

The Black Vomit in Charleston: Dr. David Ramsay and the Reopening of the Slave Trade in Early National South Carolina, 1803-1808¹

By Benjamin A. Concannon Smith

Abstract

In December 1803, the South Carolina General Assembly voted to reopen the African slave trade, which operated in full force until it was federally banned in 1808. Approximately 75,000 slaves—nearly one-fifth of all slaves imported to North America—were imported during this short four-year span. Immediately before the trade reopened, the Medical Society of South Carolina advised state officials to relax quarantine measures for yellow fever. This advice was issued at a precipitous moment during an ongoing national debate over the contagiousness of yellow fever and whether or not it was imported. This paper examines the intersection between private interest and the state through the lens of public health. It suggests that the Medical Society of South Carolina—under the direction of Dr. David Ramsay—placed public health at risk in order to facilitate the slave trade by relaxing quarantine measures for yellow fever prior to its reopening.

¹ For the purpose of clarity I will refer to Charles Town as “Charleston” throughout this paper. The city was officially Charles Town from 1670 to 1783.

Mr. William Weaver to Mr. Jacob Weaver, Dated Kingston 3d of June 1794
communicated to the governor by Mr. Robert Ralston:

“The Yellow Fever is raging very bad on board the shipping here. The fleet arrived a few days ago and have most all of their crews down with it, and die very fast; and a great many gentlemen, who came passengers have died. I think it would be necessary to make every vessel ride quarantine, that comes from Kingston to Philadelphia.”²

On June 3, 1794, merchant-planter William Weaver of Kingston, Jamaica hastily penned this brief letter to his brother Jacob in Philadelphia, warning that the scourge of yellow fever was likely on its way. Jacob immediately communicated the dispatch to Governor Thomas Mifflin who promptly ordered strict quarantine of all ships from the West Indies.

Nothing, perhaps, shaped the quotidian experience of people in early America more than disease. Fear and anxiety, whether justified or irrational, is palpable in any survey of contemporary letters and manuscripts. The tone of William Weaver’s letter is typical, betraying the fear of forces that no human action could control and only the swiftest and most severe of governmental measures could contain. Three lines of scribble spurred the commonwealth to enact stringent quarantine on all ships—not just from Jamaica, but the West Indies in its entirety—significantly curtailing commerce and travel. The reality that the commercial fate of a port city could and often did hinge upon general observations of a single man (and his reputation) speaks volumes about the influence of malevolent pathogens. Public response to pestilential outbreaks, therefore, is particularly useful in exploring the intersection between private interests and the state through the lens of public health.

² *The City Gazette & Daily Advertiser*, "Extract of a letter from Mr. William Weaver, to Mr. Jacob Weaver, dated Kingston, 3d of June, 1794, Communicated to the Governor by Mr. Robert Ralston," July 21, 1794.

In the early morning in the fall of 1799 in Charleston, the Medical Society of South Carolina convened and President Dr. David Ramsay took the floor.³ His remarks included a report on the effects of yellow fever. Ramsay had arrived at the conclusion that yellow fever was not an imported or contagious disease, believing rather that it originated domestically.⁴ Nobody was particularly surprised, many having prior knowledge of his position on the matter.⁵ As a group, the Medical Society often advised government officials on public health issues, influencing related legislation. Under Ramsay's direction, in the summer of 1800, the group advocated for relaxing quarantine measures for suspected cases of yellow fever. By August 1802, the Medical Society suggested that quarantine for yellow fever was altogether unnecessary, a peculiar stance considering the authority given to letters such as William Weaver's.⁶ One may presume that medical knowledge advanced dramatically between 1794, when the letter was written, and 1802, when Dr. Ramsay felt it safe to eradicate quarantine measures for the disease, but that was not the case.

³ David Ramsay, "Extracts from an Address delivered before the Medical Society of South Carolina, on the 24th of September 1799" *Medical Repository* 4 (1801) p. 100; The Medical Society of South Carolina was founded in 1789 by a small group of physicians in Charleston to be modeled after the London College of Physicians with the purpose of promoting and improving the science of medicine and public welfare.

⁴ As this paper will explicate, Ramsay's thinking on this matter was influenced by many factors. One influential factor on Ramsay was his mentor, Dr. Benjamin Rush of Philadelphia, who had reached the conclusion that yellow fever was not contagious or imported in 1793. This sparked a debate over both issues. The debate transcends the period under discussion here and would not be resolved until the turn of the twentieth century, when doctors and scientists discovered that yellow fever was transmitted by the *aedes aegypti* mosquito. Modern knowledge of the disease proves that physicians arguing that the fever is contagious were correct and that quarantine was an effective preventative measure, albeit for reasons that they did not understand. For the modern scientific explanation of yellow fever see: Centers for Disease Control and Prevention, *Transmission of Yellow Fever Virus*, January 2012, <http://www.cdc.gov/yellowfever/transmission/index.html> (accessed May 7, 2012).

⁵ Robert L. Brunhouse and David Ramsay, "David Ramsay, 1749-1815 Selections from His Writings," *Transactions of the American Philosophical Society: New Series* (American Philosophical Society 55, no. 4 1965): 1-250, 152.

⁶ Joseph I. Waring, *Excerpts from the Minutes of the Medical Society of South Carolina*. (Charleston, SC: Nelsons' Southern Printing & Pub. 1956). 29, 31.

The South Carolina Medical Society was the only medical intellectual body that actively encouraged state officials to employ *less restrictive* port regulation. In fact, many notable port cities, such as Boston, Philadelphia, New York, and Savannah, *enhanced* quarantine measures for suspected cases of yellow fever.⁷ Few historians have acknowledged that South Carolina was unique in this regard, and none have attempted to explain this phenomenon.⁸ In order to understand why South Carolina adopted public health policies that were rejected in other states, special attention must be paid to the spatial and temporal components of this particular story. Facing powerful political and economic incentives, these men—especially Dr. David Ramsay—were blinded to the potential public health risks wrought by their peculiar actions. Drawing such conclusions requires a brief description of yellow fever and its pervasiveness in the early South Carolina Lowcountry.

South Carolina and yellow fever have a long and rich relationship. John Drayton, governor of South Carolina from 1800 to 1802, penned a history of the state during the last year of his term.⁹ Pestilence was a recurring topic throughout his work. He claimed that Charleston “at its first settlement. . . was said to be so unhealthy in the autumnal

⁷ John B. Blake, "Yellow Fever in Eighteenth Century America," *Bulletin of the New York Academy of Medicine* (New York Academy of Medicine), June 1968: 673-686; Dr. Rush's views also help illuminate the singularity of South Carolina's position. See Benjamin Rush, *Observations upon the Origin of the Malignant Bilious, or Yellow Fever in Philadelphia and upon the Means of Preventing it; Addressed to the Citizens of Philadelphia*, Pamphlet (Philadelphia: Budd and Bartram, 1799), 1-28.

⁸ Historian Peter McCandless' recent monograph has perhaps come the closest to offering any explanation. Throughout his work, McCandless does well to show how quarantine measures were perceived as burdensome on planter/merchants. See: Peter McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry*. (Cambridge: Cambridge University Press, 2011) 226; the term anticontagionist refers to those who believed yellow fever was not communicable via human contact. A debate over contagion ensued in the aftermath of the Philadelphia epidemic in 1793, dividing physicians into camps, contagionist and anticontagionist.

⁹ John Drayton, *A View of South-Carolina, as Respects Her Natural and Civil Concerns* (Charleston: Printed by W.P. Young, 1802).

months,” that “public offices were shut up, and people retired to the country.”¹⁰ This hardly changed throughout the rest of the century. Doctor and amateur historian David Ramsay also recounted the state’s complex epidemiological past in 1801.¹¹ Yellow fever, he noted, continuously devastated the port, and once it took hold “swept off a great part of the inhabitants, and some whole families.”¹² The bilious fever did not discriminate in its devastation, killing upstanding citizens and public officials alike. The 1699 outbreak claimed the chief justice, receiver-general, provost marshal, and almost half the Assembly among its casualties.¹³ Logically, it was devastating to commerce. During another epidemic in 1732, the practice of tolling the town bell upon a resident’s death was strictly prohibited because public officials feared that the incessant ringing would drive people mad with anxiety.

As South Carolina’s economy began capitalizing on the profitability of rice, importation of an African labor force expanded in kind. It did not take long for public officials to draw the connection between the importation of disease and that of slaves. Special regulations were placed upon ships arriving in Charleston from the African coast. A pest house was erected on Sullivan’s Island in 1754 and law stated that *all* slave ships arriving from Africa must stop there for a minimum of ten days, unlike vessels from other ports of origin.¹⁴ Only then could they pass to Fort Johnson, where the hold was

¹⁰ Ibid. 24.

¹¹ David Ramsay, *A review of the improvements, progress and state of medicine in the 18th century: Read on the first day of the 19 century, before the Medical society of South-Carolina, in pursuance of their vote, and published at their request, Volume 3* (Charleston: Printed by W. P. Young, Franklin's head, no. 43, Broadstreet, 1801), 1-47, 39.

¹² Ibid.

¹³ David Ramsay, *The History of South-Carolina, from Its First Settlement in 1670, to the Year 1808: In Two Volumes; Vol. I.* (Charleston S.C.: Published by David Longworth, for the Author, 1809), 46.

¹⁴ Kenneth Morgan, "Slave Sales in Colonial Charleston," *The English Historical Review* vol. 113, no. 453 (Sep. 1998): 905-927, 912.

examined a final time, and “any slaves on board with smallpox or any other contagious diseases” were to be left there to endure an extended quarantine.¹⁵

Violation of quarantine brought harsh consequences. There was a fine of five hundred pounds sterling for “any person or persons [who] shall go onboard, or alongside of, any vessel,” that was performing quarantine, and the offender was forced to “remain onboard” subjected to quarantine until the vessel was cleared, perhaps punishment enough.¹⁶ In addition, the boat used to approach the ship was subject to confiscation by the state, along with any property onboard. If the offender did not pay the fine or happened to be a slave, corporal punishment was inflicted “not extending to life or limb” but assuredly “no less than thirty nine stripes on the bare back, in some public place.”¹⁷

Private and public complaints about the restrictiveness of the quarantine measures also suggest that the laws were dutifully enforced. In his private letters, Henry Laurens—a merchant rice planter—revealed that he had approximately 1,300 slaves in quarantine in 1756 and warned a Caribbean acquaintance not to bother shipping anything to Charleston if any contagious disease was prevalent.¹⁸ Publicly, unhappy merchant-citizens voiced their consternation in the editorials of the local newspapers. A 1793 letter to the *Columbian Herald* by “A Subscriber” complained that the recent quarantine imposed on ships from the Delaware River region was unnecessarily protracted.¹⁹ In a tone of desperation, the author beseeched the Assembly to “repeal those resolves that bind hard

¹⁵ Ibid.

¹⁶ Cooper and McCord, 82, 616; the price for a prime field hand circa 1783 fell between £ 250-350 sterling.

¹⁷ Ibid.

¹⁸ Henry Laurens, Philip M. Hamer, George C. Rogers, David R. Chesnutt, and Maude E. Lyles. *The Papers of Henry Laurens*. (Columbia: Published for the South Carolina Historical Society by the University of South Carolina, 1968)

Volume I: 294-295; McCandless, 233.

¹⁹ *Columbia Herald or the Southern Star*, "For The Columbia Herald, &c.," December 14, 1793.

upon the honest merchant.”²⁰ Yet, defenders of its practice offset every complaint about quarantine that appeared in the papers. To understand why Dr. Ramsay felt so unthreatened, we must look at debate over importation and transmissibility.

The debate began after the 1793 yellow fever crisis in Philadelphia, the nation’s intellectual epicenter of medical knowledge. In 1783, Dr. Benjamin Rush established the College of Physicians, a consortium of accomplished physicians who gradually became involved in public health issues facing the city.²¹ After it hit, tracing yellow fever’s origin became their chief objective, testing their resolve. Rush’s original hypothesis was that it derived from “a quantity of damaged coffee” that was left to rot on the wharf adjacent to the houses where the fever first surfaced.²² Thus, Dr. Rush did not think that yellow fever was imported.²³

A founding father and signer of the Declaration of Independence, Rush had a formidable reputation and was the nation’s most famous physician. Yet, his domestic origin thesis did not convince the College of Physicians or many of his understudies who continued to support the traditional opinion that yellow fever could only exist by importation.²⁴ Rush felt slighted by his colleagues, claiming the College endeavored “to

²⁰ Ibid.

²¹ The College of Physicians of Philadelphia, *Detailed History of the College of Physicians of Philadelphia*, <http://www.collphyphil.org/Site/detailedhistory.html> (accessed May 7, 2012). The College was founded in 1787 and “is the oldest professional medical organization in the country.” Twenty-four physicians (but primarily Dr. Benjamin Rush) formed the College to promote and to “advance the science of medicine and thereby lessen human misery.”

²² Benjamin Rush, *An Account of the Bilious Remitting Yellow Fever, as It Appeared in the City of Philadelphia, in the Year 1793* By Benjamin Rush, M.D. Professor of the Institutes, and of Clinical Medicine in the University of Pennsylvania (Philadelphia: Printed by Thomas Dobson, at the Stone House, No 41, South Second-Street, 1794), 12.

²³ Ibid, 24.

²⁴ Ibid, 26.

discredit [his] account” completely and that some treated him with “ridicule and contempt.”²⁵

Dr. Rush’s theories were slightly more convincing in South Carolina. By November 1793, Charleston residents entered the origination dispute via the newspapers. A letter to the *Columbia Herald* that complained about quarantine regulations in Charleston used Rush as a pillar of his argument. If the famous Dr. Rush thought yellow fever was not imported, and the matter was “not yet reduced to any certainty” among the physicians, then a “reexamination of quarantine regulation might be prudent.”²⁶ That argument was quickly countered by another subscriber who thought a quarantine of twenty days was “rather too short, more especially as the physicians were strangely divided in their opinions” on the origin of the disease.²⁷

The debate continued throughout the decade. South Carolina Governor Charles Pinckney thought it relevant to speak directly about the debate in his message to the state legislature in 1797. A strong proponent of rigid quarantine, Governor Pinckney did not care whether yellow fever was a result of “too great a neglect of cleanliness in drains and streets” or “increased intercourse with the Mediterranean and West Indian islands.” What he did care about was preventing it at all costs. Therefore, he asked the legislature to consider raising the fines for breaching quarantine, to establish a place for a new pest house, and lastly that more power be given to the executive branch which would allow

²⁵ Ibid, 15; for an opposing viewpoint to Rush, see Matthew Carey, *A Short Account of the Malignant Fever, Lately Prevalent in Philadelphia: With a Statement of the Proceedings That Took Place on the Subject in Different Parts of the United States* (Philadelphia: Printed by the Author, 1793), 55, 67, 70. Carey claimed the disorder was “unquestionably” imported from the West Indies.

²⁶ *Columbian Herald or the Southern Star*, "New York, October 19.," November 7, 1793.

²⁷ *Columbia Herald or the Southern Star*, "For The Columbia Herald, &c.," December 14, 1793.

governors to enforce quarantine by martial law if necessary.²⁸ Pinckney's rigid position hardly settled the debate, especially because Dr. Ramsay, the state's foremost physician, opposed it.²⁹ How then, did Charleston arrive at this unique perspective on the issue?

By 1799, Charleston was a distinctive North American metropolis, epidemiologically speaking.³⁰ By 1800, Charleston was the only port that had suffered enough exposure to the disease to be able to obtain high levels of immunity. White Charlestonians' relative immunity alone is not enough to explain the solidarity of the Medical Society's anti-importation, anticontagionist viewpoint, especially considering the governor's recent hardline contagionist stance. In his letters, John Ball stated that physicians advised he remove to the country to avoid the disease.³¹ He also wrote of a family friend, "no stranger to the air of Charleston," who fell sick with the black vomit.³² Even Ramsay himself felt that immunity was "limited in some way" as his sister-in-law and longtime lowcountry resident Mary Pinckney died of the disease in 1794.³³

As it happened, the Medical Society began pushing for relaxed quarantine the same year that the legislature was to vote on the reopening of the foreign slave trade.³⁴ The timing is suspect for two reasons. First, according to Ramsay, the Medical Society had uniformly felt yellow fever was not contagious "since the year 1792."³⁵ This is likely an exaggeration as it predates Dr. Rush's opinion, which Ramsay consulted in order to

²⁸ *The City Gazette & Daily Advertiser*. "From Columbia. Legislature of South Carolina." November 29, 1797: 2.

²⁹ Rush. "Observations upon the Origin Yellow Fever," 1799, 3; Since filthy rotting organic matter was "highly concentrated" by the docks, it was not surprising to Rush that some thought the disease imported, 4.

³⁰ McCandless, 79.

³¹ SCHS, Ball Family Papers (11/516/11B) Letter Dated September 24th, 1799.

³² *Ibid*, letter dated September 29th, 1799.

³³ McCandless, 110.

³⁴ Brunhouse and Ramsay "David Ramsay, 1749-1815 Selections from His Writings"; Brady, 611.

³⁵ David Ramsay, *The History of South-Carolina, from Its First Settlement in 1670, to the Year 1808: In Two Volumes ; Vol. I.* (Charleston S.C.: Published by David Longworth, for the Author, 1809), 48.

shape his own, and logically would have spurred advocacy for relaxation in the early 1790s. Perhaps they worried about doing so during a particularly sickly span of years, but that seems unlikely because the outbreak in 1799 was the worst of the decade. Second, 1802 was the first time since 1791 that backcountry South Carolinians felt they had enough political clout to reopen the slave trade. Before 1801, the General Assembly did not even take roll call votes because the votes in support were so few that it “provoked little controversy.”³⁶

When South Carolina closed its ports to the foreign slave trade in 1787 and the domestic trade in 1792 over fear of insurrection in the wake of the St. Domingue slave revolt, Georgia readily picked up Charleston’s slack. The volume increased dramatically throughout the decade as demand for slave labor intensified after the cotton gin made cotton farming more efficient and lucrative. The population grew exponentially in the South Carolina backcountry, with cotton prices rising and speculative planters seeking profits in the more democratic staple.³⁷ To meet labor requirements, backcountry settlers acquired slaves through clandestine dealings with Georgia until she too banned importation in 1798.³⁸

None of this would have been news to the prominent physicians of Charleston or the Medical Society, who were primarily lowcountry men. With the price of rice in slight decline, coastal planters had economic incentive to keep slave supply low and the foreign

³⁶ Brady, 611-612, 608.

³⁷ Brady, 618 Table 1: Up-country population in 1790 estimated at 111,000, by 1800 it was estimated at 167,000 whereas the lowcountry saw no change. This, Brady contends, shows that the up and backcountry area was being populated with immigrants and not just lowcountry sons that settled their families in the west. Cotton was considered more democratic because it could be grown on a smaller scale and still turn a profit, unlike rice which required more start-up capital and usually a slave force of forty or more, see Philip D. Morgan, *Slave Counterpoint: Black Culture in the Eighteenth-century Chesapeake and Lowcountry* (Chapel Hill: Published for the Omohundro Institute of Early American History and Culture, Williamsburg, Virginia, by the University of North Carolina, 1998).

³⁸ McMillian, 86.

slave trade closed in order to keep the price of their assets from dropping.³⁹ This complicates Ramsay's promotion of a policy change that would facilitate the trade if it were voted open.⁴⁰ Taking a closer look at David Ramsay emphasizes the importance of contextual detail.

Though opposed to slavery when he moved to South Carolina in 1774 to practice medicine (at the urging of his mentor Benjamin Rush), Ramsay's position slowly but surely reversed.⁴¹ After being elected to the legislature he quickly became socially isolated because of his views on slavery. By the 1780s his antislavery background succumbed to his personal ambition, and he no longer voiced his opinion on such matters in the assembly.⁴² His moral persuasions further deteriorated when he entered his second marriage to Martha Laurens, making him a slave owner and son-in-law to the most politically powerful slaveholder in the state, Henry Laurens.

Marrying into southern slave-holding aristocracy prompted Ramsay to start living aristocratically. By the late 1780s, he had outdone himself and began accumulating obligations faster than he could meet them.⁴³ His debts amassed quickly in the 1790s, which led him to mortgage a few of his properties, but by 1797 his outstanding debt to his brother-in-law amounted to a substantial \$97,204. Ramsay was eventually forced to take

³⁹ Jed Handelsman Shugerman, "The Louisiana Purchase and the South Carolina's Reopening of the Slave Trade in 1803." *Journal of the Early Republic* vol. 22, no. 2 (Summer 2002): 263-290, 266; For an articulate and thorough analysis on the demise of lowcountry staples and fragmentation in the lower south see: Peter A. Coclanis, *The Shadow of a Dream: Economic Life and Death in the South Carolina Low Country, 1670-1920* (New York: Oxford UP, 1989) 115-153, and Ira Berlin, *Many Thousands Gone: The First Two Centuries of Slavery in North America* (Cambridge, MA: Belknap of Harvard University Press, 1998), 303-307.

⁴⁰ Brady, 612 for estimate of sea island production see L.C. Gray and Esther Katherine Thompson, *History of Agriculture in the Southern United States to 1860*. Vol. II (Gloucester, MA: Peter Smith, 1958): 679-733.

⁴¹ Arthur H. Shaffer, "Between Two Worlds: David Ramsay and the Politics of Slavery," *The Journal of Southern History* vol.50 no.2 (1984): 175-96, 175.

⁴² *Ibid*, 187.

⁴³ Brunhouse and Ramsay, 26.

advantage of the Insolvent Debtors Act in 1798 and was relieved of much of his financial burden. Examining the nature of his debt is particularly revealing. At the very least, one third or approximately \$30,000 of his debt, can be explained by investments made in the Santee Canal Company. Chartered in 1786—first under the name the Inland Navigation Company—the Santee Canal Company’s goal was to connect the Santee and Cooper Rivers. It was designed to link the upland farmers and their products to Charleston to aid in the rebuilding of lowcountry plantations by supplying the lowcountry with food grown elsewhere. The significance of the canal project, however—at least in the eyes of the investors—grew significantly in the 1790s with the gin and short staple cotton expansion in the backcountry.⁴⁴

David Ramsay was one of these Lowcountry speculators, heavily invested in the economic success of the cotton growing backcountry. He was late getting into the game but when he did, he did so aggressively. In 1792, he invested every penny of his wife’s \$25,000 inheritance in the company upon the death of her father, Henry Laurens. Perhaps in gratitude, he was put in charge of taking subscription for Santee Canal Stock that fall and was elected president of the company in 1793. The estimated cost of the canal was £55,000, but it became evident early in the digging process that cost overruns were inevitable. By its completion in 1800, it cost an estimated \$800,000, (approximately £450,000) about five times more than the original estimation. He continued to struggle with personal finances until his death in 1815.⁴⁵ It appears he attempted to publish his way into solvency—plagiarizing most of his major works—most likely to provide an

⁴⁴ F.A. Porcher, *The History of the Santee Canal* (Charleston: South Carolina Historical Society) 1903.

⁴⁵ *Ibid*, 26-28.

inheritance for his children. Whatever the case, his destitution was surely a motivational factor.⁴⁶

In the midst of financial ruin Ramsay had inherited seven thousand acres in Georgia upon the death of his father-in-law, every inherited acre located in prime cotton-growing region.⁴⁷ Furthermore, his nephew John abandoned the medical profession immediately after the slave trade reopened to become a cotton farmer with multiple landholdings in 1804.⁴⁸ Though there is no smoking gun to be found here, there is plenty of evidence that Ramsay and his family stood to gain considerably from the reopening of the slave trade.

The Louisiana Purchase also played a role in triggering the reopening of the slave trade.⁴⁹ The port of Charleston was the only U.S. port that had already established a direct maritime commercial link to New Orleans by the mid-1790s. As would be expected, South Carolina politicians, merchants, and citizens followed the event as it unfolded in the papers. South Carolina passed a resolution celebrating the purchase, and Ramsay delivered an oration praising the acquisition's agricultural potential.⁵⁰ Less than two weeks after the celebratory resolution passed, the motion to reopen the trade passed.⁵¹

⁴⁶ Elmer D. Johnson, "David Ramsay; Historian or Plagiarist." *The South Carolina Historical Magazine* Vol. 57.No. 4 (1956): 189-198. 193; Brunhouse and Ramsay, 27. Ramsay copyrighted his works under his children's names so creditors could not seize royalties.

⁴⁷ Brunhouse and Ramsay, 26.

⁴⁸ Ibid, 61; Ramsay thought of his nephews as sons. During the siege of Charlestown in 1780, Dr. Ramsay wrote a letter to Dr. Rush referencing a bill for "3 thousand dollars" that he wished to see "distributed among my brother's sons" if he "should be killed or taken prisoner." 65.

⁴⁹ Shugerman, 265. Jed Shugerman's article is the first to argue this point. Though there is no direct evidence, the confluence of events and his thorough examination of the sources makes his thesis convincing.

⁵⁰ Ramsay, David. *An Oration, on the Cession of Louisiana, to the United States, Delivered on the 12th May, 1804, in St. Michael's Church, Charleston, South-Carolina* (Charleston: Printed by W.P. Young, Franklin's Head, No. 41, Broad-street, 1804).

⁵¹ Shugerman, 277; Brady, 613.

With the foreign slave trade reopened, South Carolina had obtained a monopoly on the slave supply to New Orleans. Section 10 of the Louisiana Ordinance of 1804 forbade the foreign trade.⁵² Transshipment, however, allowed slave ships that had originally disembarked from Africa or the Caribbean to offload their slaves as domestic goods, so long as they anchored first in Charleston Harbor, where duties were collected and inventories were checked by customs.⁵³ The process looked something like this: Ship A drops anchor in Charleston harbor close to Ship B, recently arrived from Africa or the some other Caribbean port. Ship A's captain boards Ship B to inspect and separate slaves that to purchase at a price below market value and immediately load their selections onto Ship A, lift anchor, and set sail for New Orleans. In many cases, the human cargo would never set foot on land. Foregoing transshipment, some slavers may have simply anchored in Charleston, checked in, then moved on in accordance with the law. Existing slave trade records show that thousands of slaves underwent transshipment. The cargo lists show the number of slaves from Africa on board each ship that disembarked in New Orleans from Charleston and that few, if any, were domestic slaves born on U.S. soil.⁵⁴

If the Medical Society understood the process of transshipment—which they most certainly did—their resolution advocating for relaxed quarantine measures in the face of massive importation of human cargo seems less reckless since the slaves never came on

⁵² Shugerman, 281; see also McMillin, 98. The ban initially included slaves recently imported to other states, but Congress lifted the prohibition on transshipments from South Carolina.

⁵³ A lucid breakdown of transshipment can be found in: Gregory E. O'Malley, "Beyond the Middle Passage: Slave Migration from the Caribbean to North America, 1619-1807," *The William & Mary Quarterly* Third Series Vol.66.No.1 (2009): 125-72, 126.

⁵⁴ Leglaunec, Jean-Pierre, "A Directory of Ships with Slave Cargoes, Louisiana, 1772-1808," *Louisiana History: The Journal of the Louisiana Historical Association* Spring Vol. 46.No. 2 (2005): 211-230. 225-230.

land.⁵⁵ Relaxation of quarantine for yellow fever would have drastically shortened turn-around time for voyages looking to transship. Furthermore, yellow fever was very difficult to diagnose at port—much more so than measles and smallpox—and was often confused with less severe fevers. That a debate over the disease’s contagiousness was ongoing perhaps made it easier for Charleston physicians to accept Ramsay’s notion and propose the change. Arguably, the debate could just as easily undermine physicians’ sense of clarity and security that often relied on consensus. It is highly unlikely that David Ramsay and the Medical Society of South Carolina maliciously advocated for reduced quarantine regulation for yellow fever under false pretenses, believing the disease to be contagious and claiming it was not. Rather, they did so without knowing for sure one way or another amidst a national debate among the nation’s foremost medical mind, a testament to the human capacity of self-denial.⁵⁶

Historian Jed Shugerman has argued convincingly that Lowcountry South Carolinians were willing to sacrifice their own short-term economic best interest to “lay the foundations for a stable, thriving slave system in the west” in order to spread southern political power.⁵⁷ This provocative thesis underscores South Carolina’s devotion to the

⁵⁵ It is certain that the Medical Society full well understood transshipments because the port physicians were active members of the society and transshipment was a popular way of getting around quarantines imposed on ships coming from certain regions, as seen in the wake of Philadelphia in 1793.

⁵⁶ After *aedes aegypti* was found to be the culprit, effective eradication methods were quick to follow. For an erudite and succinct overview of early eradication regimes, see: Alexandra H. Freeman, “The Mosquito of High Crimes: The Campaign Against Yellow Fever During the American Construction of the Panama Canal, 1904-1905,” *Historia Medicinæ* vol. 2, no. 1 (August 2011): 1–9. Scientifically speaking, Ramsay and Rush were correct in their claims that yellow fever is not contagious. Yellow Fever is an acute viral hemorrhagic disease communicated by the bite of an infectious female *aedes aegypti* mosquito. The pattern of its spread through mosquito vectors easily mimicked human transmissibility, sustaining the centuries long debate over whether or not it actually was contagious. The irony here is impossible to ignore. The distance limitations on the mosquito vectors of approximately three hundred yards actually support the practice of quarantine as an effective measure to curtail the spread of the disease, despite the fact that it is not contagious. Thus, physicians of the contagionist persuasion were wrong in theory but correct in practice and vice versa for anti-contagionist physicians like Ramsay.

⁵⁷ Shugerman, 279.

peculiar institution and the rise of what William Freeling calls “aggressive slavery imperialism.”⁵⁸ Historians have missed an opportunity to probe this notion and test its validity through the lens of public health policy and practice, which has the potential to refine our understanding of economic and political discourse in the Early Republic. Promoting the expansion of slavery and southern interests at the expense of public health—as the records suggest—further underscores the drastic measures the assemblymen were willing to take to protect the South’s peculiar institution and demonstrates South Carolina’s commitment to slavery in new and profound ways.

Though transshipment reduced the threat of epidemic if slaves never actually stepped off the ship and into Charleston proper, it hardly eliminated the risk. It is plausible that Charleston’s elite were willing to see the value of their slaves decrease in order to safeguard the entire institution. Far less conceivable, however, is a willingness on the part of these elites to risk increased infectivity. That it appears they did so is remarkable, for yellow fever did not discriminate based on class, as numerous members of the lowcountry aristocracy attested. Though wealthier lowcountry Carolinians could skirt the fever by seasonally removing to the surrounding country, the threat loomed large, and threat frequently became reality during the protracted dog days of a Charleston summer.

⁵⁸ William W. Freeling, *The Road to Disunion* (New York: Oxford UP, 1990), 136; quoted in Shugerman, 266.