Inhabitants of nineteenth century Charleston, South Carolina were, along with residents of other urban areas at that time, subject to epidemic outbreaks of numerous life threatening diseases. Prominent among these were illnesses such as smallpox, diphtheria, measles, mumps, malaria, whooping cough and multiple types of fevers. Outbreaks of these diseases varied in both severity and duration, with some occurring annually but causing few deaths and others occurring much more infrequently yet resulting in massive losses of life. Yellow fever outbreaks fall squarely in the latter category. The morbidity caused by yellow fever incited public dread which was only exacerbated by the current belief that the illness was contagious. Although historians such as David Goldfield have argued that the emergence of public health policy was primarily driven by political and business elites protecting their interests, evidence suggests that it was rather the apprehension of the city’s population along with the philanthropic interests of public health advocates which forced local officials to adopt a public health measures.

While public health in Charleston has not been studied by historians to the extent that it has been in other early American cities, such as Philadelphia and New York, several accounts of its development have been put forth. Historian David R. Goldfield argues that Charleston's emerging concern for the health of its populace during the nineteenth century was a manifestation of business influences in local government. In antebellum Charleston, Goldfield explains, "local government became an effective device of the business community to promote growth. The financial resources of government... were utilized in a variety of projects designed to stimulate the urban economy." Since Charleston's government was dominated by business interests, Goldfield suggests that public health measures were put in place to safeguard trade and the workforce, both of which dwindled during yellow fever outbreaks. Thus, Goldfield views the development of public health measures in Charleston as a top-down solution implemented in response to business interests.

Contrary to David Goldfield’s view of public health policy in Charleston, historians such as George Rosen and John Duffy argue that its origins stem from concerned philanthropists and apprehensive citizens rather than from the economic elite. Duffy maintains that the public health movement in Charleston began because the ravages of yellow fever inspired citizens to take action against its devastating effects. Rosen proposes a complementary chronology:

This pattern [of emerging public health policy] is characterized by several stages: First, a social evil is recognized by an individual or a small influential group. Secondly, studies, local experiments, or improvements are undertaken through individual initiative. Thirdly, these endeavors then act to enlighten and mold public opinion and to attract the attention of government to the problem. Finally, such agitation leads to governmental action and if successful, to legislation.

Although in Rosen’s account elites are involved in the development of public health, their involvement is not exclusive. Furthermore, the elites which Rosen credits with aiding in the development of public health are advocates rather than interested parties. Duffy and Rosen’s image of Charleston’s emerging public health policy is dramatically different than Goldfield’s, and is ultimately more consistent with historical evidence. This discussion will begin by surveying the state of healthcare and yellow fever in Charleston in the early nineteenth century, and then will demonstrate how the composition of the groups which advocated for public health measures and the reforms they supported align with Duffy and Rosen’s interpretation of public health development.

In the early nineteenth century medical care in Charleston represented an expensive and often dangerous luxury. Individuals needing medical attention would pay physicians or caregivers to reside in their homes and receive treatment until their condition resolved in recovery or death. Being affluent enough to acquire medical attention, however, generally offered little benefit because of the ubiquity of under-educated physicians and the paucity of reliable medical science.

Although an education at a European medical school was becoming more common even at the beginning of the nineteenth century, many aspiring physicians prepared for medical practice only through an apprenticeship with a currently practicing doctor before beginning to independently treat patients. Furthermore, the education received by medical students at European institutions varied widely, the duration of which often depended only on the individual preference of the student. It was not until 1860 that the majority of American medical school graduates in the South had at least two years of instruction.

Regardless of their educational background, Charleston’s physicians in the early nineteenth century were unable to effectively treat diseases such as yellow fever because of incomplete or incorrect medical knowledge. Although advances were being made in the understanding...
Figure 1. Comparison of the total deaths caused by fevers in Charleston, South Carolina between 1821 and 1858.

Mortality from Fevers: 1821 - 1858

Of disease, fostered especially by the increased acceptance of such practices as careful clinical observation and autopsy, the knowledge that was gained only slowly became translated into new methods of treatment. Therefore, despite scientific advances, methods of treating disease during the early nineteenth century included bleeding, leeching, and induced vomiting via excessive administrations of calomel. Physicians also often prescribed a diverse array of medications which ranged from those now considered helpful or harmless such as quinine and horseradish, to potentially harmful substances such as mercury and opium.

While the state of medical science and education during the early 1800's alone may have necessitated public health measures, this need was compounded by epidemics such as yellow fever. First observed in Charleston in either 1699 or 1700, cases of yellow fever usually appeared during the summer months as early as June and of yellow fever incited concern and action from members of both the higher and lower strata of society. Among the affluent concern often came from those who were already involved in public service such as politicians, priests, and especially physicians. Even before the advent of public hospitals, Charleston physicians would form “volunteer [groups] of medical inspectors to search out cases of yellow fever.” According to Dr. Thomas Y. Simons physicians were motivated to volunteer aid because there “there [was] a sense of duty, as well as a spirit of pride and emulation, among physicians in attendance on those with [yellow] fever.” Thus, the physicians of Charleston were an important group of elites which actively cared for the victims of this deadly epidemic.

In addition to providing medical attention, doctors in Charleston lobbied for public health measures to be put in place to address yellow fever. Physicians used professional organizations such as the South Carolina Medical Association and the Charleston Medical Society to both effect and advocate for change. For example, in his remarks at a meeting of the South Carolina Medical Association Dr. Francis Peyre Porcher proposed a thirteen point plan to strengthen Charleston’s public health policy and thereby decrease the occurrence of epidemics such as yellow fever:

While Charleston’s physicians and other social elites played a significant part in advocating for public health policy, the general public also played an important role. The devastating effects of yellow fever had a “depressing influence of fear, anxiety, and apprehension” on the city as people feared the worst for their families and themselves. This public distemper was a product of the inefficacy of current medicine to cure yellow fever and the rapid and unpreventable way in which it spread.

Newspaper articles published in the Charleston Mercury provide one of the best records of public opinion on yellow fever. In a series of articles published on this topic, an unnamed reporter argued from the position of the people and, directing his statements towards businessmen, said that every precautionary measure to defend against yellow fever should be adopted, no matter its effect on trade.

In response to this and other criticisms, the City of Charleston pursued a number of public health measures such as the operation of public hospitals, the establishment and strict enforcement of quarantine law, and the creation of public health bodies such as the Board of Health.

As early as 1712, Charlestonians expressed an interest in creating a public healthcare facility, and passed a statue which mandated the establishment of a public hospital for the city’s poor. This hospital, and similar establishments such as the Foundling Hospital and the Work House Hospital, created “a haven for the sick and poor people,” of the low-country. However, during yellow fever and other epidemic outbreaks public hospitals often became overrun with patients. During the yellow
fever epidemic of 1838, for example, the lack of hospital space for the poor was so severe the City Council was forced to erect a temporary hospital. Interestingly, although the city bore the entire cost of the temporary hospital, Henry Laurens Pickney suggested in a report that this provided considerable savings to the city because it prevented a large number of individual petitions for relief which, if granted, would have cost much more. Thus one public health measure advocated by Charlestonians was the creation of public hospitals which may have ultimately been economical and provided care to all, without the need to apply for charity.

An important public health measure adopted by the city of Charleston was the quarantining of ships entering the harbor. The first implementation of quarantine was in 1712 as the Maritime Sanitation at Ports of Arrival ordinance. This measure required the captain of incoming vessels to honestly declare whether or not there were any cases of contagious sickness on board and to willingly enter quarantine on Sullivan's Island until local authorities deemed the ship safe. However, over the course of one hundred years, the increasing incidence of yellow fever which appeared during the late eighteenth century and early nineteenth centuries forced the quarantine laws became increasingly strict. For example in 1839 Dr. Thomas Y. Simons required "that [ship captains] bring all the vessels, whether sick or well... to the usual Quarantine Ground at Fort Johnson," unless they were from a port in the United States and were completely free of disease.

The increase in quarantine severity over time met with mixed reception among Charleston's inhabitants and was often circumvented by ship captains wishing to speed up trade. Opposition especially came from businessmen who believed that quarantines would significantly hurt their economic interests. Ironically however, these concerns proved moot since Charleston diminished as a center of trade on its own in the latter half of the nineteenth century due to the advent of the civil war and growth of other Southern ports.

Many diseases had the potential to be epidemics in the nineteenth century Charleston, but yellow fever was one of the deadliest - often resulting in hundreds of deaths when outbreaks did occur. In response to this devastation, Charleston's populace and influential public health advocates forced officials to enact measures which safeguarded the population – public health measures. This evolution of a public health system evolved in a top-down and bottom-up manner rather than the exclusively top-down origin suggested by historians such as David Goldfield. Opposition to the public health measures by businessmen, skeptical physicians, and pockets of public resistance to health ordinances were a significant challenge for reformers. These challenges resulted in measures and ordinances which accomplished less than public health officials desired, or which were unable to be enforced. Yet, although not entirely effective or popular, steps such as establishing public hospitals, creating the Board of Health, and enforcing quarantines were strong statements asserting that the health of individuals depended upon the health of the entire community.

References

A series of articles upon the means of preventing the recurrence of yellow fever in Charleston. Charleston Mercury, 1858.

Pickney HL. A report relative to the proceedings for the relief of the sick poor, during the late epidemic; and on the subject, generally, of the public health; to which is annexed the report of the commissioners of the temporary hospital. Charleston, S.C.: Printed by W. Rilky; 1839.


Eckard GB. A digest of the ordinances of the City council of Charleston, from the year 1783 to October 1844. To which are annexed the acts of the legislature which relate exclusively to the city of Charleston. Charleston, S.C.: Walter & Burke; 1844.

Horn PL. An inaugural dissertation on the subject, is yellow fever contagious? Charleston, S.C.: Medical College of South Carolina; 1860.

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