The Yellow Pestilence: A Comparative Study of the 1853 Yellow Fever Epidemic in New Orleans and the Galveston, Texas Scourge of 1867

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By the mid-nineteenth century, numerous commonalities existed between New Orleans, Louisiana, and Galveston, Texas. Both developed in a tropical environment a flourishing financial structure, a distinctly cosmopolitan society, and a laissez-faire attitude towards fellow citizens and the world in general. And a common steamy, Southern climate created a shared terror: the periodic epidemics of yellow fever.

The most devastating yellow fever epidemic in New Orleans occurred in the summer of 1853, resulting in the death of approximately 9,000 persons. Fourteen years later, Galveston suffered its “Year of Crucifixion” in 1867 when the grave closed over more than 1,150 souls. Each city lost nearly ten percent of its population. A comparative examination regarding the social, economic, psychological, and medical impact of this disease during the plagues of 1853 and 1867 and the two cities profoundly affected by them provides an interesting view into nineteenth-century American life and thought.

Yellow fever is a dangerous viral disease of short duration that is transmitted to humans by various species of mosquitoes, especially the Stegomyia fasciata. Although it is endemic in the tropical jungles of Africa and Central and South America, its greatest impact historically has been in temperate zones during the summer months among urban populations. As the weather cooled, the danger of the disease abated.

As a rule, this terrifying disease kills quickly. Within three to five days, a healthy individual could become afflicted with headache, nausea, fatigue, fever, and pain in the extremities and loin area. In serious or fatal cases, these symptoms were followed by jaundice, hence the appellation “yellow fever,” and hemorrhaging from various bodily cavities, such as the ears, nose, and rectal area. The closing minutes of the patient’s life often included copious vomiting of “black vomit” or vomito negro, blood clots lodged in the stomach.

The appearance of yellow fever in the New World coincided with the seventeenth century escalation of the slave trade to the West Indies. It is likely the virus traveled to the Islands in the bodies of enslaved Africans and in water containers bearing mosquito larvae necessary to transmit the disease. The worst epidemic prior to the nineteenth century occurred in Philadelphia in 1793 and claimed approximately 5,000 lives. As Southern ports monopolized the West Indies trade, yellow fever became a significant problem due to the mosquito breeding climate. However, not until the turn of the twentieth century would the mosquito be recognized as the vector of yellow fever. Until then, confusion regarding the origin of the disease, subsequent treatments, and

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preventative measures created profound frustration and dread as each sickly season approached.

New Orleans first confronted yellow fever in 1793. Sixty years of increasingly deadly onslaughts culminated in the devastating attack of 1853, which is considered the worst single epidemic ever to seize an American city. Throughout the nineteenth century, Texas also experienced yellow fever outbreaks, with Galveston bearing the brunt of the seasonal visits. In less than thirty years, islanders endured nine epidemics, each more serious than its predecessor. By the terrible Yellow Jack scourge of 1867, Galveston had attained notoriety as the fever center of Texas.

Perhaps nine-tenths of the yellow fever victims in both cities were "from abroad and strangers to (the Southern coastal) climate." These included recent arrivals from Europe, especially many Irish and Germans, as well as people from the Northern United States and Southern interior. Permanent white residents seldom suffered from the disease, with many believing they possessed a natural immunity after having previously contracting a mild case of the fever. Blacks suffered even less. In fact, "pure blacks" were considered totally immune until physicians, just prior to the Civil War, noticed an extremely mild form of the disease among the Negro population. At the peak of the pestilence, the grim reaper tended to be less selective as it raged beyond "the emigrant army" and attacked the "citizens" and to a lesser degree the black population.

To many nineteenth-century champions of public health, the most powerful, albeit unpopular, weapon against the spread of Yellow Jack was quarantine. The required establishment of a miles-long line of pickets and the rigid examination of incoming vessels tended to severely disrupt travel and commercial activity. Because the overall effectiveness of quarantines was never proven, their necessity was questioned by many citizens and health care professionals.

To others, sanitation was the key. While studying the Philadelphia yellow fever plague of 1793, the prominent physician Dr. Benjamin Rush recognized the "miasmic theory of contagion." According to Rush, a hot, humid environment made worse by an abundance of uncollected decaying human, animal, and vegetable waste, produced a pestilential atmosphere that created the disease. Throughout the next century, many advocates of the "filth makes fever" theory could be found among physicians and citizens alike. As the summer months approached, concerned voices grew louder regarding the squalid condition of city streets. On July 6, 1853, the New Orleans Daily Crescent expressed alarm when, for more than a month, "carrion and carcasses and festering nastiness of every description had been allowed to remain undisturbed and constantly augmented." In Galveston, health inspectors annually urged the sufficient use of disinfectants, including the pouring of lime down sewers.

Once Yellow Jack arrived in a city, the common initial response among the citizenry, until forced to admit otherwise, was denial. On July 3, 1853, the
New Orleans Weekly Delta ironically declared that, despite news of yellow fever in the vicinity and the severe overabundance of mosquitoes, "...we don't believe Yellow Jack will favor us with his grim presence this year ... Providence does not afflict us with two curses at one and the same time...."

The Houston Telegraph assured Galvestonians that the epidemic in 1867 would be a mild one. Adding to the optimism, one wealthy Islander remarked, "I wish yellow fever would come every year. I never advise anyone to leave. It makes citizens." However, confidence of this sort faded as the seriousness of both outbreaks became apparent.

A city besieged by the Saffron Scourge provided an unforgettable scene. Commercial activity came to a standstill. The bustling noises of prosperity were silenced by disease or by the absence of thousands who fled to healthier climates. Because yellow fever supposedly was linked to a poisonous atmosphere, officials in New Orleans ordered the frequent firing of cannon and the burning of massive barrels filled with tar and whiskey in an effort to clear the air of dangerous toxins. In 1867, thick, black smoke also billowed from ignited barrels along Galveston's streets, but there, unlike New Orleans, any kind of noise was deemed harmful to the sick and therefore kept at a minimum. Church bells, even firemen's bells, ceased to ring.

Everywhere one looked were reminders of the dead or dying. According to one New Orleans physician, Dr. Bennet Dawlere, "The bloodiest battlefields of modern-time scarcely can compare with the New Orleans epidemic of 1853." Entire families fell victim to the fever, and occupants for the cemeteries multiplied faster than space could be provided. At the height of the Galveston scourge, Amelia Barr, a recent arrival to the island, observed many residences where white faces could be seen through open windows, "moaning, raving, shrieking, vomiting, with the strong, sickly smell of yellow fever" permeating the air. A mule-drawn cart became a familiar sight as it meandered through neighborhoods several times a day collecting "contaminated" clothing and bedding of victims to be burned. Open loads of coffins stacked like cordwood were hauled through the streets and out Broadway to the city cemetery where a newly opened section quickly filled.

In New Orleans, a crisis of burial sites developed, especially in the poorer districts. As the burial count skyrocketed to nearly 250 per day, many victims were hastily buried in graves no more than eighteen to twenty-four inches deep with only a couple of inches of soil thrown over the lids of the coffins. Daily rains washed away this thin covering and exposed the coffins to the blistering August sun, and swollen, decaying bodies often burst through the poorly constructed pine coffins and released a powerful stench that filled the air for miles around. Upon his arrival in New Orleans, one visitor became so overwhelmed by the "offensive emuvium that filled the atmosphere" that he was "seized with fainting and vomiting."

The body count during the peak of the Galveston epidemic did not exceed more than forty per day, but that can be considered light only in relation to the situation in New Orleans fourteen years earlier. Although the burial of the dead
burdened city sextons, the graves were dug securely from the beginning. The only crisis in the Galveston cemeteries came from a hurricane that violently struck the Island on October 3-4, 1867. The city cemetery remained submerged for days in twelve to eighteen inches of water, which prevented the interment of many yellow fever victims.

In both epidemics practically every citizen not already stricken by the disease helped to alleviate the emergency. The most active and competent group was the Howard Association, an organization of young businessmen dedicated to the care of the sick during periodic outbreaks of yellow fever. The Howards came into existence during the New Orleans yellow fever epidemic of 1837, and through the dedication and bravery of its members they completely won the devotion of the townsmen. The Galveston Howard Association adopted its charter in 1853 and was incorporated by the state the following year.

As hospitals overflowed and the death toll mounted, the Howards set up locations for temporary hospitals, collected money, medicines, and supplies, and published pleas for nurses in local newspapers. Other organizations such as the Sisters of Charity, a Catholic nursing order, contributed tirelessly to the effort as well. "There is scarcely a family but that is prepared to supply some of the things called for without inconvenience," the Flake's Daily Evening Bulletin of Galveston declared, "and in times like these no man should hold his hand."

It was also in times such as these when medical doctors were groping in the dark. Attempts to treat yellow fever through traditional methods of bleeding, purging, or the administration of mercury created painful, if not fatal, mistakes. As the death tolls mounted, many weary physicians began to crack under the strain. As one New Orleans observer noted: "Often have I seen (the physicians) in a few weeks reduced to their beds by anxiety, toil, watching, and disappointment."

In the midst of the oppressiveness, a fresh perspective began to take hold regarding established methods of treatment for yellow fever that created a primary difference between the New Orleans epidemic in 1853 and the Galveston outbreak in 1867. Prior to the scourge of 1853, many young Louisiana Creoles returning from medical training in France harbored the opinion that in the violence of the fever, "heroic medicine" produced much more harm than good. The best way, in their view, to promote recovery was through good nursing care aided by warm tepid baths, medicinal teas, gentle evacuants, and vigorous rubbing of the body to excite perspiration. The epidemic in 1853 provided ample justification for this theory, and despite the scoffs of traditionalists at "the timidity of the French," the message quickly spread to other Southern physicians.

Among the followers of the new method was the prominent Galveston physician Ashbel Smith, whose published history of the Galveston yellow fever outbreak in 1839 is a model of early Texas medical thought. During the epidemic in 1839, Smith tasted the black vomit of Yellow Jack victims and
concluded, although few accepted his hypothesis, that the disease was not contagious. Although Smith continued to believe the lancet a necessary medical tool, he credited the positive outcome of many yellow fever cases after 1853 with good nursing care and minimal medication.29

Every age has its plague. Today it is AIDS and cancer. During the nineteenth century, tuberculosis, cholera, and yellow fever created similar feelings of frustration, confusion, and dread within the American population. Despite the devastating death count and other wretched characteristics of an epidemic, the periodic visits of yellow fever in particular mirrored the steadfastness and buoyancy of the human spirit. Nothing better illustrates this point than the New Orleans yellow fever scourge of 1853 and the Galveston plague of 1867.

Even in the darkest hours of the epidemic, citizens cast aside concerns of their own personal danger to meet the desperate needs of others. This high level of social consciousness continues to play a distinctive role in American life through various voluntary organizations. In addition, the epidemic of 1853 brought the inadequacies of traditional medical practice into focus, sweeping away much that was ineffective, even detrimental, while providing fresh information concerning new medical procedures.

Lastly, the outbreaks of 1853 and 1867 embodied the resiliency of the human race. Within a few short months the tragedies that seized New Orleans and Galveston seemed by many appearances a distant memory. Both cities returned to their bustling, thriving lifestyle as active participants in the booming prosperity of their respective decades. Yellow fever continued to strike New Orleans and Galveston intermittently for the next thirty years, and their inhabitants continually rose to the occasion.

NOTES


3Kipple, p. 1,103.


7Peggy Hildreth, “The Howard Association of Galveston: The 1850’s, Their Peak Years,” East Texas Historical Journal 8 (Fall, 1979), p. 33.

8Carrigan, p. 62. See also “Report of Interments in the City of Galveston from the Commencement of the Epidemic to Tuesday, November, 12, 1867,” Galveston Civilian (Supplement), November 12, 1867, and Kipple, p. 1,104.


10Carrier, p. 63.
2"Flake's Bulletin, August 4, 1867.
3"Carrier, p. 62.
4"Brief History of the Sisters of Charity of the Incarnate Word of the Diocese of Galveston, 1866-1941 (Galveston, 1941).
5"Carrigan, p. 58.
7"Sisters of Charity, p. 16 See also Flake's Bulletin, September 14, 1867.
9"Carrigan, p. 66; Duffy, Sword of Pestilence, p. 64.
12Duffy, Sword of Pestilence, p. 31.
13Hildreth, p. 33.
14The Bee, August 3, 1853, as cited in Duffy, Sword of Pestilence. p. 31.
15Flake's Bulletin, August 20, 1867.
17Duffy, Parson Clapp, p. 106.
19Ashbel Smith, An Account of the Yellow Fever Which Appeared in the City of Galveston, Republic of Texas, in the Autumn of 1839, with Cases and Dissections (Galveston, 1839), pp. 33, 35, 38-40.