Chapter 6

"Not at All Healthful": Disease and Death in Colonial and Antebellum Louisiana

Disease and death plagued Louisiana throughout the eighteenth and nineteenth centuries. Contemporary descriptions of health and living conditions, especially in New Orleans, make the state today seem almost pristine. Travelers and residents usually credited the frequency of natural disasters, disease, and death in Louisiana to location, climate, and general negligence. They varied, however, in their assessments of these factors; primary influences on travelers' opinions included the time of year they visited or discussed, the audience for whom they wrote, and their familiarity with semitropical climates. Most would agree with French visitor François-Marie Perrin du Lac, who complained in 1802 that "nothing equals the filthiness of New Orleans, unless it be the unhealthiness, which has, for some years, appeared to have resulted from it" and that "there is seldom a year that the yellow fever or some other contagious maladies do not carry off many strangers [foreigners]."

For much of the antebellum era Louisiana had the highest death rate of any state in the United States and New Orleans the highest of any city. Between 1851 and 1855, when epidemics broke out in four of the five years, 73 out of every 1,000 people in New Orleans died. Disease contributed to much of this population loss, which was only offset by immigration and high fertility rates. The threat of disease also slowed the Crescent City's growth by disrupting normal channels of trade, travel, and transportation.

Disease

The most common diseases to afflict people living in and traveling through Louisiana were yellow fever, smallpox, cholera, dysentery, and malaria, with mange, scurvy, yaws (a tropical disease), Hansen's disease, and venereal diseases also contributing to high mortality rates and short life expectancies. Of the 6,700 emigrants who sailed from France between 1717 and 1721 malaria, yellow fever, and dysentery killed about 2,000 shortly after they arrived in Louisiana. European diseases, along with warfare, revolts, and overwork, decimated the Indian and African-American populations of Louisiana, too. Crown officials replenished the colony's African slave supply and attempted to make planters treat their slaves better, but they could do little to restore Native American numbers, and at most times did not even care to do so.

This human devastation continued unabated throughout the colonial period. During the Spanish regime the two most serious epidemic diseases were yellow fever and

smallpox. The date of the first appearance of yellow fever in Louisiana is uncertain because it was not recognized as such by early inhabitants. La Salle, among others, complained of a deadly fever lurking on the shores of the Mississippi and attributed the deaths of much of his party to it. Prior to New Orleans's founding, yellow fever was possibly the disease that ravaged the settlement near present-day Mobile in 1704. Some scholars date the appearance of yellow fever to 1769, when Governor-General Alejandro O'Reilly's party arrived to claim Louisiana for Spain. Others have chosen 1796 as the year of New Orleans's first major yellow fever epidemic. However, given the prevalence of yellow fever in Latin America from the 1640s and in Anglo North America from the 1660s and the large number of Africans introduced along the Gulf Coast, it was unlikely that Louisiana was spared from the "saffron scourge" over the course of nearly a century following its settlement.

Brought to the Caribbean from Europe shortly after Columbus's 1492 encounter with the New World, smallpox struck frequently, especially against children, with catastrophic force during New Orleans's first century of existence. Not until the end of the Spanish regime, however, did smallpox epidemics stir the government into action against the disease. In 1787 Governor Esteban Miró ordered constructed a small house to lodge slaves afflicted with smallpox. In 1792 the cabildo met in extraordinary session to discuss means of protecting Louisianians from such epidemics. When smallpox struck New Orleans again at the turn of the century, Governor Salcedo established the city's first board of health. Confronted with residents angry over the government's refusal to sanction inoculation, the governor quickly appointed the *Junta de Sanidad* to satisfy demands for a remedy. Salcedo charged two cabildo members, the commander in charge of guarding the port, one surgeon, one interpreter, and the clerk of the cabildo with inspecting ships and houses and quarantining all persons with smallpox in a house across the river.

Colonists, travelers, and slaves who had recently entered Louisiana or resided in densely populated areas like New Orleans were most susceptible to smallpox, cholera, malaria, and yellow fever epidemics. Early in the nineteenth century British visitor Thomas Ashe condemned misleading information that lured thousands to Louisiana "in search of a paradise" only to find "a grave," while those who survived suffered from a "shattered constitution and debilitated frame."

Yellow fever, also known as the "black vomit" or the "saffron scourge," particularly affected low-lying, coastal, warm climatic urban areas like New Orleans. A disease of African origin, yellow fever probably became more virulent and discernible in New Orleans over the last few decades of the eighteenth century because greater numbers of ships carrying human and material cargo entered the port city from Africa and the Caribbean. In the 1770s, 1780s, and 1790s, the city also attracted more European newcomers, those most susceptible to the disease.

During the antebellum period, yellow fever, along with smallpox and cholera, continued to be the most deadly diseases to strike Louisiana. In an epidemic year the mortality rate from these diseases could reach as high as sixty percent of those who contracted them. In the worst of these years—1853—over 8,000 people died of yellow fever in New Orleans alone, about 1 out of every 15 people living there. The death rate

that year was higher than in any other year of the nineteenth century. Over 110 out of every 1,000 people died, 50 of every 1,000 blacks and 125 of every 1,000 whites.

This epidemic was one of the most devastating disasters ever to strike Louisiana. People died faster than graves were dug, and the popular saying was that pretty soon people would have to dig their own graves. The *New Orleans Daily Crescent* of 11 August 1853 gave a graphic description of one of these graveyards:

> **At the gates, the winds brought intimation of the corruption working within. Not a puff but was laden with the rank atmosphere from rotting corpses. Inside they were piled by fifties, exposed to the heat of the sun, swollen with corruption, bursting their coffin lids. . . . What a feast of horrors! Inside, corpses piled in pyramids, and without the gates, old and withered crones and fat huxter [huckster] women . . . dispensing ice creams and confections, and brushing away . . . the green bottle-flies that hovered on their merchandise, and that anon buzzed away to drink dainty inhalations from the green and festering corpses.**

Major yellow fever and cholera epidemics hit Louisiana in at least two years in every decade of the antebellum era. Although New Orleans was most affected, disease often spread to small towns and rural areas throughout the state. Asiatic cholera invaded Louisiana and other parts of the United States in 1832 and 1833 and again from 1848 to 1855. Yellow fever continued to plague Louisiana until 1905, the year of the last major epidemic. Before scientists discovered in 1900 that mosquitoes carried yellow fever, other serious epidemics affected Shreveport in 1873 and New Orleans in 1878.

Many native Louisianians who had been exposed to mild attacks during childhood were immune to yellow fever, malaria, and cholera. The primary victims of disease were immigrants, children, laborers, and the poor. Wealthy residents could escape the plague or afford good health care and clean surroundings. French traveler P. Forest described the exodus of New Orleanians from summer's pestilence:

> **Endemic diseases are so terrible, that as soon as June—at which time they begin to strike the inhabitants—all the well-to-do people desert town to go spend a few months in Northern towns, away from the epidemic. Nothing could be sadder than New Orleans during the months when the disease reigns over the city.**

Travelers to Louisiana frequently commented on the susceptibility of immigrants to disease, as did Lewis H. Webb in 1853:

I saw as I walked on the [New Orleans] Levee to the boat, a ship passing up the river from Bremen [Germany], loaded with emigrants. . . .

. . . Many of them might only find in the new country an early grave—for they have arrived here in a season that if they have long to remain in the city may cut down many of them—when the fevers and epidemics incident to it sets in.

Colonel James R. Creecy toured the lower Mississippi Valley in 1834, following major yellow fever and cholera epidemics, and recorded that "for many years the annual influx of the lowest order of Irish in New Orleans has been immense, and the numbers buried in the 'swamp,' subjects of yellow jack and cholera are astonishing; and yet their places are instantly filled up."

Causes, Cures, and Proposed Solutions

Residents, officials, travelers, and healers attributed Louisiana's unhealthiness to a variety of causes and often proposed just as many different cures and solutions. Despite the growing influence of scientific ideas emerging from the Enlightenment, most people in the eighteenth and nineteenth centuries continued to believe in the atmospheric theory of disease, which held that people became sick by breathing the gasses or miasmas emitted by decaying animal and vegetable matter. One French surgeon, Paul Alliot, who was expelled from the colony in 1803 for practicing without a license, observed:

If New Orleans is not at all healthful, and if the bad air that its inhabitants breathe occasions fatal diseases, the reason is due in part . . . to the abundance of stagnant water, which for lack of drainage, lies the whole year round in the cypress groves which surround the city.

Spanish Governor Manuel Gayoso de Lemos also suspected stagnant water when in 1798 he requested crown permission to raze city fortifications "because the fevers which every year carry off the most valued portion of the population . . . date from the time when there were dug around the palisades those ditches which are always full of stagnating water." In addition, Gayoso considered streetcleaning essential to the health of New Orleans and had the city purchase a wagon and horses and hire a slave to carry away garbage daily.

New Orleans's first documented yellow fever epidemic prompted Attorney General don Gabriel Fonvergne to appeal to the cabildo on behalf of the public. Fonvergne decried the stagnant water in trenches along the streets, the lack of cleaning and care for the streets, and the dead animals rotting in the streets and along the banks of the river. All these factors, he thought, had contributed to the cruel calamity that had conducted more than 250 persons to their graves, almost all of them in the "flower of their youth."

Fonvergne warned that unless the cabildo acted, New Orleans would experience a continual infection of yellow fever and other diseases.

His words obviously fell on deaf ears. Following the even more deadly yellow fever epidemic of 1799, the attorney general, don Pedro Dulcido Barrán, once again presented a letter to the cabildo that outlined causes and solutions to the problem of disease in New Orleans. Barrán believed that the principal and most urgent precaution would be to clean the city, and he addressed the sources of the city's squalor: stagnant water, garbage dumped at the levee and at the gate of Fort St. John, improper burial, and the influx of infected persons and goods. Especially in low-lying areas, stagnant waters created "vapors that are pernicious to health, primarily in summer when the extreme heat easily corrupts the said water." Barrán called upon property owners to fill and raise these lots and advocated

> **care for the part called the batture . . . fronting on the quarter from which the filth and rubbish collected is thrown out that causes a continual infection, both disagreeable and unhealthy, making the principal promenades of the city odious as well as unsanitary. The stenches and corruption of the said filth is particularly bad in warm weather.**

A hospital or lodging downriver could help screen foreign navigators and merchandise, principally woolen goods, "in which miasmas, or putrid atoms, or infections are preserved for a long time and at embarkment in another climate [like Louisiana] spread abroad in the air and propagate."

In 1801 New York merchant John Pintard attested to the disgraceful condition of the city's streets and the attorney general's inability to remedy it:

> **There is no such thing as cleaning the streets that I have seen, further than dragging the mud from the gutters into the middle of the street—when the powerful influence of the sun soon exhales the stench and dries up the filth—otherwise the inhabitants w[oul]d die of the pestilence if the dirt & every kind of abomination could create one.**

The cabildo, however, contracted with don Juan Antonio Lugar as early as July 1798 to clean the city's streets and collect garbage. Renewed in July 1799 and reviewed in January 1800, the contract with Lugar stipulated that the city was to supply him with a wagon and pay him twenty-five pesos per month for his services. In July 1800 the cabildo awarded the contract at public auction, with the addition of second wagon for garbage collection.

In the eighteenth and nineteenth centuries, people believed that humid vapors emitted from swamps and stagnant mires gave rise to diseases like malaria and yellow fever. In fact, the archaic definition of malaria was "air infected with a noxious substance capable of causing disease." Contemporaries were not aware that mosquitoes breeding in

the standing water were the actual carriers of these diseases: malaria by anopheline mosquitoes and yellow fever by *Aedes aegypti* mosquitoes. Sailing vessels also conveyed these disease-carrying insects to Louisiana. Ships and boats carried fresh water for the crew and passengers in open casks where mosquitoes multiplied. One traveler, C. C. Robin, even found fault with the closeness of buildings in New Orleans, which restricted the free flow of fresh air. He wrote in 1803:

> **Already houses several stories high are to be seen in the city and when all the streets are lined with these, one must expect that maladies like yellow fever will take a great toll. . . . When New Orleans was first laid out its little wooden houses were well spaced and did not confine the air or reflect the sun's rays as the present large, closely-built edifices coated with lime must do. The swamps, in the midst of which the young town was built, shaded the city with its trees and spread a coolness over it which purified the air.**

The same swamps that Robin praised bred the mosquitoes that carried yellow fever and malaria.

With further irony, the traveler William Darby noted in the early 1800s: "This troublesome little insect is so constantly found most numerous near wet places . . . that I have often been tempted to believe it a vigilant sentinel placed by nature at the portals of disease, to warn man to beware." Though colonists did not blame mosquitoes for disease, they quickly became acquainted with the torture that these pesky little insects inflicted. French missionary Du Poisson dramatically expressed his aversion to the mosquito in 1727:

> **But the greatest torment, in comparison with which all the rest would be but sport, which passes all belief, and has never been even imagined in France, still less actually experienced, is that of the mosquitoes—the cruel persecution of the mosquitoes. The plague of Egypt, I think, was not more cruel.**
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> **. . . This little insect has caused more swearing since the French have been in the Mississippi, than had previously taken place in all the rest of the world.**

Rural and small-town residents generally fared better than those living in New Orleans, and city dwellers who could afford to do so escaped to the countryside, Europe, or New England during the most unbearable summer months. Visitors and settlers extolled the virtues of fresh country air and a wholesome lifestyle, as contrasted with the stagnant swamps and sinful ways associated with New Orleans. Unaware of germ theory,

eighteenth- and nineteenth-century inhabitants rarely connected population density with the spread of disease.

In the antebellum as well as the colonial periods death rates were highest in urban areas like New Orleans, where large numbers of people living in close quarters spread disease more quickly. The filth that accumulated in the Crescent City and the swampy areas that surrounded it attracted disease-carrying insects and polluted the water supply. Thousands of sailors and steamboat workers also introduced diseases from other areas of the United States and abroad as they passed through the port. Like their colonial counterparts, those nineteenth-century residents who could afford to leave the city for the countryside or the North did so during the most dangerous months, June to November. Most businessmen and tourists knew better than to visit New Orleans during the summer.

New Orleanian Zac Robertson warned a business associate in Massachusetts to stay away during the city's worst yellow fever epidemic of the antebellum era, that of 1853. He depicted his surroundings in August of that year:

> **The constant funerals one sees, the newspaper reports & notices at every corner keeps every one's mind active & furnishes the subject for nearly all conversation—every body has some dreadful tale of misery & destitution to recount and there is a fascination in the gloomy subject that keeps the mind occupied with the details.**

Most businessmen and politicians, however, ignored or purposefully covered up the problems of disease and death because they wanted goods and people to keep coming into Louisiana. To maintain a wide-open port free of quarantines, business interests tried to convince newspapers and directories not to publish negative news or publicize the astounding number of deaths in the Crescent City. Whig and Know-Nothing politicians who controlled New Orleans during much of the period were reluctant to spend money on preventing or stopping the spread of pestilence. After all, they reasoned, most of the people dying from yellow fever and cholera were Irish, German, and French immigrants who usually voted Democrat.

On the other hand, it was in the interest of businessmen not to let too many poor and working-class people die. With epidemics claiming thousands of working men and women's lives every year or two, employers faced serious labor shortages. They also found it hard to attract skilled artisans, who chose to go elsewhere rather than risk their lives, even for high wages.

Nineteenth-century "cures" ranged from the ridiculous to the accidentally logical. Residents made halfhearted efforts to clean up urban areas like New Orleans, but until the arrival of Union General Benjamin Butler in 1862, the city suffered from inadequate garbage disposal and filthy markets, yards, and slaughterhouses. To reduce the stray-dog population city leaders in the 1850s contracted with street cleaners to poison the dogs and remove their carcasses within twenty-four hours. Unfortunately, this attempt to rid the city of one nuisance created another when the contractors dumped the dogs' bodies along

the banks of the river instead of in the middle of it. Dead animals floated along the wharves where working-class and poor people drew their drinking water, bathed, and often worked.

Authorities also discharged smoke bombs periodically during epidemics in the belief that the smoke killed harmful vapors. The vapors, or miasmas as they were called, arose from garbage, graveyards, and low-lying swampy ground.

Cures

Colonial Louisiana healers employed contemporary European treatments and borrowed cures from Louisiana Indians and Africans in their constant battle against disease. Bloodletting, accomplished with lancets and leeches, and purgation constituted the most common European therapeutical methods. French soldier Jean-Bernard Bossu offered this advice to Louisiana newcomers in the mid-eighteenth century:

> **First of all, you must allow yourself to become slowly accustomed to the climate, and you must avoid all fruit and liquor until your body gradually becomes adjusted. People with a great deal of blood should have some drawn from time to time to prevent apoplexy, and gentle laxatives should be taken occasionally.**

Bleeding, however, tended to weaken already-ill patients, who were further debilitated by improper diets. Colonial pharmaceuticals included wine, taffia and *aguardiente* (cheap rum), honey, oil, and vinegar. Attacked by fever shortly after her arrival in New Orleans in 1727, the Ursuline nun Marie Madeleine Hachard took an emetic as a cure because it was "the usual medicine of the country." When a "small fit of the Ag" and "a smart fever" struck the United States merchant Henry Troth in 1799, he "took a Pill and the morning following took a Vomit, since which I have felt much better."

Throughout the 1780s, 1790s, and into the early 1800s, the crown and church adamantly opposed inoculation, in spite of popular support for it. In 1802 several New Orleans residents signed a petition requesting the cabildo for permission to use inoculation as a means to prevent smallpox, but to no avail. According to contemporary Catholic doctrine, illness and disease constituted signs from God of a person's sinfulness and were to be endured. Official opposition to inoculation in Louisiana contrasted with acceptance of this technique among British North American settlers and on the part of the church and state in Europe. Even in Spanish America smallpox inoculation was common by 1800. Louisiana church authorities voiced much more conservative teachings—probably as a desperate response to moral laxity in Louisiana and the desire to cling to traditional values in a frontier environment. Nevertheless, several Louisianians rejected church admonitions and sought relief from modern medical discoveries.

A constant shortage of medical supplies and their frequent ineffectiveness compelled European colonists to adopt Native-American and African cures. Settlers had to put aside their notions of cultural superiority to benefit from the medicinal effects

derived from herbs and roots known only to native Louisiana Indians and imported Africans. Nonwhite Louisianians, however, were somewhat reluctant to share their cures with white intruders. Diron Dartaguette, inspector general of the troops in Louisiana, reported to his superiors in 1721: "There are great quantities of herbs suitable for all kinds of sickness but there are few Frenchmen who know them. Only the Indians do and knowing their virtue they make use of them successfully. But they are very jealous of this secret and hide it carefully from the French."

Indeed, many of the Native-American herbal medicines noted by European newcomers to Louisiana have entered into modern pharmaceutical usage. A pharmacist, administrator, and resident of Louisiana in the 1720s and 1730s, Antoine Le Page du Pratz praised such indigenous herbs as sweet-gum sap, willow-bark tea, and various emetic plants. At mid-century the Frenchman Bossu marveled at Native-American healing powers:

> **Many plants of medicinal value grow in Louisiana, among them gensing, whose root makes an excellent cough syrup, jalap, rhubarb, smilax, snakeroot, sarsparilla, and St.-John's-wort, from which an excellent oil for healing wounds is made. . . . The Indians know a thousand medicinal plants good for purifying the blood.**
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> **There are entire forests of sassafras trees, used for medicine and dyes. Some trees contain copal, a gummy substance which is a balm as good as that made in Peru.**

He especially recommended the Indians' general remedy of exercise and sweating to relieve the excessive consumption to which Europeans were prone: "After overeating, if you feel so stuffed and lethargic that the nutritive juices bloat and exhaust your entire body, I believe you would do well to imitate the Indians, who find sweating an infallible cure."

Surrounded by black slaves, Louisiana colonists also adopted aspects of African spiritism for relief from their illnesses. Dahomey medicine was common throughout the Caribbean and was probably introduced to Louisiana by slaves from Saint-Domingue as well as Dahomey itself. Dahomey medicine included plant-based drugs and vegetable dyes and was quite effective.

Slaves arriving in Louisiana from Africa in concentrated numbers primarily in the 1720s and 1780s had extensive knowledge of herbs, poisons, and the creation of charms and amulets that gave the bearer support and power. Even today Louisianians employ several of these concoctions and their African-origin names, including *gri-gri, zinzin,* and *wanga.* A charm intended to harm others, *gri-gri* comes from the Mande word *gerregerys.*

Healers and Facilities

Eighteenth- and nineteenth-century medical practitioners and facilities were quite primitive by our standards. Medical scholar and New Orleans native John Duffy notes that although advanced thinkers of the Enlightenment attempted to discover rational cures for human ailments, most physicians subscribed to the humoral theory that advocated the proper balance of the four "humors," blood, phlegm, black bile, and yellow bile. If such ignorance of modern medical techniques was true for the Europeans, it was even more pronounced in the colonies, especially a frontier region as Louisiana.

Both the French and Spanish colonial governments in Louisiana required licensing and regulation of doctors, surgeons, midwives, and pharmacists. Many Louisiana doctors were connected with the military, and the first surgeon mentioned in colonial documents was Surgeon Major Pierre Cave. In 1698 Iberville engaged him at a salary of thirty *livres* (equal to about twenty cents) per month. According to the New Orleans census of 1721, there was one medical practitioner in the city—the Surgeon-Major Berard. One of the most prestigious doctors in early Louisiana was Alexandre Viel, surgeon-major of the New Orleans hospital in the 1720s, a noted botanist and surgeon and a corresponding member of the French Royal Academy of Science.

Louisiana Indians and Africans also demonstrated healing talents. In 1726 the manager of the Company of the Indies plantation, Le Page du Pratz, noted:

> **A young negro who followed the Surgeon [attending the plantation] slept & lived in . . . [the] cabin [that housed sick slaves], to the end of being within reach for blood-letting or for putting a first dressing if the case was pressing. I learned several years after this negro was one of the good surgeons of the colony.**

One of the most famous free persons of color to emerge from the Spanish period was Santiago Derom (James Durham), a former slave of the Scottish doctor Robert Dow and himself a skilled *médico.* Born in Philadelphia in 1762, Derom acquired his medical talents from one of his masters, Dr. John Kearsley, who was an authority on sore-throat distemper. Dr. Dow of New Orleans subsequently purchased Derom. Derom, who spoke French, Spanish, and English fluently, in turn purchased his freedom in 1783 for 500 pesos and soon built up a large practice among both blacks and whites. His accomplishments, however, did not exempt him from financial difficulties, as a 1791 civil case shows. Derom successfully sued doña Isabela Destrean to collect a debt of 100 pesos from treatment and medicine provided to her slaves. The town council's 1801 effort to regulate all medical practice limited Derom to the treatment of throat ailments, his specialty. He was one of the few free black physicians in colonial Louisiana and the earliest known licensed African-American physician in what became the United States.

One of the first midwives in the colony was Catherine de Moutois. She embarked from France for Louisiana in 1704 along with her spouse, whose occupation was listed as

"husband of the midwife." Almost twenty years later the Company of the Indies sent Dame Doville as a midwife for the colony. In addition to her salary, the company provided two barrels of provisions, a furnished residence, a subsidy, and transportation to her patients.

By 1791 the number of medical practitioners had grown to fifteen: two hospital directors, one chief medic, six surgeons, three physicians, and three apothecaries. Most likely, there were several more healers who practiced unofficially. Also, there were at least a few midwives, but the military census only provided detailed information on household heads and did not record women's occupations. A more thorough census was taken in 1795, and it recorded one free black woman as midwife.

Local authorities regulated those who wished to practice medicine in the colony. In the eighteenth century doctors were not esteemed as highly as they are today and usually stood well below government officials, planters, merchants, and lawyers on the colonial social scale. Among medical practitioners physicians ranked highest, followed by surgeons ("the poor man's physician"), midwives, and apothecaries. As in the British, French, Portuguese, Dutch, and Spanish New World colonies, barbers often doubled as surgeons and dentists.

All Louisiana medical personnel had to obtain a license from the government. Both French and Spanish officials found this supervision difficult. In 1772, shortly after Spain took control of the colony, the town council commanded all surgeons to present themselves and their diplomas within eight days for examination by the proper authorities.

Some doctors supplied the drugs they prescribed, much to the dismay of local pharmacists, who lost precious customers and profits. In 1799 New Orleans pharmacists petitioned the town council to prohibit physicians and surgeons from filling prescriptions with their own drugs. The council complied with this request and ruled that only when a doctor was called out to the countryside could he fill his own prescriptions. The council also resolved that officials were to inspect drug stores every four months, discard stale medicines, and examine all imported drugs before they were placed on sale.

State officials continued to monitor health professionals into the nineteenth century in an effort to improve the quality of medical care. After the 1830s Louisiana was the only southern state to require a medical license for physicians. In response to the 1817 yellow fever epidemic French-speaking physicians in New Orleans formed their first professional organization, *La Société Médicale de la Nouvelle-Orléans,* and English-speaking physicians created the Physico-Medical Society in 1820. Members of both groups devoted their talents and resources to study the recurring pestilence of yellow fever.

The Louisiana State Board of Health, established in 1855, was the first state board in the United States. New Orleans had created its own board of health four decades earlier, in 1817. Authorities instituted these boards following major epidemics, those of 1817 and 1853–1854. In an effort to reduce skyrocketing death rates, the Louisiana State Board of Health implemented and supervised measures related to quarantine and public health. Nevertheless, medical personnel were still unaware of how most diseases were transmitted and found it difficult to account for the erratic spread of diseases like yellow fever. They could do little to cure the sick. In fact, many seasoned veterans of Louisiana's

numerous epidemics advised the afflicted to stay away from doctors if they hoped to survive.

Some doctors and pharmacists saw an epidemic as an opportunity to turn a profit. People desperate for relief during the 1853 yellow fever epidemic lodged complaints that pharmacists charged unreasonably high prices for medicines. In addition, doctors and druggists allegedly conspired to prescribe expensive and unnecessary cures and then shared the profits. Coffin and ice dealers also engaged in price gouging. In 1831 French visitor P. Forest objected to the high costs of yellow fever or cholera:

> **If by any chance you recover, doctor bills, apothecary bills, and many others, such as for the purchase of poultry for consommés, are so high that you have nothing left. In spite of your many protests, you cannot escape these bills. And you are then forced to leave, cursing your expensive doctor—whom you have never seen—and sending to hell the apothecary.**

Institutions

The first hospital established within the boundaries of modern-day Louisiana was the royal military hospital in New Orleans. Completed by 1726, this hospital maintained thirty beds for the care of ill or injured military personnel and crown representatives. Before Charity Hospital opened in 1736, the city's poor also used the military hospital. Crown funds paid the salaries of surgeon-majors, physician-majors, pharmacists, medics, orderlies, nurses, cooks, and chaplains for the royal hospital. The Ursuline nuns, who came to New Orleans in 1727, attended to patients until the 1770s, when Spanish authorities confined their charitable activities to educating Louisiana's white, African, and Native American women, some of whom learned the art of nursing.

In 1726 local authorities decided to construct a hospital to serve the poor gratis and those who could afford to pay at reasonable rates. They lacked money to build or purchase an existing structure, however, until the mid-1730s. After the Ursulines vacated their temporary lodgings on Chartres Street, what was to become Charity Hospital opened in that edifice. The hospital got a boost in 1735, when New Orleans boatbuilder and -seller Jean Louis willed all he owned to the Hospital for the Poor *("Hospice des Pauvres"),* also known as St. John's Hospital in memory of its benefactor.

Although few matched Jean Louis's generosity, benevolent persons throughout the colonial period donated money to the hospital or the poor in their wills. Government revenue from fines and fees also contributed to Charity Hospital's coffers. For example, Governor Carondelet's 13 July 1794 fire-prevention proclamation prohibited storage of more than twenty-five pounds of gunpowder in homes; if confiscated, the gunpowder would be sold to benefit Charity Hospital. An earlier measure levied a half *real* on each costumed person who attended balls and other social events. The proceeds of this entertainment tax went to Charity Hospital.

Following a series of hurricanes that struck New Orleans in 1779, 1780, and 1781, the wealthy Spanish philanthropist and government official don Andrés Almonester y Roxas donated the necessary funds to rebuild the destroyed Charity Hospital. His only requirement was that he, as sponsor, be allowed, in accordance with Spanish law, the right to name the hospital personnel. The new brick and lime hospital was dedicated to San Carlos, patron saint of the Spanish king Carlos III, and admitted its first patient in 1786. It stood outside the city's perimeter, at the intersection of what is now Rampart and St. Peter streets.

Almonester also provided funds and land to construct a hospital for patients who suffered from Hansen's disease after physicians reported several cases in 1785. At the time persons with the disease, formerly known as leprosy, were kept separate from population centers, so Almonester offered to build the hospital on his plantation outside New Orleans, next to a canal in which afflicted persons could bathe. He proposed separate lodgings for whites and persons of color. Proceeds from Almonester's property rentals on the *Plaza de Armas* (modern-day Jackson Square) and sporadic donations of municipal funds contributed to the upkeep of this facility. Officials named it the Hospital de San Lázaro after the biblical beggar Lazarus whom Jesus cured. When Almonester's building deteriorated, a new hospital was constructed in the late 1790s, and in 1798 physician Estevan Fuignet de Pellegru constructed at his own expense a hospital on land donated to him by the king of Spain for this purpose. It was located on Condé (now part of Chartres) and Dumaine streets. Upon inspection of this hospital in September 1800, don Luis Giovellina, professor of surgery, reported seven charity patients in its care. Giovellina lambasted the hospital's deplorable conditions, including the lack of attendants as well as the absence of partitions to separate men and women.

Treatment for Hansen's disease has been a constant concern in Louisiana. A leprosarium at Carville, Louisiana, the last such institution in the continental United States, still operates at the close of the twentieth century, although it no longer accepts new patients.

Cemeteries

Lower Louisiana is famous for "Cities of the Dead," cemeteries of above-ground tombs and wall crypts, or "ovens." Because much of the area is below sea level, coffins did not readily stay in the ground but rather floated to the top. It only took a heavy rain to raise the dead. To address the problem antebellum authorities at times prohibited interment in the ground. Thus, many south Louisianians were, and still are, buried above the earth's surface.

In the eighteenth and nineteenth centuries cemeteries were not only places for burial, but also considered the cause of much disease and death. Miasmas arising from decaying corpses were particularly pernicious, "the source of the most dangerous

sicknesses," according to Attorney General Barrán in 1800. Decrying "frequent burials especially in times of great heat," Barrán warned of "the pestilent exhalations of the dead bodies buried in the surface of the earth." And those pesky "vapors from the excavations in the muddy ground that is so near the city spreads over it immediately." Most dangerous of all, though, were bodies of non-Catholics, who could not be properly buried in the cemeteries, "because those places where they are usually interred are not only too near the town, but are open and exposed so as to become more easily the food for birds and carnivorous beasts."

In 1789 authorities moved the town cemetery from its site within the city walls to a location nearer the newly built Charity Hospital, in part to make the trip from sickbed to grave more convenient. Also in keeping with the popular eighteenth-century image of hospital as death house was the customary monopoly that Charity Hospital had on selling caskets.

Burial construction in antebellum Louisiana varied by class and religion. Well-to-do Louisianians commissioned large, elaborate family tombs, while those with lesser means were buried in smaller units of ovenlike wall crypts. Benevolent, social, and volunteer societies also constructed tombs for their members. The very poor who could not afford tombs or crypts were buried below ground, often in unmarked or mass graves in "potter's field" cemeteries. During epidemics the dead were often buried one on top of the other. Jews also interred their dead below ground. According to Jewish belief, the body had to return to the soil and thus was usually buried in the ground in a wooden casket without nails.

Lady Emmeline Stuart Wortley of England gave her impressions of New Orleans cemeteries in 1849:

> **New Orleans has several peculiarities of its own. . . . For instance, the cellars and graves are above ground. . . . The dead are buried in sepulchral houses, which are termed here "ovens." These often contain three or four tiers. Those belonging to the wealthy are frequently very handsome, and built with marble walls. . . .**
>
> **There was something very melancholy in the appearance of the cemetery, that we saw. Altogether, the damp swamp of the unwholesome-looking ground, the low, flat, gloomy inclosure, with its cold and sombre houses of death, and the carelessness and neglect visible, I thought, in general made it a very mournful spectacle.**

The many deaths, especially during epidemic years, kept Louisiana marble-cutters and funeral contractors in business. French traveler P. Forest commented in 1831 on New Orleans funerary dealers and their merchandise: "The Americans have found a way to profit by the epidemic. There are, in New Orleans, as many funeral contractors as there are building contractors."

By the end of the antebellum period New Orleans had twelve marble yards. Primarily dealing in funerary art, most marble yards were located conveniently near the cemeteries. Some of the most noted marble-cutters were free men of color. Eugène Warburg set up shop as a marble-cutter at mid-century and trained and brought his brother Daniel into the business. They were the sons of Jewish commission merchant Daniel Warburg and Marie Rose Blondeau, a former slave from Cuba. While Daniel primarily produced funerary art, Eugène, who was trained in France, specialized in sculpture. During reconstruction of the St. Louis Cathedral in the 1850s, Eugène submitted a proposal for laying a black-and-white checkerboard marble floor. It is likely, though undocumented, that the present central aisle of the cathedral is Eugène's work.

Florville Foy, another free man of color, was one of the most successful marble-cutters and sculptors in antebellum New Orleans. He specialized in funerary objects. Foy learned his trade from his father, Prosper Foy, who came to Louisiana from his native France. Florville's mother was Eloise Aubry, a free woman of color. After studying in France, Florville returned to New Orleans and joined his father's firm. When Prosper retired in the late 1830s, Florville opened his own marble yard. By the 1850s his prosperous business employed eight stonecutters. Florville Foy remained in New Orleans until his death in 1903.

* * *

Conclusion

Death records and contemporary accounts substantiate the assessment of Louisiana in the 1700s and 1800s as "rather a disagreeable place," especially in New Orleans during the epidemic-prone summer months. Like most tropical port cities in the Americas, New Orleans harbored hordes of disease-laden mosquitoes and germ-carrying individuals who passed in and out of the city with frequency and ease. The city's compact population, low-lying soggy terrain, ignorant or deceptive officials, and inadequate public health conditions contributed to its continued "ill" reputation through the nineteenth century.

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