Death, Data, and Denial in Antebellum New Orleans

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This 47-page pamphlet is an edited transcript of a speech delivered before the Medical Society of New Orleans on March 7, 1851 by Dr. Edward Hall Barton. Barton divided his lecture into three parts—Meteorology, Vital Statistics, and Causes of Insalubrity—to which Barton appended explanatory essays, charts, and graphs. The resulting Report, commissioned for publication by 39 prominent politicians and businessmen of New Orleans, made a forceful, data-driven, and unpopular argument: that the Crescent City had a well-earned reputation as the nation’s “Golgatha.” Presenting the vital data he and his colleague J. C. Simonds had personally collected for over a decade, Barton calculated that New Orleans had a mortality rate of over 5.5 percent per year—more than double the national mortality average, and far higher than official number promulgated by the city’s Board of Health.\[1\]

Barton argued this astronomical mortality was both excessive and preventable. New Orleans’ leaders must embark along the “untrodden ground” of vital data collection, face into the “painful, stubborn facts,” and then disabuse themselves of their “long and deeply-cherished error” that New Orleans was uncommonly healthy.\[2\] If the commercial-civic elite invested now in proper data collection, sanitation, and sewerage—just as other cities in the U.S. and Europe had done—it could spare itself significant commercial and reputational damage later. As he wrote, “The permanent prosperity of this city mainly depends upon the degree of salubrity that is to be attained and enjoyed by the mass of the inhabitants” not just the “wealthy portion.”
Responsibility for improving the masses' health laid first with city councilors, then with the board of health. If these bodies took action, Barton insisted, New Orleans' death rate could drop to two percent per annum.[3]

E. H. Barton was born in Virginia in 1796 and studied medicine at the University of Pennsylvania. By the 1840s, Barton ranked among New Orleans' most respected physicians. He was appointed to various important positions, including the president of the city's Board of Health, dean of the Medical College of Louisiana (now Tulane), and president of the Medical Association of Louisiana. By the 1850s, Barton was nearing the end of his career and he began to speak more candidly about the city's health problems. What “RECORD had been made of the past, for the benefit of the future?” Barton asked, “that future which to us is the present!” He lamented that bad, incomplete mortality data had “ lulled” the population into “fatal security”; that the people had been “misled by false OFFICIAL STATEMENTS, from the highest sources”—especially the census of 1840—into thinking their city was as healthy as any other. The solution was more “inexorable” information as data had “little respect for partialities or prejudices; they often deal harshly with theories and speculations; they serve to correct the extravagancies of the imagination, and are often the surest tests of truth.”[4]

To prove the transformative power of well-deployed vital data, Barton gave the example of Liverpool. Liverpool, he wrote, also had a commercial class that boasted about their excellent health condition even though the city suffered a death rate of 5.26 percent, mostly among the “extensive, filthy cellar population.” Spurned by this shocking reality, however, Liverpool's leaders had invested in health reform and the city succeeded in reducing its death rate to 3.7 percent per annum.[5]

At over 20,000 words—and thus a speaking time of over three hours if read aloud—the Report should be read as three separate speeches for different audiences combined into one (somewhat awkward) whole. The first part begins with “the fountain head—Meteorology” and made the case for medical geography, the “why and wherefore the plague should exist in one country and yellow fever in another;—that Goitre should exist in Alpine regions, and Plica in Poland.”[6] Part two on New Orleans' mortality rate broke down Barton’s methodology and was likely targeted at fellow doctors and health officers. The last and most important section—which Barton conceded took “some moral courage” to write—indicted the business and political communities for their role in spreading misinformation and worsening public health.[7]

In section three, Barton spoke in the language cotton merchants, bank presidents, and enslavers understood—that of money, credit, and reputation. “The single fact” Barton wrote, is “that capitalists, proverbially timid, will not invest permanently
where the mortality is double what it is elsewhere.” He continued, “you cannot expect an increase of a stationary population of that middle class, mechanics, manufacturers, laborers, and others—the bone and sinew of the land—where there is not as fair an average of health as can elsewhere be procured in our country.” He warned that if New Orleans did not change course, the “AGE OF PROGRESS” would leave the city behind. “Enterprise is abroad,” he wrote, “[v]igorous competition is putting every place, whose position is far inferior to ours, naturally, ahead of us.” And that “[i]n the great competition for supremacy for the western trade, we do not start even in the race unless we are upon a par with them in a sanitary point of view.” [8]

Barton attributed the root cause of New Orleans’ high mortality to one factor: rampant, unchecked yellow fever. This disease killed about eight percent of the city’s population every other summer. In 1847, just a few years before Barton delivered his address, the worst epidemic in a generation had killed over 6,000 people, with most of the victims poor, foreign-born immigrants with no previous exposure to tropical disease. In two years, the “Great Epidemic” of 1853 would see approximately 12,000 dead in five months.[9]

Yellow fever inspired near universal terror in the 19th century: there was no cure, no inoculation, no conclusive evidence of disease transmission, and no satisfactory explanation for why it killed some while leaving others healthy. Yellow fever seemed custom built for confusion. Not only did its victims expire quickly and violently, the virus did not follow contemporary notions of contagion and disease communicability. It killed with seeming randomness. Heeding the prevailing concepts of disease communicability, most Orleanian physicians maintained that yellow fever, unlike smallpox or syphilis, was “non-contagious”—that is to say, that it was not spread by human-to-human contact. Instead, yellow fever was “miasmatic,” the organic result of the city’s heat and filth.[10]

Whatever its transmission, yellow fever killed suddenly and horribly, with victims bleeding through their external orifices and vomiting up coagulated blood, roughly the color and consistency of coffee grounds. It was only at the very end of the 19th century that yellow fever’s vector, the female *Aedes aegypti* mosquito, was discovered by Cuban researchers—by which point yellow fever had already killed hundreds of thousands of people across the urban Gulf South and the majority in New Orleans.[11]

With little epidemiological understanding of vector-born illness—and a limited public health infrastructure—a New Orleanian’s only protection against the scourge was to “get acclimated”: fall sick with and survive yellow fever. The lucky half survived and gained lifetime immunity; the unlucky half died in the acclimating process.[12]

New Orleans’ politicians tended to view yellow fever as a regrettable yet inevitable
problem; that no amount of money, quarantine, or drainage could counter the city’s severe ecological limitations, situated as it was in a low-lying, sub-tropical swampland. But critics noted that politicians made barely any efforts to ameliorate disease-related problems, investing less time, money, and energy into health than their counterparts in other cities. By the 1850s, New Orleans ranked last among major cities in poor relief (8 cents per person compared with $1.43 in Boston), and lagged seriously behind other cities in public health spending (about 4 cents per person compared with 69 cents in Boston, 23 cents in New York City, and 19 cents in Charleston). [13]

Such public health cheapness made New Orleans increasingly anomalous within the larger American context. In the 19th century, as historian William Novak has shown, local governments gradually consolidated power in pursuit of the “well-regulated society,” a large component of which was health reform. As early as 1800, municipalities from Boston to Savannah began reallocating certain responsibilities for education, policing, and especially public health away from budget- and reelection-conscious politicians. In such instances, the public health charge increasingly fell to independent and permanent health boards comprised of trained experts and specialized clerks. These bodies invested in disease prevention: instituting quarantines, collecting vital data, caring for the sick, and tending to survivors. Many such interventions were successful even if the ultimate cause of disease remained unknown.[14]

After 1816, Louisiana’s State Legislature ceded all control over health in New Orleans to its municipal government, giving the mayor and city council “full and entire power to make and pass all regulations or ordinances which they shall deem necessary to preserve the public cleanliness and salubrity” of the city.[15] But New Orleans’ domain was not limited economically, politically, or microbially to the blocks of the French Quarter. Indeed, the power and position of New Orleans as the regional hub of the Deep South meant that its viruses and health policies became the de facto health reality of upriver cities, plantation hinterlands, and Gulf Coast towns.

In New Orleans, the task of tracking, defining, and preventing disease fell to the Board of Health, an ad hoc body generally convened after a bad epidemic then dissolved when the city’s health condition improved, the public lost interest, or board members raised the possibility of quarantine. The health board operated entirely at the discretion of the city council, which kept it so impotent that one doctor joked in 1855 that New Orleans’ health authorities were as likely to declare war against a foreign power as they were to issue a sanitation order.[16] Clinging to the increasingly-dubious theory of “anti-contagionism”—that yellow fever was neither contagious nor imported on ships—far longer than their counterparts in other cities, New Orleans’
commercial-civic elite argued that quarantines were “inexpedient, vexatious and oppressive” rather than life-saving.\[17\] It became the policy of the city and state governments to spend as little tax money as possible on comprehensive fixes like draining city streets, maintaining the Charity Hospital, and providing welfare to yellow fever orphans and widows. To compensate for the problems left behind by state minimalism, private institutions like asylums and orphanages arose, but never at the scale required.\[18\]

How can we account for the paradox of America’s deadliest city taking the most anemic approach to public health and data collection? How could politicians insist that solutions that worked in other cities would have no impact on sub-tropical New Orleans and therefore that it was folly to try?

Few of the aldermen, mayors, and recorders running New Orleans’ municipal government were professional politicians; they were merchants, planters, and enslavers—appointed and later elected on the basis of their commercial success. They justified inaction by adhering to a narrowly-defined vision of what government should and could do. And as businessmen first, Crescent City councilors measured “public health” by the vibrancy of the cotton market, not the physical health of the population. Therefore, New Orleans’ governing bodies officially narrowed their focus to the legal “protection of [white] life and private property,” greasing the wheels of commerce through deregulation, and ensuring the smooth movement of goods and people through the port. It was the “particular” job of city government to police “people of color.”\[19\]

That many people unnecessarily died from yellow fever might have been a personal tragedy, politicians conceded, but it was not the particular problem of government. Disease was just a cost of doing business in New Orleans. And rather than fixing the disease problem, elites—all of them presumably yellow fever survivors—found it cheaper and easier to simply deny the destruction caused by yellow fever. They treated disease as a problem of optics, not reality. Indeed, the 39 prominent businessmen of New Orleans who commissioned the Report—including Mayor Abdiel Crossman, president of Crescent Mutual Insurance J. Baldwin, Cashier of the Bank of Louisiana R. M. Davis, and U.S. Senator Pierre Soulé—requested more “correct” vital data from Barton, hoping it would “remove the unfavorable impression existing in regard to the health of this section of the Union.” They hoped that with Barton’s data, New Orleans could shake its sickly reputation; the population would grow exponentially; disease-weary immigrants would flood in; and confident capitalists would more readily invest in the city. Life insurers, they asserted, would especially benefit from more accurate data, so that they could make “requisite mathematical
calculations whereby the just rates of premium ... and annuities can be established.”[20]

Barton did not give these men the data they had wanted to gloss over New Orleans’ sickliness. But he also did not spur them to action. His proposed health solutions in 1851 were limp—sewerage, private privies, and a “proper system of policing” or a system of data collection. He did not advocate for an independent Health Department or a multi-million dollar system of quarantine; in 1853, as president of the Sanitary Commission and following that year’s devastating epidemic, he would. Then, he would revise his mortality estimates upwards to 6.75 percent per annum, though conceding that this was probably an underestimate, as it was derived from “official published sources.”[21]

Notes

[1] Simonds soon came to a similar conclusion in his own report, claiming that the health board “appears to think that its first duty is to assert the healthiness of New Orleans; and its second duty, to furnish such tables that none can easily controvert their position.” J. C. Simonds, An Address on the Sanitary Condition of New Orleans (New Orleans, 1851), 14.


[8] Barton, 43, 47.


