineteenth century, was euphemised by phrases like “acclimation,” “seasoning,” and “creolization.”310 Acclimation was the

310 John Gazzo, Yellow Fever Facts, as to its Nature, Prevention and Treatment (New Orleans, 1878), 8.
physical process of surviving yellow fever, but to have “immunocapital,” Orleanians had to be self-aware and leverage their acclimation by convincing others of their immune status. Immunity was (and is) an objective, biological reality. But, before diagnostic blood-testing, it was invisible and impossible to verify. Acclimation was therefore also subjective, performative, and speculative, a matter of faith as much as fact. An immune person unsure of their acclimation, or unable to convince others, did not have immunocapital. Conversely, while most long-term white inhabitants were probably immune, it was possible for an immunocapitalist to have no actual immunity, lulled into a false sense of security after years in the city or fooled by surviving a disease misidentified as yellow fever.

But in a city where people constantly classified others based on phenotype—as a quadroon, Moreno, griffe, Irishman, bozale—Orleanians were socialised to recognise immunity cues in others. If a man was rich, creole, or had lived in New Orleans for multiple years, society generally afforded him the benefit of the doubt – he could pass as immune. If he was new to the city, poor, foreign-born, or a drunk, he was assumed “unacclimated” and thus a bad speculation, until he could prove otherwise. As the Irish immigrant Richard Henry Wilde, who died from yellow fever in 1847, aptly described it: “no one is regarded an Inhabitant or any thing but a mere Squatter who has not passed a summer.”311 Considering all the impediments faced by the unacclimated, even Dr E. H. Barton, president of the 1841 board of health, recommended getting the highly-lethal process over with, as “the value of acclimation is worth the risk!”312

312 See Barton in Times-Picayune, 26 November 1841.
This chapter will argue that one’s alleged immunity to yellow fever was the most important factor in the social organisation of whites in New Orleans. Furthermore, institutions like governments and business also had to get acclimated in New Orleans and develop sufficient resilience to yellow fever to keep functioning even when their constituent members died, demonstrating a kind of social “herd immunity.” Immunity, whether real or imagined, had serious implications: it affected where people worked, how much money they made, where they lived, and with whom they dealt. It impacted white people’s ability to invest capital in slaves and create more capital through slaves. It was also the key determinant in an Orleanian’s sense of belonging. As one editorialist in the Picayune argued, “All old residents know…that no person can be looked upon as a permanent citizen of New Orleans until he has undergone the acclimating process.” Ralph Roanoke, an immigrant from the North, embodied this transformation. He boasted after he survived yellow fever, “Victory had perched upon my banner; I was an acclimated citizen, and as such, received into the full favor in the good city of New-Orleans, where they distrust every body, and call them non-residents, until they become endorsed by yellow fever.”

Performing Acclimation

By the mid-eighteenth century, the idea of acclimation—that people’s bodies had to adapt to the heat, climate, and moisture of the tropics—was prevalent across the Atlantic world. Upon the Louisiana Purchase in 1803, Deep Southerners had fleshed out the

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The concept gained maturity after at least seven successive yellow fever epidemics passed through New Orleans during the first two decades of American rule. By the devastating 1824 epidemic, Deep Southerners had come to accept that yellow fever was a permanent, intractable problem. Hereafter, it became increasingly common to describe people as “acclimated” or “unacclimated” as a means to quickly separate and hierarchize individuals, roughly synonymous to “insider” and “outsider.”

By 1830, immunity—real and imagined—had clear, tangible, and marketable value. By 1840, “acclimation” became synonymous with local credibility and citizenship. By 1850, acclimation found widespread linguistic use: it could be a noun (“the process of acclimation”), a verb (“I am acclimating this season”), an adjective (“an unacclimated bookkeeper”). Acclimation was so closely connected with local success that on the eve of the Civil War, even animals like cows and horses, and inanimate products like seed and wood had to be described as acclimated if they were to sell in New Orleans.

But confidently asserting acclimation was tricky. Unlike smallpox, yellow fever does not leave physical scars. Not everyone exhibited the tell-tale symptom of black vomit. Immunity was invisible, impossible to prove, vaguely defined, and statistically unquantifiable. Even leading physicians did not agree that yellow fever was a discrete, *sui generis* illness. One specialist suggested that yellow fever was simply the dire end of the fever spectrum. “Some seasons,” Andrew Ellicott wrote, the fevers “are little more than the

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common intermittents, and remittents, which prevail in the middle states; but in others they are highly malignant, and approach nearly to, if not become the genuine yellow fever of the West Indies.”

When there were only sporadic cases of yellow fever in 1842, the press congratulated “[o]ur young friends who have been acclimated by the recent mild visitation of fever,” as they “may reckon upon much advantage from it, both in business and health.” But the Picayune still cautioned newcomers to avoid imprudence and remain temperate, just in case their acclimation was not actual. There was no agreement if acclimation transferred across yellow fever zones – if someone was acclimated in Charleston, Norfolk, Bahia, Havana, or Vera Cruz, were they safe in New Orleans? And did people retain their acclimation if they left the region for long periods?

There was also no consensus about what constituted true acclimation. Some believed that acclimation was simply the body’s reconciliation to the region’s climate, heat, and moisture (which might or might not include yellow fever), while others insisted that only yellow fever survival conferred actual acclimation. Some followed the advice of fever specialist Philip Tidyman, who claimed that immigrants could generally be “considered safe after a residence of six years.” The reform-minded physician Bennet Dowler largely agreed, arguing that “[l]ong urban residence (with or without having had yellow fever) is, in a sanitary sense, an equivalent to nativity...a kind of naturalization, or rather creolization.”

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321 As the Picayune wrote in 1841, “no instance has come to the knowledge of the Board, where a SECOND ACCLIMATION was necessary, (accompanied by fever or not,) unless in the interval the individual has spent some winters in a northern climate.” “Mortality of the Last Sickly Season,” *Times-Picayune*, 19 November 1841.
322 Dowler, *Researches upon the Necropolis of New Orleans*, 26-29.
Most people erred on the side of caution, unwilling to place trust in residence alone, and were loath to leave the region lest they lose their acclimation. As one editorialist noted in 1847, “Several of my acquaintances, who have had, or supposed they had, the yellow fever in former epidemics, have this season had the fever which now rages; which goes to prove one of two things, that they were wrong in supposing that they had once had it, or that they have had some other fever now.” He concluded they must have been mistaken as “no person can ever have the yellow fever twice … unless after going away to spend a winter, by which the acclimation is lost.”

Some doctors argued that “congenital city creolism”—where one was born a creole to “thoroughly creolized parents”—exempted individuals from yellow fever with “nearly the same uniformity that vaccination prevents the smallpox.” Indeed, physician and politician J. S. McFarlane firmly rebuked physicians and outsiders who claimed that creoles were not hereditarily immune to yellow fever. “Any effort to shake the confidence of the people of New Orleans in the prophylactic security afforded by birth-right and acclimation,” he wrote scathingly, “I consider the most unpardonable and reckless, not to call it by a harsher name.” On the next page, he called these people “terrorists.”

This was mild language within the context of the larger debate on creolism and immunity. When Dr Charles Faget posited that blacks and creoles never contracted yellow fever but instead “fièvre paludéenne” (malarial fever), Dr Charles Deléry countered that creoles were just as liable as any. Deléry was so incensed that his honour had been smeared that he challenged Faget to a duel. Faget refused on the basis of this Catholicism – that he

324 McFarlane, “A Review of the Yellow Fever, its Causes,” ix-x.
was allowed neither to murder nor commit suicide. Instead, Deléry and Faget duelled in pamphlets over the next 20 years, writing an estimated seven exchanges filled with ad hominem attacks. In 1877, the weary and beleaguered Faget penned the “Dernier République,” closing off their debate, but never definitively answering the question about native immunity.325

Acclimation to country and city diseases—malaria and yellow fever—were not considered the same. Josiah Nott argued that the “fact is so glaring, and so universally admitted, that I am really at a loss how to select evidence to show that there is no acclimation against the endemic fevers of our rural districts.” Nott continued, “[b]ooks written at the North talk much about acclimation at the South; but we here never hear it alluded to out of the yellow-fever cities.” On the contrary, Nott noted, “we know that those who live from generation to generation in malarial districts become thoroughly poisoned.”326

By 1850, most Orleanians agreed with Dr Barton that “perfect acclimation is only to be derived from once having had the disease.”327 Everyone, regardless of parentage, race, or nativity, had to fall sick with and survive yellow fever for themselves. And most physicians also agreed that adult immigrants could not be too careful. One recalled a “fine young man, a German” who “considered himself acclimated, having had the fever in the previous

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325 Reinders, End of an Era, 105. See also Charles Deléry, Précis Historique de la Fièvre Jaune (New Orleans, 1859), 8; Jean Charles Faget, Mémoires et lettres sur la fièvre jaune et la fièvre paludéenne (New Orleans, 1964).
326 Nott and Gliddon, Indigenous Races of the Earth, 376.
327 Quoted in James Wynne, Report on the Vital Statistics of the United States: Made to the Mutual Life Company of New York (New York, 1857), 200. Remarkling on yellow fever in the West Indies, Matthew Irvine made the case many decades before Barton that “a stranger does not obtain security by having been exposed to a season of this sort [non-epidemic], but in order to be completely climated, must actually pass through a Yellow Fever summer.” Matthew Irvine, Irvine’s Treatise on the Yellow Fever (Charleston, 1820), 7.
October immediately after his arrival.” Certain of his immunity, the German immigrant remained in town during the fever season but died from yellow fever.\textsuperscript{328}

Within such a stew of misinformation, most Orleanians remained nervous that they might be misjudging their own acclimation. Elizabeth Trist, a family friend of Thomas Jefferson who lost her husband and son to yellow fever, wrote in 1806, “I hope that my constitution has become creolized as they term it here, having had very substantial seasoning.” Still, she wrote, “I can’t help being afraid as the summer approaches.”\textsuperscript{329} Not only was there no guarantee that a mild case conferred true immunity, it was impossible to guess at how severely a person would get the disease. As Dowler noted, “We have no means of rendering an unprotected person, insusceptible to the disease.” He continued, “Individuals awaiting an attack of yellow fever, surrounded by all the resources known to art, can have no assurance, as to whether their cases shall be so mild as to yield to the therapeutics of nature,” or so “deadly, as to defy the power of medicine.”\textsuperscript{330}

Indeed, one physician named Edward Jenner Coxe described that in 1839 he had an attack of fever, “moderately severe in character.” When he recovered, “it was asserted that I had passed through the yellow fever, was congratulated upon the event, and felt sure of the opinions of some experienced physicians.” Five weeks later, he was seized by the “pure” yellow fever, “in its most violent and dangerous form, such as few recover from.”

\textsuperscript{328} A Returned Immigrant, “Liberty and Slavery in America,” \textit{The New Monthly Magazine and Literary Journal} (London, 1836), 326.
\textsuperscript{330} Quoted in Edward Jenner Coxe, \textit{Practical Remarks on Yellow Fever, having Special Reference to the Treatment} (New Orleans, 1859), 41-42.
For years, Coxe “suffered from the effects of that true acclimation.” Indeed, Coxe avowed that “A mild attack as well as one occurring in a non-epidemic season” may be sufficient for acclimation, but the attack “should be cautiously and doubtfully recognized as certain.”

The difficulty of verifying acclimation—based as it was on precarious science, anecdotal declaration, and idiosyncratic experience—proved a conundrum for life insurance companies. Below the southern border of Virginia, New York Life Insurance and Trust Company surcharged the “acclimated” by one-half to one percent; “unacclimated” policy holders were allowed to live in or travel to the South only between November and June or pay an extra “climate premium” of about five percent. By 1834, these rates essentially doubled, with some companies flat-out refusing to insure those residing year-round in “unhealthy places” like New Orleans. By the late 1850s, insurance companies like the Knickerbocker Life Insurance Company and the Mutual Benefit Life and Fire Insurance Company of New Orleans, perplexed by quantifying the ephemeral, required Orleanians to prove they had resided for more than two years in a city where yellow fever had prevailed or their application was denied entirely. Of course, exceptions were made for those willing to pay higher premiums.

Josiah Nott, an examining physician to several life insurance companies in the 1850s, described where he drew the line between acclimated and unacclimated. He wrote that many policies directly asked ‘Is the party acclimated?’ He replied: “If the subject lives in one of our southern seaports, where yellow fever prevails, and has been born and reared

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331 Ibid, 41-43.
there, or has had an attack of yellow fever, I answer, ‘Yes.’ If, on the other hand, he lives in
the country, I answer ‘No;’ because there is no acclimation against intermittent and bilious fever,
and other marsh diseases.” Nott was sought after by insurance companies because he made
such stringent distinctions: “Now, I ask if there is an experienced and observing physician
at the South who will answer differently?” Nott reasserted, an “attack of yellow fever does
not protect against marsh fevers, nor vice versa.”

Immunocapital was valuable in New Orleans as yellow fever was its dominant,
inescapable biological reality. Recognising this, immigrants seeking permanent settlement
chose to lean into the environment and become part of it. Indeed, a New Orleans
acclimation was considered the gold standard of acclimations, to which all other American
sites of acclimation were compared unfavourably. As Dr Stone, a physician in New Orleans
boasted, “Creoles living on the coast, not having been acclimated in New-Orleans, are just as
liable to the fever as Northern people.” Dr Bennet Dowler particularly derided the false
hope “country creoles” had about their immunity in New Orleans. And though he believed
“city creolism”—gained in Norfolk, Mobile, Vera Cruz, and Charleston—was “probably
identical” and “mutually protective,” he had his doubts. Indeed, the American Medical
Association argued in 1852 that “acclimation in one city or region subject to endemial

333 Nott and Gliddon, Indigenous Races of the Earth, 376.
334 Not all white migrants in the Greater Caribbean sought to become “local.” And many whites in
the Caribbean died. Vincent Brown argued, whites in Jamaica had the same life expectancy of
whites in West Africa, where almost 60 percent died within their first year. Trevor Burnard argued
whites in Jamaica lived an average of 12 years after their arrival. See Brown, Reaper’s Garden, 2;
Trevor Burnard, Mastery, Tyranny, and Desire: Thomas Thistlewood and His Slaves in the Anglo-Jamaican
World (Chapel Hill, 2004), 17. See also Colleen Vasconcellos, Slavery, Childhood, and Abolition in
Jamaica, 1788-1838 (Athens, 2015), 1-4; Alan A. Karras, Sojourners in the Sun, Scottish Migrants in
Jamaica and the Chesapeake, 1740-1800 (Ithaca, 1992), 46. Mark Harrison, “‘The Tender Frame of
Man’: Disease Climate, and Racial Difference in India and the West Indies, 1760-1860,” Bulletin of
the History of Medicine, vol. 70, no. 1 (1996), 68-93.
December 1853.
336 Dowler, Tableau of the Yellow Fever of 1853, 35-37.
yellow fever is observed not to be universally protective in others.” Rather, a “Gibraltar seasoning” was insufficient in Jamaica, and a “Charleston acclimation” sometimes failed in Tampico and Havana.337

A New Orleans acclimation, like a West Indian, Brazilian, or Liberian acclimation, was considered biologically thorough and portable to other diseased locales. As a French tutor named Élisée Reclus wrote to his mother after he survived yellow fever in New Orleans, he could now work in Vera Cruz and Rio de Janeiro with no danger, a fact he thought should give her comfort and bring him riches.338 An acclimation in New Orleans even allegedly provided protection from the “African fever”—the most virulent form of yellow fever, it was believed—that predominated in Sierra Leone, the Gold Coast, and Bight of Benin.339

Leaning into Acclimation

Many Orleanians thought they should take their chance at acclimation sooner rather than later. Ironically, getting the disease was the only guaranteed way to survive and prosper long-term. Delaying the inevitable—by escaping to the countryside—was expensive and posed long-term financial impediments like diminished access to well-paid, steady employment. As lawyer Charles Watts related to his family on Long Island, New York in 1825, ambitious men “submit to the Yellow Fever,” committing to “changing their

338 Élisée Reclus, Correspondence (3 vols., Paris, 1911), 1:78-79.
339 “Later from Liberia,” Times-Picayune, 14 October 1851; H., “The Fever,” Times-Picayune, 6 August 1853. Attempts to categorise immunity based on the location gleaned were misguided. Though two viral strains of yellow fever existed in the nineteenth-century Atlantic world, they were genetically very similar and thus protection gained from a Norfolk acclimation was probably identical to one gained in Vera Cruz. Smith, Ship of Death, 164-65.
constitution by the shock.” One shock-seeking immigrant named Isaac Charles boasted in September 1847 that he was “certain” that “both [brother] Dick & I are acclimated.” Expecting to “reside here altogether,” Charles believed it was better to get acclimation over with “at once.”

Being unacclimated was especially problematic for young white men in their twenties who sought professional advancement in cotton factories, merchant houses, professional trades, wholesaling, and other skilled professions, which were considered springboards to slave and land ownership. Acclimation, as physician Stanford E. Chaillé described, was thus most important to the lower ranks of the cotton and sugar industries: white, non-elite, upwardly-mobile office functionaries, especially between the ages of 15 and 40. The wisest plan, one Orleanian suggested, was to “look the evil boldly in the face, view it in all its magnitude, and then manfully and wisely adopt the best protective system human skill and experience can suggest” – live prudently, and then contract and survive yellow fever.

There were “responsible” ways and places to get acclimated. One boarding house uptown in Carrolton offered a “healthy” place where the unacclimated who “could not leave their situations” for the summer could either insulate themselves from the disease, or face it in as gentle a manner as possible: “take board at the Carrolton Hotel,” the proprietor

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342 A majority of those who perished in the epidemic of 1853, according to Chaillé, were “unacclimated immigrants, chiefly from 15-40 years old.” Stanford E. Chaillé, “Acclimatisation, or acquisition of immunity from yellow fever, 1880,” NOMJ (Aug., 1880), 132.
343 Living “prudently” included abstaining from alcohol, avoiding fruit, and eating a light diet. “Sketches of Character,” New Orleans Weekly Delta, 21 August 1853; Times-Picayune, 11 April 1859.
advertised, where young men can enjoy the fresh country air but “also attend to business in the city by day, as the cars run twice every hour from six in the morning to nine at night.” Another landlord advertised to “young men wishing to provide against the prevailing epidemic,” a house with “fine large ROOMS, and a nurse who has had sixteen years’ experience in the business.”

The schedule of business in New Orleans, however, made “responsible” acclimation essentially impossible. City authorities implored unacclimated immigrants to stay away until the first frosts descended in November, worried their return would prolong epidemics and cause “citizens, as well as strangers” to suffer. But by November, when “Frosty Jack” had expelled “Yellow Jack,” it was too late: all well-paid, upwardly-mobile positions in merchant houses and cotton factories had already been filled by mid-September. As one Orleanian argued in 1853, it was foolhardy to come to New Orleans before epidemics officially ended, and it was “equally foolish to suppose that any vacancy that may occur is not instantly filled by some acclimated resident of the city.” With a flood of applications—about 50 per job—employers preferred bilingual, “acclimated young men of the first character and qualifications.” The writer concluded, “There is no chance for any kind of a clerkship here at any season, for young men from other places.” Here, opportunity existed only for creole (Louisiana-born) and acclimated men. The writer added that “this advice will apply to all the trades and callings.”

The *Picayune* echoed such sentiments: “An advertisement appeared in a morning paper yesterday for a clerk,” noted the editors. “During the day thirty-five applications were made for the situation.” Unacclimated men should “not come to New Orleans with the sanguine hope of jumping into a good situation so soon as they arrive … unless he is engaged before he starts.” The paper knew of “thousands who contemplate coming to New Orleans this fall, who feel sure of situations, supposing half our population to have died” but “there are hundreds out of employ now in this city, who are fully acclimated and competent to fill any situation.”

Despite the risks, the “universal rule” for the unacclimated was to “rush here early, to get ahead of the crowd.” If they waited, they languished in social and professional purgatory: not only were there no jobs but rents in “healthy,” convenient neighbourhoods, affordable in September, were extortionate by December with “not an empty house in town to rent.” As L. H. Peters related to his doctor friend in spring of 1833, “[r]ents will be very cheap as soon as the strangers begin to leave the city, and a person can board himself as cheap here” as in “any part of the south.” Those prices skyrocketed in time for the escapees’ return in the autumn. Unable to afford the return trip to Maine or Munich, latecomers huddled into squalid, disease-ridden tenements or lived on the streets. Hedging their bets, the absent-unacclimated frantically scanned regional newspapers to determine exactly when the weather became “Octoberish”—*just safe enough from disease*—to stage their return.

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348 “To Young Men at a Distance.” *Times-Picayune*, 21 September 1837.
349 “Eliza A. Breedam to Louisa Millard,” 17 December 1834, Taylor Miles and Family Papers, box 1, folder 1:1a, mss. 1378, LSU. For the importance of “acclimation” in renting property, see *Daily-Picayune*, 11 April 1859.
350 “L. H. Peters Letter,” 22 March 1833, mss. 222, LSU.
Merchants did not much care if some anonymous people died because they returned too early. “To our friends in the West and the North,” the *Picayune* declared in early October 1845, “we would say—Return, or you will lose the most exhilarating part of the season.” Now, “it is no more hazardous to visit New Orleans than Quebec.” Though people were still dying, the newspapers (encouraged by the merchant class) stated, “Business promises to commence early and briskly, and all will rejoice to welcome hither their truant friends and the industrious, enterprising stranger.”

Such seasonal hedging was easier said than done. As rumours of yellow fever swirled in autumn, Connecticut-immigrant Ralph Roanoke ceded all his “chances of preferment in a staunch commission-house” and fled the city. Upon his return in November, Roanoke was fired. He had to, again, go through all the “uncertainties of finding employment, with my chances materially lessened by the very knowledge that I had not the courage to face the danger.” Roanoke determined that “good business qualifications and good testimonials of character” were “nevertheless insufficient without the ‘sine qua non’ of an acclimated citizen.” His savings dwindled. Soon, he determined that he had no choice: either “sink back into my former insignificance in Connecticut, or risk all upon the chances of acclimation.” Promising his former employer that he would remain “the entire year, or perish in the attempt,” he convinced the firm to rehire him. He fell ill with yellow fever but survived. Now acclimated, Roanoke “stood before the world,” a “man” with all his “doubts and misgivings at an end.”

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352 *Times-Picayune*, 7 October 1845.
353 Roanoke, “Random Leaf,” 201.
Friends and family abroad had misgivings about the acclimation process. Sarah Hughes of Boston posted an enquiry in the *Picayune* in 1842, begging for news of her husband Patrick. He had come to New Orleans and was supposed to have returned home to Boston, but she had heard Patrick had died in New Orleans while looking for work in 1841. “Any information,” she implored readers of the *Picayune*, “will be most gratefully acknowledged by his disconsolate wife.” In 1839, friends of Frederick Prigg from Suffolk, England made a similar inquiry, requesting information about what had happened to him after he fell ill with yellow fever in 1837.

Stories of acclimation-gone-wrong abounded in the Deep South. In 1858, a “stranger of fine personal appearance, evidently reared amid the associations of good society,” fell sick with yellow fever, and as he had no friends in the city, applied to one of the benevolent societies for medical care. This man “was one of the first who came from the far North to seize the golden opportunity for desirable business situations made vacant by death”; instead he “found the beckoning of Fortune to be in reality the wave of the skeleton hand of the Pestilence.” He died after “the fever ran riot in his veins.” His bereft cousin, who came to New Orleans to collect the body, also died of yellow fever. Daniel Mallory from New York described that his good Irish servant girl, Margarette, married an Irishman who went to New Orleans after he was promised that he would make $3 a day there rather than $1 he was earning in New York. Against the advice of her employer, the couple boated down to New Orleans and landed in early October. Both quickly died and “unavailingly regretted in their last moments” that they had not been more prudent and

357 “An Incident,” *Times-Picayune*, 26 October 1858.
listened to Mallory, arrived later, or insulated themselves more thoroughly from yellow fever.\footnote{Their regret was apparently related to Mallory by one of the couple’s fellow passengers. Mallory, “Yellow Fever and the Deer Hunt,” 2:37-38.} 

**Performing Acclimation**

Orleanians often described the process of acclimation like being reborn. As the *Weekly Delta* declared in 1853, the acclimated walked the streets with a “tremendously bold swagger,” sneering at the unacclimated, who darted about “timidly and nervously.” The acclimated “pooh pooh[ed]” yellow fever and called it a “mere nothing”; rather it was a “pleasure” to have yellow fever as it resulted “in such a splendid appetite when you get over it.”\footnote{*New Orleans Weekly Delta*, 7 August 1853.}

Asserting acclimation required an element of both braggadocio and nonchalance. As an “old stager,” who dated back “his acclimation and tussle with yellow jack many years,” described it, new-fledged convalescents put on incredible airs. “Some of them who have but just become able to hobble about without support, and whose legs are of but little more service than though they were made of wet flannel,” the old stager wrote, “are even now inclined to crow, talk mighty big and feel independent.” A boy that “only a week or two ago [was] glad to be able…to take gruel and lemonade” now was headed “to the lake for a fish dinner…quarrel[ling] about what brand of claret is best.” There were other convalescents who “begin to seriously talk about the relative pleasure and advantage to be enjoyed next summer by traveling or remaining in this city.” This “spunky set of fellows”
now bragged, “What do I care for the yellow fever?” Later, Orleanians would boast of the year of their acclimation—‘24, ‘33, ‘49—like a kind of membership in an invisible fraternity of disease survivors. Some would even mark the occasion of their acclimation like an anniversary or birthday with a yearly feast.

Seeking to capitalise on their hard-earned immunity, jobseekers either explicitly or implicitly asserted their acclimation when seeking employment. The “Wants” section of every newspaper was filled with people claiming they had survived yellow fever and were thus a safe bet. One clerk enumerated his qualities in this order: “well acclimated, well educated, speaking five languages,” with the “best of references,” notable integrity, and business capacities. Another Philadelphian grocer promoted himself as “acclimated” and “willing to remain during the city during the Summer.” One man reassured his potential employer that he had lived in New Orleans and the West Indies for 18 years without interruption. Another “acclimated gentleman, possessing business qualifications and habits of industry, with an extensive acquaintance in several cotton growing States” sought a situation in a cotton commission house. One “individual (who is thoroughly acclimated)” with extensive experience abroad sought a position as either a “Book-keeper

363 The “wants” section of New Orleans-based newspapers was filled with men asserting their acclimation. New-Orleans Commercial Bulletin, 4 June 1833, 17 September 1833, 18 September 1833; New Orleans Daily Crescent, 1 February 1854.
365 “Situation Wanted,” Times-Picayune, 22 June 1838; Mississippi State Gazette, 9 April 1825.
366 “Wanted,” Times-Picayune, 4 September 1839.
or out door Clerk.” A middle-aged man looking for a situation as a clerk noted that he was “well acquainted with this city” and also “well acclimated between the latitudes of 32° and the Tropics.” The message to all jobseekers was clear: no unacclimated need apply.

Bosses considered even glowing references useless unless provided by a previous New Orleans-based employer, evidence of the applicant’s city longevity. One barkeeper declared himself acclimated, evincing this by offering the “best city references.” Employers often demanded that an applicant’s parents lived in the city, asked for proof of local birth, or requested a physician’s letter certifying acclimation, preferably all three. Young men without references invoked their nativity to give them an edge over men with previous work experience in other states. In 1846, one “Young Gentleman of this city, aged 14 years … anxious to obtain a situation in a Commission House” related that he was “well acquainted with the duties requisite, speaks French and English, and has been raised in New Orleans.” This pitch subtly implied he was a creole and a native and acclimated by extension.

Acclimated employees benefited businesses and co-workers down the road. One cotton trader from England emphasised that he was willing to temporarily stand in for any of the partners of the firm wishing “to absent themselves during the summer months on business or otherwise” as “the advertiser being acclimated” was “well acquainted in the

368 Times-Picayune, 20 November 1839.
369 “Situation Wanted,” Times-Picayune, 11 August 1840.
370 “Wants,” Times-Picayune, 21 October 1840; 2 May 1851; 22 January 1854.
372 Times-Picayune, 30 August 1846.
city, and with business generally.” A Kentuckian bookkeeper with several years’
experience, interested in employment in “a commercial house, or as Clerk on a steamboat
running in a Southern trade” added that he was both acclimated and willing to commence
employment immediately in August, or any time up to 15 October – the danger zone for
the unacclimated.374

From the employer’s perspective, it wasted time and money to train someone for a
detail-oriented job only to watch him sicken and die by the autumn. As the German
immigrant Gustav Dresel lamented in the 1830s, “I looked around in vain for a position as
bookkeeper … [but] [t]o engage a young man who was not acclimated would be a bad
speculation: he would either be snatched away” by a competitor “or else at least probably
attacked by the devastating disease.”375 And through controlling for acclimation, employers
screened out other undesirable qualities, making it a convenient, if euphemistic, way to
discriminate against all manner of “others” – immigrants, Irishmen, Sicilians, Northerners,
even alleged abolitionists.

Indeed, the only unacclimated men able to find employment had specific, rare
skills. As Eliza Breedam related in 1833, her uncle Millard, hearing that a smart young man
lately from Natchez was “much skilled in the apothecary business,” employed him in New
Orleans. Upon his arrival, the boy had “a very severe spell of yellow fever.” They did not
think he would live.376 The boy survived, and though he was off work for a long stretch of
time, Millard still believed the boy had been a worthwhile investment.

374 Times-Picayune, 14 August 1853.
375 Gustav Dresel, Gustav Dresel’s Houston Journal: Adventures in North America and Texas, 1837-1841,
Max Freund (tr. ed.) (Austin, 1954), 21-22.
376 “Eliza Breedam to Louisa Millard,” 3 September 1833, Taylor Miles and Family Papers, box 1,
folder 1:1a, mss. 1378, LSU.
The scarcity of jobs filled the unacclimated population with anxiety. As one writer claimed in September, all the unacclimated who remained in town were lethargic:

“We make out to bury our dead, drink juleps, or brandy toddies, as mint is stale and out of date, talk to each other, read letters and the news of the day, and to indulge in the usual and very necessary customs of sleeping and eating. Thus we are and thus we go.”

Jobseekers desperately sought to differentiate themselves within the large pool of qualified applicants, sometimes emphasising that they were willing to do literally any job. One man posted this advertisement in the Picayune: “A SITUATION WANTED, BY a young man of industrious and steady habits who has been several years in the city, and is fully acclimated.” Though he was “well acquainted with the clothing business, having acted as a clerk in a wholesale Clothing establishment for 4 or 5 years,” he was “competent to any other business, and can furnish good recommendations.”

Increasingly desperate for a job by November, advertisers made more fraught claims: “An acclimated young man, who has been Clerk, resident in this city, wishing for a situation” was so anxious for a job that “wages [were] not so much an object as to be employed.” Some worried that without a job, they would be left homeless. Thus one “acclimated European Lady, of respectable family, resident in this city,” sought a situation as a seamstress. Petrified that all employment was gone, she asserted “[w]ages no object: principally for a home.”

377 Times-Picayune, 23 September 1837.
378 Times-Picayune, 20 November 1839.
379 Times-Picayune, 6 November 1858.
One comic poked fun at the wild, obviously false claims made by jobseekers and penned a fake personal advertisement in the *Picayune*. The “applicant” stated that he was desirous of obtaining a situation, possessing “a practical knowledge of mercantile affairs … [and] thorough clerking experience, from sweeping out a counting-house to doing the correspondence.” As he had “resided in the city twenty years, winter and summer; had the yellow fever, cholera and small pox,” he “flatters himself that he is pretty well acclimated, and that he can remain at his post the year round.” He added however that “if it would enhance his value in the estimation of his employer,” he would not “object to spending the summer months at Niagara, Saratoga, &c., without any extra pay beyond his travelling expenses.”

He concluded, “The advertiser is an unmarried man, but would beg to inform applications, should that prove objectionable, that he can change his state in fifteen minutes. Although at variance with the usual custom of advertisers for situations, he would observe that salary is an object.”

Jobseekers leveraged immunocapital for promotions. Cotton clerk Thomas Jenkins remarked in 1837 that the disease had swept off many of his best friends and had “thinned the counting houses.” In 1841, Jenkins again noted that the disease had been “very fatal among clerks and other young men in business” with six cases plaguing the neighbouring three counting houses. Even one of his bosses, a man named G. W. Parsons, died of fever in September. After a competing factor, Mr Stringer, lost his clerk to fever, Stringer was “very anxious” for the acclimated Jenkins to quit and join him, with a pay increase. Jenkins believed his fellow clerks would have been spared if it were not for the continual

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381 Ibid.
flow of “strangers” (by implication non-immune, disease-carrying immigrants) that were “now coming to town on every vessel.” Though Jenkins was an immigrant, he now thought himself to be an immunocapitalist – part of a different, higher social stratum than more recent arrivals.

A boss’ death could also open up opportunities for lower-downs. George Fennell, an English grocer, noted in 1838 that his boss, Mr Hawley, and three fellow bookkeepers had died from fever. When Hawley’s competitors moved to shut down his grocery, Fennell had his choice of jobs amongst the competition, as well as other businesses. He eventually took a job at a more prestigious architectural firm, with a pay increase. It was an unwritten rule that named partners in cotton factories, counting houses, law firms and merchant firms had to be acclimated. In fact, a partner’s death by yellow fever was a major cause of business turnover, bankruptcy, and instability, with partnerships structured to protect each partner’s assets in the likely event of death. Agents and businessmen would not invest in or employ firms where all the partners were not “thoroughly creolized.” As John Rayburn from Nashville announced when he moved to New Orleans in 1842, he was opening up his own commission business in September in his own name. “Being acclimated,” he wrote, “I shall reside in the city permanently, and will give all business confided to my management strict and personal attention.” Rayburn was pitching to planters that his would be a stable business that would not evaporate, along with their money, in the fever season.

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383 “Thomas Jenkins to James Emile Amour,” 28 September 1841, James Emile Armor Papers, box 1, folder 4, mss. 100, NOPL.
384 “George to Samuel Fennell,” March 1838, George Fennell Letter, mss. 152, NOHC.
385 “Cards,” Times-Picayune, 4 September 1842.
Even after being screened for acclimation, bookkeepers still died in droves. As one traveller noted in 1836, “five perished out of one counting-house; another house buried their book-keeper, employed another, buried him, and employed a third before the dead season had passed.” Such mortality amongst the allegedly immune suggests that clerks either misjudged their immunity or wilfully lied about it. It was a high-risk lie: false declarations of acclimation were a firing offence, conclusive proof of untrustworthiness. But many apparently believed the lie was worth it: they would worry about surviving the disease and feign ignorance, later.\(^\text{386}\) For some, it seemed to be an honest mistake. In 1847, one Irishman entered the Charity Hospital with unimpeachable symptoms of yellow fever but vehemently insisted that he was already immune: he had come to New Orleans in 1824 and thought he had gone through his acclimation in 1825. This man was lucky to survive yellow fever “twice.”\(^\text{387}\)

Of course, many people lived in perpetual fear of yellow fever and refused to take any chances. Baron Pontalba related to his wife in October 1796 that his merchant Clark “was so frightened that when the only clerk left to him came to render him an accounting, he would only speak to him from a distance; three people had already died at his house, and his own fright kept him from being able to urinate.”\(^\text{388}\) Reverend Clapp, who witnessed many epidemics in New Orleans, recalled: “in some cases, all the clerks and agents belonging to mercantile establishments were swept away, and the stores closed by civil authorities.” Clapp recalled, “Often I have met and shook hands with some blooming, handsome young man

\(^{386}\) A Returned Immigrant, “Liberty and Slavery in America,” 326.

\(^{387}\) For mistaken acclimation, see E. D. Fenner, “The Yellow Fever of 1853,” *De Bow’s Review*, vol. 17, no. 1 (July, 1854), 41.

today and in a few hours afterward, I have been called to see him in the Black Vomit, with profuse hemorrhages [sic] from the mouth, nose, ears, eyes, and even the toes.”

Many people failed in their attempts to become immunocapitalists. In October 1858, the chief bookkeeper of the St. Charles Hotel, Zenas Blinn, died of the prevailing epidemic, much to the surprise of his employers as he had lived in the city for six years and had already acted as bookkeeper at the Verandah and St. Louis Hotels. The Philadelphia-born typesetter at the Delta, H. H. Whitcomb, died in 1858. His obituary read: “though unacclimated and knowing that the terrific scourge would probably doom him to destruction, still he was found true and faithful, like Casabianca, to his post.” Even Mr. Ward, a rich man from Boston, who could have afforded to flee, died from the fever as he had “recently purchased a plantation in the neighborhood” and “staid [sic] here with the express view of getting acclimated.”

The perils of seeking immunocapital were not limited to one’s own life and death. Caroline Clitherall, a plantation mistress from North Carolina, stood at the Charleston dock and watched her newly married (and favourite) daughter Harriet wave from the deck of a boat bound for New Orleans. Major Spotts, her new son-in-law, was to become a port surveyor there and had dreams of buying land along the Mississippi. As she watched the ship sail farther out to sea, she had a premonition she would never see her daughter again and began to panic. Clitherall was right: Spotts died from cholera in 1833, Harriet and one.

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390 *Times-Picayune*, 8 October 1858.
391 Casabianca was a poem written by the English poet Felicia Dorothea Hemans and published in the *New Monthly Magazine* in 1826. Casabianca refuses to desert his post without orders from his father—his commanding officer—during the 1798 Battle of the Nile and thus dies virtuously.
392 *Baltimore Sun*, 13 September 1847.
of her infant children died of yellow fever shortly thereafter. Melding the imagery of New Orleans and heaven, Clitherall soliloquised that many of her friends and family had gone to that place “from whence no traveller returns,” and were “falling, like leaves off Autumnal trees.” So many young foreigners died in the epidemic of 1853—with no family or friends around—that John P. Ordway composed a ballad “Let Me Kiss Him for His Mother,” in which an old lady walked from coffin to coffin before the lids were nailed to give a farewell kiss to the deceased, acting as a proxy for their mother’s blessings far away.

*Moralising Survival*

Declaring acclimation did more than assuage employers’ fears. It became a catchall proclamation of character. Though he could have fled in 1801, the 18-year-old Irish immigrant Maunsel White remained, realising “Alas! there was no help for it, but to take my chance.” Reminiscing decades later, White recalled his acclimation as a major life turning-point: despite only informal education, he quickly rose from being a bookkeeper to the owner of his own cotton factory. In 1812, aged 29, he was elected to the city council and in 1846 to the Louisiana State Senate. On just one of his sugar plantations, Deer Range, White worked 192 slaves in 1850. He died with a massive fortune. All this he attributed, in part, to his acclimation.

394 John P. Ordway, *Let me Kiss Him for His Mother: Song and Chorus, as Performed by Ordway’s Æolians and other Popular Bands* (Boston, c.1859), Duke.
Like Nolte, White framed his acclimation as a choice. He had decided to contract yellow fever and had willed himself to survive, with only a little help from “God, a good constitution, the doctor and Nanny [a slave].” Lesser men “chose” to die, because they were not courageous enough to face the disease, were drunks, immoral, ate improper food, did not take the appropriate number of “ablutions,” or did not seek medical care at the appropriate time.  

Indeed, when the racist pseudoscientist Samuel Cartwright fell ill with yellow fever in 1823, he directed his own care, and attributed his survival (and that of everyone around him) to his own prudence, as well as “cleanliness, fresh air and careful nursing.”

In an era in which inoculation to smallpox was increasingly common—and done for free by the New Orleans city council by the 1820s—antebellum Southerners were beginning to see health as something controllable by human action. As J. S. McFarlane argued in 1853, “visitors” to New Orleans should “live sober, orderly and virtuous lives while here, and not convert the entire period of their residence among us into one continued saturnalia.” If well-behaved, visitors would “enjoy an exemption from disease fully equal to that of the places from whence they came.” McFarlane ended, “acclimation, so necessary to the protection of the stranger, has to be undergone by the virtuous and vicious alike; but still the stranger is the sufferer.” Simply, acclimation took moral as well as physical courage. As William H. Holcombe, a New Orleans doctor, asserted, yellow fever is like a “mean yellow dog”: if “you face him and defy him he will slink away, but if

396 “Yellow Fever,” Times-Picayune, 17 August 1841.
you recede from him he will pursue and attack you.” With such thinking, immunocapitalists like White, Nolte, McFarlane, and Cartwright could pose as climatic champions, the rightful inheritors of political and economic power.

Such thought justified the exploitation of the unacclimated. Indeed, the acclimated used their immunological advantage in courts, scheduling important hearings at times they knew their opponents would be away from the city as jurists would issue “judgements by default.” Some exploitation was more direct. Recruited directly off the boat, thousands of Irishmen built the New Basin Canal in the 1830s. Working in ghastly conditions, between 6,000 and 10,000 Irishmen died of yellow fever while digging the four-mile stretch, their bodies tossed unceremoniously aside and eaten by alligators. The bosses remained sanguine as thousands of desperate men waited to replace the dead for a dollar-a-day. Elites preferred to bring in a constant supply of fresh labourers, black and white, rather than foster an established white labouring class. Organised free labourers, demanding better pay, conditions, and rights could be as dangerous to the status quo as organised slaves. Instead, vulnerability to yellow fever helped the commercial elite keep its white work force desperate and docile.

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401 A. N. Ogden, Reports of Cases Argued and Determined in the Supreme Court of Louisiana, vol. 12 (New Orleans, 1857), 85.
403 Shugg, Origins of Class Struggle, 114-15; Herbert R. Northrup, Organized Labor and the Negro (New York, 1944), 149.
Even those outside of cotton-capitalism found their social worth and morality measured by their willingness to face the disease. In 1847, many public-school teachers did not return for the opening of schools in September, fearful of the scourge. An editorialist, noting that a teacher’s presence in the city regardless of the disease situation was contractually obligated, made a case that the only good educator was an acclimated one. The writer argued, the “schools are New Orleans schools, intended to operate in this latitude, and not established for New York or New England.” If their regular operation was governed by the question, “Is New Orleans healthy?” than it would “frequently happen that they must be closed three or four months every two or three years.” In his opinion, either all teachers needed to be expressly acclimated (“a difficult matter”), two separate sets of teachers were needed for summer and winter (“disastrous for the schools”), or temporary substitutes were needed to replace the absentees.

Preferably, however, the School Board would only employ those teachers “who for the sake of the work in which they are engaged, are willing to incur some risks and make some sacrifices.” The writer continued:

What is the feeling of the community towards any minister of the gospel who deserts his post for fear of the epidemic? Certainly it is not one of confidence and affection. And shall the teachers of our children, engaged in a work next in importance and honor to that of the ministry, be allowed to shrink from duty voluntarily assumed because some risk attends its discharge? Is this moral courage?

404 In 1819, the Presbyterian Minister Reverend Larned panicked and fled the city to avoid yellow fever. When he returned, he confessed his cowardice to his congregation and pledged never again to flee, but rather follow the example of the Catholic clergy who remained. The next year he remained, but died of yellow fever. Créité, *Daily Life in Louisiana*, 157. For another example of a disgraced minister who fled the city, an act considered even worse than conversing with abolitionists, see the 1838 public trial of Reverend Joel Parker. “The Rev. Joel Parker,” *Daily Picayune*, 3 January, 1838.
The editorialist then compared teaching to other Orleanian industries. “Our clerks incur the risk merely to fit themselves for the uncertain chances of mercantile life,” he wrote, so “shall those who are moulding the mind of the rising generation place so low an estimate upon the great work in which they are engaged as to desert their posts because there is danger in duty?” He answered “No.” It would be far better “that a few should fall martyrs...honoring the cause in some degree commensurate with its importance.”

Most underpaid teachers, like most humans, were distinctly uninterested in falling martyrs to the cause of public education and continued to flee during the fever season. But acclimated teachers were considered a cut above the rest and paid accordingly. As one post advertised:

“Teacher Wanted—At the Male Orphan Asylum, Fourth District—an acclimated person—qualified to teach and to superintend an Asylum.”

Another school asked for an “experienced English teacher, who is acclimated” who “will find employment for 6 or 7 hours in the day by applying immediately at No 71 Rampart street.”

Many doctors discovered their professional standing was proportional to their ability to sell their personal acclimation stories – evidence they knew how to cure others. Edward Jenner Coxe—named after his father’s hero (Edward Jenner) and the first person in Philadelphia to be legally inoculated for smallpox, at the age of three weeks—found his medical and academic reputation improved after spending three years at the Charity Hospital and in private practice observing yellow fever. His greatest claim to fame, however, was that he survived “one of the most dangerous and protracted attacks of yellow fever ever recovered from in 1839.” Coxe transformed into one of the most popular and richest doctors in New Orleans. With medical and moral authority, Coxe dedicated his

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405 D.G., “Our Public Schools, Times-Picayune, 6 October 1847.
406 Times-Picayune, 14 August 1853.
407 Times-Picayune, 4 April 1844.
book on yellow fever “to those who may be unacclimated,” writing if he could reduce “the sufferings of those passing through an acclimation, save valuable lives, and thus, add to the permanent population of our city and State, ample will be my reward.”

Many doctors failed in the process of getting acclimated. In 1853, the 23-year-old Dr Alexander C. Robertson from Nashville died from yellow fever while acting as a visiting physician at the Charity Hospital. His obituary noted, “[a]s a young physician, just commencing the practice of his profession, he could not promise himself much pecuniary profit for the first year or two, even during such a dreadful epidemic as is now scourging our city” as he was unacclimated. But “having settled himself here for life, and accepted an office of high responsibility,” he decided to stay in town against the “persuasions of relatives and friends…resolved to stand or fall at the post of duty.”

Dr D. Elliott Reynolds of Pennsylvania also found that he could not professionally afford to abandon his practice in New Orleans at the onset of fever. He lasted just over a year in the city before succumbing to yellow fever.

With undeniable nativist undertones, many Orleanians were complacent about, or even happy with, the class of people who constituted the majority of yellow fever’s victims. As the nineteenth-century historian Charles Gayerré described it, many of the ancient regime “felt friendly to the scourge, as, in their opinion, it checked that tide of immigration which, otherwise, would have speedily rolled its waves over the old population.” Demographically dominant, immigrants would sweep “away all those landmarks in legislation, customs,

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409 Coxe, Practical Remarks on Yellow Fever, v-vi.
410 “Obituary,” Times-Picayune, 26 August 1853.
411 Times-Picayune, 11 September 1853.
language and social habits to which they were fondly attached.”

412 Without acclimation, most people were shut out of well-paid, steady work, and were consequently forced to live in “fever nests,” “fever manufactories,” and “plague spots” – cheap, filthy spaces out of sight of the rich, and close to the swamps and docks where the poor were in constant proximity to disease. 413 As the reform-minded Dowler opined, “poor are the greatest sufferers always,” living in “crowded, filthy, and uncomfortable dwellings.” He continued, those who “constitute this class, are the hands, the machinery, that make the wealth of a community, and give it its power.” Hence, they were the “rightful claimants of its fostering care.” 414 Most of the elite wholeheartedly disagreed with Dowler, believing they held no social responsibility for the health of the masses; rather, the masses had to rely on their own physical and moral strength in getting acclimated.

It is unclear how elites reconciled their conviction that poverty, intemperance, sexual looseness, and general moral decrepitude caused the lower classes to die of yellow fever with the fact that elite persons also sickened and died from it – many of them in their own families. Elite men did not blame their wives’ deaths on intemperance or sexual deviance. 415 It was almost as if the rich and the poor died from two separate diseases. When the elite died, it was God’s will; when the poor perished, it was due to their own regrettable, despicable choices. 416 As the True Delta argued, “while hundreds and hundreds of those who have died were men, good and true,” it was a “well known fact that among

413 Roger Shugg described that in New Orleans “the American was the wealthiest, the French was the most populous, and the Irish-German the poorest.” See Shugg, Origins of Class Struggle in Louisiana, 38-9.
415 For the historic connection of poverty and disease, see Brown, Foul Bodies, 137-53, 193, 290.
416 Orleanians were well-practiced at justifying why certain people died rather than others. See, James Copes to Joseph Copes, 3 October 1835, Joseph. S. Copes Papers, box 1, folder 24, mss. 733, LRC-Tulane; “Mahala P. H. Roach Diary,” p. 4, 8, 10, 17, 20, 21, esp. 25 September 1855, Roach-Eggleston Family Papers, vol. 52, folder 59, mss. 2614, UNC-CH.
the worthless, the dissipated and the vile, the fever has been most exacting and its victims most numerous." Thus in a city with a massively expanding immigrant population, it was advantageous to ascribe 940 of the 1,226 deaths at the Charity Hospital in 1835 to “intemperance” in eating and drinking rather than acknowledge any causes that society could or should fix.418

Elites regularly professed that creoles lived long healthy lives despite the fact that only six percent surpassed the age of 60 and only half of all creole children survived childhood.419 And as George Washington Cable noted, the creole had “an absurd belief in his entire immunity from attack. When he has it, it is something else. As for strangers,—he threw up his palms and eyebrows,—nobody asked them to come to New Orleans.” Cable scoffed that it was apparently the duty of a good Orleanian citizen to “shut his eyes tightly and drown comment and debate with loud assertions of the town’s salubrity.”420

Manliness, Immunity, and Marriage

Acclimation was a crucial part of performing patriarchy: in no uncertain terms, Orleanians believed a man could not fulfil his familial duties to his wife, children, and even his quadroon mistresses until he got acclimated. As one editorial in the Picayune noted, “We conjure all the interesting young gentlemen, to become [acclimated] as soon as possible” for they “ought to recollect how cruel it is to visit among Creoles, or families acclimated, before they are so themselves—they interest young hearts—they form strict attachments.” When

418 Edward H. Barton, Introductory Lecture on Acclimation, Delivered at the Opening of the Third Session of the Medical College of Louisiana (New Orleans, 1837), 10.
419 Ingersoll, Mammon and Manon, 259.
on a sick bed, the anxiety caused by these pre-marital attachments “impede[d] recovery.” For women, a beau’s death came “all heavily on the young bosom who has ‘linked her faith’ with that of the unacclimated lover.”421 As a rule, creoles would not let their daughters marry unacclimated men: not only was there a high chance he might die, unacclimated men were generally poorer, newer to New Orleans, and were professionally less advanced than their acclimated counterparts. For example, only after Ella Baker’s father, a free black man, had become “settled and acclimated,” did he pursue his courtship of her mother.422

To marry and reproduce without acclimation was the height of irresponsibility, the ultimate taboo. As the Picayune wrote, “We have known widows and children, left in sorrow and want by the death of the husband, from Yellow Fever.” They described a classic scenario: even if a man had lived long in New Orleans, and had “commenced by leaving every summer,” he would soon be compelled to stay during the fever season, as a man “cannot visit in New Orleans much, without getting in love—marriage follows.” In prosperous times, a man’s family could quit the city. “[T]his is all well, if it could always last, but times change—business, or debt, or something else compels him to remain,” and then he would fall sick, with his urgent impatience to get well making him “a surer victim.” Though the grave “ends his trouble,” his widow’s suffering was only starting. The Picayune concluded, “Sincerely, as a matter of principle, we are opposed to the existence of any strong ties until acclimation has taken place. If we were a lady, we would run the risk of being an old maid, rather than an early widow with children.”423

421 Times-Picayune, 12 October 1838.
422 “Oral History Interview with Ella Baker,” 19 April 1977, Interview G-0008, Southern Oral History Program Collection, mss. 4007, UNC-CH.
423 Times-Picayune, 12 October 1838.
Yellow fever widows were common in New Orleans as well as in many other southern cities. Eliza Breedam described that the tutor she had recently hired died of yellow fever in 1833, leaving a 17-year-old widow. Breedam lamented the young woman’s situation: “she is left hear [sic] in a strange place without a friend.” As they had only been in town “6 or 7 months when he died, she is now staying at Aunt Margaret’s and intends going to New York to her parents, in a short time.” Indeed, when H. H. Smith, the editor of the Galveston Journal in Texas, about 320 miles west of New Orleans, died suddenly of yellow fever in 1853, the paper noted “[h]is bereaved widow and helpless orphan child are thus deprived suddenly of the only friend to whom they looked for protections, far separated as they are from all other kindred.” Though it was improper to dwell on the negative characteristics of the dead, when a husband and father died of yellow fever, it was common to point out that his death could have been avoided, and thus the suffering of his female charges, if he had only been more prudent.

Orleanians acknowledged white women’s immunocapital on the marriage market. As one newspaper put it, the “acclimated girl is a treasure,” and though “she may not have yellow hair,” if “she has had the yellow fever she is worth a mint of money.” Men screened their potential wives for acclimation, asking: “Miss—have you ever had the yellow fever?” “Was it a typical case?” “Are you certain your physician was correct in his diagnosis of your case?” Courting men rejected unacclimated women, worried they would die young, or else insist on spending thousands to flee the city in style. Everyone had heard stories of

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424 “Eliza Breedam to Louisa Millard,” 3 September 1833, Taylor Miles and Family Papers, box 1, folder 1:1a, mss. 1378, LSU.
425 The Tennessean, 12 October 1853.
426 This pattern does not appear to reverse with sex. Men, it seemed, could remarry more easily after their wives died. Hannah Stark died in September of 1812 (just after giving birth) when Horatio Stark was away on military business. Horatio quickly remarried, and was not chastised for leaving his wife alone and without care. See “Anna Cross to Horatio Stark,” 23 September 1812, Stark Family Papers, folder 15, mss. 225, NOHC.
people like Mary Dick, dead from yellow fever just nine months after marriage (and two
days after giving birth). Her husband John moved houses as he could not bear to stay in
such a sad place. But for rich widows seeking remarriage, acclimation proved a powerful
bargaining chip. Indeed, one well-to-do widow named Mary Trist (who lost her first
husband to yellow fever in 1804) parlayed her acclimation into a rich American second
husband (who died in a duel) and even richer creole third husband.429

Lower-class women did not have such negotiating power, but could still use their
acclimation to economic advantage. In 1853, a young, acclimated German girl named
Lorie, though still “quite a child,” was hired by a prosperous family after its previous
domestics died, “one after another, of yellow fever.” She acted as the nurse to her boss and
his two grown sons when they fell sick with the fever and was paid $3 a day.430 This was a
hefty sum: Orleanian women earned between $8 and $10 a month in 1850, and sometimes
as little as $5.431 Though acclimated nurses and wet nurses could demand more pay, most
women found they were not remunerated for caretaking. Time-consuming, expensive, and
emotionally draining as that was, many acclimated black and white women—people like
Lorie’s mother—fell into an endless cycle of caring for their sick families, neighbours, and
the city’s thousands of orphans and foundlings. This made their immunity an almost

429 For white women’s experience of yellow fever, see Priour, The Adventures of a Family of
Emmigrants, p. 1-79, esp. 31, 57-58, mss. 2R154, DBCA-Austin; “History and Incidents of the
Plague in New Orleans,” Harper’s Monthly, vol. 7 (June-Nov., 1853), 806; “Hore Trist to Mary
Trist,” 10 and 24 January 1804, 2 June 1810, Nicholas Philip Trist Family Papers, mss. 2104, UNC-CH;
“W. C. C. Claiborne to Thomas Jefferson,” 1 June 1807, TP, IX:743. Louisiana Courier, 13 June
1854.
431 Richard Tansey, “Prostitution and Politics in Antebellum New Orleans,” in Nancy Cott (ed.),
negative asset – used to reaffirm their formal exclusion from the cotton, slave, and sugar economies.\textsuperscript{432}

\textit{Immunizing Institutions}

Immunocapital accrued within white ethnic populations. Over decades, each wave of immigrants passed though the mortality bottleneck, developed biological and social herd immunity, and entered the ruling economic and political class. Once the exclusive bastion of creoles, city councillors hailed from increasingly diverse backgrounds – first Louisiana, then France, eastern America, Scotland, Ireland, Germany, and Italy. Immigrants enjoyed better access to well-paid municipal jobs as civil servants.\textsuperscript{433} In 1829, most of the city’s police chiefs were creole. But by the 1840s, Irish immigrants dominated the force, at a time when other cities fully banned the Irish from the police. Indeed, the relatively high-income level for this occupation ($90 per month for a commissioner by 1829, up from $50 a month in 1805 – supplemented heavily by bribes) made it possible for many Irish policemen to save money, acquire property, and establish families and networks.\textsuperscript{434} By 1850, 86 of the city’s 286 policemen were Irish-born. 93 other officers were also foreign born – from Scotland, England, and Germany.\textsuperscript{435} By the end of the 1850s, New Orleans

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\textsuperscript{432} For acclimated wet nurses, see “Wanted,” \textit{Times-Picayune}, 22 September 1839.
\textsuperscript{434} For police salaries and duties, CCR, 4 April 1805, p. 1-4; Names of the Commissaries of Police were Duverges, Penn, Buisson, Montegut, and Lee, OR, 26 May 1829, p. 57; For police commissioner salary in 1829, OR, 24 November 1829, p. 121, NOPL. For Irish police chiefs, see Rousey, \textit{Policing the Southern City}, 53-60; Kelley, “Erin’s Enterprise,” 85-87.
\textsuperscript{435} Hall, \textit{The Manhattener in New Orleans}, 68; Ingraham, \textit{The South-West}, 1:164; Rousey, \textit{Policing the Southern City}, 145.
\end{footnotesize}
had an Irish-born police chief. Concentrations of acclimated foreigners in key positions gave successive ethnic groups staying-power, stability, and a political voice. Whole strata of the population once considered “foreigners” over time became acclimated, creole citizens.

In the Deep South, institutions as well as individuals needed to develop resistance to yellow fever. In fact, the ability for businesses, departments, associations, and even governments to rally in the face of yellow fever was a key component of regional legitimacy. During the first ten years of American rule in New Orleans, yellow fever swept off scores of politicians and civil servants. This was the precise moment America sought to project power and confidence to the local creole population and the wider world, when other countries hoped to destabilise America’s weak imperial grip on the Mississippi Valley and what historian François Furstenberg described as the “hot spot” of the Trans-Appalachian West: New Orleans.

Politicians quickly learned that the yellow fever situation in the Deep South would make their jobs difficult. A stream of newly-selected, replacement politicians was required after each epidemic. Each replacement had to relearn his predecessor’s portfolio, thus institutional amnesia, rather than memory, came to dominate political life. Preoccupied with a perpetual human resource problem, officials struggled to innovate, specialise, or tackle the complex tasks associated with transferring a massive territory from European to American rule.

437 François Furstenberg, “The Significance of the Trans-Appalachian Frontier in Atlantic History,” American Historical Review, vol. 113, no. 3 (June, 2008), 677.
Yellow fever thus stunted the institutional maturity of American government, even delaying, as Territorial Governor W. C. C. Claiborne believed, the ascension of Orleans Territory into statehood. Indeed, epidemics in 1804, 1809, and 1811—personally devastating to most Orleanians—entrenched the value of immunocapital in government. Simply, the great American project, to spread republicanism west into the North American interior, would fail if its men on the ground kept dying. Thus, while Jefferson spoke of Louisianans needing an “apprenticeship to liberty,” American politicians in Louisiana recognised their apprenticeship to yellow fever and subsequent immunity was required first.

The Louisiana Purchase opened up new lands to slave-harvested crops like cotton and sugar, but also provided attractive opportunities to potential politicians and administrators. Here, ambitious men could get in on the ground floor of government at the moment the exportability of America’s republican values was being tested in the West. Claiborne, a 28-year-old Virginian who spoke neither French nor Spanish, was one such man. In 1803, he became the first governor of Orleans Territory. A virtual unknown in the American political world and Jefferson’s third choice for the job (after the Marquis de Lafayette and James Monroe), Claiborne tried desperately to assert his legitimacy. Even Jefferson conceded that Claiborne was a “secondary character,” and made it clear to him before his departure that his appointment was only temporary – hardly a ringing endorsement. American-born Orleanians—his natural support base—constituted only ten percent of New Orleans’ population in 1803.

Claiborne was immediately unpopular. Official interpreters deliberately misconstrued his remarks; French newspapers mocked his social awkwardness; creoles held him personally responsible for the haphazard migration of lands, treaties, legal codes, and slave policies to the American standard.\(^\text{439}\) In 1804, a strongly worded pamphlet written by the outspoken sugar planter Pierre August Derbigny called Claiborne and his policies dreadful.\(^\text{440}\) As one Louisianan related in July of 1804, Claiborne’s “egregious vanity” was making him “less respected every day” by creoles.\(^\text{441}\) Soon, Claiborne’s annoyance and frustration with his unwelcoming creole constituents paled in comparison to his chief worry: this job might literally kill him.

Directly adjacent to the levee, the governor’s mansion was nestled in the heart of the city. Claiborne described his situation to Madison: “The ship’ing load & unload immediately before the Door,” and “the filth and various matter for putrefaction which accumulate near the waters edge have often proved offensive [sic] to me, even when in my chambers.” Claiborne supposed the governor’s mansion to be “amongst the most unhealthy in New-Orleans…those who occupy it, will be very subject to the yellow Fever.” Claiborne’s fear was justified: the brother of the last French Governor, Baron de Carondelet, and the last Spanish Governor, Manuel Gayoso de Lemos, both died horribly in 1796 and 1799 from yellow fever in the same house in which he now lived.\(^\text{442}\)


\(^{440}\) Derbigny admonished the governor for instituting an American-controlled court, appointing mostly Americans to important government positions, and giving preference to his volunteer militia rather than the regular French-speaking militia units. Most of all, Derbigny’s class hated him for imposing a ban on the wildly-popular African slave trade and demanding the use of English in all government publications. Pierre August Derbigny, *Esquisse de la Situation Politique et Civil de la Louisiane depuis le 30 Novembre 1803 jusqu’à 1er Octobre 1804 par un Louisianais* (New Orleans, 1804); Benjamin F. Shearer (ed.), *The Uniting States, The Story of Statehood for the Fifty United States: Louisiana to Ohio*, vol. 2 (Westport, 2004), 497.


In August, fleeting rumours of yellow fever began to swirl around the city, and the mayor, becoming nervous, asked the city council to compel boarding houses, inns, and public houses to give an account at the end of each week in August, noting the date of their customers’ arrival, occupations, native country, and how long they intended to stay.\footnote{CCR, 25 August 1804, p. 171, NOPL} By September 1804, Claiborne estimated to Jefferson that yellow fever deaths averaged about seven or eight a day, with new cases “hourly occurring.” By October, he reassessed his estimate: one-third of all Americans who had been in the city had died, as well as almost every person recently arrived from Europe. Claiborne concluded: “Lower Louisiana is a beautiful Country, and rewards abundantly the Labour of man;—But the Climate is a wretched one, and destructive to human life.”\footnote{“W. C. C. Claiborne to Thomas Jefferson,” 13 September, 1804, 5 October 1804, TP, IX:286-287, 294, 309.} Proportionally, 1804 was one of the deadliest years in New Orleans history. No official mortality data exists for this year, but about a third of the city’s population of 10,000 fled the city and about 1,000 to 1,500 people died.\footnote{Senate Executive Documents for the Third Session of the Forty-Second Congress of the United States of America, 1873-73 (Washington, 1873), 46.}

For Claiborne, this epidemic was personally devastating: his first wife Elizabeth, daughter, chief scribe, customs collector, and dozens more people personally and professionally close to him died from yellow fever. In September, the up-and-coming Joseph Briggs, Claiborne’s private secretary (and close family friend of Jefferson) died, leaving about a dozen administrative projects unfinished. Claiborne’s two deputy clerks lay convalescent in bed for months.\footnote{Trask, Fearful Ravages, 10.} In mid-September, two of his close friends—merchants John Gelston of New York and Benjamin West of Philadelphia—died suddenly.\footnote{“W. C. C. Claiborne to Thomas Jefferson,” 18 September 1804, TP, IX:298.} Claiborne almost died himself from yellow fever and remained in a state of “great feebleness both of mind & Body”
for two months.\footnote{W. C. C. Claiborne to Thomas Jefferson, 30 August 1804, TP, IX:289.} In sloppily scribbled directives, he apologised to Madison for the sluggishness of his office.\footnote{French newspapers mocked him. One editorial written by “Fidelis” (Mr Sterry) in the \textit{Louisiana Gazette} satirised the death of Elizabeth Claiborne, suggesting that he was glad his wife had died so that he could make an advantageous marriage in the French community. Claiborne’s brother-in-law and secretary, the 25-year-old Micajah Green Lewis, challenged the offender to a duel. Lewis died from a bullet to his heart. Poor and depressed, Claiborne strongly considered quitting. Five years later, his second, creole wife Clarissa also died of yellow fever. Julien Vernet, \textit{Strangers on their Native Soil: Opposition to the United States’ Governance in Louisiana’s Orleans Territory, 1803-1809} (Jackson, 2003), 91-92. “W. C. C. Claiborne to James Madison,” 4 January 1805, TP, IX:361. “W. C. C. Claiborne to Thomas Jefferson,” 17 February 1805, 12 January 1810, TP, IX:393-394, 864. Eberhard L. Faber, \textit{Building the Land of Dreams: New Orleans and the Transformation of Early America} (Princeton, 2016), 140, 195-96.} He lamented to Madison, “[i]t would have been a fortunate event in every point of view, for my personal Interest, had I retired the City … But I was urged by duty to remain.” Claiborne deflected the blame for his wife and child’s deaths—those he held patriarchal responsible for—stating, “altho’ in consequence thereof, my misfortunes have been heavy … I cannot attach to myself any Censure.”\footnote{“W. C. C. Claiborne to Thomas Jefferson,” 4 January 1805, TP, IX:362.}  

The 1804 epidemic considerably thinned the ranks of politicians, causing one official to proclaim that in New Orleans “talents are as scarce as republicanism.”\footnote{“Hore Browse Trist to Mary Trist,” 14 May 1803, Nicholas Philip Trist Family Papers, mss. 2104, UNC-CH; \textit{New York Morning Chronicle}, 27 October 1804.} A policy of filling high-level government posts with Eastern imports and shunning the Louisiana-born of questionable loyalties and “creole morals” made it difficult for certain offices to continue functioning.\footnote{“Characterization of New Orleans Residents,” 1 July 1804, TP, IX:252.} Claiborne had his reasons for rejecting creoles. For example, one aide to Claiborne disparaged James Pitot, a future mayor, as a “man of some information, but his vanity, his pedantry & arrogance render him disagreeable [sic] to most people. He thinks the French the first of nations & himself the first Frenchmen.” The aide also called the merchant and future alderman, Michael Fortier, “[r]ich, ignorant, Creole, rather hasty, presumptuous,
obstinate & intemperate.” As Claiborne saw it, there were very few creole men worthy of representing America’s interests in Louisiana.

But importing people from the East took time. This was especially true for certain jobs based on presidential appointment and subject to Senate approval. In 1803, Jefferson appointed his friend and neighbour Hore Browse Trist as Customs Collector, tasking him to stamp out smuggling, track immigration, control erratic foreign shipping, and oversee the revenue of Orleans Territory. Importantly, the collector levied funds on foreign imports. These levies were the primary means of territorial and federal funding before the Sixteenth Amendment provided for an income tax in 1913.

Trist wrote many letters to his wife Mary back in Virginia, begging her to move to the Deep South, suggesting his job in government could provide a springboard to lavish wealth in the private sector. He boasted that he had “heard upwards of 60 enumerated [individuals] whose annual cash revenue exceeds eight thousand dollars.” Hore often asked Mary to reassure his mother, Elizabeth, that he remained healthy. His mother worried about him, with good cause: Hore’s father, Nicholas, had died from yellow fever in Natchez 20 years before. Mary joined Hore in New Orleans in August of 1804, but their reunion was short-lived. He was dead from yellow fever within a month.

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453 Ibid, 248.
454 A slightly nepotistic appointment, Jefferson had known Trist’s grandmother, Mary House, as a young man, having boarded in her Philadelphia home during the 1780s. Schermerhorn, The Business of Slavery, 87.
455 “Hore Browse Trist to Mary Trist,” 7 January 1803, Nicholas Philip Trist Family Papers, mss. 2104, UNC-CH.
Trist’s successor, the highly-recommended 21-year-old William Brown, ran off with $150,000 in customs receipts in 1809 after amassing debts he could not pay.\footnote{“James Sterrett to Nathaniel Evans,” 18 November 1809, Nathaniel Evans Papers, box 2, folder 76, mss. 670, LSU.} To contextualise this sum, the customs house in New Orleans raised under $700,000 in revenue per year.\footnote{Between March 1815 and July 1816, New Orleans’ customs amounted to $732,083. See John Bristed, The Resources of the United States of America (New York, 1818), 81.} An extremely rare communiqué, a type of “all-points bulletin,” was circulated around the Caribbean calling for his apprehension.\footnote{Clark, New Orleans, 1817-1812, 279.} Brown was later arrested and made partial restitution by selling his plantation, but Brown’s “fraudulent elopement,” as the Bishop of Louisiana William DuBourg described it, testified to his habitual underpayment as collector (about which Brown and Trist had often complained), his brazen use of bribes, and the haphazard bookkeeping and oversight of his office which allowed him to accrue such a large sum in the first place.\footnote{Alan Karras, Smuggling: Contraband and Corruption in World History (Plymouth, UK, 2010), 120.} Brown timed his escape well, fleeing the country at the height of the 1809 yellow fever epidemic while the government was weak and dispersed, and people died “without almost any warning.” It took days for anyone to even notice he was gone. Within this power vacuum, no one was particularly suspicious about the activities of one bureaucrat.\footnote{“James Sterrett to Nathaniel Evans,” 2 December 1809, Nathaniel Evans Papers, box 2, folder 76, mss. 670, LSU.}

After the Brown scandal (and without a pay increase), multiple candidates rejected the job of Customs Collector, a position once described by Claiborne as “one of the most desirable jobs in the United States government.”\footnote{John Wilds, Collectors of Customs at the Port of New Orleans (Washington, 1991), 7.} Yellow fever had shrunk the pool of appropriate candidates. Writing to Madison, Claiborne grumbled, “I know not another Citizen of this Territory, whom I would willingly recommend.” Claiborne suggested head-hunting a capable outsider of “sterling Integrity” and “pure Republicanism,” suggesting that with a
salary increase and the ability to “reside only one mile without the City of New-orleans,” they might secure a candidate who could rely on “enjoying health.”\textsuperscript{462} The job—essential to the administration, protection, and funding of the territory—remained vacant until James Madison strong-armed the territorial secretary of Mississippi (Claiborne’s former secretary) Thomas H. Williams into the job.\textsuperscript{463} While potential businessmen, merchants, and capitalists from the East and Europe often hurried to get their acclimation out of the way, politicians saw less of a need for this local rite of passage: it was one thing to risk life and limb in pursuit of the immunocapital that might lead to a great personal fortune in cotton or sugar, but the balance of risk versus reward looked very different if the ultimate goal was a badly paid government job.

Because death created so many job openings, giving a single person multiple full-time government posts became standard practice, which only led to more stagnation and gridlock.\textsuperscript{464} After the untimely death of John Ward Gurley (Attorney General for the Territory of New Orleans, Aide-de-camp to the Governor, and Register of the Land Office) at the hands of Mary Trist’s second husband in a duel, Claiborne appointed Benedict Van Pradelles, already the Notary Public for Orleans Parish, to be the new Register of the Board of Land Commissioners in 1808.\textsuperscript{465} This was no ceremonial title. In addition to his duties in the notary office, Van Pradelles was expected to oversee all land sales, organise the distribution and sale

\textsuperscript{462} “W. C. C. Claiborne to James Madison,” 19 November 1809, TP, IX:858.
\textsuperscript{463} It remains a mystery how much time Williams actually spent in New Orleans during his tenure. He complained to Albert Gallatin in October 1812 that he hated the job, detested being in constant contact with ships that carried disease from Havana, and wanted relief from it. “Albert Gallatin to Thomas H. Williams,” 25 May 1812, TP, IX:1021.
of public lands, and transfer land titles from the Spanish to the American system. Most of these titles, granted under the Spanish government, were incomplete. In some parishes, the registrars sat on 50 or 60 competing claims.\footnote{466} In the summer of 1808, Claiborne also appointed Van Pradelles Justice of the Peace for Orleans Parish. Stretched impossibly thin, Van Pradelles held these positions for only a short time, until his own death from yellow fever in December 1808, just six weeks after the birth of his son.\footnote{467}

Van Pradelles’ death disrupted the gears of the land office, reinforcing the fact that effective governance required either immune personnel or lots of them with redundant capabilities. Without institutional resilience to disease, each successive replacement had to regain the expertise that died with his predecessor. The U.S. Attorney for Orleans Territory, Philip Grymes, wrote to the Secretary of the Treasury in May to explain why the land commission had completed so little work, and why it could not complete its tasks until July 1810, a year and a half past the deadline. “The failure to finish the business assigned to the Board within the limited time, is attributable, as I understand from the Commissioners to the death of Mr Gurley in the first instance, and Mr Van-Pradelles in the second,” Grymes wrote “And during the intervals between their deaths and the vacancies being filled, the office was closed, and the Board ceased to act definitively upon any claim.”\footnote{468}

When Grymes took over as chief land commissioner at the end of 1808, he remarked that it required more “pains and labour to examine and adjust land claims in this Country than was anticipated.” The number of land titles was so voluminous, with so many of them incomplete, that a “single claim will sometimes employ us several days.” As in most frontier

\footnote{466} “Allan Bowie Magruder to unknown,” 5 March 1806, Opelousas Letter, mss. 558, NL-C.  
\footnote{467} “Civil Appointments,” 31 December 1806, \textit{TP}, IX:701.  
\footnote{468} “Philip Grymes to the Secretary of the Treasury,” 22 May 1809, \textit{TP}, IX:839-840.
societies, few settlers had the proper evidence to back up land claims, and the information collected by the previous registrars was so piecemeal that “in most instances” the documents “furnish[ed] little or no matter for the Board to decide on.” The project was delayed—once again—by the death of the Land Board’s clerk, Mr Dean, in July 1810, leaving the board in an “embarrassed situation.” During his sickness, Dean had not kept pace and was “very much behind in his business.” The commission ran out of money, and Columbus Lawson, Dean’s replacement, worked without pay for over a year, personally employing two secretaries out of his own pocket in order to shave 18 months from the project’s end date.\(^{469}\) It took the commission until June 1811—a further year past the projected and already extended due date—to stabilise the thousands of land claims in Orleans Territory.

Claiborne perennially complained about the scarcity of judges and instability of a court system shifting from civil to common law. Judges were particularly sensitive to the idea that their tenure in New Orleans might result in “sudden Death,” a risk few were willing to take for a salary of $2,000 a year.\(^{470}\) By 1 October 1804, all French judicial authorities lost their positions, but almost no American judges were in place to take over, putting the reputation of American law and order at risk. Judge Prevost, the only American judge to arrive in New Orleans before January 1805, found himself overwhelmed with cases and “labour[ed] under considerable difficulty” – a situation not improved when he almost died of yellow fever that autumn.\(^{471}\) In 1804, Ephraim Kirby, a Revolutionary War soldier, many-time candidate for Connecticut Governor, first General High Priest of the Royal Arch Masons, and the first Judge of the Superior Court of the Territory of Orleans, was beckoned South. But he died of


yellow fever in early October *en route* to his new post, leaving behind his widow and eight children. 472 Future appointees would not take up judgeships in the region on account of disease, leaving Jefferson “very much puzzled to find judges who can speak French.”473

Jefferson looked to other parts of the growing cotton kingdom, those areas where yellow fever occurred, to find judges. George Matthews, who had practised in Mississippi Territory, was appointed a judge for the Territory of Orleans in April 1806. Matthews himself admitted that he was not particularly esteemed or as learned as the other men Jefferson had considered, but “in an unhealthy Climate & with a moderate salary,” Matthews was “determined to accept” the job for the sake of the nation.474 Most frustrating for Claiborne, yellow fever impeded Louisiana’s quest for state status. He complained in 1811 when the convention drawing up a state constitution was delayed: “The Members of the Convention are to Assemble by Law, at New Orleans on the first Monday in November;—But I suspect many of them will be so apprehensive of the Fever, that a quorum will not be formed until about the last of the month.”475

Average citizens recognised the turbulence in leadership. One Orleanian remarked that “many of the most useful citizens have fallen victims to this fatal disease,” including dozens of government officials.476 After the General Assembly of the territory had repeatedly delayed meeting because of disease, the editors of the *Natchez Gazette* lost their temper and wrote a mock obituary for it, stating it “died … of extreme weakness … after a lingering

474 “George Mathews to James Madison,” 20 April 1806, TP, IX:626.
476 In 1833, the Bishop of Orleans, one alderman, and one of the most important merchants died of the disease. “Eleanor Stauman to her aunt,” 9 September 1820, Ker and Texada Papers, folder 1, mss. 545, LRC-Tulane; “Thomas Robertson to William Robertson,” 12 September 1820, Walter Prichard Papers, mss. 2509, LSU.
disease of twenty-four months.” They continued: “The most skilful physicians pronounced it out of the reach of medicine a few days after it was born…During the last summer notwithstanding the most powerful stimulants and restoratives were employed for its relief, it was attacked with violent Hiccupping and every moment expected to die of suffocation.” The Gazette ended with a quip:

Although we deem it ungenerous and uncharitable to speak of the demerits of an individual beyond the grave, and are disposed to go with the world in burying his faults with his bones; on this occasion we cannot refrain from remarking, that no instance of death has ever occurred in this territory to excite so little sympathy; no person ever was confined [sic] to the tomb of oblivion attended by so few mourners as the subject of this obituary.477

Many politicians recognised that building up resilience to the devastating effects of yellow fever within official ranks was vital if American government was to gain legitimacy. One solution was to hire locally. As historian George Dargo wrote, “the new American nation was compelled to elevate the level of tolerance it was willing to display toward a foreign population caught in its midst.”478 By 1811, after the German Coast slave revolt and with statehood looming, Claiborne proved more willing to appoint acclimated creoles as civil servants. In 1807, for example, he highly recommended that either Julian Poydras, a Frenchman, or John Baptist Macarty, a creole, both acclimated, become Secretary of the Territory.479 And while the first three customs collectors had been American-born (and largely disastrous,) appointees, the next collectors were acclimated creoles from the Greater Caribbean, including the St. Domingue-born merchant Pierre Francois Dubourg de St. Colombe (1813 to 1814), creole Pierre Le Barbin Duplessis (1814 to 1816), and the Virginia-

477 “Obituary,” Mississippi Herald & Natchez Gazette, 7 January 1806.
born but New Orleans-raised merchant Beverly Chew (1817 to 1829). By the 1820s, fewer and fewer aldermen died from yellow fever during their terms. By 1830, the American government, employing many acclimated permanent secretaries and clerks, had gained political “herd immunity.” No longer would one sudden death from yellow fever upend an entire department or the course of American power in the Deep South.

Conclusion

Placing bets on who was immune and who would survive past September added another level of speculation to a world based on constant speculation. Breaking into the professional class was difficult for any white immigrant in any American city, but there was an additional biological impediment in New Orleans. If capitalism can be described as the product of the pressure markets put on labour and vice versa, immunocapitalism recognised the additional pressures imposed on society and economic activity by epidemic yellow fever, compensating for mass death by privileging the invisible and unknowable power of immunity.

Surviving yellow fever authorised a white person to be an actor in slave racial capitalism and politics. And as surviving yellow fever was classed an indication of superior morality in a pre-acclimated life, those at the top of economic and political life, all survivors, obtained a de facto moral legitimacy. Survival had given them both a practical and moral right to rule.

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480 Wilds, Collectors of Customs, 6-13.
Invisible “truths”—biological or otherwise—can be powerful tools of social control. Sixteenth-century Calvinists believed that God chose the elect for eternal salvation, leaving the rest to be damned. The supposed-elect, never entirely certain of their status with God, energetically performed their saved-status on earth and used it to justify discriminating against the un-saved. Worshipping at a different altar, Orleanian immunocapitalists also believed they had been chosen, by the environment and God, to succeed in this city. Only they were also agents of their own salvation: they had made the moral, manly choice to survive yellow fever; those who died were weak-willed, cowardly failures who did not deserve better. Race and slavery, as we will see in Chapter Four, complicated this idea of meritocratic immunocapitalism. But by suggesting that those who survived and succeeded were the fittest both physically and morally, immunocapitalists presented slave racial capitalism to be a harsh, but essentially honest meritocracy – both for whites and allegedly immunologically-superior blacks.

Acclimation came to mean more than simple biological adaption or nativity. After the body passed the yellow fever threshold, it was free to take on deeper hues of the Deep South. As George Washington Cable wrote, the creole tells the newcomer “you must get acclimated…not in body only, that you have done; but in mind - in taste - in conversation - and in convictions too, yes, ha, ha!” Everyone eventually acclimated and acculturated: “They hold out a little while - a very little; then they open their stores on Sunday, they import cargoes of Africans, they bribe the officials, they smuggle goods, they have colored housekeepers.” After all, “the water must expect to take the shape of the bucket.”

CHAPTER THREE
PUBLIC HEALTH, DISEASE DENIALISM, AND THE ECONOMICS OF INDIFFERENCE

While journeying back from Oregon to Boston, John Wyeth found himself trapped in New Orleans at the height of the 1833 yellow fever epidemic. “It is an unexaggerated fact,” Wyeth reminisced, “that I witnessed more misery” in nine weeks in New Orleans than “old men experience in a long life.” People died so fast that slaves resorted to throwing corpses into the Mississippi like “dead hogs” or buried them in mass graves. All shops, taverns, and gambling houses were shut up. Stagnant puddles “as green as grass” emitted miasmatic steam that could be “smelt at the distance of half a mile.” Policemen were nowhere to be found, and “everything was confusion.” Slaves sent to procure a clapboard coffin were “commonly robbed of it” before returning home. New Orleans was “so unlike Boston,” Wyeth believed, “in point of neatness, order, and good government, that I do not wonder at its character for unhealthiness.” Wyeth fell ill with yellow fever himself and was lucky to survive: that season, at least 10,000 people—one-fifth of the city’s population—died. Most of them were exactly like Wyeth: white, young, immigrant, and unacclimated.482 Traumatised, Wyeth left New Orleans, determined the city was “a dreadful place in the eyes of a New England man.”483

A certain glamour has infused historians’ portrayals of antebellum New Orleans. With its feverish economy, quadroon balls, gambling halls, sordid slave auctions, and loose morality it was (and is) different from other American cities. But as historian Henry Dart suggested in 1932, “there was no romance in the lives of average citizens or workers in New Orleans.” While living in such a miserable deathscape, the “people could scarcely

482 Some of these people may have died from cholera, though it is impossible to disaggregate the numbers. John Ellis, “Businessmen and Public Health in the Urban South During the Nineteenth Century: New Orleans, Memphis, and Atlanta,” Bulletin of the History of Medicine, vol. 44, no. 3 (July-Aug., 1970), 204.
have loved or respected the rulers (city and province) who permitted those conditions to exist.” But inversely, city officials—looking on as the hospitals and graveyards buckled under the immense pressure of dealing with the desperate living and increasing numbers of dead—could scarcely have felt much affection for, or accountability to, their constituents.

Antebellum New Orleans was America’s deadliest city. Its government also spent next to nothing on public health. Residents and visitors alike commented on the extreme filth of the streets and terrifying annual fevers. But as George Washington Cable noted, Orleanian politicians remained peculiarly deaf to demands for health infrastructure. Citizens, Cable wrote, “urged under-ground sewerage in vain. Quarantine was proposed; commerce frowned. A plan was offered for daily flushing the city’s innumerable open street-gutters; it was rejected.” Cable concluded that the “blind”—the Orleanian political class—simply were “not frightened with ghosts.” Rather, “city authorities” took essentially “no precautions against sickness,” even though, as one reformer suggested, the death rate was “at least double what it ought to be.” Another physician argued one-half or even two-thirds of those who died could have been saved with some government intervention.

Why did politicians let health fall to such abysmal levels in the Gulf Coast’s premier city, in a place internationally recognised as the “emporium” of western commerce? Though historians of yellow fever and public health like Jo Ann Carrigan, John Duffy, and Margaret

485 Times-Picayune, 12 October 1838.
488 Simonds, An Address, 42.
Humphreys have emphasised turning points—1853, 1858, 1878—when the health situation improved, I have found essentially no evidence that any genuine progress was made in this arena before the Civil War.\textsuperscript{490} Indeed, it was only after Union occupation and the implementation of strict sanitary laws, that New Orleans enjoyed its first significant decline in mortality for over half a century.\textsuperscript{491} Orleanians living in constant fear of yellow fever in 1830 would have taken little comfort from the fact that in 40 years, the government would start to take health seriously, or that in 80 years the disease would be eradicated from the Deep South. Instead, the disease remained, as one historian of Southern medical history wrote, “omnipresent and omnipotent.”\textsuperscript{492}

This chapter will suggest that yellow fever and a limited public health apparatus lay at the heart of an evolving relationship between state and citizen in the Deep South. Orleanians did not see “the state” in federal or even state terms; “the state” was the municipality, run by health-indifferent aldermen, mayors, and recorders immersed in the minutiae of Orleanian life but resolutely failing to improve it.\textsuperscript{493} Moreover, the city’s political class and business leadership were one and the same, forming a “commercial-civil elite” that often blurred the line between public and private interests.\textsuperscript{494}

These Orleanian politicians proffered two “solutions” to yellow fever: get acclimated, or flee. Their answer to the great public health problem was thus not less yellow fever, but paradoxically more: water pumps, sanitation, and quarantines only delayed the necessary

\textsuperscript{492} Mitchell, “Health and the Medical Profession in the Lower South, 1850-60,” 429.
\textsuperscript{493} Political participation between 1836 and 1851 was highest and most consistent in city council and mayoral elections, followed by state and federal elections. Leonard Curry, \textit{The Corporate City: The American City as a Political Entity, 1800-1850} (Westport, Conn., 1997), 125.
process of acclimation. Contending that health was personally established, not publicly upheld, this limited government did not help its white inhabitants survive. Rather, white inhabitants could help themselves and create their own public health solution by getting acclimated. As the Picayune urged in 1841, “If a man intends to make himself a citizen of New Orleans, his first duty is to become acclimated. He owes it to himself and to society.”

Where effeminate New Yorkers relied on their mother-like government for health protection, independent Orleanian men looked to their personal, hard-won acclimation to protect them and propel them into the upper ranks of commodity capitalism.

The government’s privatised, laissez-faire ideology of health made this city a death-trap, with yellow fever powerfully reinforcing the factors that made antebellum New Orleans into a socially stratified place, dominated not by effective public institutions, but by immunocapitalists and the profit-crazed few. To compensate for the problems left behind by state minimalism, private institutions like asylums and orphanages arose, but never at the scale required. Idiosyncratic ideologies and political cultures also developed, breeding attitudes that intensified slave racial capitalism and sectional identity – violent xenophobia and anti-black racism, hatred of the poor, self-righteousness, anti-Northern bias, and an unshakeable belief in individualism.

Immunocapital was valuable in New Orleans precisely because of the government’s “premodern” approach to public health. As health infrastructure rapidly expanded in American and European cities, most new immigrants to the Deep South arrived with the

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495 Times-Picayune, 26 November 1841.
496 Genovese, The Political Economy of Slavery, 3. Generations of historians have reassessed Eugene Genovese’s contention that the South was pre-capitalist because of slavery; rather, they argue, it was modern because of it. In the realm of health, however, the Deep South remained backwards and different from the East. See Frank Towers et al. (eds.), The Old South’s Modern Worlds: Slavery, Region, and Nation in the Age of Progress (Oxford, 2011). Frank Towers, The Urban South and the Coming of the Civil War (Charlottesville, 2004), 44-49.
conviction, as articulated by health reformer Dr E. H. Barton, that “yellow fever is an evil, remedi able and extinguishable by human agency.”497 Some federal- and state-level politicians agreed. But in the Crescent City, newcomers were met with the opposite health philosophy, which could not be shifted despite its growing, provable peculiarity. Here, it was shibboleth that New Orleans and yellow fever were “as inseparably connected as ham and chicken.”498 The idea of solving yellow fever was met by “every person,” Dr M. Morton Dowler argued in 1854, with “disbelief” as “[a]ll experience shows its utter and entire falsity.” So intractable was yellow fever believed to be that politicians batted away all suggestions that they should try to do something about it. “[N]othing short of draining, filling up, or reclaiming the whole of lower Louisiana,” one physician declared, which without “all the gold of California to effect the object,” would be of no avail.499

Some residents, particularly unacclimated ones, believed the government’s obvious uninterest in the health and welfare of its inhabitants was immoral. Questions of morality aside, their approach certainly was unusual. Clinging to the increasingly-discredited theory of “anti-contagionism”—that yellow fever materialised organically in the South and was not imported on ships—far longer than their counterparts in other cities, New Orleans’ commercial-civic elite argued that quarantines were “inexpedient, vexatious and oppressive” rather than life-saving.500 When government nominally improved the conditions in the Charity Hospital or cleaned the streets, it did so half-heartedly. Overall, sanitation efforts concentrated only on commercial districts and wealthy neighbourhoods.

498 Thomas Hamilton, Men and Manners in America (2 vols., Edinburgh, 1833), 2:212.
500 “The Quarantine,” Times-Picayune, 7 June 1857.
Requiring more money than was raised in property taxes to complete even small sanitation projects, the municipality increased fees on the professional (not the planter) classes and fined petty criminals. Such cost-defraying methods made the lightly-taxed rich richer and the heavily-fined poor poorer, enhancing inequality in a city where residents were already deeply unequal. It also perversely incentivised the state to maintain a large pool of desperate and unacclimated people willing to work for almost nothing, and create ever more classes of criminals to keep the city afloat, literally and financially. Many people met their untimely end in New Orleans, but there was little incentive to fix the health system when replacements kept pouring in: either the willing and desperate, or enslaved and forced. To ensure this river of people kept flowing into the port, anonymous boosters penned numerous glowing articles about New Orleans, professing that its sanitary condition was first in the nation, that yellow fever was barely a problem, that acclimation was a mild process easily undertaken, and that its reputation as a “necropolis” just a jealous Northern fiction.

At best, such a reliance on individual acclimation corroded the relationship between state, citizen, and community. At worst, it gave the commercial-civic elite a “scientific” excuse to disregard the lives of its most vulnerable constituents. As historian Andrea Mehrländer noted, New Orleans was “governed as an oligarchy, in which the economic interests of a small minority took precedence; welfare for the poor had no place.”501 This society placed differential value on life, determined first and foremost by skin colour and free status. But perceptions of immunity also exacerbated the value of certain groups relative to others, in the eyes of both business and government. Here, the government invested only in acclimated white people – those with physical permanence and the vote. Pre-acclimated people were

considered untested and fleeting, and therefore disposable. Its sclerotic health system, undergirded by an ideology of “disease denialism,” was perhaps the natural off-shoot of a lopsided, white supremacist, slave society which at its core functioned on devaluing reality in favour of convenience and prized economic profit over human life.

*Seasonal Gerrymandering and Political Culture*

Yellow fever was seldom the focus of politicians’ efforts. Even at the height of epidemics, the minutes of the city council and state legislature show that these bodies barely discussed disease, instead preoccupying themselves with finances, zoning, and parochial matters like bread weights. Even the Louisiana Whigs, the party traditionally most comfortable with government activism in construction projects and protective tariffs, seldom pushed for public health infrastructure.502 The anti-immigrant factions of the Democratic Party, and later the Louisiana Know Nothings, actively discouraged health infrastructure, instead celebrating the fact that yellow fever checked the increasing demographic and political power of the foreign-born.503

Orleanian politicians excused their inaction on health by adhering to a narrowly-defined version of what government should and could do, forwarding what was almost an ideology of non-intervention in public health. From 1816 onwards, the State Legislature ceded any control over health in New Orleans to its municipal government, giving the mayor and city council “full and entire power to make and pass all regulations or ordinances which


503 The Louisiana Know Nothings were not anti-Catholic like the national party and they were particularly popular in New Orleans where nativism grew in tandem with unprecedented immigration. Reinders, *End of an Era*, 55-59.
they shall deem necessary to preserve the public cleanliness and salubrity” of the city.⁵⁰⁴ But as New Orleans’ city councillors boasted, its government was “simplified to the utmost.”⁵⁰⁵ Instead of tackling health, political duties were limited to the legal “protection of [white] life and private property,” policing slaves and free blacks, servicing debt, reinforcing the levee, and ensuring the smooth movement of goods and people through its port.⁵⁰⁶

Throughout the antebellum period, most politicians at the state level (senators, representatives, judges, sheriffs) and city politicians (mayors, aldermen, assistant aldermen, recorders, tax collectors) were also planters or merchants or had financial interests in the sugar, cotton, and slave industries. Of the 24 aldermen who sat during the administration of Mayor Nicholas Girod (himself a merchant) between 1812 and 1815, for example, the majority were sugar planters or merchants. All were slaveowners. Politicians’ concerns therefore skewed, perhaps subconsciously, toward protecting their specific interests.⁵⁰⁷ After the initial teething period early in the nineteenth century, almost all city and state politicians were also immunocapitalists who had undergone the arduous process of acclimation personally, either as children or adults. Few expressed much interest in sparing others from this experience. It became well established that the small cadre of immune merchants, businessmen, and planters in charge of New Orleans would veto any government action outside of aiding the police state or free market.⁵⁰⁸ Indeed, in 1809, the

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⁵⁰⁴ OR, 7 June 1816, p. 70, NOPL.
⁵⁰⁷ Alderman a city councillor are/were used interchangeably.
⁵⁰⁸ The city expended large sums on its quasi-military police force, tasked primarily with defending against slave insurrections in the city and surrounding area. Police salaries were paid by a special treasury fund raised by a $1 tax on each slave (the mayor took a slave census in 1805 to ensure compliance – whites violating this tax were fined $50). Gendarmes were tasked particularly with stopping slave gatherings. “The masters of plantations are forbidden to tolerate nocturnal dances of negroes, which performed by the beat of the drum… [the gendarmes should] go forth and disperse
council reasserted that the “particular” job of the government should be to keep a careful eye on “people of color.”

At the city level, it was a considered a poor use of political capital to seek out means to solve or ameliorate yellow fever, and there were essentially no negative consequences for politicians who avoided the disease question. Historian John Sacher estimated that in 1820 property requirements barred 57.8 percent of white men from voting in New Orleans. Excluding so many white males, while also leaving out of the political process women, free blacks, slaves, recent immigrants, and children, meant only a very small portion of city residents held politicians accountable. Luckily for politicians, those inhabitants who clamoured for public health infrastructure would quiet over time as they accepted the filthiness of the urban condition, gained immunity, fled, or died. As naturalisation required five years of residence, there was a strong overlap between the non-acclimated, non-propertied, and non-citizen. Figuring a large proportion would die before becoming citizens, politicians found the unacclimated easy to ignore. After all, dead men did not vote; acclimated men did.

Demonstrating physically how little concern they had for their constituents during yellow fever times, most aldermen—even those who boasted of their acclimation like

References:


510 CCR, 19 April 1809, p. 50, NOPL.

William Kenner, James Carrick, and Félix Arnaud—fled during epidemics with most of their social class.\textsuperscript{512} At their lakeside villas, politicians gave themselves up, as historian Christina Vella described, “to play like truant children.”\textsuperscript{513} Baron Pontalba related that when he fled the city in 1796, his party needed “the air of the country, the maladies in town having driven them all into a state of deep melancholy.” In the country, “all news of that sort is taboo.” Pontalba’s party amused themselves with jokes, debauchery, and games—a scene somewhat reminiscent of Boccaccio’s Ten fleeing the ravages of the Black Death in 1348. In one letter, Pontalba described a party so wild that he had to barricade his bedroom door shut with a table to keep the crowd from dragging him out.\textsuperscript{514} Pontalba’s party had literally fled death and was determined to forget about those who remained in its clutches.

Political absenteeism was the norm and it crippled the function of government. In the autumn of 1804—a season which saw between 1,000 and 1,500 people die—seven meetings of the city council were cancelled as fewer than six aldermen attended, the simple majority needed for a quorum. Of the 27 meetings that did take place from July to December, six aldermen attended less than half the time; future Mayor Dr John Watkins appeared just once. In the deadly autumn of 1811, four meetings of the council were delayed due to disease.\textsuperscript{515} In 1810, the council banned the ringing of funeral bells between


\textsuperscript{514} “Joseph Xavier Pontalba to Jean Françoise de Breton Charmaux,” 9 October 1796, Pontalba Family Papers, mss. 590, LRC-Tulane; Vella, \textit{Intimate Enemies}, 84-86.

\textsuperscript{515} Watkins died of yellow fever in 1807 (his wife died of it in 1795). Jerah Johnson, “Dr. John Watkins, New Orleans’ Lost Mayor,” \textit{Louisiana History}, vol. 36, no. 2 (Spring, 1995), 188-96. By March 1805, when the council expanded from 13 to 14 members, it resolved to maintain a six-person quorum. Delays in 1804 took place on 23 June, 11 August, 22 September, 26 September, 3 October, 6 October, 21 November, 5 December 1804. Watkins appeared only on 29 September 1804; Changes to the quorum took place on 1 March, 8 March, 13 March 1805. There were no
August and December, hoping to convince the public that the mortality was not actually that bad, and that political leaders were doing their jobs. Political absenteeism had the direst consequences in 1853. Just as yellow fever was approaching epidemic level, the city council disbanded for the season on 22 July. It did not reconvene until late October. In June, the council had discussed convening a board of health, but the decision was tabled. It also discussed giving the Howard Association—a private benevolent group—$5,000 to care for yellow fever victims but reduced the sum to $2,500. This resolution was referred to the board of assistant aldermen (the body directly responsible for health after 1852), which reduced this sum to $2,000 and passed the motion by 13 to 4. But as so many assistant aldermen had fled, the requisite quorum of 14 out of 27 was not met. Just before the assistant aldermen adjourned, their president Dr S. W. Dalton told one of the newspapers that he was “firmly convinced that the disease…is not by any means epidemic.” The same week, 417 yellow fever victims appeared in the sexton’s report.

Mayor Abdiel Crossman was so angered by the municipal councils’ collective negligence that he called a special session of the assistant aldermen. Only eight appeared for the meeting, again insufficient for a quorum. Of the 27 elected assistant aldermen and 12 aldermen, two-thirds fled the city for the entirety of the worst epidemic in the city’s meetings in 1811 on 14 August, 18 September, 9 October, 13 November. See, CCR, vol. 1, book 1; vol. 2, book 3, NOPL.

516 OR, 18 May 1810, p. 197, NOPL.
history. J. D. B De Bow, the planter and eponymous editor of De Bow’s Review, wrote in December, “[t]here is, perhaps, not another case on record of the authorities of a modern city refusing to adopt sanitary regulations for the preservation of the lives of the citizens under their care, and abandoning them to fly from a pestilence.”

With the death toll mounting in July, the Commercial Bulletin implored the population to pay attention to their leaders’ dereliction of duty: “The City Council meets to-night. Will they defer such trivial and ephemeral matters…to the great and all important consideration of Health? This, and this alone, at this time, if they are true and honest public servants, and faithful to their trusts, should occupy their attention.” The council, however, did not discuss disease, proceeding as if all was perfectly normal. Instead, they bickered over “silly disputes,” including the accusation that one of their own, George Pandelly, was not a white person but a “man of color.” That year, about 12,000 people died, with countless more widowed, orphaned, impoverished, and starved. The government did essentially nothing to help them.

Yellow fever factored heavily into election scheduling and was a key element of political culture. In 1812, the creole majority in the newly-formed state legislature set elections for July in New Orleans to lessen the power of the American vote, precisely because both acclimated and unacclimated Americans were more likely to flee during July. In another kind of seasonal gerrymandering, the city council also changed the mayor’s term from six months to one year as elections took place in the summer. Consequently, creoles

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boasted eight of the first ten mayors as American candidates left too frequently in the summer to build and maintain electoral viability.\textsuperscript{523}

In 1845, during the opening debates of the Louisiana constitutional convention, Democratic sugar planter Bernard Marigny, a man known as the “Creole of Creoles,” proposed embedding seasonal gerrymandering into the state constitution.\textsuperscript{524} As Marigny said:

If you fix the elections in June or July, you place the result of the popular choice at the control of … the floating population—those birds of passage, who come to New Orleans for a limited season, and for some temporary purpose, and who are ready to quit at any moment, particularly at the period when yellow fever makes its appearance.

Come September, the “birds” had left and the city was reduced to “actual citizens—to those who have a real and permanent interest in wholesome and judicious legislation; in the maintenance of order and the preservation of our local interests.” Marigny submitted that no “good citizen” was “afraid of yellow fever,” rather acclimation was the “baptism of citizenship,” offering a “guarantee of devotion to the country.”\textsuperscript{525} By setting elections for September, the dangers of “universal suffrage” would be removed, blocking out “the refuse

\textsuperscript{523} In the first two decades of American rule, mayoral elections took place September – a fatal yellow fever month. OR, 11 August 1815, p. 343-44, NOPL. The percentage of disenfranchised voters dropped to 55.7 percent by 1830 and 41.5 percent by 1850. Sacher, \textit{A Perfect War of Politics}, 194. For more on Whig culture and ideology – especially their attitudes towards Democrats, see Daniel Walker Howe, \textit{The Political Culture of the American Whigs} (Chicago, 1979), 32-35.\textsuperscript{524}

\textsuperscript{524} For more on the annexation of Marigny’s plantation to the city for the creation of Faubourg Marigny, which ironically became the primary district for immigrants, see OR, 18 May 1805, p.45, NOPL. Grace King, \textit{Creole Families of New Orleans} (New York, 1921).\textsuperscript{525}

of the pauper houses and prisons of Europe—dregs of European society vomited forth upon our shores from the decaying and demoralized nationalities of old countries.”

One such dreg, the German-born Whig Christian Roselius, countered that the “political principle of suffrage...is inherent in every freeman, and I cannot see how it can be restricted and denied; because a citizen does not choose to incur the risk of contracting yellow fever.” Virginia-born Whig Charles Conrad also questioned Marigny’s motives, stating that the “birds of passage,” present in May were still present in September because they were too poor to flee, and most of them were unacclimated non-citizens who could not vote anyway. Therefore, he argued, the real motivation for a September election was to eliminate the growing influence of qualified American-born voters who lived in fear of yellow fever. Besides, noted Conrad, Marigny was native to Louisiana and had been “exempted by his birth from that baptism” of acclimation. He was, therefore “ignorant of its tortures and its suspenses.” Had he known the tortures, Conrad concluded, “I am convinced...that he would be the last one to require so awful a proof of citizenship.”

The convention adopted a policy of universal white manhood suffrage, and the Louisiana electorate resoundingly voted in favour of the new constitution, with elections set for November.

Despite the anti-immigrant sentiments of some of its members, the Democratic Party became the primary political destination of Europeans and Americans from the late 1840s. As more of these immigrants got acclimated, the immunity calculus shifted to favour the Democrats. (Marigny found the Democrats too tolerant on immigration and

527 Ibid.
528 Ibid.
529 Curry, Corporate City, 124.
later joined the Know Nothings). In 1803, there were seven creoles to every American in New Orleans; in 1812 the ratio was three to one; by 1830, it had shrunk to two to one. Sensing the erosion of their demographic edge, New Orleans-based Whigs—traditionally the party of sugar planting creoles—implored “every true whig” to “remain in his parish or district until after the July elections,” to vote in Louisiana elections in 1840 and “return before November next” for the presidential election.530

Both parties used the chaos created by epidemics to commit fraud. As the Irish-born visitor Richard Henry Wilde noted in 1847, Democrats cunningly used mortality and the “great retreat” to their advantage. The scourge, Wilde wrote, abetted “Loco foco’s [radical Democrats] desire to run off all the Whigs…so that they can’t be here to vote.”531 Newspapers speculated that Democrats insinuated the existence of yellow fever by hiring hearsesto drive around the city loaded with empty coffins to make it seem as if an epidemic had arrived, scaring the Whigs into heading north before the election.532 Sensing a political opportunity after the 1853 epidemic, the Democrats lobbied heavily for the Irish vote, promising public health infrastructure and jobs in building it (this, as we will see, never materialised), and illegally registered many non-citizen Irish voters.533 Indeed, it was believed that in the 1853 election many “dead” Irishmen voted for the Democrats: despite unprecedented absenteeism and death, 4,000 more people voted than in any previous election giving the “Demmys” a “tremendous majority” over the Whigs.534

530 Cited from Sacher, A Perfect War of Politics, 194.
532 Times-Picayune, 30 August 1838.
As the sun set on the national Whig Party in 1854, its members in Louisiana desperately tried to set state elections to fill two government vacancies for September, though the positions would not be taken up until January 1855. The Democratic party lobbied to move the election to October, November or even December, months with “much pleasanter weather in which to go through a canvas.” Additionally, the Democrats argued, with the return of absent citizens the city would have a “much fuller voting population,” and the result would thus be a “truer reflection of the deliberate preferences of the constituency.”\(^{535}\)

Though politicians sought to use yellow fever to their political advantage, all parties proved persistently uninterested in actually solving the problem of disease. Both Whigs and Democrats repeatedly ignored the pleas of constituents clamouring for quarantines, drainage, and better hospitals. Instead, they developed a curious ability to see only a fictitious, salubrious world rather than the dangerous reality inhabited by the vast majority of their Orleanian constituents.

**Boards of Health and Quarantines**

During the eighteenth and nineteenth centuries, yellow fever, cholera, typhus, and smallpox wrought occasional devastation on America’s coastal cities. Seeking to stop disease importation and ameliorate its worst social effects by 1800, Northern municipalities migrated certain responsibilities over public health away from budget and re-election conscious politicians to medically-trained practitioners, specialised clerks, and empowered medical officers. Along the eastern seaboard, city governments built infrastructure like quarantines,

hospitals, sewers, and water pumps. Such methods, though costly and sometimes unpopular, suggested that urban officials prioritised the health of the masses over the fiscal and commercial convenience of the few.

Historian Simon Finger has argued that after particularly deadly yellow fever epidemics in 1793 and 1797, “institutional medical authorities” in Philadelphia “constantly augmented both their powers and the physical infrastructure of quarantine.”\(^{536}\) During the 1797 epidemic in New York, historian John Duffy described how the Health Committee cleaned the city, erected two large temporary hospitals to care for poor patients, and hired three physicians to visit the poor in their homes. The municipality cared for over 800 individuals in the alms house and up to 2,000 each day at three relief centres, supplying the poor with soup, boiled meat, bread, and candles. 500 more families were given free food. In total, the city council spent $11,600 for poor relief, and the state contributed a further $45,000, in a city with a population of less than 50,000.\(^{537}\)

As soon as yellow fever made its appearance in September 1805, New York’s city council authorised the health board to spend $50,000 and gave it absolute authority to evacuate a large section of the city.\(^{538}\) These measures worked: aside from the greatly reduced death toll compared with the 1797 epidemic, not one of the 60 physicians who attended the sick died. From 1800 until 1820, New York constantly operated two quarantine stations (one for obviously sick passengers, the other for “airing”) and a floating hospital at Staten Island. In 1819, when rumours of fever again circulated, officials urged all


ships to leave port and dissuaded New Yorkers from lingering around the docklands. Soon after, they ordered a mandatory evacuation of the docks and barricaded the area. Only 63 cases of yellow fever and 38 deaths were reported in 1819 out of a population of over 60,000.\textsuperscript{539}

Charleston, the most demographically and climatically similar city to New Orleans in the United States, enjoyed a healthy dialogue between its city council, board of health, and medical society.\textsuperscript{540} When yellow fever was rumoured in Havana in the spring of 1799, Charleston’s city council deferred to the medical society—not the merchant elite—on how best to deal with the threat of sickness.\textsuperscript{541} As early as 1802, David Ramsay published a register of vital statistics, tracking who died from what and how often.\textsuperscript{542} Not a single case of yellow fever was reported to Charleston’s sexton’s office between 1807 and 1817, even though the disease raged in the West Indies and on the mainland in upcountry South Carolina.\textsuperscript{543}

In contrast, health remained a perennially neglected issue in antebellum New Orleans. More like Caribbean cities, New Orleans had few competent institutions tasked with tracking or defining disease. Boards of health came and went depending on politics. Unpaved streets stank with stagnant water and rotting animals. Quarantines buckled under pressure from the business community, with most politicians lacking the gumption to defy

it. Besides the Ursuline nunnery and decrepit Charity Hospital, the city lacked any place for poor victims of disease to receive care.\textsuperscript{544}

From 1804 on, health boards were periodically established but they generally did not outlive the epidemic that triggered their formation, especially when they sought the authority to impose quarantine.\textsuperscript{545} Health boards operated at the discretion of the city council, which in turn was beholden to the powerful business elite, which demanded that the first priority of the board of health was not safeguarding the public’s health but protecting the local economy. For most of the 1810s, 20s, 30s and 40s, no board of health existed.

When a board did exist, it had no hard and fast rule to determine when a disease became epidemic. Furthermore, most officers had no medical training. Indeed, in 1824, Messrs Rousseau (lawyer), Méance (wood-merchant), Abat (gentleman), Gainnié (gentleman), and Christie (lawyer) constituted the health officers of the city.\textsuperscript{546} With little medical expertise, one doctor joked in 1855 that New Orleans health boards were “about as fully authorized to declare war against a foreign power” as they were to issue a sanitation order.\textsuperscript{547}

Doctors interested in public health doubted whether health boards could ever be employed effectively in New Orleans. In a city where health officers were “more afraid of the Merchants than of lying,” Dr M. Morton Dowler argued in 1854 that “[n]ever yet has any measure emanating from any Board of Health in this city, warned us of an approaching epidemic, prevented its extension, shortened its duration, or given the least idea of its

\textsuperscript{544} Stowe, \textit{Doctoring the South}, 6; Craig Colten, \textit{An Unnatural Metropolis: Wresting New Orleans from Nature} (Baton Rouge, 2005), 25.
\textsuperscript{545} “The New Orleans Quarantine,” \textit{Baltimore Sun}, 7 December 1855.
\textsuperscript{546} CCR, 20 January 1824, p. 8, NOPL; “1824 New Orleans City Directory,” Orleans Parish, Louisiana Division, NOPL.
\textsuperscript{547} “Editorial and Miscellaneous,” \textit{NOMNHG}, vol. 2, no 4 (June, 1855), 187.
He hoped that no “future city government will ever again organize another of those useless debating societies called ‘Board of Health’” as they could never “meet the approbation of the people of New Orleans.” Emphasising New Orleans’ exceptionality, Dowler concluded that “the fact that Boards of Health, do very well in Berlin, London, or Paris, affords no argument in favor of their applicability here.”

Intentionally designed to have no independence, funding, or authority, boards of health became a propaganda arm for slave racial capitalism, tasked with proving that New Orleans was actually a salubrious health spa rather than a necropolis. As the reform-minded physician J. C. Simonds argued in 1851, the health board “appears to think that its first duty is to assert the healthiness of New Orleans; and its second duty, to furnish such tables that none can easily controvert their position.”

Quarantines were the most powerful, if draconian, tool in a health officer’s arsenal. Though effective when fully-implemented, there were politicians in every city who argued that quarantines were simply too burdensome and costly. Like stamping out smuggling and piracy, many argued disease was near-impossible to control through local policies alone, requiring comprehensive international cooperation, particularly with the Caribbean, and thus it was pointless to try. In New Orleans, councillors emphasised the expense and administrative burden imposed by quarantines. The municipality, they argued, would have to pay many people a lot of money to board filthy ships and scour for sickness; many health officials would die on the job; inspectors would need offices; more police and court facilities would be needed to deal with violators.

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550 Simonds, An Address, 19.
Though New Orleans used slaves as street cleaners and gravediggers, there is no indication the municipality ever considered using slaves or free blacks—people generally considered resistant to yellow fever—for jobs like ship inspection. Such work was considered intellectually demanding and required medical expertise, and was therefore deemed unsuitable for enslaved persons. It would also give black people a say in when the port, the hub of America’s sugar, slave, and cotton industries, should be shut down. The commercial-civil elite apparently deemed the idea of granting blacks such power as dangerous as it was ridiculous.551

Orleanian politicians could have overcome the administrative and budgetary impediments of quarantines as other cities had. But they repeatedly chose not to do so, implementing quarantines—haphazardly—only four times in the antebellum period. Instead, the commercial-civic elite doubled down on rejecting quarantines, disparaging them with selective data and specious arguments. To “anti-contagionists,” there was no greater truth than the evil of quarantines. The politician and physician Dr J. S. McFarlane claimed that the only outcomes of quarantines were “the squandering of immense sums of money; the infliction of a deadly injury to commerce, and the dispensation of extensive patronage.” In his 13-page introduction to the yellow fever mortality lists from 1853, McFarlane, bizarrely, dedicated about half of his text to deriding quarantines.552

551 CCR, 1 December 1828, p. 128, NOPL. Only Samuel Cartwright argued for the efficacy of employing free blacks at the port. “It is simply,” he said, “to insulate the shipping with will acclimated negroes, and to let no other class of people act as stevedores, or to come within a specified distance of the wharf.” Cartwright, “On the Prevention of Yellow Fever,” NOMSJ, vol. X (1853-54), 315-16.
552 McFarlane, “A Review of the Yellow Fever, its Causes,” x.
Most elite bookshelves in the Deep South were laden with anti-quarantine tomes, manifestos that derided quarantines as “fanatical.”553 Into the 1850s, Orleanian businessmen echoed increasingly debunked anti-contagionist beliefs: if yellow fever was not “contagious” but “miasmatic” they argued, the movement of goods and people through commerce would have no impact on the disease.554 Thus, as early French epidemiologist Nicolas Chervin argued (deriving his opinion after polling 600 physicians, 550 of whom were vehemently anti-contagionist, 27 in New Orleans), “lazarets and quarantines which are onerous for governments and prejudicial to commerce, neither serve to prevent, nor lessen the violence of the infection.”555 The entire Orleanian medical and political establishment publicly echoed Chervin’s views, even if they expressed doubts privately.556

Not every politician subscribed to non-contagionism, especially at the state level. Even if they did not imagine that mosquitoes were the vector, many people found ample evidence for the communicability of yellow fever from infected ships, persons, and objects.557 Louisiana Governor Jacques Villeré sent a message to the city council in January 1818, declaring that the evidence that yellow fever was arriving from elsewhere was conclusive and recommended a quarantine law.558 The city council ignored him. Conceding that his

553 A particular favourite of the Orleanian elite was Charles Maclean, Evils of Quarantine Laws, and Non-Existence of Pestilential Contagion (London, 1824), xxv.
554 Mississippi Herald & Natchez Gazette, 1 and 29 July 1806.
556 Chervin never proved that yellow fever was not contagious, just that quarantines were politically and scientifically “suspect.” See E. A. Heaman, “The Rise and Fall of Anticontagionism in France,” Canadian Bulletin of the History of Medicine, vol. 12 (1995), 3-25.
557 Humphreys, Yellow Fever and the South, 12-14.
558 In June 1817, the English ship Phoenix arrived in New Orleans from Havana carrying many sick people. A month later, the Virgin del Mar arrived from the same port with many of her crew sick. Yellow fever quickly spread around the massive immigrant population (the summer of 1817 saw the largest “conflux of strangers known”). “Extract of a Letter from New-Orleans,” Daily National Intelligencer, September 23, 1817. Though the council imposed a quarantine haphazardly, it effectively stopped a number of vessels at the quarantine station, and there was no epidemic in
contagionist beliefs were in the minority, Villeré again urged the city council and state legislature to embrace prevention and impose a quarantine in 1820, arguing that yellow fever must be contagious as otherwise, it would not have ravaged those “persons heaped together” in the city prisons. In December, Governor Robertson, Villeré’s successor, urged quarantine upon the council. So did 600 constituents of city councillor, state legislator, and soon-to-be New Orleans Mayor Louis Roffignac, who wrote: “Shall we be deaf to their demands, where their wishes after such experience, are so plainly expressed, or shall we bind ourselves to theories most of us are not qualified to judge of and say their fears are ridiculous?”

Popular opinion about the nature of yellow fever in this period was not static. By the 1840s, works by three southern physicians—John Monette, Benjamin Strobel, and Wesley Carpenter—questioned the truism that yellow fever always originated organically in town. Writing in the *Picayune*, “H.” declared in August 1853 that quarantine had proved successful in New York in 1822 (giving the city “perfect immunity”), had worked in Vicksburg in 1847, and that every epidemic of yellow fever in New Orleans could be traced to an infected ship from Havana or Rio de Janeiro. Should “these facts,” H. wrote, be more significant to the board of health than “whether heat, or wet, or filth, or clean mud is the cause of our present summer of 1818. The next legislature, however, repealed the act and directed Villeré to sell the quarantine station. 1819 saw the most severe epidemic the city had ever known, with estimates suggesting that between 2,190 and 6,000 people died. “Letter from the Secretary of War, Communicating, In Obedience to Law, Information in Relation to Quarantine on the Southern and Gulf Coasts,” in *Senate Executive Documents for the Third Session of the Forty-Second Congress of the United States of America* (Washington, 1873), 46.

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559 Dowler, *Tableau of the Yellow Fever of 1853*, 17.
560 Ibid, 19.
561 “Speech of Mr. Rouffinac in Answer to the Observations of Dr. Ker, on the motion to reject the eight first sections of the Quarantine Bill,” *Orleans Gazette*, 25 March 1820.
pestilence? Even some physicians in New Orleans publicly derided the “policy of a portion of our citizens in proclaiming to the world” that yellow fever was endemic and quarantines useless. Some physicians even declared these views to be “suicidal” with “no parallel in this country, nor probably in the whole world.”

Historian Erwin Ackernecht argued that not all anti-contagionists were necessarily anti-science or pro-business. Many doctors reached the conclusion that yellow fever was non-contagious through a rigorous analysis of their patient histories, unable to find legible patterns of disease transmission. Before data-driven epidemiology, it was difficult for anyone, even the most learned physicians, to definitively determine the best manner to combat yellow fever. Thus, anecdotal evidence could be amassed to justify many theories. And as Ackernecht described, anticontagionists posed “not simply [as] scientists … [but as] reformers, fighting against the shackles of despotism and reaction.”

Despotism, however, was narrowly defined. By invoking anti-contagionism, Orleanian merchants and planters could pose as the victims of quarantine, rather than the reason the disease spread needlessly. Lacing their opposition to quarantines with scientific reasonableness, many of the planting elite saw it as their right to lobby against and flagrantly

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566 Around the Atlantic world, physicians were moving toward contagionism. In 1851, William Pym, superintendent of quarantine and president of the Malta board of health, argued for the efficacy of quarantine in cases of yellow fever, noting indisputable “proofs of contagion.” In 1821, William Fergusson, the Surgeon of the Royal African Corps in Sierra Leone, declared yellow fever endemic to West Africa and contagious in other locales. William Pym, Observations upon the Bulam Fever, which has of Late Years Prevailed in the West Indies, on the Coast of America, At Gibraltar, Cadiz, and other Parts of Spain… Proving it to be a Highly Contagious Disease (London, 1815), 51-53; “Dr. Fergusson on Yellow Fever,” The Medico-Chirurgical Review, vol. 32 (New York, 1840), 297-307.
defy quarantines. Thus, scarcely did quarantine laws pass, as one Orleanian noted, “ere the city monarch and his council were employed, and too successfully employed, in procuring its repeal.”568 Speaking to other doctors and planters like him, Dr Dowler concluded that “our commercial interests” and “the cause of truth” required “every person whether physician or layman” to denounce contagionism, as “so monstrous a doctrine!”569 Obviously, there was great incentive to deny that yellow fever was imported. As William Chambers wryly noted in 1862, “Commercial interests are opposed to quarantines” and “people believe, in such matters, what it is in their interest to believe.”570

Contagionism became blasphemy and the Orleanian elite conspired with local newspapers to present only the anti-contagionist, pro-business viewpoint.571 In 1845, the Picayune heavily praised Dr Holt for his view that “there is no occasion for quarantine laws; that experience has shown them to be useless here, while they would be very expensive, highly injurious to our commercial interests, and onerous to passengers.”572 Editorialists aggressively attacked other cities’ “feminine” approach to disease, especially New York’s. One writer scathingly argued New Yorkers had “made themselves ridiculous in the eyes of the whole country” by “attempting to revive the long since exploded and obsolete doctrine, that yellow fever is contagious.” Rather, “New York persists in remaining a century behind the age.”573 Another Orleanian editorialist suggested in 1855, “If those who preach the doctrine of

571 By 1820, the New York press encouraged their readers to “hear both sides” of the contagion argument. By the end of 1821, Joseph Bayley, a New York health officer, argued publicly that if the quarantine “controversy was submitted to the inhabitants of this city, and their votes individually taken, they would stand at least as 20 to 1 that the disease was catching [contagious].” New York Evening Post, 11 October, 20 November 1821.
572 “Quarantine Laws,” Times-Picayune, 22 June 1845.
the importation of yellow fever” in New York, “can find…a single feeble crutch to support them, they must be more ingenious than the philosopher who extracted sunbeams from cucumbers.”

Benjamin Latrobe found such one-sidedness in the New Orleans press baffling. A newspaperman explained to him in 1819 that merchants, “their principal customers, had absolutely forbid the least notice” of fever or contagionism “under a threat that their custom should otherwise be withdrawn.” George Washington Cable summed up the elite’s approach: “[t]he merchants, both Creole and American, saw only the momentary inconveniences and losses of quarantine … the daily press, in bondage to the merchant through its advertising columns, carped and caviled [sic] in two languages” against quarantines, and “expanded on the filthiness of other cities.”

New Orleans’ repeated failure to institute quarantines had a deadly impact on cities upriver in the Deep South. One doctor in Natchez even offered to help pay for a New Orleans quarantine: “as New Orleans exists, lives, and thrives by the Mississippi valley, the whole valley will indirectly contribute to the expense of a quarantine in New Orleans” and that such an expense would be a “trifle compared with the lives of thousands, the happiness of tens of thousands.” The elite of Mobile, reassuring newspaper readers that they were “thorough non-contagionists” in 1829, nevertheless asked: “are our quarantine laws yet in force?” In 1858, the mayor of Mobile ordered health officers to inspect ships only from New Orleans. Even landlocked towns like Thibodeaux, 60 miles west of New Orleans, set up

574 “Origin of Yellow Fever,” Baltimore Sun, 14 August 1855.
578 Pennsylvania Gazette, 9 August 1829, “Health Regulations at Mobile,” Times-Picayune, 3 July 1858.
inland quarantines to stem the flow of pestilence from the metropolis.\cite{579} But without a quarantine at New Orleans, smaller ones were of little use. On 2 September 1853, an endorsement on a mail bill from Thibodeaux read, “Stores closed—town abandoned—151 cases of yellow fever—22 deaths—postmaster absent—clerks all down with the fever.”\cite{580}

Cities farther afield felt the impact of New Orleans’ anti-quarantine philosophy.

“Veritas,” an anonymous writer from New Orleans, opined that “a dog running along the public street, loudly denounced as mad, is scarcely more avoided than a ship arriving at particular seasons from New Orleans.” Newspapers from Georgia to Massachusetts to the Isle of Wight reported on the health of New Orleans and its lack of quarantine, with some papers even containing permanent sections dedicated to listing those who had died.\cite{581} Boston imposed an expensive quarantine only on ships from New Orleans in 1819, as did New York, and Philadelphia, and Liverpool in later years.\cite{582} Taking no chances, one Mediterranean port quarantined a Boston-based brig in 1834 for 40 days because of yellow fever in New Orleans; Genoa instituted a similar policy in August 1855.\cite{583} The result, as Veritas argued, was that New Orleans had a “sad state of civic credit” compared with other cities of similar stature.\cite{584} As one physician lamented in 1855, because of disease, the “tide of immigration has been checked” in New Orleans, and “we have lost the confidence of capitalists abroad; our

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\footnote{579 S. M. Bemiss, \textit{Report upon Yellow Fever in Louisiana in 1878 and Subsequently} (New Orleans, 1883), 2-3.}
\footnote{580 Fenner, “Report on the Epidemics of Louisiana,” \textit{AMA}, vol. 7 (1854), 459.}
\footnote{582 “Vessels arriving at Liverpool,” \textit{New-Hampshire Statesman}, 15 December 1827.}
\footnote{583 “Quarantine,” \textit{United States’ Telegraph}, 2 September 1834; “Quarantine at Genoa,” \textit{Times-Picayune}, 19 August 1855.}
\footnote{584 “Veritas,” \textit{Orleans Gazette}, 29 October 1819.}
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property has lessened in value at home; and all of our natural advantages have proved too weak to successfully combat with yellow fever.”

Such international scepticism had little actual impact on the long-term economic health of the city, with the commercial-civil elite privileging immediate financial credit over some ephemeral notion of civic credit. In spite of the human cost of disease, in 1855 the city exported about $83 million worth of goods – far more per person than New York, Boston, or Philadelphia. Arguing against quarantine and for the public’s (economic) health, Samuel Cartwright thus stated in 1855, “it is safer for the public health to let trade be free than to shackle it.”

The anti-quarantine dogma persisted through the Civil War and beyond, except for a brief period when the city implemented a quarantine while under Union occupation. First, the state of Louisiana tried to intervene. After the dreadful epidemic of 1853, the state legislature recognised that the New Orleans city council would never impose quarantines, collect comprehensive data, or otherwise intervene to ensure the health of the region if left to their own devices, and created a Baton Rouge-based State Board of Health. The landmark “Act to Establish Quarantine for the Protection of the State” gave authority to establish quarantines to a nine-member panel, six of whom were appointed by the state governor and only three by the New Orleans city council. All were required to possess “known zeal” for

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quarantines. But this panel too was passive. It took the highly-lethal epidemic of 1878 to provoke federal intervention, with the establishment of a National Board of Health responsible for instituting quarantines anywhere in the country they were needed.

Sanitation and Geographic Bias

As anti-contagionists attributed disease to miasmas, they were generally pro-sanitation. Indeed, “[w]hatever differences of opinion there may be on the subject of quarantine,” the Picayune argued in 1853, “we believe all agree upon the value and importance of judicious sanitary measures, not only to mitigate the disease, but also to prevent its origin.” The natural environment of New Orleans, lying at sea level, meant that it waged (and wages still) a constant battle against rising water, river flooding, and hurricanes. In 1816, when the levee broke, the entire city went underwater; it took 12 crews of an overseer, four carpenters, 20 prisoners, and four carts—300 people—working each day until midnight, to drain just a small portion of the city. Every summer, water pooled and festered in empty lots, ditches, and potholes, causing an awful stench that some could detect miles from the city. Until the 1840s, Orleanians commented that there was little to differentiate the drainage ditch, the latrine and the roadway, with residents teetering on wooden planks at the road’s edge, hoping not to fall into the morass.

Miasma-producing filth was harder for city politicians to ignore and, at times, the municipality did take steps to clean itself up. After several citizens complained that barges

591 “Quarantine and Yellow Fever,” Times-Picayune, 26 August 1853.
592 OR, 11 May 1816, p. 33, NOPL.
waiting in port were “injurious” to health “from the putrid miasmes [sic] emanating from them; caused either by decomposing foodstuffs or by the filth of animals on board,” the city council resolved in June 1804 that all barges carrying such products must unload above Poydras Street (uptown) or below the city’s shipyard, or be fined $10.593 The council pleaded with butchers to remove “all blood, excrements, horns with bits of flesh, in fact all filth, which until today has been allowed to accumulate” and throw it into the Mississippi “as to remove the danger of the very contagious diseases which all this decaying matter might cause.”594 Officials put sausage laced with poison in the streets to kill rabid dogs and paid slaves to remove the carcases.595 In 1809, the council barred soldiers from defecating on the river bank, which had offered “at once a spectacle of the most revolting indecency and nastiness,” but also worsened “public health.”596

Despite these sporadic sanitation efforts, Orleanians agreed their city was amongst “the filthiest” in the world.597 Cleaning was concentrated in wealthy districts and contracted to the lowest bidder across the city. Orleanians frequently commented that underpaid street cleaners (earning less than a dollar a day) were more often found in saloons than collecting trash. The council seldom investigated, supervised, chastised, or punished contractors for poor work.598 As late as 1854, one physician implored aldermen to walk through their constituencies and see the filth problem for themselves: “Do not stop at Canal, or St. Charles, or Carondelet streets, where greedy contractors do make some little show of performance of duty,” but leave the “atmosphere of newspaper politicians and truckling office seekers, and

593 CCR, 8 June 1804, p. 111-12, NOPL.
594 CCR, 25 July 1804, p. 143, NOPL.
595 On more than one occasion, the council did not put in sufficient nux vomica into the sausage, and residents noticed that the dogs only grew stronger. OR, 10 July, 14 August 1819, p. 95, 115, NOPL.
596 CCR, 26 April 1809, p. 54, NOPL.
598 The power for enforcement was left to the police who seldom seemed to care – often they were drinking with the contractors. OR, 3 May 1829 p. 52, 27 June 1829, p. 63, NOPL.
visit the ‘back streets,’ the abodes of the ‘bone and sinew’ of our city, on whom in reality
depends its prosperity” and “he will return to his seat fully convinced that much may be
done.” Indeed, as one Orleanian commented, New Orleans is “almost the only large city in
christendom” where a health police “is unknown.”

The city enacted many health regulations, but implementation was another matter. For
example, the city council passed a lengthy set of laws in August 1821, all of which shifted
responsibility for data collection and disease prevention onto individual inhabitants rather
than paid officials. Henceforth, boarding houses had to reserve at least 12 cubic feet of air per
boarder; physicians had to notify family members in writing about what had killed their loved
ones; innkeepers had to send a weekly list to the mayor’s office providing the names, apparent
age, occupation, place of permanent residence, and nationality of lodgers; innkeepers had to
report the names of any who fell sick between the first of May and the first of November. All
apparel, mattress, bedding, andblanketing of people who died of contagious diseases (in this
context, “contagious” apparently included yellow fever) had to be burnt so that slaves did not
carry them away to use them. Violations of these decrees brought massive fines. For
instance, those who did not report cases of yellow, bilious, malignant, or pestilential fever to
the board of health within 24 hours were to be fined $300 per offence. But without any
money provisioned for education or enforcement of these laws, they quickly became a dead
letter.

600 “Public Health,” Times-Picayune, 22 April 1855.
601 CCR, 8 August 1804, p. 151, NOPL.
602 “Board of Health,” New Orleans Scrapbook, 1813-1865, p.21, mss. 920, LSU.
603 City-wide health laws were either passed before 1833 or after 1852. Between this time, the city
split up into three municipalities each with its own council. The American sector in this period was
considered the cleanest and healthiest.
The perception of filth and its dangers correlated strongly with class, wealth, race, and ethnicity. As the *True American* argued, “[s]trangers” and the “unacclimated” generally “reside in the 2d and 3d municipalities,” while “the first is settled and inhabited by creoles and old residents.” The *Picayune* thus concluded that “we shall not be far wrong in saying that in the 3d municipality, there are three to one taken with the yellow fever, in proportion to the population, to what there is in the first municipality, and four or perhaps five to one in the second over the first.” In 1849, the *Picayune* noted a similar disease-pattern. “Any resident of the First Municipality will tell you” the city “never was healthier,” it wrote. But in the “Third Municipality there is much sickness, and in one ward of the Second there is considerable; but these are notoriously the abodes of the poor upon whom the masses of emigrants are quartered.”

As the immigrant-heavy third municipality, or Faubourg Marigny, had only seven aldermen, compared with eight aldermen in the more-affluent second municipality (Faubourg St. Mary) and 12 aldermen in the richest first municipality (French Quarter), this district had far less political power than the more affluent parts of town. Aldermen and police officers were required to own property in their constituencies and walk around them twice a month, but it seems most officials considered this a suggestion rather than a mandate. In the early American period, only about a half of city aldermen actually lived in town, and most showed little interest in visiting their constituencies. Those who resided in the city lived within spitting

605 *True American*, 2 September 1839.
607 OR, 26 April 1817, p. 35, NOPL.
distance of one another in wealthy neighbourhoods in the First and Second Districts, even if they represented other city wards.\textsuperscript{608}

Traditionally American or French areas had a much stronger political voice and were consistently cleaner and sweeter smelling. In the French Quarter, petitioners complained about a “ditch full of stagnant water which spreads bad odors from the heat of the sun and which is very harmful to our health and very disgusting.” This petition was immediately referred to the mayor.\textsuperscript{609} In the busy cotton and sugar merchant districts, the council routinely authorised the mayor to pay to fill in potholes, repave streets, and reinforce the levee.\textsuperscript{610} And in Faubourg St. Mary, the seat of richer creole and American merchants, the council authorised city funds for the repair of cross-bridges at street corners as the “old bridges of the said Faubourg can not be used any longer and have to be made over.”\textsuperscript{611}

But in the third district—where many people were not able to vote as they were new to the United States—the city was conspicuously slow to answer the petitions of inhabitants asking to have ditches cleared, dead animals removed, or empty lots drained. Though the mayor promised in 1817 that the ditches of Marigny would be excavated and cleaned by the men of the city workshop (prisoners and chain gang slaves), the city council overruled him, decreeing that each of the inhabitants of Marigny would have to do this work in front of his own respective property, or suffer fines.\textsuperscript{612} In 1818, the council gave Léandre Lacoste the contract for cleaning Marigny and Treme for just $880 for the year, multiple factors less than given to contractors in other parts of town. In these districts, individuals were financially

\textsuperscript{608} J. S. Pitot (six whites, six slaves) and Joseph Faurie (eight whites, seven slaves) lived as neighbours at 9 and 11 Rue Royal. Charles Thompson, \textit{New Orleans in 1805: A Directory and a Census} (New Orleans, 1936), 19-30, 74.
\textsuperscript{609} OR, 23 August 1817, p. 65-66, NOPL.
\textsuperscript{610} OR, 16 August 1817, p. 66, NOPL.
\textsuperscript{611} OR, 19 June 1819, p. 81-85, NOPL.
\textsuperscript{612} OR, 12 July 1817, p. 57, NOPL.
responsible for discarding their own trash and “feculent matter.”

In 1829, the residents of St. Claude Street in Marigny had to build a brick sidewalk to city specifications or suffer a fine of $2 per day. One writer remarked that even by 1839, the majority of streets in the third municipality remained unpaved and unsewered with the “filth and suds from the houses layered, or dragging a lazy course by the sides of the foot-paths.” And yet, “little or no effort is made to remedy this crying evil.” If not the city, one reformer argued, then the “state of Louisiana, might, and ought,” to install a proper drainage system, pave the streets, and clean the city, “if it value the lives and safety of its inhabitants.”

Frustrated citizens in poorer neighbourhoods simply did the repairs themselves. Tired of falling into stinking mud puddles, A. Philipps and his neighbours asked permission of the city council in 1829 to build a stone crossing using their own labour. The mayor sold them the necessary stones at “cost,” though the city still made money on this transaction as it charged an importation fee. One resident sent “petition after petition” to the mayor in 1833 about the condition of the city streets in the third municipality. “A Resident of Said Street, But Unacclimated,” even promised him a “vote for every re-laid stone.” Indeed, late in the 1820s, a Paving Stone Committee was established and judged that property owners whose land abutted a public street should assume two-thirds of the financial cost for street paving, with the other third to be shouldered by the municipality. It took over ten years for 80,000 feet of city streets to become paved, with the poorest and unhealthiest districts—where the
majority of inhabitants were renters and not owners, unacclimated, poor, and foreign-born—
going last.618

Drainage

Drainage was universally seen as an answer to filth. But installing a comprehensive water and drainage system proved difficult in a city so close to sea-level with an apathetic ruling class. The most horrifying result of the city’s poor drainage was that dead bodies had the tendency to “reappear” after burial.619 Interred in the marshland adjacent to town and propelled upwards due to the inexorable power of buoyancy, floating, bloated bodies quickly became dog and bird food. In times of particular flooding, mourning relatives literally took boats to visit where they had initially interred their dead loved ones. Those who could afford it interred their relatives above ground, in ornate mausoleums, not in the swamps that became the semi-final resting places of the poorer classes.620

In 1805, acting Mayor John Watkins, a doctor from Virginia whose wife had died from yellow fever in 1795, began negotiations with Benjamin Latrobe, the architect of the U.S. Capitol and the engineer behind Philadelphia’s public water supply system, to construct a similar system in New Orleans. Latrobe won the contract in 1811 but a long delay ensued. Governor Claiborne fired Watkins for his support of Aaron Burr and subsequent mayors lost

618 Crété, Daily Life in Louisiana, 58; OR, 31 July 1827, p. 55, NOPL.
620 Vella, Intimate Enemies, 10-11. One of the first actions of the American period was the expansion of the Protestant cemetery and to decree that a barrel of lime should be poured in every coffin to aid in decomposition CCR, 16 August 1804, p. 154, NOPL; “Provision for the Dead of N. Orleans,” The Arkansas Gazette, 23 September 1834.
interest as funding fluctuated. It took Congress six years to approve the location of the engine house. Eventually, the venture was privatised: Latrobe and a few other investors put up about $50,000 and franchised the waterworks, planning to sell water to customers for $20 a year, a scheme the planter and politician Julian Poydras, another investor, argued would make him one of “the richest men in America.”\footnote{621} The city bought 12 shares in the company, worth $6,000.\footnote{622} In 1817, Latrobe’s son Henry arrived in New Orleans to oversee the initial phase of the project, but he died of yellow fever in September.\footnote{623} This news “overwhelmed” Latrobe Sr. with sadness.\footnote{624} Nevertheless, he arrived in New Orleans to restart work in mid-summer 1819.\footnote{625}

By September 1820, yellow fever had arrived in the city and all work ground to a halt. With “the epidemic now prevailing, and the fear of it, having dispersed almost all of my workmen,” Latrobe wrote to the mayor, “I have been under the necessity of proceeding since the 4th of July last, with a very slow pace.” Of the waterworks’ 35 full-time employees in July, only seven remained by the middle of September. Six were sick or convalescent, 15 had died, and seven had fled town.\footnote{626} Latrobe explained his slow progress to the mayor: “had the workmen remained together, the pipes necessary to throw the water into all the gutters perpendicular to the Levee would have been laid before this time.”\footnote{627}

\footnote{622} OR, 11 July 1812, p. 265, NOPL; Johnson, “Dr. John Watkins, New Orleans’ Lost Mayor,” 188-96.
\footnote{623} Like his father, Henry had an incredibly strong work ethic, finding time to build a new Charity Hospital (replacing the building which had burned down in 1809) and a lighthouse at the mouth of the Mississippi.
\footnote{624} “Benjamin Latrobe to James Watkins,” 13 October 1817, Benjamin Henry Latrobe Papers, folder 3, mss. 584, LRC-Tulane.
\footnote{625} Donaldson, “Bringing Water to the Crescent City,” 381-96.
\footnote{626} “Benjamin Latrobe to James Watkins,” 17 September 1819, folder 5, mss. 584, LRC-Tulane.
\footnote{627} Ingersoll, \textit{Mammon and Manon}, 247.
Latrobe did not live to see the project finished, dying at the age of 56 from yellow fever. The project stretched for over 15 frustrating years. By comparison, Philadelphia’s water system, also built after a yellow fever epidemic, was completed in just two. So slow was New Orleans’ progress that even the federal government remarked on it, noting “The prevalence of sickness in Louisiana during the past season has materially interfered with field operations in that State.”

As most people believed that yellow fever was caused by miasmas, such slowness and indifference to draining led many to believe that the government was actively failing to prevent disease in some neighbourhoods, effectively willing poor and unacclimated immigrants to die. Perhaps political apathy was simply born of a sense of the working class’ expendability. Perhaps because acclimation had tangible worth, immunocapitalists sought to drive up its value by controlling, to the degree they could, how many other people could acquire it. Like all capital, immunocapital’s value was directly proportional to its rarity.

Some of the commercial-civic elite sought to turn the horrors of poor sanitation, flooding, and government inaction into a positive, arguing that filth was not injurious but salubrious, there to actually benefit the poor and unacclimated. Making a case for filth, Dr J. S. McFarlane, the surgeon of the city’s Marine Hospital and an alderman from the first district, argued that “filth of every description, no matter how putrid and offensive, could neither create nor aggravate fever of any description” rather “on the contrary, that it was absolutely a retard, of yellow fever, rather than a creator of it.” As evidence, McFarlane

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630 McFarlane, “A Review of the Yellow Fever, its Causes,” v, xii.
provided self-collected statistics purporting to indicate that the areas of greatest filth in the Third and Fourth Municipalities had experienced a relatively low yellow fever rate.\(^{631}\)

This, of course, was not true. But McFarlane was unfazed. He argued that the “wild vagaries of monomaniacs” who contended that filth should be cleared away in New Orleans ignored that cities “whose hygienic police almost approach perfection, possessing subterranean drainage, with a soil immeasurably less calculated to produce disease than ours, and possessing a fixed resident refined population,” had periodically suffered from yellow fever, too. He continued that it would take a century of “steady, rational perseverance in hygienic police,” to bring New Orleans up to the “standard of salubrity: of Charleston, Mobile, Pensacola, or Galveston.” Eventually, McFarlane argued, yellow fever would wear itself out naturally – the government could do nothing to expedite its exit.\(^{632}\) And in the meantime, filth was actually good for it expedited acclimation, which \textit{en masse} provided the best public health. In a city where “acclimated” and “citizen” were inextricably linked, health and filth could also become synonymous.

Breaking from their general pattern of promoting the interests of the commercial-civil elite, the \textit{Commercial Bulletin} wrote in 1853 that the “absurd” dirt-is-healthy theory “suited admirably the city authorities,” enabling them in “their gross neglect of all those sanitary regulations and provisions which reason and common sense so clearly indicate.” Concluding its chastisement, the \textit{Bulletin} wrote: “The accumulation of filth and putrescent matter in our streets, we are told, is in no wise [sic] prejudicial to health; nay more, we are positively

\(^{631}\) Reinders, \textit{End of an Era}, 104.
\(^{632}\) McFarlane, “A Review of the Yellow Fever, its Causes,” v, xii.
assured, that dirty streets are the most healthful localities.” If the city could not or would not change the prevailing floods, dirt, and stench except in the narrow confines of the main business district, inhabitants would simply have to adapt. It was citizens’ job to accommodate to the filth, and become healthier thereby, rather than for the authorities to take the sorts of obvious actions to clean the streets that were commonplace elsewhere.

This approach had dire health consequences for new, immunologically naïve immigrants. As the Englishman and New Orleans resident Thomas Wharton noted in his diary in April 1854, almost 2,000 immigrants had arrived in the city over the last two days. Wharton worried about what would happen to them as the fever season approached “with no Quarantine laws—no sanitary arrangements worth a straw—a feeble city government, and inefficient police, and an embarrassed city finance.” He concluded, let “the Lord help the unacclimated stranger, and the citizen too—whom business ties here for the summer.”

Seeking to speak the language of Orleanian merchants and politicians, some reformers in the 1850s began to forward the idea of “health is wealth”: that citizens would be richer in the long run if they spent on quarantine, sanitation, and drainage in the short-term. In 1851, the reform-minded physician J. C. Simonds stated that the economic “penalty” wrought by disease “is a costly one…[and] would be found to exceed, by far, the most lavish expenditure for the most costly hygienic appliances.” He calculated that the city lost 37,785 lives between 1846 and 1849 to yellow fever. As slaves were worth an average of $400 (this was an underestimate), Simonds used this value to suggest the “total loss” in white lives amounted

635 Thomas K. Wharton Diary, 25 April 1854, p. 359, mss. 807, LSU.
to $15,114,000. To this, he added the loss of interest on the capital – the value of the future labour of the adults who had died. Using a conservative average daily wage of 50 cents, Simonds calculated a loss of interest at $17,003,250 over the period or a collective 4,347,750 days of labour. He continued, “The cost of the preventable sickness and deaths that have occurred in New Orleans for the last ten years, doubtless exceeds that of the total public expenditure on all other accounts.” When Simonds added the cost of sick care and death, he estimated that the city’s total loss between 1846 and 1849 was over $45 million. He suggested spending the amount of money “lost” through death on public health.

Some city fathers agreed with the principle, but not on the amount. Mayor John Lewis stated in 1845, “No great improvement, affecting our sanitary relations, can be expected, without attendant expenses.” He proposed spending $20,000 on a health department annually. “It may, and probably would save…directly and indirectly, millions to this city” Lewis argued, by removing “her reputation for perennial insalubrity,” which in turn was “retarding her prosperity, preventing immigration, and enhancing the price of every marketable commodity.”

Almost all aldermen and health officers like J. S. McFarlane scoffed at such a large sum. In reality, much more money was needed. When E. H. Barton, former president of the board of health, proposed to spend $1.5 million for a multi-year sanitation program in his 542-page report after the 1853 epidemic, Dr Dowler bitterly attacked him, arguing that the report “is really a tedious book, abounding in absurdities, extravagances, and self-glorification,

637 Charity Hospital, Report of the Board of Administrators of the Charity Hospital (New Orleans, 1848-1849), 1-16.
638 Sigerist, “The Cost of Illness to the City,” 498-507; Simonds, An Address, 45.
totally unexemplified in the annals of official documents of our science.”

Tax money would not be used to protect the lives of the unacclimated because widespread ill-health had little impact on immigration and the pool of white labourers.

Private Funding Private Institutions

If there was one glaring example that dirt did not equate to health, it was the Charity Hospital. Most poor Orleanians had no alternative to its care when they fell sick. Over half a million people passed through this hospital between 1803 and the Civil War. It admitted at least 122,317 patients during the 1830s and 40s, many of whom were undoubtedly yellow fever victims given their nationalities, admission dates, and death rates. This made for an average of about 6,000 people per year. By the 1850s, the admission rate tripled, with at least 18,000 people passing though or dying at the hospital annually. Indeed, at least 2,015 people were admitted to the hospital between 20 November and 17 December 1850—less than a month—the overwhelming majority of whom were poor immigrants.

This institution embodied the gross failures of public health in New Orleans, with politicians at the local, state, and national levels seeking to pass off responsibility to others. Perennially underfunded, overstretched, and decrepit, the hospital was considered a regional embarrassment, even as commentators suggested that health on the Mississippi—

640 Ibid.
641 The majority of these patients were likely yellow fever sufferers given the breakdown of nativity. Of these patients, 92,480 were European foreigners, 27,467 hailed from the eastern United States, and just 1,279 from Louisiana. These proportions map closely to how yellow fever kills and no other disease—cholera, typhus, tuberculosis—would have produced such asymmetrical discrepancies in nativity. See “Statistics Charity Hospital of New Orleans,” Charity Hospital Papers, box 2, folder 4156b, mss. RG29, LSM.
642 18,476 came to the hospital in 1850 alone, 18,420 in 1851, and 18,035 in 1852. See, Report of the Board of the Administrators, Charity Hospital (New Orleans, 1850, 1851, 1852).
643 Only 39 of the 2,015 patients were born in the Deep South. “New Orleans, Orleans Parish, Louisiana 1850 Census - 3rd Representative District,” p. 673-719, NOPL.
the chief gateway to the mid-continent—was an “object of national, or at least sectional interest.” One writer claimed the Charity Hospital was merely a “nursery for the grave” and one of the “worst managed establishments of the kind in the world.” Another believed that it “would be a greater charity” to let the poor “die in the streets” than end up there.644

Such sentiments might have been correct. The hospital inherited by the Americans in 1803 was barely functional. It had only one stretcher of “medium” quality, 19 “useless” mosquito bars, one “good” and two “useless” syringes, 36 small cypress beds, and six slaves, three of whom were too old to work.645 In 1804, a committee described the wards as filthy, damp, and buggy. Food was terrible, and attendants were stretched so thin that “the dressing of wounds is left to negroes.”646 In September 1809, after the hospital’s own director, J. B. C. Blanquet, refused to take the medical licensing examination, the hospital burned down, leaving three patients dead. Hospital employees had to personally contribute to the running costs just to keep their patients alive.647 Rescued patients moved first to the upper gallery of the Cabildo, then to the house of Madame Jourdan. The city council considered Jourdan’s house too expensive at a rent of $120 per month, so patients were moved to the cheaper De La Vergne plantation.648 Here, “inmates” lived in wretched conditions and were reduced to near starvation. Twelve patients slept on the damp floor of the hall because the wooden floors in the rest of the building had rotted through.649

645 What it lacked in medical equipment, it certainly made up for in religious paraphernalia — eight pairs of altar cloths, one silk band for the priest’s alb, one receptacle for holy oil, and “one blue cloth with golden galloons for the front of the altar.” “Inventory Derived from Year 1801,” Medical Documents Collection, box 1, folder 3, p. 1-8, mss. 589, LRC-Tulane.
646 CCR, 8 September 1804, p. 170, NOPL.
647 Salvaggio, New Orleans' Charity Hospital, 32-33.
648 CCR, 27 September 1809, p. 111, NOPL.
649 John Castellanos, The Early Charity Hospital (New Orleans, 1897), 143.
In September 1811, Mayor James Mather wrote to Governor Claiborne that the deaths from yellow fever in the Charity Hospital in August had surpassed 210, including 16 seamen, 40 soldiers, and 38 residents “of whom eight are lately come to town.”650 By October, Mather was panicking, and detailed to Claiborne the race, religion, and age of the 262 people who died in the hospital in September, noting “we have had constantly during the said month from fifty to fifty four sick.” At least 27 people who came to the hospital were in such a “wretched and desperate condition as to die within one and two hours after their admission.”651 “Would it not be agreeable to the speculations of our Government respecting our Country,” Mather asked, to apply to Congress, “or any other branch of the administration” for an annual subsidy? Such money would “enable the future management of that hospital to give a comfortable reception to the sick,” consisting generally of “[p]ersons from the western country, or discharged seamen, and soldiers, to whom their country is indebted for their past services.” He reminded Claiborne that “the Town and even the Territory of Orleans does not furnish the tenth part of the poor who are admitted in the hospital, during the whole year.”652

Claiborne asked the city council for more money but was rebuffed. Increasingly desperate, he took the unusual step of appealing to the governors of Tennessee, Kentucky, Ohio, Virginia, and Pennsylvania for help on the grounds that “among the Patients admitted into the hospital gratis, the greater proportion were Inhabitants of the Western States and Territories who descend annually to New Orleans.”653 Pennsylvania was the only state to reply, enclosing a donation of $5,000 specifically earmarked for building a wing to the hospital.

650 “James Mather to W. C. C. Claiborne,” 9 September 1811, TP, IX:946-47.
652 Ibid.
653 Salvaggio, New Orleans’ Charity Hospital, 34.
“solely and exclusively to and for the relief of such persons employed in the trade from Pennsylvania, attacked by disease at New Orleans.” To make sure the money was spent exclusively on the “succour and relief” of Pennsylvanians, the Governor demanded a detailed expense report. Pennsylvania would acknowledge the extra pressure its citizens had placed on the medical system of New Orleans, only if New Orleans would acknowledge its people above all others.

The hospital was constantly understaffed. During epidemics in the 1820s, the council had to strong-arm doctors into working there who “will receive for their cares and trouble no other salary than the expression of public gratitude.” The council stipulated further that “gratitude will be expressed in their favour only when it is well and duly proved that they have made themselves worthy of it by the exactness and zeal with which they have dispensed their professional services to the sick indigent persons.” Care was often poor. In the 1830s, Dr Charles Luzenberg, house surgeon at the hospital, was expelled from the Physico-Medical society for his “habit of suspending the bodies of persons who had died under his care … and shooting at them as marks with pistols, in order to improve his skill as a marksman.” Though Luzenberg challenged the man who accused him of such atrocities to a duel, he never denied that he had committed these acts. Many patients could not communicate with the

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655 This pattern continued in 1820 at the behest of the state legislature: the governor corresponded with the executives of Missouri Territory, Illinois, Indiana, Ohio, Kentucky, Tennessee, and Mississippi, for the purposes of jointly supporting the health of migrants to the Deep South. See *Acts Passed at the First Session of the Fourth Legislature of the State of Louisiana* (New Orleans, 1819), 126.
656 In 1820, the council also asked citizens to make a “good will subscription” to the hospital. The money raised from this was insufficient. CCR, 2 September 1820, p. 111-14, NOPL.
staff. Only after 1847, under pressure from the German Society, were German patients treated by German-speaking doctors.\textsuperscript{658}

By the 1830s, the hospital was mostly funded through a constitutionally-murky head tax on arriving passengers. In this model, immigrants essentially paid upfront for a portion of their future medical services. A $1 “commutation tax” was levied on all foreigners entering the port of New Orleans in the 1830s and 40s, raised to $2.50 on each passenger over 10 years-of-age in August 1853.\textsuperscript{659} By 1850, $46,892 of the hospital’s annual budget of $84,711 came from the passenger tax, followed by state appropriations ($15,000), fees paid by patients ($5,501), fines on gambling ($3,109), and ball licences ($1,840).\textsuperscript{660} Only certain privileged people were allowed free admission to the hospital, and even the family members of patients had to pay 25 cents in “gate money” to visit their loved ones.\textsuperscript{661} Entertainment venues also partially funded the hospital. But theatres complained that the Charity Hospital tax levied against them—$500 in 1837—was unreasonable, especially as the theatre season was only five or six months (theatres shut during the fever season) compared with 12 in New York.

\textsuperscript{658} Ellen C. Merrill, \textit{Germans of Louisiana} (Gretna, 2005), 59.
\textsuperscript{659} The constitutionality of a head-tax was partially struck down by the Supreme Court in a 5-4 decision responding to the claims of various states. These 1849 cases were known as \textit{Smith v. Turner}, or popularly as the “Passenger Cases.” Gerald L. Neuman, \textit{Strangers to the Constitution: Immigrants, Borders, and Fundamental Laws} (Princeton, 1996), 30. \textit{Times-Picayune}, 11 June 1843. Francis Burns, “Twenty-Five Dollars or Thirty Days,” \textit{Loyola Law Review}, vol. 9, no. 2 (1928), 68-78; “Charity Hospital Passenger Tax,” \textit{Times-Picayune}, 10 June 1853. To avoid the head tax, ships dumped their passengers up river, down river, or across river from New Orleans. Charity Hospital, \textit{Report of the Board of Administrators of the Charity Hospital} (New Orleans, 1843), 8. In addition, all alien passengers were examined and city officials could require the vessel to give security that the passenger would not “become vagrant … or be found guilty of any crime, misdemeanor or breach of the peace,” within two years. Act of March 16, 1818 § 2, 1818 La. Acts 110; La. Rev. Stat. § 15 (1852).
\textsuperscript{660} Charity Hospital, \textit{Report of the Board of Administrators of the Charity Hospital} (New Orleans, 1850-1851), 1-19.
\textsuperscript{661} In 1803, New Orleans had more gambling houses than Baltimore, Philadelphia, New York, and Boston combined. Illegal in Louisiana, gambling remained legal in New Orleans. New Orleans allowed anyone to open up a gambling house until 1832 if they paid an annual fee of $5,000. After 1835, anyone caught running an unlicenced gambling house risked five years in prison or a $10,000 fine, half of which went to the Charity Hospital.
Theatres viewed the tax as doubly onerous because they were also expected to hold multiple benefit performances a year to raise money for the unacclimated poor.\textsuperscript{662}

The level of funding was far below what was needed. One visitor described the horrific conditions in 1853: “In one cot was a mother who had just died of the black vomit; in the next cot the daughter,” near dead from fever and distraught about her mother. Next to her was a woman “raving mad with the black vomit, and lashed down to her cot” and “three children, whose parents had already died.” So scared of the hospital were Orleanians that many preferred to keep their relatives at home, knowing they might die but remain comfortable, rather than face the horrors of that institution, even temporarily.\textsuperscript{663}

\textit{Privatised Safety Net}

Whatever social safety net existed for white people in the Deep South before the 1850s was created not by the city or state government, but by individual citizens, benevolent institutions, planters, churches, and businesses, discharging what they conceived to be their civic and religious responsibilities to the deserving poor. As historian David Rothman argued, nineteenth-century welfare was not dispatched as “part of a systematic program” but at the whims of “dedicated yet idiosyncratic philanthropists.”\textsuperscript{664}

Private philanthropy in the South, generous though it could be, constituted part of a complicated crony network, endowing commercial and planting elites with the patriarchal authority to determine who was deserving, who could access welfare, and on what terms –

\textsuperscript{662} This was in addition to $315 in city tax and $200 in state tax on theatres. “Taxes on Theatres,” \textit{Times-Picayune}, 25 November 1856; Duffy, Rudolph Matas, 1:203.
\textsuperscript{664} Rothman was not writing about the South in particular, but rather the entire nation. David Rothman, \textit{The Discovery of the Asylum: Social Order and Disorder in the New Republic} (Boston, 1971), 155-236.
mostly young girls who exhibited scrupulously-policed good behaviour, and decidedly not their filthy immigrant parents.

This system, in turn, deepened social asymmetries, asserting the “value” of certain populations relative to others, and solidifying the position of rich immunocapitalists at the top of the social hierarchy. The state and city’s reliance on private charity to obviate the mass suffering, disorder, and disruption caused by yellow fever led to a peculiar *quid pro quo*: the planting and merchant elite would provide amelioration at their own discretion. In return, men like Julian Poydras, John McDonogh, Beverly Chew, Nicholas Girod, and Judah Touro—those with their names on orphanages, asylums, and hospitals—held political clout, making them more able to shape what kind of laws would be enacted in New Orleans, how much they would be taxed, and where tax dollars would be spent. That these elite men might choose to be less generous to the needy poor if their power was questioned was a clear, if unarticulated, threat.

In public education, for instance, the interests of the larger public and the private elite sharply diverged. From his appointment in 1803 as territorial governor, W. C. C. Claiborne devised a long-term plan to promote public education in New Orleans, where there was only one school (fewer than half the residents of Louisiana could read and write French in 1803). But planters and merchants fought against increasing their tax burden to support schools for poor children. Nor were they interested in eroding their stance at the top of the social pyramid for which education created a path. The Catholic clergy

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agreed, fearing that universal public education would threaten its influence. Thus, while the rich retained private, expensive tutors to educate their own families, most children received no formal education until the late 1840s.

Public education was later funded almost entirely through one private donor, John McDonogh, a notoriously miserly, abstemious, and pious trader, slave-owner, and real estate speculator. Upon his death in 1850, McDonogh was said to have owned more land than any private person in the world, with his wealth valued at 0.07 percent of the U.S. gross national product. In the late 1840s, McDonogh owned 1,600 lots in the First and Third Municipalities – on which he avoided paying the bulk of taxes due.

McDonogh made the vast majority of his fortune on land speculation, renting to the poor, and seldom improving his buildings. McDonogh was known for his practice of renting houses to prostitutes in wealthy neighbourhoods to drive down property values and then sweeping up properties at a fraction of the cost as disgusted residents fled. His piety, apparently, did not extend to regulating his “enterprising mercantile spirit.” In describing McDonogh’s tactics, the Picayune wrote, “when a man desires to become rich, he must corrupt the high, oppress the poor, and look to God to sustain him.”

McDonogh’s practice was well known to the city council and state legislature, but he was never punished or censured. He had, after all, been a city councillor himself, was

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667 Ingersoll, Mammon and Manon, 272-74.
668 Daily Orleanian, 2 April 1851; Tansey, “Prostitution and Politics,” 62.
669 Baptist, The Half, 87.
670 “H”, New Orleans Daily Delta, 2 May 1851; Times-Picayune, 2 January 1851.
famously litigious, and politicians proved generally unwilling to go against him, in business or politics.\textsuperscript{671} He repeatedly made it clear that he would leave some vast sum to the city when he died. McDonogh successfully fought against city and state ordinances intended to fund railroad development through real estate taxes, which he thought would depress the value of his land and increase his tax burden. Instead, he agreed to purchase 116 municipal bonds in the late 1840s, worth $1,000 each.\textsuperscript{672} He also worked out a deal with the Democrats on the city council allowing him to pay only half of his tax burden in the 1840s.\textsuperscript{673} On his death in 1850, McDonogh left about $700,000 to the city of New Orleans to expand the floundering public school system for poor children.\textsuperscript{674} He said in his will that his bequests would save the “State itself an immense expenditure, which would otherways have come out of its coffers,” but only if all his donated property in New Orleans would be “exempted forever by Law, from all Taxation.”\textsuperscript{675} Ultimately the McDonogh estate was a windfall for the city, making education accessible through funding of over 30 schools.

But lopsided, arbitrary philanthropy had social costs. Baron Ludwig von Reizenstein wrote a fictional account about one “philanthropist,” loosely based on McDonogh. He described how a landlord named “Joshua W***” who gave $250 to the Howard Association in the 1850s and was lauded for his generosity in the newspapers. The tenants of his nice “roomy and well-ventilated apartments” fled the scourge in July, leaving these buildings “virtually empty.” But as a slumlord, Mr Joshua also owned many tenements “true filth-holes that have not been improved or cleaned in ages.” Mr Joshua rented these foul buildings to poor families. “If Mr. Joshua really had the sense of charity

\textsuperscript{671} Faber, \textit{Building the Land of Dreams}, 124.
\textsuperscript{672} “Reward,” \textit{Times-Picayune}, 7 November 1850.
\textsuperscript{673} Tansey, “Prostitution and Politics,” 62.
\textsuperscript{675} \textit{The Last Will and Testament of John McDonogh, Late of McDonoghville, State of Louisiana} (New Orleans, 1851).
that his donation to the Howard Association was supposed to prove,” von Reizenstein opined, “why did he not take the poor families out of these open graves and put them into his healthier houses, which stood empty the entire summer?” All of his poor renters died of yellow fever, but he quickly filled his apartments with another lot of unacclimated immigrants. “That is one of your Croesuses, New Orleans,” von Reizenstein stated, “who clothes himself in the mask of philanthropy in a terrible time! Is Mr. Joshua W* a murderer or not?”

The city often turned to its richest inhabitants to fix obvious health problems. When the hospital burned down in 1809, the council raised $35,000 from Julien Poydras, Etienne de Boré, and R. Caune to rebuild it. It asked Bernard Marigny to provide the city with an interest-free loan of $2,226 to pay sanitation contractors in 1810. And tens of thousands of Orleanians donated what they could with no expectation that they should be publicly recognised. Many felt it was their Christian duty to help the sick. In 1829, the Mayor Denis Prieur asked doctors to volunteer their services for the sick poor and pay for the costs of their drugs. Many did, and in 1837 the former (disgraced) superintendent of the Charity Hospital, Dr Luzenberg, offered to provide free medical care to all poor German immigrants. In 1841, the Howard Association, Dames de Providence, the Samaritans, and Firemen’s Charitable Association expended $15,151 to help the “distressed unacclimated.”

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678 CCR, 28 November 1810, p. 246-47, NOPL.
679 CCR, 11 August 1829, p. 83, NOPL.
680 *The Bee*, 14 September 1837; “House Surgeons and Assistants – Superintendents Charity Hospital,” Medical Documents Collection, box 1, folder 4, mss. 589, LRC-Tulane.
In 1847, the entrance to Recorder Baldwin’s office was blocked up with gifts from charitable citizens for orphan children. “Hams, flour, beans, corn, maccaroni [sic], potatoes, bread, &c., ad libitum, are mixed up in admirable confusion and in no small quantities.” The Association for the Relief of Orphans stated, “Let no citizen allow the public cart which receives the gifts to pass the door of his house, his store without adding something to the load.” They concluded, “This is a good cause; the needy are around us even at our own doors, (not in India or the Sandwich Islands;) the contributions are to be distributed under our own eyes and to the children of our dead neighbors.” Thousands volunteered for the “Can’t-Get-Away Club” and other caregiving charities. In 1850, the Howards gave sponge baths, fed patients ice, provided warm footbaths, and reduced fevers with quinine. They also issued tickets known as bons, redeemable for ice and beef for fever patients.

Benefits were organised elsewhere for New Orleans’ distressed unacclimated. In 1853, a concert was given at the Broadway theatre in New York which was well attended by Orleanian transplants, netting $500. New Yorkers sent over $20,000 to New Orleans and Philadelphians over $11,000. Irish immigrants in San Francisco—many of whom passed through the city on their westward journey—raised $12,000 in 1853. Mayor Crossman even received a check for $1,000 from the citizens of Wheeling, Ohio. Such philanthropy from places faraway places speaks to the horrors of the 1853 epidemic, with implications reverberating around the nation. Reading through mortality rolls as the natural disaster

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682 “City Intelligence,” Times-Picayune, 31 August 1847.
683 All benevolent societies were tax exempt. Merry Jett, “Saviors in the South: Restoring the Humanity to Irish Famine Immigrants in New Orleans, 1847-1880” (M.A. diss., University of Texas at Arlington, 2010), 85-86.
684 “Benefit to the Sufferers,” Times-Picayune, 19 September 1853.
685 “Relief for New Orleans,” Cooper’s Clarkston Register [Virginia], 24 August 1853.
686 “Mortality of the Last Sickly Season,” Boston Courier, 9 December 1841; “The Plague in the Southwest,” De Bow’s Review, vol. 15, no. 6 (Dec., 1853), 633; San Francisco Daily Alta, 24, 25, 26 September 1853
687 “Donations,” Times-Picayune, 7 September 1853.
unfolded in the Deep South—a place many people’s friends and relatives had migrated to—many Americans proved willing to chip in money and goods to help the distressed people in and around New Orleans.

Beyond small cash and in-kind donations, private citizens founded institutions across the Deep South, designed to ameliorate mass mortality. Reacting to several documented cases of poor orphan girls being sexually assaulted when their mothers died of yellow fever, 74 wealthy women of Natchez formed the Female Charity Society in 1816 to “give instruction to the poor children.” At the discretion of the subscribers, any surplus could be “applied to the relief of orphan children and poor widows” in “extreme distress,” but only to “those of reputable character.” Women like Ann Seip (the wife of Dr Frederic Seip, the first president of Natchez’s board of health) and Catharine Minor (the daughter of Stephen Minor, one of the region’s wealthiest planters) paid annual subscriptions of $10 to $20. Amassing an endowment of $670, the Natchez Academy opened in April with ten children, a teacher, and a matron for the orphans boarding with local families. In 1823 a building to house the orphans was finished, later called the Orphan Asylum of Natchez.688 In 1820, the Mississippi Republican opined, “the children of parents swept off by yellow fever last autumn are many, but for the active humanity and charity of the female society, who like ministering angels, flew to their relief.”689

689 Mississippi Republican, 6 May 1820. Women took an active role in the creation of orphanages across the region. A similar asylum was organised by Phoebe Hunter, a local woman active in charitable endeavours, for the growing numbers of homeless children in New Orleans. See Ingersoll, Mammon and Manon, 272-73.
One guide to New Orleans illustrated the intricate web of private orphanages and asylums, focused particularly on young white girls, deemed vulnerable to sexual abuse without parental protection. Zacharie argued “there is perhaps no other city in the United States where there are more establishments of the kind and where such institutions enlist as much popular sympathy. The names Poydras, Milne, Fink, Sister Regis and kind Margaret Haughery, the baker, are greatly revered for their good works and timely aid in founding and sustaining these homes of mercy.” In 1817, the large number of children left orphaned and homeless by yellow fever so distressed Quaker Phoebe Hunter that she and her friends collectively organised the Poydras Home for female orphans, named for its primary benefactor, the sugar planter Julian Poydras.

Upon his death in 1824, Poydras, a St. Domingue native, pious Catholic, and one of New Orleans’ most prominent philanthropists, bequeathed over $100,000 to charity. This included $60,000 for “Marriage Portions” for poor orphan girls, an endowment for the Poydras Orphan Asylum, and more property for the Charity Hospital. Nationwide, Americans lauded his generosity: “Like the Pyramids of Egypt,” one New Yorker opined, Poydras’ donations “stand as lasting monuments of his renown.” Saved from a life of squalor, immorality, and death, “Thousands of female orphans, as yet unborn, will bless the name POYDRAS!” Between 1830 and 1850, the Catholic church opened several asylums for Catholic youth – particularly impoverished Irish children around seven-years-old.

These children stayed about two to four years, were taught skills like sewing, and then were turned out to look for work.\textsuperscript{694} In August 1853, Mayor Crossman daily visited the overcrowded orphanages, and found it “difficult not to be moved by the scene this asylum presents, with so many unfortunate children crying for their mothers.”\textsuperscript{695}

In 1824, the Asylum for Destitute Orphan Boys was set up as a male analogue to the female societies. But orphaned boys were generally worse off than their white female counterparts. Male institutions received less funding from public and private sources, probably because boys were seen as less vulnerable than girls, and more able to make an independent living later on.\textsuperscript{696} Preyed upon by opportunist businessmen, many orphan boys were essentially indentured into work that allowed neither for upward mobility nor safety. For example, Johan Dieter was placed in the Asylum for Destitute Orphan Boys in 1835 after his mother died and his father sickened from yellow fever. After Johan’s father died, he spent four years in the orphanage and was indentured to a sea captain in order to free up a bed in the asylum.\textsuperscript{697}

Black people, free and enslaved, often fell outside the scant charitable offerings available to whites. White societies either officially or unofficially excluded free blacks, indigent blacks, and even black children. A large number of black-run benevolent societies rose up to cater to the needs of the sick, dying, and dead. As the German traveller and novelist Friedrich Gerstäcker noted, “the Negro is kind hearted toward people of his own

\textsuperscript{694} Michal Katz et al., \textit{The Social Organization of Early Industrial Capitalism} (Cambridge, Mass., 1982), 277.
\textsuperscript{695} “The Orphans,” \textit{Times-Picayune}, 23 August 1853.
\textsuperscript{696} In 1827, the city council gave the Female Orphanage (Poydras Asylum) $1,600, but only $500 to the Male Orphanage. CCR, 23, 28 May 1827, p. 38, NOPL.
color and would not lightly abandon one in need of help.”

Two black nuns in New Orleans, Henriette Dilille and Juliette Gaudin, opened a religious school to care for urban and indigent slaves suffering from yellow fever. They also went to neighbouring plantations to care for slaves sick with yellow fever. Indeed, a parallel tapestry of black associations provided “insurance” for blacks against sickness, including the Colored Female Benevolent Society of Louisiana, the Union Band Society, The Benevolent Association of the Veterans of 1815, and La Société Catholique pour l’Instruction des Orphelins dans l’Indigence.

White and black people who fell outside the categories that private philanthropists liked to help were forced to undergo the humiliating process of begging the city council for assistance. After waiting in the council’s anteroom for hours, dole-seekers were obliged to present a petition declaring their state of poverty—“certified and signed by at least three trustworthy persons”—and have their names appear in the official record.

Though men were sometimes the recipients of “city charity,” the vast majority of dole recipients were women, particularly widows. One typical city charity roll, for example, read “a sum of twenty-five dollars in one payment is granted …[to] Widow Baquet, Widow Dumanbrin and Widow Gonzales” and “a sum of fifteen dollars in one payment is also granted… [to] Widow Astin and Widow Ste. Mensère.” One widow appealed to the council on behalf of herself and her four young children. Four witnesses testified that she earned what she could “by her needle” but circumstances often forced her to accept charity.

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700 Emily Suzanne Clark, *A Luminous Brotherhood: Afro-Creole Spiritualism in Nineteenth-Century New Orleans* (Chapel Hill, 2016), 89-90.
701 CCR, 15 March 1817, p. 134, NOPL.
702 CCR, 15 February 1817, p. 14, NOPL.
703 Tolbert, “Alms for the Poor,” 60-61.
council granted her $10, with no promise of continuance. In 1818, the council bequeathed $15 to Widow Adair for herself and three children, and the same amount to Widow Delaupe for herself and her four children.\textsuperscript{704} In 1815, Widow Bayon asked the city council to “ameliorate her sad and miserable situation as well as that of her large family.” The council gave her one lump-sum of $50, mindful not to set a “precedent for the future.” Another woman named Widow Crussol begged for financial assistance from the council to allow her, considering her “penniless condition” to continue looking after a white foundling child who had been left on her doorstep.\textsuperscript{705} Mrs Tessier and Mrs Cannier were also offered $10 a month for a year to nurse and adopt a foundling child.\textsuperscript{706} Given the feeble subsidies available and the absence of good job opportunities for women, it is not surprising that prostitution in the city was rife, with many women and girls “notoriously abandoned to lewdness.”\textsuperscript{707} Occasionally, the city council offered to help pay for immigrant widows and children to return to their homes when their husbands died of yellow fever.\textsuperscript{708}

In 1857, the city council maintained that any help to orphans and foundlings should be supported “at the lowest possible price” to the city.\textsuperscript{709} This simply codified long-standing practice. Most grants from the government to help the poor appear to be one-time only. Between 7 May 1814 and 3 May 1817, the city council distributed only $877.50 to widows and families in need in excess of the $50 per month earmarked “to help the needy.” The city council passed a bill in August 1819 to provide specifically for those affected by yellow fever.

\textsuperscript{704} OR, 16 December 1818, p. 118, NOPL.
\textsuperscript{705} CCR, 11 November 1815, p. 109-10, NOPL. Female dependency on public welfare and private charity was especially common if a household’s male breadwinner died as men commanded higher salaries. For more on how lower class women were trapped into poverty by their immunity, see the long list of “City Charities” in any year of the CCR, vol. 1-5, NOPL.
\textsuperscript{706} OR, 18 December 1824, p. 170, NOPL.
\textsuperscript{707} “City Council of New-Orleans,” New Orleans Scrapbook, 1813-1865, p. 10, mss. 920, LSU.
\textsuperscript{708} OR, 19 June 1819, p. 83, NOPL.
and “labouring under pecuniary distress.” But it appears they set aside no funds for this purpose. Dependence on private charity became deeply ingrained in New Orleans. In 1898, the Supreme Court of Louisiana even ruled that municipal donations to private charities were “illegal and unconstitutional.”

Some Orleanian reformers agreed that the state should earmark more money for welfare rather than ignore or privatise it as this was more expensive in the long-term. Dr J. C. Simonds argued in the 1850s that “the cost of the Charity Hospital alone, during eight years, (1842-’49,) has amounted to nearly half a million of dollars. The cost of your Orphan Asylums I do not know—but it must be enormous.” He added, “the cost of your police system and judiciary department” was also extortionate as “who can tell how much of the crime has been due to the poverty caused by sickness and death, widowhood and orphanage” and the “want of parental control and education.” Moreover, the “number of beggars upon your streets has, of late, increased to such a degree as to have become a public nuisance.”

Indeed, even the Picayune argued in 1860, “Shall the entire burden of these necessary institutions fall upon individuals? Do they not reflect honor upon the State, and is it not the duty” of the collective tax payer, “to aid in the benefaction demanded by the fatherless, the orphan, and the sick stranger found in this our commercial capital?”

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710 Dowler, Tableau of the Yellow Fever of 1853, 15-16.
711 State ex rel. Orr, Sr., vs. City et al., in Walter Rogers, Reports of Cases Argued and Determined in the Supreme Court of Louisiana, vol. 50—for the Year 1898 (New Orleans, 1899), 893.
712 Simonds, An Address, 9-10.
713 “Public Charities,” Times-Picayune, 2 March 1860.
People’s perceptions of New Orleans’ unhealthiness, what the government’s role in public health should be, and who should pay for improvements, correlated closely with their class and ethnicity, roughly breaking down into two camps: the newly-resident unacclimated wanted public health, while the long-established acclimated did not. Even if members of the commercial-civic elite believed that health was a problem, almost everyone at the top of the economic, social, and immunity ladders agreed that their tax dollars had a better use than improving the health of poor immigrants, about half of whom would be dead within two years of their arrival.

Disease prevention remained perennially underfunded throughout the antebellum period. Historian Leonard Curry calculated that in 1820 the New Orleans city council spent $7.20 per inhabitant annually, well above the national average of $4.16. This rose to $12 per citizen by 1835. But while Charleston allocated 77 cents per person toward human services (education, poor relief, and public health), only 22 cents were allocated for this purpose in New Orleans, less than half the national average. The vast majority of the city budget was spent on servicing debt ($3.86 per person), expanding physical facilities like street lighting and levee repair ($5.12 per person), and “public safety,” a euphemism for defending against slave revolts ($1.18 per person).\(^7\) Between 1849 and 1852, New Orleans was ranked last among major cities in terms of poor relief (8 cents per person compared with $1.43 in Boston), and lagged seriously behind other American cities in public health spending (0.38 cents per person compared with 69 cents in Boston), with almost all of the money earmarked for public health

\(^7\) New Orleans had the highest per capita debt of any American city between 1847 and 1851, at $69.48. New York had a per capita debt rate of less than half at $30.65. Curry, *Corporate City*, 66-74.
expended in the rich neighbourhoods and busy commercial district of the First and Second Municipalities.\textsuperscript{715}

Louisiana’s primary source of revenue was property tax. In 1833, the state treasury took in only $307,000, with most revenue coming from the tax on slaves (another $50,000 was paid in property taxes, gambling provided $53,000, and auctions $30,000).\textsuperscript{716} After the introduction of “uniformity clauses” in 1845 and the simplification of the tax code in 1848, all property became taxed at an \textit{ad valorem} rate. Though reforms made the tax code more uniform, they enshrined that rich planters would be taxed only minimally, as it was hereafter illegal to tax chattel more than other kinds of assets.\textsuperscript{717}

As historian Robin Einhorn argued, antebellum Northern states implemented general property taxes, intended to be neutral among taxpayers in various sectors of the economy, aiming “at the wealth of individuals rather than at the presumed incomes, cultural virtues, or political power associated with their occupations.”\textsuperscript{718} Civic leaders—New Orleans’ most-propertered individuals—were not eager to burden themselves unnecessarily, and Louisiana employed the opposite approach.\textsuperscript{719} In 1856, the \textit{ad valorem} rate was set at $1.67 per $1,000 on the “full cash value” of real estate (land, city lots, buildings, improvements, and machinery), slaves (valued at low, flat rates), animals, carriages, ships, corporate stock, and the capital

\textsuperscript{715} Ibid, 79, Table 2.33.
\textsuperscript{716} There was widespread tax evasion – in 1827, the Mayor ordered that the City Treasurer was required to immediately collect all taxes due for 1824, 1825, 1826, and 1827 and prosecute any person that refused to pay. OR, 24 November 1827, p. 118, NOPL; In 1829, Jean Guerin, a tax commissioner, ran away with $14,751.22. OR, 29 August 1829, p. 87, NOPL; 22 September 1829, p. 94, NOPL; Tregle, \textit{Louisiana in the Age of Jackson}, 57; Henry A. Bullard (ed.), \textit{A New Digest of the Statute Laws of the State of Louisiana, from the Change of Government to the Year 1841, Inclusive} (New Orleans, 1842), 699-735; Marler, \textit{Merchant’s Capital}, 216-18; Acts Passed at the First Session of the Seventeenth Legislature of the State of Louisiana (New Orleans, 1845), 65.
\textsuperscript{717} Katherine Newman and Rourke O’Brien, \textit{Taxing the Poor: Doing Damage to the Truly Disadvantaged} (Berkeley, 2011), 3.
\textsuperscript{718} Robin Einhorn, \textit{American Taxation, American Slavery} (Chicago, 2006), 225-26.
\textsuperscript{719} Goldfield, “The Business of Health Planning,” 558.
invested in “any kind of commerce.” By comparison, a New Yorker in 1857 paid $15.50 tax per $1,000 in property tax. Thus, as Einhorn described, a Louisiana planter in 1860 who owned a modest plantation and 20 slaves paid about $20 in taxes per annum. John Jenkins, a large slave owner in Mississippi and Louisiana with three plantations made a profit of $18,534.96 in 1843 and paid just $150 total in tax.

In 1856, the state raised $2,223,869 in tax revenue, of which $1,953,850 was expended ($3.19 per person). Of the total state expenditures, most went towards the sinking fund and federal debt repayment. $46,500—just two percent of state expenses—was directed to private charitable institutions to take care of all the state’s orphans, widows, foundlings, and needy. $11,000 (½ percent) was given to the charity hospitals of New Orleans and Donaldsonville to care for all of the state’s impoverished sick persons.

The city of New Orleans needed more money to operate and provide even modest sanitation than appropriated by the state. In 1812, New Orleans had the lowest city property tax rate in the nation (20 cents per $100), with rates set far lower than Boston (82 cents per $100) and Baltimore (75 cents per $100).

720 Einhorn, *American Taxation*, 225-26; The legislature instituted a poll tax of $1 on every white male 21 years or older to fund public education and a 0.25 percent mill tax, for internal improvements (railroads). Sacher, *Perfect War*, 217. “Relief of the State Treasury,” *Times-Picayune*, 10 April 1853; OR, 25 July 1829, p. 76, NOPL.
721 Cited from Elizabeth Blackmar, “Housing and Property Relations in New York City, 1785-1850” (PhD diss., Harvard University, 1980), 584.
724 Curry, *Corporate City*, 37.
725 In 1829, New Orleans collected just $7,025 in property tax. OR, 14 January 1829, p. 5, NOPL.
The municipality thus implemented an additional one percent property tax in 1829 and began to use steep licensing fees to raise revenue on certain industries. If a rich planter paid $20 in taxes, this was significantly less onerous than the true rate paid by the professional and working classes. A peddler on horseback paid a $25 licensing fee, plus a tax on his horse and inventory; coffeehouse operators paid $150 for a licence, plus a tax on urban real estate (there were at least 125 legally operating coffeehouses in the Second District alone in 1845, collectively paying $18,750 in revenue).\(^{726}\) Insurance agents paid a $500 fee; out of state agents paid $1,000; theatres paid $200; liquor retailers and winehouses paid $150; money brokers, pawn brokers, and racetracks paid $100; cotton factors, clerks, commission merchants, wholesalers, and cotton pressers paid $30; brokers of real estate, slaves, notes, freight, and merchandise paid $25; brewers paid $20; lawyers, notaries, doctors, dentists, druggists paid $10.\(^{727}\) Anyone who could not produce his or her licence immediately to a police officer was fined between $2 to $5 per offence.\(^{728}\) Licensing fees amounted to $965,519 in 1853, and $1,192,328 in 1854.\(^{729}\) In comparison, the city raised only $359,235 from the property tax in 1860.\(^{730}\)

Though other American cities also used licences to raise revenue, New Orleans relied on them to function and charged certain industries, whose traders were not members of the

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\(^{727}\) OR, 24 November 1829, p. 122, NOPL. Louisiana, Revised Statues (1856), 459-61; Ted Ownby, American Dreams in Mississippi: Consumers, Poverty, and Culture, 1830-1998 (Chapel Hill, 1999). The consequences of running an illegal, unlicensed business could be expensive. In 1854, a grocer on Laurel and Washington streets named Mr Houker was fined $10 for not taking out a licence, plus a commission to the Assistant City Attorney of $5. R. Burke was fined three times for not taking out a liquor licence, and paid a fine $30, and $15 to the Assistant City Attorney as a commission. Times-Picayune, 16 August 1854. For examples of citizens taking out licences with the municipality, see OR 3 January 1829, p. 1, NOPL.

\(^{728}\) OR, 20 November 1815, p. 359, NOPL.

\(^{729}\) Judith Schafer, Brothels, Depravity, and Abandoned Women: Illegal Sex in Antebellum New Orleans (Baton Rouge, 2009), 147.

\(^{730}\) Comptroller's Report Embracing a Detailed Statement of the Receipts and Expenditures of the City of New Orleans (New Orleans, 1860), 22.
commercial-civic elite, more than others. Coffee house proprietors, for example, were collectively charged $362,000 in taxes levied between 1836 and 1851, whereas merchants contributed less than $23,000 to the city coffers in the same period.\textsuperscript{731} The council passed a resolution in 1819 which remained on the books until the Civil War (with adjusted levels) that determined that the taxes imposed on saloons, boarding houses, cafes, billiard halls, cabarets, tea gardens in New Orleans should not be less than $22,900, and on vehicles not less than $7,000, or else the city would go bankrupt.\textsuperscript{732} In 1829, the council implored the tax collector Vincent Ramos to collect back taxes and licence fees owed by “liquor-houses” amounting to $13,831.82 between 1826 and 1828 or the city would default on its loans.\textsuperscript{733}

With only $41,067.10 in the city treasury in 1858-59, and the desperate need to drain the rear of the city where the pumping machines were out of order, a resolution was passed by the city council to “appoint an assistant whose especial duty it shall be to ferret out all persons who sell goods by sample in this city, that persons so selling shall pay a license of $300,” or else would be fined. Commissioners were incentivised to be harsh. The law stipulated that “the officer shall have ten percent of all sums collected instead of a regular salary.”\textsuperscript{734} Most licensing fees were shifted onto consumers, making the costs of goods, rents, and services more expensive in New Orleans than most American cities by the 1830s. Indeed, the working class experienced a 100 percent increase in their rents during the 1850s, as landlords passed their increased licensing costs onto their tenants.\textsuperscript{735}

\textsuperscript{731} Tansey, “Prostitution and Politics,” 57.
\textsuperscript{732} These sums were repeatedly hiked up. OR, 4 December, 26 December 1818, p. 113-18, 125, NOPL.
\textsuperscript{733} OR, 24 November 1829, p. 122, NOPL.
\textsuperscript{734} “Board of Assistant Aldermen,” Times-Picayune, 2 February 1859.
\textsuperscript{735} Tansey, “Prostitution and Politics,” 74.
Given that most poor people generally did not own taxable property, and as Louisiana had no income or sales tax until the twentieth century, most Orleanians did not pay much in direct state or municipal taxes. But the poor, immigrant, and unacclimated paid substantially more than their share in other ways, in what modern economists would call a “stealth” tax: monies levied in a covert manner. In this system, the cost of funding the city—specifically the Charity Hospital and city cleaning—fell to those least able to afford it and those most vulnerable to disease. The commercial-civic elite either made money off the alive-unacclimated through their labour, or by fining them in covert ways, knowing that this group was politically impotent as about half would shortly be dead. In this respect, the large, desperate, unacclimated population was a financial “asset” no other American city had, and the commercial-civic elite sought to fully capitalise on it.

To keep planter’s property taxes low and still raise revenue, New Orleans criminalised many activities associated with poverty, vagrancy, and destitution targeting people least able to afford defence attorneys and those who lived by choice or circumstance at the legal periphery. Such practices were deeply tied to the public’s general health: the city’s elite had no interest in improving the sanitary state of the city’s poor, unacclimated, and vulnerable, because they were politically impotent yet provided the labour that fuelled New Orleans’ prosperity. In turn, the criminalised underclass (disproportionately new to New Orleans) could not afford to escape the city when epidemics arrived, pay for doctors, or for medicines. This increased their chances of death.

The lower, unacclimated sort understood that their position, languishing en masse in the purgatory of pre-acclimation, was by design: it was essential for the city’s immunocapitalists to continue to make money, both personally and publicly, thus laws were drawn up to entrench a system whereby extracting money or labour from the replaceable-
unacclimated became self-reproducing, perpetual, and blameless. Though J. Livingston, the city attorney, stated in 1854, “It never was contemplated that the city should make money out of fines and penalties,” the city’s laws were specifically designed for this. The money raised through the poor literally kept the city afloat.

“Police Matters” were prominently printed on page one of most city newspapers. This column publicly shamed the immoral masses and provided a running account of how much money the city made from them. These people were often described as “foreign born,” “strangers,” or “newcomers” to emphasise their otherness, that they did not truly belong to in the city and should be the objects of scorn. New Orleans had one of the highest crime rates in the United States during the antebellum period. But it also had a much higher rate of arrest. Between September 1857 and August 1858, 25,417 arrests took place in New Orleans (population c. 160,000); in 1858, 21,537 arrests occurred in Philadelphia, a much larger city (population c. 500,000). Orleanians paid hefty fines for small offences like “disturbing the peace,” trespassing, pickpocketing, resisting arrest, public drunkenness, gambling, or petty theft. If a person could not pay the fine, or post a $100 bond to guarantee good behaviour, they ended up in the workhouse, an institution which allegedly saved tax payers $7,000 per year through forced labour like street cleaning and ditch digging.

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738 Schafer, “Slaves and Crime,” 84n1; Reinders, End of an Era, 65-166.
739 “New Orleans, Treasurer of the Police Department of the First Municipality,” Financial Records, 1839-1849, CCAA443b, 5 vols., NOPL.
Most fines were levied for non-violent, even trial offences popularly referred to locally as “peccadillos,” the kind of crimes that were barely crimes. For example, in 1816, any actor who did not appear on the stage at the moment his part was called for was subject to a fine. Any person entering a theatre without a ticket was fined between $5 and $15. Any person who kept his hat on after the rise of the curtain was fined $50. Any black person sitting in a white person’s seat was fined. In 1829, it was determined that anyone selling bread weighing under the amount set by the tariff should be fined between $25 and $100. In 1852, recent immigrant Thomas Clark was arrested and fined in the Third District for “having no place of abode” after being discovered sleeping under the platform of the Pontchartrain Railroad depot. N. J. Hackney was fined for “using obscene language on St. Charles street, and behaving in a disreputable manner.”

“Recorders,” elected from each municipality, were explicitly tasked with raising revenue for the city. Recorder Summers, Long, Seuzeneau, Ramos, Adams and Wiltz raised thousands of dollars per month for the municipality from small fines, sometimes hundreds of dollars each in a single day. On one day of 1855, the Picayune boasted that “petty delinquents” added $30 “to the city revenue,” with another $45 still to come. The newspapers complained in July that “only $30 was added to the city revenue yesterday.” When no arrests were made in one day in the First District in 1853, the Picayune asked: “What is this world coming to?” First District Recorder Henry Summers—the future mayor—

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742 It is unclear how the city expected him to pay if he had no money. “No Place of Abode,” *Times-Picayune*, 26 August 1852.
745 *Times-Picayune*, 24 July 1855.
746 “First District Court,” *Times-Picayune*, 19 July 1855.
747 “Quiet Times,” *Times-Picayune*, 1 January 1853.
boasted in December 1858 that “during the past month” he added to the city treasury, “as the result of fines for small peccadillos, the snug little sum of $1810.65,” noting it was “nearly equal to that collected from all the other districts combined.”

The government made it nearly impossible to adhere to constantly changing regulations, especially as they did not print notifications in any language besides English and sometimes French, and did little to inform the inhabitants of new laws. “For the profit of the city,” a new tax was levied on two and four wheel carts in 1816. Those who did not immediately take out the licences were fined $10. In 1817, a law was passed that every individual was responsible for the disposal of his or her own human waste and that no privy could be too full. Human waste could not be placed on the street cleaning carts that made daily (or weekly) rounds or offenders were fined. Thus women had to carry detritus from their houses to the Mississippi River to dump it, sometimes a precarious journey of over a mile. Another ordinance dictated that toilet trenches had to be emptied when they reached to a foot below the brim, but that this operation was to take place only between the hours of 11pm and 3am, in darkness, and one hour after curfew. Offenders were fined $10 per offence. All sidewalks were to be swept before 10am and all galleries “watered” before 6pm, “especially from the first of April until the fifteenth of October.” Violators were fined on the spot between $1 and $3 per offence.

Prostitutes were hit hardest by fines. Prostitutes were disproportionately poor, immigrant, new to New Orleans, and unacclimated. Many spoke neither French nor English. Often without references, skills, or immunity, these women could not compete in the formal

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748 “Fines for December,” Times-Picayune, 9 January 1859.
749 OR, 27 November 1816, p.104-06, NOPL.
750 Crété, Daily Life in Louisiana, 58.
751 Burns, “Twenty-Five Dollars or Thirty Days,” 74.
employment market for jobs like domestics, nurses, and caretakers, where women could expect to earn as little as a dollar a week. Small-scale bordellos were routinely targeted by raids, places policemen and politicians regularly patronised themselves. Indeed, Recorder Seuzeneau commented in his campaign speech that such action against small brothels generated revenue for the Charity Hospital, and that licensing fees from “dance halls”—rented out by larger brothels—made even more money for the city.

The brothels were a miserable place to work. One slave named Frank Bell was owned by a saloon owner and recalled that people were routinely shot, beaten, and robbed inside. The prostitutes of Perdido, Dryades, and Phillippa Streets (the area that would become Storyville) experienced this violence daily and proved a reliable source of income for the municipality. In 1853, two “vagrant white women were fined $3 for being caught coming out of a drinking shop in Phillippa street,” a notorious prostitute area. Lucy Schaffer, Emeline Sheppard, Mary Wilson, Annetti Martinas, Margaret Hanaw, Bridget Malony, and Jane Boyle paid a fine of $10 each for leading “disreputable lives on Dryades and Perdido streets.” A year later, Jane Boyle was rearrested on Perdido Street along with Mary Williams, Mary Johnson, Kate Lyons, and Mike Golden (their pimp or “maquerelle”) for “creating a general disturbance of the peace and for being vagrants in the worst sense of that term.” Each

752 Allegedly Suezeneau was “lenient” on prostitutes in his court in the Third District as many police officer’s family members (newcomers in particular) worked in brothels. Off-duty officers were also employed by brothels to act as watchers.
753 Tansey, “Prostitution and Politics,” 49, 60.
756 Schafer, Brothels, 19.
paid a fine of $10. After the introduction of the “Lorette Law” in 1857, which legalised prostitution in certain areas, brothel-keepers paid an annual $250 licence fee. But in 1857, 24 girls were still arrested on Gravier street for “leading lives of lewdness.” The “poor things” representing “all degrees of female degradation” were fined $20 each or required to spend “thrice twenty days in the Workhouse.” Even with the pay of a dollar to a dollar and a half a night (plus free drinks, minus rent) that prostitutes earned, these fines were often extortionate or unpayable.

Unable to pay fines, prostitutes and lewd women were often “sent down” to the workhouse – where they engaged in work associated with sanitation, making materials for use in the port, or creating revenue otherwise destined for city coffers. The workhouse was a dangerous, disease-ridden space. A commission appointed in 1820 found that prisoners were confined, naked, in damp cold cells. In 1829, many convicts in the work house fell sick and died, most of yellow fever suggesting they had not been in New Orleans very long. Violence was common, and many women doubtless faced sexual violence. Once arrested for

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758 “Police Matters.” *Times-Picayune*, 27 August 1857. Boyle and two other women as “drunken, fighting, lewd and abandoned vagrants,” and John Williams “as a vagrant and indecently exposing his person” were ordered to the Work-House for 30 days in 1855. *Times-Picayune*, 30 July 1855. Curiously, Boyle was also sent to the work house for being a vagrant and stealing Pierre Fortier’s watch “under very mysterious circumstances”—most likely while he was paying her for sex—in 1859. *Times-Picayune*, 3 March 1859.


763 Before 1827, blacks and whites at the workhouse were chained together, heads shaved, dressed in red caps and trousers, and on their red caps were studded with metal badges stamped with their prison number. As many whites found the forced co-mingling of the races repulsive, after 1827, the Mayor decreed that whites and blacks would wear different clothing and would not be chained together, but all were employed in levee maintenance and gutter drainage. OR, 28 October 1827, p. 92, NOPL.

764 OR, 29 June 1829, p. 65; 12 September 1829, p. 88, NOPL.

prostitution, women could not access charity and were permanently stamped as undeserving. For a city that parcelled out public and private charity to supposedly prevent girls from falling into sex work, it was ironic that the city—especially unacclimated foreigners—relied on prostitutes to line its coffers.

In 1858, Elizabeth McCarty and Margaret Dailey, unable to afford the fine for prostitution, were sent to the workhouse for six months for “being drunk and disturbing the peace” on Dryades Street. The court reporter noted they would have gotten off with three months but they “gave vent to a torrent of ribald and obscene abuse in court.” Elizabeth Henderson of Perdido, as a “habitually drunken vagrant and street walker,” was also sent to the workhouse for six months. Mary Summers, another “drunken vagrant” from Bain Street was sent down for three months.766 Incentivised to fine rather than imprison people, recorders tried to set fines in the range of $10 or $20, high enough to make real money for the city, but low enough that a person could dip into their savings or borrow from friends or a pimp to get out of the workhouse.

Drunks, particularly in the yellow fever season, were gold mines for the city. For example, Martin Connolly was fined $10 in 1858 for “disturbing parties sick of yellow fever” by singing loudly while intoxicated.767 J. S. O’Grady was fined $10 for being drunk and disturbing the peace in August 1860. Daniel Sotteland and Jacob Jacobs were both fined $10 for “trying the speed of their nags while under a superabundance of whiskey.”768 In 1857, six neighbours who were “always in hot water,” were fined $10 each for disturbing the peace while drunk. Allegedly, this group gave “more trouble to the police authorities than a

766 CCR, 10 January 1824, p. 3, NOPL.
767 “Police Matters,” Times-Picayune, 18 September 1858.
768 “Recorder Seuzeneau’s Court,” Times-Picayune, 11 May 1852.
thousand quiet people should.”

Fifteen persons, mostly Spaniards and Italians, were arrested for keeping a disorderly, drunken house on Dauphin Street, and refusing to disperse. The keeper of the house was fined $20, and one man who drew a knife on a police officer was fined $30.

In 1850, commissioners for the sanitary survey of Massachusetts articulated a modern, holistic approach to welfare. Either a city paid now or paid later: “Debility, sickness, and premature death, are expensive matters. They are inseparably connected with pauperism; and whenever they occur they must, directly, or indirectly, be paid for…A town in which life is precarious, pays more taxes than its neighbors of a different sanitary character.”

In New Orleans, city wisdom held that poverty brought on disease, not that disease brought on poverty. The poor would have to accept their filthy living circumstance, get acclimated, and join the economic rat race with little help from the government, a body which appeared determined in its inaction to let as few immigrants break through the immunity threshold as possible. And especially during their period of unacclimated limbo, immigrant and poor Orleanians were considered fair game for police officers and judges, seeking to squeeze as much money out of them before they either died or became acclimated citizens with a political voice.

_Disease Denialism, Regional Identity, and Self-righteousness_

Elites measured “public health” by New Orleans’ prosperity, which required continuing waves of immigration. In the face of regular, massive, unavoidable epidemics, it

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770 “Provost Court,” _Times-Picayune_, 30 June 1863.
771 Commissioners, _Report of a General Plan for the Promotion of Public and Personal Health_ (Boston, 1850), 254.
was crucial to conduct a massive propaganda battle to downplay the dangers of disease and highlight the benefits of slave racial capitalism. Anonymous boosters wrote editorials in domestic and international newspapers, describing New Orleans as a salubrious El Dorado. Their essays followed the same pattern of “disease denialism”: adamantly discredit stories of disease as outliers or propaganda of wild exaggeration; blame victims of yellow fever for bringing on the disease themselves; emphasise that acclimation was an easy, even blissful process; make New Orleans’ health into a sectional issue; and blame Northerners for conspiring to malign the fast-growing region. After all, boosters claimed, most of the year (fever months excepted) Northerners died at similar rates. But New Orleans was better than the North, they contended, because here the world was any white man’s oyster – once acclimated. Yellow fever just screened out lesser men.

Boosters’ writings exuded a Hofstadter-esque paranoid style, prone to “heated exaggeration, suspiciousness, and conspiratorial fantasy.” Elite boosters viewed plain facts like death rates and eyewitness accounts of grave-digging with scepticism, casting doubt not just on the scope of a yellow fever epidemic, but on whether yellow fever existed at all. Incredibly sensitive to outside criticism of the region’s sickliness, boosters presented Deep Southerners as an aggrieved people, the victims of jealous Northerners. Indeed, health became a sectional wedge, with Deep Southerners arguing in the True American that “We are an injured people!!” In July 1838, the Picayune, wrote “The Northern prints are trying their best to

774 “Thomas B. Robertson to William Robertson,” 18 October 1818, Walter Prichard Collection, mss. 2509, LSU.
775 “Faithful and Bold New Orleans,” True American, 12 November 1838.
make it out that we have the yellow fever in this city. Go ahead gentlemen. You cant kill any of us by your mere ‘say so.’”

One Louisiana-based booster anonymously proclaimed in a Washington-based newspaper that “many erroneous ideas are entertained in the distant parts of the United States, respecting the salubrity of this country which has been decried by ignorance and malevolence.” Rather “the advantages which the farmers and planters possess over those of another quarter of the world, and many other particulars respecting this new acquisition to the United States, are but little known.” He continued:

With respect to climate and salubrity, few have given themselves the trouble of making much enquiry, but have founded their belief on the reports of seamen, boat-men, or the travellers who have passed rapidly through our country, and without a knowledge of the language, without the means, or perhaps the desire of obtaining just information, spread wherever they went, the horrid tale of sickness and death, which their distorted imaginations always presented to them.

As proof, the author analysed the death rates of a 250-square mile region around New Orleans from August 1, 1805, to August 1, 1806. It is unclear how he collected this data, or what sources he used. He calculated 699 deaths (white and black) out of a permanent population of 32,038, deriving a death rate of one for every 47 whites or 45 blacks. He added further that the “the immense number of strangers from foreign parts, from the Ohio, Mississippi territory, and the distant counties, the seamen and boat-men which crowd New Orleans for 7 months in the year, exclusive of the garrison, the whole of which may be calculated at one half in addition to the whole population,” made mortality even smaller.

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776 *Times-Picayune*, 18 July 1838.
778 Ibid.
Although he calculated correctly, the writer certainly chose a highly misleading data set. First, the writer selected a relatively healthy year to study. If he had, for example, analysed 1804, he would have found a more representative death rate – somewhere between one in six or seven for all races. Second, he diluted his mortality rate by including the transient population in the denominator, though he did not include the deaths of sailors and seamen in his numerator. By including their deaths, he would most certainly have reached a more realistic picture. But in the absence of officially collected and reliable vital data, boosters could make up facts, emphasise idiosyncrasy, and privilege their own anecdotal experiences as representative.

“Medicus,” a fixture of the opinion pages in many Deep Southern newspapers, penned an essay in the Natchez Gazette in April 1826, arguing that the practice of publishing the sexton’s reports in the summer months—considered by many as essential to public health—was immoral and misleading to potential settlers. “For eight months of the year there are many intervening weeks in which the Sexton could not announce a single death,” he wrote, and it would be “gratifying to those interested in the welfare of the City, and would tend not a little to redeem it from the imputation of being more sickly in the annual aggregate than towns similarly situated in the Northern and Eastern States.” Medicus’ intentions were clear: to keep the “emigration of moneyed capitalists and others” pouring into New Orleans who were otherwise “prevented from settling here from imaginary danger.” Medicus ended with an inevitable jab at the North, declaring that there “can be no doubt that, taking a whole year together, the amount of sickness and mortality is less in Mississippi in proportion to the population than in New York … (with possibly one or two epidemics excepted).”

“An American” moralised the issue: in Louisiana, he wrote, “all the men and a very
great proportion of the women and children, are … employed in the labors of the field.”
These people earned their acclimation in the best of ways: through hard, agricultural labour
outdoors. He claimed that half of all the settlers on the Mississippi were Europeans,
Americans, or Acadians from Nova Scotia, who “cut down themselves the first trees that
were felled on their plantations, and with no other assistance than what they have derived
from their own exertions, arrive at a state of ease, if not of affluence.” Rather, he claimed, “it
is a lamentable tale, but it ought to be told,” that at least nine in ten strangers “owe their
deaths to intemperance.”780 Those who drank and acted immorally had not earned their
acclimation through rugged work in fields. In the pretzel-logic of boosters, these intemperates
had literally ceded their right to live.

It was important for boosters to assert that with prudence, it was easy to stay alive in
New Orleans. As “M.” wrote in a widely syndicated column for the Maine Farmer, “Business at
the South ordinarily commences in December, but so fearful are many of being too late,” they
“heedlessly rush into a new climate in September and October.” Not wanting to frighten his
readers, M asserted “I appeal not to fears, but to reason,” and “I wish not to deter any from
coming South,” but he reminded enterprising men to “stay away till the sickly months are
past.” Then all the riches of New Orleans would be at their fingertips.781

Some boosters believed that the region’s sickly reputation—particularly New Orleans’
moniker as the “Necropolis of the South”—was unfair as yellow fever struck Eastern

no. 22 (Oct., 1839), 375.
seaports, too. “Should an enemy of Louisiana here raise the hue and cry against us of yellow fever,” which was “so industriously circulated and echoed from one end of the union to the other,” an anonymous writer penned, “I would reply to him by asking whether Massachusetts, Rhode Island, New-York or Pennsylvania have been looked on as the certain grave yards of strangers, because their capitals have been sometimes afflicted with this scourge.” Besides, those who took the timely precaution of “retiring ever so little a distance into the country” on the appearance of this fever were certain to escape it. He argued that yellow fever appeared in Louisiana “seldomer” than in most of the ports of the United States and that long-term residents were “perfectly free and secure from its ravages.”

One booster argued that an article in the New York Tribune that had discouraged immigration and settlement in New Orleans on health grounds was a “flagrant demonstration” of yellow journalism and of the “persistent fanaticism” of uneducated outsiders: “They who, from long residence, close observation and experience, have a right to give an opinion” on health in New Orleans “find themselves contradicted by conceited speculators at a distance.” Rather, the editorialist argued that “New Orleans, even with its yellow fever, has been, for several seasons together, as healthy as any other large commercial city in the Union. We refer to the years 1844, ’45 and ’46, and the years of 1848, ’49, ’50, ’51 and ’52.” Rejecting the Tribune’s arguments rhetorically, though with no actual fact (he did not mention the epidemic years of 1847, 1853, and 1854), the article concluded, “we hardly know whether most to smile over” the Tribune’s arguments, “for the ignorance they display, or to despise them in consideration of the motives in which they originate.”

783 “New Orleans and the Tribune,” Times-Picayune, 29 September 1855.
How could boosters make such claims in good conscience, when the evidence so clearly supported that fact that the Deep South was a death-trap, or when so many of their own family members, neighbours, and business partners had died from yellow fever? When Samuel Choppin, the head of surgery at New Orleans School of Medicine, described, a stroll by the Charity Hospital or Ursuline Convent in New Orleans during October would be punctuated by the shrieks and screams of the poor dying inside, and visions of putrid bodies piled up outside? The commercial-civic elite, however, needed two things from immigrants: their labour or their money, and they were willing to spread falsehoods to ensure the steady flow of people did not cease.

Many reformers cynically complained of the misinformation and lies. As J. C. Simonds noted, “If New Orleans can only be sustained by a concealment of the truth, and a criminal immolation of unsuspecting victims on the altar of Mammon, the sooner it falls the better.” Simonds concluded, “Do not any longer say that the deaths occur in the Charity Hospital—that they are of poor immigrants, who are unaccustomed to the climate—that they are due to the want or imprudence of strangers and the unacclimated, and consider this a sufficient apology for a high rate of mortality.”

E. H. Barton echoed such sentiments in 1855, stating:

“[I]t has become a kind of moral treason to admit that people die here at all! and all who attempt to stem this torrent of lies and toadyism, are held up as enemies of this city—as attempting to ‘write down’ New Orleans.

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785 Simonds, An Address, 7.
The truth was that the mortality hovered around six percent per year with 77,338 people dead between 1847 and 1855 alone. “Is it not time,” Barton concluded, “that this veil of concealment and falsehood should be withdrawn—and that we should look the facts steadily in the face?"  

Conclusion

Boosters either actively lied to potential settlers or believed their own misinformation. Perhaps their contradictory, self-righteous professions about the state of health in New Orleans were the natural outgrowth of any “disease society,” but particularly a slave society, which functioned on denying obvious facts and elevating anecdotal evidence to undermine inconvenient truths and replace them with triumphant fantasies. Professing total confidence in something so clearly untrue required an unusual capacity for cognitive dissonance, compartmentalisation, and ability to dismiss contrary evidence as false or malevolently inspired. Boosters valued individualism: in business and in biology. But individualism was a privilege, one that mowed over thousands of unacclimated people in the antebellum period, with no repercussions for those immunocapitalists willing to extend their exploitation beyond black slaves, to every immigrant, poor, and unacclimated person in the region.

Boosters’ musings on disease resemble the knot of contradictions Southerners used to justify slavery. Masters whipped and executed slaves because of wispy rumours of

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787 American proslavery ideology was later canonised by men like John C. Calhoun and George Fitzhugh into what Eugene Genovese called the most “comprehensive slaveholders’ philosophy” in the Atlantic World. Eugene Genovese, The World the Slaveholders Made, Two Essays in Interpretation (New York, 1969), 135, 162.
rebellion while avowing that slavery was not violent, slaves were happy, and that slavery was, as described by proslavery theorist George Fitzhugh, a “benign and protective institution.” Louisiana slaveowner John Mills pronounced himself an inveterate enemy of slavery in 1807 and maintained that slave punishment almost never happened. But he insisted on palpating slaves’ bodies before purchase to check for the scars inflicted in punishment. Mills suggested he was a benevolent slaveholder, but believed it essential to keep his 25 field hands “in Ignorance as much as possible,” always under the eye of their “Master or Overseer” or else all white throats would be cut. Slaveholders could, and did, believe fully and comfortably in each idea simultaneously, trained from birth or through practice to reconcile contradiction. Denying the cruelties of slavery and “disease denialism” were both part of the same venture – to project a sunnier and more meritocratic vision of the cotton kingdom than actually existed, at the precise moment when Northerners, abolitionists, and outsiders were increasingly interested in showing the true human costs of slave racial capitalism.

Such diseased-thinking was, by definition, not rigorous. Bluntly, it was a means to dispense with inconvenient truths for capitalist advancement. But in the absence of reliable, statistically-rendered mortality rates (as existed in Boston and New York from about 1805) or consistent and predictable medical knowledge, it was easier to accuse Northerners of maliciously lying about death in the South, that filth was health, that private acclimation was public health, that quarantines did not work, that yellow fever was not contagious, and that

the poor chose to die through dissolute living. For those who ran New Orleans to admit the opposite—that disease was a massive, unaddressed, worsening problem—was to admit that they held some responsibility for those nameless migrants, that their business activities increased the suffering of others, and that public health infrastructure would rapidly repay the investment of tax money. In short, they would have to admit that they, as citizens, shared responsibility for other members of society. Instead, the ideology created to make sense of yellow fever would remain largely self-serving, used to justify a cultural status quo that placed the economic profits, political power, and social dominance of a few acclimated whites above the lives of everyone else, both white and black, free and enslaved.

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CHAPTER FOUR
SLAVE REVOLTS, RACIAL MEDICINE, AND ENVIRONMENTAL PROSLAVERY

In her autobiography, a white Irish immigrant named Rosalie Hart Priour remembered 1839 as the year “the negroes revolted and the yellow fever broke out in Mobile.” In Priour’s memory, the slaves in Mobile, Alabama, allegedly inspired by free black and white abolitionists, chose the outbreak of a yellow fever epidemic to stage a revolt. This was white society’s worst nightmare. Priour recalled that in late September, when “the yellow fever was at the worst stage” and when most politicians and upstanding citizens had fled, whites had redoubled their security to stop slaves from plotting, keeping up a “patrol, both in the town and in the country.” In spite of these precautions, however, slaves had found opportunities to meet, holding “their assemblies headed by an abolitionist from the North.”

The alleged plan was for slaves to simultaneously light fires in houses across town as the clock struck midday. With every family in town touched by yellow fever, as one local doctor suggested, it was an opportune time to for slaves to rise up. As panic-stricken, sick whites tried to escape the flames, slaves would be waiting to kill them. Once Mobile was captured, a black army would organise to march on New Orleans—the regional seat of slave racial capitalism—and force out the whites with Haitian zeal, asserting that the ideals of equality espoused in the American Revolution were colour-blind and open to all.

“Fortunately, for the inhabitants,” Priour described, “some of the negroes became impatient and set fire to some houses about ten o’clock,” prompting a white counterattack.

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791 Priour, *The Adventures of a Family of Emigrants who Emigrated to Texas in 1834*, p. 75, mss. 2R154, DBCA-Austin.
“It was terrible to see the distress of the inhabitants” Priour continued, “the sick dragged from their beds to keep them from burning and thrown on drays and wagons, any vehicle in which they could be moved to a place of safety, perhaps to undergo the same suffering a second time.”793 One-half of the town burned down before the fire could be extinguished, causing over $2 million worth of damage.794 Though the slave revolt failed, from a cost perspective it was the most expensive in American history, burning many millions of dollars’ worth of property to the ground, displacing 2,000 white people, and leaving the New Hotel, Mansion House, post office, and Planter’s and Merchant’s Bank in ashes. No formal investigation was convened in the aftermath of the Mobile fires, and initially, the disaster was blamed on indigent whites who could not satisfactorily answer why they were on the streets late at night. But in 1843, some escaped slaves confessed to the lighting the Mobile fires. This event, however, has never been identified as a slave revolt, let alone a carefully planned one.795

Deep Southern whites often believed yellow fever—a disease many associated with slaves, Africans, the slave trade, or abolitionists—triggered slave insurrections. Sometimes they were right. More often, “revolts” were just a figment of the white mind, anxious imaginings concocted at the height of a very real yellow fever epidemic, where hundreds of whites were dying, thousands were sick or convalescing, and the state was weakened. Maybe Priour conflated multiple events in her mind when writing about them two decades later; maybe she was privy to conversations amongst the sick white population and black slaves that historians cannot access. What is clear is that yellow fever epidemics were

793 Ibid, 75.
795 This event does not appear in Herbert Aptheker’s American Negro Slave Revolts, or in any other historical account of servile insurrections, though Priour’s autobiography and many other sources suggest it was. “Distressing,” Columbia Democrat [Pennsylvania], 26 October 1839; “The Mobile Fires,” Courier-Journal [Kentucky], 25 October 1839. All of the papers of the bank and all the money in the vault was saved. “The Mobile Fires,” Maryland Gazette, 24 October 1839.
moments of obvious vulnerability for white society, and moments of political intrigue for
black people. Consequently, epidemics also became occasions of the greatest vigilance
against free and enslaved blacks in the Deep South as well as the most violent expressions
of racial, ethnic, and class tension.\textsuperscript{796}

According to America’s most prolific proslavery theorists, slave revolts should
never have happened. And if they did, they were viewed as rare aberrations in John C.
Calhoun’s otherwise positively-good labour and social system.\textsuperscript{797} As valued members of
George Fitzhugh’s biracial \textit{familia}, slaves were happy, content, and grateful to whites for
their patriarchal guidance and protection.\textsuperscript{798} To men like Thomas Roderick Dew, William
Harper, and James Henry Hammond, blacks were intellectually inferior and thus incapable
of freedom, as evinced by the lowly-condition of free blacks in the North. Religious leaders
like Thornton Stringfellow pointed to scripture to demonstrate slavery’s historical and
divine sanction.\textsuperscript{799}

The most pernicious addition to the Atlantic proslavery cannon, however, came
from the Deep South. Here, doctors sought to explain why biology, anatomy, and
epidemiology relegated black people to permanent enslavement. Medical men like Josiah
Nott and Samuel Cartwright created a string of black-only diseases—\textit{dрапетомания}, dirt
eating, “rascality”—using such ailments to suggest blacks were biologically inferior to
whites, or a different species entirely. These men created a hierarchy of races, with the pure
Anglo-Saxon at the apex, and black Africans at the nadir.

\textsuperscript{796} Amos, \textit{Cotton City}, 151-53.
\textsuperscript{797} John C. Calhoun, “Speech of January 10, 1838,” from Erik McKitrick (ed.), \textit{Slavery Defended: The
Views of the Old South} (Englewood Cliffs, 1963), 19.
\textsuperscript{798} George Fitzhugh, \textit{Cannibals All! Or Slaves Without Masters} (Richmond, 1857), 45, 241.
\textsuperscript{799} For detailed accounts of proslavery ideology, see Tise, \textit{Proslavery}. 

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Black people’s alleged imperviousness to yellow fever, however, created a problem within this hierarchy. As acclimation was the key to citizenship and upward mobility for whites in the Deep South, what stopped this being true for black people, with supposed natural resistance to yellow fever, as well? Over the antebellum period, the medical community solved this problem: it turned black immunity back on itself by asserting that acclimation bestowed a negative immunocapital upon blacks. Blacks were immune because God wanted them to hold jobs that were physically too dangerous for whites. Black immunity thus became white immunocapital, used to enrich whites and reinforce their social and political dominance over blacks.

This chapter will argue that yellow fever was central to the slave experience in the Deep South, its racialized social structure, and proslavery ideology. As American slavery expanded after the 1803 Louisiana Purchase, it needed a profound logic to justify its ascent in a free republic, especially after British Emancipation in 1833 and the growth of immediate abolitionism in the North. Modelling their highly intricate views about slavery upon traditional environmental justifications for slavery developed in the eighteenth-century Caribbean, Deep Southerners added “science” and, more particularly, yellow fever into the American proslavery argument. In the Deep Southern view, only enslaved blacks could survive work like cane cutting, swamp clearing, and cotton picking. Black immunity was clear evidence they were environmentally and divinely sanctioned specifically for this labour in the American Deep South. According to this logic, racial slavery was positively

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801 Kelman, A River and Its City, 107-09.
natural and humanitarian, even the region’s public health solution, precisely because it distanced whites from labour, spaces, and activities that would kill them.

“Scientific” proslavery beliefs, rife with pseudoscience, false equivalency, and convoluted logic, constituted a fervent, *sui generis* defence of the sort of racial slavery that took hold in the Lower Mississippi Valley. As they had with anti-contagionism, Deep Southerners clung to, and expanded on, black disease resistance to serve their own social and economic expediencies. The health of white America—physical and economic—thus became contingent on promoting the idea that the Deep South’s enslaved blacks were immunologically-superior but intellectually-inferior – divinely created to be the region’s labour source. Thus, as Southern agricultural and medical journals boldly professed on the eve of Civil War, “[i]n our swamps and under our sun the Negro thrives, but the white man dies. Without the productive power of the negro whom an all-wise Creator has perfectly adapted to the labor needs of the South its lands would have remained a howling wilderness.”

Though whites piously professed to believe in inherent black resistance to yellow fever, few willingly purchased an unacclimated slave. And though there may have been evidence for the idea of natural black immunity, most slaveowners also proved reluctant to keep their valuable slaves in diseased cities or rent them out to the municipality or urban companies, fearful their investments would die. Markets and racialized labour patterns across the Deep South adapted to the pace and uncertainties of the yellow fever season, with disease pushing blacks into the countryside and onto plantations, the most efficient

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and safest sites for whites to produce capital through blacks. The demographics of New Orleans and other urban centres adapted to the pressures of disease by having poor, unskilled, unacclimated, white immigrants—people to whom nobody attached much value—increasingly fill the jobs of urban workers. No one lost any money, at least no Orleanian of any consequence, if a young white man from Belgium died while maintaining the levee. And though it was perfectly acceptable, or at least legally permissible, for an individual planter to work a black slave to death while they harvested lucrative sugar or cotton, no slaveowner was eager to have their slave die while conducting some task for the municipality.

Few first-hand accounts describe enslaved people’s experience with yellow fever. Extant sources suggest they found the disease personally petrifying, their fear only exacerbated because they could not flee or afford expensive doctors. There is evidence, however, to suggest some black people saw epidemics as opportunities to resist slavery or topple it altogether. It is no accident that runaways spiked in the fever season, or that almost every slave revolt in the Deep South coincided with a particularly bad yellow fever epidemic, suggesting slaves themselves understood that yellow fever left white society, and its theories about black inferiority, vulnerable to attack.

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803 A similar pattern took place in South Carolina, a region afflicted by malaria and occasionally yellow fever. See Jill Dubisch, “Low Country Fevers: Cultural Adaptations to Malaria in Antebellum South Carolina,” Social Science & Medicine, vol. 21, no. 6 (1985), 643-646; Lawrence Fay Brewster, Summer Migrations and Resorts of South Carolina Low Country Planters (Durham, 1947), 3-6.

The expansion of American empire after the Louisiana Purchase, both geographically and demographically, gave renewed urgency to the question of slavery’s future in American life. In the late 1790s, Jefferson and many in his ideological clique began to toy with the improbable but intellectually fashionable idea of “diffusionism”: that enlarging slavery’s area would improve the condition of slaves in the West and South and would relieve the pressures on states where there were dangerous numbers of blacks.\textsuperscript{805} Jefferson’s view epitomised, as historian William Freehling has argued, the “dominating belief … [that] diffusing blacks away offered the only acceptable middle position between proslavery and antislavery extremists.”\textsuperscript{806} With hindsight, diffusionism seems impossibly naïve. But to many eastern lawmakers, almost none of whom had actually been to Louisiana, it seemed like an attractive solution (or at least some solution) to the increasingly vexing problem of slavery in a “free” republic.

By 1803, Jefferson’s own devotion to the extinction of slavery in his “empire for liberty,” if he ever genuinely held it, had faded. His visions of republican farmers tilling the land collided sharply with the long-established labour practices of Louisiana, a region where slavery had already existed for over a century. Nor did such agrarian idylls square with mass cultivation of sugar and cotton, crops that required a sub-tropical climate, gangs of cultivators/pickers, and extremely coordinated and fast labour during the harvest.\textsuperscript{807}

\textsuperscript{805} John Chester Miller, \textit{The Wolf by the Ears: Thomas Jefferson and Slavery} (Charlottesville, 1991), 234.
\textsuperscript{806} William Freehling, “The Louisiana Purchase and the Coming of the Civil War,” in Sanford Levinson and Bartholomew Sparrow (eds.), \textit{The Louisiana Purchase and American Expansion 1803-1898} (Maryland, 2005), 71.
\textsuperscript{807} For more on how geopolitics sparked the Louisiana sugar industry, see Adam Rothman, “The Domestication of the Slave Trade in the United States,” in Walter Johnson (ed.), \textit{The Chattel Principle: Internal Slave Trades in the Americas} (New Haven, 2004), 34.
The economic and agricultural health of Louisiana was quickly tied to the expansion of slavery. In 1796, Étienne de Boré (the future mayor of New Orleans) and his slaves successfully crystalized sugar for the first time in Louisiana, sparking a new industry that promised West Indian-style wealth to those able to buy sufficient land and slaves and utilise the expertise of blacks and whites fleeing the Haitian Revolution. With sugar on their minds, French traveller C. C. Robin wrote in 1803 that Louisiana planters had a higher demand for slaves “than in any other French colony.”

As Joseph Dubreuil de Villars, a French planter in Louisiana, stated in a letter to Jefferson, sugar required “long and hard work, expensive equipment, and such a quantity of men that anyone undertaking its cultivation by day-laborers would be ruined within a year.” The Natchez elite made their position clear in a 1797 petition to Congress, urging them not to ban bondage. Without slave labour, they argued, “the farms in this District would be but of little more value to the present occupiers than equal quantity of waste land.”

Early in 1803, rumours began to circulate in Louisiana that “the Americans would emancipate their slaves immediately on taking possession of the country.” Meriwether Lewis related that there was “general objection not only among the French” to limiting slavery, “but even among the Americans,” who would not relinquish “the right which they claim relative to slavery” in its “present unqualified form.”


810 “Memorial to Congress by Permanent Committee of the Natchez District,” 21 October 1797, *TP*, IX-9-10.

Like their Caribbean brethren, eighteenth-century Louisiana planters had traditionally favoured first-generation African slaves. Cheaper and considered more productive, first generation slaves were also socially isolated. Unfamiliarity with European or other African languages, slaveowners believed, diminished a first-generation slave’s ability to plot or understand the revolutionary rhetoric seeping out of St. Domingue.\textsuperscript{812}

But as historian J. R. McNeill suggested, Caribbean planters also seemed to prefer African-born slaves originating from yellow fever- and malaria-endemic regions. When given the choice, for example, Louisiana planters preferred people from Fernando Po (present day Bioko, off the coast of Equatorial Guinea), an island “more detrimental to health than any spot in the known world,” but where the native population were a “healthy and athletic race of people.” Deep Southerners also preferred Kroomen people (from present day Liberia and Côte d’Ivoire), known for their “fortunate exemption from…deadly fevers,” making their “service invaluable” across tropical zones.\textsuperscript{813} Indeed, the vast majority of Africans sold on the Gulf Coast originated from the Bight of Benin, Senegambia, and Central West Africa, areas where yellow fever was “jungle” or endemic.\textsuperscript{814} Slaves from these regions had probably developed immunity as children or acquired it at cramped slave depots in Western Africa—Ouidah, Jakin, Lagos, Elmina, Agoué and Grand Popo—awaiting the Middle Passage.\textsuperscript{815}

\begin{footnotes}
\textsuperscript{812} Rothman, “The Domestication of the Slave Trade in the United States,” 37.
\textsuperscript{814} Of the thousands of slaves shipped into Charleston between 1800 and 1808 and shipped directly from South Carolina to Louisiana (this was a loophole in the African Slave Trade ban imposed on Louisiana in 1804), almost every ship originated from Sierra Leone, Senegambia, and the Gold Coast. Only two ships—the \textit{Gustavia} and \textit{Elizabeth} in 1806—originated in Southeast Africa and Indian Ocean Islands, where yellow fever was not present. TASTD.
\textsuperscript{815} For the mechanics of the interior African slave trade, see Philip Curtin, \textit{The Atlantic Slave Trade: A Census} (Madison, 1969), 99-102, 208, 283-86.
\end{footnotes}
Though the United States did not federally ban the African slave trade until 1808, many eastern states had individually elected to prohibit the importation of slaves, finding the African slave trade either economically unnecessary or unnecessarily dangerous. After Gabriel Prosser’s 1800 revolt in Virginia, many whites in the East became convinced that more Haitian-horrors lurked around the corner. And they began to worry just how “African” the slaves landing in the United States actually were, especially in Louisiana, a region with almost no standing army that sat 1,200 miles away from the nation’s capital, Philadelphia. Silver ship captains usually made their first port of call in Rousseau, Cap Français, or Kingston. Here, they stocked up on water and provisions, but they also sold their “best” slaves, buying low-cost replacements in the port jails (“necessary” after the crossing invariably killed about 20 percent of the initial cargo). This, slavers argued, was the only way to make the additional 300 miles to New Orleans—which gave the cargo an extra week to revolt—economically feasible. Spanish Cabildo records indicate Louisiana’s colonial governors were paranoid that Caribbean officials were eager “to remove this pestilence from their midst” (unruly slaves infected with dangerous “French ideas”) and “cast it on the banks of the Mississippi River.” This distinctly un-Jeffersonian version of diffusionism—from the Caribbean to the mainland of North America rather than from Virginia to the West—could derail American republicanism by triggering a nightmarish, Haitian-style slave insurrection.

Fearing the implications of a multi-directional African slave trade, some congressmen floated the idea of banning slavery outright in the West during the Louisiana governance

debates in 1804. Though the idea of a slave-free West was never seriously entertained, lawmakers were essentially united on the issue of regulating the type of slave allowed to go to the Deep South: “safe,” American-born slaves only. With only tenuous control of the land and its people, scant government infrastructure, and a limited military presence to defend against slave revolts, the African slave trade was a hindrance to Louisiana’s cultural Americanisation and economic connection to the rest of the Union.\footnote{Furstenberg, “Significance,” 650.}

In 1804, Jefferson asked John Breckenridge of Kentucky to introduce a bill in the Senate prohibiting the domestic and international slave trade to Louisiana, but allowing American settlers into the territory with their \textit{bona fide} slaves: slaves they already owned, would labour on their own land, and would not sell to others. This proposal was designed to give migrating Americans an edge over the French creole inhabitants in cash crop industries. The congressional debates were littered with environmental, regionally-specific arguments, all of which ultimately forwarded a pro-Western slavery agenda. Congressmen, even anti-slavery ones, argued that exceptions had to be made if the climatically-unique Louisiana was to be cultivated and Americanised. The economic and imperial health of the United States relied upon the physical exertions of black bodies toiling in the hot, diseased space of the Deep South.\footnote{Roger Kennedy, \textit{Mr. Jefferson's Lost Cause: Land, Farmers, Slavery, and the Louisiana Purchase} (Oxford, 2003), 210-16.}

Federalist James Hillhouse of Connecticut opened the governance debates, proposing a total ban on slavery in Louisiana.\footnote{William Plumer, \textit{William Plumer's Memorandum of the Proceedings of the United States Senate, 1803-1807}, (ed.) Everett Somerville Brown (New York, 1923), 113.} “If that country cannot be cultivated without slaves,” Hillhouse stated, “let slaves hold it—or let it remain a wilderness
forever.” The most vigorous objections to Hillhouse’s proposed ban came from Georgia Republican James Jackson (most famous for killing his state’s lieutenant governor in a duel) and New Jersey Federalist Jonathan Dayton, who unreservedly supported the African slave trade. They believed senators needed to lay aside their moral scruples if the United States was to harness the abundant wealth of the region. Jackson stated, “the present time is an improper time to prohibit the importation of slaves into that country—our government is not yet established there.” He claimed the trade was necessary to protect fragile white constitutions, asserting, “Gentlemen from the north and east do not know that white men cannot endure the heat of a vertical sun.”

As a Georgian, Jackson claimed the right to state definitively that Louisiana was too hot for white labourers. Jackson made it clear why free black labour, abundant in New Orleans and Louisiana, was an unacceptable middle-ground. “It is unfortunate that we have slaves,” Jackson stated, “but having them we cannot with safety or policy free them. A very few free negroes in Louisiana would revolutionize that country.” Jackson added, one free black was more dangerous “than 100 slaves.”

Jonathan Dayton, one of the few senators who had actually been to Louisiana (acclimated to yellow fever either in Philadelphia in 1793 or during his Southern travels), stressed Louisiana’s idiosyncratic environment. “Slavery must be tolerated, it must be established, or it can never be inhabited,” he claimed. “White people cannot cultivate it—

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821 Ibid, 117.
822 Ibid, 120.
your men cannot bear the burning sun & the damp dews of that country.” Having “traversed a large portion” of the Deep South, Dayton believed Louisianans had a right to slavery on their own terms, and that white Americans needed a brisk slave trade if they wanted to break into the international sugar market. Prohibiting slavery would “bar the cultivation & improvement of that extensive territory,” and as “the lives of white people are shorter there than in any of our states.” This rendered the “labor of slaves more necessary” and made slavery “essential to their existence.”

Anti-slavery politicians like Hillhouse did not question slavery’s environmental necessity in the Deep South. Instead, they argued that increased slavery in Louisiana would “lay the necessary foundations for the horrors of another St. Domingo.” Especially in this watery land, unruly slaves were dangerous, according to New York representative John Smith, as “that country is full of swamps—negroes can retire to them after they have slain their masters,” a grisly reminder of what had happened during the abortive slave revolt of 1795 in Pointe Coupée.

Nothing in the proslavery arguments presented by eastern lawmakers during these debates was original, per se. In the Atlantic proslavery tradition, the idea that only blacks could physically do the labour of sugar production had persisted from the early seventeenth century, when writers posited that it was too hot for whites to work, the air too moist, and that blacks did not tire from labour in the same way whites did. Bryan Edwards, the self-styled Jamaican gentleman who chronicled the Haitian Revolution, attributed super-power health to slaves, believing that in the autumn fever season, when “Negroes are employed in the mill and boiling-houses,” often working “very late,

824 Plumer, Memorandum, 114, 119.
frequently all night,” that “the Negroes enjoy higher health and vigour than at any part of the year.”

Gilbert Francklyn posited in 1789 that slavery was the pinnacle of labour models, Africans were improved in slavery, and that negroes “with curled wool on their heads, instead of hair,” were scientifically predisposed to harsh labour under the Caribbean sun. Historian Edmund Morgan described that whites in seventeenth-century Virginia had to go through a highly lethal “seasoning” period, particularly deadly for new white immigrants from Europe, one that Africans seemed to weather more easily.

After learning about the congressional debates in 1804, white Louisianans recognized the need for a stronger environmental argument to make slavery not just palatable but positive in the minds of sceptics: if Deep Southern slavery was to survive and expand, bondage had to be indelibly linked to the wealth, health, security of the larger nation. In December 1804, three French Louisianans travelled to Washington to present the “Remonstrance of the Louisiana People” to Congress, signed by more than 200 residents of New Orleans and ghost written by Edward Livingston, a prominent lawyer and ex-mayor of New York City. Two delegates, Jean Noël Destréhan and Pierre Sauvé, were major sugar planters with a strong interest in slavery’s continuance and expansion.

The Remonstrance is linguistically telling: the petitioners appropriated the political vocabulary of the Revolution, using key phrases like “taxation without representation” to make their best case for slavery. Intermixed with this revolutionary rhetoric was an

828 Morgan, American Slavery, American Freedom, 158-61.
environmental defence of slavery, with yellow fever front and centre. Indeed, having left New Orleans at the height of the dreadful 1804 epidemic—the fourth epidemic in less than a decade—Destréhan and Sauvé had Louisiana’s diseased environment, one deeply “unfriendly to the labouring class of whitemen,” on their minds.\textsuperscript{831}

Beyond the petitioners’ complaints regarding W. C. C. Claiborne, taxation, and the recent emphasis on the English language over French, their greatest concern was the ban on the African slave trade. Indeed, they claimed, such a ban threatened the “very existence of our country.” In their opinion, “the necessity of employing African laborers, which arises from climate, and the species of cultivation pursued in warm latitudes” created “peculiar” circumstances that did not exist in the East. They claimed that “the banks raised to restrain the waters of the Mississippi can only be kept in repair by those whose natural constitution and habits of labor enable them to resist the combined effects of a deleterious moisture, and a degree of heat intolerable to whites,” and survive the local disease environment. The petition concluded, “This labor is great, it requires many hands, and it is all important to the very existence of our country. If, therefore, this traffic is justifiable anywhere, it is surely in this province.” Should the ban remain permanent, they warned, “the improvements of a century be destroyed, and the great river resumes its empire over our ruined fields and demolished habitations.”\textsuperscript{832}

\textsuperscript{831} “Hatch Dent to James H. McCulloch,” 14 July 1804, \textit{TP, IX:265-66}.
Matters in Louisiana were tense. Newspapers in every state reported that Louisiana was on the brink of rebellion, and most reprinted the Remonstrance.\(^{833}\) The *Connecticut Gazette* reported, “The people (I mean the ancient inhabitants) are extremely jealous of the American government…The night before last, a placard was posted in different parts of the city [New Orleans], calling on the people to revolt…They were told to recollect that the blood of the Gaul and the Castilian flowed in their veins, and that the present moment was the only one that would ever offer itself to assert their ancient dignity.”\(^{834}\) Western farmers, slaveholders, and speculators—“men of no country”—were vocal in their preference for living under any other European power who would protect slavery, rather than under, as historian John Craig Hammond has described it, “an American empire whose commitment to Western slavery seemed questionable.”\(^{835}\) New Orleans attorney John W. Gurley urgently wrote to the cabinet that a repeal of the slave trade laws “would go farther with them, and better reconcile them to the Government of the United States, than any other privilege.”\(^{836}\)

Whether or not whites could work under the Louisiana sun, Congress understood it had to accept Louisiana with racial slavery, or risk losing it altogether.\(^{837}\) Quietly, Congress elevated Orleans to the second stage of territorial government, ending the restrictions on the interregional slave trade, and giving Louisianans legal access to American slaves.\(^{838}\) Congressional sanction for the domestic slave trade in the region was not everything

\(^{833}\) ‘Discontent in Louisiana,’ *National Intelligencer*, 24 August 1804.
\(^{834}\) ‘United States, Louisiana,’ *Connecticut Gazette*, 30 May 1804.
Louisianans wanted, but it was enough to satisfy their basic needs and maintain the racial status quo.839

Fuelled by the domestic slave trade, plantation slavery in Louisiana exploded.840 Travellers to the South universally commented on the massive scale of plantations along the Mississippi. By 1820, New Orleans—connected by 17,000 miles of steamboat-navigable river to thousands of cities, towns, and villages in America’s heartland—had become not just an economic hub of the global cotton trade, but the cultural, pace-setting, metropolis of the Greater Caribbean.841 By 1830, plantation slavery had reached its zenith in the Lower Mississippi Valley just as its sun was setting in the British West Indies. Citing science and yellow fever immunity, Deep Southerners began to argue that racial slavery was good for blacks, good for whites, and good for the economic health of the whole nation.842 The Southern solution to yellow fever and labour, indeed the only solution, was racial slavery.843

839 It was only after 1815 that the domestic slave trade could sufficiently meet the demands of Louisiana planters Berlin, Many Thousands Gone, 338-57; Don Fehrenbacher, The Slaveholding Republic: An Account of the United States Government’s Relations to Slavery (Oxford, 2001), 150-52. See also Rothman, Slave Country, 34, 83-95; Jed Shugerman, “The Louisiana Purchase and South Carolina’s Reopening of the Slave Trade in 1803,” Journal of the Early Republic, vol. 22, no. 2 (Summer, 2002), 281.
840 Indeed, “immigrant” in the Deep Southern context was a word reserved for whites only, even though most African-Americans living in the Mississippi River Valley by 1830 had not been born there; Drake, Systematic Treatise, 637.
841 Johnson, River of Dark Dreams, 85-87; Rothman, Slave Country, xi.
Medical boosters for the South combined science and self-interest, pathologizing the black body in a manner that supported white supremacy and racial slavery. 844 Deep Southern physicians elevated, in the words of historian George Fredrickson, “prejudice to the level of science, thereby giving it respectability.” 845 These theorists may have been racist, but they were not stupid. Josiah Nott, after all, was one of the first people to connect yellow fever with mosquitoes, six decades before this was widely accepted. And most white laypeople did not need much convincing to agree that black people were biologically different than whites. This thinking was in line with what they wanted to hear in any case.

Samuel Cartwright was the particular progenitor of race-based medicine. “Alternately fascinated and repelled” by black people, Cartwright highlighted or invented a slew of black diseases like drapetomania (the disease causing slaves to run away), yaws, pellagra, cachexia africana (dirt eating), and dysaesthesia aethiopis (rascality) to show that black people were biologically and psychologically different from whites. 846 Following his lead, almost all Deep Southern doctors asserted that blacks suffered more from respiratory diseases, tetanus, syphilis, and pleurisies; black children died more frequently than white children from convulsions, “fits and seizures,” “trismus nascentium” (lock-jaw), and “teething”; slaves suffered disproportionately from rickets and were often described as

“knock-kneed” or “slightly bowlegged” in runaway advertisements.\textsuperscript{847} By the mid-nineteenth century, physicians began to conduct a variety of tests on blacks (who allegedly felt less pain than whites) to prove that their disorders were the result of an inferior biological and anatomical makeup, not their wildly-biased imaginations.\textsuperscript{848} Though most endemic disease was the result of malnutrition and other environmental factors that paid no heed to skin colour, by lumping diseases that were biologically real (yaws, lockjaw) with entirely ridiculous ailments (\textit{drapetomania}), proslavery physicians attributed a wide array of disease to blackness, pathologizing both the mind and body of enslaved persons.

Against the grain of their own logic, all Deep Southern doctors asserted that black people were either totally immune or highly resistant to yellow fever. This diagnosis justified employing black bodies when and where white bodies allegedly could not work, in turn fusing black slavery with the region’s economic and agrarian prosperity. Writing in the 1820s, Philip Tidyman, a fever specialist from Charleston, argued that “the black population has always been considered of great importance to the agricultural prosperity of the United States, and closely connected with the general welfare of the nation.” Black skin enabled slaves “to endure the scorching heat of the sun with less suffering; whilst he is protected by the very nature of his constitution from the unhealthiness of hot climates, which are so inimical to the whites.” In the Deep South, Tidyman claimed, “negroes are seen working with cheerfulness and alacrity, when the white labourer would become

\textsuperscript{847} J. F. Hartigan, \textit{The Lock-Jaw of Infants. (Trismus Nascentium) or Nine Day Fits, Crying Spasms, etc.} (New York, 1884), 15-16. Descriptions in newspapers often described slaves having the symptoms of rickets. See “Taken Up,” \textit{The South-Western} [Shreveport], 27 October 1858; “Catch Him!!” \textit{Opelousas Courier}, 16 June 1855; \textit{Times-Picayune}, 19 October 1851.

languid and sink from the effects of a torrid sun.” 849 Here, during the “summer and autumnal months” blacks suffered little from the fevers that “prove so fatal to the white population, particularly Europeans.” 850 On yellow fever specifically, Tidyman wrote:

“nature has, with a special regard to the safety of blacks, rendered them almost proof against the insidious attacks of this terrible disease.” 851 Even when a slave was “assailed by this disease,” Tidyman believed that he was “buoyed up by hope, from a consciousness that few of his colour are destroyed by it.” 852

Josiah Nott of Mobile, Alabama, who claimed to have cared for more yellow fever patients than any doctor in America, believed there were six differences between whites and blacks. Chief among them was that blacks and mulattoes “are exempt in a surprising degree from yellow fever.” 853 Nott stressed that black immunity was total. If the “population of New England, Germany, France, England, etc., come to Mobile, or New Orleans,” about half would die shortly of yellow fever. Conversely, “negroes, under all circumstances, enjoy an almost perfect exemption from this disease, though brought in from our Northern States.” As Dr John Van Evrie, who historian George Fredrickson called “perhaps the first professional racist in American history,” concluded, “[i]nstead of seeking to shelter himself from the burning sun of the tropics,” the black person “courts it, enjoys it, delights in its fiercest heats.” Yellow fever was entirely “harmless to the negro organism.” 854

850 Ibid, 315-16.
852 Ibid, 327.
853 Josiah Nott, Two Lectures on the Natural History of the Caucasian and Negro Races (Mobile, 1844), 32.
854 John H. Van Evrie, White Supremacy and Negro Subordination; or, Negroes a Subordinate Race, and (so-called) Slavery its Normal Condition (New York, 1868), 256.
Samuel Cartwright, the only “professor of negro diseases” ever appointed at the University of Louisiana, or indeed at any American university, spent his career seeking to reconcile yellow fever, blackness, and the American body politic. He asserted the Deep South’s environment “scorns to see the aristocracy of the white skin” when “reduced to drudgery work under a Southern sun.” As this climate was too torrid for the “master race of men,” black people should be forced to do the lion’s share of cash crop cultivation. Nature, he argued, “has issued her fiat, that here at least,” whites “shall not be the hewers of wood or the drawers of water … under the pain of three-fourths of their number being cut off.”

Cartwright, indirectly, captured the twisted logic of immunocapital. For whites, living in this space was a high-risk gamble with a potentially vast payoff, the payoff being that although whites would not do the labour themselves, nature and God had put them in a position to benefit from the labour of others. For blacks however, racial slavery was a scientific, even altruistic necessity as the innate biology of yellow fever-resistant blacks naturally and divinely selected them for the hard labor of commodity production.

The science of race-based medicine became increasingly knotted when confronted with the reality of interracial people. Most thinkers established a sliding scale of immunity, with Anglo-Saxon whites on the vulnerable end, pure blacks fully protected, and mixed-race people somewhere in between. Van Evrie wrote, “Of course mulattoes and mongrels may have something that approximates to the yellow fever of the white man, but to the negro it is simply an organic impossibility.” Nott believed that the “negro blood is an antidote against yellow fever, for the smallest admixture of it with the white will protect

855 Samuel Cartwright, NOMSJ, vol. 10 (Nov. 1853), 292-313, esp. 312.
856 Van Evrie, White Supremacy, 256.
against this disease.”857 He concluded with the “curious” fact that “I have seen many hundred deaths from yellow fever, but never more than three or four mulattoes, though we have hundreds exposed to it in Mobile.”858

Rather than follow this argument to its next logical step—that interracial mixing saved lives—proslavery medical theorists doubled-down on the utility of maintaining strict racial purity. Though “negro blood” was a prophylactic against yellow fever (as good as a “vaccine against small-pox”), Nott argued that the diminished intellectual prowess whites would experience through miscegenation was not worth the immunological protection.859

Indeed, Nott and his sometimes-research partner George Glidden argued that yellow fever was created by “excitements” of the brain and nervous system. A smaller brain and a retarded nervous system kept excitements to a minimum and thus reduced the impact of yellow fever on black people.860 Black immunity was actually thus a natural by-product of their anatomical inferiority. For whites, to become immune through race mixing was debasing; to become immune through acclimation made men manly.

In fact, these theorists argued, black people belonged in the South. It was kinder to keep them in slavery there than to send them North, as “Negroes die and would become extinct in New England, if cut off from immigration, as is clearly shown by published statistics.”861 In the South, Nott argued, slaves lived much longer than free whites in the North, especially on plantations. Thus slavery and plantation life were a kindness to blacks.

858 Nott and Glidden, Indigenous Races of the Earth, 367.
859 Ibid.
860 Also Nott believed darker skin led to better ventilation making them more prepared to throw off fevers.
861 Nott, NOSMJ, 733.
In the 1840s, Cartwright travelled around the southern bayous by canoe and determined that the *Jussieua grandiflora*, a plant common in the swamps, was a prophylactic against miasmatic and bilious fevers, especially for blacks. In this sugar region, the black population was “considerable,” and “remarkably healthy and long-lived.” He even claimed that the delta contained “more negroes over one hundred years of age, than five New England states put together.”

Cartwright’s curious mix of pseudo-science, race theory, economics, and religion explained not just why blacks should be slaves, but why slavery was a healthy system for both whites and blacks. In fact, racial slavery was a public health solution for the Deep South: as blacks, well-tended to by doctors on plantations, insulated whites from dangerous, diseased spaces and labour. “If the prognathous race were expelled from the land,” he argued, “and their place supplied with double their number of white men, agricultural labor in the South would also cease, as far as sugar and cotton are concerned.” Only black “muscles” could “endure exercise in the smothering heat of a cane or cotton field.”

As evidence, Cartwright pointed to Illinois, where half of white labourers were “prostrated with fevers from a few days’ work in stripping blades in a Northern cornfield, owing to the confinement of the air by the close proximity of the plants.” Though he conflated malaria with yellow fever, and wildly overstated the natural unhealthiness of Illinois, Cartwright argued that cane and cotton in Louisiana formed a “thick jungle, where the white man pants for breath, and is overpowered by the heat of the sun at one time of

day, and chilled by the dews and moisture of the plants at another.” But according to nature’s laws, and Cartwright’s, it was impossible to overwork a slave in Louisiana. “A white man, like a blooded horse, can be worked to death. Not so the negro... The white men of America have performed many prodigies, but they have never yet been able to make a negro overwork himself.”

Yellow fever featured with progressing regularity in Cartwright’s work in the 1850s and provided an increasingly popular line of argumentation for laypeople. On the second page of his 1857 treatise “Ethnology of the Negro or Prognathous Race,” he argued blacks never died from yellow fever “when treated with regard to his ethnical peculiarities.” In fact, “So strong are they in his favour that, even under mal-practice, death is the exception—and recovery, the rule.” He conceded that “a number of the prognathous race died in the epidemic of New Orleans, 1853,” but Cartwright claimed, they died “more from panic” than yellow fever, as “panic is very apt to kill a negro.” Cartwright then avowed that “So seldom does it attack individuals of that race, that Dr. Rush was disposed to regard the negroes as black angels, sent by a kind Providence to nurse the sick during the terrible yellow fever which ravaged our Northern cities” in the 1790s.

Actually, Benjamin Rush had initially believed that blacks were immune to yellow fever but famously changed his mind when many black people died while nursing the sick, at his behest, in Philadelphia’s 1793 epidemic. Cartwright most certainly knew this. But

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864 Ibid.
867 Absalom Jones, a free black man in Philadelphia believed blacks were just as liable to yellow fever as blacks. Acting as a caretaker, Jones wrote “When the people of colour had the sickness and died, we were imposed upon and told it was not with the prevailing sickness, until it became too
instead of engaging with Rush, he brushed this inconvenience aside, stating “the great Rush,” and “many other good and distinguished men have fallen into grave mistakes in regard to the prognathous race of mankind.” Northern physicians would be set right when regarding their observations about yellow fever and black people “in the light of ethnological science.”

Most twentieth century historians baulk at antebellum proslavery, classing it as an abhorrent, illogical, and racist ideology with the “same scientific standing.” David Donald contended, “as astrology or alchemy.” Kenneth Stampp found “profound error” in how masters thought about slavery, but largely ignored the complicated mental acrobatics that enabled slaveholders to equate their mastery with honour. Stanley Elkins entirely rejected proslavery as “polemical literature.” Neither Stampp nor Elkins offered a sober analysis of proslavery as their disgust with it impeded any serious scholarly engagement. According to Genovese, “all ruling-class ideologies are self-serving,” and are consequently unimportant to take seriously. These are ahistorical assumptions: dismissing their rhetoric as racist diatribes concludes that men like Cartwright could not have truly believed their complicated stew of beliefs. Worse, these assumptions make proslavery thinkers into anti-heroic caricatures: misguided misanthropes, dilettantes tripping over inflated egos. This “planter chic” approach diminishes the powerful influence of their pseudoscientific racism notorious to be denied, then we were told some few died but not many. Thus were our services extorted at the peril of our lives.” Absalom Jones, A Narrative of the Proceedings of the Black People, During the Late Awful Calamity in Philadelphia, in the Year 1793 (Philadelphia, 1794), 15.


869 Donald, “The Proslavery Argument Reconsidered,” 3; Stampp, The Peculiar Institution, 77; Jeffrey Young (ed.), Proslavery and Sectional Thought in the Early South, 1740-1829, an Anthology (Columbia, 2006), 3; Genovese, World the Slaveholders Made, 119. Genovese claimed that Fitzhugh was an “attractive historical figure,” an admirable, if misunderstood man, viewing him as an “old friend” (a product of their shared “socialism”).

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on Deep Southern society and ignores that they were highly regarded thinkers in their
time.\textsuperscript{870}

After all, Cartwright’s and Nott’s theories did not exist in a vacuum: thousands came
to their lectures and their ideas were echoed by most Deep Southern doctors, health
officers, and politicians. By 1850, it was considered an unassailable fact that whites could
not gather firewood in swamps, plant sugar cane in August, or repair levees by themselves
– all in the name of protecting their own health, and with no bad consequences to the
superior-immune blacks which Providence had seen fit to provide for these tasks.

The theories of Cartwright, Nott, and Van Evrie trickled down to the general
population: if whites took the place of slaves in the cane fields, the \textit{Weekly Delta} opined,
“mortality among the laborers on the plantations … would nearly extinguish the sugar
culture in Louisiana.”\textsuperscript{871} Matthew Estes, a lesser-known proslavery theorist from
Mississippi, argued that “the Negro was made for the south—is always found there, and
cannot exist and flourish in a northern climate.”\textsuperscript{872} Estes married an argument about
economic benefit with a statement of slavery’s altruism, linking biological inevitability with
mutual benefit. Black yellow fever immunity and the preservation of white health had
become the Deep South’s best, most unassailable weapon against abolitionism.

But if black people were naturally immune, why not use waged free black labour?
Deep Southern physicians concocted an answer for this by the 1850s: paradoxically, slaves

\textsuperscript{870} For “planter chic,” see David Waldstreicher, “Founders Chic as Culture War,” \textit{Radical History Review}, vol. 84 (Fall, 2002), 188.
\textsuperscript{871} “Yellow Fever and Slavery,” \textit{New Orleans Weekly Delta}, October 2, 1853.
\textsuperscript{872} Matthew Estes, \textit{A Defence of Negro Slavery, as it Exists in the United States} (Montgomery, 1846), 49,
154-162.
lost their immunity with manumission. Tidyman claimed freedom weakened the constitutions of blacks, asserting that the death rate among free blacks was at least three times higher than among slaves, populations being equal. His evidence was a Baltimore bill of mortality from 1825 showing that in a certain period, 368 free blacks had died in comparison with only 48 slaves.873 In 1853, the *Weekly Delta* argued ill-health was divine punishment for free blacks, whose natural resistance to yellow fever eroded in freedom; of the few black victims in the year’s epidemic, almost all had been free, therefore “slavery is the condition best suited” to blacks, saving a bondsman “from a destructive disease, to which he would render himself liable by the exercise of his freedom.”874 Even after slavery’s end in the Deep South, doctors argued that slaves “very rarely” had yellow fever before 1853, but since freedom, blacks were “more and more subject to it.”875

Another article in the *Delta* maintained that three-quarters of all deaths from yellow fever, regardless of race, were among abolitionists. As the *Delta* argued, yellow fever was actually generated by the practice of “rank poison abolitionism,” forcing whites to make “negroes of themselves by doing the work in a hot noonday summer sun that negroes ought to do.” Slavery was thus a “blessing in our Southern States to both races.” “[S]laves and masters rarely die,” the article argued, and if they did, it was because they had been practising “abolition theory.”876

Cartwright sneered that “much abolition capital was made out of the idea” in the North that yellow fever was divine punishment on the slave states. Rather, Cartwright

assured, black immunity “was due to a special Providence, conferring on them a special opportunity,” a longevity, in which “to display their gratitude” to their civilizing and Christianizing white masters, who they looked upon as “akin to Gods,” meeting them with a “ready bow and grin.”\footnote{Samuel Cartwright, “Ethnology of the Negro,” 2-3. “Editorial and Miscellaneous,” NOMNHG, vol. 2, no. 1 (Mar., 1855), 40.}

If freedom weakened the black constitution, then slavery was the only cure. As John Van Evrie concluded, “free negroism, as shown elsewhere, is a social abnormalism, a diseased condition, that necessarily ends in extinction.”\footnote{Van Evrie, \textit{White Supremacy}, 244. Fredrickson, \textit{The Black Image in the White Mind}, 92.} In what was not the first time a reactionary had discovered the plight of women to advance his own cause, Cartwright argued freedom hurt black women in particular. Cartwright explained that free “husbands hold them in abject slavery; they dare not kill them, as in Africa, but they beat and maltreat them in the cellars of New York, and other places in the Northern States, which they dare not do in the South.”\footnote{C\textit{artwright, “Ethnology of the Negro,” 5. Van Evrie was widely lauded in the South. The \textit{Picayune} wrote, “If a similar change of popular opinion at the North does not take place through the influence of Dr. Van Evrie and his coadjutors, on the subject of negro slavery, it will be because public opinion is there less enlightened and liberal; because popular prejudices are more bigoted and intolerant; because philosophical freedom of thought is less advanced, and religious fanaticism more diabolical than they were in Scotland fifty years ago.” “Dr. Van Evrie on Negro Slavery,” \textit{Times-Picayune}, 26 October 1856.} Van Evrie even argued that “those ignorant and terribly mistaken people who have seduced and led him into the bleak and forbidden North, have unconsciously committed a crime that would appall [sic] them if they could truly comprehend it”—leading intellectually and physically weak blacks to their deaths.\footnote{John H. Van Evrie, \textit{Negroes and Negro “Slavery:” The First an Inferior Race; the Latter its Normal Condition} (New York, 1861), 251} Hence, Van Evrie concluded “crime, disease, and death mark the career of Free Negroism.”\footnote{John H. Van Evrie, \textit{Anti-Abolition Tracts.—No.1. Abolition and Secession; or, Cause and Effect} (New York, 1864), 7.}
It was not hard to convince whites that there was an inherent connection between yellow fever, black people, Africa, and the slave trade. Every Deep Southerner knew the disease somehow had originated in Africa and was a manifestation of almost pure African-ness. Very serious cases of yellow fever were often called “African fever,” surpassing in seriousness and mortality of “normal” yellow fever. Particularly bad epidemics of yellow fever were classified as “African plague” or “Congo fever.” So bad was yellow fever for whites that some slaveholders even agreed with abolitionists, that the disease was God’s punishment for the sin of the African slave trade.

Orleanians took these racialized allusions further, blaming yellow fever not just on Africa, or the slave trade, but on black people generally. In New Orleans, yellow fever was often personified as “Yellow Jack” in newspapers, operas, and sketches, a sneaky mulatto who preyed upon the unacclimated Irish at the docks, waiting to trick or kill them. Dr William Holcombe asserted that yellow fever “seems to be an African poison engrafted upon the white race of the two Americas.” “A humorous friend” he continued, suggested “that from its color, its black vomit, and its special ravage of slave-holding countries, we might have known long ago that the negro was at the bottom of it.” Holcombe posited that yellow fever was a perfect crime against whites, as the “native African has no such fever.

882 Philip Tidyman, “Remarkable Diseases,” 326; Dowler, Researches upon the Necropolis of New Orleans, 26-29.
The African brought to the West Indies never has yellow fever. The West Indian negro brought to the United States is not liable to it.\textsuperscript{886}

Essentially the entire medical and political establishment of New Orleans publicly avowed that blacks were immune to, or barely affected, by yellow fever. One physician, for instance, claimed that only 3 black people (2 of them children) died in the 1841 epidemic out of 1,800 and that in 1849 only 3 blacks died compared with 766 whites.\textsuperscript{887} Judge Baker worked 190 slaves on his plantation outside New Orleans, 130 of whom fell sick in 1855 from yellow fever. Their attending physician Dr D. R. Fassitt claimed that only six died of it, including a young child and a mulatto.\textsuperscript{888} The board of health noted in 1858 that of the 537 people who died during the first week of September, only 19 were “colored, of whom 10 were slaves.”\textsuperscript{889} Even if slaves fell ill from yellow fever, Dr J. Harrison of New Orleans argued in 1845, “the disease in a much milder form, and the mortality is far less among them.”\textsuperscript{890}

Whether or not people of West African descent were legitimately immune or resistant to yellow fever remains unclear. Certainly, black people were not entirely immune, and probably many cases of yellow fever deaths among blacks went unreported. Dr Holcombe, an otherwise staunch practitioner of racialized medicine, conceded that the

\textsuperscript{889} They also mentioned that 115 were under 5 years of age, 191 were U.S. citizens, 124 Irish, 90 Germans, 64 unknowns, 27 French, 11 English, 6 Prussians, and 5 Scots. “Mortuary,” \textit{Times-Picayune}, 12 October 1858.
\textsuperscript{890} Coxe, \textit{Practical Remarks on Yellow Fever}, 43.
1853 epidemic had proved Cartwright’s claim that blacks were “perfect non-conductor[s] of yellow fever” to be entirely “baseless.”\(^{891}\) It was not until long after the Civil War that any southern state recorded vital statistics for any ethnic group.\(^{892}\) It is also likely that many black victims of yellow fever were categorised as suffering from something else. Indeed, the discourse of black immunity foreclosed logical reasoning, channelling white people to see only a select few realities. After all, why would physicians or owners diagnose slaves with a disease to which they were supposedly immune?

Though the data about differential mortality between whites and blacks is compelling, and seems to suggest that black people were less vulnerable to yellow fever in the Deep South than whites, slave advertisements suggest planters did not fully subscribe to the orthodoxy of black immunity, or at least, would not trust in science to protect their bottom lines. Like with their preference for acclimated bookkeepers and overseers, many slavers would not buy a black slave who was not expressly acclimated. It may have been bad speculation to hire an unacclimated white clerk, requiring time and energy to replace him should he suddenly die. But it was flat-out reckless to buy an unacclimated or “pre-acclimated” slave, a person who created and embodied value for a planter only when healthy, working, and alive.

Even when assured that a slave was “creole” or acclimated, whites worried that their slaves, especially those born out of state, would die of yellow fever during their “seasoning” period, and worst of all, during the harvest. Plantation mistress Annie Jeter Carmouche noted in 1853 that all of her family’s slaves had fallen ill with yellow fever and

\(^{891}\) William Holcombe, *Yellow Fever and its Homœopathic Treatment* (New York, 1856), 12. 
\(^{892}\) Watts, *Epidemics and History*, 241.
“it was very remarkable [that] none died.” Mr. Wilde, a slave-owner from Georgia, was nervous to transport his slaves to New Orleans as his bondspeople had been “acclimatized for several generations in so cool a country as the upper parts of Alabama and Georgia,” and thus “run great risk of the yellow fever” in southern Louisiana. In 1853, Samuel Davis sued Philander Wood for $2,000 for not returning a slave he had hired from him, breaching his contract to “use the said slave in a moderate careful and proper manner,” by exposing the slave Charles Clark to a yellow fever epidemic. Wood was liable, Davis argued, whether Charles actually contracted yellow fever or not.

Indeed, yellow fever controlled the pace and schedule of the New Orleans slave market. In 1830, only 2.6 percent of annual slave sales took place between July and October. It was not worth risking the death of expensive assets by transporting them to New Orleans in September. Especially if there were no buyers.

Seeking to pre-empt the worry and financial hardship that could come when yellow fever killed a slave, a slave’s immune status was a key matter of speculation at the auction house. As one abolitionist wrote, “it is perfectly notorious among slaveholders” in Louisiana that “large numbers” of slaves “die under the severe process of acclimation.” The writer added, “all suffer more or less, and multitudes much, in their health and strength, during their first years in the far south and south west.” Thus, as abolitionist William

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894 Lyell, A Second Visit to the United States, 2:102.
895 Gross, Double Character, 104.
897 American Anti-Slavery Society, American Slavery as it is: Testimony of a Thousand Witnesses (New York, 1839), 161-62.
Ingersoll Bowditch noted in 1849, acclimated slaves “are the ones most sought after by judicious traders.”

Buyers’ first questions often revolved around a slave’s origin, how long they had been in Louisiana, and if they had ever fallen ill with yellow fever. As one writer for the American Anti-Slavery Society argued, this was “sufficiently proved by the care taken by all who advertise for sale or hire in Louisiana, Mississippi, Alabama, Arkansas, &c. &c. to inform the reader, that their slaves are ‘Creoles,’ ‘southern born,’ ‘country born,’ &c. or if they are from the north, that they are ‘acclimated.’” The writer concluded, the “importance attached to their acclimation, is shown in the fact, that it is generally distinguished from the rest of the advertisements either by italics or CAPITALS.”

By 1850, most slave advertisements in New Orleans stressed that the slave was “acclimated,” “Louisiana-born,” or “creole.” One typical posting advertised the sale of a “Family of Creole Slaves,” all “born and raised in this city.” James Stockman noted the sale of a “likely, valuable, and acclimated Negro Boy, from 16 to 18 years of age; who is remarkably healthy.” Many sellers asserted French language skills, suggesting that a slave was either Louisiana-born or had lived in-state long enough to acquire proficiency. One owner of a 15-year-old girl described her as “raised in the country from her earliest infancy and speaks French and English.” Though many buyers would have wanted bi- or trilingual slaves in New Orleans, advertisements often conjoined language skills with

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898 William I. Bowditch, *Slavery and the Constitution* (Boston, 1849), 92.
902 *Louisiana Advertiser*, 12 September 1826;
acclimation and guarantees. As one advertisement read, “A superior mulatto boy, 13 years age, acclimated, speaks French and English; fully guaranteed.”

Buyers seemed particularly determined that slaves who cared for or nursed white children should be “guaranteed acclimated.” In the middle of the 1853 epidemic, one potential-buyer posted in the Picayune, “Wanted to Purchase—An acclimated girl of from 10 to 14 years of age, accustomed to house work and to the nursing of children.” As it was believed darker-skinned blacks were more protected from yellow fever, the advertisement added “[o]ne of dark complexion preferred.”

Buyers looked sceptically on certain phrasings, particularly “partly acclimated.” To a buyer, this was oxymoronic: how could a slave be partially protected from yellow fever? “Partly acclimated” became code to seasoned slavers that a slave was not acclimated at all, or had just arrived in the region. Such slaves stayed longer at market, did not command the prices of “well acclimated” or “fully acclimated” slaves, and were most often sold to less experienced whites who did not understand the hidden meanings and euphemism of the auction house. One slave recalled that when he was sold with his sister in New Orleans, his new master sent them to an Alabama watering-place as they “were not acclimated.” There they “remained three months till late in the fall—then we went back to him.” This was to transfer them from unacclimated to acclimated status and put their owner’s mind at ease.

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903 Daily Picayune, 21 January 1854.
904 Times-Picayune, 21 September 1853. See also, Times-Picayune, 17 April 1851; 26 July 1853; 8 August 1853; 18 August 1853; 16 June 1858; 27 February 1859.
905 Benjamin Drew, A North-Side View of Slavery: The Refugee: Or, The Narrative of Fugitive Slaves in Canada (Boston, 1856), 84.
Such preference for “fully acclimated” slaves led many sellers to lie, boasting of their slave’s immunity knowing they had never been exposed to the disease. Indeed, in 1827, “A Creole” complained to the state government that when perusing the newspapers, he found “eighty Virginia negroes offered for sale.” The writer believed this was “illegal” as the legislature had prohibited the sale of unacclimated slaves in Louisiana.906 “I would ask,” he wrote “whether this barefaced violation of law is to be tolerated? Whether or not, strangers shall, with impunity, be allowed to trample on and make a mockery of the institutions of our country?” The writer advocated that a penalty should be levied upon the transgressors as the “sale of unacclimated slaves, one fourth of whom die during the first summer, has greatly impoverished the State.”907

Assertions of acclimation were probably as varied, subjective, and idiosyncratic for blacks as they were for whites.908 Thus like other descriptions used for slaves such as “superior,” “choice,” “No. 1,” “likely,” and “fancy,” “acclimated” was open-ended, allowing a planter to project a certain fantasy upon his property.909 Acclimation made slaves multi-purpose: they could be employed in the city, in the country, in the fields, in the house; they could be taught skills, teach skills to others, and provide many years of labour to their masters. An acclimated slave was a healthy, long-lived asset, able to work anywhere and do anything. And though black acclimation did not imply moral superiority as it did for whites (one more unresolved contradiction in proslavery ideology), an acclimated slave

906 I have never found another reference suggesting that selling an unacclimated slave was illegal. Perhaps he meant unguaranteed, which meant that a seller could not sell a slave he knew was sick without declaring it.
907 A Creole, “Mr. Editor,” Louisiana Advertiser, 16 March 1827.
908 Johnson, Soul by Soul, 167.
enhanced the image of a white master as a superior moral man, who through his wisdom and cunning could advance his own station by judicious supervision of the black body.

For this reason, acclimated slaves sold on the best cash terms for the seller, when others slaves required the extension of credit. In 1857, N. Vignie sold ten slaves between the ages of 15 and 37 – Hark, Hide-Out, Stephen, Neil, Lloyd, Peter, Winey, Eliza, Laura, Esther, and Moses. All were “acclimated” and “fully guaranteed against the vices and diseases prescribed by law.” All were field hands, but, Vignie claimed, they were also “accustomed to the labors of a brick yard” and could be employed in the city. As they were acclimated, Vignie could secure preferable sales terms: half in cash up front, the other half on credit of 12 months at 6 to 8 percent interest, based on “good approved city acceptances, or notes secured by mortgage on said sales, and satisfactorily indorsed [sic].” Unacclimated slaves seldom sold on cash terms.

Across yellow fever zones, acclimated slaves commanded higher prices, about 25 percent more according to historian Walter Johnson. In 1804, Alexander von Humboldt showed that yellow fever immunity was the most cherished commodity for Caribbean slavers – more than social isolation or skills. “An adult acclimated slave is worth from four hundred and fifty to five hundred piasters” von Humboldt described, whereas “a bozale negro [African-born], adult, not acclimated, three hundred and seventy to four hundred piasters.” In Louisiana, acclimation was apparently worth more. In 1818, Judge F. X. Martin explained that a standard slave was worth $750 to $1,000, but a slave “born in this country or seasoned thereto” is worth “from $1500 to $2000 in ready money; a genteel

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911 Deyle, Carry Me Back, 70, 136-36, 159; Johnson, Soul by Soul, 139-40.
912 Alexander von Humboldt, Personal Narrative of Travels to the Equinoctial Regions of the New Continent, During the Years 1777-1804 (London, 1829), 7:181.
Seeking to profit from acclimation, some traders like Walter Campbell maintained a “holding pen” outside New Orleans where slaves could become acclimated. Advertising 100 slaves, Campbell announced in 1860 that a “large number of them have been on the place for the past year and longer, and all passed the last summer” at his farm 80 miles from the city.

The value placed on acclimated slaves could have been more of a cultural statement than a medical one, as everyone and everything “acclimated” was more valuable in New Orleans. But traders built the uncertainty created by yellow fever into their business models regardless. As one writer in the New Orleans Argus estimated in 1830, “The loss by death in bringing slaves from a northern climate, which our planters are under the necessity of doing, is not less than TWENTY-FIVE PERCENT.” Indeed, of the 40,000 slaves the Argus estimated were annually carried south, “only 29,101 are found to survive;—a greater sacrifice of life than that caused by the middle passage!” Such mortality probably had more to do with the brutality of the “second middle passage” and the sugar grinding season than yellow fever, but as one trader noted, “[W]e may calculate upon losing some of them in becoming acclimated.” To slavers, yellow fever was one more cost of doing business in New Orleans they tried to control for. If they were lucky, their slaves would live long enough to be bought. Then, a slave’s precarious acclimation status was their new owner’s problem.

Maintaining Slave Health

Once purchased and allegedly acclimated, slaves remained a continual focus of Southern medical attention. Whites may have “tortured” their slaves in the “labor camps,” as Edward Baptist described it, but few were interested in killing them or in having some virus sweep them off.917 It was simply not good business. Most evidence suggests that masters obsessed over maintaining their slaves’ health, especially during the harvest. Even though they publicly derided quarantines for the general public, planters routinely quarantined their own plantations when rumours of yellow fever swirled, allowing only doctors in and out.918 As Eugene Genovese wrote, “medical expenses and insurance were two important items in the profit and loss statement of every plantation.”919 The economic losses associated with slave sickness or death could be devastating. Overseer John North wrote to his mistress Eliza Lyons in 1850 that “[t]welve hands have been sick and some of them are not well yet.” But “if you do not send the hands,” North warned, “you will be bound to lose all the cane that has had water or will not make any thing unless worked immediately.” North reiterated, “I need all hands.”920

Medical bills, Genovese argued, represented a cost that planters amortised, seeing one year’s sickness and health care as a multi-year investment, especially if it moved a slave from pre-acclimated to post-acclimated status. When planter Joseph Erwin paid $250 for doctor’s bills in 1814 on a single slave’s medical care, he hoped not only to recoup his losses but profit

917 Baptist, The Half, 57-62.
920 “John North to Eliza Bowman Lyons,” 30 June 1850, Bowman-Turnbull Family Papers, mss. 5059, LSU.
much more in the future though his healed slave’s labour. Dr Charles Clement often visited
the Erwin plantation and earned $315.94 from Erwin’s widow for his services in 1835.

But investing in a slave’s health was inherently a gamble as epidemics of yellow fever
and cholera frequently cut off slaves in the prime of life. An oft-repeated account of the 1832-
3 epidemic suggested that $4 million worth of human property was erased, killing off
thousands of “prime” slaves. So concerned were most masters with maintaining the health
of their enslaved assets that even Samuel Cartwright wrote that “the most profitable” kind of
medical practice was “that among negroes.” One doctor made $1,200 from attending just
one plantation in a single year, allowing, as Dr Richard D. Arnold said, a Louisiana physician
who cared for blacks to stand “some chance of making his bread while he has teeth to chew
it.”

Remote plantations usually received their medical care from the white mistress or a
black woman in the plantation infirmary. When Margaret Brashear oversaw 50 slaves at the
family plantation Belle Isle on Bayou Teche in July of 1824, she complained her slaves were
unusually sick. Because the plantation was “so remote from all Medical aid,” she fretted that
not enough slaves would be well enough by the next month, when the cutting season
started. Louisiana governor Thomas Robertson said in August 1823 that almost all of his

921 “Bill for Doctor’s Care,” 1 March 1814, Edward J. Gay and Family Papers, series 1, box 1, mss.
1295, LSU.
922 “Promissory Note for Dr. Clement’s Service to Levinia Erwin,” Edward J. Gay Family Papers,
mss. 1295, LSU.
923 Henry McCall, “History of Evan Hall Plantation,” Henry McCall’s Evan Hall Plantation Book,
924 Samuel Cartwright, “Alcohol and the Ethiopian,” NOMSF, vol. X (Sept., 1853), 162; Lowell
926 “Margaret Brashear to Thomas Tilton Barr,” 19 June 1824, Brashear and Lawrence Family
Papers, mss. 3355, UNC-CH.
slaves were sick, but that he and his wife had experienced “great success” in treating them.\textsuperscript{927} Planter J. E. Craighead wrote to his father about the growing fever epidemic on the family plantation in 1847. After his overseer died, Craighead said that he “had to act as Doctorer, overseer, and everything for a while.”\textsuperscript{928}

Many planters believed that their devotion to their slaves’ health proved their noble motivations. By employing slaves, they kept whites away from spaces that might kill them; by treating slaves in plantation infirmaries, even hiring doctors to do so, surely they demonstrated not only their benevolence but their commitment to public health – albeit only on their own plantations, protecting those who would personally enrich them through labour and procreation.\textsuperscript{929}

Though officially excluded from many caregiving institutions, orphanages, and asylums, slaves in New Orleans had access to some hospitals and leading doctors. Warren Stone’s Infirmary listed 418 black patients among its 692 in 1860.\textsuperscript{930} In 1855, the Touro Infirmary cared for many black people, some suffering from yellow fever. Mitchell, a 22-year-old slave born in Virginia had been in New Orleans for three years and had been sick for eight days before his owner, D. Madden, sent him to the hospital. Madden paid $5 to the infirmary for his care. George, another 22-year-old slave from Virginia had only been in the state for three months, and had been sick for 20 hours, before his owner O. J. Donnella admitted him, paying $17 for his medical care during his yellow fever sickness in June and July. Donnella


\textsuperscript{928} “J. E. to J. B. Craighead,” 11 September 1847, Edward J. Gay Family Papers, mss. 1295, LSU.

\textsuperscript{929} When many slaves fell sick in the city jail, their masters complained bitterly that they were not allowed to select their own physicians to care for them, which provided better and cheaper care. CCR, 29 August 1810, p. 222, NOPL.

\textsuperscript{930} Blassingame, \textit{Black New Orleans}, 2.
also paid $19 for the care of his 14-year-old slave Ellen (also from Virginia) when she fell sick with yellow fever. The medical costs were steep, but many slaveowners deemed them worthwhile: of the 18 cases of yellow fever reported for enslaved persons in the Touro Infirmary between 1855 and 1860, only one resulted in death.\footnote{See Entries 128 130, and 153, “Admission Book of the Truro Infirmary, 1855,” mf# GS36-214, NOPL; Katherine Kemi Bankole, \textit{Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana} (New York, 1998), Appendix B, 183.}

\textit{Changing Labour Patterns in Slave Racial Capitalism}

The proportion of enslaved persons in New Orleans decreased, from 50 percent in 1806 to under 25 percent in 1840 to just eight percent in 1860. Capitalist needs pushed acclimated bondspeople into surrounding plantations – safer and more efficient sites for blacks to create more capital for whites. The urban-to-country move, alongside shifting conceptions of who should do what labour and where, is evinced in the rolls of New Orleans’ municipal works. In 1816, the municipality used slaves to dig the Metairie Ridge.\footnote{OR, 21 May 1816, p. 41-42, NOPL} But after many slaves fell sick, the city council grew concerned that they would have to not only pay their medical costs but also potentially reimburse the owners of those who died. Indeed, one white man named Chardon sought compensation in December of 1815 of $90.25 plus $12 for medicine from the council for the ill health of his quadroon slave Phibie. When she had been given over to the municipality, Phibie had been healthy (“qui est forte et robuste”) but was taken sickly with yellow fever immediately after (“immediatement après”) being sent out on city works. In aggregate, the sickness of slaves became an indefensible burden on municipal finances.\footnote{“Chardon to City Council,” 16 December 1815, Slavery in Louisiana Collection, box 1, folder 4, mss. 44, NOHC.} Seeking to pre-empt this problem, the city council determined in 1821 that “whenever a slave employed in the City
works or put in jail for some offense, shall fall ill,” he must immediately be returned to his master or taken to the hospital.\footnote{OR, 22 September 1821, p.107, NOPL.}

Before 1830, slaves remained a large part proportion of the city’s labour force. In 1827, the city used 15 slaves for 15 days to dig the St. Bernard Canal.\footnote{OR, 6 October 1827; 23 November 1827, p. 87, 103, NOPL.} In 1830, the Town Surveyor Gilbert Joseph Pilić used 33 privately hired slaves, 57 city-owned male slaves, 29 city-owned enslaved women, and 36 jailed slaves to repair the levee, repave roads, gravel the streets between Magazine and Tchoupitoulas Streets (in the expensive commercial district in the Second Municipality).\footnote{“Report by G. J. Pilić,” 2 February 1830, Slavery in Louisiana Collection, box 1, folder 7, mss. 44, NOHC.} The next year, Pilić used about 150 slaves to clean the streets and repair the levees in Treme.\footnote{“Report by G. J. Pilić,” 2 February 1830, Slavery in Louisiana Collection, box 1, folder 8, mss. 44, NOHC.}

But by the mid-1830s, many planters considered New Orleans too dangerous for their valuable slaves and refused to rent them out to work on public works projects, even if the state reimbursed the planter 25 cents for every day of a slave’s labour. Why slaveowners changed their minds is suggested by an incident from 1837, when the New Orleans and Nashville Railroad Company employed a number of “unacclimated negroes” from the city works. When an epidemic broke out in September, the slaves were banned from entering the city, but one came into town regardless, where he was quickly taken sick and died. This constituted a loss of over $1000 to the city.\footnote{John Harrison, “Speculations on the Cause of Yellow Fever,” NOMNHG, vol. 2, no. 5 (July, 1855), 194.} Indeed, by the 1850s, the city corporation had stopped allowing its slaves to bury the dead, “for the dangerous work can often lead to their being stricken” by yellow fever “and then the corporation would lose”
as von Reizenstein claimed, “an average of twelve hundred dollars apiece.” It was better for the city to employ free blacks or immigrant whites at a cost of between $5 and $10 a day.

For city works, the municipality increasingly opted to hire white men, or use forced labour from the work house. In a time predating workers’ compensation or death benefits, this was the cheaper option, all things considered. Travel writer Frederick Law Olmstead related a conversation with an official from an Alabama stevedoring company: “The niggers are worth too much to be risked here; if the Paddies are knocked overboard, or get their backs broke, nobody loses anything!” Olmstead observed that “[w]hite working men were rapidly displacing the slaves in all sorts of work,” and it would likely not be long “before every negro would be driven out of town.” Instead, “acclimated white men could do more hard work than negroes, even in the hottest weather, if they were temperate, and avoided too stimulating food.” Increasingly, unacclimated but desperate Irish and German immigrants dug latrines, drained fields and swamps, stoked steamboat boilers, repaired the levee, manned screw-jack gangs (a skilled and dangerous position that involved “screwing” bulky cotton cargoes into smaller spaces below-decks on river barges), and cleaned filth from the streets.

The development of the New Basin Canal between 1832 and 1838 suggests that views of black immunity had less to do with science and more to do with economic

940 OR, 7 April 1829, p. 44, NOPL.
expedience. If whites really believed that all slaves were naturally immune, it would have been logical for the canal company, granted a state charter in 1830, to use slave labour for this dangerous, physically demanding task. As slaves cost just 25 cents for a day’s labour compared with a dollar for the labour or free whites, using black labour should theoretically have saved the company a lot of money. But factoring yellow fever into their calculations, the bosses used the cheaper solution.

In 1835, the British actor Tyrone Power noted hundreds of Irishmen digging a canal through the pestilential swamp. “Slave labour,” he was told, “cannot be substituted to any extent; a good slave costs at this time two hundred pounds sterling, and to have a thousand such swept off a line of canal in one season would call for prompt consideration.” The bosses remained sanguine as thousands of white men waited to replace the dead for a dollar a day. Even if employers risked occasional strikes or work stoppages, it was cheaper to have white immigrants, who cost nothing to the municipality, planter, or contractor should they die, do dangerous, unskilled labour – better than risking a slave, the mortgage on him, and his potential labour.

It became commonplace for immunocapitalists to see white immigrant labour as a cheaper solution to the region’s needs than slaves. In December 1817, planter David

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McClellan wrote to Shepard Brown, urging him to join a scheme to bring over 1,000 German redemptioners as indentures to Louisiana. “The more I have reflected,” Brown opined, “on the subject” of bringing Germans to New Orleans “to work for their passage after their arrival the more I am convinced of the profits to be received.” Once Germans became “immuned to the climate…their industrious habits, superior intelligence and sobriety,” would make them able to “do some more work, than the same number of Negros.”947 Using German labour had the added benefit of not costing the sponsors very much if they died soon after arrival. The financial outlay of paying for a person’s sea passage was less than the cost of a human being.

When whites without special skills lacked immunity, they were given dirty and dangerous jobs. Many died in the process. When they gained immunity, their whiteness meant they were “promoted” over free blacks whose immunity was no longer a comparative advantage. By the 1840s, acclimated Europeans had largely replaced free blacks as domestic servants, maids, waiters, and hotel workers. The St. Charles Hotel, which once wasstaffed almost entirely by free blacks, had an almost exclusively Irish staff by the 1850s. The docks, once crowded with free black stevedores and steamboaters, came by the 1850s to be an Irish preserve. Cabs and drays, traditionally driven by blacks in the 1830s, were almost exclusively driven by whites by the 1850s. As historian John Blassingame estimated, of 146 permits for carriages in 1858 only five were given to free blacks; and only four of 205 cab permits were granted to free men of color.948 Free black immunocapital, a key asset as they sought to navigate a racist society, was not enough to

947 “David McClellan to Shepard Brown,” 22 December 1817, John McDonogh Papers, box 6, folder 17, mss. 30, LRC-Tulane.
withstand a rising tide of white immunity, and indeed was transformed into a weakness, since planter ideology held that freedom diluted the potency of black immunity.

Some free blacks, especially light-skinned men, found ways to undermine the hollow logic of white-only immunocapital. As one ex-slave from Louisiana named William J. Anderson wrote in 1857, “[t]his is our native country; here we were born; here we have lived, and are acclimated.” Some free black men made sizable fortunes in industries that remained black-dominated even if other labour patterns shifted – especially undertaking, cigar making, and real estate. One free black Louisianan named Georges Alcèès operated a cigar factory, employing two hundred people, black and white. Pierre A. Casenave, a St. Domingue-born commission broker and undertaker amassed a fortune of over $100,000 by 1814. It was said of Casenave that he was “the grandest undertaker of funereal splendor in New Orleans.” Judging by obituary notices, his clientele was almost exclusively white. Both Alcèès and Casenave had likely survived yellow fever in childhood; both challenged the fragile excuses whites concocted to justify excluding free blacks from citizenship and political power.

Historian John Blassingame suggested some black men were among New Orleans’ wealthiest inhabitants. Peter Howard, a porter, and C. Cruisin, an engraver, were worth between $10,000 and $20,000; A. Tescault, a bricklayer, owned personal and real property

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949 William J. Anderson, Life and Narrative of William J. Anderson, Twenty-four Years a Slave; Sold Eight Times! In Jail Sixty Times!! Whipped Three Hundred Times!! (Chicago, 1857), 63.
valued at nearly $40,000; Cecee Macarthy operated an import business, capitalised at
$155,000 in 1845. By 1850, free blacks held $2,214,020 in real estate, much of it in the city
centre. Aristide Mary, whose father was white, inherited an entire block of property on
Canal Street.951

Though free black immunocapitalists were the exception, not the rule, some
leveraged their immunity, and yellow fever expertise, for professional advancement or at
least higher pay.952 Black men were often paid a lot of money to grave-dig and cart bodies
because of their alleged resistance and the fact that few white people volunteered for such
unpleasant labour. As one slave reminisced, during yellow fever epidemics, “Dey pay men
$10.00 to go inside house and carry dem out to wagon. Lots niggers makes $1000.”953
James Durham, an ex-Philadelphian slave and free black doctor in New Orleans,
corresponded with Benjamin Rush. Durham was allowed to buy a lot measuring 100 by 20
square feet at Burgundy and Bienville Streets. After an investigation, the city council
determined his presence was not found to conflict with the “interests of the
community.”954 Rather, the community was glad to have him close by: even though free
blacks were not allowed to become certified doctors after 1801, his practice remained
popular with both blacks and whites. His yellow fever reputation was good, and he boasted
to Rush that he had lost just six patients in 1794 out of 50, “which is les [sic] than all the

951 Blassingame, Black New Orleans, 10-11.
953 Peter Ryas, in WPA, Born in Slavery, Texas Narratives, part 3, 16:277.
954 James Durham has remained mysterious in the historical record, but he did indeed exist. See,
CCR, April 4, 1805, 2-3, NOPL. Charles E. Wynes, “Dr. James Durham, Mysterious Eighteenth-
Century Black Physician: Man or Myth?” Pennsylvania Magazine of History and Biography, vol. 103, no. 3
(July, 1979), 325-333.
other doctors here.” In 1800, Durham lost only 11 out of 64 patients, treating them with a concoction of garden sorrel and sugar.955

Free black women, often relegated to the city’s most marginal positions, found their ability to keep white people alive correlated closely to economic and social recognition. This was especially true during epidemics.956 The Howard Association employed free black women in 1853, and though the usual pay for a 24-hour shift in New Orleans was between $2 and $3, two nurses of colour, leveraging their immunity, demanded $10 per day.957 The patients, apparently, preferred black and quadroon nurses to aloof white doctors.958

About 100 miles west of New Orleans in New Iberia, yellow fever struck almost everyone who remained in town in 1839 and killed about half the population. Only one person, a free black woman from St. Domingue named Felicité, stayed to nurse the victims. When she died in 1852, the town closed all businesses and schools to allow everyone to attend the funeral.959 Many free black women who cared for white children found their immunity increased the number of jobs they were able to apply for. In 1846, one Orleanian householder posted the advertisement: “Wanted—A steady GERMAN or COLORED

959 William Henry Perrin, Southwest Louisiana Biographical and Historical Record (New Orleans, 1891), 108-09.
GIRL, accustomed to the care of a young child, acclimated, and having some acquaintance with household work. None but those capable need apply. 

Enslaved Experiences of Yellow Fever

There are very few extant records which document slaves’ experiences of yellow fever outside of caring for whites or unmediated by a white voice. The WPA narratives reveal yellow fever was at the forefront of slaves’ minds in areas affected by it, and slave women in particular developed an arsenal of remedies for the disease. One woman recalled that she gave charcoal, onions, and honey to babies sick with fever, and camphor to adults. She also made red oak tea and cactus weed tea, but believed the best remedy was to tie a rabbit foot around the neck of the victim. Ceceil George remembered that when her mistress, Mrs Jerry, fell sick, Jerry implored George to make her some tea and give it to her secretly because she did not think the doctor’s remedies were working. Discreetly slipping out of the room, George boiled the guts of a pumpkin with whisky, and fed it to Mrs Jerry, who quickly improved.

Many slaves remembered being cared for by doctors but adhered to their own medical regimes anyways. Alice Douglass recalled that the slaves all “wore asafedida to keep all diseases” away, an herb which threw off a fetid smell. Some slaves wore amulets, beads, and charms.

Many slaves died of yellow fever as their living and working conditions put them at constant risk of disease. Moses Liddell wrote to a family member that he had had much

\[960 \text{ Times-Picayune, 30 August 1846.}\]
\[961 \text{ Harriet Barrett in WPA, } \textit{Born in Slavery, Texas Narratives, 16:49.}\]
\[962 \text{ Ceceil George, in Ronnie Clayton (ed.), } \textit{Mother Wit: The Ex-Slave Narratives of the Louisiana Writers’ Project} (New York, 1990), 85-86.\]
\[963 \text{ Alice Douglass in WPA, } \textit{Born in Slavery, Oklahoma Narratives, 13:73.}\]
\[964 \text{ Adams Young in WPA, } \textit{Born in Slavery, Oklahoma Narratives, 13:299.}\]
sickness amongst his slaves in August 1847, “from 10-15 daily” though, he added, “as yet no severe cases and mostly working hands that are complaining.” Though feigning sickness was one of many slaves could resist their oppression, it appears that Liddell’s slaves were genuinely sick. Liddell lamented, however, that “negroes here have not a full half chance for good health. They are too much crowded in the cabins and the mosquitoes are violent.”

As Nathaniel Wyeth, a traveller from Boston, remarked in 1833, “when a negro gets very sick” from yellow fever, “he loses all his spirits, and refuses all remedies. He wishes to die, and it is no wonder, if he believes that he shall go into a pleasant country where there are no white men or women.”

Many ex-slave narratives show slaves themselves vacillated on the idea of black natural resistance. As John Wells remembered, “Me and my brother waited on white folks all through that yellow fever plague. Very few colored folks had it. None of ‘em I heard tell of died with it. White folks died in piles.” But Peter Ryas disagreed, concluding that “fever pay no ‘tention to skin color. White folks go. Black folks go. Dey die so fast dey pile dem in wagons… Dat fev strike quick. Man come see me one morning! He all right. Dat men dead ‘fore dark. It bad sickness.”

Henry Pettus remembered that yellow fever became more serious for black people after emancipation. At first, “[c]hills was my worst worry in these swamps.” But in 1875 “yellow fever come on. Black folks didn’t have yellow fever at first but they later come to

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965 “Moses Liddell to John Liddell,” 30 August 1847, Moses and St. John Richardson Liddell Family Papers, mss. 531, LSU.
966 Wyeth, Oregon, 72-74.
967 John Wells in WPA, Born in Slavery, Arkansas Narratives, 2:87. Wells noted that smallpox raged among blacks.
968 Peter Ryas in WPA, Born in Slavery, vol. 16, 277.
have it. Some died of it. White folks had died in piles." Walter Jones recalled that the “biggest thing” that ever happened to him was surviving yellow fever, in an epidemic when “both black and white died. Some of both color got well. A lot of people died.” One slave remembered that when he nursed white people sick with yellow fever, victims had to be held down in their beds as they went crazy; black victims did not. Lizzie Chandler recalled that sickness depended on where a black person lived, as “[c]ountry people don’t get sick like they do in the city.”

Yellow fever added a layer of complication to the already fraught slave experience. Solomon Northrup, a man kidnapped from the North and sold into slavery in Louisiana, recalled that in his second or third season in the South, he fell sick with fever. He became “weak and emaciated, and frequently so dizzy that it caused [him] to reel and stagger like a drunken man.” Regardless, he was forced to work. Northrup lagged behind the others. The overseers whipped him until the “sharpest sting of the rawhide could not arouse me.” In September—the height of the cotton picking season—he was unable to leave his cabin. Until this time, Northrup had “received no medicine nor any attention from my master or mistress.” Only when it was “said that I would die, Master Epps, unwilling to bear the loss, which the death of an animal worth a thousand dollars would bring upon him, concluded to incur the expense of sending to Holmesville for Dr. Wines.” Wines told Epps that the fever was “the effect of the climate, and there was a probability of his losing me.” Ordered to eat no meat and only “partake of... food that was absolutely necessary,” Northrup

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972 Lizzie Chandler in *Mother Wit*, 43
convalesced for weeks, but was forced to return to work prematurely so as not to further damage the plantation’s bottom line.\textsuperscript{973}

Caring for whites sick with yellow fever must have been horrifically complicated for black caregivers like Nanny who cared for Maunsel White in 1801, or the many other anonymous enslaved black men and women who were assumed acclimated or resistant and forced to care for their masters and other whites in their neighbourhoods.\textsuperscript{974} The speed at which yellow fever killed injected turbulence into a slave’s life. What happened when a master died? Perhaps he had promised to keep a slave family intact, or that he would eventually free a slave. These promises might have been negotiated over a lifetime, but they had no legal standing. The heir to the estate could, and often did, disregard past guarantees. Such unpredictability could give an enslaved person incentive to keep their white overlords healthy, even if they were cruel or violent – their next owner could be worse.\textsuperscript{975}

The WPA narratives suggest that yellow fever was a point of terror among many enslaved persons, and may have been one of the many reasons slaves feared being sold “down river” to a New Orleans trader.\textsuperscript{976} Oliver Blanchard, an ex-slave, related that at his plantation in St. Francisville, Louisiana, yellow fever was so bad one year that they had coffins ready to go before people died. He told the story of a white woman named Colene Bennier “who was to marry Sunday and she take sick Friday before. She say not to bury her in the ground but they put her there while they got the tomb ready.” When they disinterred the body, “they find she buried alive and she eat all her own shoulder and hand away.”

\textsuperscript{973} Solomon Northrup, \textit{Twelve Years a Slave: Narrative of Solomon Northrup, a Citizen of New-York, Kidnapped in Washington City in 1841, and Rescued in 1853} (Buffalo, 1853), 176-78.
\textsuperscript{975} Ibid.
When her “sweetheart, Gart Berrild, he see that corpse, and he go home and get took with yellow fever and die.” Stories of being buried alive after attacks of yellow fever were common among Deep Southerners, especially slaves. As yellow fever victims often lapsed into comas before dying, it was possible during the confusion of an epidemic to mistake a body for dead, especially as the time between death and interment was sometimes less than three hours. Multiple coffins in New Orleans were apparently found with scratch marks on the inside. Perhaps this was particularly feared by the enslaved as live burial was one of the harshest punishments a slave could endure, reserved for those who revolted or struck their masters.

**Slave Revolts and Epidemics**

If there was one thing that scared Deep Southerners more than yellow fever, it was slave revolts. Unhappily for whites, epidemics and slave insurrections often overlapped. This made sense: epidemics occasioned the dispersal of the white population; political absenteeism retarded official responses; people were sick, dying, and vulnerable; troops moved outside of towns to avoid disease. As police abandoned their posts, the region’s only true defences were scantily assembled patrols. Those left in cities were slaves, free blacks, and poor whites – the very groups the commercial-civic elite feared had common

978 Discussing her experience of yellow fever in Memphis, Lizzie Barnett also related that live burial was common: “They buried them in trenches, and later they dug graves and buried them. When they got to looking into the coffins, they discovered some had turned over in dey coffins and some had clawed dey eyes out and some had gnawed holes in dey hands. Dey was buried alive!” Lizzie Barnett, *Born in Slavery*, Arkansas Narratives, 2:113.
979 Edgar Allan Poe popularised the idea of live burial: “Scarce, in truth, is a graveyard ever encroached upon, for any purpose, to any great extent, that skeletons are not found in postures which suggest the most fearful of suspicions.” Edgar Allan Poe, *The Premature Burial* (New York, 1850)
981 Jo Ann Carrigan, “Yellow Fever: Scourge of the South,” in Savitt and Young, *Disease and Distinctiveness*, 62.
cause in their dislike of slave racial capitalism. Just as cases of yellow fever began to appear in Mobile, Natchez, and New Orleans in September and October of 1840, for example, several large-scale slave conspiracies were discovered across southern Louisiana, some plots involving hundreds of slaves. In Avoyelles, Rapides, St. Landry, Lafayette, Iberville, Vermillion, and St. Martin, whites because fearful that their slaves were rising up, running away to Mexico (where slaves gained their freedom), plotting with whites, and plotting with free blacks. The Picayune reported in early September that an insurrection was uncovered in Lafayette and “nine of the negroes engaged in this abominable plot” had been hung.

Baseless rumours of slave revolts also had a tendency to arise during the fever season. Revolts, real or imagined, triggered racist, nativist, and anti-free black actions and laws. Fearful of immune slaves traversing the city, meeting in dark corners to plot the murder of whites at their most vulnerable moment, whites took progressive steps to ensure that slaves knew that even at the height of epidemics, whites were watching. White fears were apparently confirmed about black plotting as runaway rates spiked during epidemics, either because slaves recognised these occasions could cloak their absence, or because they wanted to flee the disease like everyone else. Sabina, a “very lusty” woman, for example, ran away from L. Jones with her three-year-old baby on 25 September 1837, just as the city was least populous and most diseased. Fearful of widespread petit marronage during times of mass sickness and limited police oversight, the city made it a legal

982 Herbert Aptheker, American Negro Slave Revolts (New York, 1943), 333.
984 Newspapers printed many runaway advertisements during the fever season. For Sabina, see “Five Dollars Reward,” Times-Picayune, 4 October 1837. See also “Dangerous Assault,” Times-Picayune, 8 September 1840; 30 November 1841; For runaway slaves in the police prison, see 14 August 1840.
requirement that all citizens lock their doors and courtyards at night during the fever season to reduce hiding spaces for slaves, or suffer fines.\textsuperscript{985}

In the middle of the 1804 yellow fever epidemic, reports swirled that slaves in and around New Orleans would rise up, plunder the city’s armoury, and burn the city to the ground. One petition written in the house of city councillor Michel Fortier by the “Inhabitants & colonists of Louisiana” to Governor Claiborne on 17 September 1804 asserted that white inhabitants were apprehensive of the “existence of a plot which seems to be formed by the Slaves of this city, perhaps those of the province, a plot threatening the individual Safety of all The Inhabitants.” As dozens of people were falling sick each day and were unable to defend themselves, or the city, against a revolt, the petitioners feared they “will See Their country a prey to the same Events which have laid waste the French colonies, & Particularly the Proud and rich Colony of San Domingo.”\textsuperscript{986}

Claiborne wrote to Jefferson the next day relating details of disease and insurrection. “This City continues the Seat of Disease,” Claiborne wrote, noting that his private secretary and two close friends had died of yellow fever, with his wife and daughter shortly to follow. But the “distress of the City is considerably hightened [sic] by an alarm of Insurrection among the Negro’s.” He noted that “from some menacing expressions which recently fell from two Slaves; a general Spirit of Insubordination… of late has been manifested.” Indeed, several slaves had been found travelling at night with “arms in their hands” giving white inhabitants the general impression that they were in “eminent Danger.” As most city councillors had fled the city, Claiborne strengthened night patrols and ordered the “Volunteers & City Militias, armed with powder and ball from the city’s

\textsuperscript{985} \textit{Burns, “Twenty-Five Dollars or Thirty Days,”} 76.

\textsuperscript{986} “Petition of the Inhabitants & colonists of Louisiana,” 17 September 1804, \textit{TP}, IX:297.
arsenal,” to be prepared to act at a moment’s notice. If the danger increased, Claiborne
reassured, “I shall put a public Musket in the hands of every White man in the City,”
giving orders to Colonel Freeman to prepare his troops. Sick himself with yellow fever,
Claiborne pledged to Jefferson that he would guarantee the “Lives & property of the
Inhabitants!”

The same pattern occurred the following year, only this time more groups of people
were implicated: slaves, free blacks, and white men. Mayor John Watkins related to the
Secretary of Orleans Territory, John Graham, in August 1805 that a “mulatto Slave named
Celestin” had come to him and told him “that a white man who called himself Le
Grand…had frequently made propositions to him to join in a scheme to produce an
insurrection among the negroes, Massacre the Whites and make themselves masters of the
city… [or] to destroy it by pillage and fire.” Le Grand, a white man from France who
had spent time in St. Domingue, was alleged to be building up his insurrection by telling
his plot to ten angry slaves and free blacks, who would tell ten more and “so on ad
infinity.” They were to “make themselves masters of all the Arms Ammunition &c. in the
City, block up the streets environ all the public stores Banks, &c. and to assassinate [sic] all
those persons who should refuse to join them,” with particular attention to “city officials.”

The plot was quashed, and Le Grand was arrested, but Celestin noted specifically
that Le Grand had chosen August as the opportune time to attack, as the white population
was depressed and the regular troops were out of town escaping yellow fever.

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987 “W. C. C. Claiborne to Thomas Jefferson,” 18 September 1804, TP, IX:298. See also Junius
Rodriguez, “Always “En Garde”: The Effects of Slave Insurrection upon the Louisiana Mentality,
989 Ingersoll, Mammon and Manon, 291.
insurrection took place, and Celestin was granted his freedom for reporting the rumours (the city council reimbursed his owner $2,000). But the city council, reacting to the fears of the citizens, increased the night patrol. No white male citizen was exempt from patrol duty and was forced to cooperate “personally or financially” towards protecting the city for the remainder of the fever season.

This scare was immediately followed by another. Apparently, “all the free Creoles of Colour” had met in secret to “concert plans of hostility against the americans.” These men were armed, organised, and allegedly offered freedom to all enslaved blacks who joined them. At the call of a “whoop,” all would attack the city simultaneously, helped by “two nations of Indians.” Again, no insurrection actually took place, but the police were dispatched to redouble their efforts in watching the house of Mr Mils behind the Charity Hospital, alleged to be a gathering place for runaways and plotting slaves.

Whites were generally apprehensive of slave misbehaviour. But they appear to have been particularly sensitive to the behaviour of slaves during the fever season, reading into every word, gesture, and glance for signs of disobedience, insolence, or organisation. In 1855, plantation mistress Mahala Roach wrote that yellow fever was “dreadfull!” killing many of her neighbours and causing her much anxiety about her children’s health. Though Roach almost never mentioned slavery in her diary, she noted that on September 14, she was “quite startled” by a fight at the slave quarters, which caused her great anxiety, fearful

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991 CCR, 4 September 1805, p. 97, NOPL. Le Grand was also known as Grandjean. Watkins suggested that “native Americans”—white Anglo-Americans from the East Coast—be encouraged to move to the territory to reduce the demographic pressures of a majority black city and region. “John Watkins to John Graham,” 6 September 1805, *TP*, IX:500-04.
994 CCR, 4 April 1805, p.3-4, NOPL.
the slaves were planning something. This fear was particularly acute as the majority of her male neighbours had recently died from yellow fever.

Enacting laws to regulate slaves almost always coincided with a yellow fever epidemic. In October 1817, for example, aldermen did not spend much time discussing solutions for the yellow fever outbreak like sanitation or welfare. Instead, the city council decreed that slaves were not allowed to sleep in any home but their master’s and were forbidden to gather in the meat market, public lots, drinking houses, or cabaret. Any white person was allowed to arrest slaves violating these decrees and conduct them to the police station where they would be lashed between ten and 25 times. Whites who allowed slaves to meet on their property were fined between $20 and $100 per offence. Slaves meeting to dance and amuse themselves could only do so on Sundays at public squares designated by the mayor, while supervised, and only until sunset. No slave could hold a cane or club unless blind or infirm.

Slaves were “forbidden to quarrel in the City and suburbs, to scream, to sing in a loud voice any indecent song, and to disturb in any manner the public order and peace, as also to play in the streets, levees, roads and other places, at quiote, dice and other games of any kind.” Offending slaves received 25 lashes. Indeed, any slave who showed disrespect or insolence to a free person was lashed 25 times. All blacks—free or enslaved—had to be off the street after 8 o’clock at night. The Council’s acute attention to the behaviour of slaves, and complete uninterest in ameliorating yellow fever suggest it considered

995 “Diary of Mahala P. H. Roach,” 6-19 September 1855, Roach-Eggleston Papers, folder 59, box 12, mss. 2614, UNC-CH.
996 OR, 15 October 1817, 136-40, NOPL.
997 Ibid.
reinforcing the racial hierarchy to be its primary task. Death by disease was an unavoidable fact of life; death by revolting blacks was something to be prevented at all costs.

Lurid fears of slave revolts, legitimate and baseless, released the planter class to attack all manner of perceived enemies. An alleged slave insurrection along the Yazoo River in Mississippi in 1835 arose in July, just as cases of yellow fever were popping up. Rumours of an insurrection involving 20,000 slaves, led by the infamous white vigilante John Murrell, swirled. The “Great Western Land Pirate” and his supposed outlaw network of a thousand white men, the “Mystic Clan of the Confederacy,” would ply slaves with alcohol and money readying them for his grand object. When yellow fever had broken out in the region’s cities, the slaves would rise up in Madison County, march on Natchez, then onto New Orleans, “murdering all the white men and ugly women” and making wives of the pretty ones.999 The Vigilance Committee—12 of the region’s most esteemed planters and doctors—imagined the white gang would loot as the slave army raped and pillaged. After an extra-legal trial, about 30 slaves and six white men were executed by a vigilante mob. Most of the white men executed were steam doctors, seen to be too friendly with slaves; most of the men on the “vigilance committee” were doctors, threatened by their competition.1000

Increasingly, slave revolts were blamed not just on slaves enraged at their lack of freedom but a murky conspiracy of abolitionists, poor whites, free blacks, and enslaved persons, given impetus to unite by the epidemic. In Mobile in 1839, estimates suggest that

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over 1,000 people died from yellow fever during the autumn and 13,000 people fled. As discussed above, Rosalie Hart Priour was convinced that slaves, free blacks, and indigent whites waited to light fires until the epidemic reached its zenith.1001 As British visitor George Lewis noted, “two-thirds of the city was burned to the ground.” Initially, the “low Irish population about the harbour were at first suspected to have done it for purposes of plunder,” Lewis opined, “but it was afterwards discovered, from the confession of some free blacks who had fled to the North, that it was the act of the free blacks in Mobile, who had conspired to burn the city.” During the “confusion that ensued from the fire, and the absence of many influential citizens from the yellow fever,” deputized slaves had allegedly planned to massacre the white inhabitants and become “masters of the city.”1002 Again, whites used their anxieties about the disorder that yellow fever might engender act on their fears of perceived threats ranging from enslaved blacks to steam doctors.

At the beginning of the 1853 yellow fever epidemic, whispers of slave revolt coincided exactly with when “Madam Rumor” announced the epidemic’s arrival.1003 In June, a free black man named George Wright ran into the police station to report a slave revolt. A white, Jamaican-born, British man named James Dyson—who ran a school for free blacks on Franklin Street—was arrested shortly thereafter, and was put before Recorder Winter on June 23 for inciting slaves to insurrection.1004 Apparently Dyson, “infected” with the “disease” of abolitionism, had shown a slave a map of the city’s armouries. The idea was for 30 white men and slaves to rise up in every quarter of the city and burn it down. Seeing the smoke, plantation slaves would march on New Orleans with

1001 “Health of the South,” Baltimore Sun, 4 November 1839.
1004 “Examination of Dyson,” Times-Picayune, 23 June 1853.
cane knives and axes to murder the whites. In June, a “[v]ague rumor of negro insurrection in this city” spread up the coast and river, and became “exciting and exaggerated.” Public anxiety, piqued because of the increasingly serious epidemic, ran amok. Some suggested that 2,500 slaves were ready to attack the city.\textsuperscript{1005} Another rumour had it that hundreds of Cubans would aid in the attack. Free blacks, sensing an opportunity as normal life became disordered, allegedly began planning for a rebellion.\textsuperscript{1006} The militia was called up to patrol the city as a precautionary measure.\textsuperscript{1007}

The “Dyson Plot” caused a panic out of town. In the badly yellow fever-afflicted parish of St. Charles, the inhabitants lamented that 30 whites had been massacred in New Orleans; in St. John the Baptist, this was increased to 40; in Donaldsonville, they believed 100 whites in New Orleans had their throats cut. In and out of New Orleans, whites formed patrols and arrested all negroes and unknown white men found out at “unseasonable hours.”\textsuperscript{1008} As Ari Kelman noted, “the coincidence of two such dire threats to the social and economic order,” the epidemic and insurrection, caused Mayor Crossman to take the reports seriously.\textsuperscript{1009} The mass mortality occasioned by yellow fever epidemics left whites physically, and emotionally, vulnerable to attack by their allegedly yellow fever resistant slaves.

\begin{itemize}
  \item \textsuperscript{1005} Militia excursions into the swamps turned out a few isolated maroon encampments, but nothing large.
  \item \textsuperscript{1006} \textit{New Orleans Bee}, 29 July 1853.
  \item \textsuperscript{1008} “Louisiana Items,” \textit{Times-Picayune}, June 23, 1853.
  \item \textsuperscript{1009} Kelman, “New Orleans’s Phantom Slave Insurrection of 1853,” 6.
\end{itemize}
Conclusion

If blacks were immunologically superior, theoretically then, immunocapital could have transcended race, qualifying blacks for at least some kinds of capitalist and civic participation. But if immunity helped transform poor whites into potential slave-owners and cotton capitalists, black people’s natural resistance to yellow fever was taken to consign them to permanent servitude. Their immunity was divine proof that they were environmentally suited to be the labour force that would transform the Deep South from a backwater into the headquarters of American prosperity.\(^{1010}\) Acclimation for whites equated to citizenship; blacks’ supposed natural resistance emphasised their statelessness, movability, and malleability – both sub- and super-human, incapable of living in freedom, save for a very small handful of skilled free blacks. The white elite colluded to award to black people a kind of negative immunocapital: the longer their natural gifts allowed blacks to survive to make wealth for their masters, the more it made sense to enslave them.

In the Deep Southern mind, Northerners unfairly persecuted them for their widespread use of slavery, which to them was self-evidently necessary; Northerners undervalued them as capitalists, even though they grew the raw materials that made America rich; they had found economic success not because they exploited slave labour, or were lucky, but because of their own hard work, mastery of the environment which included using black people in labour for which God had uniquely equipped them, and personal sacrifices. They had forsaken the comforts and securities of the East to resettle in a dangerous region, literally gambling their lives and livelihoods in the process. And they

had risked yellow fever, or else a slave slitting their throat while they convalesced, to
promote the country's prosperity.
CONCLUSION

Historians have understood “creole” as a cultural and racial signifier. But antebellum Louisianans recognised that “creole” was partially a biological term – that over time one’s body physically adapted to the climate and diseases of the Deep South to become a *bona fide* citizen. For whites in this disease society, surviving yellow fever was the first step towards capitalist and political participation. As one Orleanian congratulated his convalescent, newly-acclimated friend, he had “finally succeeded in getting out his *naturalization papers*. He is now in every respect a citizen of New Orleans, and long may he live to enjoy the glorious privilege.” Yellow fever first threatened to cut off a white person’s chances of success. But survival transformed residents into creole citizens who possessed the hardest-earned form of capital in Louisiana: immunity to yellow fever.

Not everyone was so lucky. Upon his arrival in New Orleans, traveller James Creeey wrote, “I stepped on shore, and my first exclamation was, “This is the place for a business man!” But quickly Creeey changed his mind: “How many like me have said the same! How many such have there found early graves! How many have sickened and suffered deep and agonizing disappointment! And how many of the vast number of annual adventurers have ever realized their brilliant expectations and hopes?” White hopes could be dashed, but they were structurally denied to black people. As immunity became so closely linked with the concept of citizenship for whites, the political, scientific, and

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economic elite worked to deny blacks access to immunocapital, inverting the logic and rewards of acclimation along racial lines.

Such beliefs may have been intellectually specious, but they were widespread. Indeed, race- and ethnicity-based immunity stratification were evidence of a society dedicated to biologically justifying differences between blacks and whites, between white ethnic groups, and between the haves and have-nots. If biological, such differences were natural, divinely-sanctioned, and thus determinative. It was this epidemiological dogma that allowed the commercial-civil elite of the Deep South to deploy their proslavery trump card—namely, as William Harper wrote, that on black people “nature has indelibly written—slave.”

Immunocapital was valuable in this space precisely because of the government’s complete indifference to fixing the yellow fever problem. Rather than spend tax dollars, time, and energy on public health measures that worked well elsewhere, the government’s response was “ignorance, apathy and neglect,” especially in poor immigrant neighbourhoods. “Surely the epidemic of 1853 would have startled any other city in the world into the necessity of active and unremitting exertions to discover its cause and to prevent its recurrence,” the Bee argued. Yet “the languid sympathies and drowsy consciences” of the city council could not be stimulated to action. Following the idea that private acclimation was public health, and public health was economic prosperity, one

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1015 William Harper, “Harper’s Memoir on Slavery,” in The Pro-Slavery Argument, as Maintained by the most Distinguished Writers of the Southern States (Philadelphia, 1853), 67-77; Thompson, Exiles at Home, 34.

1016 From the Bee [E. H. Barton], The Cause and Prevention of Yellow Fever at New Orleans and Other Cities in America (New York, 1857), 11.
health reformer noted in 1854, the “leading idea” of the city and state government “has always been convenience for commerce,” rather than health and prosperity for all.\textsuperscript{1017}

Viewed generously, such elite attitudes suggest a pragmatic approach to disease – that yellow fever was unusually virulent and intractable in the Deep South, and had to be dealt with on its own terms. Viewed more sceptically, it can be argued that the elite recognised the value of their hard-earned immunity and sought to limit access to immunocapital for the hundreds of thousands of poor immigrants who came later. Either way, it is clear that public health did not really exist in New Orleans before the 1870s – what existed was a system of private health, private acclimation, and private welfare shaped by those at the top to forward their own interests. They started with the proposition that, as Charles Mackay noted “[h]uman life is a cheap commodity,” and did nothing effective to make it dearer.\textsuperscript{1018} Immunocapitalists became masters of obfuscating inconvenient, biological truths. In their carefully-curated view, they stood atop the capitalist pyramid because they had made the moral, manly choice to survive yellow fever; those who died were weak-willed and cowardly, undeserving of commodity- and slave-capitalism.

But the immunocapitalist elite did need many people to come, voluntarily or in chains, to provide the labour required in getting cotton from a tiny seed, to harvested produce, to a baled commodity, to a finished product packed into the hulls of ships headed for Europe. The elite thus worked hard at convincing outsiders that the yellow fever problem was terribly exaggerated; that acclimation was a light process; that moral men should have nothing to fear in this diseased-space; that within a few short years anyone

\textsuperscript{1017} Ibid, 12.
could become wealthy. This was, of course, not true. And immunocapitalists knew this logic was fragile since yellow fever attacked the rich as well as the poor, black people as well as white people, and native-born creoles as well as foreigners.

But the white elite clung to this thought system regardless. To admit that dumb luck rather than human agency determined who survived yellow fever in their disease society would chip away at other myths about their slave society; that white supremacy and classism were not natural but man-made; that there was nothing necessarily exceptional about successful capitalists, who under different circumstances could have ended up bankrupted, or in a coffin. It was valuable to explain their success and insiderdom as meritocratic, which in turn justified their violent pursuit of capital, subjugation of foreigners, and enslavement of black people.\textsuperscript{1019}

Indeed, the commercial-civil elites fitted their subjective and hand-selected facts into a pre-existing worldview. This circular, self-serving, apologist logic about disease eerily resembled the conflicting, tortuous arguments used to justify slavery, especially after 1833 when Britain abolished bondage in its empire. The argumentation employed by boosters of slavery and proponents of Deep Southern health bears such striking similarity because it shares a similar intellectual origin. Only by denying the obvious humanity of slaves could planters feel morally virtuous about their role in mass enslavement and cotton capitalism; only by denying the obvious ravages of yellow fever could the elite feel righteous in encouraging more immigration to their economically booming deathscape. In fact, the more complicated, contradictory, and convoluted their disease denialism became, the more powerful it grew. Their personal-responsibility approach to acclimation, what could even

\textsuperscript{1019} Thompson,\textit{ Exiles at Home}, 34.
be called an ideology of yellow fever inaction, was irrational; but in its irrationality, disease denialism became unassailable – beyond inquiry, logical reasoning, and even fact.

In moving to this region, thousands of people chose—or were forced—to increase their chance of dying. Yellow fever caused untold human anguish in the antebellum Deep South, making it perhaps not historian Drew Gilpin Faust’s “republic of suffering,” but rather a racial-oligarchy of suffering.1020 As historian Russell Blake noted, “Of all things in the slaveholders’ world, health was the least subject to personal control,” lessening “the individual’s confidence in his or her ability to act alone and control personal destiny.”1021

Every summer, disease tested the patriarchy of white men, putting their choices, successes, and sacrifices into sharp relief. For everyone else—women, slaves, immigrants, free blacks, children, and the poor—yellow fever amplified the oft-isolating and devastating constrictions placed upon them. To be unacclimated and poor in New Orleans was to be a political nothing, easily replaced, and vulnerable to the predations of death entrepreneurs, businessmen, landlords, employers, and the state itself.

As future New Orleans Mayor Edward Henry Durell, writing under the penname “Henry Didmus,” described it in 1845, Louisiana was a place of sorrow. With “its comparative newness, its advantages of trade, the great influx of aspiring youth, the periodical visit of the destroyer,” Durell wrote, it nevertheless saw “the periodical passing away of thousands in the bloom of life, while more than thousands rush in to fill their places, again to pass away—again to be more than supplied by new adventurers.”1022

1020 Drew Gilpin Faust, This Republic of Suffering: Death and the American Civil War (New York, 2008), xvi-xvii.
1022 Didmus, New Orleans as I Found it, 43.
captured the sense of life-and-death individualism embedded in Deep Southern citizenship: the thousands who came annually to the region were like the “thousands who crowd the cities of the Levant, Constantinople, Alexandria, Cairo; the cities of British India, Calcutta, Bombay: each hopes to live where he knows that another will die.” A system where mass death was frequent and unpredictable, and the only answer considered relevant was personal resourcefulness, helped to enshrine individualism—economic, political, and biological, and immunological—into the fabric of Deep Southern citizenship.

Suggesting that the protection and promotion of slavery were the dominant obsessions of a small set of slave racial capitalists may be correct. This narrative also captures a compelling, morally-straightforward argument about horrific racial violence. But we need to be cognisant of another dimension to this world, and in doing so, we alter some of the most strongly held historiographical assumptions about this space and its peculiar society and institutions. Yellow fever offers us a new point of access to the antebellum South: while most whites understood that the number of slaves they owned expressed their position on the social ladder, all people in the Deep South knew that their acclimated, unacclimated, or naturally-acclimated status determined a great deal about the life, economic prospects, and political position. As Maria Inskeep, a non-slaveholding, unacclimated, immigrant woman in New Orleans aptly described to her sisters in New Jersey in October 1832, “we live in fear and trembling, not knowing what moment we may be attacked.” She ended her letter “I think of you daily, hourly, and I trust that if we do not meet again in this world, we may be united with other dear friends that have gone before in another and a better world.”

1023 Ibid, 44.
1024 “Maria Inskeep to Mrs. Fanny G. Hampton,” 28 October 1832, Fanny Leverich Eshleman Craig Collection, box 1, folder 13, mss. 225, LRC-Tulane.
To Inskeep, yellow fever was a constant source of anxiety that no one, including her elected representatives, appeared to be systematically engaged with. Rather, the commercial-civil elite promoted a striking form of indifference, waving aside all thought of systematic quarantines or sanitation as violations of the natural order and useless to boot. The best of the white, poor, lower-class, and foreign-born would get acclimated and ascend the social and political ladder on their own. Then they would command and benefit from the labour of immune black people, the God-given labourers of this region.

McNeill’s mosquitoes and viruses may have been unthinking actors as they shaped imperial frontiers of the eighteenth-century Caribbean. But in the Deep South there were many thinking people who used the invisible microbial world—primarily yellow fever and the immunity that the lucky could obtain to it—to reinforce and justify a specific version of capitalism, intensify its already acute socially Darwinist tendencies, and help a small, white, immunocapitalist elite establish and maintain a firm grip on power.
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