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Country on Epidemics.

By HARVEY E. BROWN, M. D., SURGEON U. S. ARMY:

THE ANNUAL ORATION BEFORE THE NEW ORLEANS MEDICAL
AND SURGICAL ASSOCIATION FOR 1883.

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The Influence of the Commercial Prosperity of the Country on Epidemics.

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A distinguished ex-senator, on being asked by a Washington lady, what most astonished him on his first introduction to the senate chamber, replied: "Madam, what I chiefly wondered at was, how in the world *I* ever got there."

Mr. President and Gentlemen of the Association:

Finding myself on a public platform for the first time in my life, having to address an intelligent and critical audience, and considering as I needs must, how much better material there is among our confrères from which you might have chosen, I must confess to sharing in great measure the surprise of my senatorial friend; mingled, I need scarcely say, with a deep sense of appreciation of the unmerited distinction you have so kindly bestowed upon me. It would be a presumption I am far from feeling were I to ascribe this to any other than the real cause—your own goodness and kindness of heart, and as a compliment to the service of which I have the honor



to be the representative in this city. Be that as it may, I have only to say, I thank you, and to beg you, in the words of the bard of our juvenile years, not to

“View me with a critic’s eye,
But pass my imperfections by.”

Worthy of imitation is a custom, among those called upon to deliver similar addresses in England and abroad, to select for consideration some subject which may be supposed to be more or less familiar to the speaker, from previous study or habits of thought. In what I have to say I shall follow in a measure this praiseworthy method. Now, I must beg you not to compose yourselves to slumber in anticipation of an intensely scientific display of medical acrobatism, for I promise you faithfully not to breathe a whisper of the germ theory of disease; to have nothing to say about Listerism, antiseptis, or “recent progress in therapeutics,” nor even to lull you into gentle repose with a learned disquisition on microphytes, micrococci, or the much sought for but erratic bacillus. I propose something, in my opinion rather more suited to an occasion like this, well aware as I am that these preliminary exercises are but intended to whet your appetites for more rational proceedings elsewhere, and will ask your attention to a brief consideration of the “Influence of the Commercial Prosperity of the Country on Epidemics,” with some collateral remarks on the literary and professional services of our predecessors in connection therewith

It can hardly have escaped the attention of any one who has given the matter a thought, that the attitude both of the profession and of the community at large towards the question of epidemic disease of every kind, and especially with reference to yellow fever, has undergone a great change during the last few years. As has been recently well said: “Thirty years ago fear of yellow fever was unknown among us. In those days people rarely ran away from the disease. Friend visited friend and neighbor nursed neighbor, as in any ordinary cases of sickness. * * * Yet fear has become a prominent and startling characteristic of yellow

“fever epidemics, and public sentiment in regard to its dangers, diffusiveness and communicability has been completely revolutionized since those days.”

“The compensations of calamity,” wrote Emerson, “are made apparent after many days. * * The sure years reveal the deep remedial force which underlies all fact.”

It may well be that this hyperæsthesia of the public consciousness should conduce to such wise measures as will finally put an end to these periodic invasions which have now extended over nearly two hundred years of our history.

“’Tis a consummation
Devoutly to be wished.”

And assuming for the moment that it may be so in very truth, we then stand on vantage ground whence we may profitably look back and survey the field over which we and our fathers have passed, before descending into what we hope will prove the pleasant and healthful regions of the future. No such inquiry could possibly be complete in one or fifty addresses and I shall consequently confine myself to a few moot points only, on the subjects I have already mentioned.

Very soon after the settlement of the colonies the importance of the West Indian trade attracted the attention of their merchants, and a brisk commerce was carried on in lumber, horses, fish and many other articles of colonial produce, which were exchanged in the islands for such of their commodities as were saleable at home, as well as for many articles of European manufacture which could be purchased there more cheaply than they could be obtained by direct importation. No result injurious to the public health followed this constant intercourse, for as Hume of Charleston has remarked, in the earlier history of this trade, it was chiefly carried on in small schooners, manned by acclimated crews; and what was true of Charleston was probably equally so of other centres of commerce.

Consequently, it was not until 1693 that yellow fever made its first appearance in this country, and then although unquestionably an importation, it was not due to commercial inter-communication, having been introduced into

Boston by the ships of Sir Francis Wheeler's fleet, which arrived from Barbadoes after the reduction of Martinique, having lost nearly half of their crews on the passage. A much more important result, however, followed the establishment of this trade; a result which had a vast influence on the political future as well as on the health of the colonies. The Imperial Government, jealous of the rapid growth and prosperity of the colonies, passed a long series of laws known as the Navigation Acts and subsequently as the "Commercial Monopoly." Twenty-nine of these enactments were put in force at various periods from 1660 to the earlier part of the eighteenth century, all having for their object the restriction of the trade of the colonies by forbidding it to be carried on except under circumstances that amounted to a virtual prohibition of anything like free traffic. Nevertheless, for many years the trade continued to flourish and without affecting the general health, but, after a time, as the dangers attendant on violation of the law became greater, with less attention paid to the personnel of the crews and the character of the cargoes (much smuggling being in all probability engaged in), we find yellow fever making its appearance at Philadelphia and Charleston in 1699, in New York in 1702, and again in Charleston in 1713, 1728, 1732, 1739, 1745 and 1748, while after 1702 it only appeared in Philadelphia in 1741, and in New York in 1745. This difference between the Northern and Southern cities can easily be accounted for if we consider that as trade languished in consequence of the baleful influence of the navigation laws, the more remote cities suffered the first, while the commerce of Charleston was kept up in a measure to a much later period. A further cause of this exemption of the Northern cities may be found in the passage by Parliament of the act forbidding free traffic between the colonies, so that New England and the North were excluded from trading with the Carolina plantations.

Notwithstanding that for a period of years the West Indian trade managed to survive the assaults made upon it,

yet the Imperial Government was more powerful than the colonies, and act followed act in rapid succession, each more stringent than the last, each one more rigidly enforced by the Board of Trade and Plantations, organized in 1696, to which was committed all matters pertaining to the colonies and which watched them with a jealous eye. As a natural result, the trade declined in importance after the first quarter of the eighteenth century, and, by 1760, it may be said to have ceased altogether. From about this time until the war of the Revolution there was practically no commercial communication between the colonies and the West Indies. During our struggle for independence the rigid blockade of all ports by British fleets of course prevented any re-establishment of such intercourse, but after the close of the war came a great demand for West India products and a general revival of trade took place which attained great proportions between 1790 and 1805. Now, what do we find interesting and important in the history of yellow fever during that period? Simply this: From 1762, when the colonial West India trade may be said to have died out, to its resuscitation in 1790 by the United States, *not one single case of yellow fever occurred within the limits of the old thirteen colonies*; while, with the return of peace and the renewal of the West Indian traffic, the long respite which the coast had known came to an end, as yellow fever prevailed in epidemic and malignant form in New York in 1791 and in Philadelphia and Charleston in 1793. After the passage of the Navigation acts of 1789 and 1792, the New York and New England merchants saw a wide field open to their enterprise in the West Indies and vast numbers of Northern vessels engaged in the trade, owned, commanded and manned by unacclimated persons and, as Hume and Carpenter have shown, these rarely came into port without bringing one or more cases of the disease. Consequently, from 1791 to 1805, we have a series of epidemics the most destructive and widespread that the country has ever known. Boston, New York, Philadelphia, Baltimore, Portland, Norfolk,

Charleston, all suffered severely. In 1807 all of these places became again suddenly exempt, and remained so until 1817. Why? Because, in the former year, the embargo was laid by Congress on all traffic from the United States to any foreign port. This remained in force until 1811, effectually crushing out the prosperous trade of the United States with the islands. The war with England followed and lasted until 1815, and it was not until two years later that commercial intercourse with the West Indies can be considered as re-established. In 1817, and subsequent years until 1822, yellow fever prevailed as an epidemic at all the great ports of entry. In 1822, New York and Philadelphia placed a voluntary restriction on commerce by the perfection of their quarantine system and they have remained free from the disease ever since, with the exception of trifling outbreaks in Philadelphia in 1853 and 1870, and in New York harbor in the latter year, while other cities, notably Norfolk, Charleston and New Orleans, which from their location have had a large trade with the West Indies and the Spanish main, and where quarantine, until late years, has been but imperfectly enforced, have been devastated by frequent epidemics.

It will doubtless have been noticed that, thus far, I have made no allusion to the Gulf ports of the United States as they now exist. I have thought it better to give these a separate consideration, because during the eighteenth century the territory in which they are situated grew gradually into importance under different political conditions from those of the original colonies. Nevertheless, a brief examination into their history will develop but a repetition of the facts already adduced. During the ante-revolutionary period the Gulf ports were in possession of either the French or Spanish, and carried on but little trade, and yellow fever was unknown within their limits, if we except epidemics at Mobile in 1702 and 1705, both of which are doubtful, and in 1765 at Mobile and Pensacola, at both places coincident with the arrival of British regiments from Jamaica, which were infected with

the fever. Towards the close of the century a brisk trade sprang up between New Orleans and the Spanish West Indies, and in 1796 the fever made its first appearance in our city. It again prevailed in 1801, 1802 and 1804, and still again in 1809 and 1811. Now, why (it may well be asked), if the fever was excluded from all other cities from 1805 until 1817, by the embargo and the war, should New Orleans have been an exception in 1809 and 1811? This, which at first sight seems a fatal flaw in my chain of coincidences, is really one of its strongest links, for, as has been just remarked, the trade of this city had always been more with the Spanish West Indies and with the Spanish main than with the other islands, in fact, it had the bulk of that trade, and the embargo—so far as concerned all countries, except France and Great Britain, and their colonial possessions—was raised in 1809, while as respects the exceptions mentioned it lasted until 1811.

From 1811 until 1817, the war period, this city, like all other American seaports, was free from the disease. In 1817, and for many subsequent years, epidemics were almost of yearly occurrence, notwithstanding certain abortive attempts at quarantine in 1816, 1817, 1819, and 1821.

In 1821, the transfer of Florida from the jurisdiction of Spain to that of the United States took place, and immediately thereafter there was a great rush of emigrants from all parts of the country to Pensacola. Foreign commerce, which had previously been of trifling importance, now increased greatly, and in the summer of 1822 yellow fever prevailed as an epidemic. It had been seen but twice before in the history of the city, viz: in 1765 and 1811, but after this epidemics were numerous.

I shall pass over without special comment the years that intervened between the revival of commerce and the breaking out of the last war, for, on the whole, these were times of steadily increasing commercial prosperity, and we all know how terribly the South suffered in its many epidemics during this period. The civil war, however, furnishes us

with several curious instances which have a bearing on my topic. Wilmington, N. C., had not seen yellow fever since 1821, if we except a few cases in 1854. In 1862, as is well known, the Southern ports were blockaded, and Wilmington, by reason of her proximity to Nassau, became the principal port of entry of the blockade runners and her commerce increased to an extraordinary degree. In this same year yellow fever broke out on the second of August and soon became epidemic, causing a mortality of four hundred and forty-six out of fifteen hundred and seven cases, and this in a town of less than five thousand inhabitants. In the same year, Sabine Pass in Texas—a place so insignificant that it was not considered worth the expense of a rigid blockade, and one that before the war had absolutely no commerce except of a local character—became a resort for the blockade runners, and yellow fever prevailed in the village and among the Confederate troops encamped in the vicinity, and in the following year it spread from this point throughout Eastern Texas as far as Houston. In like manner blockade runners entered Pass Cavallo further down the coast, and Matagorda became temporarily a place of considerable importance—the same result followed.

During the first two years of the war the trade of Galveston was entirely destroyed by the severity of the blockade, but in 1864 the contraband traffickers, finding other harbors too dangerous, made that their favorite place of destination, and in that year, for the first time since 1859, the city experienced an epidemic of unusual severity.

It is within the memory of most of us, how remarkable was the revival of trade in all directions immediately subsequent to the war, and how thronged the Southern cities were with unacclimated adventurers. We all of us know how wide-spread and destructive was the great epidemic of 1867, the first outbreak that New Orleans had experienced since 1858, and Mobile since 1853.

I shall make but one remark in reference to the slave trade as a factor in the production of epidemics, because

I believe its influence to have been very much exaggerated. The following historical fact is however worthy of note in this connection. When the West Indian slave trade was suppressed by the activity of English and American cruisers, the traffic to Brazil enormously increased, and it was then, in 1849, that, for the first time in a century and a half, yellow fever made its appearance at Rio Janeiro and along the South American coast.

It is not my intention to draw any conclusions as to the much disputed question of the importation or local origin of the disease from this remarkable series of coincidences, but to leave my hearers to form their own opinions from the facts as stated.

We gather our knowledge of the foregoing from data collected with great industry by our precursors in medicine. Without their observation and patient research our information would indeed be of little value. Hence, I trust I may not be considered as wandering too far from my subject, if I devote a few moments consideration to the debt we of this generation owe to those of the profession who have preceded us in the careful records they have left of former epidemics, and in a generous devotion to duty sufficiently rare to be noteworthy.

The details of epidemics previous to 1793 are very meagre. The demands of practice under circumstances much more unfavorable than exist at present; the inexorable necessity of living (what Clifford Allbutt calls "the quiet heroism of daily life"); the want of that free and constant interchange of opinions and ideas which we enjoy; the absence of medical journals or other media through which their views could be preserved; these and other causes combined to render the physicians of the ante-revolutionary epoch in this country, rather workers than writers. Life presented them with too many stern problems to solve to permit them to pass their time in literary labors, however congenial or captivating such may have been. Thomas Bond, John Lining and Cadwalader Colden are almost the only names of any great weight, belonging to this period,

that are known at the present day. Others doubtless wrote or published, but in books or pamphlets that are long since out of print and forgotten.

With the celebrated controversy in 1793 in the College of Physicians of Philadelphia, in regard to the origin of the epidemic of that year a great impetus was given to the literature of yellow fever. The majority of the College of Physicians considered the disease an importation from the West Indies; the minority, composed of such names as Rush, Hutchinson and Redman regarded it of local origin and due to the insanitary condition of the city. The views of each had ardent partizans to uphold them, and thus began a discussion which has lasted under varying aspects almost to the present day. As epidemic succeeded epidemic in the closing years of the last century, other writers joined in the polemical strife with the immediate result of throwing a veritable apple of discord into the venerated ranks of the disputants, but with also the remote but happy issue of leaving to posterity a series of papers perhaps the most brilliant and valuable that any age has produced. Nor was the dispute confined to the physicians alone; it extended among thinking men outside of the profession. Among others Matthew Carey, the head of the great publishing house that so long bore his name, though not learned in physic, has given us a description of the great epidemic of 1793, which is almost classical. Among medical men, besides those already mentioned, was William Currie, whose work on "Diseases most Prevalent in the United States" can be consulted with great profit at the present day; while Samuel Brown, of Boston; Seaman, Bayley, Townsend, Hosack and others of New York; Caldwell, Condie, Folwell, Revere and many more in Philadelphia and Baltimore, as well as other places, enriched the periodical literature of the day with graphic descriptions of the disease as they saw it during the first quarter of this century, mingled, it must be confessed, with learned discussions and often bitter controversies on the much vexed question of the transmissibility of the disease. The great

work of Drake on "Diseases of the Interior Valley of North America," and that wonderful storehouse of facts, surmises and theories, compiled by La Roche, are too familiar to require more than a mere mention here. At a time when the ideas of Benjamin Rush were almost universally accepted relative to the local origin of the disease, Strobell, of Charleston, wrote a most masterly essay on the other side, based on observations made by him of an outbreak of the disease at Saint Augustine, Florida, and this was soon followed by the able productions of Monette and Carpenter in the Southwest. To De Saussure, Hume, Wragg, Simons, Dickson, of Charleston; Waring and Arnold, of Savannah; Anderson and Nott, of Mobile; Cartright, of Natchez; Ashbell Smith and Heard, of Texas, with numerous others, we owe many articles in the medical journals of the greatest excellence, without which, indeed, it would be impossible to trace the connection between epidemics occurring in the same year in different towns. To come down to our own city it is only necessary to mention the Dowers, Fenner, Barton, Axson, and many more, both dead and among us still, to show that, for the last half century at least, we have not been behind hand in contributions of permanent value to the history of epidemics.

Admirable papers are also to be found in the various volumes of Army Medical Statistics and Reports, written by Archer, Heustis, McMahan, Lawson, Forry, Porter, and others of later date, who have been stationed at Southern posts during various visitations of yellow fever.

To all these and many more, that time will not permit me to enumerate, we owe obligations that can only be repaid by a like industry and self-sacrifice on our own part. The men of the past were often biassed by conflicting views or personal animosities; their ideas of pathology were sometimes crude and incorrect; their theories of treatment were strictly in accordance with the spirit of the times in which they wrote; but in clear descriptions of the disease as they saw it, and in impartial narration of facts as they

occurred, they are deserving of all praise. The wonder is, not that so little has been handed down to us, but how our predecessors in the anxious and harrassing labors of busy professional life, found time to write so much. Nor, if we view it aright, has the labor of the humblest been in vain; for, as President Eliot, of Harvard, has justly remarked in a recent address: "The great achievements of the century in the science of medicine and the healing art are all prophetic. * * In value far beyond the actual benefits which have thus far accrued to mankind from their discoveries is the clear prophecy they utter of greater blessings to come."

As I remarked in my introduction, we may perhaps indulge the pleasing hope that epidemics of great magnitude are things of the past. Rational common sense applied in the quarantine laws of 1822, has kept the great cities of New York and Philadelphia free from the pestilence for over sixty year. Rational common sense is yearly being applied more and more to questions of sanitation throughout the South. The commercial prosperity of the country is increasing day by day, but we are fast learning the great truth that the health of the community is of more value than money; that it is something that money alone cannot give, but which an enlightened public sentiment can advance and maintain.

Regarding then, as we may do without too great a stretch of the imagination, that these terrible ravages of epidemic disease are fast passing into history, and that we are now standing on the dividing line between a past of desolation, sickness and death, and a future of prosperity and health, it seems proper for me to close my remarks (already, I fear, too long) with a brief tribute to the self-denial and bravery of medical men wherever called upon to meet this formidable enemy. If it partake of the nature of a boast, it is surely a pardonable one, and one that our honored guests to-night can easily condone. The old controversies that too often embittered members of our profession against each other are dead, or if not entirely dead, are never

likely to be agitated with the same acrimony as before, and we can now look back with a natural feeling of gratulation at the record of work faithfully performed that has been left as a heritage to us, for it was work fearlessly and faithfully performed. "*Procul a Jove, procul a fulmine,*" is not a maxim that has ever influenced the disciples of Hippocrates in the conduct of life.

There have been those who on the field of battle have never been able to master the dread which overcame them at the sound of the whistling shot and the bursting shell: mariners in scenes of wreck have deserted the sinking ship, leaving behind a helpless living freight to certain death: in the great plague in London parents deserted their children and children those who bore them; but with honest pride can we exult in the fact that never in one single instance in all these dread visitations of disease, never in one single instance throughout the whole yellow fever zone, whether among the colder temperaments of Puritan New England or the warmer and more impulsive spirits of our Southern brethren, have any physicians called to the post of duty on their field of battle faltered in their trust. All honor to them: all! Weary, faint, sick, yea, even dying, they have presented an unwavering front to the forces of destruction, comforting and encouraging the well, nursing the sick, holding the cup of life to the fevered lips, soothing the parting hour and consoling the afflicted with tender promise of "that peace which the world can neither give nor take away." All honor to them all! "Too often worn down by anxiety and unrequited labor, they reaped but a harvest of unfulfilled hopes." It is well, it is easy to eulogise the dead, but is there no meed of praise for those who are still among us? Yea, verily, and yet but a single word will suffice.

Brethren, we have fought together on many a weary field. Some have been great commanders, while others of us have marched in the ranks, yet, well I ween, that the same spirit has actuated all, simple allegiance to duty and no more.

One word for those who in days of pestilence have bravely fallen with their face to the foe. They rest quietly now—alas! how soon forgotten—in the peaceful cemeteries of many a Southern city, but in life they fought a good fight, and more than once, like him of Trafalgar, heard the glad shout of victory as they closed their dying eyes. Heroes and martyrs, all! they as truly died for humanity, for country, for all that is noble and true in life as ever did soldier in a holy cause. They are gone—even their names too often leave but a faint impress on the mind, so quickly do mundane reputations fade away—but thinking on what they were and how they died, we may well re-echo the words of the Quaker poet:

“Not wholly lost, oh! Father, is this evil world of ours;
Upward through its blood and ashes spring afresh the Eden flowers.
From its smoking hell of battle, Love and Pity send their prayer,
And still Thy white-winged angels hover dimly in our air!”



