IMPATIENT AND PESTILENT:
EPIDEMIC DISEASE AND THE REOPENING OF THE SLAVE TRADE IN
EARLY REPUBLIC SOUTH CAROLINA

By

BENJAMIN ALLEN SMITH

(Under the Direction of Dr. Peter C. Hoffer)

ABSTRACT

In December 1803, the South Carolina General Assembly voted to reopen the African slave trade, which operated in full force until it was federally banned in 1808. Approximately 75,000 slaves—nearly one-fifth of all slaves imported to North America—were imported during this short four-year span. Immediately before the trade reopened, the Medical Society of South Carolina advised state officials to relax quarantine measures for yellow fever. This advice was issued at a precipitous moment during an ongoing national debate over the contagiousness of yellow fever and whether or not it was imported. This thesis examines the intersection between private interest and the state through the lens of public health. It argues that the Medical Society of South Carolina—under the direction of Dr. David Ramsay—placed public health at risk in order to facilitate the slave trade by relaxing quarantine measures for yellow fever prior to its reopening.

INDEX WORDS: Yellow Fever, Slavery, Slave Trade, Smallpox, Quarantine, David Ramsay, History of Medicine, Inoculation, Vaccination, Contagion, Domestic Origin, Anticontagionism, Santee Canal
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DEDICATION

This work is dedicated with love to Sarah Elisabeth Concannon. Her countless readings and her sharp editorial hand improved both the quality and clarity of the finished product. Completing this work would not have been possible without her constant love and support.
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Mr. William Weaver to Mr. Jacob Weaver, Dated Kingston 3d of June 1794
communicated to the governor by Mr. Robert Ralston:

“The Yellow Fever is raging very bad on board the shipping here. The
fleet arrived a few days ago and have most all of their crews down with it,
and die very fast; and a great many gentlemen, who came passengers have
died. I think it would be necessary to make every vessel ride quarantine,
that comes from Kingston to Philadelphia.”

On June 3, 1794, merchant-planter William Weaver of Kingston, Jamaica hastily
penned this brief letter to his brother Jacob in Philadelphia, warning that the scourge of
yellow fever was likely on its way. Jacob immediately communicated the dispatch to
Governor Thomas Mifflin who promptly ordered strict quarantine of all ships from the
West Indies. Nothing, perhaps, shaped the quotidian experience of people in early
America more than disease. Fear and anxiety, whether justified or irrational, is palpable
in any survey of contemporary letters and manuscripts. The tone of William Weaver’s
letter is typical, betraying the fear of forces that no human action could control and only
the swiftest and most severe of governmental measures could contain. Weaver’s short
letter of three lines spurred Governor Mifflin to enact stringent quarantine on all ships—
not just from Jamaica, but the West Indies in its entirety—significantly curtailing
commerce and travel.

The reality that the commercial fate of a port city could and sometimes did hinge
upon general observations of a single person (and their reputation) speaks volumes about

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1 The City Gazette & Daily Advertiser, "Extract of a letter from Mr. William Weaver, to Mr. Jacob Weaver,
dated Kingston, 3d of June, 1794, Communicated to the Governor by Mr. Robert Ralston," July 21, 1794
the general concern over malevolent pathogenic antagonists. The public response to pestilential outbreaks, therefore, is particularly useful in exploring the intersection between private interests and the state through the lens of public health. My thesis, then will primarily explore this complex relationship through an examination of the early republic slave trade, both its role in transmitting epidemic diseases and its resulting influence on public health policy in the port cities most challenged by it.

Employing epidemic disease as an analytical tool is not a new historiographical trend. William H. McNeill’s groundbreaking *Plagues and Peoples* (1976) and Alfred Crosby’s *Columbian Exchange* (1972) significantly changed the way scholars approached the history of medicine and disease. By placing disease at the analytical framework’s foundation, scholars in recent years have begun moving away from the dry medical histories revolving around ideology and the achievements of individual physicians over time. Instead, scholars have embraced and moved towards dissecting the social and political implications of disease and changes in medical theory and practice.²

² Alfred W. Crosby’s *The Columbian Exchange: biological and cultural consequences of 1492* (Westport, Conn.: Greenwood Press, 1972) and William H. McNeill’s *Plagues and Peoples* (New York: Anchor Books, 1976) set the stage for scholarship that employed the same methodological approach but that was more focused in scope. This has been a growing trend in this past decade. Examples include but are hardly limited to: Kenneth F. Kiple *The Caribbean Slave: a biological history* (Cambridge: Cambridge University Press, 2002) which looks at the slave as a conduit for microbes and disease. Todd Lee Savitt’s *Medicine and Slavery: the diseases and health care of Blacks in antebellum Virginia*. (Urbana: University of Illinois Press, 2002) offers a vivid look at folk remedies employed by slaves on plantations and how the slaves themselves often informed plantation masters and overseers medical practice. Paul Kelton’s *Epidemics and Enslavement: biological catastrophe in the Native Southeast, 1492-1715* (Lincoln: University of Nebraska Press, 2007) examines the morbid epidemiological consequences of early attempts at enslaving Indians. Todd Lee Savitt’s *Race and Medicine in Nineteenth- and Early-Twentieth-Century America* (Kent, Ohio: Kent State University Press, 2007) updates his previous scholarship and introduces new findings on slave health and illnesses, medical experimentation, early medical schools and medical professionals, and slave life insurance. Marcus Rediker’s *The Slave Ship: a human history*. (New York: Penguin Books, 2008) though not entirely about disease, examines the ship as a conductor of maladies where disease percolates in the ship’s hold, threatening the captain’s profit margin. John Robert McNeill’s. *Mosquito Empires: ecology and war in the Greater Caribbean, 1620-1914*. (New York: Cambridge University Press, 2010) is perhaps the most comprehensive and well research volume to date arguing for the importance of mosquitoes as historical agents and their power to shape empires and governmental policy. Peter McCandless’ *Slavery, Disease, and Suffering in the Southern Lowcountry* (Cambridge; New York: Cambridge University Press,
When Dr. David Ramsay addressed the Medical Society of South Carolina (MSSC) in the fall of 1799, North American port cities were under attack. The adversary was yellow fever and the oration delivered by Ramsay spoke directly to the pestilential enemy. Yellow fever, he contended, was a domestic threat that originated locally and was not imported or contagious. The address did not surprise those members in attendance, for the prospect that the disease originated locally—however unsettling—was entertained by other prominent medical men of Charleston circa 1800. As an organization, the Medical Society often advised city officials state legislators on matters concerning public safety and public health. Under the direction of David Ramsay in the summer of 1800, the Society advocated relaxation of quarantine laws for yellow fever cases coming into port, and by late 1802 the Society suggested quarantine for yellow fever was altogether unnecessary.

These policy suggestions—upon close comparative examination—can only be described as an historical anomaly. The South Carolina Medical Society was the only medical intellectual body in the country so steadfastly anticontagionist in viewpoint that it encouraged state officials to employ less restrictive entry requirements for the state’s primary port, Charleston. Though many prominent physicians in other American port

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2011) is the most recent work that explores medicine and slavery, specifically examining Charleston and yellow fever. Simon Finger’s The Contagious City: The Politics of Public Health in Early Philadelphia (Ithaca: Cornell University Press, 2012) is the most recent volume on the political importance of public health in the Early Republic.

3 David Ramsay, “Extracts from an Address delivered before the Medical Society of South Carolina, on the 24th of September 1799” Medical Repository 4 (1801) p. 100; The Medical Society of South Carolina was founded in 1789 by a small group of physicians in Charleston to be modeled after the London College of Physicians with the purpose of promoting and improving the science of medicine and public welfare; From this point forward, the abbreviation “MSSC” will be used interchangeably with Medical Society of South Carolina.


cities adhered to an anticontagionist persuasion, none of these cities remotely considered relaxing measures implemented to prevent even the slightest potential threat of yellow fever epidemic. In fact, Boston, Philadelphia, New York, and Savannah enhanced quarantine measures for suspected cases of yellow fever, actions entirely opposite of those put forth by David Ramsay and the South Carolina Medical Society. Few historians have acknowledged that South Carolina was unique in this regard and none have attempted to explain this phenomenon.

Scientifically speaking—though nobody knew this at the time—Ramsay was correct in his claim that yellow fever is not contagious. Yellow Fever is an acute hemorrhagic viral disease transferred to humans through the bite of an infectious female *aedes aegypti* mosquito. The pattern of its spread through mosquito vectors easily mimicked human transmissibility as those aiding the sick often remained in the vector of the lingering infectious mosquito. Yet on other occasions doctors would treat the sick far removed from the presence of host *aedes aegypti* and avoid contracting the disease despite being in constant contact with the sick, sustaining the centuries long debate over whether or not it actually was contagious. The irony here is impossible to ignore. The distance limitations on the mosquito vectors of approximately three hundred yards actually support the practice of quarantine as an effective measure to curtail the spread of the disease by containing it with the vector despite the fact that it is not contagious.

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7 Historian Peter McCandless’ recent monograph has perhaps come the closest to offering any explanation. Throughout his work, McCandless does well to show how quarantine measures were perceived as burdensome on planter/merchants. See: Peter McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry*. (Cambridge: Cambridge University Press, 2011) 226
Furthermore, though incorrect about contagion, the contagionist doctors were correct that yellow fever was imported. Essentially, physicians of the contagionist persuasion were wrong in theory but correct in practice and anticontagionist physicians like Ramsay, though correct in theory, put public health at risk in practice.⁸

In order to understand why South Carolina entertained and adopted public health policies rejected in other states, special attention must be paid to the spatial and temporal components of this particular story as it unfolded. The pressure from Ramsay and the Medical Society to relax quarantine laws for yellow fever took place during a contentious and ongoing national debate over the disease’s communicability. Moreover, Dr. Ramsay proposed relaxing the law concurrently with debates in the state legislature over the reopening of the African slave trade.⁹ Careful attention to these contextual factors illuminates the potential reasons for why these men acted the way they did, when they did. This thesis contends that the Medical Society of South Carolina—at the behest of David Ramsay—placed public health at risk in order to facilitate commerce at the reopening of the slave trade in 1803.

To be sure, the Medical Society did not maliciously advocate for policy changes they knew to be false. They sincerely questioned the contagiousness of yellow fever. Though they outwardly argued it was not contagious, the historical records show that not all of the members of the Medical Society were entirely convinced and even David Ramsay had his doubts, albeit intimated only privately. The significance then, transcends

⁸ After *aedes aegypti* was found to be the culprit, effective eradication methods were quick to follow. For an erudite and succinct overview of early eradication regimes, see: Alexandra H. Freeman. “The Mosquito of High Crimes: The Campaign Against Yellow Fever During the American Construction of the Panama Canal, 1904-1905.” *Historia Medicinae* vol. 2, no. 1 (August 2011): 1–9.

the placing of blame. The collective decision to eliminate quarantine for yellow fever during a truculent debate over the origin and contagiousness of the disease is much more powerful and telling than manipulative workings of a single pernicious individual, and serves instead as a testament to the human power of self-denial in the face of powerful economic incentive. By “self-denial” I do not mean to suggest that these men were suppressing the truth, because in fact they were theoretically correct about contagion, though not about importation. The capacity of self-denial at work is rooted in the Medical Society’s suppression of both the overwhelming evidence of yellow fever’s importation along with any possibility that they may be incorrect.

Chapter one, “Doctors Raving and Disputing/Death’s Pale Army Still Recruiting,” begins the story in Philadelphia. The tragic yellow fever outbreak of 1793 created a rift in the nation’s medical intellectual community over yellow fever’s origin and transmissibility. That autumn, the epidemiological crisis decimated an estimated five thousand Philadelphians, or about one tenth of the city’s population. The nation’s capital from 1790-1800, Philadelphia was also the nation’s epicenter of medical knowledge. Dr. Benjamin Rush—a founding father and signer of the Declaration of Independence—had a formidable reputation and was arguably the nascent nation’s most famous physician. During the outbreak, Rush surmised that yellow fever was the result of “a quantity of damaged coffee” that was left to rot on the wharf adjacent to the houses where the fever first prevailed. Based largely on observations during patient visitations, Rush posited that the disease was not imported or contagious, but that it originated domestically.

10 Benjamin Rush, An Account of the Bilious Remitting Yellow Fever, as It Appeared in the City of Philadelphia, in the Year 1793 By Benjamin Rush, M.D. Professor of the Institutes, and of Clinical Medicine in the University of Pennsylvania. (Philadelphia: Printed by Thomas Dobson, at the Stone House, No 41, South Second-Street, 1794) 12
Rush’s radical notion of domestic origination quickly pitted him against his colleagues in the College of Physicians of Philadelphia, who vehemently disagreed. The College believed that the disease could be traced to a specific set of ships that arrived that summer and that historically, yellow fever had always been imported. It was not long before both camps took their disagreements public.

The debate over yellow fever in Philadelphia quickly became a national one in major port cities up and down the eastern seaboard. Charleston was no exception. Multiple South Carolina newspapers dutifully reprinted the Philadelphia debates, and local residents often voiced their opinions and commentary through that medium, engaging in the discussion. What made Charleston unique was the degree of local solidarity among the high ranking medical leaders. Unlike anywhere else, Charleston readily subscribed to the notions of Dr. Rush. This is due in part to the personal influence of Dr. Rush over Dr. Ramsay, the latter having a close relationship with the former. Still, Ramsay held many Rush’s dissenters in high regard, having studied under them (alongside Rush) at medical school in Philadelphia. It would have been difficult for Ramsay to simply ignore the professional scholarship of these esteemed physicians that opposed the theories of his mentor Rush, even if he wished. Privately, the sentiments and professional opinions of the College of Physicians were acknowledged and circulated among the Lowcountry doctors during Medical Society meetings. Publicly however, they were ignored. Therefore, a methodical breakdown of the medical debate in Philadelphia is pivotal to understanding the contours of the debate as it unfolded in Charleston.

The second chapter, “A Tale of Two Pestilent Cities,” offers a comparative analysis of Charleston and Savannah with epidemic disease at its fulcrum. This particular
comparison is warranted because many medical studies of the Lowcountry South give short shrift to Savannah, leaving coastal Georgia in obscurity under the penumbra of coastal Carolina, specifically Charleston.\textsuperscript{11} This is likely due in part to the dearth of historical documentation on early Georgia compared to that of Charleston. Additionally, many of Savannah’s early doctors were South Carolina transplants who either moved their practice entirely or sent their sons to the young colony where there was less competition. Consequently, many Savannah doctors received the same medical education as doctors in Charleston, primarily from Northern colleges and overwhelmingly in Philadelphia.

Charleston unquestionably had a more complex and grisly disease ridden past than Savannah in its early years. Furthermore, she boasted a plethora of more experienced and well-known physicians. It is also true that Lowcountry Georgia followed Charleston’s lead on most issues relating to public health regulation. However, it would be wrong to assume that Savannah and Charleston always acted in concert on issues pertaining to public health and related legislation. This chapter challenges that assumption. In the first few years of the nineteenth century, the divergence between Savannah and Charleston in regard to port regulation was stark, specifically concerning yellow fever regulation. The national debate ignited by the 1793 yellow fever outbreak in Philadelphia spurred the retention of conservative port regulation in Savannah, as it had everywhere else in the country, save Charleston.

\textsuperscript{11} Peter McCandless’ \textit{Slavery, Disease, and Suffering in the Southern Lowcountry} is a perfect example. McCandless collapses Savannah into his narrative on Charleston, only drawing from Georgia when absolutely necessary. The title then is misleading and coastal Georgia hidden behind the veil of the term “lowcountry.”
The third and final chapter, “Dr. Ramsay’s Men” will attempt to explain why Charleston was a national anomaly. It begins by analyzing the ways in which the Medical Society of South Carolina—under the influence of David Ramsay—differed from the College of Physicians, paying specific attention to the, climatic (regional), political, demographic, and cultural disparities. It will then move on to dissect the inner workings of the Medical Society and Dr. Ramsay alongside the debate in the assembly over the reopening of the slave trade.

Contemporary sources reveal that the Society men—especially Dr. David Ramsay—stood to gain considerably if the slave trade reopened. Publicly, it appeared that they did not think of themselves as acting irresponsibly or irrationally, and quickly reached consensus on most issues brought before them. But closer examination of their private correspondence undermines the sense of solidarity that they so publicly espoused. Though it may have looked to the Medical Society that the fever only killed strangers, many had family members and close friends—lifelong residents of the LowCountry South—perish after falling ill with it. If the MSSC’s public solidarity was a façade—privately doubted by the members who constructed it—continued support for relaxation in the face of massive importation of human cargo is all the more striking, albeit confusing. Chapter three then, analyzes the potential factors and reasons motivating such counterintuitive behavior.

The explicit motives of the Society men may never be known, but that is not the point. The larger significance here is the utility and potential of groups such as the MSSC as fresh lenses through which to view society in the Early Republic. The professionalization of medicine coincided with the development of the nascent American
legal state. Public health—that is, policing for and protecting the health and welfare of the populace—had long been an important component of establishing governmental legitimacy, but it increasingly became more important in the early years of state-formation after the devastating outbreak in Philadelphia. State officials grew dependent on the judgment of these professional organizations, believing the advice to be legitimate because the Medical Society had standards for membership and was composed of the most respectable physicians. Though this was undoubtedly true to a degree, private organizations such as the MSSC were not beholden to the government, or government to the advice given, nor were there any checks on conflicts of issue. This transitory period then, offers a unique window through which to view the relationship between private interests and the state.¹²

Historians have missed an opportunity to probe this notion and test its validity. Public health policy and operation is a crucial component of any narrative dealing with maritime commerce in the eighteenth and nineteenth centuries and warrants further investigation. Meticulous examination of its relation to commerce and the state could hone our understanding of economic and political discourse throughout the Early

¹² On public health and state formation, see Michel Foucault’s “The Politics of Health in the Eighteenth Century” in *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977* (New York: Vintage, 1980) and Christopher L. Tomlins’ *Law Labor and Ideology in the Early American Republic* (New York, 1993) and for an instructive look at state police power related to quarantine and public health see William J. Novak’s “Public Health: Quarantine, Noxious Trades, and Medical Police” in *The Peoples Welfare: Law and Regulation in Nineteenth Century America* (Chapel Hill: University of North Carolina Press, 1996). Novak’s work was written in response to modern misconceptions held by many Americans of “a mythical American past.” This mythical past, according to Novak, casts 18th and 19th century America as the “golden age of American liberalism,” the age of “minimal government, low taxes, absolute private property, individual rights, self-interested entrepreneurship, and laissez-fair economics.” In many ways my research on the early republic Lowcountry supports Novak’s findings, precisely that such a world never existed and that the nascent United States was home to “powerful traditions of governance, police and regulation.” Yet, the prospect of reopening the African slave trade in South Carolina was too intoxicating to many Carolinians who—through subversive pushback against regulation—reveal the willingness of both citizens and government to put their “well-regulated society” on hold when incentives were too tempting. (xi)
Republic as well as the rise of sectionalism. Promoting the expansion of slavery and southern interest at the expense of public health—as the records suggest—is vastly different from doing so at the risk economic sacrifice, as other historians have suggested. The epidemiological risk is as important if not more so than the risk of short-term economic setback. Thus, closer examination could further underscore the drastic measures taken to protect the South’s peculiar institution, and further illuminate South Carolina’s commitment to slavery in new and profound ways.
Chapter One:

“Doctors Raving and Disputing/Death’s Pale Army Still Recruiting”

In 1783, Dr. Benjamin Rush of Philadelphia proposed establishing a medical society similar to the Royal College of Physicians in London. Before long, Rush had the support of twenty-three other physicians, and the College of Physicians of Philadelphia held its first meeting in 1787. They collected medical books and established a library for member circulation by 1788 and gradually became involved in public health issues facing the city.13 Six years after its founding, the College’s resolve was put to the test.

Seventeen ninety-three was a trying year for Philadelphia. With a population of approximately 56,000, Philadelphia was the largest city in the nascent United States and by far the most cosmopolitan. When slave insurrection engulfed St. Domingo in the summer of 1791, agitating the entire West Indies, French islanders fled to Philadelphia in droves. Throngs of émigrés added to the city’s diversity and its already sizeable Francophone population. Historian Gary Nash estimates that at least “750 white French West Indian families chose Philadelphia, over alternate ports,” such as Boston, New York, Baltimore, and Charleston. In 1793 alone, 158 ships from the French West Indies

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13 The College of Physicians of Philadelphia, Detailed History of the College of Physicians of Philadelphia, http://www.collphyphil.org/Site/detailedhistory.html (accessed May 7, 2012). The College was founded in 1787 and “is the oldest professional medical organization in the country.” Twenty-four physicians (under the guidance of Dr. Benjamin Rush) formed the College to promote and to “advance the science of medicine and thereby lessen human misery.”
docked their vessels on the west bank of the Delaware River, and approximately 2,236
refugees made the Quaker City their new home.\footnote{14}

Modernization, population growth and commercial development—the trifecta
responsible for urban squalor—created densely packed and poorly sanitized living
conditions, especially in the neighborhoods closest to the wharves. Poor refugees and
transient dock laborers crowded into rental units that grew ever smaller by the year.
When yellow fever crept into the city in August 1793, the first observed cases were
reported near “Hell Town,” three blocks of the city along the waterfront that earned the
moniker for the vagrants, criminals, prostitutes, and other itinerants that dwelled there.
For these reasons among others, “Hell Town” was considered a percolator of pestilence—
—both morally and literally—among the upstanding and the wealthy, who avoided it
especially in the hot summer months. That the fever first erupted there surprised few, but
it is precisely because it did that two drastically different hypotheses were formed around
how the disease entered the city and whether or not it was contagious.\footnote{15}

On August 19\textsuperscript{th}, 1793, Dr. Benjamin Rush went to make a house call near “Hell
Town” on Water Street, close to the docks. His patient was Catherine LeMaigre, the wife
of one M. LeMaigre, a French importer. In the weeks leading up to his wife’s illness
LeMaigre, a French national, had been busy trying to find money, food, clothing and jobs
for his French brethren recently arrived from the Caribbean. Doctors Hodge and Foulke

\footnote{14} Gary B. Nash. “Reverberations of Haiti in the American North: Black Saint Dominguans in
Philadelphia.” \textit{Pennsylvania History} 65 (1998): 44–73. 46; See also, Simon Finger. \textit{The Contagious City:
The Politics of Public Health in Early Philadelphia} (Ithaca: Cornell University Press, 2012) and Philip
\footnote{15} Elfreth’s Alley is an example of population density increasing by the wharves. In 1790, approximately
123 people but probably more were living in a mere 30 households. See Billy G. Smith, and Paul Sivitz.
accessible online (http://philadelphiaencyclopedia.org/archive/philadelphia-and-its-people-in-maps-the-1790s/#4142)
were already at her bedside, but unable to diagnose, so LeMaigre put his charity on hold to seek out Dr. Rush for a third opinion. Rush arrived to a grim scene. Catherine was in the midst of a vomiting fit. As she thrashed about, the doctors examined her bile; it was black, having “the appearance of coffee grounds.” After pondering amongst themselves for a few hours the doctors realized that they were powerless against the malady.

Catherine expired later that night.16

The doctors used the unfortunate circumstances of their meeting that night to discuss recent patients they had visited with similar symptoms. Dr. Rush mentioned two—Peter Ashton and Mary Shewall—both having died in the same ghastly manner. Dr. Hodge’s own daughter died of a fever that was striking in its resemblance. Being a popular doctor in that particular neighborhood, Hodge also disclosed that approximately five others in the vicinity of Water Street also perished of similar symptoms earlier in the week. Dr. Foulke too observed similar cases in the area nearest the wharves.17 After much cogitation and deliberation, Dr. Rush concluded that yellow fever was responsible for the deaths.

Before long the presence of yellow fever was reported in the newspapers and the social fabric of Philadelphia began to break down. Printer Mathew Carey captured the horror that overwhelmed the city in his Short Account of the Malignant Fever Lately Present in Philadelphia (1793).18 The streets, Carey recalled, “wore the appearance of gloom and melancholy.” So great was the “general terror” that wealthy citizens began to

17 Powell, 12
flee the city in throngs, “carts, wagons, coaches and chairs almost constantly transporting families and furniture to the country in every direction.”¹⁹ Those who remained—mostly the poor and working classes—were a dismal bunch. Many shut themselves up in their houses, “afraid to walk the streets.” When forced to leave their homes to obtain food and water, people employed every conceivable preventative measure, whether rumored or “official.” Some relied on garlic, and “chewed it almost the whole day.” A rumor circulated that tobacco was a potential preventative, spurring “women and small boys” to smoke incessantly, “segars [sic] almost constantly in their mouths.”²⁰

As the death toll climbed, anxiety intensified in kind. Philadelphians seemed the lose their humanity as, “even the most respectable citizens,” who did not die from yellow fever, “were carried to the grave on the shafts of a chair…by a negro, unattended by friend or relation, and without any ceremony.” People avoided one another in the streets, choosing to walk in the middle of the road to avoid passing the houses of the sick on the sidewalks. Handshaking fell “into general disuse” and many “shrunk back with affright at even the offer of a hand.” Acknowledgement between passing friends and neighbors was instead replaced with “a cold nod.”

Wives abandoned husbands and husbands left wives to die alone. Parents deserted “their only children.” Masters were quick to send their servants to Bush Hill—the city hospital outside town—“even upon suspicion of the fever.” Servants too, readily abandoned even the most “tender and humane masters, who only wanted a little care to restore them to health.” Artful prisoners capitalized on the terror and “blackened their tongues to counterfeit the common symptoms of the yellow fever” and were removed to

¹⁹ ibid, 17
²⁰ ibid, 21
the hospital at Bush Hill where they escaped “at the first opportunity.”  Even the
decision to establish the convalescent facility at Bush Hill had been influenced by
lamentable actions taken by frightened Philadelphians. Prior to the establishment of Bush
Hill, Mr. Rickett’s Circus was used as a temporary hospital. The inhabitants of the
neighborhood nearest the circus “took alarm and threatened to burn or destroy it, unless
the sick were removed.” Carey assured his readers that the threat was not idle and would
have become reality “had compliance been delayed a day longer.”

Such disgraceful conduct, however excusable in the face of an invisible lethal
force, spurred Philadelphia city officials to action. Mayor Matthew Clarkson and his
“Committee to Attend and Alleviate the sufferings of the Afflicted with the Malignant
Fever” asked the College of Physicians to convene and report upon the origin and status
of the fever. Officials hoped the meeting would produce some level consensus among the
country’s foremost medical minds about how best to prevent further introduction of
yellow fever into the port and how to effectively curtail its spread within the city.

The College wasted no time. Many physicians had already formed hypotheses and
were printing them in the newspapers. By the time the college met on August 25th, the
question of origin became a contentious issue in the medical community, splitting it into
schools of thought: a domestic origin camp under Dr. Benjamin Rush (often referred to as
climatists by historians) and the importation camp under Dr. William Currie (often
referred to as the contagionists by historians). The “climatist” camp fervently believed
yellow fever was a product of contaminated air, or miasmas. If weather conditions were
appropriate, the miasmas could turn toxic. Prolonged exposure to the noxious effluvia

21 *The National Gazette*, October 23rd, 1793
22 Carey, *Short Account* 22-23
produced the fever. Narrow damp streets, poor sanitation, and insufficient ventilation, according to this camp, exacerbated the potential for infectious disease. The “contagionist” camp believed that yellow fever was a contagious disease; transmitted from person to person in a manner similar to smallpox and measles. Akin to modern notions of contagion, contemporary physicians believed that prolonged exposure to an infected person would produce the same disease in the body of the exposed. It was largely assumed by both camps that certain epidemic illnesses could survive in the fibers of the clothing of the infected and other inanimate material possessions that came into contact with the sick, and contagionists believed yellow fever was one of these diseases. Thus, the contagionist camp firmly believed that the disease could easily be carried into and out of cities onboard shipping vessels. The meeting of the 25th was an exceptional sparring venue for these conflicting ideas and the egos of the men that held them. City officials yearning for uniform policy suggestions that would help calm the public mind were sorely disappointed.

The College of Physicians’ official response to the committee was to put into effect the following rules and to publish them in the newspapers:

“…avoid all unnecessary intercourse with the infected; to place marks on the doors or windows where they were; to pay great attention to the cleanliness and airing the rooms of the sick; to put a stop to the tolling of the bells; bury those who died of the disorder in carriages, and as privately as possible; to keep the streets and the wharves clean; to avoid all fatigue

23 The term “climatist” is problematic for three reasons and therefore will not be used in this study. First, as will be explicated later in this chapter, both camps believed that the climate played a crucial role that determined whether or not the disease could exist in a place. Second, many “climatists” believed that yellow fever was contagious once it was originally contracted via toxic air (this contingent included Benjamin Rush in the early weeks of the 1793 epidemic). Lastly, and probably the most confusing is “climatists” like Rush often pointed to miasmas emanating from rotting material found on the wharves—brought into port by commercial vessels—as the source or the scourge. This makes “importation” a misleading term. Thus, if lines must be drawn, it is perhaps more useful to use contagionist and anticontagionist because though there is some ideological overlap regarding origin, there is stark contrast over transmissibility.
of body and mind, and standing and sitting in the sun or in the open air; to accommodate the dress to the weather, and to exceed rather in warm than in cool clothing; and to avoid intemperance; but to use fermented liquors, such as wine, beer and cider with moderation.”

The “eleven point plan” (as it was called) appeared to address both schools of thought in an attempt by the College to cover all bases. People were to quarantine the sick in their own homes and to quarantine themselves from the sick if healthy. At the same time, the College issued a resounding call to cleanliness. Individuals were instructed to “pay great attention to cleanliness” in their homes, and citizens and city scavengers at large were to “keep the streets and wharves clean.”

The disagreement among College members affected Benjamin Rush deeply. Rush, a founding father and signer of the Declaration of Independence, had a formidable reputation and was arguably the nation’s most well known physician. Yet, despite his fame and reputation, his theory that yellow fever originated domestically did not convince his colleagues at the College of Physicians, who “adopted the traditional opinion” that yellow fever could only exist in Philadelphia “by importation from the West Indies.” According to Rush the College did more than disagree with him, but endeavored “to discredit [his] account” completely. Some colleagues allegedly treated him with “ridicule and contempt.” Rush sought personal and professional vindication in the newspaper. As early as September 12th he began publishing his observations of and

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24 Carey, *Short Account* 17. *Short Account* was widely popular, selling out due to popular demand and spurring Carey to publish four editions in two years, adding statistical information and anecdotal flourishes to each new edition.

25 Powell, 184

26 ibid, 15; for an opposing viewpoint to Benjamin Rush, see Matthew Carey, *A Short Account of the Malignant Fever, Lately Prevalent in Philadelphia: With a Statement of the Proceedings That Took Place on the Subject in Different Parts of the United States* vol. IV (Philadelphia: Printed by the Author, 1794) 55, 67, 70. Carey claimed the disorder was “unquestionably” imported from the West Indies.
treatments for yellow fever in the *Federal Gazette*, one of the two papers still in circulation during the epidemic.\textsuperscript{27}

The *Federal Gazette* was a failing daily newspaper until Andrew Brown took over as editor in 1788. Brown maintained that his newly revived *Federal Gazette* would be nonpartisan despite the growing partisanship in the early 1790s. Impartiality, according to Brown, was a selling point because of the growing numbers of partisan papers offering one-dimensional stories. Though Brown himself eventually sided with Democratic-Republicans, comparative to other Philadelphia papers in circulation at the time the *Federal Gazette* was indeed the least partisan, publishing arguments of both sides of any particular political issue. When yellow fever swept the city most papers shut down, but Brown kept the doors at the *Gazette* open. The paper served as a medium of intellectual and civic exchange through which citizens and physicians could discuss the epidemic and city officials publish public health notifications and proclamations. Brown endeavored to maintain the paper’s reputation for impartiality by publishing nearly anything related to the epidemic written by nearly anyone.\textsuperscript{28}

However, the growing rift in the medical community forced Brown to use his editorial hand in a less than impartial way. The lack of consensus among the medical establishment—especially concerning treatment—was cause for alarm. One historian argues that in order to convey unity and calm the public, Brown “promoted certain medical opinions and suppressed others.”\textsuperscript{29} Benjamin Rush happened to be both a

\textsuperscript{27}“For the Federal Gazette” *The Federal Gazette and Philadelphia Daily Advertiser*, September 12\textsuperscript{th}, 1793 hereafter cited as *Federal Gazette*
\textsuperscript{29}ibid, 322
political ally and personal friend of Brown, and as the days passed the paper became somewhat of an exclusive vehicle for Dr. Rush to promote his treatment strategies and to criticize and dismantle the arguments of opposing doctors.\textsuperscript{30} Hardly a day passed without his name in the paper.

In his first publication during the outbreak, Rush took aim at two of his colleagues. He claimed that “in want of success” he tried the cure offered by Dr. Stevens that was being touted in the \textit{Gazette} a few days prior by Dr. Kuhn, who was of a like mind and also practiced the same treatments. When the method failed Rush tried to figure out why. The problem with the Stevens-Kuhn regimen, according to Rush, was that Stephens—though an “eminent physician from St. Croix”—offered a treatment for “the West India yellow fever,” and Philadelphia’s yellow fever “differed very materially from that.” Essentially, Rush faulted Kuhn for “prescribing for the name of a disease” without considering the circumstances, a common error that “has slain more than the sword.” Rush did not stop there. He went on to suggest that Kuhn’s methods were actually harmful to his patients and that “they probably would have recovered much sooner without the use of any of them.” Rush acknowledged his brash tone, but defended it claiming that if he did not “testify against” Kuhn’s method, than Kuhn would be liable for “desolating three fourths of the city.”\textsuperscript{31}

Dr. Kuhn responded the very next day. He wanted to make clear that there were other fevers prevailing in Philadelphia—notably the fall bilious remittent—and that he had only personally attended to four people with yellow fever. Of the four, three lived.

\textsuperscript{30} ibid, After September 17\textsuperscript{th} 1793 Brown favors Benjamin Rush over other doctors evidenced by the 34 letters in support of Rush’s theories and cures and only 6 critical of Rush. Before the 17\textsuperscript{th} Brown published rather evenly 7 articles in favor of Rush and 7 critical of him.

\textsuperscript{31} \textit{Federal Gazette}, September 12\textsuperscript{th}, 1793
The other patient “was in the fourth day of disease” and beyond help when Kuhn took over his care. Feeling as though Rush was attacking him out of context, Kuhn’s response was an effort to save face.

Rush’s retort came the next day. His response was far from kind. He derided Kuhn for his naïveté, stating if Kuhn “had been practically acquainted with the yellow fever” he would have known it “puts on all the stages between a mild bilious remitting and a violent inflammatory fever.” He chastised Kuhn for failing to consult the writings of medical authorities and claimed that Kuhn likely treated more yellow fever victims than his recent publication suggested. The “yellowness on the skin,” Rush contended, only occurred in patients that “have been neglected in the beginning of the disorder” or who have recovered “in spite of Dr. Kuhn’s methods.” If Dr. Kuhn wished to “do a great kindness to the public,” Rush declared, the best way was “keeping his opinions to himself.”

It is impossible to tell if Rush silenced Dr. Kuhn or if Brown disregarded any response Kuhn offered in his attempts to convey solidarity in the medical community. Either way, Kuhn did not appear in the Gazette after Dr. Rush publicly denounced him. Sometimes Brown’s attempts at suppression backfired. He would often publish anonymous accounts of citizens praising Rush’s treatments and defending them from his detractors, betraying the criticism and disjuncture in the medical community that Brown was trying to conceal. One anonymous correspondent championed Rush’s mercurial purging and bleeding as simple but effective. That the simplicity of Rush’s method

32 “For the Federal Gazette” Federal Gazette, September 13th, 1793
33 “For the Federal Gazette” Federal Gazette, September 14th, 1793
caused “some persons to object” to it was farcical, the correspondent pined, “for a stone in the hand of little David brought Goliath to the ground.”

Dr. William Currie was next to enter the fray, publishing an editorial in the *Federal Gazette* on September 17th. Undoubtedly less of a national figure than Rush, Currie was nearly as popular in Philadelphia. He served in the Revolution as an army surgeon, earning a respectable reputation as patriot-physician that stuck with him well after the war. His publications on vaccination were widely read and by 1793 he was reaching the high water mark of his medical career. Of all of the fellows of the College of Physicians, Currie was perhaps the only person equipped with both the medical knowledge, experience and name recognition to challenge Dr. Rush in a manner that would hold any weight with the public.

Currie stated that the cases of yellow fever were indeed few, as Dr. Kuhn had posited. The “fall fever,” Currie argued, produced similar symptoms to the yellow fever, but was entirely different. The bleeding and purging method put forth by Rush, Currie argued, worked well to cure fall fever but “in the yellow fever it cannot fail to bring certain death.” For all intents and purposes, Currie believed that the yellow fever ravaging Philadelphia was imported from the West Indies and was therefore the “West India” form of the fever that Rush referred to and dismissed. As a result, “the means recommended by Drs. Kuhn and Stephens” were “the most effectual and the only ones that can be relied on.”

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34 *Federal Gazette*, September 16th, 1793. Hereafter if the no headline appears before the newspaper title than the selection cited was printed without a headline.
35 Powell, *Bring out your Dead*, 32-33
If Dr. Rush was “extremely sorry to differ from his friend Dr. Currie” so too were the city’s residents. From the residents’ perspective, if Currie’s notions were true, anyone following Rush’s prescription the week before Currie issued his correction were actually doing more harm than good. Even if Currie was incorrect, it did not mean that Rush’s method was necessarily proper and the conviction with which Currie cautioned against it—that it “cannot fail to bring certain death”—was undoubtedly unsettling. Philip Freneau—the editor of the Gazette of the United States—was also a renown poet, and artfully captured the anxiety felt by the masses in his poem “Pestilence” written and published during the epidemic:

Hot, dry winds forever blowing,  
Dead men to the grave-yards going:  
Constant hearses, Funeral verses;  
Oh! what plagues--there is no knowing!  

Priests retreating from their pulpits!  
Some in hot, and some in cold fits  
In bad temper, Off they scamper,  
Leaving us--unhappy culprits!  

Doctors raving and disputing,  
death's pale army still recruiting  
What a pother, One with t'other!  
Some a-writing, some a-shooting.  

Nature's poisons here collected,  
Water, earth, and air infected  
O, what a pity, Such a City,  
Was in such a place erected!37  

Anonymous letters published in the Federal Gazette testify to the insecurity of the citizenry heightened by the feuding doctors. The dissenting publications, one subscriber lamented, only “confounds and alarms” Philadelphians who “know not to whom with

36 “Philadelphia” Federal Gazette, September 18th, 1793  
37 Philip Freneau, “Pestilence: Written During the Prevalence of a Yellow Fever” (Philadelphia, Published by the Author, 1793). Emphasis added.
confidence they may apply.” The subscriber unquestionably favored Dr. Rush yet was deeply uncomfortable in blindly supporting Rush over Currie. “Would to God,” the subscriber prayed, “these opinions of Dr. Currie be verified!” Another Philadelphian under the moniker “One of the People,” was “no professional man, either as a physician or a teacher,” offered his sentiments anyway. Noticing that the physicians “seem to be agreed that there are two fevers existing in the city,” One of the People beseeched physicians to clarify “which is and which is not infectious.” Distinguishing between fevers and how to diagnose each, according to the concerned resident, superseded the debate over treatment because understanding the difference influenced “means of cure and the attendance of nurses and friends.”

Trying once again to calm the public mind, Brown published a letter written by the College of Physicians of Philadelphia to the Massachusetts Medical Society. Showcasing the College’s efforts to engage the help of perhaps the second most prestigious medical establishment in the country, Brown reassured his readers that “anything that may be of use to the faculty or the community at large” will “be freely communicated.” The contents of the correspondence did not help. Perhaps most alarming to the subscribers was the section of the letter where the College of Physicians explained that yellow fever attacks “American whites” almost exclusively and of those whites the “most robust” young men ages “14 to 40.” Furthermore, the College went on, the disease can “be brought into action by excesses of every kind” and that “fear is a most powerful

38 “To the editor of the Federal Gazette” Federal Gazette, September 21st, 1793; “For the Federal Gazette” Federal Gazette, September 25th, 1793
exciting cause.” Many of the subscribers, by late October when this letter appeared, had lost at least one family member or close friend to the scourge.\textsuperscript{39}

The irony in telling a city full of distraught inhabitants that the best way to stave off infection is by “keeping a tranquil mind,” is so blatant that if the reality were not so morbid it may have been considered humorous.\textsuperscript{40} To many, the doctors’ quarrel was the root of their fear. One anonymous writer complained that doctors could not agree on the simple diagnostic of what “what [was] and what [was] not the yellow fever.” That doctors could not reach common ground on so elementary a question was most horrific, according to the writer, and “added more distress to the calamity” than the disease itself.\textsuperscript{41} Another subscriber writing under the penname “Benevolus” begged Andrew Brown to stop publishing the controversy because the anxiety the daily readers felt was not assuaged by contradictory medical opinions. “Let your readers,” Benevolus charged, “be no more pestered with disputes.”\textsuperscript{42}

\textbf{The Fever Wanes; the Debate Continues}

By early November yellow fever cases trailed off and by the middle of the month they had all but disappeared. With house calls in decline, physicians devoted more time to investigating what happened. Shortly after the fever waned, doctors began publishing pamphlets and essays recounting their observations and experiences, often weighing in on the debate over importation and contagiousness directly. Predictably, Dr. Rush was the

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\textsuperscript{39} “Boston, October 16” \textit{Federal Gazette}, October 24\textsuperscript{th}, 1793. Emphasis added.  
\textsuperscript{40} \textit{ibid}  
\textsuperscript{41} \textit{The General Advertiser}, September 19\textsuperscript{th}, 1793  
\textsuperscript{42} \textit{Federal Gazette}, October 3\textsuperscript{rd}, 1793 as quoted in Mark A. Smith, “Andrew Brown” 334; other complaints about the medical debate voiced by Philadelphians and be found in the \textit{Independent Gazetteer} 9/21/1793, 10/19/1793, 11/9/1793 (credit Mark A. Smith)\end{flushright}
first to offer his comments in two separate publications, first in a short essay entitled “An Enquiry into the Origin of the Late Epidemic Fever in Philadelphia” and later in longer form as An Account of the Bilious Remitting Yellow Fever, as It Appeared in the City of Philadelphia, in the Year 1793.¹³

Rush consulted his medical notes and revisited his observations in order to write a pamphlet that he believed would prove that yellow fever was a domestic issue and that it was likely not contagious. Paying strict attention to sickness patterns, Dr. Rush believed he had traced the fever to its origin. According to Rush, the fever was the result of “a quantity of damaged coffee” that was left to rot on Ball’s Wharf by the ship Amelia—recently arrived from St. Domingo in late July—docked adjacent to the houses where the fever first prevailed.¹⁴ The coffee was left damp and in the sun, where it “putrefied…to great annoyance of the whole neighborhood.”¹⁵ It was unsurprising to Rush that the offensive “putrid exaltations” of the rotting coffee on the wharf, “should produce a violent fever.”¹⁶ He suggested yellow fever was “only a higher grade of fever” that prevailed in Philadelphia every year. The varying degree of violence and danger depended solely upon “climate.” The unusually warm winter of 1792 and the extreme heat of 1793, according to Rush, expedited putrefaction of organic matter, increasing

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¹³ Benjamin Rush, An Enquiry into the Origin of the Late Epidemic Fever in Philadelphia: In a Letter to Dr. John Redman President of the College of Physicians, From Dr. Benjamin Rush (Philadelphia: Mathew Carey, 1793) and Benjamin Rush, An Account of the Bilious Remitting Yellow Fever, as It Appeared in the City of Philadelphia, in the Year 1793 By Benjamin Rush, M.D. Professor of the Institutes, and of Clinical Medicine in the University of Pennsylvania. (Philadelphia: Printed by Thomas Dobson, at the Stone House, No 41, South Second-Street, 1794).
¹⁴ Rush, An Account of the Bilious Remitting Yellow Fever. 12
¹⁵ ibid
¹⁶ ibid, 24
levels of pestilential miasmatic effluvia emanating from the wharves. Consequently, Dr. Rush concluded that the fever originated domestically and was not imported.

The first to formally counter Rush’s hypothesis was Dr. William Currie. In the early months of 1794, Currie engaged Rush publicly by publishing *An Impartial Review, of Dr. Rush’s Late Publication, in which his Opinion is Shewn [sic] to be Erroneous; the Importation of the Disease Established and the Wholesomeness of the City Vindicated.* The title is misleading—couching animosity and disagreement in a collegial academic tone—as Currie’s review is anything but impartial. He begins his critique by crediting Rush for employing “some authorities and a multitude of very ingenious and highly laboured [sic] arguments.” He avoided “entering into a formal refutation” of Rush’s arguments by systematically discrediting the authorities on whom Rush relied. According to Currie, some were no longer authorities at all and the ones that were “of respectable character” made “no mention of [yellow fever] being derived from vegetable putrefaction.” Currie took Rush to task for source mining. It was not only that Rush was mostly citing doctors that agreed with him, but rather that he was quoting famous physicians out of context to claim their support.

Currie then moved on to attack Rush’s claims. He appealed to the “impartial reader” by making common sense arguments. If yellow fever “must necessarily be generated…wherever vegetable putrefaction abounds in a hot season,” Currie posed to the reader, why did it not “appear every year in Madrid” or more importantly,

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47 Rush, *An Enquiry*, 10
48 William Currie. *An Impartial Review of That Part of Dr. Rush’s Late Publication Entitled “An Account of the Bilious Remitting Yellow Fever, as It Appeared in the City of Philadelphia in the Year 1793, Which Treats the Origin of the Disease.” in Which His Opinion Is Shewn to Be Erroneous; The Importation of the Disease Is Establish; and the Wholesomeness of the City Vindicated.* (Philadelphia: Thomas Dobson, at the Stone House, No 41 South Second-Street, 1794); ibid 3-4
Philadelphia? The further into “the impartial review” one read, the more vitriolic Currie became.

Currie lambasted Rush for publishing conclusions about the origin of the disease “before he had an opportunity of informing himself sufficiently of the facts.” If Rush had taken his time, Currie argued, he would have discovered that “the disease began at a lodging house…where two French men were then at lodgings…and the first case observed,” over two weeks prior to the first case recorded by Rush. Instead, Rush formed his opinion “on the baseless fabric of a vision.” Rush’s behavior, according to Currie, was deplorable and similar to that of the Dr. Sangrado who would rather people “die than for [him] to change [his] opinion.” It was the irresponsibility of publishing “erroneous” findings before corroborating them that irritated Currie more than anything. A public figure of such status and repute as Rush doubly deserved rebuke since “oracles may utter anything at Delphos, and credulity will swallow it.” These were dangerous accusations, as Dr. Andrew Ross was caned by Dr. Rush’s son for much less, on the mere pretense that Ross was the author of an anonymous critique published in the Gazette of the United States back in October.

Having thoroughly disparaged both Rush’s theory and his character, Currie used the remaining pages to put forth his own ideas about the origin of the fever. He relied on

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49 Dr. Sangrado is a character in the romance of The Adventures of Gil Blas of Santillane, an early 18th century novel considered to be a masterpiece. The work was widely read and extremely popular even late in the century, thus the reference to Dr. Sangrado would hardly be missed by anyone. In the work, Sangrado obtains a reputation for bleeding for every ailment, regardless of the complaint.

50 Currie, Impartial Review, 9-10; In severe cases of yellow fever, Rush advised drawing up to four-fifths of the blood out of a patient. The problem according to his contemporaries was that he was publicizing this advice in the newspapers as if any family member or nurse could practice such drastic bloodletting effectively and without danger to the patient. This was a serious amount of blood to draw, and opponents of Rush though regular untrained citizens would not know if such drastic measures were appropriate and more importantly when to stop bleeding. See Powell, 132); Linda S. Myrsiades Medical Culture in Revolutionary America: Feuds, Duels, and a Court-martial. (Madison: Fairleigh Dickinson University Press, 2009), 109.
many of the same medical authorities as Rush, but relied more heavily on reports of the prevalence of the fever in foreign ports. Of the many places where yellow fever ran rampant in the summer of 1793—and thus could have been imported from—Currie fingered St. Domingo the culprit. Many of the “multitudes of inhabitants” fleeing St. Domingo “throughout the summer on account of the desolate war…took shelter in Philadelphia,” Currie remarked. The chaos created by the slave insurrection in St. Domingo undeniably caused “several sick persons” to be carried off to Philadelphia from the West Indies, and Currie intended to prove it.  

He agreed with Rush that the fever could be traced to the neighborhood of Ball’s Wharf, where the sloop *Amelia* had unloaded the rotten coffee and where the first known cases were observed. Though many citizens assumed that a sick refugee onboard the *Amelia* carried it ashore, Currie did not think that to be the case, again agreeing with Dr. Rush. However, Currie noted that the *Amelia* was not the only ship to dock at Ball’s Wharf that day. Three other ships, the sloop *Mary*, the Privateer *Sans Culottes* and her prize the *Flora* arrived “at the same wharf, and about the same time” as the *Amelia*. Two of the vessels, the *San Culottes* and the prize *Flora* were also recent arrivals from the Cape Francois, St. Domingo with fleeing French islanders onboard. In transit to Philadelphia, the *Flora* stopped in Chester, with the master of the vessel, Hamilton Sage, too sick to continue up river. There Sage “died with unequivocal symptoms of the yellow fever.” When the *Flora* and her captor finally arrived at Ball’s Wharf “several sick persons were seen coming on shore” by Major Hodgson, Mr. LeMaigre, and other

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51 Currie, 11-12.
52 ibid, 13; *The Counter Case of Great Britain as Laid before the Tribunal of Arbitration Convened at Geneva under the Provisions of the Treaty between the United States of America and Her Majesty the Queen of Great Britain, Concluded at Washington, May 8, 1871* (Washington: Govt. Print. Off. 1872) see appendix for and exhaustive list of prize vessel. 610
“respectable persons who resided in Water Street.” Unfortunately, the contagiousness of their illness went unnoticed until, “it was too late.”53

Dr. Jean Devèze disagreed. Like Rush, he believed that the disease was not imported, but went further than Rush was willing in 1793 by stating that it was indisputably not contagious. Devèze was a French physician that took over operations at Bush Hill Hospital during the epidemic. Consequently, he had just as much—if not more—exposure to and experience with yellow fever as Currie and Rush. Despite his recent arrival to the city he had achieved local fame for his service at Bush Hill. As deft an interlocutor as Devèze was, he was hindered by his inability to write in English, forcing him to find a proper interpreter that inevitably delayed his account’s publication. When finished, An Enquiry into, and Observations upon the Causes and Effects of the Epidemic Disease, which Raged in Philadelphia from the month of August till towards the middle of December included the original French along with the translation.54 It appears that it sold quite well, going through at least one re-print.

Devèze was aware of the nasty feud between Rush and Currie and hoped that his foray would not be taken as a personal attack on either. The preface explicitly stated that should his work “meet with any contradictions or persons of a different opinion,” he would “renounce all controversy.”55 With this disclaimer issued, Devèze let his criticisms fly. The “rapid destruction” and “devastation” that swept Philadelphia was the fault of “the public papers,” he exclaimed, which “inspired you with terror by pretending the

53 Currie, Impartial Review, 14.
55 ibid, VI
disease contagious.” The report that the disease came in onboard the *Amelia* or the others in her coterie recently arrived from Cape François was “inconsiderately spread.” Devèze steadfastly asserted that there was no contagion aboard the accused vessel because he himself “was a passenger aboard the brig.” His work onboard as ship surgeon forced him to make rounds, enabling him to affirm so forcibly that the “pretended facts” reported by others were “without foundation.”

Like Rush, Devèze believed that yellow fever was the result of “alterations of atmospheric air” that become “fatal when filled with infected miasmata.” Sufficiently inhaled, Devèze contended, the disease took hold but was not communicable by contagion in either form: patient exhalation or immediate physical contact. This conclusion resulted from Devèze’s daily observations at Bush Hill. He noted that Stephen Girard—a French philanthropic merchant long settled in Philadelphia—was constantly exposed to the fever while volunteering as an attendant at the hospital. Supposedly Girard had no prior exposure to yellow fever before working at Bush Hill which strengthened Devèze’s anticontagionist case. One patient, Devèze observed, “discharged the contents of his stomach” all over Girard while Girard was at the man’s bedside. Girard was unshaken, Devèze recounted, and “wiped his patients cloaths [sic]… and from him he went to another who vomited offensive matter which would have disheartened any other than this wonderful man.” Girard was proof, not only that the innate virtuousness of humanity could endure such a crises, but that the disease was not contagious.

56 ibid, 10  
57 ibid, 12  
58 ibid, 16, 20; Devèze thought that burial grounds within the city were partially responsible for creating the noxious effluvia, explaining that “places of interment are injurious from the vapours which exhale from them and corrupt the atmosphere.” He also believed rainwater filtered through the rotting corpses, tainting the city water supply. 38  
59 ibid, 26
To bolster his anticontagionist claim, Devèze used himself and the rest of the staff at Bush Hill. Of all the nurses only two died. One “contributed to her death by intemperance,” but both “probably had the seeds of the disease previous to their going to the hospital.” The qualifying adverb “probably” betrays Devèze’s inability to prove that these women did not contract the fever at the hospital, but he assured his readers that it seemed “more likely” that they did not considering that all “of the other nurses were not at all indisposed” and every one of the nurses slept “among the sick.” If this were not proof enough, Devèze offered solace based on his own experience. His routine included performing autopsies. In an effort to learn more about the disease he “opened a great number of bodies” often “dipping [his] hands in the black and corrupted blood that proceeded from their mortified entrails.” Essentially, Dr. Devèze suggested that he himself was walking proof that the disease was not contagious for if it were, “without a doubt it would have shewn [sic] itself” in him. That he “was exempted” was “undeniable proof against the opinion of those who advanced that the disease was contagious.”

With these “proofs” established, Dr. Devèze added a few remarks on treatment. Stemming from a long tradition of mild treatment practiced in the West Indies, Devèze thought that the circumstantial nature of each particular case should dictate the actions taken by the attending physician. He acknowledged that relying on nature alone made it “impossible to lay down a mode of treatment applicable in every case.” Doctors that suggested otherwise, offering quick and simple solutions, were a threat to the public.

In this regard Devèze confronted Dr. Rush—however indirectly—by warning the public that they were misinformed by any physician “seduced by the brilliancy of a system,” that tried to conform nature to “the rules and methods he has adopted.”

60 ibid, 32, 34
Advocating a universal treatment, he argued was “a scourge more fatal than the plague itself.” That Devèze was assaulting Rush’s regimen is evident in the practices he endeavored to discredit most. He was extremely critical of bleeding, and reserved the lancet for extreme cases only. Even in such cases he only extracted “but a small quantity of blood” so as to “preserve the patient’s strength.” According to Devèze, the practice of bleeding for yellow fever was useless and potentially harmful, especially “after the third day.”

Rather, Devèze relied on a simple regimen of fresh air and fresh water, providing “simple emulsions” of mineral liquor, sedative salts, and lemon juice when the humbler remedy was not effective.

Curiously, Jean Devèze cast himself in the middle of both sides of the inchoate debate. He was diametrically opposed to Dr. Currie in theory, siding with Dr. Rush and domestic origin, but diametrically opposed to Dr. Rush in practice, ridiculing intensive bleeding remedies. Even stranger still is that Rush seldom mentioned Devèze in his writings and never used him to support his domestic origin theory, which is odd considering Devèze’s local fame and like-mindedness. Rush only mentions Devèze in his tirades against the French method of treatment, suggesting that he took the disagreement over treatment personally. Rush’s disapprobation of Devèze probably derived from the operations at Bush Hill, which under the direction of Devèze were antithesis to Rush’s cure. The committee established by Mayor Clarkson to administrate Bush Hill eventually granted Devèze independent command of the hospital as doctor in residence, a move they felt necessary because dividing the hospital between Devèze and two other American doctors—both of whom practiced Rush’s method—was a logistical nightmare.

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61 ibid, 50-54
62 Powell, 168-175
Either way, it is likely that Devèze’s anticontagionist argument helped convince Rush that the disease was not communicable through physical contact or bodily exhalation. These three publications were widely read and were the fundamental foundations of the opposing doctrines that grew further apart over the rest of the decade. However, when Rush subscribed to anticontagionism, Devèze’s influence declined along with his observations and conclusions, which were subsumed by the two existing camps.63

By the time these publications hit the streets, the bitter divisiveness overwhelmed Dr. Rush who had resigned in protest from the College of Physicians in December 1793, ostracized and indignant.64 The College’s official statement to the mayor and governor when the fever abated was Rush’s tipping point. It proclaimed “no instance” of yellow fever originating in the city “had ever occurred” and this instance was no exception. Appalled at the brash audacity of their report, Rush could not take the neglect and abuse any longer. He did not take his isolation well, but implicitly understood that that the fallout with his College friends meant that he could “never consult, or even associate together.” Indeed he did lose friends over the debate, Currie perhaps most of all. When Currie backed Kuhn (who Rush thought was conspiring against him) in his letter to the

63 Devèze commented on the lack of recognition given to him in Philadelphia in a later publication. Reflecting on his experiences, Devèze was not surprised that Rush’s failed to mention him. The first reason Rush did not mention his name, Devèze contended, was “the custom American writers inherited from their ancestors, the English, of never quoting foreign authors.” Rush, in the English tradition, did not want to “feel dishonored,” which he would if he “acknowledged owing anything to a foreign nation.” The second reason Devèze was not surprised by the lack of credit given him by Philadelphia doctors was that he “plainly proved to them that they were wrong,” and nobody likes to admit as much. See Jean Devèze, Traite de la fievre jaune (Paris: Comte 1820) 14 as quoted in Myrsiades, 97.
Gazette, Rush was saddened that Currie had become “the weak instrument of their malice and prejudices.”

In the summer months of 1794, when yellow fever briefly entered the city again, the chasm between Rush and the College could no longer be bridged. Yellow fever returned to the city again in 1796 and 1797, albeit in a manner less virulent than 1793. One contemporary historian suggested that that “the speedy flight of many thousands to the country” was the primary reason the mortality rate was comparatively less than in 1793. Still, its resurfacing prompted physicians and amateur historians to revisit the unsettled debate of 1793.

Rush and his followers tried to capitalize on the 1797 outbreak by attacking proponents of importation. The port, they argued, had never been more protected. After the 1793 crisis, the legislature appropriated funds for a resident port physician to check all vessels arriving in Philadelphia during the summer season. Dr. James Mease, the resident port physician, pledged on his reputation that “no person ill with the yellow fever or other contagious disease passed through [his] hands” that summer. His diligence was proof to the Rush camp that the disease was not brought in by contagion. Only two days later, Dr. Currie responded to Dr. Mease’s letter in a published letter of his own and debate reminiscent of 1793 ensued. Currie suggested that Mease was an earnest and honest individual, and did not intend to question Mease’s character or conduct. Instead

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65 Powell, 217 and 296.
66 Richard Folwell. A Short History of the Yellow Fever That Broke Out in the City of Philadelphia, in July, 1797: With a List of the Dead, of the Donations for the the Relief of the Poor and a Variety of Other Interesting Particulars. (Philadelphia: Richard Folwell, No 33 Carter’s Alley, 1797); Rush’s followers during the middle years of the decade included Drs. Philip Syng Physic, John C. Otto, James Mease, J. Yates, Thomas Smith Nathaniel Chapman, and Samuel Caldwell (though Caldwell and Rush would have would later vehemently disagree on treatment around the turn of the century). These men remained in the College of Physicians and were isolated by the majority of that body, but they were unwilling to leave the College until Rush founded the Academy of Medicine.
67 Folwell, 5. Quoting from the Federal Gazette.
Currie addressed the dangers posed by smuggling. Notwithstanding Mease’s valiant effort, Currie posited that the state quarantine laws were insufficient for policing contagion arriving in port especially if the duty was left to a single person.68

When the College eventually traced the outbreak of 1797 to a pair of sloops, the Hinde and the Arethusa, popular and professional attitudes of Mease soured. Many were not as kind as Dr. Currie in their censures. To be fair to the harsh critics, Mease developed a reputation for seeking exemptions and waivers for ships riding quarantine and often complained about having to visit ships in nasty weather. On at least one occasion Mease reportedly abandoned his station, a treacherous truancy that endangered the entire city. When the board learned that Mease—who until the fall of 1797 had not voiced his opinion on the physicians quarrel—was an anticontagionist and believed in domestic origin like Dr. Rush, they felt compelled to remove him from office. The illogical act of empowering an anticontagionist doctor to police for contagion was not lost on the board. They resolved that the position of port physician should be reserved exclusively for those who “believe in the doctrine of contagious diseases being imported from abroad,” because this belief naturally encouraged the type of diligent cautiousness the position demanded.69

Meanwhile, Governor Mifflin asked the College of Physicians for their professional opinion on “the best mode of averting the calamity” and curtailing its spread. The College’s reply subscribed fully to Dr. Currie’s notion that the disease was highly contagious. They advised constables to remove from their homes “the sick and their families,” if “their residence may prove hurtful or dangerous” to the neighborhood. If a

68 ibid, 7-9; Quoting from The Federal Gazette August 18th, 1797
69 Finger, 142-145.
section of multiple houses and families succumbed to the fever, “all of the neighboring families who escaped infection” should be forcibly removed to quarantine the sick homes. Lastly, “all communication between infected families and the city” was “suspended.” Only physicians or constables tasked with removing the sick were allowed to interact with the infected.  

Taking a cue from Currie, the official letter to Governor Mifflin also suggested that a new law be written and passed “constituting a board of health consisting of five persons,” two of whom must be doctors, replacing the existing inadequate board. The law would also enhance the existing quarantine laws giving the board “full power to do everything necessary respecting the quarantine” including the power to remove vessels after their arrival if “found or suspected to be unhealthy.” The last and by far the most radical piece of the proposal asked that a quarantine of thirty days be imposed on all vessels arriving from the West Indies, the American mainland, and the Mediterranean from June to September regardless of what the resident port physician found onboard. The legislature rejected this last request but adopted the rest, leaving the length of quarantine up to the resident port physician and the board.  

It occurred to Dr. Rush that his reputation alone was not convincing enough to make an impact on public policy. In order persuade municipal officials to consider his theories and implement his preventative strategies, the legitimacy of a medical organization like the College of Physicians was necessary. In the latter months of 1797, he and his cadre of understudies, along with the few established physicians that he still considered friends, formed the Academy of Medicine of Philadelphia as a foil to the

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70 Folwell, Short History. 10.
71 Ibid, 10, emphasis added.
College of Physicians. Publishing medical opinions in the newspaper and advising the city government under the new moniker “The Academy,” yielded more weight to Rush’s doctrine than his words alone.

When yellow fever returned in August 1798 in its most violent form since 1793, the mere existence of the Academy added to the freneticism that seized the city. The mayor, health board, and city council still exclusively asked the College of Physicians for advice like they had during previous epidemics. That however did not stop Rush and the Academy from communicating their sentiments to the governor and board of health. These unsolicited sentiments would have been easy for city administrators to ignore, and the Academy unquestionably knew as much. Showing their political savvy, the Academy published their letters, forcing consideration on the part of the government. At the very least it made their suggestions impossible to disregard.72 The public certainly did not ignore the rival institutions’ combative nature. The dissenting publications from the respective institutions, according to contemporaries Thomas Condie and Richard Folwell, “produced the most serious alarm amongst all classes of citizens.” Condie and Folwell estimated that three times as many people fled the city in 1798 than in any former outbreak year.73

The fundamental arguments issued by both institutions had changed little if at all since 1793, but the dynamics of the dispute and the way in which it played out after 1797

73 Condie and Folwell, 54.
changed significantly. The significance of the Academy’s ability to serve as a vehicle for publicizing anticontagionism cannot be underscored enough. Rather than challenging the College as individual doctors, anticontagionist physicians could now do so under the auspice of an institution. Their 1798 publication entitled *Proofs of the Origin of the Yellow Fever in Philadelphia & Kensington in the year 1797, from Domestic Exhalation* unabashedly took aim at the College of Physicians. The Academy stated explicitly in the preface that venturing to “controvert the opinion of the College of Physicians” was their “duty…to their fellow citizens.” They tempered their invective by promoting their dissent as a public good. Dissent, they posited, was healthy “where candour [sic] and good temper prevail.” It could even be constructive and was “by no means unfavourable [sic] to the discovery of truth.” To mitigate readers skepticism upfront, the Academy concluded the preface by asserting that their motives were not “actuated by sentiments of wickedness” towards the College of Physicians.

The College of Physicians issued their response entitled “Facts and Observations relative to the Nature and Disease of the Pestilential Fever, which prevailed in this city in 1793, 1797, and 1798.” The College—instead of focusing solely on 1798—strung together evidence compiled from every epidemic year to prove that yellow fever “has been traced to some vessel or vessels from the West Indies” in every instance. Frustrated by their own redundancy—necessitated by the resiliency of Rush and the Academy—the College forfeited any longwinded explanation for the diseases contagiousness, claiming that endeavoring to do so would be “equally useless as to prove the contagion of the

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74 The Academy of Medicine, *Proofs*, see the preface (no page numbers assigned).
plague.”® Concluding their essay in the same fashion as the Academy, the College maintained that they had “no design of entering into or exciting contention,” but that their “sole aim is truth and the public good.”®

Regardless of their intentions, the controversy was more irritating than instructive to city officials. By December 1798, the board of health in particular was fed up with the disunity. The colliding theories, they grumbled, did not illuminate or lead to the “discovery of truth” as the Academy of Medicine suggested. According to the board the debate had an effect entirely opposite, obfuscating “the true origin of the calamity and deepening the clouds of controversy.” Five years had passed and the “illusions of theory” did not “produce the harmony of sentiment and action” necessary for a board of health to discharge “the duties of the office to the public advantage.” In principle, the board dismantled both institutions’ claim to public service by showcasing how physicians’ dysfunction stalled public response and thereby undercut effectiveness.® From the board’s perspective, it did not matter “whether [yellow fever] was imported or of domestic origin,” because “the danger in each case is equal.” If the city could entertain both notions by enhancing the quarantine laws and encouraging citizens to clean up the city, the council asserted, why not do both?®
Explaining the Controversy

The scholarly attention surrounding the medical controversy that erupted in the wake of the Philadelphia crisis of 1793 has grown significantly in recent years. The approaches to explaining the fractious medical environment and its evolution throughout the 1790s are varied, ranging from medical culture, political partisanship, economic motivation, and changes in print culture during the latter years of the 18th century. These narrow explanations are speculative at best when considered individually, but telescoping outward and considering them together through a single analytical lens offers a far more compelling explanation.

Medical culture in the late 18th century, according to historian Linda Myrsiades, was a “liminal zone of change.” Enlightenment ideology brought about an unprecedented confidence in science and medicine that was a major departure from the ancient Hippocratic tradition. The rise of institutionalized medicine created a hierarchical structure of specialized knowledge that began to replace apprenticeships with the university as the only acceptable form of medical training. Imposing requirements for admittance into universities and medical organizations reinforced the shift from traditional practices towards medicine as a profession.79

Analyzing the professionalization of medicine during this period—specifically the transition from the practice of medicine into a business in the modern economic sense—best explains the behavior of doctors like Currie and Rush. Prior to this transition, doctoring was part time work. People practicing medicine were remunerated for their services, but medicine was not their sole source of income. The transition towards professionalization created an increasing reliance on patients as doctoring became a

79 Myrsiades, Medical Culture, 9.
singular career. This transformation turned the population of a given city into a
competitive market in which doctors were forced to compete with one another. Because
doctors’ livelihoods were at stake, competition could (and often did) grow ugly.

Obtaining a successful slice of the market share, Myrsiades suggests, depended on
what she termed “symbolic capital.” Put simply, symbolic capital encompassed one’s
honor and reputation—or “reputational capital” which Myrsiades uses synonymously
with symbolic capital—within a particular market. “Social capital” is perhaps most
appropriate because honor and reputation are social constructions. Because social capital
relies on public perception, it can only be accumulated through social interaction in a
public forum. In a fixed resource economy the doctor with the best reputation also had
the most to lose, thus maintaining high levels of social capital required not only medical
talent but also a talent for defending one’s reputation publicly. As Myrsiades deftly points
out, doctoring in 18th century cities was often a zero-sum game. Though the population of
Philadelphia was rapidly increasing in the early national period, the wealthier population
that could afford to pay for medical services in the 1780s and 1790s was comparatively
stable. As such, accumulating social capital and establishing a respectable medical
practice in Philadelphia during this period required critiquing physicians at top of the
social capital ladder. The “have-nots” Myrsiades suggests, “would profit merely by the
self-advertisement of taking on a well-established target.”

80 ibid, 24-28; Social capital explicitly stated is the value of social networks attributable to an individual.
Leadership and participation in various professional, civic, and political clubs establishes bonds between
similar people and can also help to bridge gaps between diverse groups. Those of high rank within a
particular social network environment can use their rank as a form of social credit, as reciprocity is
considered the underpinning link between individual relationships within these groups. For a lucid
breakdown of the various definitions of social capital, see Claridge, T. (2004, January). Definitions of
Social Capital. Retrieved 2013, from Social Capital Research:
http://www.socialcapitalresearch.com/literature/definition.html
This analytic framework is both convincing and logically sound. At the very least it helps explain the bitter feuding that permeated the newspapers and pamphlets between Dr. Rush and his contemporaries during the 1790s. Rush unquestionably had more social capital than any doctor in the nation when yellow fever hit Philadelphia in 1793, and more than enough to absorb attacks by doctors Currie and Kuhn. His adroit ability as a writer enabled him to cunningly deflect criticism and his talent for vituperation fended off his lesser detractors, allowing him to maintain his status and fame throughout the decade.

Rush demonstrated his social capital through his dealings with Dr. Kuhn during the early weeks of the 1793 outbreak, as noted earlier in the chapter. Rush thoroughly dismissed Kuhn’s criticisms publicly, and the tactless manner in which he told Kuhn to “keep his opinions to himself” insinuates that Kuhn lied on the lower end of the social capital spectrum. It is true that Dr. Kuhn did not have the professional success nor anywhere near the personal fame of Dr. Rush. However, when Dr. Currie backed Kuhn publicly and condemned Rush, Rush could not dismiss Currie in the same crude fashion, which is evident in the language used in Dr. Rush’s rebuttal to Currie. Understanding that Currie had a substantial amount of social capital compared to Kuhn, Rush was less crass and more artful in his word choice to avoid outwardly insulting Currie, which could damage his own reputation and social capital if the public thought the conduct improper.

There is perhaps no better example of the political, social, and symbolic capital Dr. Rush wielded than his libel suit against William Cobbett in 1799. Cobbett was an English immigrant who’s Porcupine’s Gazette and Daily Advertiser was hypercritical of Dr. Rush and his treatment regimen during the 1797 and 1798 epidemics. Though many
criticized Rush’s aggressive bloodletting, Cobbett apparently went too far in calling Rush a “crooked faced quack” and a “remorseless bleeder.” Cobbett styled Rush the Sampson in Medicine and accused him of murdering his patients and potentially “thousands” through the promotion of his methods. He did not stop there, but accused Rush of calling on friends to submit puff pieces praising his methods and theories and charged Rush with authoring straw man editorials under anonymous names only to strike them down under his own. Such scheming was to Cobbett “a cheap mode of acquiring fame.”

Rush’s counsel, Mr. Hopkinson, built his entire case around the question of character, asking the jury to compare the two men before them and the circumstances of the trial. Certainly, “no slight cause could bring a man of Dr. Rush’s character” to such litigious retributive measures, Hopkinson argued, especially against “a man of William Cobbett’s character.” Hopkinson extolled Rush for “his peaceful habits and amiable manners” and disparaged Cobbett “for his dissocial malignant disposition and inveterate hate.” Hopkinson reminded the jury of Dr. Rush’s heroic medical assistance during the former yellow fever epidemics and how he never abandoned the city, “throwing himself undaunted into the midst of danger.” What had Cobbett done, the prosecution argued, aside from trying to profit from the slandering of a selfless patriot-physician? Rush demanded justice for what his lawyer called “barbarous and unprovoked” injuries. If unchecked by law, Hopkinson concluded, such venomous rhetoric put social order, peace, and the reputation of every respectable citizen at risk.

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82 ibid, 10
Cobbett’s counsel, Mr. Rawle pointed to other publications that were critical of Rush and tried to show that Cobbett was attacking Rush’s “system” and not his character. He reminded the jury that the virtue of republican jurisprudence derived from the notion that justice supersedes character. Rawle chided the prosecution for exciting the jury’s prejudices against his client by inflating the character of Rush. What chance did Cobbett have at a fair trial if he were facing a figure “superior to men in general” likened by the prosecution, Rawle teased, to “an angel from God?” Rawle’s efforts were for naught however, because after a mere two hours the jury returned with a guilty verdict and a fine of five thousand dollars imposed on Cobbett. The fine was crippling to Cobbett who was forced to liquidate his press and flee back England in destitution. Rush’s victory in court was a testament to the symbolic capital he still possessed by end of the decade and the press generated by the legal dispute sent a clear message to future critics: tread lightly.\(^83\)

Some of Cobbett’s disdain for Rush was political, Rush being a Democratic-Republican and Cobbett being a Federalist. It must be remembered that the debate over yellow fever in the 1790s coincided with the rise of the first party system. It was no secret that Cobbett was a diehard Federalist, evidenced by his brazen political tirades against political dissenters. Cobbett freely used his newspaper to belittle his political enemies, in one case attacking “an underling of the master-bleeder” for being “a wry-faced incorrigible Democrat.” The political environment was so fiery at the time of Cobbett’s trial that Rush’s lawyer felt obliged to address his political opposition to Cobbett before the jury. “Parties,” he complained, “have in our country become wrought up to such illiberal fury, that every action of a man’s life is traced to party motives and party principles.” The truculent political environment was so pervasive that Hopkinson felt he

\(^{83}\) ibid, 25-28
must condemn politics in the courtroom and reassure the jury that his opinion of Cobbett was not rooted in “the mere vengeance of party spirit.”

The pervasiveness of political discord in the early 1790s—especially in the nation’s capital city—may have influenced physicians’ professional leanings. Historian Martin S. Pernick collected political data on the doctors of Philadelphia in 1793. His sample size was small because physicians had to express a definitive political opinion publicly for Pernick associate them with a party. Yet his findings show a clear positive correlation between doctors who believed in domestic origin—anticontagionists—and the Democratic-Republican Party. To be sure, Pernick’s findings are not conclusive and are far from causative. But when viewed against the backdrop of medical culture in the 18th century, local political factions provided a competitive venue—interwoven with but distinct from the medical community—through which to accumulate social capital.

The doctors did not have to politically stigmatize their opposing doctrines because the local and national politicians residing in Philadelphia did so for them. Approximately one third of the city’s governing officials outwardly supported one of the two opposing doctrines. As it happened, Republican politicians favored Rush’s theory of domestic origin and Federalists favored the theory of contagion and importation. One striking example of this is Alexander Hamilton, perhaps the nation’s foremost Federalist. After contracting the disease and being nursed back to health he penned a letter in support of Dr. Steven’s (importationist) cure and importation theory. Hamilton, by overtly

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84 ibid, 12
86 Pernick, 125; Smith, “Andrew Brown” 335
supporting the methods of Stevens, Kuhn and Currie, threw the entire weight of his social capital behind importationist theory, striking a considerable blow to Rush and his Republican friends.

The press grew politically divided as well. When the fever struck in 1793, the only newspaper that continued to circulate was the “nonpartisan” Federal Gazette. Andrew Brown’s balanced political coverage—as mentioned earlier in the chapter—began to breakdown as the crisis unfolded. A Republican like Dr. Rush, Brown allowed Rush to use the Gazette as a personal clearinghouse of anticontagionist doctrine and suppressed dissenting opinions. When Federalist newspapers resumed operation they favored contagionist leaning doctors in the same biased fashion, evidenced by Dr. Currie’s many publications in the Gazette of the United States.

Both parties attempted exploit the motives of the other. Generally speaking, Republicans thought Federalists supported importation theory so they could enhance quarantine laws to control the influx of French islanders, whom Federalist feared were politically subversive; the Federalists on the other hand presumed Republican support for domestic origin derived from their want to see the capital moved and the merchant base of the Federalist party suffer. The political implications attached to medical policy decisions, made “the adoption of any single course of action” on the part of the government impossible because it was “unacceptable” to the divided public.88

87 ibid; As Mark Smith notes, Brown changed the name of the Federal Gazette to the Philadelphia Gazette to maintain non-partisanship.
88 Pernick, 126
Conclusion

By the turn of the century Dr. Rush’s contention that yellow fever was neither imported nor contagious had not changed, but he was tired. He labored indefatigably for “six years to no purpose” trying to persuade colleagues and city officials that he was correct. In the fall of 1799 he decided to make “one more effort” by composing another pamphlet synthesizing his other works and explicating the causes and origin of the fever, again. In this last attempt, Rush specifically addressed “the Citizens of Philadelphia,” hoping to convince the public to pressure the legislature to enact his prevention methods. However, this final attempt—like the many that came before it—fell on deaf ears. By 1800, the physicians of Philadelphia were no longer talking to each other so much as they were talking past each other.

After nearly a decade of debate there was by no means any consensus in the medical community as to what exactly yellow fever was, whether or not it was imported or originated domestically, or on the best method of treatment for it. This was not the case in Charleston South Carolina; the exact opposite was occurring. Toward the close of the century—while Dr. Rush was busy penning defensive editorials and preserving his reputation medical reputation in court—the Medical Society of South Carolina reached consensus on all of these issues, actively pushing the municipal government to relax quarantine. Charleston was the only American port city to attain such solidarity and advocate relaxation. Indeed even Savannah, Charleston’s Lowcountry sister city, refused to follow Charleston’s example by enhancing quarantine measures for yellow fever instead of relaxing them. Perhaps the only other American port city with a similar

pestilential past to Charleston was Savannah. Examining the pestilential pasts of both cities parallel to one another and employing the same analytical framework used to dissect the dissent in the medical community in Philadelphia on Charleston may help explain this phenomenon.
Chapter Two:
“A Tale of Two (Pestilent) Cities: Charleston and Savannah”

In the mid 1760s, the Lowcountry was in a state of unrest. Many inhabitants of Charleston and Savannah—though increasingly enraged by the actions of parliament on the colonists liberties—found themselves under the siege of a more immediate and dire threat, the variola virus, better known as smallpox. Variola ravished Charleston first, beginning its onslaught in January 1760 and lingering about the town off an on throughout most of the decade. Savannah staved off infection from her northerly neighbor for a few years, until cases began appearing late in 1763. Though the surviving historical records suggest that these two outbreaks had different points of origin they indeed shared one common thread: both epidemics were drastically exacerbated by slavery. Hysteria ensued in both locales. Local physicians were too few and overworked, and the municipal governments struggled to enact and enforce policies to stymie the scourge effectively.

Pestilential outbreaks such as these are useful lenses through which to explore the intersection between the public, private interests, and state police power. Epidemic disease significantly curtailed commerce and travel in port cities financially reliant on such activity, and wrought havoc on municipal governments’ functionality and instilled

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90 For the purpose of clarity I will refer to Charleston as “Charleston” throughout this paper. The city was officially known and referred to as Charles Town from 1670 to 1783.

terror and panic in the minds of the general populace. Invisible pathogenic antagonists tested the character and resolve of governments and individuals in different ways more profound than political strife or war.92

This chapter offers a comparative analysis of Charleston and Savannah with epidemic disease at its fulcrum. This particular comparison is warranted because many medical studies of the Lowcountry South give short shrift to Savannah, leaving coastal Georgia in obscurity under the penumbra of coastal Carolina, specifically Charleston.93 Though medical information and public health practices often flowed from Charleston to Savannah, assuming that information flowed exclusively in one direction is problematic. For all their similarities, scrupulous examination of the two settlements—their perceptions of and responses to their oft-shared pathogenic antagonists—illuminate the nuanced differences between them that have hitherto gone unnoticed. Though both places were home to many other endemic and seasonal maladies that, when taken in sum, had vastly higher death tolls—such as malaria and typhoid—no two diseases were more feared or regulated by Charleston and Savannah than yellow fever and smallpox.

Yellow Fever is an acute viral hemorrhagic disease communicated by the bite of an infectious female aedes aegypti mosquito. Eighteenth and nineteenth century lack of understanding over how the disease was transmitted made it all the more frightening. Mosquito vectors could and often did make the virus appear contagious, creating a

92 This fact was exemplified during the 1764 crisis in Georgia when the radical-Whig led assembly under Noble Jones worked efficaciously with the royal governor James Wright to enact severe protective measures.
93 Peter McCandless’ Slavery, Disease, and Suffering in the Southern Lowcountry (Cambridge; New York: Cambridge University Press, 2011) is a perfect example. McCandless collapses Savannah into his narrative on Charleston, only drawing from Georgia when absolutely necessary. Thus the title is misleading and coastal Georgia is hidden behind the veil of the term “Lowcountry.”
centuries-long debate over whether or not it actually was contagious. After transmission the disease has an incubation period of three to six days before symptoms begin to appear. The symptoms were what made the disease so dreaded and horrific. Though they began mildly enough—a slight fever and headache with a touch of nausea—they progressed quickly. Before long the patient’s skin turned a yellowish hue, the telltale sign that the disease has begun its assault on the liver and other internal organs. Often patients’ gums would bleed, and occasionally they would vomit semi-digested blood, a product of internal hemorrhaging. This symptom, termed “the black vomit” by 18th century physicians, was considered the mark of imminent death.

Smallpox, or variola, was an extremely infectious and contagious disease that could be both endemic and epidemic. The name “variola” derives from a Latin word meaning “spotted,” and the common name, smallpox, refers also to the visual pox that cover the bodies of the infected. It localized primarily in the blood vessels of the skin, mouth, and throat with an incubation period of approximately twelve days. This made containing and regulating the disease exceptionally challenging. The pre-eruptive

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94 People previously unexposed to the disease treating those who contracted it only sometimes fell ill—if the lingering mosquito happened to bite the nursing person—creating confusion. The debate over contagion naturally spurred discussion over whether or not to quarantine for the disease if it could be agreed upon that it was not communicable (which will be discussed at length later in this paper). Ironically, quarantine had the potential to be effective in stopping yellow fever’s spread by stopping the spreading of vectors, despite the fact that the disease itself is not contagious.

95 For the most thorough description of yellow fever and the most up to date information on yellow fever today, visit the Centers for Disease Control and Prevention website, accessible: http://www.cdc.gov/yellowfever/index.html and the World Health Organization for publications on yellow fever and current global alerts and responses (GARs) to outbreaks occurring in the present accessible: http://www.emro.who.int/health-topics/yellow-fever/

96 In 1979 the World Health Organization declared that the smallpox, or variola virus had been eradicated. It is the only human disease that has been successfully eradicated by a global vaccination campaign and is still considered among the greatest triumphs of modern medical science. The virus is kept alive in laboratory stockpiles controlled by the CDC, and in the aftermath of the events of September and October 2001, there is heightened concern that the variola virus might be used as an agent of bioterrorism if it falls into the wrong hands. For this reason, the U.S. government is taking precautions for dealing with a smallpox outbreak.
symptoms progressed over a span of two to four days and included fever, headache and muscle pain, nausea and vomiting, and in many cases diarrhea.

Lesions appeared in the eruptive stage, emerging first as a slight rash or spots, most often on the tongue or in the mouth. The spots became sores that split open when agitated, spreading the virus vigorously to other parts of the body. Modern scientific research reveals that it was in this stage that the virus was most contagious. As the rash spread to the skin the spots became bumps, rapidly spreading from the head and face to the extremities, typically in less than a day. The bumps then evolved into pustules, the contents of which were also highly contagious. The pustules eventually burst or scabbed over, sometimes both, often leaving the victim with permanent scarring. It remained contagious until the last scab fell from the body and could be transmitted directly through transmission of bodily fluids or prolonged face-to-face contact. It could also be transmitted indirectly via contaminated objects such as bedding or clothes.97

Charleston’s Pathogenic History

South Carolina and epidemic disease have an old and rich relationship. John Drayton, governor of South Carolina from 1800 to 1802, penned a history of the state during the last year of his term.98 Pestilence was a recurring topic throughout his work. He claimed that Charleston “at its first settlement…was said to be so unhealthy in the autumnal

98 John Drayton, A View of South-Carolina, as Respects Her Natural and Civil Concerns. (Charleston: Printed by W.P. Young, 1802)
months,” that “public offices were shut up, and people retired to the country.”

Drayton’s contemporary, Dr. David Ramsay, also wrote a state history and confirmed the governor’s statement in his description of the earliest attack of yellow fever on the city in 1699. According to Ramsay, the disease devastated the port, and once it took hold “swept off a great part of the inhabitants, and some whole families.” Perhaps more importantly, the bilious fever did not discriminate in its devastation, counting upstanding citizens and public officials, among them an Episcopal clergyman, the chief justice, receiver-general, provost marshall, and almost half the Assembly, among its casualties.

The 1699 outbreak of yellow fever was detrimental to commerce. Historian John Duffy contends that because most of the public officials (many of whom were merchants and planters) were either “dead or dying,” and the remaining were “incapacitated from fear of the disorder,” the government was unable to calm public distress and take measures to contain disorder. Naturally, the large death toll and the flight of surviving inhabitants to the countryside interrupted all commercial activity, leaving the city desolate and pestilent until the summer season subsided.

Governor Joseph Blake (1696-1700) dismally reported “at least 160 persons” killed by the contagion. His official report made apparent the epidemic’s effect on commerce, claiming it led to “the decay of trade and the mutations of…public officers

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99 ibid, 24
100 David Ramsay, A review of the improvements, progress and state of medicine in the 18th century: Read on the first day of the 19 century, before the Medical society of South-Carolina, in pursuance of their vote, and published at their request, Volume 3, (Charleston: Printed by W. P. Young, Franklin's head, no. 43, Broadstreet, 1801), 1-47. 39
101 ibid
102 David Ramsay, The History of South-Carolina, from Its First Settlement in 1670, to the Year 1808: In Two Volumes: Vol. I. (Charleston S.C.: Published by David Longworth, for the Author, 1809) 46
103 John Duffy, "Yellow Fever in Colonial Charleston," The South Carolina Historical and Genealogical Magazine (South Carolina Historical Society) vol. 52, no. 4 (1951): 189-197. 191
occasioned thereby.” Furthermore, Blake seemed convinced that the disease was imported from the West Indies, specifically Barbados where it was known to rage amongst the slave population.\textsuperscript{105} His accusation was to be expected, as yellow fever was common in South America and the Caribbean by the middle of the seventeenth century. Exposure to the disease however, was unknown to the North American continent up to that point, hence when it surfaced many pointed to the tropics as the source.

Surely, the 1699 outbreak infuriated public officials who had in the previous year passed the colony’s first quarantine law.\textsuperscript{106} The law established the office of a Health Officer, who was “empowered and required” to board all vessels entering Charleston harbor in order to inquire about the health of the crew and passengers, as well as the health of the port from whence the vessel embarked.\textsuperscript{107} Apparently, these precautions failed to prevent the importation of yellow fever the following year. The likely cause of this failure lay with intent of the original laws, which were established in reaction to a smallpox epidemic and were therefore less exacting when applied to examinations of yellow fever cases.\textsuperscript{108} Whatever the reason, the failure to inhibit yellow fever’s infiltration sparked new discussions in the Assembly and led its members to enhance the existing quarantine law.

The Assembly swiftly approved the construction of a new lazaretto on Sullivan’s Island in 1707, and yet yellow fever still managed to infect the city in 1732.\textsuperscript{109} Dr.

\begin{flushleft}
\textsuperscript{105} ibid  \\
\textsuperscript{106} McCrady, 513  \\
\textsuperscript{107} ibid  \\
\textsuperscript{108} McCandless, 228  \\
\textsuperscript{109} Nick Trott, “The temporary laws of South Carolina, An Act for the Raising a Public Store of Powder for the Defense of this Province,” 1707, Ms. 18-25, South Carolina Department of Archives and History; as quoted in McCandless 229; A lazaretto is a pest house/edifice functioning as a makeshift convalescent facility. Though similar to a hospital, it was not attended to as such. The pest house on Sullivan’s Island
\end{flushleft}
Edward Bancroft noted that the 1732 epidemic was so lethal that “there were from eight to twelve whites buried in a day, besides people of color.”\footnote{110} So vast was the death toll that “the ringing of bells was forbidden, and little or no business conducted.”\footnote{111} Church bells were sounded to designate human loss. The death toll would have spurred incessant bell ringing during the summer months of 1732, only adding to the inhabitants fear and mental anguish, thus it was forbidden.

As South Carolina’s economy capitalized on the profitability of rice, importation of an African labor force expanded in kind. It did not take long for public officials to draw the connection between the importation of disease and of slaves. In 1738, the London Frigate a slave ship with a massive cargo of 309 slaves anchored in Charleston harbor. Though slaves onboard were infected with smallpox, the vessel managed to clear quarantine because the characteristic symptoms of the disease had not yet manifested. When the symptoms finally emerged it would be too late, for the slaves were offloaded and sold to disparate owners and plantations.

This deadly scourge was Charleston’s first major battle with smallpox, and prompted the local physician James Kilpatrick to promote treatment by inoculation, a most controversial practice at the time. The controversy over inoculation involved both risk and regulation. Inoculation was risky because it required the introduction of live variola matter from a pustule of an infected person.\footnote{112} Administered properly, the result was notorious for being overcrowded. Though the site was removed to Johnson’s island and a new house built, conditions hardly improved.

\footnote{110}{Edward Nathaniel Bancroft, "An Essay on the Disease Called Yellow Fever with Observations Concerning Febrile Contagion, Thphus Fever, Dysentery and the Plague, Partly Delivered as the Gulstonian Lectures before the College of Physicians in the years 1806 and 1807" (London: Printed for T. Cadell and W. Davies, Strand; by G. Sidney, Northumberland-street, 1811). 353}

\footnote{111}{ibid}

\footnote{112}{There were many different accepted methods of inoculating. Physicians debated over which method was the safest and most effective. Kilpatrick promoted inoculation by running a needle with thread attached to it}
was mild symptoms and lifetime immunity; improperly administered inoculation could result in full-blown manifestation of the disease and death. The regulation problem related to inoculation was more complex. Inoculated patients could infect others in the same manner as those who contracted it naturally. Therefore, if the inoculated were not properly monitored, the practice could potentially spread the malady. When the outbreak finally subsided, special regulations were placed upon ships arriving in Charleston from the African coast.\textsuperscript{113}

Yet another pest house was erected on Sullivan’s Island in 1754, and unlike ships from other ports of origin, \textit{all} slave ships from Africa were required to stop there.\textsuperscript{114} Upon arrival, the ships were subjected to cleansing while the human cargo remained in the pest house for a minimum of ten days. Only then could they pass to Fort Johnson, where the hold was to be examined a final time, and “any slaves on board with smallpox or any other contagious diseases” were to be left there to endure an extended quarantine of up to forty days.\textsuperscript{115}

The 1754 law was insufficient in keeping smallpox from creeping into Charleston just six years later in what became the most devastating outbreak in South Carolina’s colonial history. The law was useless in this instance because the scourge arrived overland, brought to the province by returning soldiers from the Indian wars being fought through the head of one of the pustules until the thread “was thoroughly wet.” The thread was then to be put into an incision in the patient’s arm that was at the very least deep enough to cause bleeding. For more see James Kilpatrick, \textit{The Case of Miss Mary Roche, who was inoculated June 28, 1738, fairly related, \\
and with some occasional remarks on the Small-Pox and a few seasonable Observations of the Practice of Inoculation} (Charles Town, S.C.: Lewis Timothy, 1738); also see Waring, “Colonial Medicine in Georgia and South Carolina,” 150.

\textsuperscript{113} Claire Gherini, “Rationalizing Disease: James Kilpatrick’s Atlantic struggles with smallpox inoculation,” \textit{Atlantic Studies} vol. 7 no. 4 2010
\textsuperscript{115} ibid
to the northwest. Though the disease was more violent this time around—due to a twenty-year absence of smallpox and a growing vulnerable population—Charleston learned from the challenges brought on by the outbreak. Expanding the power of the 1754 law, the Assembly established makeshift quarantine facilities on plantations outside of town. It was within the power of the state to remove infected persons to these houses to be cared for and kept under guard.\textsuperscript{116}

As the disease spread, panic spread with it. Rather than risk his investment, Henry Laurens kept his ship of 250 imported slaves at quarantine. Peter Timothy, printer of the \textit{South-Carolina Gazette}, had to ensure his readers that they “would not catch the disease from reading his paper.” Ironically, however they would have had to buy the paper to receive his message of comfort. He also began running inquires concerning inoculation and whether or not it should be considered and re-ran Dr. Kilpatrick’s 1738 thesis on the procedure.\textsuperscript{117} Timothy knew something had to be done and the desperate tone of the editorials betrayed his personal hatred for the disease. It is doubtful Timothy forgot that his father Lewis lost his life to smallpox in 1738, obliging his mother Elizabeth to run the paper until he was old enough to take over.\textsuperscript{118}

Not long after, inoculation efforts commenced. Those who could afford it called on doctors to administer the procedure and those who could not took measures into their own hands, administering it themselves. Though riskier, the latter method was preferred over contracting it naturally. Prominent families inoculated not just themselves, but also

\textsuperscript{117} ibid, 33. \textit{South Carolina Gazette}. Charleston, April 26\textsuperscript{th}, 1760.
\textsuperscript{118} It was not uncommon for lowcountry women to be named sole executrix of their husband’s estate upon death. For an interesting and provocative breakdown of this phenomenon see Inge Dornan, “Masterful Women: Colonial Women Slaveholders in the Urban Lowcountry,” \textit{Journal of American Studies} vol. 39 no. 3 (2005) 383-402
their slaves, usually starting with their house servants. To be sure, most were priced out of this option, being that it could cost approximately £15 per person. As Eliza Lucas Pinckney so accurately summed up, Charleston had gone “inoculation mad.” The frenzy persisted to such a degree that “proper preparation” was “impossible” and proper attendance to the inoculated inconceivable even if “there had been 10 doctors in town to one.” Pinckney herself, despite her criticism, participated in the madness by inoculating her slaves. Unfortunately for her, the slaves “died very fast” anyway. The municipal government it seemed, though better organized than in 1738, had not anticipated inoculation on such a scale let alone how best to control for it. It did not take long for skepticism and backlash to arise.\textsuperscript{119}

Residents worried that inoculation was spreading the disease and petitioned the Assembly to stop it.\textsuperscript{120} In an implicit indictment of the most prestigious Charlestonians, the petitioners blamed slave inoculations with prolonging the epidemic. There were grounds for such an indictment. Plantation work required slave mobility in and around town.\textsuperscript{121} If a slave contracted the disease naturally on business for their master—which was far more violent and dangerous—the slaveholder would likely lose that slave to the disease. Furthermore, if the slave contracted the disease unwittingly while in town, he or she might bring it back to the plantation and communicate it to the other slaves. Henry Laurens, who headed the committee that heard the grievance, had a bill drawn up immediately. It is not surprising, however, that action on the bill was delayed in the

\textsuperscript{120} Journal of the Commons House, April 18, 19 1760, South Carolina Department of Archives and History; “An Act for Preventing (as much as may be) the Continuation of the Small Pox in Charlestown, and the Further Spreading of that distemper in this province,” \textit{Statutes at Large in South Carolina, Vol. IV} (Columbia, A.S. Johnston, 1838) No. 893
\textsuperscript{121} Many slaves were granted badges to perform this work if they were to enter town for the masters, yet many slave owners risked the fine sending their slaves out to do their bidding badgeless.
Assembly for over a month, seeing as most of the men who served were prominent slaveholders.

The bill became an act on June 15th whereupon anyone who inoculated within two miles of the Charleston proper was subject to a fine of £100 sterling. The Assembly also took this opportunity to impose more organizational regulations. For instance, those infected with the disease had to post a sign to warn healthy citizens of their affliction. Failure to do so could result in a £20 fine. Families had to provide lists of the sick in their homes to be printed in the Gazette, with a £10 fine for refusal and anyone found inoculating a slave could face up to three years imprisonment. In November 1760 the epidemic ceased. Three quarters of the entire population of Charleston had been inoculated, and approximately eight percent of the population died. 122

As relations between the colonies and the mother country soured in the years preceding the American Revolution, South Carolina planters and merchants grew exceedingly apprehensive about how this deteriorating relationship would impact trade. 123 Henry Laurens understood the gravity of slave importation and its epidemiological consequences more than most of his contemporaries. The demand for slaves increased with the rising market price of rice overseas and the opening of western lands in 1763. This led to an insatiable appetite for slave labor. When the inter-colonial discussion of non-importation agreements ensued, Laurens predicted, “there [would] probably be a superabundant importation of negroes.” 124 He feared, and rightfully so, that “Charles Town will be thereby in danger of contagious distempers” which were “very

122 Statutes at Large in South Carolina, Vol. IV, No. 893; South-Carolina Gazette, May 30, 1760 as quoted in Krebsbach, 36.
124 Henry Laurens to James Laurens, March 11, 1773; as quoted in Donnan, 827.
dreadful” even in years when vast quantities of slaves were not being introduced to the city.125

Yet, it would be naïve to assume that Laurens was the only Charlestonian to draw such connections. Merchants engaged in the trafficking of slaves during this period must have been well aware of the deleterious effects of African diseases, particularly yellow fever. Slave trade scholar Philip D. Curtin has shown that crew mortality from disease alone “varied between 150 and 250 per thousand per voyage.”126 Curtin’s findings illustrate that dealing in slaves was a deadly endeavor, not only for the forced migrants, but for the white crews as well. Though mortality figures decreased over the course of the 18th century due to sanitary and ventilation improvements made to slaving vessels, crew deaths hardly went unnoticed by the merchants who employed them, and the source of the distempers was widely known among merchants.127

The horrors of the middle passage sometimes played out in the newspapers when scandals onboard involved high profile people. In 1791, the sloop Polly was on its return voyage from the Gold Coast of Africa, its hold filled with Coromantee captives. In transit, a slave woman was “taken sick,” with what was assuredly “the small Pox.” The captain and owner of the vessel, James D’Wolf—one of the wealthiest and most powerful

125 ibid, for disease and its role in the American Revolution see: Elizabeth A. Fenn, Pox Americana: The Great Smallpox Epidemic of 1775-82 (New York: Hill and Wang, 2001) and McCandless, Slavery Disease and Suffering chapter five “Revolutionary Fever”. Non-importation agreements were adopted by the colonies in the years leading up to the American Revolution as a unifying mobilization method whereby colonists refused to purchase English goods or any item that England imposed duties thereon. This extended to importation of slaves. A recent and innovative interpretation of the impact and significance of non-importation can be found in: T.H. Breen, The Marketplace of Revolution: How Consumer Politics Shaped American Independence. (New York: Oxford University Press) 2004.
126 Philip D. Curtin, "Epidemiology and the Slave Trade," Political Science Quarterly (The Academy of Political Science), 1968: 190-216. 204
slave traders in America—ordered that she be removed from the hold “to be put in the main top for fear she should give it to the others.” She effectively remained quarantined in the main top for two full days. In the middle of the night on the second day, Captain Wolf woke the crew and asked them to “heave her overboard,” a command to which the crew refused. Desperate, Wolf coerced a younger shipmate to lash her to a chair to help him toss her overboard.\textsuperscript{128}

Though John Cranston, a brave insubordinate crewmember testified formally to a grand jury against James D’Wolf and charges were brought up, nothing ever became of it. Historian Marcus Rediker claims that “no fewer than five newspapers reported the incident,” but that D’Wolf had seen the charges coming and fled on another voyage to the Gold Coast in a calculated effort to let the commotion subside. Indeed it did, though the charges were never formally dropped, D’Wolf had gotten away with murder.\textsuperscript{129}

This incident, however, pales in comparison to that of the Zong in 1781. Luke Collingwood, master of the vessel, ordered his men to throw 122 sick slaves overboard en voyage. In this instance the crew complied, heaving the dead and dying into their watery graves. The captain claimed the act was a case of jetson, meaning it was absolutely necessary in order to save the rest of the cargo. The case ended up in court and thereby went public because the underwriters refused to pay the insurance claim to the ship owner for the lost slaves. Testimony revealed the sinister motives behind Collingwood’s decision. He informed the crew that if the “if the slaves died a natural death, it would be the loss of the owners,” but if “they were thrown alive into the sea, it would be the loss of


\textsuperscript{129} Rediker, \textit{The Slave Ship}, 344.
the underwriters.” The logic employed by Collingwood was obviously motivated by profit maximization. That the coldhearted plans were carried out is astonishingly distressing, showcasing the destructive and vile power of greed.  

Though the cases of the Polly and Zong are different in the details the motivations were the same. The efforts undertaken to increase profit, however are also telling in a wider sense about disease. D’Wolf for example, was frightened that smallpox would spread to the others. It is conceivable that his concern lie solely in the thought that other slaves exposed to it would die, leaving him at a loss. Yet, it is also conceivable he dreaded a lengthy quarantine, which, depending on the circumstances could also be financially devastating because the owner of the vessel assumed the costs associated with caring for the sick. In some cases of smallpox on board slave ships inoculation of the entire cargo was deemed mandatory by the municipal government, substantially curtailing profit.

It was increasingly obvious then that the source of scourge was often the slave ship. Historian Peter McCandless has argued that by the mid 1750s, South Carolinians believed yellow fever was imported and that Africa was the source. An examination of the quarantine acts passed during this period support this inference. The 1744 act required every ship from Africa to anchor for a ten day cleansing at Sullivan’s Island. This

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131 McCandless, 230-233.
provision would be adopted in both subsequent acts of 1759 and 1783. Furthermore, as McCandless points out, selling slaves “without having obeyed this regulation was punishable by forfeiture of the slaves.” These acts, by their targeted design, underscore contemporary Carolinians’ “assumption that slave ships were the main source of malignant disease.”

Violation of quarantine was taken seriously. There was a fine of five hundred pounds sterling for “any person or persons [who] shall go onboard, or alongside of, any vessel,” that was performing quarantine, and if violated, the offender was forced to “remain onboard” and be subjected to quarantine until the vessel was cleared. Offenders were also to “forfeit and lose” their canoe or boat used to approach the ship or lazaretto along with “the goods and tackle that [were] found therein.” If any offender did not “pay the penalty,” or happened “to be a slave,” the provost marshal was empowered to inflict corporal punishment “not extending to life or limb” but assuredly “no less than thirty nine stripes on the bare back, in some public place.”

Private and public complaints about the restrictiveness of the quarantine measures suggest that the laws were dutifully enforced. In his private letters, Henry Laurens revealed that he had approximately 1,300 slaves at quarantine in 1756 and warned a Caribbean acquaintance not to bother shipping anything to Charleston if any contagious

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133 McCandless, 231
134 ibid
135 Cooper and McCord, 82, 616; to put this fine into perspective, the price for a prime field hand circa 1783 fell between £ 250-350 sterling.
136 ibid
disease was prevalent.\textsuperscript{137} Publicly, unhappy merchant-citizens voiced their consternation in the editorials of the local newspapers, albeit most often under pseudonyms. A 1793 letter to the \textit{Columbian Herald} by “A Subscriber” complained that the recent quarantine imposed on ships from the Delaware River region was unnecessarily protracted. In a begging tone, he pleaded that since “the disorder” from the Delaware region had disappeared “and health restored,” Charleston officials should “repeal those resolves that bind hard upon the honest merchant.”\textsuperscript{138} Another astute critic complained about the quarantine of vessels embarking from the West Indies, and asked rhetorically if “it is not often the case” that cargoes from these islands are “generally of a perishable nature” and that simply by performing the standard quarantine would they not “become putrid?”\textsuperscript{139}

Concerned residents advocating for stricter regulations, however, feared epidemic catastrophe with every ship that entered the wharfs, offsetting editorials critical of the practice. Lifelong residents of Charleston who had survived previous bouts with yellow fever and smallpox vividly recalled the horrendous effects and mortality brought on by the diseases. Their fears ran deep, and justly so. But by the mid 1790s, the contagiousness of yellow fever was being debated by some prominent physicians. Understanding the physical pervasiveness of the disease and the widespread pervasiveness of fear in the region is pivotal to understanding the contagion debate, which will be discussed at the end of the chapter.

\textsuperscript{137}Henry Laurens, Philip M. Hamer, George C. Rogers, David R. Chesnutt, and Maude E. Lyles. \textit{The Papers of Henry Laurens}. (Columbia: Published for the South Carolina Historical Society by the University of South Carolina, 1968) Volume I: 294-295; McCandless, 233
\textsuperscript{138} \textit{Columbia Herald or the Southern Star}, "For The Columbia Herald, &c;," December 14, 1793
\textsuperscript{139} An Old Citizen, "Remarks, on the present mode and regulations of the quarantine law, in the harbor of Charleston," \textit{City Gazette and Daily Advertiser}, August 21, 1800: 3
Though yellow fever plagued Charleston sporadically from the 1750s to the 1780s, Dr. David Ramsay claimed that in that forty-year period, “there was no epidemic attack of the disease.”\textsuperscript{140} Historians since have documented at least two other yellow fever epidemics in the city during this period, but Charleston was reprieved of any ravenous outbreaks like those of the 1730s and 1740s. This however, did not erase yellow fever from the hearts and minds of older Charlestonians. Burdened by the looming threat the fever imposed and familiar with its destructive capability, many Charleston natives continued to bear its witness either through lived experience or through oral family history. When “a new era of the yellow fever commenced” in 1792, which raged in nearly every year throughout that decade, any inhabitants whose fears had dissipated in the lull years found their terror replenished in full.\textsuperscript{141}

Manuscripts and letters of Charleston families from this decade are replete with concerns over yellow fever. Nearly every letter written between Charlestonians during the summer and autumnal months contains at least a clause pertaining to personal well-being, the health of family members, and often the patterns of sickness in the region at large. A close examination of these letters also illuminates yellow fever’s impact on commerce that resonates with its impact on commercial activity since 1732.

John Chesnut, a Charleston planter-landlord, wrote to a friend that he “was so much reduced” by the fever that he could not travel.\textsuperscript{142} He remained sick for so long he fell behind in his business for the season, and was tardy on payments to his merchants Adam and William Tunno, through whom he imported most of his consumer durables.

\textsuperscript{140} David Ramsay quoted in Bancroft, “Essay on the Disease Called Yellow Fever” 355. This was also largely the case for Philadelphia (see Patrick Duffy, “Yellow Fever in colonial Charleston” 196)
\textsuperscript{141} ibid
\textsuperscript{142} South Carolina Historical Society (from this point onward referred to as SCHS), John Chesnut Plantation Papers 1789 (12/33/35) Letter dated June 25th, 1789
William Laughton Smith often discussed the health of the city in correspondence with friends. In 1797, he intimated to David Cambell that the summer had thus far been unusually unhealthy, so much so that he himself had “a slight attack of fever.”

Mary Williamson wrote to inform her friend Mrs. Hutson of Cedar Grove Plantation that her “dear mama [was] quite sick again.” Williamson went on to voice her concern that her husband might also get sick and if so, it would cause her to be “more cast down then usual.” If he caught the fever, she too could “expect to be in the same situation,” since she had to take care of both him and her mama. Thinking about the months left in the sickly season caused her “great anxiety and fear for all three of us.” Her fear was so potent that she promised Mrs. Hutson she would visit “if I live ‘till the cold season,” even though she was in a state of perfect health.

The Ball family papers capture the anxiety that yellow fever brought down upon Charleston families particularly well. With a son off at Harvard College, John Ball and his wife wrote to New England extensively and often. Illness and distress over yellow fever pervaded nearly every letter. Though in 1798 Charleston was free of the fever, Boston was not. As a concerned parent, John wrote to his son, also named John, that he and his wife grew alarmed “about the malignant fever said to be raging in Boston.” They advised John Jr. to “avoid contagion by going somewhere in the country.” They assured him that college was only a four-year commitment, and that he “was not bound by any tie to risk [his] life,” to obtain a degree. Ball Sr. reassured his son that Charleston

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143 SCHS, William L. Smith Papers, David Cambell Correspondence 1797-1800 (11/474/1), Letter dated August 8th, 1797. Smith coming down with fever has a tone of surprise in the letter because often men of his stature would remove their families to summer residences outside the urban center to avoid pestilential diseases in the autumnal season.
144 SCHS, Hutson Family Papers (11/548/21) Letter dated August 31st, 1794
145 Ibid
146 SCHS, Ball Family Papers (11/516/10) Letter dated August 27th, 1798
was “so far healthy, with no epidemic yet.” Still, his mother feared that 1798 would not remain healthy. Writing to John Jr. in her husband’s absence, she told him that his father was “in the country,” and that her “fears are all alive…of his getting the fever.”

Though people had fallen ill and some died in the fall of 1798, John Ball Sr. held that the deaths were attributable to “a kind of nervous fever”, and that there had been no “black vomit or symptoms of yellow fever.”

Charleston was not as lucky in 1799. Acknowledging that John’s “anxiety must be great for the welfare of your relatives during this sickly season,” John Sr. felt impelled to write him to alleviate concerns. Although the family was in fine health, Ball Sr. went on to tell his son that indeed the prevailing sickness was a confirmed epidemic of yellow fever or “black vomit.” The letter momentarily degenerates into a list of the dead and infected. The most sobering line for John Jr. to digest would likely have been the news that Mr. King had fallen ill to the fever. King was a family friend and “no stranger to the air of Charleston.” This deserved noting by Ball Sr. because the disease tended to weigh heaviest on travelers and transients. This meant that the disease was particularly virulent that summer. It is likely too that this was what prompted him to remain in the countryside for five weeks that summer, after having fallen ill there with a lesser distemper. John Jr. must have been relieved to hear his family was well, but his father’s warning that “god only knows how long it may be the case” must have made him apprehensive.

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147 ibid
148 ibid, letter dated September 4th, 1798
149 ibid, letter dated September 30th, 1798
150 SCHS, Ball Family Papers (11/516/11B) Letter dated October 29th, 1799
151 ibid
152 ibid, letter dated September 29th, 1799
153 ibid, letter dated September 7th, 1799
Individuals were more outspoken about yellow fever and its impact on the city in private correspondence than in the South Carolina newspapers. It was unquestionably underreported because papers deliberately refused to acknowledge its presence until the illness was undeniably confirmed as yellow fever. Yet, after the major yellow fever crisis in Philadelphia in 1793 the issue became difficult to ignore, especially given the outbreaks Charleston faced in the years immediately preceding and following Philadelphia’s crisis.

If the South Carolina newspapers did not wish to print articles on domestic cases, Philadelphia’s crisis was fair game. The Columbia Herald ran a piece on how disastrous the 1793 outbreak was for Philadelphians both individually and on their commercial activity. The author of the column declared that “the terror had become universal,” and that it caused a mass exodus. According to the article, a supposed “12 or 15,000 of the inhabitants of Philadelphia deserted the city.” The author claimed that dread of the disorder had “extinguished the feelings of humanity” because the “unfortunate fugitives” that fled were not welcomed in places they attempted to seek asylum.

Indeed, fear of contagion made asylum difficult for Philadelphians to obtain. New York passed resolves almost immediately after the panic broke out and sought strict quarantine measures “to prevent the introduction of the disorder among them.” Other states followed suit, and South Carolina was no exception. The resolves passed by the committee in Charleston stand out due to their wording. Instead of subjecting ships from

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154 McCandless, 116-118. The newspapers did not want to incite panic among the citizens, or cause unnecessary harm to commerce by declaring the outbreak epidemic too early if it turned out to be a false alarm.
155 Columbia Herald or the Southern Star, "New York, October 19.," November 7, 1793
156 Ibid
157 Ibid
158 Ibid, page 2
Philadelphia to quarantine, as other state measures had, Charleston’s measures forced quarantine on all “vessels coming from the river Delaware.” The blanket regulation was designed to catch any transshipment, whereby sloops would stop momentarily at a port with a cleared bill of health to evade quarantine upon arrival in Charleston.

The blanket quarantine solicited an angry letter in the Herald the following week. The writer asked furiously how it could be justified as necessary to shut down “every port in the Delaware.” Using Trenton as an example, the author continued to ridicule the Charleston resolve. If Trenton had rigorous quarantine measures imposed on ships from Philadelphia and were “equally vigilant” in exercising them, then why force these ships to observe a second oppressive quarantine? Doing so, he said, only acts to “bind hard upon the honest merchant.”

Because quarantine resolves were formed around communication flow between ports, rumors could be damning to commercial activity. Indeed it was the “magnifying tongue of rumour [sic],” as one Charlestonian would have it, that “painted in the most frightful colour” the horrors and contagiousness of the disorder in Philadelphia which led to the desertion of the town. Though largely conjecture, there is some truth to the columnist’s remarks. Sometimes the slightest indication that yellow fever was present was enough to lead to sanctions, whether or not the information was reliable. An excerpt from a letter that was subsequently published in the City Gazette speaks to the manner in which epidemiological intelligence was communicated.

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159 Columbia Herald or the Southern Star, “Charleston, Dec. 7.,” December 7, 1793: 3.
160 Messrs. Harrison and Bowen, ed., "For the Columbia Herald, &c.," Columbia Herald or the Southern Star, December 14, 1793.
161 Ibid
162 Columbia Herald or the Southern Star, "New York, October 19.," November 7, 1793
Mr. William Weaver to Mr. Jacob Weaver, Dated Kingston 3d of June 1794 communicated to the governor by Mr. Robert Ralston:

“The Yellow Fever is raging very bad on board the shipping here. The fleet arrived a few days ago and have most all of their crews down with it, and die very fast; and a great many gentlemen, who came passengers have died. I think it would be necessary to make every vessel ride quarantine, that comes from Kingston to Philadelphia.”

Though public health intelligence such as this did not always make it into the paper, simple dispatch was often enough to cause governors to issue proclamations of quarantine. Many such proclamations are riddled with suggestive qualifying clauses, such as “there being reason to suppose,” or “I have received such further information respecting the progress of an infectious disease.” It was not a foolproof procedure by any means. Nevertheless, the reality that the commercial fate of a port city could and sometimes did hinge upon general observations of a single man (and his reputation) was a practice that American port cities had grown accustomed to by the turn of the century. As it stood, there was no method that could be used to determine whether preventative measures were warranted. Public officials accepted hearsay because they had no other choice.

Charleston’s commercial activity was stifled in the summer of 1796 for this precise reason. The port of Savannah had imposed quarantine on vessels from Charleston. The measure was created in response to “erroneous intelligence” concerning yellow fever according to Charleston City Intendant John Edwards. Immediately upon receiving word of the Savannah proclamation, the city council directed Edwards to request that the

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163 *The City Gazette & Daily Advertiser*, "Extract of a letter from Mr. William Weaver, to Mr. Jacob Weaver, dated Kingston, 3d of June, 1794, Communicated to the Governor by Mr. Robert Ralston," July 21, 1794

164 Ibid, June 28, 1797; September 12, 1797

165 *Columbian Herald or The New Daily Advertiser* “Charleston 11th of August, 1796” August 12, 1796
South Carolina Medical Society “give their opinion on the real situation of the health of the city.” The intent was clear; if the Medical Society cleared Charleston as healthy, it would prevent quarantines from being issued “in any of the sea-ports on the continent.”

**Savannah’s Pathogenic History**

Unlike Charleston, colonial Savannah saw little in the way of epidemic disease prior to 1750. The original settlers to arrive onboard the *Anne* in 1732, and their subsequent generations, struggled primarily with nutritional deficiency disorders such as scurvy and beriberi. Though few died from these diseases in particular, these ailments significantly lower the ability of the immune system to ward off other infections properly. When typhoid fever found its way into Savannah in 1737 it found a host of weakened immune systems on which to prey, drastically inflating mortality rates normally produced by the disease.

Typical endemic and seasonal maladies aside, early coastal Georgia was curiously healthy. There is little record of struggles with bilious fever (malaria), and mentions of yellow fever are virtually non-existent. Indeed, Savannah’s healthy reputation gained favor in South Carolina, spurring some Charleston planters to think of it as a “safe summer resort.” There are several reasons explaining this phenomenon that require an ecological and economic comparison of Savannah’s settlement pattern to that of Charleston.  

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166 ibid  
First, the town of Savannah was settled nearly twenty miles upriver from the sea on a bluff forty feet above the river. The choice to settle at Yamacraw bluff is important for two reasons. Most important in explaining the lack of malaria was the environment. The site of settlement was elevated and heavily forested, shading the land and water. Thus it was an unsuitable place for anopheles—the mosquito breed that carries malaria—to breed. As historian Gerald Cates underscores, Georgia had plenty of sluggish water, yet it is “necessary that the water be exposed to sunlight to sustain the algae which in turn nourish the larva of anopheles.”\textsuperscript{169} Lastly, the forty-foot bluff inhibited the vector of any anopheles successful in breeding down by the river. This would change as the colony developed commercially, exporting timber and clearing trees for agricultural reasons, but it highlights the plausible reason that Charleston struggled more with malarial distempers in its early years comparatively.

The second reason is strictly economic. The settlement site at Yamacraw, being so far inland, made it a much less viable commercial port than Charleston, subjecting it to far less exposure to imported disease. This element perhaps best explains the absence of yellow fever in early Savannah. Some scholars have gone so far as to suggest that yellow fever was not imported to Georgia until after the colonial era. This is highly unlikely given the interaction between Savannah and Charleston, with the latter being constantly ravaged by the disease. It is probable that people contracted yellow fever in early Savannah, but that they were isolated cases that never escalated to epidemic proportions.

It must be remembered that yellow fever is an urban disease, the \textit{aedes aegypti} requiring a densely populated vector to spread effectively. Our modern understanding of yellow fever relates that the virus only circulates in the blood in a form that can be picked

\textsuperscript{169} Cates, 24
up and transmitted by mosquito for three days. Charleston’s economic regime of rice
cultivation in the 1730s and the export market that resulted from it made Charleston one
of the largest port cities in the early colonial era. The transient population generated by
maritime activity and the crowded dwelling houses created a ripe environment for yellow
fever. If the disease ran its course, there was always the possibility that it would arrive on
the next vessel full of African laborers needed to sustain the town’s economic growth.\textsuperscript{170}
The demographic reality of early Savannah was starkly different, with an estimated
population of a mere six hundred in 1740 and two thousand in 1750. It is plausible that
this accounts for the lack of epidemic yellow fever in early coastal Georgia.\textsuperscript{171}

This, nevertheless, did not mean that they were ignorant of the disease and the
horrors associated with it. In 1750, the trustees of Georgia petitioned the crown to repeal
the act that prohibited African slavery, thereby abandoning their original idea of creating
an agrarian utopian society free of slave labor. The language of their petition explicitly
illustrates their want of slavery alongside their concern for imported disease. They argued
that the early “Introduction of Black Slaves or Negroes would have been of dangerous
Consequences,” without detailing why; but that after the war with Spain subsided,
“Importation and Use of them,” would “be a Benefit to the said Colony and a
Convenience and Encouragement to the inhabitants.”\textsuperscript{172}

\textsuperscript{170} Robert L. Usinger “Yellow Fever from the Viewpoint of Savannah.” \textit{The Georgia Historical Quarterly}
vol. 28, no. 3 (September 1944): 143–156.; for a rigorous analysis of the economic rise and fall of
Charleston see Peter A. Coclanis \textit{The Shadow of a Dream: economic life and death in the South Carolina
\textsuperscript{171} Historian Walter Fraser estimates that there were only 600 inhabitants in Savannah in 1740. See Walter
\textsuperscript{172} Georgia Colonial Records, Vol. I No. 56; the repeal petition is quoted in full in Donnan, \textit{Documents
Illustrative of the History of the Slave Trade to America: Vol. II The Eighteenth Century}. (Washington
Slave importation, they went on, was to be done only “under proper Restrictions and Regulations,” and

“…whereas the permitting of Ships with Negroes or Blacks to send them on Shore when ill with contagious Distempers (particularly the Yellow Fever) must be of the most dangerous Consequence Therefore for the Prevention of so great a Calamity be it further enacted that no Ship which shall bring any Negroes or Blacks to the said Province shall land any Negroes or Negroes Black or Blacks within the said Province until such Ship have been visited by the proper officer.”173

That the trustees specifically connected yellow fever to slave importation exemplifies their understanding of the intimate connection between the two. Such prescience—probably informed by Charleston’s incessant battles with disease—compelled the trustees to delineate the specifics of their rigid quarantine regime. No ship with Africans on board were to “come nearer to the said Province than Cockspur,” an island at the mouth of the Savannah River, where they would be visited by a port physician. If infected persons were found aboard, the ship forcibly performed “Quarantine in Tybee Creek” until healthy.

If yellow fever was a problem before 1750 the trustees intended on keeping it that way by ordering “a Lazaretto be forthwith built…on the West Side of Tybee Island for the use and Convenience of the said Colony where the whole crews of such infected Ships and Negroes brought therein may be conveniently lodged.” The “medicines” and “refreshments” were explicitly “to be provided at the Expence [sic] of the Captain of the Ship.” Fines to be imposed on captains attempting to evade quarantine were heavy. Following the lead of the Charleston assembly, the trustees threatened potential offenders with a fine of £500 sterling, with a provision that any captain caught landing slaves

173 ibid, 610
“before his ship is visited” will not only forfeit the £500 fine “but also the Negroes onboard the Ship.”\textsuperscript{174}

Slave importation, though modest at first, commenced in earnest not long after the trustees turned over control of the colony to the crown in 1752. Slave owners from South Carolina and the West Indies, having enough capital to start a new operation, were eager to pounce on the financial opportunity, having put in 103 separate applications for land in 1750 in anticipation. Their motivation was primarily economic, with many planters wishing to replicate the successful rice plantations that had made them their fortunes. Yet, it is undeniable that health concerns were also a motivating factor. As previously shown Georgia was thought to be remarkably healthy comparative to Charleston. This perception only intensified wealthy planters’ desire to relocate due to less risk of sickness and loss.\textsuperscript{175}

The nascent slave trade to the colony could not have accelerated in the manner it did without an emerging merchant class. Historian Paul Pressly has shown that merchants were drawn to Georgia after 1750 sharing the same motivations of the planters. Most of these merchants were Scottish and arrived in Georgia with enough capital to extend lines of credit and connections in England to jump-start commercial dealings in slaves. These Scottish middlemen, as Pressly convincingly argues, were the linchpins of determination, dragging the “backward frontier settlement into the burgeoning trans-Atlantic economy.”\textsuperscript{176}

\textsuperscript{174} Ibid, 611; Though the expense of caring for those at quarantine was still the responsibility of the vessel captain, a lazaretto was not built until necessity demanded it in 1765. Instead, vessels dropped anchor in Tybee Creek and practiced quarantine onboard the ship.

\textsuperscript{175} Fraser Savannah in the Old South, 37

\textsuperscript{176} Paul Pressly “Scottish Merchants and the Shaping of Colonial Georgia.” The Georgia Historical Quarterly vol. 91, no. 2 (Summer 2007): 135–168.
Indeed, these Scottish merchants fostered the modest slave imports in the early 1750’s. The available records show that the first decade of shipments came from the Caribbean or South Carolina, not directly from Africa. An estimated 637 arrived in Savannah from the West Indies and 1,238 were transshipped from Charleston. The largest single cargo of slaves for reach the Georgia coast during this period consisted of sixty slaves imported from St. Christopher by the merchants Johnson and Wylly. It was common in these years for vessels to carry slaves as part of a larger cargo until enough demand and capital accumulated in the area surrounding Savannah to warrant direct trade with Africa. Some Georgians were not happy about their lack of options and felt—as was common among planters elsewhere—that seasoned slaves from the Caribbean were recalcitrant, “refuse” slaves prone to insurrection. The other chief complaint against slaves from the West Indies was their health, as Joseph Clay underscored when he complained to a friend that seasoned Caribbean slaves are “commonly sent away either for their incurable disease or their villainy.” Many Georgia slaveholders in the market for new slaves knew well the harsh regime slaves on the sugar islands faced and the health problems that constantly plagued them. In fact, many of these new Georgians had intimate knowledge of the Caribbean realities because they either previously owned or continued to operate plantations there.\(^{177}\)

Whatever perceptions of health Savannah had left at the close of the first decade of engaging in the slave trade quickly evaporated in the early years of the 1760s. When smallpox seeped into Savannah in February 1764, the town faced it first major

epidemiological challenge since the typhoid outbreak thirty years earlier. Georgia’s leaders had observed closely as smallpox overwhelmed Charleston in 1760 and then again in 1763. Determined not to make the same mistakes as their sister colony, Georgia legislators began employing precautions. For the first time the Georgia Assembly required all South Carolina ships to undergo quarantine, bar none.178 The Act of 1760 expired in 1763 but was immediately reinstated that same year, Georgia’s legislature being unwilling to take any risks whilst variola still festered in Charleston.179

People in Savannah also watched the crises in Carolina play out in the newspapers, some vocalizing their unease. One Joseph Gibbons’ neighborliness succumbed to his anxiety. He issued a request in the Georgia Gazette that although it was “custom for travellers to pass and repass [sic] through my plantation,” the presence of smallpox in Carolina changed his tolerance for it, and that “no reasonable person” would “be offended at my desiring them to make use of the publick [sic] road.” Trying not to sound unreasonable, he admitted outright that he was “greatly afraid it may be brought into my plantation by travelling people.”180

When smallpox surfaced in Savannah its origin was not South Carolina, despite all of the preventative measures taken against that colony. Supposedly, it was imported on a small slave vessel from Curacao. Though the ship was inspected at port it is likely the disease’s long incubation period allowed for the ship to pass through undetected, as lesions had yet to appear on the infected slave. When Joseph Butler—purchaser of this entire shipment—noticed the unnerving eruptions on a female slave, he quickly isolated her at his friend Joseph Stanley’s town home. Stanley had agreed to conceal the infected

178 Cates, “A Medical History of Georgia,” 48
179 ibid, 50; Georgia Gazette July, 7 1763
180 Georgia Gazette issue 6 page 5, May 12, 1763
woman so Butler would not have to quarantine all of his newly acquired slaves, but when a mulatto house servant contracted the malady it quickly spread to other Savannah households.\textsuperscript{181}

In May 1764, Governor James Wright officially recognized the variola’s presence. Shortly after on May 24, the Gazette printed a short editorial assuring readers that “the smallpox is only in three or four families” and that “country people may yet safely come to town.” If the editorial was supposed to calm Savannahians’ woes the next week’s printing incited panic. The paper ran a list of the houses and plantations infected that dwarfed the “three or four families” reported just a week before. Page three ran the gubernatorial proclamation detailing the Assembly’s plan for containing the virus.

The measures taken by Wright and the Georgia Assembly mirrored the measures taken by Charleston officials in 1763. First, a ban was placed on inoculation “within the boundary of the town and common of Savannah,” with a £100 sterling fine as a deterrent. Anyone who “receives the aforesaid distemper by inoculation” could be forcibly relocated to a designated watch-house by any justice of the peace that has “due proof” of the offense. The sentry posted at this makeshift quarantine facility was to be paid for “at the expence [sic] of the offenders” which could be recovered through repossession and sale of their private goods. As if the justices of the peace were not empowered enough by this act, they were also lawfully enabled to “enter into any house, outhouse, or dwelling-place reputed or suspected to have any person therein infected with the said distemper” in order to examine “every infected person” to determine if “he or she received the infection

\textsuperscript{181} Cates, 50-51; \textit{Georgia Gazette} issue 14 page 5 June 7, 1763; Fraser \textit{Savannah in the Old South}, 75; Worthy of note is an interesting slave ad put out in the \textit{Georgia Gazette} March, 22 by Joseph Gibbons for a runaway named Primus that appeared “to have had the smallpox” it is entirely likely that Primus indeed has a communicable form of the disease while on the run, another instance where Gibbons may have been untruthful to the detriment of the town.
by inoculation or the natural way.” If the suspected person refused inspection, they would be “deemed and taken liable to be an offender, and liable to the penalty thereby inflicted.

Natural cases were dealt with at the expense of the public, though in the same fashion. To ensure enforcement, a £20-150 fine could be administered to any justice of the peace neglecting to do his duty. To prevent further spreading, if smallpox broke out in a house or plantation the owner was charged with immediately fixing an advertisement in a public place signifying that the smallpox was present there. Likewise, the owner was to fix a white cloth “at the gate or entrance to such a house or plantation” as well as another notice “at the church, chapel, or other place of public worship.” Failure or refusal to do so resulted in a £10 fine per notice. Slave owners who worried about losing their slaves to the pox were banned from inoculating them as well. Since there “no adequate punishment” could be inflicted on slaves—who were unable to pay fines—“in every such case the owner…shall be subject and liable” to the original £100 fine. The last enactment targeted “evil disposed persons” intent on “evading the force of the act” that may attempt to go beyond the town limits to inoculate others and then immediately return. If indeed someone was “reasonably suspected of having been guilty of such a practice” they would be deemed an offender of the first enactment and suffer the £100 fine unless they subject themselves to examination by a justice of the peace and were found not guilty.182

The degree of state power asserted by this act is astonishing in light of the political tension escalating nationally and the bitter political divisiveness locally. The Assembly had been in conflict with Governor Wright for some time before the epidemic. Noble Wimberley Jones, unofficial Whig leader and former speaker of the Assembly, had most recently railed against the royal governor and an act of parliament forbidding

182 “Smallpox, People, Families” Georgia Gazette May 24, 1764; Georgia Gazette May 31, 1764
Georgians to cut down pine trees. Jones’ actions so upset Wright that when Jones was elected speaker again in 1765, Wright refused to confirm the election. Thus, the gravity of public health is underscored by the handling of smallpox in 1764. For a brief moment in a time of crisis, the fractured local government put aside their larger political differences to protect the citizens of Savannah as best they could by working together.183

The May act also made clear that inoculation was as hotly debate in Savannah as it was in Charleston in 1760 and 1763. An anonymous author penned a letter to the editor of the Gazette under the pseudonym “A Real Friend to the Province of the People.” Real Friend went on to claim that persons “secretly inoculated” in early May spread the virus, but that people had thought it was spreading naturally, causing an inoculation frenzy. Governor Wright, worried that the frenzy would produce the same problem for Savannah as it did in Charleston, called the Assembly together for the purpose of discussing a ban. Real Friend argued that because the meeting was made public along with the topic to be discussed, between the meeting and “the passing of the law great pains and industry was used to spread the disease by inoculation” with thirty people in different parts of town supposedly inoculated. This last ditch effort was, in his or her view, what propagated the scourge.184

Needless to say this letter prompted a dialogue between Real Friend and a pro-inoculation Savannahian under the alias “A lover of Truth.” The latter came to the defense of doctor Cuthbert, who was implicitly indicted in the former’s letter. Lover of Truth, possibly Cuthbert himself, claimed that Cuthbert did what was necessary to

184 “To the Printer,” Georgia Gazette June 7, 1764
contain the virus because it had already spread to too many people. The letter ends with a spiteful rant set on denigrating Real Friend in an attempted jab at his legitimacy.  

As the debate over inoculation played out in the newspaper that summer, Dr. Cuthbert shamelessly advertised the practice of inoculation in the face of the May statute. Calling the late law “ineffectual,” Cuthbert offered “all such persons…who may be desirous of being inoculated” the opportunity as long as they “can be provided with a proper place for their reception without the limits prescribed by law” outside of Savannah. On the next page of the same day’s printing, Dr. Cuthbert’s relation George put up four slaves for sale. Two were women and two were girls, all “warranted to have had the smallpox.” Given James Cuthbert’s brazen inoculation efforts, it is possible that these slaves were inoculated for the sole purpose of being sold—which would be illegal regardless of where the inoculation was carried out—but this can only be speculated. The incentive to inoculate these particular slaves, however, derives from the demand for house servants immune to the disease to serve as nurses, guaranteeing that they would fetch a handsome price.  

By August the pox showed no signs of deceleration. Accepting that the measure may have indeed failed as Dr. Cuthbert suggested, Governor Wright ended the ban on inoculation starting in September. It is evident from the wording in his proclamation that he was still convinced that inoculation was responsible for spreading the distemper, for the ban was to be lifted, but only under “certain regulations and restrictions.” The restrictions were quite simple. First, one must be inoculated where they lived. If one lived in the country they must commission a physician to perform the inoculation there, and

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185 “To the printer,” Georgia Gazette June 21, 1764
186 “To the Printer” Georgia Gazette July, 12 1764
afterward remain in that place. This was to hopefully stop country folks from going to town to be inoculated and then possibly infecting people on the way back to the country. The second restriction was on slaves. Slaves were only to be inoculated if they were “employed and kept within the town limits” or confined to the plantation. Slave movements were also severely restricted as the Assembly reprinted sections of the Slave Code in the *Gazette* limiting their movement at the risk of heavy fine one the owner or execution of the slave.\(^\text{187}\)

Vacillation by governing officials in Savannah over inoculation occurred almost exactly as in Charleston, and no more than three months later in December the original ban on inoculation was reintroduced in full-force. All of the same measures were reinstated, the £100 fine for offenders and the requirements for fixing notifications to public buildings and reporting family sickness to the *Gazette*. Yet, one curious provision was different. The enactment allowed for inoculation if smallpox appeared in one’s home or on one’s plantation “in the natural way.” This was not to be taken advantage of however, because if suspected that no real threat infection prompted inoculation, the offender was subject to the £100 fine.\(^\text{188}\)

In autumn 1765 the epidemic came to a close. Governor Wright used the catastrophe of the previous year to ask the legislature to accumulate funds for the construction of a lazaretto to “guard against contagious diseases being brought amongst us by Negroe [sic] Ships,” especially as “importations of considerable cargoes of Negroes from Africa” arrived nearly every week. The Assembly did not waste any time and a lazaretto was constructed on the west end of Tybee Island, where a swamp naturally

\(^{187}\) “A Proclamation” *Georgia Gazette* August 16, 1764
\(^{188}\) *Georgia Gazette* December 20, 1764; *Georgia Gazette* April 4, 1765
separated that section from the rest of the island. The lazaretto itself was a two story tabby-lime brick building, forty by twenty feet in dimension. To maximize space every patient was given a three by six foot space, perhaps making the term inmate more appropriate. Maximum capacity of the lazaretto was approximately seventy. Given that the hold of a medium size slaver could carry at least that many—and large ships double that amount—the lazaretto on Tybee represented little more than an extension of the slave ship, the only difference being slightly better rations. 189

The new outpost on Tybee would be tested in the years following the 1764 epidemic, with noted cases of slave ships arriving with smallpox onboard in 1768, 1769, and 1770. The new defense proved adequate at keeping the disease from entering Savannah on all counts, possibly because inoculation was being performed under rigorously control and observation. The success of Tybee waned during the American Revolution and the siege of Savannah as smallpox revisited the port. The scourge decimated British soldiers primarily, but also infected many Americans both soldiers and civilians. 190

The American Revolution devastated the underdeveloped colony of Georgia economically as well. The social chaos that ensued under British occupation of Savannah from 1778 to 1782 delivered a costly blow to slave owners and their Georgia operations. Most of their wealth and capital literally walked away, absconding either to aid their de

189 Georgia Gazette November 12, 1766; Cates, “A Medical History” 57
190 The Gazette reported in 1768 the slave ship Gambia arrived at quarantine with smallpox on board. All of the infected were isolated on Tybee and the rest inoculated at quarantine; again for disease and its role in the American Revolution see: Elizabeth A. Fenn, Pox Americana: The Great Smallpox Epidemic of 1775-82 (New York: Hill and Wang, 2001) and McCandless, Slavery Disease and Suffering chapter five “Revolutionary Fever”
facto emancipators in Savannah, or to Florida if possible. Most of the wealthy planter-patriots lost everything, and fled if they were not captured. 191

Dr. Noble Wimberley Jones saw his plantation and property confiscated and sold for damages. Unlike his own two sons—one of whom was captured and imprisoned on the dreaded British prison ships and the other killed during the siege—he was lucky to escape to Charleston. Though he was captured and imprisoned at St. Augustine when Charleston fell, he was set free as part of a prisoner exchange and sent to Philadelphia. Upon arriving there, he again took up practice, hobnobbing with Dr. Benjamin Rush and Dr. David Ramsay, the latter having done time with Jones at St. Augustine. 192

When the war came to a close, Jones returned south to Charleston and then eventually Savannah to reclaim his lost plantation and practice. He was followed in this decade by a great many well educated and practiced physicians, the likes of which were unknown to Georgia before the war. Unquestionably, Jones had convinced a few of his new well-educated acquaintances to relocate south, but this was probably unnecessary. The war had essentially created a professional vacuum on the Georgia coast. The slave trade boomed in the postwar years as planters eager to regain their losses turned an eye to more efficient tidewater rice cultivation. As experience had proven, the slave ships brought disease. This in turn brought opportunity to northern medical men with few

192 Bassett, “Medical Biography” 9-12
better opportunities. Many set their sights on Georgia. Dr. Lemuel Kollock serves as a fine example.193

Dr. Kollock, born in Wrentham, Massachusetts in 1766 to a Huguenot family, attended Andover Academy as a boy and later Brown University, displaying great talent in science. Upon completing his degree he took a position as superintendent of a school in Newport, Rhode Island. It is here where he met the famed doctor Isaac Senter, eminent physician of that city and revolutionary war hero. At Senter’s urging, Kollock studied medicine with him as a preceptor, as was common at the time. While living in Newport, Kollock met many southerners who summered there. Most of these southerners were intimately connected to the slave trade, as Rhode Island merchants played a disproportionate role in the trade. They told Kollock of the opportunities to be had for a person of his talents in Savannah.

With that, Kollock left for Savannah and arrived on scene in 1792. Almost overnight, Kollock rose through the ranks becoming one of the most well-respected and well-connected physicians in the Savannah, if not the southeast. He dutifully maintained correspondence with Dr. Senter and acted as a contributor and correspondent to the Medical Repository, the first major medical journal in the United States. Kollock’s popularity made him the target of southern men aspiring to become physicians, and his manuscripts suggest that he had many preceptors study under him before departing to university. He also found the time to engage in correspondence with some of his former students while they were away at school.194

Kollock’s letters reveal a great deal about how medical ideology was transmitted in the early republic. Edwin Leroy McCall, one of Kollock’s former students, diligently wrote him while in medical school at the University of Pennsylvania, keeping Kollock abreast of the most recent theories and scholarship of Dr. Rush and others. Another of his former students was Horace Senter, the son of Kollock’s mentor Isaac. Senter was studying medicine in London around the turn of the century. It was around this same time that Dr. Edward Jenner was experimenting with smallpox vaccination, a method similar to inoculation. The difference was that instead of inoculating with live variola matter taken from the pustule of an infected person, vaccination relied upon the subcutaneous injection of a disease similar to that of smallpox called cowpox. The symptoms produced by this method were mild at worst and immunized the recipient. As word spread publicly through pamphlets of Jenner’s success, it also travelled privately through physicians’ letters. Kollock was lucky enough to have a faithful overseas correspondent in Senter—able and versed in medicine—to relate the best practices associated with this ground breaking medical achievement, Senter having witnessed it administered while in England.195

Dr. Kollock’s reputation was put to the test in early June 1800. Dr. David Ramsay, president Medical Society of South Carolina, penned a letter to Kollock that can best be described as desperate in tone. Dr. Ramsay, though considered to be the ablest

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physician in his state, could not successfully vaccinate his clients with the new cowpox.

The pertinent section of his letter, dated June 4, 1800 reads as follows:

“I am not satisfied that the cowpox has taken in any one instance. None of my patients has had a sore arm from the insertion of the matter. Some have had fever and eruptions, but like nothing I was acquainted with. The affection of the axilla was also wanting. I have, therefore determined to send a subject for the purpose of being inoculated with the cowpox and bringing the matter fresh in his arm. I have therefore, to request that you insert the vaccine matter freely into both arms of the negro boy who accompanies this, and that you send him to me by stage or by water (if a good opportunity offers) as soon as you are certain of his being infected with the disease. Please do put him under the protection of some decent passenger or captain. Mr. Fabian is now here, who doubts the existence of the cowpox in Savannah and recommends in this case the boy be sent to Midway. I trust to you to have the business done effectually, so that I may confidently proceed from the boy soon after his return. Mr. Fabian will pay all expenses that may be necessary for the boy’s maintenance or passage. I am so partial to the Cow Pox that I plan to inoculate my own son with it. My attempts with the thread you sent me have failed, but I mean to persevere.”

The manner in which Ramsay indifferently uses a slave boy as a conduit of disease is morbid. Though it was not necessarily uncommon for doctors to perform macabre experiments on slaves, utilizing slaves as live storage units—hosts for vaccination—is less documented, though not surprising. Furthermore, this letter demonstrates the close connection between physicians in Charleston and Savannah, highlighting the constant flow of medical ideology between both locales and how they actually shared patients when necessary. Lastly, and most significant in throwing light on Georgia’s medical history, is the deference shown by Ramsay to Kollock in this letter. By the turn of the century the post-revolutionary generation of Savannah physicians had established a respectable medical reputation nearly equal to that of Charleston.196

196 GHS, Lemuel Kollock Correspondence 1793-1822, Collection 469 Box 1, Folder 2
LowCountry Medical Ideology Diverges

In the early morning on a Tuesday in the fall of 1799, the Medical Society of South Carolina convened. President Dr. David Ramsay took the floor. His remarks included a report on the recent health of the city of Charleston and the effects of yellow fever upon the region. At this point in his medical career Ramsay had arrived at the conclusion that yellow fever was not an imported or contagious disease, believing rather that it originated domestically. This did not surprise the attending members because many either shared Ramsay’s opinion or had prior knowledge of his position on the matter. As a group, the Medical Society often advised government officials on public health issues and influenced related legislation. Under Ramsay’s direction in the summer of 1800, the group advocated for relaxing quarantine measures for suspected cases of yellow fever. By August 1802 the Medical Society suggested that quarantine for yellow fever was altogether unnecessary.

The South Carolina Medical Society was the only medical intellectual body in the country so steadfastly anticontagionist in viewpoint that it encouraged state officials to

197 David Ramsay, “Extracts from an Address delivered before the Medical Society of South Carolina, on the 24th of September 1799” Medical Repository 4 (1801) p. 100
198 Ramsay’s thinking on this matter was influenced by many factors. One influential factor on Ramsay was his mentor, Dr. Benjamin Rush of Philadelphia, who had reached the conclusion that yellow fever was not contagious or imported in 1793. This sparked a debate over both issues. The debate transcends the period under discussion here and would not be resolved until the turn of the twentieth century, when doctors and scientists discovered that yellow fever was transmitted by the aedes aegypti mosquito. Modern knowledge of the disease proves that physicians arguing that the fever is contagious were correct and that quarantine was an effective preventative measure, albeit for reasons that they did not understand. For the modern scientific explanation of yellow fever see: Centers for Disease Control an Prevention, Transmission of Yellow Fever Virus, January 2012, http://www.cdc.gov/yellowfever/transmission/index.html
employ less restrictive port regulation. Though prominent physicians in other American port cities were of the anticontagionist persuasion, none of these cities even considered relaxing measures implemented to prevent even the slightest potential threat of yellow fever epidemic. That Boston, Philadelphia, New York, and Savannah enhanced quarantine measures for suspected cases of yellow fever while Charleston advocated actions entirely opposite is curious and warrants closer examination.\(^{201}\)

**Charleston as a Lowcountry Anomaly**

Clearly, Savannah observed and then replicated the tactics used by Charleston to control smallpox in the 1760s. The quarantine laws drawn up in Savannah were remarkably similar to earlier laws of Charleston. As in Charleston, many of the young Savannah doctors left the Lowcountry to study medicine under the influence of Dr. Rush, as the record of Dr. Lemuel Kollock’s students indicates.\(^{202}\) Despite the havoc it wrought on nearly every other Atlantic port city throughout the entire decade of the 1790s, yellow fever had not found its way into Savannah until a brief epidemic appeared in 1799.

\(^{201}\) John B. Blake, "Yellow Fever in Eighteenth Century America," *Bulletin of the New York Academy of Medicine* (New York Academy of Medicine), June 1968: 673-686; Dr. Rush’s views also help illuminate the singularity of South Carolina’s position. See Benjamin Rush, *Obsevations upon the Origin of the Malignant Bilious, or Yellow Fever in Philadelphia and upon the Means of Preventing it; Adressed to the Citizens of Philadelphia*, Pamphlet (Philadelphia: Budd and Bartram , 1799), 1-28. Historian Peter McCandless’ recent monograph comes closest to offering any explanation. Throughout his work, McCandless does well to show how quarantine measures were perceived as burdensome on planter/merchants. See: Peter McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry*. (Cambridge: Cambridge University Press, 2011) 226

\(^{202}\) Victor H. Bassett. “A Georgia Medical Student in the Year 1801.” *The Georgia Historical Quarterly* vol. 22, no. 4 (December 1938): 331–368. Bassett lists the students of Dr. Kollock that eventually studied under Dr. Rush at the University of Pennsylvania on page 332. The list is as follows: Edwin Leroy McCall, John Mendenhall, Benjamin A. White, John S. Chevalier, John Cocke, Richard McAllister Berrien, James Glen, John Grimes, John A Casey.
Logically, this might have made it easier to relax quarantine for the disease since the city seemed relatively immune to it. Perhaps Savannah legislators and physicians chalked up the lack of epidemic yellow fever in the 1790s to superior execution of quarantine, or perhaps the city’s first scuffle with the disease in 1799 made its populace feel vulnerable and startled the city into enhancing quarantine rather than relaxing it. Whatever the case, the records clearly indicate that Savannah was not convinced that quarantine was useless against Yellow Jack. The municipal records shows quarantine enactments specifically targeting it sixteen times in the decade 1793-1803, when its communicability was in question. It deserves note that the record book for the years 1797-1800 has been lost, thereby making sixteen a conservative estimate at best. When taking into account quarantine enactments for variola, this number more than doubles.

The Savannah municipal council minutes show just how deeply the municipal government cherished police power over the port. In 1805, City Marshal Charles Cope arrested Walter Roe of Savannah for violating the quarantine law. Roe applied for a writ of habeas corpus to Judge George Jones, who granted it. Roe was then released. When Savannah Mayor John Y. Noel heard about the writ, he immediately sent Cope to re-arrest Roe, this time requiring Roe to post bond. Roe sought counsel, pleading that he was illegally being detained by the city and issued suit against the mayor. The mayor’s refusal to budge on the issue prompted Judge Jones to charge him with contempt of court.

203 Columbia Museum and Savannah Advertiser, September 27, 1799
204 City of Savannah Municipal Records: Record #5600CL-005-1-A Council Minutes 1791-1796; ibid Council Minutes 1800-1804. The meetings covering enactments targeting the fever will be listed as follows (Day-Date-Targeted Place): Wednesday 9/18/1793 (Philadelphia), Saturday 10/12/1793 (Charleston), Tuesday 10/14/1794 (Baltimore, New Haven, Jamaica and Hispaniola), Tuesday 5/26/1795 (West Indies), Wednesday 7/1/1795 (St. Domingo), Wednesday 10/21/1795 (non-specific), Wednesday 8/3/1796 (Charleston), Tuesday 8/30/1796 (non-specific), Monday 7/28/1800 (Havana), Monday, 9/8/1800 (Norfolk), Monday 2/9/1801 (New York), Monday 9/7/1801 (Charleston), Monday 8/23/1802 (Philadelphia), Tuesday 8/24/1802 (Baltimore), and Saturday 8/27/1803 (New York).
Though the case is largely remembered because it established that the Superior Court had jurisdiction over the city of Savannah, its implications on state police power over public health are equally important.\textsuperscript{205}

The city councilors went on record proclaiming, “the conduct of the Mayor has been correct, consistent and highly becoming of the first magistrate of the city.” They went on to bolster him by offering him their full support “in justifying his conduct, whenever it shall become necessary to do so.” The council held a special meeting the following week to discuss the Roe case in greater detail. The councilors viewed the Roe case as an attempt to “abridge the corporation of the city of some of its important rights and privileges,” specifically “to deprive it of an essential part of that authority which has been committed to it by the legislature, of regulating Quarantines in the River Savannah by which attempts the good Citizens of this City are exposed to the dangers of Pestilence & Destruction.” In the second and third of a series of resolves, the council effusively clarified its stance on the power of quarantine:

\begin{quote}
\textbf{2}nd \textbf{Resolved} That the council view with the deepest sensibility and emotion \textit{all} attempts to lessen their authority in relation to Quarantine; They feel themselves entrusted by the legislature with the sacred duty of watching over the lives and health of their fellow citizens and are determined by all lawful means to perform that duty…a precaution which for years they have exercised and the neglect of which would have the effect to permit pestilence to approach the doors of the Citizens and thereby defeat the humane intention of the legislature in clothing them with the ample power in relation to quarantine which has been bestowed upon them.

\textbf{3}rd \textbf{Resolved} That Council approves the conduct of the Health Officer in giving information of offenders against the quarantine regulations, and
\end{quote}

\textsuperscript{205} Charles Colcock Jones, \textit{History of Savannah Ga.: from its settlement to the close of the eighteenth century.} (Syracuse, NY D. Mason & Co. 1890) 425
will use every lawful endeavour [sic] to second him in bringing them to the punishment which all offenders against the public safety merit.”  

This explicit defense of state power—when placed in the context of the numerous quarantine proclamations issued the council for yellow fever since 1796—elucidates quite plainly the conflicting stance Savannah took toward regulating yellow fever as opposed to Charleston during this same period.

A survey of the local newspapers would make it appear that Charleston was enduring the same level of confusion and indecision on questions related to yellow fever as in Philadelphia. This is perhaps true in the sense that Lowcountry South Carolinians were just as distraught by the feuding physicians as people in other ports. However, the professional medical men of the Lowcountry were not suffering the same divisions as medical men elsewhere, specifically because Dr. Rush’s opinions held more weight among the medical men of Charleston than anywhere else in the country. In his address to the Medical Society in 1799, Dr. Ramsay’s unambiguous assertion that yellow fever was neither imported nor contagious did not surprise his colleagues. When his address was published in the City Gazette three months after it was delivered, it went unchallenged by his Lowcountry colleagues.  

If the existing records of Savannah and Philadelphia confound our understanding of David Ramsay and the Medical Society of South Carolina’s anti-importation, anti-contagionist stance, the records radically complicate the decision of the Medical Society to advocate for relaxation and eventually eradication of quarantine regulations for yellow fever. Attempting to understand why Charleston was a national anomaly in this regard

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206 City of Savannah Municipal Records: Record #5600CL-005-1-A Council Minutes January 1805-February 1808, August 25th 1805; ibid, Tuesday September 3rd 1805

207 David Ramsay, “Extracts from an Address delivered before the Medical Society of South Carolina, on the 24th of December 1799” Medical Repository 4 (1801) p. 100; City Gazette and Daily Advertiser, “For the City Gazette” March 18th, 1800.
requires an analysis of her cultural and political environment during this era—especially compared to Philadelphia—and the importance of the temporal context during which these events unfolded. Using the analytical frameworks employed by Myrsiades and Pernick to explain why the medical community in Philadelphia was so divided may elucidate why the medical community in Charleston was not.
Chapter Three:

“Dr. Ramsay’s Men”

By November 1793 Charleston residents had entered the national dispute over origination and contagion of yellow fever via the newspapers. The caustic editorials and letter exchanges that appeared in Charleston newspapers during the 1790s mirrored the scathing tone of those in Philadelphia. The indignation in Charleston, however, was directed at the implications of the medical dispute on quarantine rather than the dispute itself. Though medical theories were addressed, the dynamic of most newspaper exchanges related to port regulation and commerce, often using medical theory only as an instrument to support the author’s position on quarantine. Unlike Philadelphia, local Lowcountry physicians rarely appeared in the newspapers—and hardly ever explicitly by name—during the epidemics of the decade and did not use the newspapers to harangue their peers’ theories or treatment protocols. Instead, they directed the discourse and often referred to the northern dispute, manipulating the newspapers to voice their displeasure for actions taken by their governing officials relating to yellow fever prevention.

For example, a letter to the *Columbian Herald* complained that quarantine regulations in Charleston were too strict and used Dr. Rush as a pillar of its argument. If the famous and “well-respected” Dr. Rush believed that yellow fever was not imported, and the matter was “not yet reduced to any certainty,” among his colleagues, the author contended, then a reexamination of the current quarantine regulation was prudent.\(^{208}\) The

\(^{208}\) *Columbian Herald or the Southern Star*, "New York, October 19.," November 7, 1793
citizens of Charleston disagreed. When they met to address the crisis in Philadelphia, quarantine topped the prioritized list of discussion topics. The fact that contagion and importation were matters of vacillation to physicians had the reverse effect on the assemblage. Daniel Desaussure, chairman of the citizens’ committee put forth quarantine resolves that were unanimously adopted. Any vessel arriving from the Delaware River region would be subject to quarantine for 21 days. This blanket quarantine extended not only to human passengers but also to “wool, cotton, hair, furs, feathers, paper, skins, hemp,” and any and all other inanimate sundry goods, which would be “stored in the public warehouse” on Sullivan’s Island.209 For some residents, these measures fell short of their expectations and did not go far enough. One citizen feared “a quarantine of twenty days” was “rather too short, more especially as the physicians were strangely divided in their opinions” on the origin of the disease.210

The debate continued throughout the decade in Charleston, much like it did in Philadelphia and elsewhere in the nation. Fearing the importation of the fever through illicit visitation of ships at quarantine, the legislature required visitors of said ships to obtain explicit permission from the Governor. If caught without permission a £500 fine was imposed on the violator.211 South Carolina Governor Charles Pinckney thought it relevant to speak directly about the debate in his message to the state legislature in 1797. A strong proponent of strict quarantine, Governor Pinckney did not care whether yellow fever was a result of “too great a neglect of cleanliness in drains and streets” as Dr. Rush surmised or “increased intercourse with the Mediterranean and West Indian islands” as

209 *Columbian Herald or the Southern Star*, "Charleston, Dec. 7th," December 7, 1793
210 *Columbian Herald or the Southern Star*, "For The Columbia Herald, &c.," December 14, 1793
211 *Columbian Herald or the Southern Star*, "An ACT to prevent the Spreading of Contagious Distempers in this State," June 5, 1794.
supporters of Dr. Currie attested. What Pinckney cared about was preventing it “at all costs.” Therefore, he asked the legislature to consider again raising the fines for breaching quarantine, to establish a place for a new pest house, and lastly that more power be given to the executive branch which would allow governors to enforce quarantine by martial law if necessary.212

Pinckney took his position as executive seriously. His duty to the commonweal as he understood it was “to guard as much as possible against the introduction of so alarming an evil” as yellow fever.213 Attempts to undermine Pinckney’s quarantine policies explain his gravitation toward a more rigid position on and his petition to the legislature for aggressive public health regulation. In the summer of 1797, Pinckney issued quarantine on vessels arriving from Philadelphia when a rumor of yellow fever’s presence there was confirmed. On numerous occasions it appeared that captains departing Philadelphia—aware of the quarantine in Charleston—attempted to evade quarantine “by improper clearances from places that they were not actually loaded.” Even more deceitful, were captains who “merely touched at” healthy ports for the explicit purpose of procuring their “improper clearance.” To thwart these evasive tactics, Governor Pinckney issued a blanket quarantine—the second in a five year span—on “any port or place on the Delaware River or Bay of Delaware.”214

The blanket quarantine was wildly unpopular among Charleston merchants. Many merchants, as in 1793, felt blanket quarantines were unfair to “the honest merchant.” A merchant with business in Camden or Wilmington, for instance, would suffer despite

213 The City Gazette & Daily Advertiser "A Proclamation," September, 12 1797.
214 The City Gazette & Daily Advertiser "A Proclamation," September, 12 1797
there being no disease there. In essence, honest merchants felt they should not be punished for the wrongdoing of a handful of delinquents. Yet, to Pinckney the measure—however unfortunate—was compulsory in order to catch offenders.

Concerned citizens continued submitting letters to the press, perpetuating the disagreements over quarantine and contagion. An author claiming to have “demonstrative evidence” intended to prove that diseases were “the fruit of the soil in which they are found” and by doing so that yellow fever was not “imported from the West Indies.”

One Charlestonian, writing under the pseudonym “An Old Native,” took the opposite stance and sided with Dr. Currie and the importationists. In the mind of Old Native there was “no doubt that the fevers...have been owing to importation.” Thus, Old Native concluded, yellow fever could be eradicated entirely if “great strictness to the quarantine and regulations respecting it were observed.”

In the spring of 1799, The City Gazette and Daily Advertiser of Charleston reprinted a January article from The London Morning Chronicle that synthesized the national debate emanating from Philadelphia. The English interlocutor sought to correct “the many erroneous opinions circulating in Europe relative to the yellow fever in America.” The author supplied the reader with “positive proofs” of yellow fever’s importation in America, referring to Dr. Currie’s tracing the outbreak to the “crews of the vessels at the spot where they were first landed.” The “erroneous” notions proposing domestic origin, according to the author, were promulgated by “a physician of Philadelphia [Dr. Rush] who is known for his eccentricity and enthusiasms of his systems” and resolutely extolled his own regimen “contrary to the general opinion of the

215 The Charleston Evening Courier “From the Commercial Advertiser,” October 19 1798
faculty [of the College of Physicians].” After dismissing Dr. Rush as an outsider, the author listed the instances since 1793 that yellow fever was traced to importation and in many instances named the sloop suspected of carrying it.\footnote{The City Gazette & Daily Advertiser. “From the London Morning Chronicle” April 11, 1799}

By May 1799, one Charlestonian had enough of the debate. Under the moniker “A. B.” the unhappy local begged physicians for clarification on the infectious nature of yellow fever. If yellow fever were contagious, quarantine was “absolutely necessary,” but if not then “the precaution is useless.” If quarantine proved useless, A. B. asked the corporation to cease the practice of removing families from their homes and extensive quarantines, which “cannot be imposed without cruelty.”\footnote{The City Gazette & Daily Advertiser. May 10, 1799} “Medicus,” yet another commentator, believed that yellow fever was both “contagious and importable,” but the current quarantine laws were “farcical” and in dire need of modifications or else “the disease may be very readily introduced into the city.”\footnote{The City Gazette & Daily Advertiser. “For the City Gazette” August 23, 1799} By 1800, the citizens of Charleston appeared as diametrically divided on the issue as the citizens of Philadelphia.

**Politics and Culture**

If Philadelphia was the most politically divided city in the nascent nation, Charleston was possibly the least. Republican calls for equality in government did not sweep South Carolina as in rest of the South. During the Constitutional era in the 1780s, the Lowcountry—specifically Charleston—was a Federalist stronghold. When parties began to take form in the early 1790s, Charleston’s Federalists of the 1780s remained staunch
Federalists and continued to dominate state politics until the turn of the century.\textsuperscript{220} Though a small and resilient body of Antifederalists existed under the leadership of Rawlins Lowndes in the backcountry, their opposition to the Constitution was insignificant at best. A letter written by participant and Federalist Dr. David Ramsay to his Massachusetts friend John Eliot aptly captures the sentiment prevailing in 1780’s South Carolina. Ramsay told Eliot that there was a “great majority for [the Constitution]” in the legislature and “if Virginia & her neighbors should refuse it,” it was entirely likely that South Carolina “would confederate with New England.”\textsuperscript{221} Indeed, Ramsay was correct and the Constitution was easily ratified by a vote of 142 to 73.\textsuperscript{222}

The aristocratic planter-merchants who controlled state politics before the war continued to do so afterward. To be sure, Revolutionary ideology changed the dynamic of state politics by making the state House of Representatives the more powerful of the bicameral legislature, but the backcountry remained significantly underrepresented in the assembly during the 1780s and 1790s due to apportionment requirements. Though


\textsuperscript{222} South Carolina Department of Archives and History, \textit{Journal of the Convention of South Carolina which Ratified the Constitution of the United States, May 23, 1788} (Historical Commission of South Carolina) 1928.
apportionment was a point of contention for other Southern states, South Carolina was the only state to adopt an apportionment formula that included population, wealth and property for its House of Representatives.\textsuperscript{223} These requirements suggest that the pre-Revolutionary English notion of class paternalism—that gentlemen shall govern—had unusual staying power in South Carolina.

Many other states subscribed to the mechanisms of actual representation in the years after 1776. Election laws in many states included residency requirements that tied representatives to the districts that they served, betraying their distrust for authority and more so the concept of virtual representation that they abhorrently opposed during the tumultuous decade of “taxation without representation” prior to the Revolution.\textsuperscript{224} Despite this trend, South Carolina remained “staunchly committed to virtual representation,” evidenced by their first state constitution’s omission of any residency requirement. Robert Goodloe Harper personified South Carolina’s disregard for actual representation when in 1794 he won both a congressional seat from district ninety-six as well as election to the state legislature from a different district entirely. He continued to serve his congressional district until 1801 even after moving his permanent residence to Maryland in 1799. The landed elite, as Harper demonstrates, had the ability to run for elected office in as many districts as they wanted so long as they met the wealth and property requirements. The same held true for voting, often giving many Lowcountry planters the ability to weigh in on backcountry elections.\textsuperscript{225}

\textsuperscript{223} James Haw, “Political Representation in South Carolina.” 121
\textsuperscript{225} Greenberg, “Representation and the Isolation of South Carolina, 1776-1860” 727; Haw, 123-124; on Harper see Greenberg, 734
By and large, the interests of the Lowcountry ruling class aligned with the Federalists of the northern seaboard. The Revolutionary War devastated the South Carolina economy. Looming state debt of approximately four million dollars incurred during the war and the physical devastation of the agricultural landscape acted as federalizing influences on the Lowcountry patriot gentry. The rice and indigo plantations were overgrown from neglect and much of the slave labor Lowcountrymen relied upon had vanished during the war. Some fled west or south and established maroon communities and others fled to British lines and were later evacuated to Nova Scotia. That a substantial portion of their capital simply walked off was deeply troubling to the planters, doubly so in the face of the massive state debt. Thus, federalism and the assumption of state debt were particularly attractive to the Lowcountry ruling class.²²⁶

By 1786 the local economy was suffering. Judge Henry Pendleton summed up what most people already knew when he addressed the grand juries of Georgetown, Cheraws and Camden districts. “A rage for running into debt,” he cried, came “no sooner than we had recovered and restored the country to peace and order.” Instead of “resorting to patient industry” Pendleton continued:

Individuals were for getting rich by a coup de main, a good bargain—a happy speculation was almost every man’s object and pursuit. …A load of debt was in a short time contracted in the purchase of British superfluities, and of land and slaves for which no price was too high, if credit for the purchase were to be obtained.

Pendleton railed about the installment act that made such speculation possible. Part of a debtor relief measure demanded by Backcountry farmers, the act allowed for repayment on old debts to be paid in installments over three years. This, according to Pendleton and

many other conservative Federalists, exacerbated the problem because temptation to buy while credit was liberal was too much for debtors to overcome. Because the debtors were not “compelled by law” to part with their harvests for payment of their debts immediately, many a debtor “employed it to gain a further credit in new purchases.”

Speculation had indeed run rampant in the post-war years among those with disposable income and available lines of credit, and interest rates were high. Post-war trade restrictions put in place by Great Britain and their cancellation of their indigo purchases made it difficult if not impossible for planters to pay off their debt. Ironically, with specie in short supply, planters relied on crops to write off their debt, making slave acquisition, however expensive, more attractive. It only took one bad crop for small-scale planters to default, and many did. Conservatives addressed the ensuing debt crisis in 1787 under the leadership of Alexander Gillon and David Ramsay. To placate debtors the conservative Assembly passed a new installment act. It is likely that they did so to prevent the debtors from becoming violent, as many legislators made reference to Shays’s Rebellion in Massachusetts, a situation they wished to avoid at all costs. However, this was not a complete concession to the debtor faction. To reel in debt, increase the value of slaves, and improve the balance of trade, the credit faction included in the installment act a provision that prohibited the importation of slaves for three years.

The rise of the first party system saw little in the way of division in South Carolina. Charles Pinckney—not to be confused with his Federalist cousin Charles

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227 Charleston Morning Post, December 13, 1786. As quoted in Phillips, “The south Carolina Federalists, I” 537-538
Cotesworth Pinckney—was the most prominent Republican in the state towards the close of the 1790s. Backcountry support for Republicans was steadily rising, but mal-apportionment hindered their political gains. During the 1790s, sectionalism within the state became all the more apparent. Supporting Thomas Jefferson in the election of 1800, Charles Pinckney warned Jefferson that “the officers of the Government and the Banks and the British Mercantile Interest” would heavily influence Charleston. According to Pinckney, the Federalists “connected with the British and the Aid of the Banks…endeavored to shake Republicanism in South Carolina to its foundations,” and he was forced “to bear alone the whole weight of the abuse."²²⁹

If the partisan dissent helps explain the medical divide in Philadelphia, as Martin Pernick has shown, the lack of political partisanship in Charleston can help explain the lack of dissention among the medical community in Charleston, particularly when considering the cultural environment and social capital of Dr. David Ramsay. Half of the founding members of the Medical Society of South Carolina—David Ramsay, Thomas Tucker, and Alexander Baron—were Federalists and that they remained so throughout the decade.²³⁰ Of the members, David Ramsay held the most social capital by far, which extended beyond his professional circle. In fact, he was one of Charleston’s leading social and political figures in the 1790s. Like Dr. Rush in Philadelphia, Ramsay’s local public celebrity was unmatched, yet unlike Rush, Ramsay’s demeanor and sanguinity

²³⁰ Little evidence exists that would reveal the political leanings of Drs. Tucker Harris, Robert Wilson, and James Lynah, but all were Lowcountry men. Dr. Ramsay’s Federalism has been well documented. For Dr. Tucker see City Gazette and Daily Advertiser July 23rd, 1795 and April 10th, 1800. These articles show Tuckers support for the Jay Treaty and Great Britain. For Dr. Baron see City Gazette and Daily Advertiser February 8th, 1786 and December 3rd, 1801. In 1786 Dr. Baron had to petition for citizenship because of his loyalist leanings during the Revolution. His Federalism can be inferred from his affiliations with other strong Federalists and his service as President of the St. Andrew’s Society of South Carolina (which was largely a Federalist club until the early 19th century)
made him a difficult man to disagree with let alone dislike. According to Rush, Ramsay’s manners were “polished and agreeable—his conversation lively, and his behavior to all men, always without offence.” Ramsay’s concerted effort to reserve judgment and not offend his fellow man may explain why very few challenged the medical theories and practices to which he subscribed, especially given his societal status.\footnote{Robert L. Brunhouse and David Ramsay. “David Ramsay, 1749-1815 Selections from His Writings.” \textit{Transactions of the American Philosophical Society} vol. 55, no. 4 (1965): 1–250. 14}

From 1776 to 1790 David Ramsay served in the South Carolina House of Representatives on behalf of St. Philip and St. Michael Parishes. In 1790 he was elected to the South Carolina Senate where he served from 1790 to 1800, and was president of that body nearly the entire time from 1790 to 1798. If his political success is notable, Dr. Ramsay’s level of social engagement was truly remarkable. Throughout the decade he served on the executive committee of the Charleston Literary Society, served as vice president of the Charleston Library Society, founded and held various offices in the Medical Society including president, sat on the board of trustees of the College of Charleston for three decades, was elected president of the Santee Canal Company, served as a director of the Charleston chapter of the Bank of the United States, was a member of the United States Military Philosophical Society and the American Revolution Society, held membership in the Literary and Philosophical Society of South Carolina, sat in the board of the Catawba Company, was one of the directors of the Reciprocal Insurance Company, served as president of the Vigilant Fire Company, was a member of the Franklin Literary Society, was an active member of the Charleston Bible Society, and even attended meetings of the Jacobin Club of South Carolina in the early months of the
French Revolution (which he would later excuse by stating that he was caught up in revolutionary fervor).\textsuperscript{232}

By the mid-1790s David Ramsay’s name and reputation reached well beyond Charleston and even South Carolina. His fame derived not only from politics or contributions to medicine, but his work as an historian. Ramsay’s \textit{The History of the Revolution of South Carolina} (1785) was well received within his state, and his larger comprehensive work \textit{The History of the American Revolution} (1789) received national praise in learned literary circles. The latter work was reprinted multiple times both in the United States and in Great Britain and earned Ramsay an honorary degree from Yale University in 1789 and election to the Massachusetts Historical Society in 1791.\textsuperscript{233}

Though Ramsay had his hands in nearly every socio-political organization in Charleston, his level of involvement varied in each. The Medical Society of South Carolina was certainly a priority organization for Dr. Ramsay, evidenced by his level of involvement. One of the founding members in 1789, Ramsay held various offices that ran the gamut from treasurer to president. That Ramsay was “one of the acknowledged leaders” of the Medical Society is most apparent in the society’s minute books.\textsuperscript{234} He regularly offered his comments on the state of the field, delivered lectures, and encouraged the circulation and discussion of recent medical scholarship among the members. When Ramsay’s nephew John Ramsay petitioned for membership without meeting the requirements, the society changed the requirements at the urging of his uncle to allow John admittance. Most astonishing was David Ramsay’s constant physical presence. Roll call sheets reveal that—despite his political commitments and social

\textsuperscript{232} Brunhouse and Ramsay, Incomplete list of organizations on page 24.
\textsuperscript{233} Brunhouse and Ramsay, 48, 220-222
\textsuperscript{234} Brunhouse and Ramsay, 28
entanglements—in the twenty-one years between 1789 and 1810, he only missed one Medical Society meeting.235

Dr. Ramsay’s leadership position in the Medical Society was also rooted in his credentials. In 1774, when he moved to Charleston, he was by far the most learned doctor, having received the finest medical education available in the country at the College of Philadelphia (later University of Pennsylvania Medical School). Most Southern physicians at the time did not receive a formal medical education but rather learned the trade through an apprenticeship. Under a first-rate faculty of the nations foremost doctors—including William Shippen, John Morgan and Benjamin Rush—Ramsay graduated with distinction in 1773. During his time in college he befriended Dr. Rush. The friendship would last the rest of his life. Ramsay’s social connection to the most famous doctor in the country only boosted his reputation in the Lowcountry.236

The relationship between Rush and Ramsay proved significant in shaping Lowcountry medical thought during the yellow fever debate of the 1790s. Scrupulous examination of the minutes of the Medical Society alongside Ramsay’s personal correspondence with Rush exposes the level of influence Rush yielded over Ramsay and—with Ramsay as virtual conduit of Rush’s theories—over the Medical Society. The Philadelphia epidemic put the nation on high alert, and in July 1794 when rumors surfaced that yellow fever existed in Charleston, Governor Moultrie asked the Medical Society for confirmation. Ramsay and a small committee tasked with the investigation

235 “Medical Society of South Carolina Minutes, 1789-1810” accessible digitally through the College of Charleston Lowcountry Digital Library (http://lowcountrydigital.library.cofc.edu/index.php) hereafter MSSC Minutes; On John Ramsay’s petition, see pages 78-79. From 1789-1794 arrear spreadsheets detailed member attendance, see pages: 15, 18, 27, 35, 39, 44, 47, 50, 57, 66, 71, 81, 93, 98, 106, 114, and 117. For 1794-1810 the regular meeting pages were referenced and are too numerous to list. Ramsay missed the November 30th 1793 meeting yet as he was treasurer, he did not fine himself for “nonattendance” on the arrears spreadsheet.
236 Brunhouse and Ramsay, 14
“thought it proper to assure their fellow citizens” that “those reports were without foundation.” The citizens were not convinced, prompting the Governor to ask the Medical Society for a second more detailed plan for prevention only a month later. Again, the Medical Society asserted that the rumors were false but thought Charleston was “exposed to great danger from the want of accuracy in executing the quarantine laws.” They suggested that the city impose a 21-day quarantine on all vessels from the West Indies and be especially vigilant with “the crews of privateers and their prizes.” Citizens confirmed to have contracted yellow fever, they advised, “should not be received into any of the public inhabitations of the city, but removed to a proper place without.”

In the fall of 1794, as the minutes suggest, the Medical Society was taking many of the same precautions as other port cities and operating under the assumption that yellow fever was potentially imported and contagious. When the fever actually appear in Charleston in October of that year, the Medical Society circulated a report by Dr. Stevens—who had been stationed at the marine hospital outside of town—that implied its importation. During his three-week stint at the hospital, Dr. Stevens reported “42 persons were admitted of which 32 were attacked by the epidemic fever.” In the same entry, the secretary reported the deaths of two of the Society’s own, Dr. Baldwin and Dr. Horlebeck, of “a fever supposed to be the late epidemic fever.”

If the October minutes suggested the body was leaning toward the importationist-contagionist doctrine, David Ramsay’s personal correspondence reveals the lack of unanimity on the matter. Only ten days prior to the October meeting and the circulation of Dr. Steven’s report, Ramsay composed a letter to his mentor Benjamin Rush praising

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237 MSSC Minutes, July 26th, 1794 and August 30th, 1794 The governor’s letter explicitly states that the rumors forced his hand in asking a second time.  
238 MSSC Minutes, October 25th 1794
Rush’s *Account of the Bilious Remitting Yellow Fever*. “I heartily subscribe to your opinion,” Ramsay assured Rush, “that the disease originated in this country & believe this has often been the case when it was said to have been imported.” Ramsay went on to question its contagiousness, informing Rush that “no physician or nurse got it,” which was true at the time the letter was written but would not be by the time it was delivered.²³⁹

Why David Ramsay’s position does not come across in the minutes of the October 25th meeting is unclear, but the influence of Benjamin Rush becomes increasingly evident throughout the rest of the decade. In April 1795 the Charleston city council called on the Medical Society for disease prevention advice for the upcoming sickly season. A committee was formed, and David Ramsay a part of it, to draw up a report for the council. Ramsay and his committee reported back to the city council in May. Unlike the advice given to Governor Moultrie the previous fall advocating for strict quarantine, the Society put forth an eight-point plan that stressed the importance of city sanitation, mimicking the measures espoused by Dr. Rush in Philadelphia.

The report was not a complete policy reversal, as the first of the eight points assured the council that quarantine should continue to be practiced, albeit “with such dispatch to occasion the least possible harm in the way of commerce.” The bulk of the report—seven of the eight proposals—related to sanitation. The Society proposed that the city appoint “commissioners of health” to police for cleanliness and employ more scavengers to “clean the streets and vacant lots of all putrefying substances once a week.” Cellars in future buildings, they went on, should not exceed 4 feet in depth and tanneries and soap factories should relocate outside the city. Potholes, “where water collects and

²³⁹ David Ramsay to Benjamin Rush, October 14th, 1794 in Brunhouse and Ramsay 138-139.
stagnates” should “be immediately filled up or paved over,” the marsh or low ground
near the city drained if possible, and militia services suspended during the autumnal
season.240

By June 1795, arguably the nadir of Dr.’s Rush’s professional career, the Medical
Society’s reverence for Rush incited them to make him the Society’s first honorary
member.241 To be sure, Rush’s influence did not extend to everyone in the Society and it
appears that by 1798 tension was mounting. At the Medical Society elections meeting in
December 1797, Dr. Tucker Harris was voted out of the presidency and David Ramsay
voted in. Harris alluded to the mounting tension in his parting address:

Before I leave the Presidential chair I hope I may be allowed, without
being charged with arrogance or presumption to express my earnest
wishes that the same principles which laid the cornerstone of our Society
will on all occasions continue to prevail among us. What were these
principles?...to promote liberality in the profession & harmony among the
practitioners of physic in this city. This being the case I may also presume
to add my hopes that no jarring sentiments will produce schisms or
divisions to the detriment of the true interests of the Society…that we may
at all times consider ourselves a band of friends attached to each other by
those principles which laid the foundation of our institution. That instead
of weakening the cord of our friendship we may add to its tone by
retaining the same unanimity which has hitherto happily existed among us.

Should any of you gentlemen conceive that I have departed from the
proper line of my duties in bringing forward these sentiments I have a
ready apology…

“Non quod volui, sed quod potui”242

Earlier that year the Medical Society circulated an essay by one of its members that
argued yellow fever was contagious. This would likely have been a point of contention

240 MSSC Minutes, May 1st, 1795
241 MSSC Minutes, Rush’s name put up for honorary membership June 27th, 1795 elected July 25th, 1795.
242 MSSC Minutes December 26th, 1797. The selection quoted is one piece of a longer speech. The Latin
phrase translated literally means “not what I wanted, but what I could.” It was used colloquially in different
ways depending on context. Here Harris seems to be saying that he wishes he could have done more as
president but he did his best while in office. Credit for the translation goes to Dr. John Nicholson of the
Classics department at The University of Georgia.
given the ideological direction the Society was heading. It is also possible that Harris himself disagreed with Rush and Ramsay, but wished to keep the society unified. And unified they remained when, in May 1799, Governor Rutledge requested information “respecting the best mode for preventing the existence of yellow fever” in Charleston. Ramsay formed a committee, placing himself at the head of it, and they politely articulated to Rutledge that their position had not changed and to refer back to the eight-point plan given to Governor Moultrie in 1795. The Society, Ramsay told Rutledge, “considers our greatest danger to be from domestic sources.”

When rumors that yellow fever was raging in Cuba reached Governor Drayton in the summer of 1800 he asked the Medical Society specifically if blanket quarantine “on all vessels coming from any port in the West Indies” was necessary or if it was “only necessary on vessels coming from sickly ports.” The official response of the Medical Society echoed the response given to Rutledge the year before, but went further by asserting that “relaxation in the execution of the quarantine laws [for yellow fever]” would not be dangerous to the inhabitants because “the Society thinks that yellow fever…is neither contagious nor imported.” Surely this would have been alarming to Governor Drayton, but it appears he heeded the Society’s advice for he issued no proclamation on the West Indies. He did however enact quarantine on ships from Maryland and Virginia in September when yellow fever appeared in the port cities of Baltimore and Norfolk, and it appears he did so without consulting the Medical Society first. If he did, no record of it appears in the minute books. Perhaps Governor Drayton had his doubts about domestic origin.

243 MSSC Minutes, May 17th, 1799
244 MSSC Minutes, June 23rd, 1800
The advice doled out by the Society to Governor Rutledge came only a month after they circulated and discussed the Philadelphia College of Physicians’ 1798 *Facts and Observations Relative to the Nature and Origin of the Pestilential Fever which Prevailed in this City in 1793, 1797, and 1798*. This publication—it should be remembered—was the College’s definitive volume aimed to prove that the disease was both imported and contagious and it was the doctrine widely accepted in Philadelphia and the rest of the nation. It is impossible to know the nature of the Medical Society’s discussion of the piece, but the advice given to Governor Drayton shows the blatant disregard for the positions held by the College and explicitly aligns the Society with Dr. Rush’ theories.245

Despite the unified façade the Medical Society outwardly displayed, some members held doubts. Dr. Tucker Harris, the former president of the Medical Society replaced by Ramsay, related his doubts to Dr. William Currie. Harris’ private admission to Currie suggests that his doubts concerning domestic origin and anticontagionism were years in the making. He admitted that at first it seemed logical that “filth” and “putrefying matters” were the source of the disease, but he “could no more subscribe to such opinions” because “the disease prevailed when few or none of those causes” existed. Harris cited epidemics in Charleston when it was only lightly settled, long before it was a crowded and dirty commercial city. The doctrine of domestic origin, Harris railed, was “not well founded” and was “rather hastily adopted, probably from too implicit confidence in the standing character of those physicians who have promulgated and

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245 MSSC Minutes, April 1st, 1799; The society often read, circulated and discussed the works of the importationist doctors. In September 1803, mere months before the slave trade was voted open the Society circulated and discussed Dr. Currie’s “Facts and Observations relative to the Origin Progress and Nature of the Fever” which strongly argues that yellow fever is imported and contagious.
supported [it].” Harris readily admitted to Currie that he did “not pretend to ascertain” what caused the fever, but firmly believed that even if Charleston were “to be kept as clean as the drawing room of a fashionable lady” it would “be no security against the savages of the direful hydra.”

If Dr. Harris held these doubts in 1803 when the Medical Society advised governing officials against quarantining for yellow fever altogether, he did not act on them. He never made his differences public and never challenged Ramsay on his domestic origin claims. Perhaps he felt uncomfortable challenging the prevailing local theory without having a solution of his own to offer, or maybe he was simply heeding his own advice from his presidential address a few years prior. Whatever the case, he remained silent and the Medical Society maintained its outward solidarity. Inwardly however, the doubts held by Governor Drayton and Dr. Harris underscore the limits of using the political cohesion in early national Charleston and the matchless social capital of David Ramsay as the only possible reasons for this harmony. Thus, additional factors explaining the unparalleled cohesion in the South Carolina medical community is warranted.

By 1800, Charleston was a unique North American metropolis, epidemiologically speaking. There was an “emergence of a largely immune population” in Charleston that reduced yellow fevers victims to strangers, that is travelers, transients and sailors. By 1800, Charleston was the only port that had suffered enough exposure to the disease to be able to obtain high levels of immunity. This was not the case in Philadelphia, which had a

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247 McCandless, 79
greater population of recent European immigrants and much less prior exposure to the fever, which explains the sobering death rate experienced there in 1793.

That said, white Charlestonian’s relative immunity alone is not enough to explain the solidarity of the Medical Society’s anti-importation anticontagionist viewpoint, especially considering the Governor Pinckney’s 1797 address to the legislature, betraying his hardline contagionist stance, and Governor Drayton’s quarantine on Maryland and Virginia in 1800. Relative immunity becomes a weaker foundation when private letters are examined. The letters between John Ball and his son illustrate the uncertainty of yellow fevers contagiousness. John Sr. still removed to the country in the sickly season to avoid the disease, as did many of the wealthy citizens who could afford to do so.248 Moreover, Ball’s decision to remain in the country while yellow fever ravaged the city was not entirely of his own making, claiming rather that it was what “the physicians advised.”249 He had also reported to his son that a family friend, “no stranger to the air of Charleston,” had fallen sick with the black vomit.250 Even David Ramsay knew that immunity was “limited in some way” as his sister-in-law and longtime Lowcountry resident Mary Pinckney died of the disease in 1794.251

Why then would doctors who promoted the idea that yellow fever was not imported or contagious advise men and families to remove to the country when it surfaced? If strangers were the only ones in danger of contracting it, why bother taking such precautions? One inference emerges from the records to this end; society at-large was not wholly convinced that yellow fever was not contagious. In fact, actions, letters,

248 SCHS, Ball Family Papers (11/516/11B) Letter Dated September 24th, 1799
249 ibid
250 ibid, letter dated September 29th, 1799
251 McCandless, 110
and newspaper submissions exhibit the opposite opinion. And if the existing records complicate our understanding of the Medical Society’s anti-importation, anti-contagionist stance, they exponentially complicate the decision of the Medical Society to advocate for relaxation of quarantine regulations. Temporal context, however, reveals a key component in explaining this choice.

The Reopening of the Slave Trade and the Santee Canal Company

As it happened, the Medical Society began promulgating relaxed quarantine enforcement for yellow fever the same year that the legislature was to vote on the reopening of the foreign slave trade.\(^{252}\) The timing is suspect for two reasons. First, according to David Ramsay, the Medical Society had uniformly believed that yellow fever was not contagious “since the year 1792.”\(^ {253}\) This is almost certainly an exaggeration as it predates Dr. Rush’s opinion, which Ramsay admittedly consulted in order to shape his own and nothing of the sort appears in the Medical Society minute books. If Ramsay could be taken at his word, the Society logically would have advocated for relaxation in the early 1790s, rather than waiting a decade. Perhaps they worried about doing so during a particularly sickly span of years, but that seems unlikely because the outbreak in 1799 was the worst of the decade and the death toll included longtime Lowcountry residents. Secondly, this precise moment was the first time since 1791 that backcountry South Carolinians, who largely supported reopening the slave trade, felt that they had the influence to do so. Before 1801, the General Assembly did not even take roll call votes

\(^{252}\)Brunhouse and Ramsay “David Ramsay, 1749-1815 Selections from His Writings”; Brady, 611

\(^{253}\)David Ramsay, *The History of South-Carolina, from Its First Settlement in 1670, to the Year 1808: In Two Volumes; Vol. I.* (Charleston S.C.: Published by David Longworth, for the Author, 1809) 48
because the votes in support were so few that it “provoked little controversy.”

Disaggregating the reopening of the slave trade and its implications, then, clarifies the actions of Ramsay and the Medical Society.

When South Carolina closed its ports to the foreign slave trade in 1787 to satisfy creditors and then to the domestic trade in 1792 over fear of insurrection in the wake of the St. Domingue slave revolt, Georgia readily picked up Charleston’s slack. Between 1787 and 1799, Savannah had imported cargo from over eighty foreign slave ships with holds of fifty or more, and received countless more sloops carrying fewer. The volume increased dramatically throughout the decade as demand for slave labor intensified after the advent of Eli Whitney’s cotton gin had made cotton farming more egalitarian, efficient, and lucrative.

As the turn of the century approached and cotton prices continued rising, the South Carolina backcountry saw drastic increases in population as speculative planters sought profits in the more democratic staple. Historians approximate that between 1790 and 1800 cotton exports in South Carolina skyrocketed from less than ten thousand bales annually to upwards of six million at the close of the decade. Despite the law prohibiting the foreign and domestic slave trade, many up-country settlers were able to acquire their labor force through clandestine dealings with Georgia. This was less than

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254 Brady, 611-612, 608
256 Brady, 618 Table 1: Up-country population in 1790 estimated at 111,000, by 1800 it was estimated at 167,000 whereas the lowcountry saw no change. This, Brady contends, shows that the up and backcountry area was being populated with immigrants and not just lowcountry sons that settled their families in the west. The numbers Brady provides may be slightly exaggerated as he does neglects natural increase of Lowcountry transplants. Cotton was considered more egalitarian because it could be grown on a smaller scale and still turn a profit, unlike rice which required more start-up capital and usually a slave force of forty or more, see Philip D. Morgan, *Slave Counterpoint: Black Culture in the Eighteenth-century Chesapeake and Lowcountry*. (Chapel Hill: Published for the Omohundro Institute of Early American History and Culture, Williamsburg, Virginia, by the University of North Carolina, 1998)
ideal for up-country planters but it was better than the situation after 1798, when Georgia prohibited further foreign slave importations.\textsuperscript{257}

None of this was news to the prominent physicians of Charleston, especially those of the Medical Society. Yet, these physicians were primarily Lowcountry men. The plateau of Lowcountry agricultural staples meant coastal planters would have gained more by keeping slave supply low, exporting and selling at higher prices.\textsuperscript{258} As some historians have argued, many of the physicians and their fellow Lowcountry planters would have had an economic interest in keeping the foreign slave trade closed in order to keep the price of their assets from dropping.\textsuperscript{259} Therefore, the realities of Lowcountry economic interest complicate David Ramsay and the Medical Society’s decision to promote a policy change that would facilitate the trade if it were voted open. Certainly, some Lowcountry planters and merchant middlemen stood to gain from reopening the trade. Sea-island cotton in particular was fetching first-rate prices in the market and coastal cotton saw similar spikes in production as experienced in the backcountry. During the years in question here, from 1798 to 1801, sea-island production rose from two million pounds in 1798 to over eight million pounds annually.\textsuperscript{260}

By 1802 Edgefield County residents could not contain their protest any longer. The restrictions on bringing slaves into the state, the grand jury complained, left “large tracts” of arable lands “unsettled and uncultivated” because labor could not be procured.

\textsuperscript{257} McMillian, 86
\textsuperscript{258} Jed Handelsman Shugerman, "The Louisiana Purchase and the South Carolina's Reopening of the Slave Trade in 1803." \textit{Journal of the Early Republic} vol. 22, no. 2 (Summer 2002): 263-290. 266
\textsuperscript{260} Brady, 612 for estimate of sea island production see L.C. Gray and Esther Katherine Thompson, \textit{History of Agriculture in the Southern United States to 1860}. Vol. II. (Gloucester, MA: Peter Smith, 1958) 679-733
This state imposed “insurmountable bar,” according to Edgefield residents, needed to be lifted if the state wished to encourage “men of property” to settle there. Abbeville District joined Edgefield in 1802 when “one hundred and four inhabitants and freeholders” petitioned for the repeal of the restrictions on bringing slaves into the state. The backcountry’s outcry was an indirect way of saying that the illicit smuggling of slaves was not adequately meeting the demand for labor. When the debate to reopen the trade commenced, smuggling was a major part of the consideration to lift the ban. Rawlins Lowndes declared the obvious when he said that enforcement was exceedingly difficult given the “navigable rivers running into the heart of [the state].” This reality, he argued, was being exploited by “our eastern brethren [that is, northern merchants]” who had for years been engaging in smuggling and lining their pockets in the process. Why then, his logic followed, should South Carolina not profit from it if they could not adequately police for it?

Senator Robert Barnwell held deep reservations about the consequences of lifting the ban, arguing that it “would lead to ruinous speculations” reminiscent of the specie drain of the 1780s. Speaking on behalf of Lowcountry interests (representing St. Helena) he also argued that “the influx of these persons [slaves]” held by Lowcountry planters “would not be worth half” of what they were at the time. Senator William Smith responded, agreeing with Barnwell on many points. However he “would vote for the bill” to lift the ban, asserting that “he would put a stop to the importation of negroes, but he believed it to be impossible.” The demand for labor and the increase in smuggling created

261 Grand Jury Presentments, Legal System, 1800-1829 (SCDAH) as quoted in Brady, 611
262 “To the Honorable The Speaker and the members of the house of Representatives of the State of South Carolina” SCDAH, Records of the General Assembly, Document No. 1567, frames 769-771
263 McMillin, 38
a momentum that in Smith’s mind was impossible to reverse.\textsuperscript{264} It is true that people expected the trade to be opened by vote months before the bill hit the floor of the Assembly in December. Advertisements in the newspapers appeared from merchants marketing goods “calculated purposely for the African Trade” as early as October.\textsuperscript{265} One observer’s account is particularly revealing.

> The news [of the vote in Columbia] had not been five hours in the city before two large British Guineamen, that had been laying off and on the port for several days, expecting it, came up to town…A great change at once took place in everything. Vessels were fitted out in numbers for the coast of Africa, and as fast as they returned, their cargoes were bought up with avidity…\textsuperscript{266}

David Ramsay was among those that added to the momentum urging to reopen the slave trade and would have benefitted greatly had it been done sooner. Taking a closer look at David Ramsay, these contextual details lend greater clarity. Though opposed to slavery when he moved to South Carolina in 1774 to practice medicine (at the urging of his mentor Benjamin Rush), Ramsay’s position on the peculiar institution slowly but surely underwent transformation.\textsuperscript{267} After being elected to the legislature and accepted into the Charleston elite, Ramsay quickly became socially isolated after he voiced his views on slavery. By the 1780s his antislavery background succumbed to his personal ambition, and he no longer spoke out on such matters in the assembly.\textsuperscript{268} His moral persuasions further deteriorated when he entered his second marriage to Martha Laurens and took ownership over slaves. At the time of his marriage, his new father-in-law, Henry Laurens, was the largest slave-owner and importer in the state.

\textsuperscript{264} Donnan, \textit{Documents vol. 4}, 502
\textsuperscript{265} Donnan, \textit{Documents vol. 4}, advertisement 507;
\textsuperscript{266} Ebenezer S. Thomas, \textit{Reminiscences of the Last Sixty-Five Years} (Hartford, 1840) II. 35-36 as quoted in Donnan \textit{Documents vol.4}, 503.
\textsuperscript{267} Arthur H. Shaffer, "Between Two Worlds: David Ramsay and the Politics of Slavery. "\textit{The Journal of Southern History} vol.50 no.2 (1984): 175-96. 175
\textsuperscript{268} ibid, 187
Marrying into southern slave-holding aristocracy prompted Ramsay to start living aristocratically. Before long, his developing affinity for adornment and luxurious living proved unsustainable. In the late 1780s he had outdone himself and began “accumulating obligations faster than he could meet them.”²⁶⁹ His debts amassed quickly in the 1790s, which led him to mortgage a few of his properties, but by 1797 his outstanding debt to his brother-in-law amounted to a substantial $97,204. Ramsay was eventually forced to take advantage of the Insolvent Debtors Act in 1798 and was relieved of much of his financial burden. However, he continued to struggle with personal finances until his death in 1815.²⁷⁰ His publishing record indicates he attempted to publish his way into solvency—plagiarizing most of his major works—most likely to provide an inheritance for his children. Whatever the case, his destitution was surely a motivational factor.²⁷¹

Examining the nature of his debt is particularly revealing. At the very least, one third or approximately $30,000 of his debt, can be explained by investments made in the Santee Canal Company. The Santee Canal Company was chartered in 1786—first under the name the Inland Navigation Company—for the purpose of connecting the Santee and Cooper Rivers. It was designed to link the upland farmers and their products to Charleston to aid in the rebuilding of Lowcountry plantations by supplying the Lowcountry with food grown elsewhere. Though this prospect was attractive to many Lowcountry planters and the company was funded mostly with Lowcountry capital, it took seven years to finally break ground in 1793. The significance of the canal project,

²⁶⁹ Brunhouse and Ramsay, 26
²⁷⁰ ibid, 26-28
however—at least in the eyes of the investors—grew significantly in the 1790s with the gin and short staple cotton expansion in the backcountry.272

David Ramsay was one of these Lowcountry speculators. He was late getting into the game but when he did, he did so aggressively. In 1792, he invested every penny of his wife’s $25,000 inheritance in the company upon the death of her father, Henry Laurens. Perhaps in gratitude, he was put in charge of taking subscription for Santee Canal Stock that fall and was elected president of the company in 1793. The estimated cost of the canal was £55,000, but it became evident early in the digging process that cost overruns were inevitable. By its completion in 1800, it cost an estimated $800,000, (approximately £450,000) about five times more than the original estimation. The early problems derived, to no fault of Ramsay, from the location chosen to begin the project under Colonel John Christian Senf. Senf underestimated the difficulty of carrying the canal over a ridge sixty feet above sea level, bringing the construction process to a crawl. By 1794, stockholders’ confidence in the project was diminishing, evidenced by advertisements selling their shares at heavily discounted rates.273

Ramsay actively promoted schemes to generate interest, raise money, and lower costs for the project. As a cost saving measure, Ramsay petitioned the state Senate to exempt “the slaves now working on the Santee Canal from performing & being made liable to perform any of the road duty in this State.” If the state syphoned off part of the enslaved workforce, the Canal Company would be forced to hire poor white laborers at a slightly higher rate. To coax the Senate into approving the exemption he assured them that the slaves “were engaged in a Service extremely beneficial to the Country.” Ramsay

273 Porcher, 8-9 and Brunhouse and Ramsay, 136
failed to mention that the exemption would be extremely beneficial to him and his coterie of speculators. As president of both the Santee Canal Company and the Senate body he was petitioning on behalf of the company, Ramsay did not seem the least bit bothered by the blatant conflict of interest.274

In his efforts to raise money for the canal, Ramsay advertised the “Santee Canal Lottery” in the newspapers. “The Santee Canal,” the advertisement started, “will be of eminent advantage to the planters, merchants, and mechanics, and to the inhabitants of both the upper and lower country.” Luring Charlestonian participants, the Canal Company promised “reductions in the prices of fire wood, provisions” and other materials for building, even arguing that “house rent” may be reasonably expected to drop if they helped the Canal Company finish the project by playing. With overland transportation both tedious and costly, the Canal Company told backcountry folk that they could expect to “receive higher prices than they have ever hitherto done for the fruits of their industry.”275 Though it is unclear how successful the lottery was, only a week after it ended a second was advertised. The promotional rhetoric for the second lottery was more grandiose than the first. The Company vowed that land values across the state would “immediately rise” on “the day the first boat passes through the canal.” South Carolina, the ad continued, would “then take its proper rank among the states which compose the union; and no longer be counted among those that are only of secondary importance.”276

274 “To the Honble the Presidt & Members of the house the Senate” SCDAH, Records of the General Assembly, Document No. 1793 # 129, frames 694-696
275 “Santee Canal Lottery” City Gazette and Daily Advertiser April 10th, 1795
276 “Santee Canal Lottery No. II” City Gazette and Daily Advertiser May 25th, 1795. At least six lotteries were conducted. See City Gazette 8/5/1795, 10/10/1795, 2/9/1796, 5/4/1796 for the other four.
The most peculiar of fundraising strategies employed by Ramsay occurred in the summer of 1795. Canal workers had uncovered the bones of a woolly mammoth while digging near Biggin Swamp, though they had not idea what the creature was at first. Too shrewd to miss an opportunity, Ramsay capitalized on the exotic bones by publishing the discovery of “the bones of some enormously large animal” in the newspaper. The bones, and “other curiosities lately found underground,” would be on display at Ramsay’s house for viewing by stockholders only.277

Ramsay even tried to convince his northern farming friends to resettle in backcountry South Carolina, often stretching the truth to appeal to them. He assured his Massachusetts friend John Eliot that the backcountry is “as healthy as Massachusetts & land equally good may be bought here for a dollar” that would cost fifteen in New England. If the low cost of land was not attractive enough to encourage southern migration, Ramsay suavely intimated to Eliot that South Carolina had “a canal far advanced which will be of infinite service to our backcountry giving water carriage to many thousands of acres” that otherwise would have to wagon “three hundred miles over bad roads.” The canal was anything but “far advanced” in the spring of 1795 when Ramsay crafted this letter. Stock prices were suffering and the canal would not open for another five years.278

A few months before the canal opened, Ramsay wrote his Boston friend Jedidiah Morse to tell him the news. Excited at the prospect of its opening, Ramsay had no illusions about its commercial failure and cost overruns. He admitted to Morse that the price surpassed £400,000 and that he “unfortunately became a large stockholder” early in

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277 *City Gazette and Daily Advertiser* August 3rd, 1795  
278 David Ramsay to John Eliot, March 11th, 1795 in Brunhouse and Ramsay, 139. Setbacks occurred frequently because workers were constantly battling malaria, delaying construction. Porcher, 11.
the scheme causing his actual investment to double in the eight years it too to construct. Ramsay was hopeful that its completion and operation would “amply repay” those heavily invested, for it was “a source of great derangement to all who are deeply engaged in it.”279

Unfortunately for Ramsay and the Company, the canal struggled in its early years. The Santee Swamp’s seasonal flooding rendered some of the locks useless. Again, Ramsay and the Company had to petition the state for help. In December 1801, Ramsay and eight others sought from the House, “permission to import African Slaves to work on the inland navigation project.” The project, Ramsay and the Company reminded the House, “is for the interest of every Commercial and agricultural Country like this State.” They argued that with “phase one” complete the Company needed to build several roads and a ferry canal to make it both accessible and functional. Ramsay was forthright about the “one hundred thousand pounds” debt that the Company still languished under, and claimed this necessitated the petition for a cheaper workforce that could only be acquired if they were granted a license to import “a competent number of Negro Slaves from Africa.”280

It is a bit ironic that the canal—which was to make cotton growing all the more profitable—was being held back by the success the staple was achieving around the turn of the century. In the Canal Company’s petition, complaint was made about the wages of workmen “being very much enhanced.” The cost of renting slaves skyrocketed hand-in-hand with the rising market price of short staple cotton. In 1793 the Canal Company paid around £15 per annum per head for male slaves. By 1800 the price increased to £25 to

279 David Ramsay to Jedidiah Morse, July 20th, 1799 in Brunhouse and Ramsay, 149.
280 “To the Honble Theodore Gaillard speaker and other Members of the House of Representatives of the State” SCDAH, Records of the General Assembly, Document No. ND #1095, frames 873-875
£30 per head.\textsuperscript{281} Unfortunately, the records do not show whether or not the petition was granted, but the petition itself reveals how profoundly invested David Ramsay and several other powerful Lowcountry men such as Nathanial Russell, Edward Rutledge, William Moultrie, and John F. Grimké among others were in the economic success of the backcountry through the Santee Canal Company. Though the details of the other directors are not known, Ramsay’s particular investment we know to be vast and his pecuniary future probably teetered on the success or failure of the Canal.

Yet another striking piece of historical evidence weighing down on Ramsay, potentially influencing his professional decisions, is that he had inherited seven thousand acres in Georgia upon the death of his father-in-law.\textsuperscript{282} Furthermore, Ramsay’s nephew John, who studied to be a doctor at the University of Pennsylvania and returned to Charleston to serve as treasurer to the Medical Society in 1797, abandoned the medical profession immediately after the slave trade reopened to become a cotton farmer in 1804.\textsuperscript{283} John too served on the board of directors of the Santee Canal Company. Though there is no explicit evidence proving Ramsay’s position on quarantine regulation was influenced by anything other than medical knowledge, the circumstantial evidence that he and his family stood to gain considerably from the reopening of the slave trade—unburdened by quarantine—is overwhelming.

\textsuperscript{281} “To the Honble Theodore Gaillard speaker and other Members of the House of Representatives of the State” SCDAH, Records of the General Assembly, Document No. ND #1095, frames 873-875 AND PORCHER, 6
\textsuperscript{282} Brunhouse and Ramsay, 26
\textsuperscript{283} ibid, 61; Ramsay thought of his nephews as sons. During the siege of Charlestown in 1780, Dr. Ramsay wrote a letter to Dr. Rush referencing a bill for “3 thousand dollars” that he wished to see “distributed among my brother’s sons” if he “should be killed or taken prisoner.” 65
Conclusion

On November 29th 1805, the slave ship Washington arrived outside of Charleston. With 530 slaves onboard, the Washington was the single largest individual cargo of African slaves imported between 1804 and 1808. Merchants “Gibson & Broadfoot” advertised the sale of the cargo to commence three days later on December 2nd, but the sale was delayed. It was suspected that measles were present onboard, and James Moultrie—the port physician—ordered the Washington to remove from Vanderhorst’s Wharf to observe quarantine. Gibson and Broadfoot were irate. They knew how injurious claims of sickness could be to profits, and urged the city intendant Robert Lawrence to ask the Medical Society to inspect the vessel again.284

Lawrence asked Dr. Alexander Garden to visit the Washington with the hopes that Garden would invalidate Dr. Moultrie’s findings. Garden wrote back to Lawrence assuring him that upon visiting the ship “he could not discern any case of measles.” However, Garden continued, “it is a contagious disease, and the infection will long lay dormant in the clothes of persons who have been in the sphere of its action.” Thus, despite not having seen any slave with measles, Dr. Garden felt he must “concur in the opinion given by Dr. Moultrie.”285

It appears Dr. Garden was not the only physician that Lawrence consulted for a second opinion. On the same day, December 2nd, Drs. Irvine and Simons reported to Lawrence that the reports of measles onboard the Washington were “totally unfounded.” The confusion spurred Lawrence to ask the Medical Society for an official investigation on the matter. At an extra meeting of the Medical Society, president David Ramsay

284 MSSC, “The President and Members of the Medical Society” December 2nd, 1805.
285 ibid
appointed a committee of five to thoroughly inspect the vessel to provide Lawrence with the Society’s official opinion. Curiously, two of the five members were Drs. Irvine and Simons, who had already made their sentiments known, and they did not change their minds. The next day, the Medical Society issued their official statement to Lawrence, stating that the committee “did not discover any symptoms of measles” and the slaves seemed “healthful, and the ship unusually clean.”

The committee did not address the conservative precautions called for by their fellow Drs. Moultrie and Garden, and the merchants Gibson and Broadfoot wasted no time bringing the Washington back to the wharf. To correct any slanderous damage done them, the merchants printed an advertisement in the Charleston papers condemning the “evil minded person or persons” who fabricated “the rumour” that contagious disorders plagued the ship and they appended the resolution of the committee of physicians appointed by the Medical Society to inspect the ship as proof. Though it remains unclear whether or not measles were indeed onboard the Washington, the records reveal the extent of influence merchants wielded over public attempts at port regulation and the lack of conservatism among certain Medical Society men during the years of vast importation.

By 1807 the African Slave Trade to Charleston reached its apex. The pest house at James Island, erected in 1798, could not handle the sheer numbers of slaves ordered to perform quarantine and the conditions were just as confined, dirty and dismal as they had been onboard the slaving vessels. If the port physician found smallpox onboard quarantine could be extended from the ten day minimum to up to two months, forcing the

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286 ibid, December 3rd, 1805
287 The Charleston Courier, December 5th, 1805 and again on December 20th, 1805.
enslaved—both ill and healthy alike—to languish in the awful confines of the slave ship.288 Quarantine onboard the ship would have been standard practice in 1807, for in that year alone, 12,000 slaves arrived in Charleston. Often, ships containing over 200 would arrive on the same day or within days of one another (see Table 1, appendix). As James McMillin notes, by October 1806, imports outpaced demand and “the black population held at Gadsden’s Wharf increased.” The market in these last few months, according to one observer, “was completely glutted.”289

The British observer, John Lambert, was keenly aware of the pestilential hazards of confining thousands of Africans at port for such extended periods. When he visited Gadsden’s Wharf, an estimated 2,000 were being held for sale. The “close confinement, scanty clothing, sharp weather, and improper food created a variety of disorders” Lambert contended. Speaking to one merchant, Lambert was told that upwards of “700 [Africans] died in less than three months,” so many that “carpenters were daily employed making shells for the dead bodies.”290 Lambert did not finger yellow fever as the pathological culprit, but in all probability yellow fever was responsible for many of the deaths, for during these same months David Ramsay reported to a friend that yellow fever was rampant in Charleston. It was the worst yellow fever outbreak to his the city since the turn of the century, killing 176 Charleston whites in a little over a month. Ramsay’s 1807 letter to his northern colleague provides no empirical information

288 Joseph Ioor Waring, A history of Medicine in South Carolina, 1670-1825. (Charleston: South Carolina Medical Society, 1964) 113.
289 Lambert, 165 as quoted in McMillin, 110-112.
290 See Table one in the Appendix. The number of total slave importations given to Lambert during the three-month period he referred to were underestimated by the merchants reporting them. The total number imported during that time was approximately 3,200, making the figure of 700 dead a bit less striking but remains staggeringly high.
concerning slave deaths related to yellow fever. Instead he simply stated that even “the unseasoned negroes” were not “exempt from its ravages.” 291

Thus, in the face of the prolific and unprecedented importation of African slaves, Ramsay maintained that the disease originated locally and “was almost exclusively confined to strangers.” He was willing in 1807 to admit that some persons that spent two summers “or even more “became its victims,” but that it was a testament to the virulent nature of the disease in that particular year. Either way, Ramsay refused to admit the possibility of its importation. By 1810, “the annual visitation of that dreadful malady yellow fever” tested the resolve of the city council, which began to doubt David Ramsay’s sanitation solution. The pestilential ravages wrought by the reopening of the slave trade included yellow fever, which surfaced every autumnal season since the turn of the century and more violent each year as the decade progressed. In a letter to the Medical Society, the council asked for an enumerated list of drains and public sewers to be filled in order to prove to “the citizens” upon “an assurance grounded on the highest respectability” that “the public drains or sewers do not originate the awful calamity.” 292

291 David Ramsay, Remarks on the Yellow Fever and Epidemic Catarrh, as they appeared in South Carolina during the Summer and Autumn of 1807. (New York: T & J Swords: Medical Repository: vol. 5) 233-234.
292 MSSC, June 1st, 1810.
Conclusion

The 1790s cotton boom alone is an insufficient explanation of the sudden 1802 reversal of Lowcountry votes needed in the Assembly to reopen the trade. The Louisiana Purchase also played a role in triggering the reopening of the slave trade. The port of Charleston had already established a maritime commercial link to New Orleans by the mid 1790s, putting the city in a good economic position if the Louisiana Purchase was made because Charleston could supply the large number of slaves needed to work the land. South Carolina politicians, merchants, newspapers, and citizens followed the event as it unfolded. Shortly after the treaty was ratified and Louisiana became a U.S. territory, David Ramsay delivered an oration praising the acquisition and the territory for its agricultural potential. He claimed that “all the valuable native commodities” from cotton to coffee to sugar, could “be advantageously cultivated” in different parts of the territory. South Carolina passed a resolution celebrating the purchase. Less than two weeks after the celebratory resolution passed, the motion to reopen the slave trade passed.

With the foreign slave trade reopened, South Carolina had obtained a monopoly on slave supply with New Orleans. Georgia had banned their foreign trade in 1798, and

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293 Shugerman, 265. Jed Shugerman’s article is the first to argue this point. Though there is no direct evidence, the confluence of events and his thorough examination of the sources makes his thesis convincing.
294 Ramsay, David. An Oration, on the Cession of Louisiana, to the United States, Delivered on the 12th May, 1804, in St. Michael's Church, Charleston, South-Carolina,. Charleston: Printed by W.P. Young, Franklin's Head, No. 41, Broad-street, 1804
295 Shugerman, 277; Brady, 613
Section 10 of the Louisiana Ordinance of 1804 forbade the foreign trade. The technicality of transshipment allowed slave ships that had originally disembarked from Africa or the Caribbean to offload their slaves as domestic goods, so long as they anchored first in Charleston Harbor, where duties were collected and inventories were checked by customs. Transshipment did not take long. The process and method of transshipment looked something like this: Ship A drops anchor in Charleston harbor close to Ship B, which had recently arrived from Africa or a Caribbean port. Ship A’s captain and a few crew members board Ship B to inspect and separate slaves that they wish to purchase. They purchase them at a price below market value and immediately load their selections onto Ship A, lift anchor, and set sail for New Orleans. In few instances, the human cargo would have never set foot on land. Sometimes the slaves would not be transferred to another ship; Ship B would simply anchor in Charleston, undergo inspection, and then continue on to New Orleans.

Existing slave trade records show that thousands of slaves underwent transshipment. The cargo lists show the number of slaves from Africa on board each ship that disembarked in New Orleans from Charleston and demonstrate that few if any were domestic exports of slaves born on U.S. soil. Though South Carolina imported 40,000 slaves between 1804 and 1808 on paper, by 1810—historians have estimated—only 11,000 slaves in the state could not be attributed to natural increase. This means only about one quarter of the slaves imported, more or less, were actually retained by South

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296 Shugerman, 281; see also McMillin, 98. The ban initially included slaves recently imported to other states, but Congress lifted the prohibition on transshipments from South Carolina.


Carolinians, most of whom were brought immediately to the backcountry to engage in cotton cultivation.\textsuperscript{299}

If the Medical Society understood the process of transshipment—which they most certainly should have—their resolution advocating for relaxed quarantine measures in the face of massive importation of human cargo seems less reckless since many slaves never set foot on land.\textsuperscript{300} Relaxation of quarantine for yellow fever would have drastically shortened both turn-around times for voyages looking to transship and expedited slave liquidation to the backcountry via the Charleston market. Furthermore, yellow fever was difficult to diagnose at port—much more so than measles and smallpox—and was often mistaken for other less severe fevers. That a debate over the disease’s contagiousness was ongoing perhaps made it easier for Charleston physicians to accept Ramsay’s notion and propose the change. However, the debate could arguably have had the opposite effect undermining physicians’ sense of clarity and security that often relied on consensus.

Whatever the case, it is unlikely that David Ramsay and the Medical Society of South Carolina maliciously advocated for relaxed quarantine regulation for yellow fever under false pretenses, believing the disease to be contagious and claiming it was not. They undoubtedly questioned its importation and communicability. Rather, advocated for relaxation without knowing for sure, amidst a national debate over yellow fever’s contagion and importation among the nation’s foremost medical minds; a debate that was far from over when the Medical Society issued its controversial resolves. Historian Jed Shugerman has argued convincingly that Lowcountry South Carolinians were willing to

\textsuperscript{299} Brady, 616
\textsuperscript{300} It is certain that the Medical Society full well understood transshipments because the port physicians were active members of the society and transshipment was a popular way of getting around quarantines imposed on ships coming from certain regions, as seen in the wake of Philadelphia in 1793.
sacrifice their own short-term economic best interest to “lay the foundations for a stable, thriving slave system in the west” in order to “spread southern political power.”

Recreating an agricultural economy dependent on slave labor in Louisiana would increase slaveholding interests in Congress once the territory acquired statehood, bolstering the Southern congressional strength and leveling the industrial North’s slight congressional advantage. This provocative thesis underscores South Carolina’s devotion to the peculiar institution and the rise of what historian William Freeling calls “aggressive slavery imperialism.”

Historians have missed an opportunity to probe this notion and test its validity. Public health policy and operation is a crucial component of any narrative dealing with maritime commerce in the eighteenth and nineteenth centuries and warrants further investigation. Scrupulous examination of its relation to commerce and the state could refine our understanding of economic and political discourse throughout the Early Republic as well as the rise of sectionalism. Specifically, the discourse of suffering in the Lowcountry South can help illuminate efforts taken by wealthy Lowcountry planters to diversify their investments in the institution of slavery’s expansion westward. The Santee Canal Company is a perfect example, for many prescient Lowcountrymen understood the value of connecting the cotton growing backcountry to the market in Charleston and some, like Dr. David Ramsay were willing to risk their entire life savings to see such efforts succeed.

Promoting the expansion of slavery and southern interest at the expense of adequately protecting public health—as the records suggest—is vastly different from

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301 Shugerman, 279
economic sacrifice. The epidemiological risk, however inadvertent, is as important if not more so than the risk of short-term economic setback. Closer examination could further underscore the drastic measures the assemblymen were willing to take, and the public was willing to accept, to protect the South’s peculiar institution, further illuminating South Carolina’s commitment to slavery in new and profound ways.

Though transshipment reduced the threat of epidemic if slaves never actually stepped off the ship and into Charleston proper, it hardly eliminated the risk. It is plausible that Charleston’s elite were willing to see the value of their slaves decrease in order to safeguard the entire institution. Far less conceivable, however, is a willingness on the part of these elites to risk increased infectivity. That it appears they did so is remarkable, for yellow fever did not discriminate based on class, as numerous members of the Lowcountry aristocracy attested. Though wealthier Lowcountry Carolinians could skirt the fever by seasonally removing to the surrounding country, the threat loomed large, and that threat frequently became reality during the protracted dog days of a Charleston summer.
## Appendix

Table 1: Slaves Imported to Charleston from 1804 to 1808.  

<table>
<thead>
<tr>
<th>Date</th>
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The data in this table is credited to James A. McMillin. This is a mere except from a much more comprehensive dataset and was filtered for explicit disembarkations of slave ships in Charleston. McMillin’s figures are by far the most absolute because he cross-referenced the works of Elizabeth Donnan, Jay Coughtry, David Eltis, David Richardson, Stephen D. Behrendt, and Herbert S. Klein and Allan Kulikoff. See McMillin, *The Final Victims: Foreign Slave Trade to North America, 1783-1810.* (Columbia: University of South Carolina Press, 2004) Appendix B (on CD-ROM)
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Image 1: The Santee Canal Project.
Drayton, John. *A View of South-Carolina, as Respects Her Natural and Civil Concerns*. Charleston: Printed by W.P. Young, 1802. 157
Image 2: Map of the Santee Canal
Library of Congress Maps Division:
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A. Abbreviations in Notes:

SCDAH       South Carolina Department of Archives and History
SCHS        South Carolina Historical Society
MSSC        Medical Society of South Carolina

B. Libraries and Archives Consulted:

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C. Unpublished Manuscripts Consulted:

Baker Family Papers, SCHS
Ball Family Papers, SCHS
Cox-Chesnut Family Papers, SCL
DeRenne Papers, HRBML
Drayton Family Papers, COC
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Henry A. Middleton Papers, SCHS
Hutson Family Papers, SCHS
James Glen Papers, SCL
John Drayton Papers, COC
Joseph Clay & Co. Papers, GHS
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Journals of the House of Representatives of South Carolina, SCDAH
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Ralph Izard Papers, SCL
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