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978-1-107-00415-3 - Slavery, Disease, and Suffering in the Southern Lowcountry

Peter McCandless

Excerpt

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PART I

TALK ABOUT SUFFERING

Talk about suffering here below,
And talk about loving Jesus.
Talk about suffering here below
And let's keep following Jesus.
Traditional Spiritual

Those who want to die quickly, go to Carolina

Eighteenth-century proverb

Many are dead. Many are running away to new settlements. The country is very sickly; I buried eight people the first nine weeks after I came to my parish. Forty two is looked upon to be the common age of man.

Robert Stone, 1750

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I

Rhetoric and Reality

Black and white all mixed together,
 Inconstant, strange, unhealthful weather
 Burning heat and chilling cold
 Dangerous both to young and old
 Boisterous winds and heavy rains
 Fevers and rheumatic pains
 Agues plenty without doubt
 Sores, boils, the prickling heat and gout
 Mosquitoes on the skin make blotches
 Centipedes and large cockroaches...
 Water bad, past all drinking
 Men and women without thinking...
 Many a widow not unwilling
 Many a beau not worth a shilling
 Many a bargain if you strike it,
 This is Charles-town, how do you like it?

Capt. Martin,
 captain of a *Man of War*, 1769

[Charleston] is a noble monument of what human avarice can effect; its soil is a barren burning sand; with a river on either side, overflowing into pestilential marshes, which exhale a contagion so pernicious as to render sleeping a single night within its influence, during the summer months, an experiment of the utmost hazard . . . But what will not men do, and bear, for money? These pestilential marshes are found to produce good rice, and the adjacent alluvions cotton; true, it is, no European frame could support the labour of cultivation, but Africa can furnish slaves, and thus amid contagion and suffering, both of oppressors and oppressed, has Charleston become a wealthy city – nay a religious one, too; to judge by the number of churches built, building, and to be built.

Francis Hall, 1817

Every day for years, the carriages passed my office on Glebe Street. Clop, clop, plop, plop, the horses went by, dragging their loads of tourists eager

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to hear about historic Charleston and the local plantation country. I often wondered what the drivers, adorned with gray Confederate caps and pants set off by bright red sashes, were telling them. Was it the sanitized version of local history I had heard so many times, or did the drivers tell the passengers how much people suffered to produce this unique slice of Old South ambience? Did they talk about the diseases that constantly assailed and thinned the population: yellow fever, malaria, dysentery, and smallpox? Did they explain how so much of the suffering from disease derived from the economy of plantation slavery, that gone-with-the-wind world of moonlight and magnolias? Perhaps they did talk about these things on another part of the trip, but what I overheard was more geared to fans of *Scarlett* and *Rhett*. The odor of horse dung and urine that occasionally wafted my way conveyed more truth about the past than the words I heard. Those odors, multiplied exponentially, and supplemented by the smells of cesspits, hog and cattle pens, slaughterhouses, dead dogs, cats, and humans, would have been a part of the ambient history of this place (see Figure 1.1). That was not unique to Charleston, of course; it would have been true of every town before exhaust fumes replaced those organic odors in the twentieth century. Perhaps the carriage drivers talked about Old Charleston's noxious smells; after all, such things are an endless source of amusement in our sanitized culture. But killer diseases? Maybe; some people can extract titillation even from deadly epidemics; for example, professors like me trying to keep students awake with jokes about microbes – “the gift that keeps on giving.” Some years ago, a website specializing in satirical jabs at the “Holy City” (a local nickname for Charleston, along with the more apt “City of Disasters”) lamented that tourists were not getting the complete lowcountry experience. To get a full taste of Historic Charleston, it was necessary to bring back the old diseases: malaria, cholera, and especially yellow fever, once known as “strangers' disease” because so many of its victims came “from off.” The article reminded me of the quip that it's never safe to be nostalgic about anything until you're certain it can't come back. If yellow fever were around today, it might be known as “tourist's disease.” But then if yellow fever were around, tourists would be few in number.¹

As odd as it may seem, hearing and seeing these things helped prod me into writing this book. While researching an earlier book on the history of madness in South Carolina, I began to realize the immense role disease has played in the history of the Southern lowcountry, a region that extends from about Cape Fear in North Carolina to northern Florida, and inland from the Atlantic about 70 to 80 miles.² Having lived in Charleston for many years, I was vaguely aware that the lowcountry had once been an unhealthy place. But only immersing myself in eighteenth- and nineteenth-century sources brought

¹ The website was called “Upchuck.” The “chuck” derives from a local slang term for Charleston, “Chucktown.” The remark about nostalgia came from journalist Bill Vaughan.

² Peter McCandless, *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill: University of North Carolina Press, 1996).

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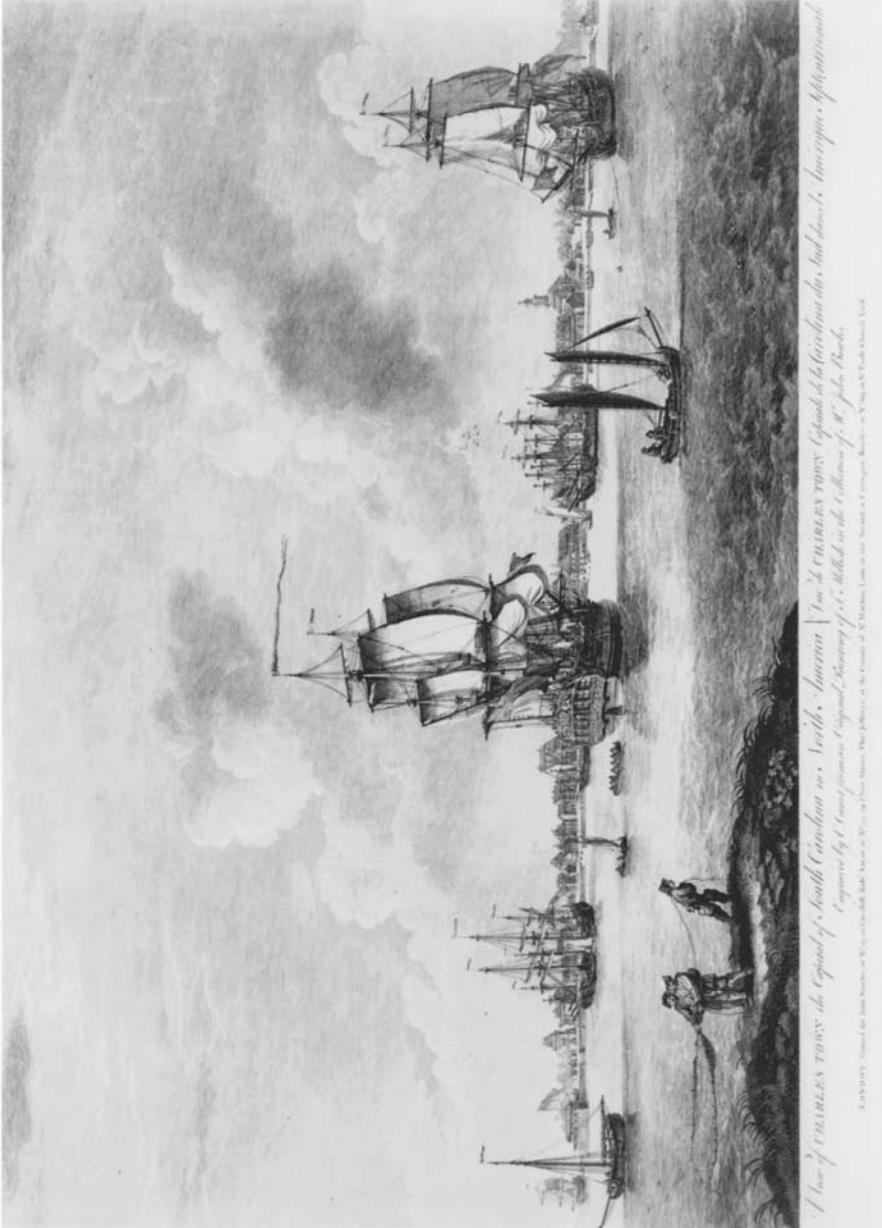


FIGURE 1.1.1. A View of Charles Town, the Capital of South Carolina in North America, 1768, Pierre Charles Canot (Library of Congress).

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home to me just how unhealthy it had been. Other experiences brought me personally and uncomfortably close to some of the truth about the region's past. At the most basic level, the stifling heat and humidity for several months a year made me wonder why anyone would want to settle there in the pre-air conditioning age unless they could live on the beach. Summer trips to old rice plantations taught me what it meant to be assaulted by clouds of voracious mosquitoes, what one colonial planter aptly called devils in miniature. In many former rice plantation areas, mosquitoes remain in control for months at a time: Whenever I exited my car, thousands descended on me in seconds. Like the elite planters of past times, I learned to visit the rice plantations in the colder months. But even that might not be enough. A couple of years ago, I was repeatedly attacked by mosquitoes on New Year's Day while walking in an old rice-producing area. Perhaps this was just a result of global warming or an unusually warm winter. Long before that experience, however, I concluded that I could not have lasted long here in the plantation era and wondered how anyone could have. Yet I knew that people had survived here, people who must have been much stronger and tougher than I.

Today, many descendants of those people still live in the lowcountry, but they also live all over the United States. It is estimated that about 40 percent of today's African Americans descend from enslaved people who entered the country through the port of Charleston. Sullivan's Island, at the entrance to the harbor, is often called the Ellis Island of black America. Most Europeans came voluntarily, drawn by the hope of becoming rich, or to escape poverty or religious persecution. Their descendants, too, spread across America, especially the Lower South, spreading their plantation system, culture, and diseases. Many of the immigrants – European and African – died from those diseases, too many and too young. The lowcountry was the deadliest disease region on the North American mainland in the eighteenth and early nineteenth centuries. It was no country for old men, or rather for men who wished to become old. Observers often noted how quickly people aged and died. In the 1780s, traveler Johan David Schoepf declared that lowcountry residents – white and black – seldom lived to an old age because their constitutions were ruined by “the numerous fevers which every summer and autumn so generally prevail.”³

Many diseases contributed to the high mortality and morbidity rates of the lowcountry. The region was a convention center for the diseases of the tropical and temperate world. People living there had a “value-added” disease environment, with features of a wide spectrum of diseases from Africa, Europe, and North America. As a result, it had higher mortality rates than more microbially deprived regions to the north. Among the most common and dangerous diseases were malaria, yellow fever, smallpox, dysentery, respiratory disorders, numerous helminthic (worm) infestations, and tetanus. Yaws, a type

³ Johann David Schoepf, *Travels in the Confederation, 1783–1784* (Reprint, New York: Burt Franklin, 1968), 216–217.

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of nonvenereal syphilis, was common and often disfiguring but rarely fatal. These diseases were abetted occasionally by epidemics of measles, diphtheria, whooping cough, scarlet fever, and mumps. Many of the latter diseases were no more common in the lowcountry than in other parts of America, and are not singled out for particular attention here, although they formed a part of the overall disease matrix. For example, this book does not focus on cholera, a highly significant disease in many parts of the world. The reason is that cholera did not arrive in the region until very late in the story, in the 1830s, and did not have the impact it had on highly industrialized and urbanized regions. Two other major infectious diseases that I have largely ignored, typhoid and typhus, were surely present in the lowcountry at times, but do not appear to have affected the region more than other parts of British North America. On the other hand, I have devoted considerable space to smallpox, which was also probably no worse in the lowcountry than elsewhere in America. Smallpox is important to the story in part because Charleston was one of the first places in the West, in 1738, to use inoculation on a mass scale. This story has never been told in detail, unlike its earlier use in Boston in 1721, which has been recounted many times. Smallpox, like yellow fever, sometimes had an immense economic impact. Epidemics would virtually shut down the trade that was the lifeblood of the region. Smallpox, along with yellow fever, was a major focus of quarantine laws, which were highly contentious due to their effects on commerce. Much of the debate over inoculation was also concerned with its economic impact, and the connection between the economy and disease is central to the book's argument.

Slavery, Disease, and Suffering in the Southern Lowcountry focuses heavily on the impact of so-called tropical diseases. In 1768, British naval surgeon James Lind wrote that the danger of tropical fevers in South Carolina was far greater than in the colonies to the north, and was similar to that of the West Indies. Epidemiologically, as in many other ways, the lowcountry resembled the tropical and subtropical regions of the Americas, notably the plantation regions of the Caribbean and Brazil. The lowcountry is often referred to as the northern rim of the Caribbean. All these plantation lands were renowned for their slave majorities, wealth, and destruction of human life. They also shared many diseases of African origin: yellow fever, *falciparum* malaria, guinea worm, filariasis, and others. The lowcountry was unhealthier than some of these places. Barbados, for example, was virtually malaria free. The lowcountry also had epidemiological affinities with the rice-producing regions of southern Asia and West Africa, although the latter was deadlier.⁴

⁴ James Lind, *An Essay on Diseases Incidental to Europeans in Hot Climates* (London, 1768), 36–37, 132–133, 148; J. R. McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1640–1914* (New York: Cambridge University Press, 2010); Alfred W. Crosby, *Ecological Imperialism: The Biological Expansion of Europe, 900–1900* (Cambridge: Cambridge University Press, 2004), chapter 6; Richard S. Dunn, *Sugar and Slaves: The Rise of the Planter Class in the British West Indies, 1624–1713* (Chapel Hill: University of North Carolina Press, 2000); Richard B. Sheridan, *Sugar and Slavery: An Economic History of the*

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Lowcountry rice plantations – abetted by a warm wet climate – provided an especially welcoming environment for diseases transmitted by mosquitoes and water-borne parasites. Mosquito-borne diseases – particularly malaria and yellow fever – and water-borne dysentery were the main diseases that gave the lowcountry its deadly reputation. Other mosquito-borne illnesses such as filariasis – the cause of elephantiasis – and dengue were common, if not endemic. These diseases thrived in its warm and wet climate, but nature was not the only culprit. Human migration – voluntary and forced – brought disease-causing microbes from Africa, Europe, and the Caribbean. A human invention, the rice plantation, helped keep them in circulation and spread them. The cultivation of rice provided large bodies of standing fresh water for malarial mosquitoes to breed in and large numbers of human bodies for them to bite. Microorganisms causing dysentery and other diarrheal diseases thrived in the region’s warm waters. Parasitic worm infestations such as hookworm and guinea worm were ubiquitous in the countryside.⁵ As a major importer of slaves, Charleston also got regular imports of yellow fever and other tropical diseases. The city’s warm climate provided a pleasant home for the mosquitoes that carry yellow fever and dengue. By the 1690s at the latest, yellow fever had come, and it returned often until the 1870s. The other major ports of British North America – all in the north – also suffered yellow fever epidemics, but not as many as Charleston. Moreover, in the early nineteenth century, yellow fever retreated from the northern ports. Charleston proved to be a better host than those places, in part because it was warmer and closer to centers of endemic yellow fever in the Caribbean. No other disease became so identified with the city and so influenced its lifestyle, image, and culture. During the nineteenth century, as lowcountry people and their plantations moved west, yellow fever became a frequent visitor to southern ports and came to be seen as a southern problem. It also became a serious obstacle to commerce and immigration.⁶

British West Indies, 1623–1775 (Baltimore: Johns Hopkins University Press, 1974); David Watts, *The West Indies: Patterns of Development, Culture, and Environmental Change since 1492* (Cambridge: Cambridge University Press, 1987); Philip D. Curtin, *The Rise and Fall of the Plantation Complex* (New York: Cambridge University Press, 1990); Philip D. Curtin, *Death by Migration: Europe’s Encounter with the Tropical World in the Nineteenth Century* (Cambridge and New York: Cambridge University Press, 1989); David Arnold, ed., *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500–1900* (Amsterdam: Rodopi, 1996); Peter A. Coclanis, *Time’s Arrow, Time’s Cycle: Globalization in South-East Asia over the Longue-Duree* (Singapore: Institute of South-East Asian Studies, 2006).

⁵ E. Chernin, “The Disappearance of Bancroftian Filariasis from Charleston, South Carolina,” *American Journal of Tropical Medicine and Hygiene* 37 (1987): 111–114; Todd Savitt, *Race and Medicine in Nineteenth- and Early Twentieth-Century America* (Kent, OH: Kent State University Press, 2007), 7–15. On human migration and the spread of disease microorganisms, see William H. McNeill, *Plagues and Peoples* (Garden City, NY: Anchor Press, 1976); Alfred W. Crosby, *Germs, Seeds and Animals: Studies in Ecological History* (Armonk, NY: M. E. Sharpe, 1994); Crosby, *Ecological Imperialism*.

⁶ Margaret Humphreys, *Yellow Fever and the South* (Baltimore: Johns Hopkins University Press, 1992).

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Ironically, the diseases that flourished in the lowcountry sometimes proved to be allies of the European settlers. Many Old World diseases struck Native Americans almost simultaneously and reduced their numbers exceedingly fast. The Indian nations that lived near the coast virtually disappeared within a few decades of the establishment of the Carolina colony, helped along by war and enslavement. As a result, they were not as much of an obstacle or threat to the new colony as they might have been. As an early governor put it, God had thinned their number to benefit the English. Disease, especially smallpox, greatly reduced the populations of the larger nations further inland as well, the Catawba and Cherokee. But they managed to survive as coherent groups into our own time, in part because they lived well back from the feverish coastal lowlands.

The role of Old World disease in reducing Native Americans numbers everywhere in the Americas is widely recognized today. Few people, however, are likely to be aware that lowcountry fevers helped the United States become independent. Of course, soldiers on both sides suffered higher casualties from disease than enemy action, as they always did before the twentieth century. Smallpox may have hurt the patriots more than the British before General Washington ordered a general inoculation of the Continental Army.⁷ But British and Loyalist forces were severely mauled by fevers during the crucial southern campaign in the summer and fall of 1780. The following year, fear of further losses from disease was one of the main reasons Lord Cornwallis cited for his decision to march north to Virginia, where he lost the decisive Battle of Yorktown. The British faced many other obstacles during the southern campaign, notably a determined partisan resistance and a smaller number of Loyalist supporters than they had expected. Moreover, the presence of a French fleet at Yorktown made that encounter decisive by preventing British reinforcement or escape by sea. Nevertheless, the diseases of the Lower South greatly hindered British aims and actions and played an important role in deciding the outcome of the Revolutionary War.

Today, many people are vaguely aware that the Southern lowcountry was once a deadly region for whites. But they often think that blacks were wholly or largely immune to the diseases that killed so many whites, and that is why the planters chose them to work on the plantations. In the antebellum era, the real and alleged immunities of blacks to yellow fever and malaria became one of the justifications for slavery. In reality, people of all hues, including the oft-forgotten mixed-race folk, died in huge numbers from lowcountry diseases. But it was profitable and perhaps comforting to argue that Providence had graciously designed African bodies for the purpose of doing work for which whites were allegedly physically unsuited.⁸

⁷ Elizabeth Fenn, *Pox Americana: The Great Smallpox Epidemic of 1775–1782* (New York: Hill and Wang, 2001); Ann Marie Becker, “Smallpox in Washington’s Army: Strategic Implications of the Disease during the American Revolutionary War,” *The Journal of Military History* 68 (2004): 381–430.

⁸ Another example of the convenience of racial concepts is the idea that blacks felt, smelled, and sounded different from whites, and that whites could identify blacks through the senses

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An argument of this sort was unnecessary in the first days of slavery in Carolina and perhaps inconceivable. The adoption of African slavery was not a response to an unhealthy environment. It was a major cause of it, along with human alterations of the landscape required for rice cultivation. White settlers did not bring African slaves to Carolina initially because they believed Africans were immune to local diseases, any more than people in colonies to the north enslaved Africans for that reason. Many of the earliest English settlers came from the sugar island of Barbados and they brought Africans with them as a matter of course. Sugar plantations using enslaved labor – white and black – had existed for centuries in the eastern Mediterranean, and planters from Portugal and Spain transferred that model to the New World. The Dutch, French, and English soon adopted it as well. On Barbados, white workers greatly outnumbered blacks at first. In 1638, indentured white laborers numbered about 2,000, blacks about 200. With the expansion of sugar cultivation, the demand for labor greatly increased. Barbadian planters decided that African slaves were easier to get, easier to manage, and cheaper to maintain than indentured white Britons. Disease surely helped speed the transformation. In 1647, yellow fever struck Barbados, probably the first epidemic in the New World. It killed far more whites than blacks, and Africans gradually replaced whites in the labor force. By 1670, when the Carolina colony was founded, Barbados contained about 30,000 blacks and 20,000 whites.⁹

No doubt the Barbadian planters believed black bodies were constitutionally more suited to labor in hot climates than white ones. It was a common European view. But – and this is an important point to be elaborated later – the white settlers who came to South Carolina in the 1670s did not believe they were going to a sickly environment. The colony's early rulers, the Lords Proprietors, published pamphlets praising it as a healthy and temperate location, indeed a paradise for English bodies. The authors of the pamphlets exaggerated, as promoters do, but the colony was not particularly unhealthy during its first decade. Nor did the white settlers arrive with a plan to set up the

of touch, smell, and hearing. Such claims became important in the antebellum period because of the increasing numbers of mixed-race people, and of “blacks” that looked “white.” As with ideas about black immunities, they survived emancipation to provide support for segregation. See Mark M. Smith, *How Race is Made: Slavery, Segregation, and the Senses* (Chapel Hill: University of North Carolina Press, 2006).

⁹ Stuart B. Schwartz, *Sugar Plantations in the Formation of Brazilian Society: Bahia, 1550–1835* (Cambridge: Cambridge University Press, 1985), chapter 1; Herbert S. Klein, *African Slavery in Latin America and the Caribbean* (Oxford and New York: Oxford University Press, 1986), chapters 1–3; Robin Blackburn, *The Making of New World Slavery* (London and New York: Verso, 1997), 229–232; Jack P. Greene, *Imperatives, Behaviors, and Identities: Essays in Early American Cultural History* (Charlottesville: The University Press of Virginia, 1992), chapter 2; Sheridan, *Sugar and Slavery*; Dunn, *Sugar and Slaves*; Walter Edgar, *South Carolina: A History* (Columbia: University of South Carolina Press, 1998), 35–38; Richard Waterhouse, *A New World Gentry: The Making of a Merchant and Planter Class in South Carolina, 1670–1770* (New York and London: Garland Publishing, Inc., 1989); Karen O. Kupperman, “Fear of Hot Climates in the Anglo-American Colonial Experience,” *William and Mary Quarterly*, 3rd ser., 41 (1984): 213–240.

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labor-intensive rice and indigo plantations that came to dominate the region's economy in the eighteenth century, supplemented by cotton in the nineteenth. The adoption of rice cultivation based on African slave labor emerged only after several decades of experiment with different crops, as indicated by the names of two early plantations, "Silk Hope" and "Rice Hope." The plantation system continued to evolve in various ways throughout the colonial and early national periods. The proportion of Africans in Carolina was much smaller in the first three decades of settlement than it later became – perhaps one-fourth to one-third of the several hundred settlers. They worked mainly at cattle herding, lumbering, and hunting for food.

The Africans were not alone as slaves. From an early period, the colonists enslaved Native Americans as well. Carolinians were the most active Indian slave traders in British North America. They exported Indian slaves to the northern and Caribbean colonies and sold them to local planters. In 1708, Native Americans made up about one-third of the slave labor force, 1,400 out of 4,300. But the rapid decline of local Indian populations left the field of labor open to slaves of African origin. Old World diseases helped ensure that the lowcountry, like the New World generally, would have a predominately Old World population. They also helped ensure that a large majority of the population would be of African descent into the twentieth century¹⁰

By 1700, rice had become a profitable staple and in the following decades the demand for enslaved labor increased greatly. By 1710, blacks constituted a majority of South Carolina's population. By 1730, the population was two-thirds black. A large immigration of whites into the backcountry from the late 1750s quickly narrowed the gap in the colony, and during the 1770s, whites constituted almost half of its population. But in the lowcountry, the black majority increased during the same period to more than 3 to 1. In most parishes, slaves constituted 70 percent or more of the population. In several, the proportion was as high as 9 to 1. Between 1790 and 1810, whites made up a slight majority of the state's population. During this period, however, the plantation system began to move into the upper country. Slave imports soared shortly before the legal slave trade was ended in 1808. By 1820, blacks were again the majority in South Carolina, a position they would retain until the early twentieth century. South Carolina was by far the largest importer of slaves among the mainland British colonies.¹¹

¹⁰ Peter Wood, *Black Majority: Negroes in Colonial South Carolina from 1670 through the Stono Rebellion* (New York: W.W. Norton, 1975); Peter A. Coclanis, *The Shadow of a Dream: Economic Life and Death in the South Carolina Low Country, 1670–1920* (New York and Oxford: Oxford University Press, 1989); Robert Weir, *Colonial South Carolina: A History* (Columbia: University of South Carolina Press, 1997; 1983), 26–27.

¹¹ Wood, *Black Majority*, 6–25, 131, 142–147, 151–152; Philip D. Morgan, *Slave Counterpoint: Black Culture in the Eighteenth-Century Chesapeake and Lowcountry* (Chapel Hill: University of North Carolina Press, 1998), 79, 95–96; Daniel Littlefield, *Rice and Slaves: Ethnicity and the Slave Trade in Colonial South Carolina* (Urbana and Chicago: University of Illinois Press, 1991), 116; Coclanis, *Shadow of a Dream*, 64–68; Edgar, *South Carolina*, 35–39, 78, 327.