MORTALITY IN THE SLAVE AND WHITE POPULATIONS OF NATCHITOCHES PARISH, LOUISIANA, 1850

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A review of mortality from the 1850 census mortality schedules of Natchitoches Parish, Louisiana has provided a snapshot of the health conditions of African-American slaves. The cause of death was abstracted from the mortality schedule and categorized according to the ninth revision of the *Manual of the International Classification of Diseases*. Children under the age of 9 accounted for 44% of the total mortality. Sixty-four percent of all deaths recorded occurred in the slave population. Sixty-two percent of the slave deaths occurred in the male population. Leading causes of death were helminthiasis, whooping cough, fever, cholera, and pneumonia. Reports of mortality due to Cachexia Africana (dirt eating) among slaves are discussed. (*J Natl Med Assoc.* 1992;84:805-811.)

Key words • slavery • mortality • morbidity

The institution of slavery arrived in Louisiana in the late 17th century, and along with it came a variety of public health problems for its victims. The large burden placed on limited resources in the colony was outweighed by the need for a large labor force. This led to an influx of enslaved blacks whose diseases and general problems of health were of major importance to the well-being of the entire community. These problems, however, were exacerbated by the extreme negative racial attitudes of the period that resulted in the inability of slaves to receive adequate medical care and higher morbidity and mortality when compared to whites.

The subject of slavery and slave health received mixed reviews by writers of the time. Those in favor of abolition tended to paint a bleak picture of the slave condition. The slaves were depicted as mistreated, abused, and rarely tended to in relation to health concerns. Others in favor of the institution of slavery were more likely to report that slaves were well-fed, properly clothed for the conditions in which they lived, free of disease, and satisfied with the treatment they received.

Beatings, whippings, and other forms of punishment are dramatic images that come to mind when one recollects historical accounts of slavery. It is clear, however, that the living and working conditions of the slave population played an important role in the transmission of disease and mortality. In general, slaves resided in squalid conditions. Dirt floors, lack of proper ventilation, cramped living quarters, poor sanitation, and nutritional deficiencies were major contributors to morbidity and mortality. An illness in a white individual more than likely affected only that individual, whereas when a slave became ill it not only affected members of his or her immediate habitat but also all those residing in the area of the slave quarters. Social

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TABLE 1. RACIAL DISTRIBUTION OF DECEDENTS REPORTED IN THE 1850 NATCHITOCHES PARISH, MORTALITY SCHEDULES

	White		Slave		Total	
Gender	**No.**	**%**	**No.**	**%**	**No.**	**%**
Male	51	58	100	62.4	151	62.4
Female	37	42	54	37.6	91	37.6
Total	**88**	**100**	**154**	**100**	**242***	**100**

*Gender was not recorded for one slave death.

contact with other slaves within the quarters was a welcome respite from the day's work, but also served to facilitate the dissemination of disease.

1850 CENSUS MORTALITY SCHEDULE

Natchitoches Parish, Louisiana was established in 1807 and was one of the 12 original parishes of the state at that time. The 1850 census presented a unique opportunity to observe the mortality experience among a southern slave population because mortality schedules were taken concurrently with the 1850 federal census enumerations.[1] These schedules contained the reported names of persons who died during the 12-month period prior to the census day. The name of every free person or the owner of the slave who died during the year ending June 1 whose usual place of abode at the time of death was in the family or on the property of the family was included. Age, sex, race, marital status (if white), place of birth, month of death, occupation, disease of death, and duration of illness also were listed. The cause of death was abstracted from the mortality schedule and categorized according to the ninth revision of the *Manual of the International Classification of Diseases*.[2]

A review of mortality from the 1850 census of Natchitoches Parish has given a snapshot of health conditions of African-American victims of slavery. These data can give some indication of what the health conditions were at that period in time. It must be understood, however, that these data are subject to recall and selective event bias. Respondents to the census were probably not given an inordinate amount of time to consider each mortality that occurred in the previous year. Therefore, only selective events may have been reported. Also, slave owners may not have wanted or been in a position to give information regarding total numbers of deaths in their slave populations. Certainly, perinatal infant mortality events would not have had accurate accounts.

There were 269 deaths in Natchitoches Parish reported to census takers in 1850. For the purposes of this study, only mortality among free whites and African-American slaves were used (243 deaths). Slaves accounted for 63.8% of the mortality compared with 36.2% for whites. Sixty-two percent of white decedents were born in Louisiana. There was no information given on place of birth for the slave decedents.

Table 1 shows the gender distribution of mortality in the white and slave populations. Sixty-two percent of the reported deaths occurred in the male population, and there were no significant differences between white and slave mortality with regard to gender. Children under the age of 9 accounted for 44% of the total mortality (Table 2).

The causes of death as abstracted and categorized from the mortality schedules can be seen in Table 3. Of 243 persons recorded as having died during the time period, 38 were listed as having had unknown causes of death and two had missing data with regard to cause of death.

Helminthiasis

Helminthiasis was the leading cause of death in the slave population. Nearly 20% of all slave deaths were attributable to this cause of death; 13 deaths (43.3%) of this mortality occurred in children. Ancylostomiasis (hookworm) was responsible for most of the deaths.

Victims of hookworm disease show a characteristic set of symptoms. They display a pronounced anemia, often accompanied by diarrhea, a slight fever, and sometimes a seemingly insatiable appetite for clay or dirt. Sufferers usually exhibit lethargy, sallow skin, and a lack of physical development and mental acuity. Though generally not fatal, a severe infestation of hookworm can plague its host for up to a decade and render him or her incapable of performing even the most rudimentary tasks.

Cachexia Africana or "dirt eating," a condition not associated with hookworm infestation at the time, was the third leading cause of death if cases were not

TABLE 2. AGE DISTRIBUTION OF DECEDENTS REPORTED IN THE 1850 NATCHITOCHES PARISH, MORTALITY SCHEDULES

	White		Slave		Total	
Age Group	**No.**	**%**	**No.**	**%**	**No.**	**%**
0 to 4	23	26.1	48	31	71	29.2
5 to 9	16	18.2	19	12.3	35	14.4
10 to 14	5	5.7	7	4.5	12	4.9
15 to 19	6	6.8	2	1.3	8	3.3
20 to 24	6	6.8	11	7.1	17	7
25 to 29	5	5.7	11	7.1	16	6.6
30 to 34	3	3.4	10	6.5	13	5.3
35 to 39	5	5.7	9	5.8	14	5.8
40 to 44	5	5.7	9	5.8	14	5.8
45 to 49	3	3.4	4	2.6	7	2.9
50 to 54	5	5.7	8	5.2	13	5.3
55 to 59	3	3.4	3	1.9	6	2.5
60 to 64	1	1.1	5	3.2	6	2.5
65 to 69	2	2.3	2	1.3	4	1.6
70 to 74	0	0	2	1.3	2	0.8
75+	0	0	5	3.2	5	2.1
Total	**88**	**100**	**155**	**100**	**243**	**100**

recorded according to the *Manual of the International Classification of Diseases*. All but one of these cases occurred in the slave population. This condition almost always ended in death for the victim. Carpenter reported that the disease had long been known in tropical America as the most fatal disease of the black race.[3] Cachexia Africana affected numerous planters throughout the south, and some large plantations of Louisiana were completely devastated by this malady. Observations of this disease by early writers of the time led them to believe that improper diet, poor living environments, overwork, and mental depression were responsible.[4] In the early stages of this disease, the slave looked healthy but could not physically exert him- or herself and consequently gave the impression of being lazy. The advanced stages of the disease gave rise to anemia, swollen shiny skin, puffy eyelids, and pale palms and soles.

Although apparently endemic to the South, this disease—not its symptoms—went undetected until the 20th century. Mustacchi gives an account of a manuscript entitled "De la Dissolution Scorbutique" presented by Cesare Bressa, an Italian physician practicing in Louisiana, to the Creole Medical Society of New Orleans in 1825.[5] The manuscript described in detail a dirt-eating disease endemic to Louisiana and the islands of the Gulf of Mexico that was responsible for the deaths of large numbers of blacks. Bressa suspected this condition as being nutritional in origin and different from scurvy and pellagra. Mustachi's diagnosis of wet beriberi in combination with hookworm infection is more plausible on the basis of Bressa's records, which included clinical data and autopsy findings.

Mustachi concluded that since Bressa did not note any overt bleeding, it could be assumed that anemia was secondary to nutritional causes and to infection of hookworm. Bressa's patients had painless enlargements of the parotid glands, a frequent symptom concomitant to infestation with hookworm. Although the environmental conditions under which the slave population of Louisiana lived and worked were optimum for its life cycle, the hookworm was not recognized and would not be recognized for 25 more years.

Whooping Cough

The second leading cause of death in the slave population of Natchitoches Parish was whooping cough. Twenty of the 25 deaths (80%) attributable to this cause in the overall population occurred in the slave population; all mortality for this cause was in children. Whooping cough was the leading cause of death among slave children under 10 years of age and accounted for 20 deaths (27%). An outbreak on one plantation in the month of March accounted for the deaths of four slave children under the age of 6.

Children were especially vulnerable to nematode

TABLE 3. MORTALITY BY RACE, 1850 NATCHITOCHES PARISH, LOUISIANA. MORTALITY SCHEDULE

	White		Slave		Total	
	No.	%	No.	%	No.	%
I. Infectious and Parasitic Diseases* (001-139)	51	58.0	92	59.4	143	58.8
A. Intestinal infectious diseases (001-009)†	10	11.4	14	9.0	24	9.9
1. Cholera (001)‡	7	8.0	12	7.7	19	7.8
a. Cholera§						
2. Diarrhea (009)	3	3.4	2	1.3	4	1.6
a. Diarrhea						
B. Tuberculosis (010-018)	4	4.5	7	4.5	11	4.5
1. Pulmonary tuberculosis (011)	4	4.5	7	4.5	11	4.5
a. Consumption						
C. Other bacterial diseases (030-041)	8	9.1	25	16.1	33	13.6
1. Whooping cough (033)	5	5.7	20	12.9	25	10.3
a. Whooping cough						
2. Tetanus (037)	3	3.4	5	3.2	8	3.2
a. Lockjaw						
b. Fits						
D. Arthropod diseases (060-068, 080-089)	27	29.5	15	9.7	41	16.9
1. Fever‖	27	29.5	15	9.7	41	16.9
a. Fever						
b. Brain fever						
c. Chills						
E. Syphilis and other venereal diseases (090-099)						
1. Venereal, unspecified (099.9)	0	0	1	0.6	1	0.4
a. Pock venereal						
F. Helminthiasis (120-129)	3	3.4	30	19.4	33	13.6
1. Ancylostomiasis (126)	1	1.1	19	12.3	20	8.2
a. Dirt-eating						
2. Intestinal parasitism, unspecified helminthiases (129)	2	2.3	11	7.1	13	5.3
a. Worms						
II. Respiratory Diseases						
A. Acute respiratory infections (464)	2	2.3	3	1.9	5	2.1
1. Acute laryngitis and tracheitis (464)	2	2.3	3	1.9	5	2.1
a. Croup						
B. Pneumonia and influenza (480-487)						
1. Pneumonia, unspecified (486)	3	3.4	1	0.6	4	1.6
a. Cold						
2. Influenza (487)	0	0	1	0.6	1	0.4
a. Influenza						
C. Chronic and Obstructive Pulmonary Disease and Allied Conditions (490-493)	1	1.1	1	0.6	2	0.8

TABLE 3. MORTALITY BY RACE, 1850 NATCHITOCHES PARISH, LOUISIANA. MORTALITY SCHEDULE (CONTINUED)

	White		Slave		Total	
	No.	%	No.	%	No.	%
1. Bronchitis, unspecified (490)	1	1.1	1	0.6	2	0.8
a. Bronchitis						
D. Other respiratory diseases (510-519)	2	2.3	5	3.2	7	2.9
1. Pleurisy (511)	2	2.3	5	3.2	7	2.9
a. Pleurisy						
III. Certain Conditions Originating in the Perinatal Period (760-779)	2	2.3	0	0	2	0.8
1. Asphyxia of newborn, unspecified (768)	2	2.3	0	0	2	0.8
a. Smothered						
IV. Symptoms, Signs and Ill-Defined Conditions (780-799)						
A. Symptoms involving skin and other integumentary tissue	4	4.5	13	8.4	17	7.0
1. Edema (782)	4	4.5	13	8.4	17	7.0
a. Dropsy						
b. Edema						
c. Inflammation						
V. Accidents and Adverse Effects (E800-E949)						
A. Accidents, fire (E890-E899)	0	0	2	1.3	2	0.8
1. Burned (E899)	0	0	2	1.3	2	0.8
a. Burned						
B. Accidents, nature (E900-E909)	0	0	1	0.6	1	0.4
1. Effects of lightning (E907)	0	0	1	0.6	1	0.4
a. Struck by lightning						
C. Accidents caused by submersion, suffocation, and foreign bodies (E910-E915)	0	0	6	3.9	6	2.5
1. Drowning (E910)	0	0	4	2.6	4	1.6
a. Drowning						
D. Accident, unspecified (E9l6-E928)	0	0	2	1.3	2	0.8
1. Accident (E928)	0	0	2	1.3	2	0.8
a. Accident						
VI. All Other Causes						
A. All other causes	10	11.4	9	5.8	19	7.8
a. Childbirth						
b. Childbed						
c. Liver condition						
d. Thrash						
e. Bites						
f. Rheumatism						
g. Cancer						
h. Hives						

* Major ICDA category, † Minor ICDA category, ‡ ICDA specific cause of death, § Cause of death listed on 1850 mortality schedule, ‖ Not an ICDA minor category.

infestation. Unsanitary conditions usually prevailed in the areas surrounding the slave quarters. The children would acquire the worm larvae while playing in the dirt. Failure to use or lack of privy facilities helped to spread the worm diseases to other residents and to visiting slaves, who then carried these parasites to their own plantation quarters.

Fever

"Fever" was the third leading cause of death in the slave population, and first in the white population. While this term encompassed a wide range of disorders, malaria was probably the most common one. This ambiguous cause of death accounted for 16% of overall deaths. During this period, there was great controversy regarding the existence and epidemiology of specific diseases in the medical community. "Fever and chills," therefore, was an acceptable description of mortality even though it was characteristic of nearly all infectious diseases. Lacking an understanding of the germ theory, physicians used a variety of terms to categorize fevers—slow fever, putrid fever, nervous fever, continued fever, pernicious fever, malignant fever, long fever, pestilential intermittent fever, remittent fever, and so forth.[6]

Cholera

In 1850, cholera was also a cause for concern in Natchitoches Parish. The disease accounted for 19 deaths, and 8% of all deaths. Twelve of these 19 deaths (63%) occurred in the slave population. As was the case with other diseases, the higher prevalence of cholera was a reflection of the unsanitary living conditions in the slave quarters. One of the most controversial cures for cholera during this time was offered by Dr Samuel Cartwright, a physician who believed that slaves should not be treated as "black white men" when ill, but they should be carried ". . . back to an imitation of African barbarism in the neighboring fields, woods, wilds, to lead a savage life, exposed to open air and weather, and unprotected by houses."[7] He claimed to have cured cholera from a plantation by taking "300 slaves, sick and well, a mile or two back into the dry, open place in the swamp, where there was no house to be seen." The slaves, who thought that cholera was inevitable and had influence over the "superstitious" minds of their fellow slaves, were stripped, greased, and ". . . slapped with a broad leather strap marking time with the tam tam, a wild African dance that was going on in the center of the camp, among all those who had the physical strength to participate in it." For 6 weeks, slaves remained in the camp at night and labored in the field during the day. Fortunately, the medical profession immediately denounced Dr Cartwright's assessment and method of treatment for slaves. One can only speculate on the thoughts of the slaves involved in this "cure."

Tetanus

Contrary to reports of great mortality among slaves due to trismus nascentium (neonatal tetanus), there were only two reported deaths that were attributed to this disease. Both deaths occurred in males: one a child of 8 years and the other an adult of 45 years. In infants, it was known as trismus nascentium or "ninth-day fits." Dr Grier reported that in the slave population, there was more than one instance in which ". . . of the births for 1 year, one half became victims of this disease. . ."[5] He estimated that at least 90% of the cases proved fatal. The tetanus bacilli route of entry in infants was usually via the unwashed, unhealed, and frequently touched umbilical wound. Although the disease was rampant in the slave infant population, it was rarely seen in white infants. This bacterium also infected older children and adults through burns, amputations, cuts, or abrasions. Dugas reported that injuries that would not appear to be serious in a white person could never be considered without danger in a slave.[8]

Accidental Deaths

There were three accidental deaths listed in the slave population: a burning of an infant, a lightning strike, and a drowning. There is no doubt that accidents must have taken a large toll on the slave population, not with direct mortality but as underlying causes. Cuts, scraps, severed limbs, and other injuries in which the skin was broken became opportunities for tetanus to take hold. Other reported deaths included "smothering." This cause took the life of two white children under the age of 1, both residing in the same household and dying within 2 months of each other. There was one reported death of a slave infant. This cause of mortality was considered accidental, caused by the mother rolling over on the child or the child suffocating in a blanket. Although there were not many such deaths reported in Natchitoches Parish, it was reported to occur almost exclusively among the slave population. This may have been an early report of what is now known as sudden infant death syndrome, or crib death.

SEASONAL VARIATION

A seasonal variation in mortality was also observed.

Forty-five percent of the deaths occurred in the 4-month period from May to August. The spring and summer months brought a variety of intestinal ailments caused by poor sanitation and exposure to nematodes in the ground. Furthermore, the warm weather increased the activity of insects, vectors in the spread of disease, particularly "fevers." Sixteen percent of these deaths occurred in August and 14% in May (planting and harvesting times). These planting and harvesting periods were especially hard on the slaves. The slave population accounted for three quarters of the mortality that occurred during these months. They were overworked, nutritionally poor, and in many cases, without proper foot attire, making them susceptible to all of the diseases of the period.

The winters offered no special relief. Respiratory diseases flourished during the winter months, a time when close living quarters spread contagions such as whooping cough, consumption (tuberculosis), diphtheria, influenza and pneumonia, streptococcal infections, and common colds.

LIFE EXPECTANCY

Estimates for the life expectancy of slaves vary as much as the description of health. Dr George F. Cooper of Perry, Georgia reported that the average age of white persons at death was 20.0 years and that of blacks was found to be 16.6. In Mississippi, the average life expectancy of a 20-year-old slave, according to Charles Sackett Sydnor in 1930, was only 1½ years less than that of a white person. However, Professor Sydnor himself pointed out that he paid no attention to the high mortality rate among children because he was concerned only with the mortality rate among adults.[9]

Slaves suffered from many other health-related problems. Consumption (tuberculosis), venereal disease, pleurisy, and dropsy were all common diseases of the time. The image of the slave may have been one of individuals with broad grins displaying glistening white teeth, but in reality many probably suffered from severe dental problems.

Diseases that had little affect on the more privileged white members of the antebellum society were responsible for major epidemics among the slave community. The living and working conditions for slaves were responsible for these public health problems. The popular conception of slaves as a sleek, robust, hearty group enjoying a high degree of welfare on the old plantation is false. On the contrary, sickness was often a major economic and public health problem.

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