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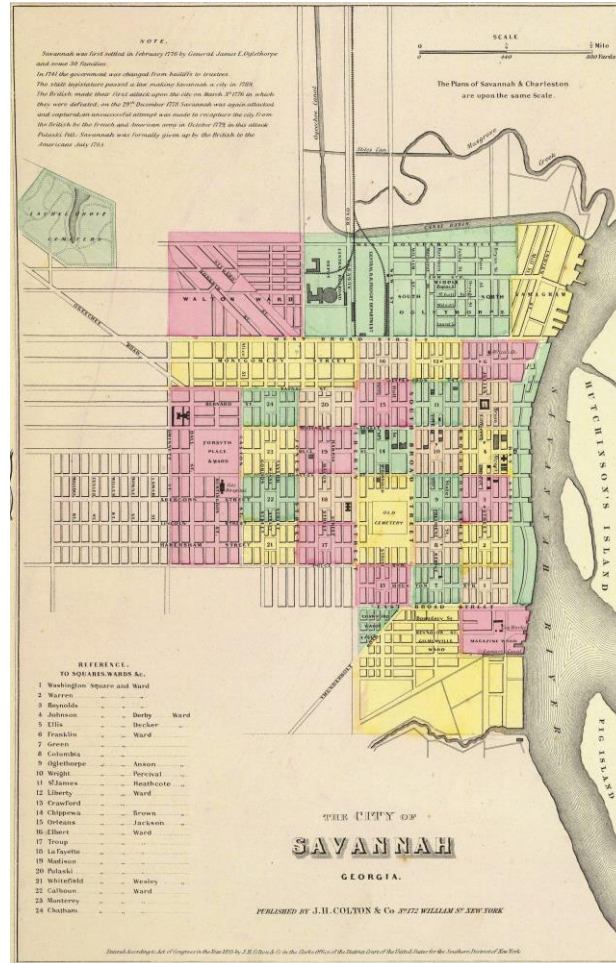
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Black mortality in antebellum Savannah

During the near 114 years that slavery was legal in Savannah -- formally enacted on January 1, 1751 and de facto abolished by General Sherman's capture of the city on December 25, 1864 -- tens of thousands of slaves perished while toiling for their white masters. For the vast majority of them no record survives. Indeed most were as anonymous in death as they had been in life. A register of white burials was kept by the city from 1803 onwards, but slaves and free blacks were simply interred in the 'negro cemetery' beyond the southern city boundary and sporadically recorded in the minutes of the Board of Health. As the city expanded in 1850s the 'negro cemetery' was a potential impediment and thus when a new cemetery was laid out for white people a distinct section was reserved for black people enabling the old cemetery to close. Some bodies were transferred to the new black cemetery, but many were simply left there and within two years the old cemetery had fallen into a 'truly revolting and deplorable state.'¹

¹ Wooden grave-markers and the surrounding fence were quickly pillaged for firewood. See Board of Health Minutes, 7 March 1855, Savannah Municipal Archives, Savannah, Georgia. The Board of Health Minutes only start in 1822, have large gaps (e.g. between 1838 and 1850) and often record burials for the summer and autumn months only. Black funerals often retained African customs, such as grave goods, and could involve an expressed hope that the deceased might return to Africa. See Albert J. Raboteau, *Slave Religion: The Invisible*

It was not long before new streets and houses erased the old cemetery from the map permanently.



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Institution in the Antebellum South 2nd ed. (Oxford: Oxford University Press, 2004), 83-5; 230-1 and Charles Joyner, *Down by the Riverside: A South Carolina Slave Community* (Urbana & Chicago: University of Illinois Press, 1984), 138-9.

The opening of Laurel Grove South, as the new black cemetery was called, was fortunate for historians however, since the keeper of the cemetery kept accurate records of both black and white burials from 1853 through to 1861.² Such statistical information for black people is comparatively rare in the antebellum South. Some attempt was made in both the 1850 and 1860 federal census to enumerate all those who died in the previous twelve months, but it was all too easy for planters to forget a short-lived slave infant who had died nearly a year ago and thus the data is not terribly reliable for a community study. Some municipalities collected mortality data on all residents, black and white, during the 1850s but Charleston's records have yet to be fully exploited by historians while data for Virginia counties is sporadic and sometimes incomplete though it has proved useful for one book-length study of black medical history in the antebellum South.³ Savannah's cemetery registers provide us with hard data on

² The records have been published: *Laurel Grove Cemetery, Savannah, Georgia, Volume 1: 12 Oct 1852 - 30 Nov 1861* (Savannah: Georgia Historical Society, 1996).

³ Todd L Savitt, *Medicine and Slavery: The Diseases and Healthcare of Blacks in antebellum Virginia* (Urbana & Chicago: University of Illinois Press, 1981), 136-7. McCandless's excellent study of mortality in eighteenth and nineteenth century South Carolina makes only limited use of the Charleston death records, mainly relating to slaves' susceptibility to yellow fever. Peter McCandless, *Slavery, Disease and Suffering in the Southern Lowcountry* (Cambridge: Cambridge University Press, 2011), 146-7. Charleston's death records are in the process of

2,566 black burials. Each entry in the register lists date of burial, name, age, disease, doctor, status (free or slave) and if enslaved, the name of the owner. Since Laurel Grove South was the only cemetery to accept blacks, and even short-lived infants had to be buried somewhere, the records provide a fairly complete and detailed picture of black mortality in 1850s Savannah.

Previous studies of black health, medical care and mortality have tended to focus on plantations because this was the normative experience for antebellum slaves, but such an approach overlooks slaves working in industries, or on canals and railroads and more than a hundred thousand enslaved people who lived in southern cities.⁴ The differences between city and rural life are

being digitised by the Charleston Public Library but were unavailable at the time of writing.

⁴ Claudia Dale Goldin, *Urban Slavery in the American South 1820-1860: A Quantitative History* (Chicago & London: University of Chicago Press, 1976), 12. Goldin counts 139,000 slaves living in incorporated towns and cities with populations over 2,500. The best general overview of urban slavery remains Richard C. Wade, *Slavery in the Cities: The South, 1820-1860* (Oxford: Oxford University Press, 1964). The best examination of black life in Savannah is Whittington B. Johnson, *Black Savannah, 1788-1864* (Fayetteville: University of Arkansas Press, 1996). Notable studies of enslaved health include Richard H Steckel 'Slave Mortality: Analysis of Evidence from Plantation Records', *Social Science History*, 1979, 3; Sharla M. Fett, *Working Cures: Healing, Health and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina

important considerations for this study. Existing scholarship has demonstrated that southern whites formulated racialised theories to explain medical differences between whites and the enslaved, placing particular emphasis on ‘evidence’ that ‘proved’ the suitability of those of African descent for enslavement. Savannah’s burial records allow us to see precisely what difference race, in the sense of being perceived and treated as black, made to mortality.

At the same time, plantations were a battleground between the enslaved and owners who had very divergent understandings of what medicine should be. Sharla Fett describes the struggle between folk remedies and early science as one over ‘healing authority’, and there is evidence that this was also happening in Savannah.⁵ Historians of black medicine, and of slavery more generally, tend to agree however that enslavement was not good for health. Richard Steckel has estimated, based on a detailed study of eleven plantations, that life expectancy for rural slaves was in the early to mid 30s.⁶ Poor hygiene and inadequate diets were largely to blame, though gruelling work regimens and punishment beatings

Press, 2002) and Herbert C. Covey, *African American Slave Medicine: Herbal and Non-herbal Treatments*. (Lanham: Lexington Books, 2007). Todd Savitt’s *Medicine and Slavery* is the exception, but even here black mortality in Richmond, Petersburg and Norfolk forms part of a much larger study of slave health in Virginia.

⁵ Savitt, *Medicine and Slavery* 7-29; Fett, *Working Cures*, 5-6. See also Covey, *African American slave medicine*, 32, 46-9.

⁶ Steckel ‘Slave mortality’, 94.

also played a part. Infant mortality was particularly high caused by a combination of maternal ill health and the poor diet of children as they were weaned. Overall, black mortality in the nineteenth-century rural South was roughly double that of whites.⁷ Kenneth and Virginia Kiple have argued that many nutritional problems experienced by slaves were a result of their lack of adaptation to the North American environment. The high incidence of lactose intolerance among those of West African origin caused calcium and magnesium deficiencies as the fresh fish and vegetables that could replace dairy calcium were often absent from the regular diet. Insufficient sunlight in cooler North American climates, when compared to West Africa, led to vitamin D deficiency and this, together with reduced intake of calcium and magnesium, has been linked with tetany and tetanus, which killed far more blacks than whites, particularly children, in the antebellum South.⁸ Among adults, diets that were high in carbohydrates and fat, and comparatively low in protein and vegetables, driven at least in part by

⁷ Richard H Steckel, 'A Peculiar Population: The Nutrition, Health and Mortality of American Slaves from Childhood to Maturity', *Journal of Economic History*, 1986, 46, 733-4; Richard H. Steckel, 'A Dreadful Childhood: The Excess Mortality of American Slaves', *Social Science History*, 1986, 10, 430-1, 499.

⁸ Kenneth F Kiple & Virginia H. Kiple, 'Slave Child Mortality: Some Nutritional Answers to a Perennial Puzzle', *Journal of Social History* 1977, 10, 290-1. The modern day state of Ghana, for example, lies between 5 and 10 degrees north of the equator. Georgia by contrast lies between 30 and 35 degrees north of the equator and receives no direct sunlight (where the sun is overhead).

planters' theories about the unsuitability of 'rich' food for slaves, deprived most slaves of key vitamins and minerals vital for health and made them more vulnerable to a variety of intestinal diseases and respiratory illness.⁹

Factors unrelated to diet also negatively impacted slave health. The widespread belief among whites that those of West African origin were immune to the fevers common in the South helped to bolster the argument that only the enslaved were 'suited' to working in hot, oppressive, and mosquito-riddled swamps. While some slaves did possess a degree of immunity to some strains of malaria, slaves possessed no special defence against typhoid, cholera, dysentery or tuberculosis, all of which could spread quickly in cramped and unhygienic slave quarters.¹⁰ William Dusiaberre's study of three rice plantations in coastal Georgia and South Carolina, one of which, Gowrie, was only a few miles from Savannah, documented the shocking mortality rates of what he termed 'the charnel house'. Up to a quarter of the slaves at Gowrie died each year from measles, cholera, malaria, dysentery and other intestinal diseases, while child mortality was up to 90%. The environments the enslaved were compelled to inhabit in the South were full of dangerous pathogens, and in no region was good health normal, but the dangers from disease were particularly acute in the Georgia and South Carolina lowcountry. The slave population of the

⁹ *ibid*, 288, 298.

¹⁰ Todd L. Savitt, 'Slave health and Southern distinctiveness' in Todd L. Savitt & James Harvey Young eds., *Disease and Distinctiveness in the American South*. (Knoxville: University of Tennessee Press, 1988), 120-135.

United States, as a whole, grew naturally in the nineteenth century, but not in coastal Georgia. Slave populations here were only sustained by purchasing new slaves to work in this deadly environment.¹¹

In the context of current scholarship regarding the health of slaves, and particularly those enslaved in coastal Georgia, the data from Savannah offers an excellent opportunity to study the effects of an urban environment on slave health. Much excess mortality among plantation slaves can be attributed to their poor diet that was simply insufficient for those engaged in hard labour, but, in theory, urban slaves had access to better diets than their rural counterparts. Instead of being given set food allowances, it was more normal for city slaves to be given leftovers from the meals they prepared for the white household. Frederick Douglass declared “Every city slaveholder is anxious to have it known of him, that he feeds his slaves well; and it is due to them to say, that most of them do give their slaves enough to eat.”¹² Douglass was describing Baltimore, but there is no reason to believe that Savannah’s slaveholders were markedly different in this respect. Charles Grandison Parsons, a northerner visiting

¹¹ William Dusingberre, *Them Dark Days: Slavery in the American Rice Swamps* (Oxford: Oxford University Press, 1996), 48-54. See also K. David Patterson, ‘Disease Environments of the Antebellum South’ in Ronald L. Numbers & Todd L. Savitt, eds., *Science and Medicine in the Old South* (Baton Rouge & London: Louisiana State University Press, 1989), 152-165.

¹² Frederick Douglass, *Narrative of the Life of Frederick Douglass* (Boston: Anti-Slavery Office, 1845), 34-5.

Savannah in 1853 who had no love of slavery, grudgingly admitted that “the slaves were very well cared for.”¹³ Moreover, Savannah had a large market well-supplied by slaves from nearby plantations who brought their fresh produce into the city to sell. One observer reported that ‘Here almost every eatable thing can be found. Vegetables fresh from the garden are sold the year round. All kinds of fish, both shell and finny, may be had here; birds of all kinds, both tame and wild; and the most delicious tropical fruits, as well as those which are brought from cold countries.’¹⁴ Given that food was comparatively plentiful it seems plausible that Savannah’s slaves enjoyed a better diet than many of their rural counterparts. Unfortunately there are no first hand accounts of what slaves in the city thought about their diet.

Urban slaves were often better dressed than plantation slaves since being dressed in rags or being semi-naked would have reflected badly on the wealth of the owner. Shoes, something of a rarity on plantations, were far more common in town, and helped to prevent hookworm parasites entering the body through the feet. Living conditions for domestic slaves, while not comparable with the luxury of the main house, also tended to be better than on plantations. Slave quarters that backed onto Savannah’s ‘lanes’ were usually solidly built from brick, with timber rather than earthen floors and proper roofs, mitigating against illness

¹³ C.G.Parsons, *An Inside View of Slavery, or a Tour among the Planters* (Boston: J. P. Jewett, 1855), 25

¹⁴ Emily Burke, *Pleasure and Pain: Reminiscences of Georgia in the 1840s*. (Savannah: Beehive Press, 1991), 10.

caused or exacerbated by living in damp conditions. William Grimes, purchased by Savannah physician Lemuel Kollock in the early nineteenth century, was housed in the upper part of Kollock's carriage house where he was pleased to find 'a bed-stead, or bunk made of boards.'¹⁵ Urban slaves who lived apart from their masters, usually on the eastern or western fringes of the city had far less salubrious accommodations, being described by one visitor as "low, dingy, dirty, squalid, cheerless, negro huts."¹⁶ A quarter of Savannah's black population lived in these neighbourhoods and all city slaves lived in close proximity to each other in overcrowded conditions that facilitated the transmission of communicable diseases. On the other hand, urban slaves usually had access to fresh water via wells and from 1854 the Water Works on the western side of the city pumped fresh and comparatively clean water to an increasing number of dwellings. By 1857 all parts of the city were connected to mains water.¹⁷ The first sewers were constructed in the 1850s to remove human waste, and these measures would have helped to reduce the incidence of dysentery, typhoid, cholera and other diseases caused by contaminated water.¹⁸

¹⁵ *Life of William Grimes, The Runaway Slave. Written By Himself.* (New York: np, 1825), 30.

¹⁶ Parsons, *Inside View of Slavery*, 23

¹⁷ Walter J. Fraser, *Savannah in the Old South* (Athens: University of Georgia Press, 2003), 295-6. Mayor's Report, *Daily Morning News*, 21 October 1857.

¹⁸ For example, in 1851-2, the city spent more than \$8,000 building sewers in South Common, Liberty and Barnard Streets and more than \$10,000 on another

The burial data from Savannah permits us to ascertain whether living in an urban environment affected the health of enslaved people in meaningful and measurable ways, and whether there were obvious differences between the mortality experienced by whites and blacks. It is important to issue a clear caveat about the diagnostic data that is available. The keeper of the cemetery recorded a cause of death for 98% of black people buried in the cemetery between 1853 and 1861 but this does not mean that we have a definitive and exact diagnosis in each and every case. Just over a third of entries were based on a diagnosis by one of Savannah's doctors, many of whom were vastly experienced medical professionals who could recognise the symptoms of various diseases and maladies. Even those with medical qualifications however sometimes struggled to differentiate between the numerous fevers common in Savannah that were often described as 'bilious', 'bilious remittent', or 'intermittent' and might have referred to dengue fever, yellow fever, or malaria. It is not known where diagnostic information came from for the roughly two-thirds of cases where no doctor was recorded, but as there is no difference in the quality and detail of the information given it is reasonably likely that the information came from a medical professional even if the source was not recorded. Some causes of death were self-evident: those who died in accidents, by the hands of others, or who drowned in the river were fairly clear-cut. Cases of 'inflammatory bowel', 'congestion of the lungs' or 'disease of the heart' might simply have been

sewer near the canal in one of the poorest parts of the city. See Mayor's Report, *Daily Morning News*, 2 December 1852.

diagnosed by asking which part of the body hurt the most, concealing a variety of possible causes of death. I have followed the lead of Todd Savitt and grouped related causes of death together to make the data more robust. Thus intestinal diseases, respiratory diseases, and fevers have been treated together as groups despite fevers for example having many different origins: viral, bacterial and parasitical. Where appropriate, use will be made of the federal census data for 1860 as well as white burial records to highlight differences between black and white mortality.¹⁹

Infant Mortality

It is immediately apparent from the burial records that infant mortality among Savannah's black population was terrible. Of the 2,566 people buried in Laurel Grove South between 1853 and 1861, 1,117 (43.5%) were under five years old at the time of their death and 795 (30.9%) were still in the first year of their life. This seemingly reinforces the conclusions of Kiple, Steckel and Dusinger relating to black infant mortality. Certainly the first year of life was the most dangerous for black children and the biggest killers of black infants were tetanus and tetany, commonly described in the records as 'lockjaw', 'convulsions', or 'spasms.' Tetanus was often the result of infection entering the

¹⁹ White protestant burials are included in the published records of Laurel Grove Cemetery (see note 1), but Catholic burials are only recorded in the Sacramental Registers held at the Catholic Pastoral Center, Savannah. It should be noted that published nineteenth century mortality statistics are deeply flawed (see note 56).

body via the umbilical stump and overwhelming a newborn's immune system in a few days. Unhygienic living conditions and medical practices increased the risk of infection. Savannah physician Phineas Kollock blamed the high incidence of neonatal tetanus among slaves on the use of a 'scorched rag' by black midwives to bind the umbilical cord rather than a clean dressing. He reported that after leaving strict instructions on one plantation that all babies were to have umbilical dressings regularly changed, the plantation midwife reverted to the old practice of a 'scorched rag' with the result that every child died 8 to 10 days after birth.²⁰ This is a good example of Sharla Fett's 'contested healing authority' whereby the recommendations of a white doctor were ignored by a black medical practitioner. Kollock's advice was subsequently followed but only after the midwife was 'threatened with punishment' by the master.

Tetany often mimicked the symptoms of tetanus though, as Kiple and Kiple have demonstrated, it was often diet related and caused by a lack of important vitamins and minerals. Cases of tetany most often occurred around weaning as comparatively nutritious breast milk was supplanted by carbohydrates and fat. Kiple and Kiple used the mortality schedule from the 1850 census to demonstrate that black infant mortality was double that of whites in the South, and that deaths from tetany and tetanus were four times those experienced by whites.²¹ Data from Savannah only partially supports this

²⁰ P.M.Kollock 'Case of Traumatic Tetanus cured by Strychnine', *Southern Medical and Surgical Journal*, 1847), 3, 601.

²¹ Kenneth F Kiple & Virginia H. Kiple, 'Slave Child Mortality', 290

conclusion. Nearly two-thirds (64.4%) of the black children to die in their first year of life were killed by tetanus or tetany. In comparison fewer than half (48.1%) of white children died of the same causes. During the 1850s an average of 73 white children under 5 died from tetanus/tetany each year, compared to 65 black children, but as there were roughly twice as many white children under five in Savannah by 1860 these figures suggest that black children were at greater risk of tetanus infections than their white counterparts. It is also clear, however, that the risk to whites was far higher in Savannah than in the South more generally where tetanus infections amounted to only a quarter of those suffered by blacks.²² This difference can most likely be attributed to poor hygiene conditions in the cheap housing popular among immigrant whites on the eastern and western edges of the city that bore more similarity to overcrowded slave quarters than to the genteel town houses of the elite.

The federal census of 1860 permits a crude, but useful, estimate of the infant mortality rate in Savannah. Since the census was taken over a three month period, from mid June to late September, it does not provide a precise snapshot of the city's population but since births were not formally registered the census is the best source of information available.²³ The mortality rate for enslaved infants

²² *ibid.*

²³ Mortality rates were calculated by counting the number of children under one year listed in the free and slave schedules for the city of Savannah only, ignoring the heavily black population of the rural parts of Chatham county. Deaths were counted from August 1, 1859 to July 31, 1860, thus ending in the middle of the

was 32%, thus of a hundred live births in a year, thirty-two would not reach their first birthday. The infant mortality rate for whites was lower than for slaves but not massively so – 26%.²⁴ The mortality of slave children before their fifth birthday, I estimate at 47%, meaning that for each live birth, a slave woman had a roughly evens chance of losing her child before it was five years old. Comparatively higher white childhood mortality between twelve months and five years meant that white mortality under the age of 5 was 45%, only slightly lower than for slaves.²⁵ The data from Savannah suggests that childhood mortality in the city

period when the census was taken. Inevitably small numbers of infants who died in June and July 1860 have probably been counted twice, while some who were born in August and September were probably not counted at all. This was impossible to avoid as the census did not record names of slaves, only age and sex. Since all dead children were buried in Laurel Grove the risk of under-counting, common with methodologies that use the mortality schedule in the census, is minimized.

²⁴ If stillbirths are factored in then the mortality of slave children was slightly higher still than for whites, 39% rather than 32%. Stillborn children were buried in the cemetery and listed as ‘stillborn’ in the records and thus can be readily distinguished from live births.

²⁵ The five year totals were estimated by using the data for the twelve months August 1, 1859 to July 31, 1860. It was assumed that mortality was the same in each year, thus the deaths of those under 1 were counted 5 times, those between 1 and 2 years were counted four times, those between 2 and 3 years

among slaves was no better than on many plantations, and some might suggest it was worse. Richard Steckel estimated a childhood death rate among plantation slaves of 30-35% during the first year of life based on average birth weights and the known relationship between birth weight and excess mortality.²⁶ Savannah's childhood mortality at least matches this. At Gowrie, on Argyle Island in the Savannah River however, the records document that about 80% of slaves born on the plantation failed to reach their fifth birthday.²⁷ The comparatively better living conditions of Savannah's slaves, in terms of diet, clothing, and shelter, resulted in infant mortality rates in the city being markedly better than those experienced on one nearby plantation. The mortality of Savannah's enslaved infants was awful, but at Gowrie it was truly apocalyptic. For whites the rather scattered and scanty evidence indicates that infant mortality rates in Savannah were up to twice what was normal elsewhere in the 1850s.²⁸

were counted three times, those between 3 and 4 years were counted twice while those aged 4 to 5 years were counted once.

²⁶ Richard H. Steckel, 'Birth Weights and Infant Mortality among American Slaves', *Explorations in Economic History* 1986, 23, 193.

²⁷ Dusinger, *Them Dark Days*, appendices B and C, particularly pp.446-7.

Dusinger argues that a large number of children who died within a few days or weeks of birth were never recorded, and counting them pushes the mortality rate up to 90%.

²⁸ Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Ann Arbor: University of Michigan

Maternal Health

Historians have argued that high rates of infant mortality can partly be attributed to the health of mothers.²⁹ Women who themselves were nutritionally deficient tended to give birth to smaller babies and were unable to provide them with high-quality breast milk. There is some evidence that black mothers were in worse health than white mothers since black women died in childbirth or shortly afterward due to postpartum infection at twice the rate of white women during the 1850s. The maternal mortality rate (MMR) for white women in the United States was about 60 per 10,000 births in the mid-nineteenth century, but in Savannah it was significantly higher at about 88 per 10,000 births.³⁰ The black maternal mortality rate was roughly double that of whites at 169 per 10,000 births, and

Press, 1998), 1. Richard H. Steckel, 'The Health and Mortality of Women and Children, 1850-1860', *The Journal of Economic History*, 1988, 48, 344.

²⁹ Steckel, 'A Dreadful Childhood', 430; Kiple & Kiple, 'Slave Child Mortality,' 288.

³⁰ Irvine Loudon, *Death in Childbirth: An International Study of Maternal Care and Maternal Mortality 1800-1950* (Oxford: Clarendon Press, 1992), 289-90. Maternal mortality rates were calculated by counting the number of children under a year old in the 1860 census and then adding the number who were born after Aug 1, 1859 and who died before July 31, 1860 to give a total number of births in the year. This was then used as a multiplier to match the number of years of data relating to maternal deaths. The figure for white maternal mortality was based on three years of data, the figure for black maternal mortality was based on eight years of data.

there are two possible explanations for this difference: that black women had generally poorer health, meaning they coped less well with the trauma of birth, and/or they received poorer ante-natal and post-natal care. Slaveholders might have paid for a white doctor to attend slave women but they were perhaps as likely to use a black midwife. Irvine Loudon has suggested that the preference of black mothers for elderly 'granny' midwives, who were less physically capable than younger midwives and who lacked the skill of white physicians was a reason for persistently high black maternal mortality in the United States.³¹ We do not have sufficient information to know for certain if this was happening in Savannah, but of three free black women in Savannah who gave 'midwife' as their profession in the 1860 census the youngest was 57 and the other two were over 80. Rates of stillbirth were up to 50% higher for black women than white women: in 1860 black women lost nearly 10% of their babies at the time of delivery, white women by contrast lost 6.2%. While the causes of stillbirth are difficult to ascertain, even today, it is possible that the health of black women and the skill level of the attending midwife were factors.³²

³¹ Ibid, 317. Schwartz agrees that granny midwives were the norm for enslaved mothers, but does not comment on their competency apart from to note that white doctors were generally scathing about their ability. Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge: Harvard University Press, 2009), 146-153, 180-183.

³² Laurel Ulrich has actually argued that women were better off with a midwife rather than a doctor in early nineteenth century New England. Laurel Thatcher

There is a risk of making too much of the data for 1860 since ten years previously the white MMR was 130 per 10,000 births and in 1840 it was 331 per 10,000 births. There is no obvious reason why the white MMR would be falling since the amount of medical care available and the techniques of physicians did not alter significantly between 1840 and 1860. In fact, the number of doctors did not increase as fast as the general population in the 1850s.³³ White women had the option of delivering at one of the small private hospitals or the Savannah Poor House and Hospital, but this facility had existed since 1808 and was never popular as a lying-in hospital being primarily used by visiting seamen and thus there is no reason to suppose it had any impact on maternal mortality.³⁴ Black women did not have the option of institutional care, even the Poor House was off-limits to them, and therefore they had to rely on midwives or on other medical care provided by owners.³⁵ Loudon suggests an alternative reason for falling

Ulrich, "The Living Mother of a Living Child": Midwifery and Mortality in Postrevolutionary New England,' *William and Mary Quarterly*, 1989, 46, 27-48.

³³ There was roughly one doctor for every 200 people in 1848, but one doctor for every 300 people by 1860.

³⁴ See Timothy J. Lockley, *Welfare and Charity in the Antebellum South* (Gainesville: University Press of Florida, 2007), 120-4.

³⁵ One Savannah physician providing post-natal care for black mothers was Phineas Kollock. In one article he describes lengthy, often surgical, treatment given to black women who suffered post-birth incontinence. P M Kollock "Vesico-Vaginal Fistula – A Report read before the medical society of the state of

white MMRs in the nineteenth century – under-reporting. He argues that the blame regularly attached to doctors when a woman died in childbirth meant that the amount of under-reporting of maternal mortality increased during the nineteenth century as doctors attributed deaths to ‘fever’ or ‘haemorrhage’ rather than specific birth related complications. This was particularly likely when the woman belonged to an elite family.³⁶

Respiratory illnesses

More black adults in antebellum Savannah died from respiratory diseases than from any other type of illness. Between 1853 and 1861 26.3% of adult black burials were attributed to a variety of respiratory diseases including pneumonia, pleurisy, ‘congestion’, and ‘sore throat’. Some of these were bacterial, others probably viral, but the disease that claimed the most victims was tuberculosis or ‘consumption’. A bad cough, often with blood in the saliva, was the most common symptom of tuberculosis, though bacteria often spread from the lungs to affect other organs. Coughing was also what enabled the bacteria to spread quickly between individuals particularly in enclosed and confined quarters. Slave housing throughout Savannah easily met those criteria, and deaths from tuberculosis alone accounted for 13% of black burials in Savannah. Among whites respiratory illnesses accounted for only 14.7% of deaths, but that is mainly because of the

Georgia, at their annual meeting, at Augusta, April 8th, 1857” *Southern Medical and Surgical Journal* 1857, 13, 268-81; 342-58.

³⁶ Loudon, *Death in Childbirth*, 35.

devastating impact of fevers, of which more later. On average during the 1850s respiratory illnesses claimed 65 white and 49 black lives each year, broadly in line with the racial ratios of the adult population, suggesting that the insalubrious accommodations of the poorer white people were also places where infections could spread easily.³⁷ Across the South more generally whites seemingly succumbed to tuberculosis more frequently than blacks, though Savitt suggests that blacks in Virginia more often suffered from a virulent form of the disease that claimed them at a younger age.³⁸ This was not the case in Savannah: the average age of blacks who died of tuberculosis was 32.5 years, compared to whites 29.7 years, suggesting that both blacks and whites were affected similarly by the disease.

Superannuation

The next most common cause of death listed in the cemetery records of Savannah's black population was, perhaps surprisingly, 'old age.' More than 13% of burials were attributed to this somewhat vague 'catch-all' term that probably masked a variety of illnesses including cancer, heart failure, pneumonia and dementia. The youngest person to have 'old age' listed as a cause of death was 65, but six were more than a hundred (the oldest was 111) and the average age

³⁷ The proportion of people in Savannah who were white rose from 54% in 1850 to 62% in 1860. During the 1850s whites accounted for 57% of the annual deaths from tuberculosis.

³⁸ Savitt, *Medicine and Slavery*, 43.

was 81. By contrast only 1.3% of white deaths were attributed to the same cause, and while this difference might be explained by the greater diagnostic efforts made by doctors for white patients, other statistical snapshots of the city's population confirm that Savannah was home to a sizeable elderly black population and that the comparable white population was far smaller. Bancroft's 1848 city census counted just 55 white people over the age of 70 compared to 120 black people.³⁹

	under 5	5 to 14	14 to 21	21 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80
White Males	537	620	371	1097	623	274	128	60	15
White Females	534	684	528	829	469	225	138	77	33
Slave Males	377	495	347	462	302	174	78	52	19
Slave Females	483	620	448	702	472	295	173	100	50
Free Black Males	58	62	28	42	24	12	7	5	2
Free Black Females	60	83	55	82	51	21	22	11	5

Table 1:
Savannah's
Population in
1848. Source:
Joseph Bancroft,
Census of the
City of Savannah

³⁹ Joseph Bancroft, *Census of the City of Savannah* (Savannah: Edward C. Councill 1848), 12. Just over half of the city's population was white in 1848 (7,250 out of 13,573).

(Savannah:
Edward C.
Councill, 1848),
4-12.

Of course it is possible that Bancroft exaggerated the age of elderly blacks to make a political point about the benefits of slavery. The 'very great longevity' among the city's blacks was certainly used by some as evidence 'how readily the negro assimilates to our climate,' but Bancroft's study was largely for local consumption and not widely circulated.⁴⁰ It is hard to imagine his data influencing attitudes towards slavery and it generally tallies with other statistical snapshots: in 1860 the federal census recorded that 70% of Savannah residents over 70 years old, and 78% of those over 80 were black.⁴¹ Explaining this phenomenon is difficult. There were certainly some white people who lived in comparative luxury, with plentiful food, a clean environment, and access to medical and nursing care. Yet this did not translate into the extreme longevity enjoyed by some enslaved people. It is possible, though far from certain, that the modest but adequate daily calorie intake normal for adult slaves helped to prolong life and reduce the incidence of illnesses such as heart disease and diabetes associated with a modern 'western' diet. The fact that slaves were kept active and working as they aged could also have helped. Masters commonly reduced the workload of elderly

⁴⁰ Alfred B. Tucker, 'Influence of Race upon the Type and Treatment of Disease' *Savannah Journal of Medicine*, 1861, 4, 165. Just a single copy of the first edition of Bancroft's census now exists in the University of Georgia Library.

⁴¹ Federal Manuscript Census returns, Chatham County, Georgia 1860.

slaves, accepting their diminished physical ability, but still found them tasks whether it be childcare, nursing, or food preparation that justified the resources they consumed.

Fever

The southern states were particularly noted for their autumnal fevers particularly the mosquito-born infections that we now know as malaria, yellow fever and dengue fever. In the nineteenth century fevers were usually classified as 'bilious', 'remittent' or 'intermittent' or a combination of those terms. Yellow fever might sometimes be accurately labelled, most often during an epidemic, and 'break-bone fever' was a contemporary term for dengue fever. The evidence suggests that adult black death rates from bilious and remittent fevers were comparatively low accounting for only 3% of burials. By contrast fevers had a devastating impact on the white population being listed as the cause of death for 41% of white burials for two sample periods, 1854-5 and 1859-61. In both 1820 and 1854 more than six hundred whites died from yellow fever and another hundred died in 1858. Overall between 1803 and 1853 fevers accounted for over a third of all white deaths in the city.⁴² The comparatively small death toll from fever among Savannah's blacks (fewer than ten per year on average) was not

⁴² 4,810 of 13,993 white deaths (34.7%) were attributed to bilious fever, bilious remittent fever, remittent fever, intermittent fever, yellow fever, or simply 'fever'. These figures exclude typhoid fever, scarlet fever, 'nervous fever' and 'worm fever'.

because mosquitoes preferred white skin, indeed there is plenty of evidence that blacks were bitten just as much as whites. Immediately William Grimes arrived in Savannah he was 'tormented with moschetos and such other insects as infest that country (called by different names) to a great degree, so that we could hardly sleep nights.' It was not long before Grimes fell sick with an 'ague and fever, which reduced me so low that even my attending physician, Doct. Collock (who attended me strictly for about four months) dispaired of my life.'⁴³ It is probable that Grimes was infected with the falciparum strain of malaria, since most of those enslaved in coastal Georgia possessed genetic immunity to vivax malaria, the other common strain in the lowcountry. Many blacks also had a degree of resistance to falciparum malaria via the 'sickle cell trait' but while this tended to reduce the immediate mortality from infection it did not render them completely free from illness.⁴⁴ Dr Richard Arnold, based on twenty-four years of medical practice in Savannah, was convinced 'of the less liability of the negro to all classes of our malarial fevers (by which I mean, Intermittent, Remittent, Congestive, etc.) But I can not say that the negro is exempt entirely, for I have treated them for various forms of malarial fever. Still, even where they do have it,

⁴³ *Life of William Grimes*, 29.

⁴⁴ On malaria see Savitt, *Medicine and Slavery*, 17-35, esp, 26-7 and McCandless, *Slavery, Disease and Suffering*, 144-5. Savitt shows that c.90% of West Africans lack the Duffy antigen and are thus resistant to the vivax strain. Most of those enslaved in the United States came from this region of Africa.

they have it in a very light form & I do not recollect ever to have lost a full-blooded African by a climate fever.⁴⁵

Blacks also survived yellow fever in far higher proportions than whites, even when infected at the same rate. Savannah's worst bout of yellow fever, in terms of the proportion of the population who died, came in 1820. More than six hundred whites died, about a third of those who remained in the city, but black deaths were estimated at two hundred or less than 10% of the resident black population.⁴⁶ During the 1854 yellow fever epidemic white mortality again topped six hundred, but black deaths numbered just fourteen. The Savannah Republican commented that 'there has been a most extraordinary amount of sickness among the blacks as well as whites – though the mortality among the former has been far less than among the latter.'⁴⁷ This ability to survive yellow fever was observed

⁴⁵ Richard Arnold to Dr A P Merrill, 23 May 1854. Richard H Shryock, [ed], *Letters of Richard D. Arnold M.D.* (Durham, North Carolina, Seeman Press, 1929), 66.

⁴⁶ *An Official Register of the Deaths which occurred among the White Population in the City of Savannah* (Savannah: Henry P. Russell, 1820).

⁴⁷ cited in the *Charleston Daily Courier*, 29 September 1854. See also Tim Lockley, "'Like a clap of thunder in a clear sky": differential mortality during Savannah's yellow fever epidemic of 1854,' *Social History*, 2012, 37, 166-186.

elsewhere in the South and helped to confirm white beliefs that it was 'utterly impossible ... for the white race to do the outdoor work in this hot climate.'⁴⁸

Enteric Diseases

Water-borne, rather than mosquito-borne, infections were major killers in Savannah. About 8% of adult black deaths between 1853 and 1861 were attributed to either cholera, typhoid, dysentery or diarrhoea. Even though most of the city had access to piped fresh water by 1860 water-borne infections were able to spread in the absence of proper comprehensive sewerage systems and knowledge of the importance of personal hygiene. Having said that, Savannah does not seem to have suffered the major epidemics of cholera and typhoid that sometimes afflicted other eastern seaboard cities. Hundreds, if not thousands, in New York and Philadelphia died in the cholera epidemics of 1832 and 1849, but Savannah seems to have escaped fairly lightly. In 1834, the year that cholera first came to the Georgia coast, the disease claimed twenty-one white lives in Savannah. It is not known with certainty how many blacks died of cholera in the city - seven deaths were reported to the Board of the Health but there might have

⁴⁸ Richard Arnold to Sol Cohen, 29 September 1854. Shryock, [ed], *Letters of Richard D. Arnold M.D.*, 71. On black resistance to yellow fever see Kenneth F. Kiple and Virginia H. Kiple, 'Black Yellow Fever Immunities, Innate and Acquired, as Revealed in the American South', *Social Science History*, 1977, 1, 419-436. Kenneth F. Kiple, 'Response to Sheldon Watts', *Journal of Social History*, 2001, 34, 969-974.

been more that were not reported.⁴⁹ Nearby plantations were not so fortunate. The first cases of cholera on the Savannah River plantations were reported at the end of August 1834, and within a month more than 400 slaves had perished from the disease. The disease struck with great rapidity, sometimes claiming six new victims an hour, and some patients lived just three hours from exhibiting the first symptom.⁵⁰ Cholera spread rapidly from plantation to plantation, most likely transported in the bodies of those who visited friends and relations on infected plantations. The poor hygiene and water quality of most plantations made them ripe for the transmission of cholera bacteria. The situation in Savannah was less favourable for the disease, with well water most likely remaining free of bacteria, and several of the blacks who died of cholera in 1834 came into the city already infected with the disease.⁵¹ Cholera still came in waves, all but three of the black people who died of cholera between 1853 and 1861 died within a four month period between December 1854 and March 1855, but the disease claimed only twenty-three victims in total during those eight years.

⁴⁹ Savannah Board of Health Minutes, September-December 1834. Savannah Municipal Archives, Savannah.

⁵⁰ Reported in *Baltimore Patriot*, 11 September 1834. The estimate of total deaths comes from *ibid*, 30 September 1834.

⁵¹ See for example the case of the ferryman who carried the mail from the city to South Carolina. He was infected from a plantation but died in the city. Board of Health Minutes, 25 September 1834.

Typhoid claimed about twice as many lives as cholera among urban blacks in Savannah, but that was still fewer than ten victims per year and the comparative evidence indicates that water-borne infections killed more whites than blacks during the 1850s. About 12% of white deaths were attributed to enteric diseases between 1859 and 1861, and collectively these illnesses claimed forty white lives each year. Certainly blacks did not suffer disproportionately from water-borne diseases. The situation described by Dusinger for the nearby Gowrie plantation was far worse, with enteric diseases taking a heavy toll.⁵² The difference can perhaps be attributed to the large amount of standing water on the rice fields at Gowrie, which provided a breeding ground for bacteria, and the reliance on the river as a source of drinking water. In Savannah, even before the water works were established, the wells that provided drinking water were usually deep and comparatively clean. Moreover, the city had gone to some lengths from as early as 1817 to establish a system of dry culture on the fields closest to the city, preventing the accumulation of large bodies of standing water.⁵³

Comparative Mortality

⁵² Dusinger, *Them Dark Days*, 58-61.

⁵³ Fraser, *Savannah in the Old South*, 186.

The federal census of 1860 provides us with an opportunity to measure the proportion of people who died in a single year.⁵⁴ 1860 is a relatively normal year, there were no epidemics to unduly affect the figures, and while white deaths were about 10% higher in 1860 compared to 1859, they were about 10% lower than 1861, so 1860 could be seen as a median figure for a three year period. In 1860 the white death rate was 399 per 10,000 people. For slaves the death rate was 403 per 10,000 people, and the number of black burials in 1860 was broadly in line with the average since 1854.⁵⁵ The free black death rate was highest of all, 723 per 10,000 people, but the free black population of Savannah was relatively small, only 705 individuals in 1860, so a few extra deaths easily skews the figures, and in fact the number of free black burials in 1860 was higher than any other year between 1853 and 1861. A more realistic view of free black mortality comes from using the average number of deaths over this eight year period, yielding a mortality rate of 560 per 10,000 individuals. Overall black

⁵⁴ I am not using the mortality schedule from the 1860 census, only the population count, and then using the burial records to estimate comparative mortality.

⁵⁵ The average number of black burials between 1854 and 1861 was 253.75 per year; the actual number of burials in 1860 was 254. The actual number of enslaved people in the city is not clear. The census figure of 7,712 is certainly too high as it includes nearby plantations. I estimate that the true urban slave population is c.6,300 and that is the figure I have used to make this calculation.

mortality, combining slave and free black data, was 420 per 10,000 people, about 5% higher than white mortality.⁵⁶

Comparing these figures with those computed by Todd Savitt for Virginia it is immediately apparent that overall mortality in Savannah was incredibly high. Using a variety of statistical sources, Savitt calculated death rates that ranged mainly between 100 and 200 per 10,000 people, rates only half those seen in Savannah.⁵⁷ The real story of both white and black mortality in antebellum Savannah is that it was shockingly bad. People died in vast numbers but looking at the data for white burials from 1803 it is apparent that mortality rates were actually improving in Savannah by the 1850s. In 1804, the first year we have complete data, the mortality rate for whites was 821 per 10,000 people and for most of the period between 1810 and 1840 it wavered between 550 and 650 per 10,000 people, apart from epidemic years when it could spike as high as 2100 per 10,000 as it did in 1820 when yellow fever claimed more than 600 lives. Only in the 1840s did the mortality rate fall below 500 per 10,000 people, and in the 1850s below 400 per 10,000 people. Given the lack of data about black mortality

⁵⁶ Duncan calculated a far lower mortality rate in 1860 of 253 per 10,000 for whites, and 232 per 10,000 for blacks, but he used highly inaccurate inflated population counts to arrive at those figures. W. Duncan *Tabulated Mortuary Record of the City of Savannah from January 1, 1854 to December 31, 1869* (Savannah: Morning News Steam-Power Press, 1870), 36.

⁵⁷ Savitt, *Medicine and Slavery*, 141. Herbert Covey's statistics largely agree with Savitt. Covey, *African American Slave Medicine*, 7.

before the 1850s it is not possible to ascertain what was happening to black death rates over the same period. It is likely that overall mortality among blacks was lower than that of whites simply because they were less susceptible to malaria and yellow fever which claimed so many white lives in antebellum Savannah.

The most vulnerable white people were recent immigrants who had neither natural nor acquired immunity to any mosquito-borne disease. Although the major ports of Boston, New York and Philadelphia were the principal points of ingress to the United States in the early nineteenth century, many thousands 'finding that the rewards for labor were small, and that the inducements presented in the Southern cities were stronger' migrated south to smaller cities such as Norfolk, Charleston and Savannah in search of work.⁵⁸ Dr William Waring remembered 'In the course of the summer of 1819, fifty Irish emigrants arrived in the same ship, not one of whom survived till the frost.'⁵⁹ The city's Dry Culture committee argued in 1824 that those 'unaccustomed to our climate, and in great measure, ignorant of its danger' were particularly at risk and with the benefit of hindsight they were right.⁶⁰ Although native-born whites did not possess any genetic advantages comparable to those of West African descent,

⁵⁸ William R Waring, *Report to the City Council of Savannah on the Epidemic Disease of 1820* (Savannah: Henry P Russell, 1821), 27.

⁵⁹ Waring, *Report to the city council*, 27.

⁶⁰ W. C. Daniel, *Observations upon the Autumnal Fevers of Savannah* (Savannah: W. T. Williams, 1826), 32.

those who grew up in the city most likely had repeated encounters with malaria gaining a measure of resistance every time they recovered. Those who survived a childhood encounter with yellow fever, as most children did, gained immunity from future infection.⁶¹

New immigrants had no such chance to gain immunity. Arriving in the summer, as most did, they were immediately bitten by mosquitoes carrying a variety of diseases, and some perhaps were infected with two or three different illnesses at the same time. It is hardly surprising that so many immigrants died. Of nearly 5,000 deaths attributed to 'fever' in Savannah between 1803 and 1853 roughly half of the dead had been born in Europe, principally Ireland (25%) and the rest of Great Britain (12%). Those born in the northern states and in Canada contributed another 20%, leaving just 30% of the dead from southern states, and just 7% from Savannah itself. The vast majority of the locally born whites who died from fever were children, only 1.6% were aged over 18.

The different mortality levels experienced by recent immigrants was not solely due to differential immunity, and at least some blame should be attributed to poor living conditions. Dr La Motta believed 'the increasing mortality among strangers, may be attributable to the condition of certain dwellings' and in

⁶¹ On the importance of comparative immunity to malaria and yellow fever see McCandless, *Slavery, Disease and Suffering* and J. R. McNeil, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620-1914* (Cambridge: Cambridge University Press, 2010).

particular 'the condition and uncleanness of many boarding houses and public taverns, ... where men are stowed together, as merchandise, in unventilated small apartments.'⁶² Dr William Waring went further, arguing that 'In consequence of this great accession of strangers, without acquaintance with that kind of economy of living which is adapted to an unwholesome latitude - without money, and without conveniences - destitute of proper clothing, food, or bedding - gathering in throngs of 15 or 20, in narrow wooden buildings, with small yards, without caution, and without that considerate industry, which leads to the prompt removal of filth, which drop from their immediate persons, a source of pestilence, has been established, in addition to that which has ordinarily existed.'⁶³ Medical experts saw a link between overcrowded dirty living accommodation and disease: 'It was in the eastern and western extremities, where these people mostly lived, that the fever made its appearance. In the central southern part of the city, which had been recently built up, and where there was none of this crowded population, no case of fever appeared during the whole season.'⁶⁴ It was not just fever though, both intestinal illnesses that were spread by poor hygiene and contamination by fecal matter and respiratory illnesses thrived in confined spaces. The living conditions of poor white people, the majority of whom were recent arrivals, were no better than those of slaves and free blacks. Indeed they

⁶² Jacob De La Motta, *Observations on the Causes of the Mortality among Strangers*, (Savannah: Kappel & Bartlett, 1820), 8.

⁶³ Waring, *Report to the city council*, 27.

⁶⁴ Daniel, *Observations upon the autumnal fevers*, 23.

often shared the same neighbourhoods, particularly Curry Town, Yamacraw and the western streets near the Central Railroad Depot as well as the eastern streets known variously as Trustees Gardens, Carpenter's Row and Gilmerville. Oglethorpe Ward, which included Yamacraw, was one of the few city wards with a black majority population, yet it also was home to twice as many white people as any other city ward.⁶⁵

Access to healthcare

The high rate of mortality among recent immigrants might also be related to access and use of healthcare services. Medical help could be expensive, and at least one doctor believed that mortality was higher among those who did not 'apply in due time for medical aid.'⁶⁶ Cost was one deterrent, pride was another. Dr Daniell noted that 'the poor who reside upon the extreme east and west of our city,... receive very little medical attention, unless when sought out by charitable persons; for it is a fact, that our native poor will not beg: they will allow themselves to be relieved by those who seek them, but will neither solicit alms, nor the gratuitous services of our physicians.'⁶⁷ Even when people did seek the aid of doctors they did not always follow treatment regimens to the letter, substituting prescribed medicines for others believed more effective, or altering

⁶⁵ These figures are taken from Bancroft, *Census of the City of Savannah*.

⁶⁶ De La Motta, *Observations*, 11.

⁶⁷ Daniell *Observations upon the autumnal fevers*, 44.

doses. One doctor grumbled 'when the orders of a Physician in one case may have been strictly attended, in two, they have been scorned.'⁶⁸

Distrust of white doctors was also to be found in the slave quarters. Sharla Fett's work has forcibly reminded us of the spiritual authority of black healers on southern plantations and of the effectiveness of the herbal treatments prescribed.⁶⁹ There is evidence that Savannah's urban slaves retained these rural attitudes toward health. Dr Richard Arnold treated one slave woman, Diana, suffering from typhoid, but 'After she had been sick about 10 days, some of her Sisters in the Church began to drop in to gossip & to have the impertinence to advise her husband not to give my medicine, as I was killing her "witt hat iron ting," mistaking my Tincture of Bark for Wildman's specific, Muriatic Tincture of Iron.'⁷⁰ Diana died shortly afterwards. William Harden, a life-long resident of Savannah, recalled that Matilda, his parent's cook, 'with the rest of her people, believed that some negro men had the ability to prescribe, in certain cases, concoctions of a curative nature surpassing medicine prescribed by the most skilled among white men of the medical profession.' When Matilda's newborn daughter fell ill with a tetanus infection which, as we have already seen was both common and deadly, the family doctor though believing her 'beyond the help of medical treatment', prescribed turpentine as an experimental treatment. Matilda, however, 'had heard that her people believed a tea made of boiled cock-roaches

⁶⁸ De La Motta, *Observations*, 13.

⁶⁹ Fett, *Working cures*, 60-83.

⁷⁰ Shryock, [ed], *Letters of Richard D. Arnold M.D.*, 70-1.

was almost certain to be effective, and insisted that the child be so treated.’ Perhaps feeling that it could make little difference the Hardens permitted the cock-roach tea to be given to the child ‘without the knowledge of the attending physician.’ The child recovered.⁷¹

In an era when popular medical treatments included blistering, bleeding (which for all but a handful of ailments simply weakens the patient further), and the use of mercury-based calomel as a purgative, which can lead to mercury poisoning, perhaps distrust of medical professionals by enslaved people was entirely justified. The prescribed ‘cure’ was just as likely to kill the patient as doing nothing, and perhaps even increased the risk of death by putting the body under additional strain when it was already weak.⁷² Perhaps the sick were best served by decent nursing care that ensured clean clothing and sufficient nourishment. The problem was that this could in itself be in short supply. Dr Jacob De La Motta believed that some of his cases were clearly ‘aggravated for the want of proper adjustment and removal of bed clothing, and the necessary supply of such diet as would comport with the nature of the complaint.’⁷³ He blamed ‘Improper conduct in nurses and attendants from negligence, ignorance and dark design’ and in particular the ‘Negligence to cleanliness’ that rendered all

⁷¹ William Harden, *Recollections of a Long and Satisfactory Life* (New York: Negro Universities Press, 1968), 47.

⁷² McCandless, *Slavery, Disease and Suffering*, 168-74

⁷³ De La Motta, *Observations*, 12

the hard work of doctors irrelevant.⁷⁴ Dr De La Motta also believed that the psychological state of the patient was highly important and that nurses had a specific duty to help the patient by keeping their spirits up. The ‘constant visits’ of friends urging ‘patients to settle their worldly affairs, and imposing on their minds the necessity of making their wills’ only served to ‘sap’ the confidence of the patient in his own ability to recover and thus ‘the poor sufferer is made too soon sensible of his situation, to the detriment of his future recovery, and the gratification of mercenary dispositions.’⁷⁵

Sick white people in Savannah had access to free healthcare at the city’s Poor House and Hospital if they could not afford to pay a doctor. Admittedly the institution was more a poor house than a hospital, and most sick inmates were visiting seamen, but by the 1850s an increasing number of residents were receiving treatment there. The centre portion of the hospital building had several private wards for fee-paying patients, and the 1860 census recorded four resident nursing staff.⁷⁶ Sporadic efforts were made to provide free medicines to the white poor via dispensaries – in the late 1850s the city council spent more than \$2,500

⁷⁴ *ibid*, 14

⁷⁵ *ibid*, 15.

⁷⁶ On the poor house and hospital see Lockley, *Welfare and Charity*, 120-4; thirty-seven paupers were admitted to the hospital for treatment between March and May 1859. J. C. Habersham, ‘Savannah Hospital: Clinical Report’, *Savannah Journal of Medicine*, 1859, 2, 90-1.

on this form of medical care.⁷⁷ From 1832 blacks were able to receive medical care at the Georgia Infirmary established with a legacy from Thomas Williams on a site about ten miles from Savannah. Both free blacks and slaves were eligible for admission, but masters were supposed to pay for the care for the enslaved. Unlike similar institutions in other southern cities, the Georgia Infirmary did not thrive. Few masters wished to pay for comparatively expensive residential medical care, while the small number of black patients ‘were dissatisfied at the separation it caused from their friends.’⁷⁸ Masters were more willing to pay for physicians to treat their slaves at home, particularly if the condition seemed severe since the enslaved represented a significant capital investment. Inevitably such medical care depended on the willingness, and ability, of the master to pay for it. Owners with limited means were perhaps reluctant to spend on treatment, and overall it seems likely that black people in Savannah had less access to medical and nursing care than white people, but it is hard to measure the impact of this.⁷⁹

⁷⁷ See for example *Savannah Morning News*, 17 October 1859.

⁷⁸ Georgia Infirmary Minutes, 1 January 1838. Georgia Historical Society, Savannah. On other hospitals for the enslaved see Stephen C. Kenny, “‘A Dictate of Both Interest and Mercy’? Slave Hospitals in the Antebellum South’, *Journal of the History of Medicine and Allied Sciences* 2010, 65, 1-47.

⁷⁹ See for example, P.M.Kollock ‘Resection of a portion of the Upper Maxillary Bone, for a Sarcomatous Tumour of the “Antrum Highmaorianum”’ *Southern Medical and Surgical Journal* 1847, 3, 457-62. Kollock treated ‘Jenny, a negress,

Conclusions

There are three major conclusions to be drawn from the study of black mortality in antebellum Savannah. Firstly, blacks died at a higher rate than their counterparts elsewhere in the South, reinforcing Peter McCandless's conclusion that the human environment of the lowcountry was generally not conducive to health.⁸⁰ Secondly, death rates in Savannah were noticeably better than those on surrounding populations due mainly to lower infant mortality and a reduced impact of diseases such as cholera and typhoid. This finding confirms William Dusingberre's argument about the exceptional nature of mortality on rice plantations in South Carolina and Georgia. The relentless physical toil of plantation life took a particularly heavy toll on the enslaved, far more than urban

aged 50' for a facial tumour. P.M.Kollock 'Case of Traumatic Tetanus cured by Strychnine', *ibid*, 597- 600. Kollock dosed 'Juba, a negro girl' with strychnine when she contracted tetanus after stepping on a nail, but was not called until 4 days after the incident presumably in the hope the child would recover without medical expense. On the normality of black treatment by white doctors see Steven M. Stowe, 'Seeing Themselves at Work: Physicians and the Case Narrative in the Mid- Nineteenth- Century American South,' *American Historical Review*, 1996, 101, 57.

⁸⁰ McCandless, *Slavery, Disease and Suffering*.

life did.⁸¹ Finally, and perhaps the most surprising conclusion to emerge from the study of Savannah's mortality is not that the toll among the enslaved was so terrible, we should perhaps have expected that, but rather that white mortality was virtually as bad. In most other parts of the South white mortality was noticeably lower than that of slaves, but in Savannah, skin colour did not make an appreciable difference. Elite whites of course had high standards of living with plenty of food and clean, spacious dwellings, but elites were the small minority in Savannah. Most whites did not own slaves, worked in menial occupations, and lived in overcrowded and poor quality accommodation. Overall white mortality was roughly as high as black mortality in Savannah, and in some instances it was higher. Whether measured by mean or median the average age at death was lower for whites than for blacks. If we exclude those under 5, then the mean age of death for blacks in Savannah was 42.8, the median was 40. For whites the mean was 33.9 while the median was just 31. Including those under five lowers the mean age at death dramatically, 23.9 for blacks and 20.1 for whites, but white citizens were still more likely to die at a younger age than black residents of Savannah.

The factors influencing mortality such as exposure to infectious diseases, living standards, medical treatments and adequate diets were evidently not as heavily racialised as one might think. In the neighborhoods on the edge of the city white immigrants lived in intimate proximity with free blacks and slaves living

⁸¹ Dusinberre, *Them Dark Days*.

apart from their owners. This population shared public wells, barrooms, houses and even beds, so inevitably they also shared viruses, bacteria and other toxins.

Savannah was not a healthy environment for anyone. Crude death rates for whites were 39.9 per 1,000 people, whereas crude birth rates were only 28.1 per 1,000 people. The same was true for slaves, crude death rates were 40.3 per 1,000 people while crude birth rates were 28.2 per 1,000 people. Crude birth rates for free blacks were the highest in the city at 36.8 per 1,000 people but death rates were also the highest at 56.0 per 1,000 people.⁸² Taken as a whole, the enslaved population of the American South grew at a rate of 2.5% annually between 1810 and 1860, but in Savannah neither blacks nor whites were capable of growing their numbers naturally and left to their own devices the city's population would have shrunk.⁸³ The fact that populations increased at every

⁸² This calculation was made by using the population data from the federal census for 1860 and the burial records. Birth rates were estimated by counting those recorded as under one year old in the federal census, then adding in those born after 1 August 1859 but who had died before 31 July 1860. Death rates simply counted those buried between 1 August 1859 and 31 July 1860, including those whites buried in other cemeteries in Savannah. In each case the total population was taken from the federal census, but with the number of enslaved people reduced by excluding those resident on nearby plantations.

⁸³ Richard H. Steckel, 'Demography and Slavery' in Robert L. Paquette & Mark M. Smith eds, *The Oxford Handbook of Slavery in the Americas* (Oxford: Oxford University Press, 2010), 651. See also Michael Tadman, 'The Demographic Cost

antebellum census was only possible through continuous immigration. In the case of whites it was the new arrivals from Europe (especially Ireland) and the northern states that swelled the population from just 5,888 in 1840 to 13,875 in 1860. The black population grew far more slowly, from 4,694 in 1840 to c.6,300 in 1860, driven mainly by city residents importing slaves from their rural plantations and by purchases. New white arrivals entered an environment that was highly dangerous to their health, new black arrivals on the other hand, if they came from nearby plantations, probably found a locale that was healthier than the one they left behind. The burial records from Savannah demonstrate, above all else, that it was class not race that was the most significant influence on mortality in the city.

of Sugar: Debates on Slave Societies and Natural Increase in the Americas',
American Historical Review, 2000, *105*, 1534-75.