Fever and Ague:
Disease and Life in the South Carolina Colony

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Dedication

To my friends and family – This would not be complete without your support.

Thank you all!
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Abstract

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South Carolina residents were subjected to fevers every summer and fall. Planters learned to absent themselves from their plantations during the seasons of high risk and leave their slaves in the sickly rice fields where hot, stagnant waters were thought to give off bad, disease-causing air. Some people who could afford to flee traveled northwards and went to places such as Newport, Rhode Island, but Charles Town, with its seemingly healthy coastal breezes and easy access to commerce and trade, remained the most popular destination. However no amount of cooling breezes in the city could keep disease completely at bay. Smallpox struck at various intervals, and mosquitoes in the city ensured that even the seasoned and Creole populations might die from yellow fever and malaria.

Colonists were not unaware of the risks. European immigrants recognized the similarities between South Carolina's climate and fevers and the diseases encountered in the Caribbean. They knew white residents would have to undergo a time of adjustment to their new environment; a time of seasoning which they might or might not survive. Throughout the colonial era, the necessary period of seasoning affected the demographics of the colony as many new colonists died within a few years, poor whites moved inland, African slaves were bought to work in unhealthy marshlands, and rich planters built second homes in areas perceived to be healthier, such as Charles Town or its immediate vicinity. From the founding of the colony to the dawn of the Revolution, only slavery shaped Lowcountry society more than disease.
Table of Contents

Dedication: ........................................................................................................... ii
Acknowledgements: ............................................................................................. iii
Abstract: ................................................................................................................ iv
Introduction: ......................................................................................................... 1
Chapter 1: “They who want to die quickly, go to Carolina:”............................. 13
  Conflicting Reports and Conflicting Theories
Chapter 2: “Till Nature gets the better of the Disease, or................................. 27
  Death relieves You:” Treating and Preventing Smallpox
  and Fevers
Chapter 3: “The most healt[h]y spot in the Province:”................................. 44
  Charles Town, Slaves, and the Fevers
Conclusion: ......................................................................................................... 58
Bibliography: ..................................................................................................... 61
Introduction

In the early eighteenth century, South Carolina was a colony just starting to make its fortune. Its proprietors hoped to promote the colony as a place where Europeans would thrive. However, as the colony grew older, most people knew to be wary of the area. South Carolina certainly was wealthy, but it was not healthy. As one telling German proverb of the colonial period stated, “They who want to die quickly, go to Carolina.”¹ Once settlers arrived in South Carolina they generally suffered what colonists termed “seasoning,” referring to the months or years of adjusting to the new disease environment. During this time, newcomers suffered through local diseases and built up some measure of immunity—and many of them died in the process. Yet even after the colony’s white population began to grow naturally, the American-born generations continued to struggle with high rates of fever, smallpox, and malaria.

Despite these risks, South Carolina both survived and thrived, with its rice crop making a fortune for those planters who managed to endure the lethal disease environment. Planters established a slave society and brought in African slaves by the thousands to work in their rice fields. South Carolina society was structured around whites’ subjugation of an enslaved labor force, and historians have rightly focused their efforts on this story. Nevertheless, in their mission to uncover the evolution of plantation slavery in South Carolina, scholars have overlooked another significant influence on life in the colony—disease.

Disease was a constant threat to young and old, rich and poor, white and black. Coastal ailments such as malaria and yellow fever influenced the colony’s reputation, who settled there, where people lived, and how they interacted. To date, no comprehensive study has been published on disease or its effect on South Carolina. A few articles on specific illnesses in colonial South Carolina have been published, but historians have not incorporated their findings into larger examinations of disease in the colony. These studies on yellow fever and malaria need to be connected to the larger story of South Carolina society, revisited, and updated. Rich masters may have ruled over their plantations and slaves, but disease proved to be ultimate ruler of society.

Other historians have studied disease, especially smallpox, among the native populations. Alfred Crosby believes that virgin soil epidemics, those in which the victims have no previous exposure to the disease, decimated the Native American population as illnesses unknown in North America prior to European contact struck in wave after wave
and killed millions.\textsuperscript{2} Henry F. Dobyns estimates that twenty-four separate instances of virgin soil epidemics of diseases such as smallpox and measles struck Native Americans in the seventeenth century.\textsuperscript{3} Smallpox was still wrecking havoc on Indian groups in South Carolina in the eighteenth century. Crosby states that “[in] 1738 smallpox destroyed half the Cherokees, and in 1759 nearly half the Catawbas,” groups that lived inland and in the mountains of the colony.\textsuperscript{4} Paul Kelton builds on Crosby’s analysis and claims that “in the American Southeast, English-inspired commerce in Native slaves was the element of colonialism most responsible for making indigenous peoples across the region vulnerable to newly introduced diseases.”\textsuperscript{5} The work of these authors indicates that smallpox was the deadliest threat during the colonial period for Native Americans but it had a profound impact on European and African populations as well. Since exposure to smallpox was not constant in North America as in the crowded cities of Europe, whites born in America never acquired immunity to the disease in childhood. Therefore, when smallpox hit Charles Town and other British colonial cities, the suffering could be enormous.

Diseases such as smallpox ensured that South Carolina’s population remained small in the early years of the colony. According to Peter Wood’s “Changing Population of the Colonial South,” South Carolina’s white population grew slowly in the initial years of the colony’s development and, from 1700 to 1715, whites barely sustained their

\textsuperscript{2} Alfred Crosby, \textit{The Columbian Exchange: Biological and Cultural Consequences of 1492} (Westport, CT: Greenwood, 1972).
\textsuperscript{5} Paul Kelton, \textit{Epidemics and Enslavement: Biological Catastrophe in the Native Southeast, 1492-1715} (Lincoln, NE: University of Nebraska Press, 2007), xviii.
numbers at 3,800 people. Not until the 1750s would South Carolina’s white population begin to grow significantly, and most of this increase would occur in the backcountry as Scots-Irish and German immigrants migrated down the eastern side of the Appalachian Mountains from Pennsylvania. Since planters occupied the best coastal land, any poor Europeans arriving in Charles Town also moved inland as soon as possible. The later rise in South Carolina’s white population was the result of inland immigration rather than the product of decreased rates of disease along the coast.  

Most of the population increase on the coast came from the forced immigration of African slaves. Wood’s study establishes population estimations for South Carolina from 1685 to 1790 for white, black, and Indian populations in the state, and his work demonstrates South Carolina’s investment in slavery. South Carolina was the only mainland British colony with a slave majority, and the institution was present from the colony’s inception. In the late seventeenth century, settlers from Barbados arrived in a young South Carolina colony to replicate the Caribbean plantation model. These planters took advantage of a headright grant of “at least 50 acres for themselves and every free or enslaved dependent when they arrived,” as well as cheap prices for additional land, to quickly acquire large tracks and begin producing commodities for the West Indies and Britain.  

Indians comprised the fastest-growing portion of the enslaved until the Yamasee War, when the decrease in the supply of Native American slaves led South Carolinians to invest more heavily in African slaves. After 1715, blacks outnumbered

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whites in South Carolina by a ratio of two to one, with over one hundred thousand
Africans enslaved in the colony at the time of the Revolution. Most of this enslaved
population was forced to work on rice plantations, which were built in the most disease-
prone areas of the colony.

Enterprising planters had experimented with many crops until the realization in
the 1690s that the mosquito-ridden marshlands, initially regarded as useless for farming,
were ideal for rice planting. Max Edelson’s *Plantation Culture in Colonial South
Carolina* traces the formation of these plantations from their humble origins at the
founding of the colony to their massive transformation of the Lowcountry’s physical and
social landscape by the mid-eighteenth century. Great plantations grew up as white
overseers managed large teams of slaves and transformed the Lowcountry landscape into
vast fields with extensive irrigation systems. As Wood notes, with this transformation
South Carolina was altered into a predominantly African society dominated by a small
white planter class. Standing in water for most of the day, slaves endured abysmal
working conditions in the irrigation ditches and rice fields. These swampy grounds were
ideal breeding grounds for mosquitoes and the illnesses carried by them. A captive labor
force ensured that mosquitoes had many hosts to pass along their deadly diseases. Aware
of the connection between the rice fields and disease, if not of the exact cause of
mosquito-borne illnesses, most whites stayed as far away as possible from their
plantations, theorizing all the while that Africans had a greater capacity to endure the

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8 Peter Wood, “Changing Population,” 70-76.
conditions of the fields than whites. This ideology complemented their economic agenda since African slaves were also the cheapest source of labor.  

Edelson insists that the image of a Lowcountry planter on one large plantation personally overseeing hundreds of slaves did not exist in reality. More accurately, planters in the colonial Lowcountry managed their vast holdings from either one central plantation close to Charles Town or from a home in the city. Overseers managed the outlying plantations. Direct oversight of slaves by planters did occur in what Edelson calls the core plantation region around Charleston and the city itself, but planters were largely removed from the brutal realities of the slave labor that made their lives possible. Robert Olwell’s Masters, Slaves, and Subjects also claims that the distance masters established between themselves and the majority of their subjects assisted in the relegation of slaves to replaceable chattel. This perception of slaves as chattel likely explains why masters were not overly concerned with how disease affected their labor force, but like Edelson, Olwell does not discuss such a possibility.

Historians’ discussions of slavery and disease have mostly focused on the high rate sickle cell anemia among slaves from West Africa and the protection from malaria that this condition gave them. Historians of slavery even neglect smallpox, though many slaves died of it. Ira Berlin does note in his study of African American slave society that “as long as the slave trade remained open, [masters] skimped on food, clothing, and medical attention for their slaves, knowing full well that substitutes could be easily

10 Ibid., 169-71.  
11 Ibid., 129.  
These harsh characteristics of chattel slavery combined with high rates of disease left the slave population continuously reeling from sickness and death.

Edelson asserts that Britons looked upon South Carolina as more like the West Indies than the other mainland colonies due to the ever-present slave population and staple crop production. However, the colony had other similar features to the Caribbean that the British recognized. Hot climates and marshlands were associated with the fevers that continuously plagued the island colonies, and the summer climate of South Carolina, combined with its marshes and swamps, meant that Carolina eerily resembled West Indian hotbeds of disease. From prior experience in the West Indies, the British knew to be wary of tropical environments. Although colonists could not identify exactly what caused debilitating fevers in these areas, they did know that living in tropical environments meant contending with a plethora of diseases not found in England, the most deadly of which were yellow fever and malaria.\(^\text{14}\)

The first settlers from Barbados quickly recognized the similarities in the physical and disease environment between South Carolina and the Caribbean. Although the economy and population of South Carolina are often connected to the Caribbean colonies, historians more rarely connect the colony to the disease sphere of the island colonies. J.R. McNeil’s study of malaria and yellow fever in the Caribbean, *Mosquito Empires*, discusses the causes these diseases and their effect on population centers and imperial politics. The island populations in his study struggled and dealt with the illnesses

\(^{14}\) Ibid., 267.
in a similar manner to colonists in South Carolina. Seasoning was a major factor in the reluctance of whites to move to the islands, just as it was in South Carolina. Malaria and yellow fever frequently struck the islands and caused the deaths of many. While McNeil’s mention of disease in South Carolina is brief, his study indicates that we should consider South Carolina’s disease environment as one end of a continuum centered in the Caribbean rather than as the southern end of the North American mainland colonies.15

Though the climate of South Carolina is cooler than the Caribbean during the winter, it can be just as hot and humid during the summer growing season. Karen Ordahl Kupperman’s “Fear of Hot Climates” is the best study of how early South Carolinians viewed their environment. Looking at the colonists’ theory of the connection between climate and disease, Kupperman establishes how early modern ideas of environment affected the development of society. “The diseases of hot countries,” she writes, “were thought to be bred by the ‘intemperate and pestilent’ air.” Well into the eighteenth century, “inhabitants of the southern mainland and the West Indies continued to think of their regions as less healthy, less apt to produce robust people because of high heat and humidity.” Since colonists thought cool air could combat the bad, hot vapors that caused fevers, South Carolinians believed that the ocean breezes around Charles Town made the city safer than other areas of the colony. Nevertheless, people also associated the sun with flourishing crops and rich minerals; consequently, many risked the dangers of still, hot environments in their search for wealth.16

For most of the colonial period, yellow fever was one of the most deadly threats to health along the coast. An early examination of this illness in South Carolina is found in John Duffy’s “Yellow Fever in Colonial Charleston,” which looks at the emergence of this disease in the 1690s. Mosquitoes carrying the disease arrived in the Charles Town onboard ships from the West Indies. Malaria then began infecting people throughout the swamplands, killing between twelve to eighty percent of the people it infected. Duffy does not discuss the social ramifications of this disease, but he does cover the major outbreaks of it in Charles Town, which occurred about every five years. Yellow fever could be misidentified as any one of many other fevers and agues that abounded in the colonial South, but the term “pestilential fevers” was often used to indicate fevers accompanied by vomiting, a symptom of yellow fever. Though the disease mysteriously disappeared from the continent in the 1760s before returning in the 1790s, a widespread fear of yellow fever existed for most of the century. Colonists did not know that mosquitoes carried the infection and saw its deadly infliction along the coast as striking randomly from a plethora of potential causes.¹⁷

Another mosquito-borne illness, malaria, also took a deadly toll on South Carolinians. H. Roy Merrens’ and George D. Terry’s “Dying in Paradise” investigates how environmental perceptions prevented colonists from taking necessary precautions to avoid the illness. The mild climate in South Carolina led colonists initially to consider the Lowcountry a paradise. Settlers who built homes near lowland swamps were then surprised to find that many people died within a few years of arrival. Using reports from missionaries of the Society for the Propagation of the Gospel and records from Christ

Church and St. John’s parishes, Merrens and Terry determined the mortality rates for the counties and observed that children were the most susceptible to malaria, particularly between August and November. According to their study, “ninety percent of all children in Christ Church who died between birth and their first birthday did so during this four-month period.” Malaria’s perpetual presence in the colony continuously devastated South Carolina’s most vulnerable population group, who had not yet build up immunity to the infection.

Surviving childhood in South Carolina provided some measure of immunity to disease, although the fear of early death would always be present. For adult immigrants who survived their first several years in the colony, the odds of surviving subsequent bouts of illness also increased. Yet many immigrants never lived long enough to acquire even minimal immunity to yellow fever or malaria. Peter Coclanis calculated the death rate of Charles Town in from 1722-1732 to be, on average, two to three times greater than in Europe. In 1732, the mortality rate of 150 deaths per 1,000 was five times greater. By estimating the total population and extrapolating the mean quantity of deaths in the St. Philip’s Parish register, Coclanis was able to establish that Charles Town’s mortality rates were extremely high, even though the colonists regarded it as the healthiest location along the coast.

Determined to escape the summer and fall fevers, planters congregated in Charles Town during these seasons, and a thriving social scene soon emerged. “Dining and dancing, music and theatre” drew the attention of Charles Town’s elites. They hired

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music teachers, dancing instructors, and French tutors to round out their cultural accomplishments, and elaborate balls followed the theater and music productions that took place during the summer and fall social season. Carl Bridenbaugh’s analysis of the city does not explicitly state that the social season corresponded with patterns of disease, but the connection is clear.\textsuperscript{20} Olwell also mentions that architects in Charles Town were kept busy building Georgian homes for these planters, but Olwell does not make the connection between these fine second homes in Charles Town and the desire to escape disease on the plantations.\textsuperscript{21} Such ornate homes might not have been built in and around the city if the outlying rice plantations had been healthy enough to live on year-round.

Charles Town was never completely free from disease, even if it was away from the rice fields, but the treatment of those who became ill has not been comprehensively examined. William Mylne and other Carolina residents repeatedly mentioned in their journals how they, their families, and their friends endured the seasonal sicknesses, as well as what measures they took to avoid becoming ill. A few doctors in the colonial era, such as Dr. Lionel Chambers, published advice on how to best treat or prevent illness, and pamphlet writers also offered their observations on how to avoid fevers. The fear of early death by disease was ever-present and affected all of society in colonial South Carolina as people attempted to avoid illnesses or cure their present ailments.

To date, no scholar has comprehensively looked at the affect of disease in South Carolina. A few studies have looked at particular episodes, but none have studied the major threats of malaria, yellow fever, and smallpox in South Carolina for their larger

\textsuperscript{21} Robert Olwell, \textit{Masters, Slaves}, 184.
impact. Disease shaped not only the physical and demographic landscape of colonial South Carolina, but influenced the development of Charles Town society. From the founding of the colony to the dawn of the Revolution, only slavery shaped Lowcountry society more than disease.
Chapter 1
“‘They who want to die quickly, go to Carolina:’
Conflicting Reports and Conflicting Theories

“There is, in the Spring of the Year, a Fever and Ague seizes many that are settled on the lowest Marsh Land, especially when they are new Comers into the Country, which is commonly call a Seasoning to them; after which, if their Habitations is on dry healthy Land, they are, generally, very healthful, if temperate.”

These were the remarks of J. Freeman, a fictitious settler of South Carolina who appeared in a 1712 promotional pamphlet written by John Norris that encouraged other Englishmen to migrate to the colony. More than any other commentary, these words illustrate the colonial understanding of how and why disease struck the Lowcountry’s residents. South Carolina had developed a reputation for being unhealthy. Acclimating to the disease environment, or dying from it, was a harsh reality of life in South Carolina. Even after the colony’s white population began to grow naturally, creoles (or native born Americans) would still

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struggle with bouts of fevers, smallpox, and malaria. Colonists had many theories as to why fevers struck during the summer and fall months and why they were so perilous to newcomers. Their writings attempted to identify the causes of their misery and explain how the warmer climate of South Carolina affected their health.

Although the high mortality rate of South Carolina was well-known from the time of the colony’s founding, most promotional pamphlets were not as candid as the one written by Norris. These brochures discussed all manner of life in the colony and usually sold in London or other large cities in Europe as propaganda, as recruitment devices. Bias was inherent in their publication. In the early days of the colony, perceptions of disease could be just as persuasive to prospective immigrants as actual death rates, and proprietors struggled to present a favorable image of the colony. The pamphlets often promoted a vision of South Carolina as a healthy colony, with the immigrant having little to worry about in the way of disease. Thomas Ashe told his readers in 1682 that the few instances of fever and ague settlers had encountered lasted only a short while and were “never fatal.”

Likewise, Samuel Wilson wrote an equally flattering version of the colonists’ health on behalf of the Lords Proprietors. He declared that no one had yet died in the colony except a man who was seventy-five years old. The air, he told his readers, was so clean that men were stronger, women more fertile, and children more happy in South Carolina than in England. The weather was not as hot as Virginia or other northern colonies, and the climate was so “exceedingly healthy” that those suffering from

consumption in England had been cured just by moving to the colony.\textsuperscript{24} The prior governor of South Carolina, John Archdale, also claimed that the environment was “very healthy in its natural Temperament” in a description of the colony printed in England in 1707.\textsuperscript{25}

Colonists quickly came to realize that these visions of mild weather and good health were illusionary. Diseases such as malaria and yellow fever thrived in the semi-tropical swamps of South Carolina, just as they did in the tropical climate of England’s Caribbean colonies. As J.R. McNeil discusses in his study \textit{Mosquito Empires}, colonists in both areas struggled with malaria until well into the nineteenth century. According to Darrett B. Rutman and Anita H. Rutman, circumstantial evidence suggests malaria periodically ventured even as high as the Chesapeake Bay to torment colonists.\textsuperscript{26} Mosquito-borne illnesses were rare in the British Isles and thus colonists’ immunities to them were low.\textsuperscript{27} Charles Woodmason recorded in August of 1766 from Charles Town, “A dangerous Fever in the Place carries off 8 to 10 persons ev’ry Day… Multitudes of New Imported Irish People die daily.”\textsuperscript{28} Some promotional brochures did subtly

acknowledge the struggles of arriving settlers, however, as in Norris’ admittance of a seasoning time.

Seasoning was understood to mean surviving the fevers and building up some immunity to them, usually over the course of several years. Since smallpox was not unique to South Carolina or other warmer climates, writers did not mention the illness when discussing seasoning. Mary Stafford wrote to England in 1711 that her husband’s initial seasoning entailed two months of fever.²⁹ However, enduring the time of seasoning or growing up in the colony meant that one carried malarial parasites in their bloodstreams, making the transfer of the illness to newcomers an easy task for the swarms of mosquitoes that populated coastal South Carolina. While the presence of malaria remained constant, smallpox and the mosquito-borne illness yellow fever typically occurred in periodic waves. So many settlers perished from these ailments that it was not until the 1770s that Charles Town was able to sustain its population naturally. Those who were born in the colony and survived childhood usually carried resistance to the diseases, though they too could experience a less deadly strain of the fevers.³⁰ As William Mylne wrote in the 1770s, “there were numbers of people sick of the same disorder. I don’t think much of me having it as strangers, first or last, are subject to it and it is what they call a seasoning to the country.”³¹

Thomas Newnam, a minister with the Society for the Propagation of the Gospel in Foreign Parts (SPGFP), arrived in South Carolina with his family in the late summer of

1723 only for them to take ill with the fever and ague. The Newnam family survived their initial seasoning, but others were not so fortunate.\textsuperscript{32} While officiating at St. Andrews Church in Charles Town in the summer and fall of 1766, Woodmason commented that “as this Country ever was the Grave of the Clergy, it has been bitterly so this Summer.” He recorded the deaths of nine ministers and the deaths of many of their family members as well.\textsuperscript{33} Bradford J. Wood’s study of SPGFP missionaries in South Carolina reveals that sixty percent of them died in the colony, most within the first several years of service. Those who managed to quit before their time came due frequently cited poor health as the reason for their return to England.\textsuperscript{34} Missionary Thomas Hasell reported from the colony that “the sicklyness of ye climate…will discourage clergymen from coming here.”\textsuperscript{35}

The virulent landscape also posed a risk to the security of the colony, as Joseph Boone and Richard Beresford admitted in a report to the Council of Trade and Plantations. In 1716, one hundred and thirty men were recruited into the colonial militia, most of whom were indentured servants who had recently landed in South Carolina from England and Ireland. These men enlisted in the militia very soon after their arrival because officials offered money to their masters in exchange for the use of their servants as soldiers during the Yamasee War. Boone and Beresford wrote that “coming to Carolina unseasoned to America many of them fell sick, and were inteirely

\textsuperscript{32} Thomas Newnam to the Secretary, May 9, 1723, S.P.G.F.P. Records, B 4, Pt. 1, 23.
\textsuperscript{33} Charles Woodmason, \textit{The Carolina Backcountry}, 85.
\textsuperscript{34} Bradford J. Wood, “‘A Constant Attendance on God’s Altar’: Death, Disease, and the Anglican Church in Colonial South Carolina, 1706-1750” \textit{The South Carolina Historical Magazine}, Vol. 100, No. 3, (July 1999), 207.
unserviceable.” After eight months, the useless, ill recruits were sent back to their masters.36

In a 1710 promotional pamphlet, Thomas Nairne also mentioned acclimation, but he offered several suggestions to avoid getting sick in the first place. Nairne believed September was the ideal time to arrive in South Carolina, “for then they have eight Months moderate Weather, before the Heat comes.”37 Peter Purry, writing to encourage Swiss settlers to come to the colony, admitted that some people called the land “feverish and unhealthy.” However, Purry blamed this reputation on the poor morals of the colonists, whom he characterized as drunk and greedy, instead of acknowledging the potential dangers and discussing manners to combat them. Both authors focused on the prospects of growing rich in South Carolina, on the “pleasant weather,” and the “clean and fine air.”38

Reports of a healthy and mild climate may have been likely to appear in early official published reports, but in reality, South Carolina’s climate was much more severe. Even the governor of the colony, James Glen, acknowledged that there are “no people upon Earth who, I think can suffer such extremes of Heat and Cold.” He set out to prove his claim by recording the temperatures, barometric pressure, winds, and rainfall between 1737 and 1748, and comparing the difference to the cooler weather English colonists

were used to at home in England. On average, Glen found the difference between the temperatures in England and the temperatures in the colony to be eighteen degrees. He concluded the air in South Carolina during the summer was “many Degrees hotter than the Human Blood.”

Summer in South Carolina can be brutally hot with temperatures often above ninety degrees Fahrenheit from late spring to early fall, something travelers’ accounts discussed at length. “The 'dog days' are very hot from ten in the morning to four in the afternoon,” wrote Moses Lopez, a Portuguese ship captain who sailed into the Charles Town port in 1764. This period of heat in the middle of the day caused Mylne to proclaim that traveling during this time of day in the summer was unwise and detrimental to a person’s health. He blamed a fever he acquired on his having been forced to travel to a plantation mid-day instead of in the cool of the evening.

Others believed that the cool evenings and warm days of fall could be the cause of epidemics. Stephen Rose, a missionary for the SPGFP, determined his fevers that began in August and continued through the fall were caused by “sudden Changes of ye Climate.” Variations between the two extremes were considered unhealthy for the body. Dr. Lionel Chalmers wrote a whole chapter in An Account of the Weather and Diseases of South Carolina on the dangers caused by such varying temperatures. He believed the fall season was especially unhealthy and dangerous because the daytime and

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42 Stephen Roe to the Secretary, St. George's, S. C., December, 1738, SPGFP Records, B 7, Pt. 1, p. 246.
nighttime temperatures could rise and fall by twenty degrees or more, causing the solids and liquids in the body to be constantly constricting and relaxing. Therefore, “it is no wonder if diseases should then be common.”

In the seventeenth and eighteenth century, doctors still practiced medicine under the guidance of humoral theory. This understanding of the body maintained that each climate necessitated a different balance of blood, yellow bile, black bile, and phlegm. According to this thinking, when settlers arrived in a new climate the four humors of the body shifted as the body acclimated to the strange environment. The blood of someone from the north, for example, had to grow thinner when they moved south. This process was assumed to be potentially deadly, and several doctors in South Carolina sought to understand why. Dr. George Milligen-Johnston, practicing medicine in Charles Town in the 1750s, proposed that the heat of the Carolina summers “dispose[d] the humours to putrefaction.” The severity of heat in the summer consequently caused more or less decay of the blood and correlated to the severity of the fever epidemics.

In 1742, Dr. John Lining undertook an experiment in order to understand why people were more likely to be ill in the fall than at other times of the year. Every day for a year, Lining weighed himself and attempted to measure his perspiration and excretions. He determined that more perspiration and urination occurred during the fall, which

required more hydration. This increase in water intake would cause the vessels to dilate, and the body would then be unable to block the rising “gobules or particles” of bile that led to fever.\textsuperscript{46} Similarly, Dr. Lionel Chalmers also blamed periodic fevers on an imbalance of humors, although he believed an “acrimonious humor” caused them as burning skin and sweating were symptoms.\textsuperscript{47}

Although the extremes of heat and the danger of disease were always a threat, colonists continued to come to South Carolina in search of wealth. As Kupperman suggests, “the great heat of the summer was seen as the source of American abundance.” Flourishing crops and rich minerals were associated with the sun, and therefore settlers continued to regard the southern colonies and the Caribbean as attractive settlements.\textsuperscript{48} However, since health risks were present, colonists endeavored to discover the causes and cures of these diseases.

Since the settling of South Carolina, colonists had known that malaria and yellow fever typically occurred at the hottest time of the year. Johnston commented, “The Summer Diseases begin commonly in July and disappear about Christmas.”\textsuperscript{49} Thomas Ashe cited July and August as the beginning of the sickly season, and Captain Johann Hinrichs, a Hessian Officer serving in South Carolina, echoed this belief. He wrote, “June, July, August, and September are unhealthy and frequently fatal to foreigners because of the excessive heat, suffocating electric storms, and damp nights pregnant with

\textsuperscript{47} Lionel Chalmers, \textit{An Account of the Weather and Diseases of South-Carolina}, Vol. 2 (London: Edward and Charles Dilly, 1774), 7-9.
\textsuperscript{49} George Milligen-Johnston, \textit{A Short Description}, 493.
fetid fogs.” Such an environment, he stated, “is not suitable to the needs of the human body.” Most of the fevers struck people during this time of the year when rainfall was more plentiful and temperatures still hot. The wet ground made the perfect breeding environment for mosquitoes, the carriers of most of the fevers.

Colonists believed standing water to be a threat, though they missed the connection between the insects that bred in these waters and illness. Woodmason believed that more people came down with the fever and ague in 1766 because of the excessive amount of rain that occurred in the late spring and early summer. But as early as 1682, Samuel Wilson observed that those who settled near the wet marshlands were the most likely to be “subject to Agues.” John Tobler later warned his Swiss readers against settling too near the swamps of the coasts, mentioning that although some planters built plantations here the areas were considered unwholesome. Upon visiting Newburn, North Carolina, William Mylne commented in 1775 on how much healthier the town was than Charles Town. According to Mylne, “It is much like Charlestown with regard to situation but has the advantage in not having those nasty marshes nigh it which is so prejudicial to the health of the inhabitants of the other.”

As Karen Ordahl Kupperman has suggested, early Carolina settlers also knew to be wary of the colony based upon its air, believing the hot vapors carried fevers.

Milligen-Johnston recorded his observation that standing water in marshlands and ditches

51 Charles Woodmason, The Carolina Backcountry, 84.
52 Samuel Wilson, An Account of the Province, 169.
54 William Mylne, Letters of William Mylne, 67.
contributed to the “offensive smell” in the countryside, which he noticed was also found in the homes of those “sweating in feavers.” Rather smugly, he recorded that those living near the rice fields were more interested in acquiring wealth than remaining healthy, for he could not understand why any person would build a home next to the stagnant waters of the rice fields.\footnote{George Milligen-Johnston, \textit{A Description of South Carolina} (London: Printed for R. and J. Dodsley in Pall-Mall, 1761) in Chapman J. Milling, ed., \textit{Colonial South Carolina: Two Contemporary Descriptions} (Columbia: University of South Carolina, 1951), 105. George Milligen-Johnston, \textit{A Short Description}, 493.} This water was a source of bad air, another supposed contributor to disease. The hot weather caused moisture from the stagnant water to evaporate and the offensive vapors to invade the air. This “corruption of the atmosphere is from imperfect ventilation,” wrote Milligen-Johnston, “there being no hills to receive the winds.” In his opinion, though the summer and fall fevers struck people with varying degrees of severity, the fevers were “of the same nature, and proceed from the same cause, viz. heat and moisture.”\footnote{George Milligen-Johnston, \textit{A Short Description}, 492.}

Some settlers such as Pelatiah Webster, Charles Woodmason, and John Tobler made a connection between poor drinking water and bad health. Woodmason wrote that there were no good springs present near Charles Town, and he described the drinking water in the city as “very bad.” Tobler described the wells around Charles Town and the coast as salty and declared that “one can no longer drink this water without danger.”\footnote{John Tobler, “John Tobler’s Description,” 147.} Instead of water, locals advised drinking alcoholic beverages. Benjamin West, settled on
a plantation just outside Charles Town, was skeptical. “They tell me I can't possibly live in Carolina unless I will drink grog,” he explained, “but I will try the experiment.”

In contrast to those who proposed that poor drinking water caused disease, Peter Purry believed the unhealthy conditions existed because of excessive drinking. He explained, “Debauches made by Punch, strong Madera Wines, and the eating unripe Fruits, is the real source of the Sickness there.” John Archdale discussed intemperance as a cause of the colonists’ “Feaver and Agues,” and when writing to prospective investors and settlers, Thomas Ashe also mentioned strong drink as an instigator of disease. Drunkenness as a cause of fever was a theory that resonated with Milligen-Johnston for a scientific reason. He believed that drinking liquors excessively caused the body temperature to rise and thus brought on illness.

Overall, colonists connected disease to humid lowlands with stagnant water and the heat of the summer and fall. They were less able, however, to make the final connection between the mosquitoes that flourished in such an environment and the deadly fevers these pests passed along to their hosts. George Ogilvie, a planter, commented on how the “swarms of Muskitoes are drawing Blood at every Pore” and declared that the plantation he was building would be habitable only in the seasons when these pests were inactive. Margaret Kent attempted to describe the pests to her mother living in England. “We have no Fleas in all the Province but a very Troublesom sort of Insect which they

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59 Peter Purry, *A Description of the Province*, 135-6.
call Muschatoes and are the same with out Gnats so that all the Hott Months we are forc’d to use Pavillions Made of Catgut Gause.”

Colonists recognized that mosquitoes were worse in the warm months of the year. They also knew that disease was more frequent at this time of year. Lord Adam Gordon, who traveled in South Carolina with the British Army from 1764-1765 and recorded his observations of the colony, almost put all the factors in place. He wrote, "In general what part of South Carolina is planted, is counted unhealthy, owing to the Rice-dams and Swamps, which as they occasion a great quantity of Stagnated water in Summer, never fails to increase the Number of Insects, and to produce fall fevers and Agues, dry gripes and other disorders.” Although this antidote did not necessarily place the blame on mosquitoes, it did recognize that the insects multiplied in the presence of stagnant water during hot weather.

In 1707, Archdale added one more theory as to why South Carolina was particularly struck by plagues of fever, ague, and smallpox. He postulated that the diseases were “brought from the Southern Colonies, by Vessles coming to the Town.” Charles Town was the largest port town in the southern North American colonies, but Tobler placed the blame more directly a particular kind of import, “Blackamoor slaves, on whose arrival often yellow fever, smallpox, and other diseases follow.” Later, this theory would be given full credence. A quarantine station for the sick passengers of

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66 John Tobler, “John Tobler’s Description,” 146.
incoming ships was set up on an island outside of Charles Town. Scholars such as John Duffy believe that yellow fever did in fact arrive from Africa, but by the time Charles Town was settled, it had been present in the Caribbean for several decades.\textsuperscript{67} Any ship trading between Charles Town and the Caribbean could introduce an epidemic of yellow fever or smallpox. Malaria, by contrast, was present year round.

Most pamphlets promoting South Carolina’s fertile soil, mild climate, and healthy environment downplayed the reality of adjusting to its new disease environment. While seasoning did not necessarily mean death, many of the colonists who came to the colony did die of yellow fever and malaria, diseases they had likely never encountered in Europe. Colonists died of smallpox as well, but since this affliction was common in Europe, the causes of its episodes were less likely to be explored in the reports and journals of the colonial period than the possible culprits of the fevers. Colonists cited poor air, stagnant water, differences in climate, heat, incoming ships, and even intemperance as possible reasons why fevers hit during the summer and fall. Although some people hinted that insects were a problem, colonists never fully understood that the hot weather and stagnant water they feared made an ideal breeding environment for the mosquitoes that transferred the diseases between settlers. South Carolinians knew to be wary of the fall and summer, however; and how they choose to prevent and treat the inevitable periods of diseases followed from their limited understanding of why such illnesses occurred.

Chapter 2
“Till Nature gets the better of the Disease, or Death relieves You:”
Treating and Preventing Smallpox and Fevers

Although colonists did not know the role of mosquitoes in the transmission of malaria and yellow fever, they developed many other theories to help them understand the disease environment of South Carolina. Slave ships, fetid air, stagnant water, and excessive heat were all considered possible causes of the summer and fall fevers, and South Carolinians attempted to prevent and treat the inevitable periods of disease based upon these hypotheses. Residents established quarantines, avoided the marshlands, and those who could afford to leave traveled for the North during the summer or fall months. Yet even those wealthy enough to leave their country residences for Charles Town during the sick months, or to leave Carolina altogether, could not completely escape the risk of smallpox or an unseasonal plague of the fevers. Sickness was all but omnipresent during the colonial period, and its treatment and prevention were of nearly constant concern to the colonists. The medical field was experimenting with new procedures like inoculation, but doctors also relied upon the trusted, traditional treatments of Jesuit’s Bark and
bleeding. Other methods of managing disease, such as eating spider webs or drinking rum, were based more upon folk remedies. South Carolinians were willing to try almost anything to help alleviate their suffering and prevent the repeated bouts of fever and smallpox.

Yellow fever made its first appearance in South Carolina in 1699. Mosquitoes onboard merchant ships from the Caribbean carried the disease first to Charles Town, and from there it quickly spread along the coast. Following the initial plague of the fever, a series of epidemics hit the Lowcountry in 1711, 1728, 1732, 1739, 1745, 1748, 1755, and 1761; but after 1761, yellow fever inexplicably did not reappear in Chares Town until the 1790s. 68 Although the 1760s and 1770s were free of yellow fever, its previous attacks were especially deadly. J.R. McNeill estimated in his study of mosquito-borne illnesses in the greater Caribbean that before the twentieth century, a mortality rate of eighty-five percent was average for those who contracted yellow fever. Today, there is still no known cure for the disease. 69

In its early stages, yellow fever is easily confused with malaria because it too begins with high fever and muscular pain. After a few days, these initial symptoms begin to go away and, if the symptoms do not reappear, the patient usually fully recovers. However, if the symptoms reoccur a day later, the results are typically deadly. Yellow fever obtained its name because at this stage of the disease, jaundice, a yellowing of the skin, typically sets in. Internal organs also start to hemorrhage, blood begins to seep out of the nose and ears, and often the victim experiences the “black vomit,” throwing up

blood which has partially coagulated. Soon after the black vomit appears, the patient usually falls into a coma and dies. Patients are likely to be ill for two weeks before finally succumbing to yellow fever.\textsuperscript{70}

Malaria had a constant presence in the colony and usually struck residents during the summer and fall months when humidity and temperatures were high. Colonists commonly referred to the disease as the fever and ague because of its accompanying symptoms, which consisted of fever and chills. Peter Kalm described the disease extensively for his readers in Sweden:

    No disease is more common here than that which the English call ‘fever and ague,’ which is intermittent or recurrent…. It generally begins with a headache followed by chills and fever. Often the chill is so great that both the patient, the bed upon which he lies, and everything else, shakes violently. During the fever, and also between the intervals of it, the afflicted one has a severe headache and also occasionally, during the fever, a pain under his heart.\textsuperscript{71}

People could be sick for weeks or even months with the fever and ague before finally succumbing or making a full recovery.

Unlike malaria, smallpox only periodically struck the Carolina coast in large-scale epidemics. Devastating outbreaks struck the Lowcountry in 1698, 1711-2, 1718, 1738, 1760, 1763, and 1778-9, leaving residents ever fearful of the next epidemic.\textsuperscript{72}

Faced with a smallpox outbreak in addition to yellow fever and malaria in 1711, Gideon Johnston wrote to the secretaries of the Society for the Propagation of the Gospel of Charles Town’s particularly harsh struggles with disease that year. "Never was there a more sickly or fatall season than this for the small Pox, Pestilential feavers, Pleurisies and

\textsuperscript{70} Ibid.
\textsuperscript{72} John Duffy, \textit{Epidemics in Colonial America} (Baton Rouge: Louisiana State University Press, 1972), 68-95.
flux’s have destroyed great numbers,” lamented Johnston. Years later, residents were still wary of the next wave of smallpox. A letter published in Boston related the frustrations of South Carolinians to colonists in Massachusetts and accused new immigrants to Charles Town from the Palatines of having “brought the Small-Pox with them, which put the Inhabitants into very great Consternation, that Distemper not having spread among them for 17 years.”

Smallpox is very contagious and bodily fluid is the main mode of transmission. Droplets in the air can infect other persons, as can dry particles of scabs or fluid. However, the virus can also live for weeks without a human host, making objects such as blankets or clothes dangerous long after their contact with the infected person. After an incubation period of about two weeks, the smallpox variola virus begins with a high fever, and symptoms closely resemble the flu with headache, vomiting, and body aches. By the fourth day, the fever rises higher and small sores begin to appear on the victim’s mucous membranes, at which point the patient is highly contagious. A rash of sores then moves to cover more of the body, focusing on areas such as the soles of the feet and hands, the back, face, and forearms. Most sores ooze and present a foul odor. Patients who also hemorrhage internally at this stage die quickly. Others soon die of dehydration from sores filling up their throats and make drinking painful and difficult. Victims who perish typically die during days ten to sixteen.

Those who linger develop scabs on the sores, which fall off after another two weeks or so of suffering. From start to finish, smallpox lasts about a month, but the

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73 Johnston to the Secretary, S. C., November 16, 1711, A 7, pp. 383-84.
victims remain contagious until the last of the scabs fall off. People who survive become immune for life, and scars from the sores, called pockmarks, leave lifelong reminders of the ordeal on survivors. With symptoms so miserable and contagious, it is no wonder neighbors were so loath to be near those who were ill of smallpox. 76

Germs had not yet been discovered by the colonial period, but the phenomenon of an infected person transmitting the disease to an uninfected person was understood. John Tobler, in reference to Charles Town’s quarantine station, wrote “so that the spread of such diseases may be prevented as far as possible, a house has been built on a small island in the harbor, in which infected persons must stay, who, until they are well, are not permitted to come into the city.” 77 No one else lived on the island except the sick and a few caregivers. By 1744, all slave ships arriving in the colony were required to stop at the island and have their human cargo inspected for signs of disease. An estimated eighty-nine thousand slaves landed on Sullivan’s Island and/or endured quarantine there between 1707 and 1775. 78

In June 1765 Pelatiah Webster observed the dismal conditions at the station. Describing the island as “very sandy, hot, and barren,” with a few groves of trees for shade, he believed about two to three hundred slaves were held there with smallpox when he visited. Only one “pest-house” was located at the quarantine station, but what Webster criticized was not the inadequate facilities for slaves but the decision to force a poor infected white man to stay at the same place. To separate himself from the Africans, the

76 Ibid., 16-20.
78 Jamie W. Moore and Dorothy Perrin Moore, Island in the Storm (Charleston: History Press, 2006), 19.
man had anchored a boat close to shore and was lying ill in it alone under an awning, which Webster described as a “most moving sight.”

Slave ships were the most likely vessels to be targeted for quarantine on Sullivan’s Island, although other ships carrying ill passengers were stopped as well. When Alexander Chesney immigrated to South Carolina from England, his ship was also forced into quarantine on Sullivan's Island when the surgeon on board reported to officials at port that some of the crew and passengers on the ship had smallpox. According to Chesney, the governor, Lord George Granville Montagu, issued an order to keep the ship out in the bay for at least three weeks, but seven weeks passed before the ship was given permission to dock at port. During the interim, the sick and recovering went back and forth from the ship to the quarantine station. “We had a large house during the Quarantine allowed for the sick on Sullivan's Isle, which was kept for the purpose of a hospital; one Robinson has a salary from the government for living there.”

When smallpox did strike on land, people went to great lengths to keep it from spreading. If possible, victims were buried deep in the ground. Governor James Glen advised burning down the homes and burning the clothes of those who died from the disease. Dr. George Milligen-Johnston, however, believed this method was a mistake. "In my opinion, it hurried the Disease among us, by the Smoke driving the infectious

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particles towards us," he stated. 81 To support his opinion, Milligen-Johnston used the opinion of another physician, Richard Mead, who wrote in an earlier essay of the death of a patient and the subsequent burning of the victim's home. Several days after the home was burned, he recorded that eight people who lived in the direction of the smoke also came down with smallpox. According to Mead, heat was the main distributor of the illness and in general “so diffusive of Contagion.” 82

During smallpox plagues, Charles Town residents established hospitals for the city’s sick. Usually these were small enterprises. While the overseeing doctor originally told Eliza Lucas Pinckney to expect upwards of two hundreds patients, the hospital she oversaw contained only fifteen smallpox patients during the 1760 epidemic. Perhaps this number was more manageable for those giving the care, since Pinckney recorded that only one man died while under her watch. Less fortunate victims did not receive as much attention and treatment. Pinckney revealed that throughout the city “[m]any poor wretches in the beginning I believe died for want of proper nursing.” 83

Fear caused residents to isolate people sick with yellow fever or malaria in a similar manner to those who had smallpox. Charles Woodmason preached several sermons against the poor care given to the sick and recorded in his diary his dismay at the lack of concern his parishioners portrayed. “No Necessaries-Nurses, or Care in Sickness. You must lye till Nature gets the better of the Disease, or Death relieves You, Tis the

fashion of these People to abandon all Persons when Sick, instead of visiting them – so that a Stranger who has no Relatives or Connexions, is in a most Terrible Situation!"\textsuperscript{84}

To prevent the spread of disease, South Carolinians employed quarantines, but some were also willing to try preventative measures that were on the cutting edge of medical theory, especially with a technique to thwart smallpox known as inoculation. Inoculation was a technique similar to vaccination that involved placing a piece of infected scab in a small incision on an uninfected person. The inoculated patient came down with a less severe version of the disease, usually survived, and then possessed immunity from smallpox. Lady Mary Wortley Montagu is widely credited with legitimizing the procedure after having her daughter inoculated in April 1721 near London. Introduced to British North America by reports from the Royal Society of London, Dr. Zabdiel Boylston, with the support of Cotton Mather, attempted the earliest colonial inoculations in Boston during its 1721-22 smallpox epidemic.\textsuperscript{85}

The method was generally successful, producing a much lower death rate, but since smallpox only appeared periodically in colonial towns, officials were reluctant to permit the procedure in the absence of an outbreak, for fear of unnecessarily introducing the disease.\textsuperscript{86} Elizabeth Fenn reveals in her study of smallpox that Charles Town’s government imposed “a hefty fine of five hundred pounds on anyone giving or receiving

\textsuperscript{86} Ibid.
inoculation within two miles of the city.”

However, conditions in the city eventually forced a reconsideration of this policy. In 1738 an epidemic was raging in Charles Town after smallpox arrived on a trading ship. Upon the suggestion of a ship’s surgeon named Mr. Mowbray, Dr. James Kirkpatrick undertook to inoculate almost eight hundred persons against the disease. In 1743, he published in London the results of his experiments: only eight out of the eight hundred inoculated died. “Opposers of Inoculation, after all their learned Reasons and Suppositions against it, seem yet very rationally to wish for fuller Evidence,” acknowledged Kirkpatrick. It was his hope that “the many Instances of it he has seen and experienced may possibly add some little Light to the Matter; which, furnishing many with a rational Occasion of exerting their Candor, may terminate in the Security of Multitudes.”

With a thriving port and a steady influx of new slaves and immigrants, smallpox always had a large quantity of victims waiting in the Lowcountry, and inoculations in South Carolina continued during periods of severe epidemics. In 1760, newspapers reported that over 2,500 residents had been inoculated in Charles Town. The procedure was certainly not available to the whole populace, however. The cost was high for the doctor’s fee and the subsequent nursing care, and recovery still took several weeks for even the milder version of smallpox that inoculated patients contracted. Unfortunately, as Fenn asserts, the cost and time involved put inoculations out of the reach of much of

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87 Elizabeth Fenn, *Pox Americana*, 39.
the laboring poor. Masters did give some slaves the procedure, and a few doctors even specifically advertised that they inoculated slaves. Despite many people undergoing inoculation in the early 1760s, another epidemic of smallpox struck in 1763, indicating that the majority of the approximately ten thousand residents of Charles Town were still at risk.

Although colonists acquired immunity to smallpox after experiencing the disease once, malaria and yellow fever could be contracted over and over, especially by those new to the disease environment. Residents who were born in the colony and survived childhood usually carried resistance to the diseases, but they too could experience less deadly strains of the fevers. For immigrants, the probability of survival was much less and involved a period of acquiring immunity colonists referred to as seasoning. As J. R. McNeill and John Duffy attest, if a new resident survived malaria or yellow fever, a measure of resistance to the disease could be built up, though the process of seasoning usually occurred over the course of several years.

These “pestilential” fevers were initially treated like malaria and yellow fever, as the symptoms were similar. A high fever and muscle pain were present at the early stage of each disease, but a malaria victim would then develop chills, or, as the colonists referred to it, ague. Yellow fever patients eventually turned jaundice and vomited blood.

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91. Elizabeth Fenn, *Pox Americana*, 41.
The most popular drug for both fevers was derived from the cinchona tree in the Andes Mountains. First discovered by Andean healers, Jesuit missionaries brought the tree’s bark back to Europe in the mid-seventeenth century where it acquired the common name of Jesuit’s Bark. Although the bark was prescribed for both yellow fever and malaria, it was effective only against malaria. An alkaloid chemical in the bark, quinine, could kill the malarial parasites in a person’s red blood cells, although it could not reach those located in the liver. 96

Yet Jesuit’s Bark cured malaria only if the patient could keep down the drug. The bark was notoriously nauseating and bitter, and many patients could not stomach it. Accordingly, the administration of Jesuit’s Bark was referred to commonly as “taking a vomit” as well as “taking the bark.” 97 After three months of recurring fever and ague, William Mylne was desperate for relief but he recorded his frustrations with the cure and the doctors who administered it. “I must have doctors, hang them all, it was against my inclination to have any but my friends insisted, they stuffed me with Jesuits bark till my stomach revolted and threw it back.” The cost for the doctors and the drug took most of his cash and left him contemplating moving north to avoid another bout of the fever and ague. 98

Jesuit’s Bark arrived in South Carolina in powdered form. To make it more palatable, it was sometimes mixed with rum or brandy. “As it is upon the bark we must

principally depend for the cure of these fevers, it is necessary to get down as much as we can,” declared Lionel Chalmers, a Charles Town doctor.\textsuperscript{99} He therefore recommended mixing the drug with a few drops of mint or cinnamon oil. The medicine could not be sweetened too much, however, as Chalmers believed this dilution decreased its efficacy. Plain Jesuit’s Bark mixed with water was a more ideal treatment, but he thought the best method was to mix the drug with boiled gruel, a few drops of wine or brandy, and spices, let the concoction cool into a jelly, and serve it to the patient by the spoonful every few hours.\textsuperscript{100}

Once its healing qualities became well known, Jesuit’s Bark was taken as a preventative as well as prescribed as a cure. Arthur Middleton was one wealthy plantation owner who could afford the drug and employed it liberally among his family. He continued his two daughters, Hetty and Suky, on the bark well after their recovery from malaria.\textsuperscript{101} Yet the cost of the drug prohibited it from being a miracle cure for all colonists. Jesuit’s Bark was in short supply and expensive since it had to come from the Andes Mountains, and J.R. McNeill asserts that doctors exacerbated its shortages by using it against other diseases that it could not cure, such as yellow fever. It was sprinkled over bodies instead of being ingested, and Richard Towne, a physician in Barbados, even recommended using Jesuit’s Bark for treating hysterics. These treatments were useless to the patient and wasted the precious drug.\textsuperscript{102}

\textsuperscript{99} Lionel Chalmers, An Account of the Weather, 155.
\textsuperscript{100} Ibid, 154-6.
\textsuperscript{101} Arthur Middleton, “Correspondence,” 112.
\textsuperscript{102} Richard Towne, A Treatise of the Diseases Most frequent in the West-Indies, and particularly of those which occur in Barbados (London: Printed for John Clark, 1725), 171. J.R. McNeill, Mosquito Empires, 75.
Peter Kalm was more cautious in his evaluation of Jesuit’s Bark. If malaria had already weakened the subject or the bark was taken during a remittance of the symptoms, Kalm considered the bark useless and even suspected that using it in this manner contributed to pain and stiffness in the patient’s limbs. 103 John Tennent, however, observed in Virginia that what he called “Peruvian Bark” was most effective when given during the intermission of the fever. He advised Richard Mead in Charles Town that it “certainly prevented a Return of the Fit, for some Time.” The fever returned to patients, according to Tennent, when solids in the blood blocked perspiration. He theorized that the heavier bark would push the solids through the blood and prevent them from blocking fluids. Thus, “the Cure consists in attenuating the morbisick Matter, and Texture of the Blood, with proper Evacuations at the same Time.” 104

For Tennent, proper evacuations for fevers consisted of bloodletting or increasing urine along with taking the bark. 105 Towne also promoted bloodletting as a way to thin the blood, discharge the solids, and lessen the stress on the patient’s vessels by bringing about the proper balance of the humoral fluids: blood, yellow bile, black bile, and phlegm. According to Towne, “it will rarely be found that any ill Event is to be charged upon performing this Duty with too liberal a hand.” 106 Bloodletting was used to treat any type of fever. Kirkpatrick preferred to bleed his patients from the foot. After bleeding

103 Peter Kalm, Peter Kalm’s Travels, 195-6.
104 John Tennent, An Epistle to Dr. Richard Mead (Edinburgh: Printed by P. Matthie, 1738), 86-93.
105 Ibid.
one patient “plentifully,” Kirkpatrick claimed the gentleman suffering from yellow fever “passed thro’ the Disease with much Ease and Tranquility.”

Although Jesuit’s Bark was the preferred treatment for the pestilential fever, physicians and residents continued to try different methods of treating malaria and yellow fever with varying degrees of success. Bark from peach and dogwood trees was collected and boiled to make a strong drink. Sulfur could be mixed with sugar and drank with rum, or sage could be consumed with lemon juice. Kalm told of a more unusual folk remedy that was thought to have cured malaria. Suffering for several months from recurring chills and fever, a woman took the suggestion of an old neighbor to eat a spider’s web baked into an apple several times a day. Following a brief coma, the ill woman got up and made a full recovery. Benjamin West was told to drink grog to survive in the Carolinas, and Thomas Pinckney also utilized this method of preventing fever. While serving in the colonial militia in an area stricken with malaria, Pinckney reassured his sister, “You have no occasion to fear my being Sick as long as the Rum holds out.” If not, Pinckney hoped the heat would cause his blood to ferment and provide the same effect. These types of folk remedies may have been most common among the poorer colonists, who could not afford the costly Jesuit’s Bark or pay for the advice of a doctor, but wealthier residents such as Pinckney certainly utilized them as well.

During the colonial period, the title of doctor was taken loosely. Men with minimal medical or apothecary training often assumed this title, which undoubtedly contributed to the lack of trust in doctors’ abilities to cure fever and smallpox victims.

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108 Peter Kalm, Peter Kalm’s Travels, 197.
Nevertheless, the high rates of disease meant that the market was usually flourishing for anyone claiming to be a doctor. In his study of the *South Carolina Gazette*, Hennig Cohen tracked doctor’s advertisements in the colony’s newspaper and concluded that the abundance of practicing “doctors” in the Charles Town area compared to the size of its population followed from the inevitable plagues of fever in the area and the ability to practice medicine without a formal license. Between 1732 and 1775, Cohen records that 192 different doctors placed advertisements in the *South Carolina Gazette*. There is no estimate of those who informally practiced medicine or only practiced occasionally.

When Mary Stafford and her family moved to South Carolina, the Staffords’ main source of income was running a school, but her husband had also brought with him medical instruments. “[H]aving provided himself with lancets in England [he] resolved upon practicing Physick & Surgery which he has done with success beyond his expectations.” 110 Those people who had received quality medical training, usually in England or at the University of Edinburgh, did seek to self-regulate the field and publically denounced anyone offering help without formal training, though their words generally fell on deaf ears. The attempt was at least necessary since in 1765 the General Assembly of the colony rejected a bill to require an exam and license of anyone attempting to work as a doctor, surgeon, or apothecary. 111

Though unqualified or minimally trained doctors dispensed advice and cures throughout the colony, several highly respected physicians practiced in Charles Town and published accounts of their observations and methods of treatment. Lionel Chalmers,

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James Kirkpatrick, and George Milligen-Johnston wrote extensive volumes on the diseases they encountered. Each printed notes pertaining to illnesses ranging from pleurisy to snake bite to the bloody flux. However, as fevers were the largest issue in the colony, they all devoted substantial portions of their books to seasonal fevers. Milligen-Johnston was greatly concerned with establishing the connection between meteorological phenomena and fever in his study, proposing that the hot summer and wet weather encouraged the bad air that caused disease. Like Milligen-Johnston, Dr. Lionel Chalmers repeatedly made the association between the state of the weather and the colony’s health. His theories also incorporated recommendations on how to treat patients in order to balance the body’s humors and rid the environment of harmful vapors. When fever broke out in damp weather, Chalmers suggested airing out the room to dispel the liquid in the air but without having the patient “expose himself to the sun.” Chalmers then advised other measures that were thought to draw fluids from the body and the air. Jesuit’s Bark was given to induce vomiting, and hot packs were applied to the arms and legs to create blisters. Spicy food was to be eaten and vinegar and roses spread around the room.  

John Lining’s writings also discussed the colony’s weather and how it affected the body’s humoral fluids.

When all other measures failed, doctors ultimately recommended patients to “change their climate for the recovery of health.” Most physicians and residents maintained that removing victims from the sultry and feverish air of the Lowcountry could only improve their health. Traveling north during the summer was considered the best method of avoiding or curing fevers, but Charles Town itself was also a prescribed

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113 Ibid., 215.
destination for people living in the country. The marshy coastline and the stagnant waters of the rice fields were associated with disease; and wealthy South Carolinians believed the city of Charles Town, therefore, would provide a healthier environment to wait out the dangerous summer and fall months. The unhealthy landscape of the plantations was then left for replaceable slaves to endure.
Without knowledge of the role of mosquitoes in the transmission of malaria and yellow fever, colonists developed other theories to help them understand the disease environment of South Carolina. Hot weather, bad air circulation, and stagnant water were the most widely proposed causes of the fevers that periodically hit the coast in the summer and fall. Since all three of these factors were present in the hot, still marshes of the rice plantations, colonists were especially fearful of remaining on their plantations during these warm months. The best way to avoid illness, therefore, was to leave the marshlands and locate oneself near cooler, circulating air. Of all the areas along the Carolina coast, Charles Town acquired the reputation of being the healthiest place to wait out the fever-prone months, and wealthy residents flocked to the town for protection, leaving their slaves to work the perilous rice fields.

Lord Adam Gordon, who recorded his observations of the American colonies, stated that the city’s reputation for good health was well deserved. “[I]t being a certainty,
that the Town of Charles Town, is at present the most healt[h]y spot in the Province; fevers and other disorders are both less frequent in it, and less virulent in their
Symptom.”114 Colonists and travelers arrived at this conclusion based on their perception that fresh, moving air created a healthier environment. Gordon described the location of the town on a peninsula, surrounded by two rivers and next to the sea as a “cool Situation.”115 Moses Lopez, a Portuguese ship captain, agreed. “The situation of this city is very fine,” he wrote, “and the healthiest in the Colony on account of being washed by the sea winds.”116 Sea winds were not the only gusts thought to purify the air. Dr. George Milligen-Johnson called the wind from the Appalachian Mountains to the northwest the “great Physician.” He believed that this particular weather pattern shut the supposed vapor pores of the earth and thus cleansed the air of disease in late October, which was often when the seasonal fevers began to subside.117

Colonists also considered the urban environment to be healthier than the countryside. According to Milligen-Johnson, “In Charles-town, these diseases are proportionably less frequent, and milder than in the country; for here we are pretty clear of trees, have a large opening to the sea, a kind of ventilation in the streets, besides a thousand culinary fires in the hottest season to dry the air.”118

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115 Ibid., 397.
118 George Milligen-Johnson, A Short Description of the Province of South Carolina (London: John Honton, at the King’s Arms, in Paternoster Row, 1770) in Bartholomew
understandings of disease considered smoke able to cleanse the air of disease and foul vapors. Gordon postulated that “the Air being mended by the Number of Fires in Town” and the “broad and Airy” streets helped to ensure Charles Town’s healthiness.  

Each year some residents of the Lowcountry were subject to these seasonal fevers, but periodically the colonists would be hit with a large-scale epidemic of yellow fever or malaria. According to Milligen-Johnson, “The summer diseases begin commonly in July, and disappear about Christmas.” Benjamin West stressed the urgency of the yearly move to Charles Town during this season. “My present abode is on an island (ten miles from Charles-Town) which tho’ very pleasant is unhealthy, and in June the inhabitants all move into town to escape death, who makes a legal prize of all the white persons he catches here between the first of Jly and ye last of Octr.” When William Mylne came down with the fever and ague, friends recommended he move to Charles Town. Mylne refused due to the higher cost of living in town. A second home in Charles Town was a luxury that only the wealthiest could afford. Planters such as Charles Pinckney and Gabriel Manigault had homes in the city where extended family would stay in the summer and fall. The Manigault family generally arrived in June or July from the country and left late in the fall, although Gabriel and his son, Peter, would periodically travel back to the plantations.
Lord Gordon was impressed by the wealth of the city. “Almost every family of
Note have a Town residence, to which they repair on publick occasions, and generally for
the three Sickly months in the fall.”⁴²³ The letters of Eliza Lucas Pinckney and journal of
Ann Manigault, two of the wealthiest women in the colony, mention the balls, plays, and
social gatherings that took place each fall and into the winter months as the elite of the
South Carolina coast flooded the city. Occasions such as the birthday of King George II
in October, the ball of Colonel Steven in early November, suppers, and evenings of cards
and dancing kept Charles Town’s ladies and gentlemen busy.⁴²⁴ Every other week in the
fall, Milligen-Johnson noticed the rich residents gathered for a ball or “dancing-
assembly.” The weather, he noted, was too hot during the summer to have such events so
often.⁴²⁵ Dancing was not the only temptation during this season. A playhouse also
entertained the colonial gentry visiting the city. Ironically, crowding into the city to
escape disease and enjoy the company of high society only raised the odds of catching a
communicable disease and made the task easier for mosquitoes to spread malarial
parasites.

As Max S. Edelson has noted, most planters left their farms to be managed by a
few overseers and spent a large portion of the year in Charles Town. The image of
plantation owners overseeing large plantations in colonial South Carolina from the big
house did not exist in reality. This method of managing plantations was especially true

⁴²⁴ Journal of an Officer,” Newton D. Mereness, 397.
⁴²⁵ Ann Manigault, “Extracts from the Journal…” Ann Manigault, “Extracts from the
Journal… Continued.” Eliza Lucas Pinckney, The Letterbook of Eliza Lucas Pinckney,
⁴²⁶ George Milligen-Johnson, A Short Description, 497.
for those who owned plantations further away from the city in what Edelson refers to as the frontier. Those planters whose property was located in the core settlement area around Charles Town were more likely to directly oversee their rice enterprises, but they too owned homes in Charles Town.  

However, Edelson misses the link between disease and when planters flocked to Charles Town. Because accepted wisdom indicated that the city’s environment was healthier during the summer and fall fever season, wealthy South Carolinians congregated in Charles Town during these times. While Charles Town, as the seat of colonial government, trade, and culture was certainly an attractive location for a second home, the urgency for people to escape disease in the countryside was what drove the seasonal migration to the city. That is why Thomas Pinckney anxiously wrote at the end of May to encourage his sister Harriott to go ahead and move to the city for the summer. He pleaded with her, “I hope you will be either in Charles Town or setting out for it, as I am uneasy at the thought of your remaining in the Fever and Ague Swamps of Santee in your Situation, after the End of this Month.”  

Perceptions of Charles Town as a healthy environment were wrong. Plagues of disease struck the city just as commonly as they struck the marshlands. Andrew Leslie noticed in 1739 that the summer fevers were worse in Charles Town than in the countryside. Mosquitoes lived in the port town and easily spread seasonal fevers. Thomas Broomley shared with Peter Manigault his philosophy of avoiding the swarms of  

128 Andrew Leslie to the Secretary, St. Paul's, S. C., January 7, 1740, B 7, Pt. 2, pp. 593-94.
pests when he went into Charles Town. According to Manigault, “[Broomley] bragged t’other Day at Goosecreek that the Moschitos did not dare to alight upon him, for Fear of burning their feet” since he attempted to keep his body hotter than someone with a fever. Smallpox was also more likely to thrive in the city where large numbers of hosts congregated. In 1711, Charles Town was struck with smallpox, yellow fever, and malaria. Gideon Johnston wrote to the secretaries of the Society for the Propagation of the Gospel of Charles Town’s troubles. “The Town looks miserably thin, and disconsolate, and there is not one House in twenty, I speak modestly, yt has not considerably suffered and still labours under this general Calamity.”

Charles Town was not an oasis along the South Carolina coast. Milligen-Johnson noticed that the death rates in the city rose when “habitants of the country, whose business or pleasure bring them frequently to this Metropolis” came to the city.

When larger outbreaks of disease did strike the city, such as the ones mentioned by Gideon Johnston in 1711, quarantines and hospitals were established. As inoculation became more widely practiced as a preventative measure against smallpox, inoculation “hospitals” also appeared during epidemics of the disease. Those who could afford treatment gathered in a home to be inoculated and cared for during the less extreme form of the disease which followed the process. Residents also turned to fasting and prayer. Lieutenant Governor William Bull issued the following proclamation in reaction to the troubles of a smallpox epidemic and the Cherokee War. He ordered April 10, 1760 to be “set apart by public Authority as a Day of Fasting & Humiliation & Prayer through the

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130 Johnston to the Secretary, S. C., November 16, 1711, A 7, pp. 383-84.
131 George Milligen-Johnson, A Short Description, 484.
Province.” The proclamation was publicized throughout the province and published in the
South Carolina Gazette.\(^{132}\)

Though Charles Town was a gathering place for the wealthy in the summer and
fall, it was also true that urban-dwellers fled the town when disease threatened the city.
For instance, George Whitefield, preaching in Charles Town during his tour of the
Southern Colonies, left the town during a smallpox threat in 1746.\(^{133}\) In such cases, they
headed north, sometimes as far as New England. In the colonists’ understanding, a
healthy climate meant a colder climate. As Karen Ordahl Kupperman discusses in her
study, doctors of the colonial period were in “general agreement that English people
would be healthiest in the temperate climates they were used to.”\(^{134}\) Hot weather was
thought to cause the humors of the body to thicken, which would make a person more
susceptible to disease. Therefore, the best way to avoid the colony’s diseases was to head
for cooler climes.

Cities such as New York, Philadelphia, and Newport attracted the rich planters of
South Carolina. William Mylne observed “the great people of this province going there to
pass the summer once in two or three years for the preservation of their health.”\(^{135}\) Carl
Bridenbaugh asserts that so many Charlestonians summered in Newport that it acquired
the nickname of the “Carolina hospital.” Each year, the Newport Mercury reported the

\(^{132}\) “This Day set apart by public Authority,” South Carolina Gazette. Mon, April 7 - Sat.
April 12, 1760.

\(^{133}\) “The following Letter was written by a Gentleman at Charlestown,” Boston Evening-
Post, (June, 9, 1746), 2.

\(^{134}\) Karen Ordahl Kupperman, “Fear of Hot Climates in the Anglo-American Colonial
Experience,” William and Mary Quarterly, Third Series, Vol. 41, No. 2 (April 1984),
216.

\(^{135}\) William Mylne, Travels in the Colonies in 1773-1775: Described in the Letters of
arrival of great planters and colonial officials by ship. The Middletons, Russells, Rutledges, Montagus, Izards, Wells, Bulls, and Manigaults all made appearances in Newport from 1767-1775. However, some Carolinians seeking to restore their health in the North never returned home. Elizabeth Hollybrush died at Newport after traveling there in June 1768 “for the Recovery of her Health.” Those fed up with recurring illnesses and the prospect of an early death left the colony all together. The more fortunate William Mylne made the decision to stay in the North of his own accord. Frustrated with South Carolina’s relentless diseases, he declared, “I shall go to some of the large towns to the northward where it is very healthy and living cheap.” Benjamin Smith, the administrator of Ralph Izard’s estate, conveniently come down with sickness in July and was forced to leave the colony before Peter Manigault could confront him for retaining part of the Izard estate.

Every summer, Charles Woodmason observed large numbers of people leaving the Lowcountry for “fresh air,” although he declared that those who were sick rarely made it to their destination. “[F]or going out to Sea, does not change the Medium – The Quality is the same – Whereas, would they but steer Inland, then they would breathe a very fine thin, and pure Air, replete not with Salene, but balsamic Particles, from the fine Woods and Waters of the Appalachian Mountains.” As Woodmason suggests, Carolinians fleeing disease did not always head to Charles Town or leave the colony. Some moved northwest towards the mountains in search of cooler weather, cleaner air,

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137 William Mylne, Travels in the Colonies, 48.
and an escape from yellow fever and malaria. For as an English traveler commented in 1774, “Fellows, especially those who live in the Interior parts of the Province, know the further you go back the healthier it is.”

Though poorer immigrants and residents could not afford to leave the colony or retreat to Charles Town seasonally, most poor whites already lived away from the coast. The best eastern land for rice was mostly settled by the mid-eighteenth century. As James Oglethorpe wrote in 1732:

> All the Lands within Fifty Miles of Charlestown have within these Seven Years encreas'd near Four-Fold in their Value, so that you must pay Three or Four Hundred Pounds for a Plantation, which Seven Years ago you could have bought for a Hundred Pounds, and 'tis certain that Fifty Years ago you might have purchas'd at Charlestown for Five Shillings a Spot of Land which the Owner would not sell at this Day for Two Hundred Pounds Sterling.

However, Milligen-Johnson believed that planters acquired such land only to their detriment. “The inhabitants in general (being more careful to acquire splendid fortunes, than to preserve their healths) build their houses near their rice-fields, or indigo-dams, where they must always keep stagnating water.” Poorer residents were then forced to take their smaller farming ventures further west or stay in the city.

African slaves became the main source of labor for the growing rice plantations of South Carolina after the Yamasee War caused the supply of Indian slaves to decrease. Profitable rice plantations required a large, cheap labor force, and by 1715, the slave

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142 George Milligen-Johnson, *A Short Description*, 493.
population of South Carolina began to outnumber the white population. Acquiring slaves made economic sense to planters, a number of whom had previously lived in the Caribbean, but they also justified their slaveholding of Africans through medical theory. They believed that Africans, having come from a similarly hot environment, were more capable than Europeans of performing hard labor in the heat. Benjamin Franklin wrote to Dr. John Lining in Charles Town about the benefits of Africans over white workers. "May there not be in negroes a quicker evaporation of the perspirable matter from their skins and lungs, which, by cooling them more, enables them to bear the sun’s heat better than whites do?" Early in the colonial period, planters also valued African slaves for their ability to withstand seasonal fevers.

Imported slaves still possessed some immunity to yellow fever and malaria because these diseases were endemic in West Africa, the origin of most slaves in South Carolina. When a population is constantly exposed to these two diseases, individuals may acquire a measure of immunity by surviving the illnesses in infancy and early childhood. According to Peter Wood, “these children build up enough immunity so that in adult life their bodies can deal with most of the malaria parasites with which they are continually infected.” Regular exposure to yellow fever triggers a similar immune response. Additionally, West Africans then, as now, had a high incidence sickle-cell anemia, a genetic mutation of hemoglobin in the blood that grants carriers a greater resistance to

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144 Benjamin Franklin, "To John Lining, Sat, Jun 17, 1758," The Papers of Benjamin Franklin, franklinpapers.org.
malaria. This trait would have also eased their transition into South Carolina’s disease environment.¹⁴⁵

Prior to 1740, there were more African-born than American-born slaves in South Carolina. Adult slaves possessed more immunity to the seasonal malarial and yellow fevers than their white masters from Europe. Once slaves were born in South Carolina, where exposure to yellow fever and malaria was periodic rather than constant, acquired immunity to these diseases lessened. The sickle-cell trait, however, persisted and continued to grant the slave population a greater resistance to malaria. Planters did not understand African resistance to mosquito-borne illnesses in terms of acquired resistance and sickle cell anemia. In their minds, immunity was a racial characteristic. Just as black bodies seemed to be more suited to labor than whites ones, Africans were more resistant to malaria and yellow fever than whites because of their black skin. As Wood states, “Even where an awareness of this variable was not explicitly stated, its effects must have done a great deal to reinforce the expanding rationale behind the enslavement of Africans.”¹⁴⁶

Despite an increased immunity to fevers, slaves were also not completely immune to their new disease environment. Philip D. Morgan estimates that one third of newly imported slaves died within a year of landing.¹⁴⁷ After slaves endured the middle passage from Africa to North America, their weakened immune systems could not withstand attacks of the fever or smallpox, even if the slaves did carry antibodies against malaria.

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¹⁴⁶ Ibid, 91.
and yellow fever. This susceptibility to infection combined with a harsh work regiment on the outlying rice plantations contributed to the demise of many more. To prevent the spread of disease into the colony, officials stopped arriving slaves at the quarantine station on Sullivan’s Island. Between 1707 and 1775, an estimated eighty-nine thousand slaves landed on Sullivan’s Island and many of them endured quarantine there.\textsuperscript{148}

Colonists throughout North America recognized that slaves could become just as ill as whites in their new environment and even assumed that they would undergo a period of seasoning like European arrivals. George Ogilvie reported that he had sent fifty slaves to his uncle’s plantation to be “seasond” outside of Charles Town. He happily wrote his wife Margaret that only one slave woman died during this process. His future success with these new slaves, though, would be secured by his plantation’s location. He reasoned that “standing in the middle of so large a River there is a constant Circulation of Air,” and therefore transferring the slaves to his plantation would continue to promote their health.\textsuperscript{149} Whites also believed Africans needed to adjust to the cool winter climate, just as Europeans feared the affects of a warmer climate on their own bodies. Benjamin Franklin wrote to Lining in Charles Town. “I am persuaded, from several instances happening within my knowledge, that they do not bear cold weather so well as the whites.” \textsuperscript{150}

Of all the diseases in colonial South Carolina, smallpox was the deadliest. When smallpox epidemics appeared in South Carolina, some owners had their slaves

\textsuperscript{148}Jamie W. Moore and Dorothy Perrin Moore, \textit{Island in the Storm} (Charleston: History Press, 2006), 19.
\textsuperscript{150} Benjamin Franklin, “To John Lining.”
inoculated. Dr. Burleigh advertised in the *South Carolina Gazette* that he specifically inoculated slaves in Charles Town; two other doctors, Oliphant and Mackie, operated a hospital specifically for “sick Negroes” in the city. ¹⁵¹ Nevertheless, during the 1760 epidemic, Eliza Lucas Pinckney commented from her plantation, “The poor blacks have died very fast even by inoculation.” ¹⁵² Wood believes that those slaves who bore pockmark scars from smallpox fetched a higher price than those who may have not had the disease, since surviving the disease granted victims future immunity from it. ¹⁵³ Runaway slave advertisements also mentioned pockmarks as a means to identify certain slaves. When a woman named Hannah ran away from Mathurin Guerin, he described her in *The South-Carolina Weekly Gazette* as a Negro woman “of a yellowish complexion, much pitted with the small pox.” ¹⁵⁴ A notice for a captured slave named Kate advertised that she had pockmarks around her nose. ¹⁵⁵

In South Carolina, disease patterns not only affected the health of the population but the seasonal growth of Charles Town, the creation of the fall social scene, and the desire for African slaves. During the warm summer and fall months, white colonists avoided the rice plantations, if possible, since according to colonial theories of disease bad air on the marshland plantations produced illness. Fresh sea breezes promoted health. Therefore, planters left the colony for places such as Newport or congregated in Charles Town, which was perceived to be the healthiest location on the South Carolina coast

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¹⁵⁵ “Brought to the Work-House,” *State Gazette of South-Carolina* (December 6, 1787), 3.
because of its sea air and urban environment. African slaves, with some immunity to malaria, were left on the swampy rice plantations with a few overseers to endure the hot summer and fall weather and the diseases that often appeared. No one was completely safe, however. As Lord Gordon observed, South Carolinians of either race could not avoid the “fall fevers and Agues, dry gripes and other disorders, which are often fatal to the lower set of people, as well White as Black.” 156

Conclusion

In 1707, the former governor of South Carolina John Archdale published a description of the colony’s environment to encourage more Britons to immigrate. “As to the Air, it is serene and exceeding pleasant, and very healthy in its natural Temperament, as the first Planters experienced, seldom having any raging Sickness but what has been brought from the Southern Colonies.” Archdale’s glowing account of the climate was far from the truth. From the earliest days of the colony, disease was a perpetual problem in South Carolina. The risk of fevers in the countryside and the city constantly occupied the minds of Lowcountry residents as infections incapacitated and killed family and friends year after year.

While historians have not ignored this aspect of colonial life, Carolina’s Barbadian influences, African slavery, virgin soil epidemics among Indians, and, more

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recently, the Indian slave trade and Yamasee War, have been given more attention in the historiography. However, as a major concern in the life of colonists, disease must be taken seriously and placed as a central factor in the development of the colony.

Smallpox, malaria, and yellow fever wrecked havoc on the population of South Carolina. Although doctors and promotional materials offered advice on how to prevent the summer fevers and smallpox, epidemics struck the Lowcountry and killed residents at alarming rates. Not until 1715 could white residents sustain their numbers and though the African slave population possessed an increased immunity to malaria when compared to whites, other diseases such as smallpox took their toll on the black population.

South Carolina residents were subjected to fevers every summer and fall. Planters learned to absent themselves from their plantations during the seasons of high risk and leave their slaves in the sickly rice fields where hot, stagnant waters were thought to give off bad, disease-causing air. Some people who could afford to flee traveled northwards and went to places such as Newport, Rhode Island, but Charles Town, with its seemingly healthy coastal breezes and easy access to commerce and trade, remained the most popular destination. However no amount of cooling breezes in the city could keep disease completely at bay. Smallpox struck at various intervals, and mosquitoes in the city ensured that even the seasoned and Creole populations might die from yellow fever and malaria.

Colonists were not unaware of the risks. European immigrants recognized the similarities between South Carolina’s climate and fevers and the diseases encountered in the Caribbean. They knew white residents would have to undergo a time of adjustment to their new environment; a time of seasoning which they might or might not survive.
Throughout the colonial era, the necessary period of seasoning affected the demographics of the colony as many new colonists died within a few years, poor whites moved inland, African slaves were bought to work in unhealthy marshlands, and rich planters built second homes in areas perceived to be healthier, such as Charles Town or its immediate vicinity. South Carolinians learned to welcome the start of winter and the subsequent dip in diseases, as they echoed the sentiments of William Mylne, “Thank God the cool weather is set it, the fever and ague gone,” at least until the following summer.¹⁵⁸

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