

E. Harris, M.D.

with the respects
of J. Dickson Brown

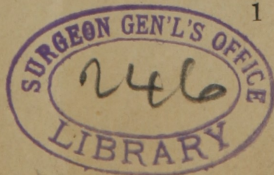
CHARLESTON MEDICAL JOURNAL AND REVIEW.

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ART. I.—*The Yellow Fever of Charleston, considered in its relations to the West India commerce.* By WILLIAM HUME, M.D., Professor of Experimental Science in the State Military Academy of South-Carolina.

It must be obvious to every reader, who follows the arguments of the various writers on the origin of yellow fever in our city, that the object of one party is to protect the citizens at any pecuniary cost, from the ravages of pestilence, while the other is interested in the protection of a particular commerce, which is believed to be more beneficial to the city, than the preservation of our sojourning foreign population. It seems to be conceded by one party, that the importation of one thousand hogsheads of sugar and molasses, advances the prosperity of the city more than the immigration of one thousand Irish and German candidates for permanent citizenship, while the opposition party believe that an increase of our population from any source, is a permanent increase in our means of fixing wealth, and that the income from an emigrant's labor, remains and accumulates, so long as he lives, and also survives in the labor of his children. Opinion is divided between the receipt of an annual income from commerce, and a permanent capital from population, for, in the present state of our knowledge, derived from the experience of the past, an increase of population is incompatible with the occasional prevalence of a mortal pestilence. It operates in two modes. It destroys those

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who settle, and deters others from settling. The ignorant, the destitute, or the desperate, alone will risk our climate, while the more desirable and useful will settle other and safer regions. Thus Charleston suffers both in the quantity and quality of its emigrant population. Capitalists and foreign merchants avoid us, while petty German traders and Irish laborers supply their places. Our pride and prejudices are excited against them, and it is not uncommon for a native to rejoice at the advent of fever, because he knows that the evil is to be diminished by the funerals of many. These intemperate expressions are occasionally rebuked by the death of a favorite native, or presumed climatized citizen, when all parties unite in one general conviction of the extent of our calamity, propose the employment of energetic means for its future prevention, agree upon the necessity of the most complete sanitary measures to prevent its propagation, and the most rigid quarantine to prohibit its introduction. The winter returns, the disease is arrested, business is resumed, and the visitation of the last season is forgotten. The summer again returns, and finds the parties again divided; one maintaining the domestic origin of the disease, and the sole propriety of cleaning, draining, ventilation, &c., as the only means required for its prevention, the other party concurring in the benefits of these precautionary measures, desires to add the rigid quarantine to make "assurance doubly sure." The claims of commerce are interposed. It is made to appear that the commercial wealth of the city is concentrated in the yellow fever ports; that all the cotton and rice on hand will remain unsold, and the cargoes required for old Spain will remain on our hands. Spain and her colonies thus become magnified into the whole world, and we are urged to believe, that we must trade with Spain, under the contingency of importing a pestilential disease, or lose the trade of the world. We have no objection to trade with the Spanish colonies for nine months in each year, and do all that we have to do, but we cannot consent to trade with any country on such dangerous terms as the other three months necessitate; and if this principle was fully carried

out, we would avoid a danger which is believed by some, suspected by many, and denied and ignored by a few. The odious humbug of quarantine would be useless, the attempts to avoid its provisions would be unnecessary, the hopeless endeavors of the hygienists would cease to annoy the community, and the citizens would then be convinced that our past misfortunes have proceeded from our own avarice, and not as a retribution for our other manifold sins. Cleanliness and adequate drainage are essential to the amelioration of our indigenous and local diseases; and in whatever climate cities may be built, and in whatever locality, a large population may be collected, there must drainage, sewerage, and scavengers work be done, as a common preventive to every disease that moisture, and bad air produce or propagate, commencing with the fashionable cold, and ending with the prolonged typhus.

It is obvious that the only true and certain mode of relieving our city from the occasional visitation of yellow fever, is to prohibit promiscuous and careless intercourse for three months with presumed infected cities. If a single case of such introduction and subsequent propagation is established beyond a doubt, we may have strong suspicions that it can be done again, and has been done before. If it can be shown that the eight epidemics which have appeared in Charleston since 1838, have been traced to Cuban commerce, introducing into our city persons already sick of the disease, or taken sick soon after arrival, it is clear that the disease can be, and has been transported from an infected city to a sound city; or if it can be shown that during the healthy summers no such case has been introduced, and this particular disease has not prevailed, then we are justified in our position that a subsequent propagation does not, and cannot occur, without a preceding importation. The effect is absent, because the cause is absent. The native counterfeit, the so-called sporadic cases never assume an epidemic number, are never traceable to a foreign influence, nor are they propagative.

The proposition of a three months suspension of the West

India trade will fall harshly upon the commercial ear, and a greater clamor may be expected than has ever fallen upon the ill-fated Quarantine. Nevertheless, desperate means must be opposed to avert imminent dangers. The facility of evading the most carefully prepared regulations, the unseen, and stealthy manner of introduction, the unknown escape of a dangerous subject, and the rather prolonged incubation of the disease in an individual who has undergone the detention demanded by the present law, possibly in an infected ship, are so many reasons to doubt the certainty and security of the present system. It is satisfactory to know that each year of Quarantine adds to our knowledge, and that an amount of positive information may be hereafter obtained adequate to remove all defects and secure a system capable of protecting our city. The last summer's observation developed some important facts. Namely, that the cook Tynen could secrete himself on board the steamer plying between the city and the Catawba, escape the vigilance of the police for many days and remain well all the season. That Garcini and Scharwacter did remain on board of the Catawba for the allotted period of eight days, were lawfully discharged, took the fever three or four days after their entrance into the city and died. Thus want of vigilance was manifest in the escape of Tynen, and although we have no reason to apprehend that any injury was done to the health of the city by his entrance into it, yet another escape of a better subject for fever might not have been attended with the same happy result. The lawful discharge of Garcini, and his arrival into the city before his period of incubation had terminated, was a far greater misfortune than the escape of Tynen. In the latter case, the framers of the law erred in the presumed time of incubation, and notwithstanding great efforts were made at the time to obtain twenty one days, the majority prevailed and eight days was voted to be sufficient. The case of Garcini and others show that the period of incubation exceeds eight days, yet the law remains unamended, and other Garcinis and Scharwacters may renew the calamities of 1858 in other years. By a curious concurrence, Tynen and Garcini put up

at the same house, and in this house was reported the first case of yellow fever in 1858. Abbot and Tynen occupied the same room, and were together for twelve days before Abbot sickened. Garcini and Abbot were adjacent and visited each other for two days before the illness of Abbot, and other two days before the illness of Garcini. On the evening of the 12th, Garcini was removed from the room of Abbot to bed from which he never arose, for he died on the 15th, 4 A. M. The discovery of yellow fever in a house in which two men recently from Havana where domiciled, was sufficient, to awaken the suspicions of the community, and to refer the origin to direct importation. The contagionists were elated, but the non-contagionists were equally sanguine on the discovery, that an old cellar had been deepened, and converted into a cistern, that the earth had been deposited under Garcini's window, and that a privy had been removed, and the old sink filled up with earth, and boards laid over the whole. Here was a local cause adequate, in their estimation, to produce the whole effect, and the illness of Abbot and Garcini was referred to this local cause rather than the infected city of Havana from whence Garcini had returned four days before. In the absence of positive proof each party must enjoy their own conclusions. Garcini had yellow fever, of which he died. Garcini had just arrived from an infected city, Garcini was exposed to the malaria of the excavated cellar and removed privy, hence Garcini was bound to die from one or the other cause, according to the opinions of the contending parties. But Tynen was equally exposed to both causes. He had also returned from Havana, and he had been exposed to the malaria of the cellar, &c. and was proof against both. He still lives. If we now trace out Scharwacter, the companion of both, we find him at his brothers, No. 18 King street, where no cellar had been excavated, and where no privy had been removed, yet Scharwacter proclaims himself to be unwell, on the 10th, returns to the Catawba, is sent to the Lazaretto, a case of yellow fever, and dies on the 16th. Now it is certain that no similar local cause had an action on Scharwacter, as that alleged against Garcini. Yet both died

of the same disease, and about the same time. It is evident that the only cause of yellow fever, that was common to both, was the visit to Havana, and if both were susceptible of the poisonous influence of that locality, there is nothing new, nor wonderful in the fact of the disease, and death.

The febrile transactions in Tradd street became more complicated by the illness, and death of Abbot, who made no voyage to the Havana, yet suffered the evils of such a voyage. It is alleged that Abbot died of yellow fever, which is not denied, but is it proved that Abbot's disease commenced as yellow fever? May it not have been a conversion of type, from an ordinary fever? under the influence of Garcini's presence. Similar conversions of type are common, during the prevalence of yellow fever; a case of common remittent fever, becomes a case of yellow fever in a day or two, as has been often observed in our Hospitals. In fact the conversion is so complete, that it is impossible to distinguish the convert from the original, except by reference to the previous history. Sailors from Georgetown, Savannah, and Wilmington, with the respective fevers of those localities, have been admitted into the Marine Hospital, and have died of yellow fever within four days. Now it would have been a grave error to have attributed the origin of yellow fever to those localities. They are clearly conversions of type, under the influence of the more powerful disease, which is present in the building. Such conversions do not occur when the yellow fever is absent. Such fevers pursue their natural course, and end as they would have done in Georgetown, Savannah or at Wilmington, and in the same manner as if they had not been removed. The principles contained in these observations apply to Abbot, as correctly as they do to the sailors in the Marine Hospital. There is nothing wonderful in the fact, that a policeman should have a fever. Such things are common. There is nothing wonderful in the fact that the disease should assume the appearance of yellow fever. Such things are also common. There is nothing wonderful in the fact that he should die of yellow fever three days after another man had died of the same

disease within ten feet of him. Such things have happened before. In 1856 Diola was brought to the Marine Hospital with yellow fever, on the 2nd of August, first case. Nelson was confined to his bed with a broken leg in the opposite room about 14 feet distant. On the 5th Nelson took the disease and died on the 10th. That Diola was the cause of Nelson's disease, there can be no question, for Nelson had not been out of his bed for four months.

The same influences were produced on the 2nd story shortly after. Pettighon, the 2nd case, infected Hansler, and Hansler infected his nurse. Now if these infections can occur in a public Hospital, and become parts of the history of the disease, where is the impropriety of explaining similar occurrences, when they happen in a private dwelling on the same principles? If Diola could infect Nelson, free from any fever as he was, and of course less susceptible of the disease, from an adjacent chamber, why could not Garcini have the same influence on Abbot, who was suffering under some kind of fever? and of course more easily influenced. The identity of the two histories is so perfect that whatever may be true of one may be assumed for the other. The influence of the sick upon the well, in this particular disease, is so well established, that it does seem strange that many will resort to local causes to account for those results which are so much more rationally explained by the facts connected with personal causes. Who can say that Abbot would have died of yellow fever, if Garcini had not brought the disease from Havana? Would Nelson have died, if Diola had not been in the next room with the identical disease?

I have presumed that Abbot's disease was not primarily yellow fever, notwithstanding its resemblance to it, but became yellow fever under the plastic influence of the genuine disease in the person of Garcini, who had recently arrived in the Catawba from Havana. I found this presumption on the observation of many cases of fever which came under my notice, which were at first reported to be yellow fever and subsequently proved not to have been. It is probable, that these fevers continued to occur during the whole summer,

and increased the extent of the epidemic by frequent conversions of type in susceptible persons, under the influence of effluvia emanating from persons in the neighbourhood afflicted with the genuine disease. These mild, possibly malarial fevers attacked natives as well as foreigners, the acclimated as well as the unacclimated, the negroes and colored as well as whites, and presented various degrees of intensity, frequently passing into yellow fever and death, but oftener into recovery. Many persons who had yellow fever in former years declared that they had the fever again in 1858. And the cases were so numerous as to leave no doubt, that we had a malarial fever prevailing at the same time with yellow fever. Under these circumstances, it is not surprising that errors of diagnosis should have been committed. At the onset of disease it was impossible to say which would terminate the case. If the patient was a stranger we apprehended the fatal yellow fever, if a long resident we might hope for a speedy recovery. Now if this uncertainty prevailed during the epidemic, how much more uncertain must our diagnoses have been before the epidemic was fully developed? And how probable does it seem that Abbot's disease did commence as malarial fever, and subsequently assumed the type and fatality of the recently imported West Indian disease, and was but an unrecognized prototype of many cases which followed under similar conditions.

The deaths of Garcini and Abbot on the 15th and 18th of July excited the medical mind to watch for the first signs of propagation of the disease, which from previous observation was reasonably expected. The seed was planted, the soil and climate were propitious, and we had only to wait for the germination. On the 21st the alarm was sounded in the person of Cathcart, residing in Whim's Court, King street, a policeman from New York, and well suited to receive either disease; the result proved that he had the native malarial, and not the foreign introduction of Garcini; for he speedily recovered, and later in the season fell a victim to yellow fever. Another policeman of the name of Nevins, residing in Tradd street, at the Carolina Coffee House was the first to

sicken, and die of yellow fever. He was attacked on the 30th July and died the 5th of August. We have no positive information relative to his previous movements, except that he had visited Fort Johnston, and as a policeman may have visited the neighbourhood of Garcini's and Abbot's house. The infection of the neighbourhood is so well established by other testimony, that the proof that Nevins did duty in the neighbourhood, could add little to the force of conviction. If others, as will appear hereafter, did take the disease by passing the house of Abbot, it is probable that Nevins did also, and suffered the usual penalty. Coincident with Nevins, in attack and death, was a negro, residing in Broad street, between King and Meeting, who was recently from Orangeburg District and a stranger to the disease. His residence in Broad street was but nominal, for he slept in King, and twice each day passed the house of Abbot. The infection of Abbot's house is further shown in the case of E. Coffine, an Irish carter, residing No. 3 Lingard street, who was attacked August 6th and died on the 14th. This man was employed in carting materials to fill up Tradd street, he passed and repassed the house several times each day, and occasionally entered the premises to satisfy his thirst. The 5th is recorded as the last day of work in that region. Coincident with the carter who visited Tradd street, was Mrs. Bauer, who resided at the corner of King and Tradd street, and within a few feet of Abbot's house. She died on the 12th. On the 8th and 10th her daughters sickened, one recovered, the other died on the 13th. On the 10th a German girl immediately opposite Abbot's house sickened, and died on the 13th. Many other cases immediately succeeded each other in this neighbourhood, all tending to show that germination had commenced, and that a fearful harvest was to be gathered. At this period much malarial fever prevailed in distant parts of the city, and some of them were reported as yellow fever which the subsequent history disproved; for they recovered and died afterwards of yellow fever in its unmistakable form. The propagation of the fever from its primitive location was observed to occur both by diffusion

and transportation. In process of time, the range of cases was enlarged from the corner of Tradd and King streets, among the fixed population, to all of the neighbouring streets, and soon became so wide and general as to defy correct record. Lingard street soon became another centre of propagation. Receiving the disease by transportation, through the Irish carter Coffine, it was subsequently extended both by transportation and diffusion. "In the room in which the first case occurred were 4 other occupants, and in the same house were 4 others. None of these 8 men took the disease while the case was in progress, but as soon as its nature was ascertained, they scattered, and carrying the germs of disease with them, as many as 4 sickened in various localities to which they went, and spread the disease over Lingard street and neighbourhood." It is not necessary to pursue the propagation of the fever any further. If we have succeeded in pointing out its first location, the method by which it was there carried, and its subsequent spread to all parts of the city, we have accomplished our design. Perhaps there never was a summer when the facts were more clearly observed and the conclusions more positive, notwithstanding the complication introduced by Abbot, and the simultaneous prevalence of a native malarial fever, than the summer of 1858. If we reject Abbot altogether, and the various visitors to his neighbourhood, who received and developed the disease in other places, and limit ourselves to the fixed population of Tradd street, we will find the facts equally conclusive. Garcini arrives from Havana, locates in this street, develops yellow fever and dies on the 15th of July. Ahrens is repairing the adjoining house, converts a cellar into a cistern, and removes a privy. During his illness a "fearful odor" of a cow yard, was perceived in the street; on further examination into this "fearful odor," it was found that a heap of filth, recently excavated from the cellar, was piled up in the angle of the two houses, six or seven feet high, and within two or three feet below the window of the room occupied by Garcini. I have been thus particular to give my readers a choice between two local facts, of an odor from a cow yard, and a

mass of earth from an excavated cellar, to account for the origin of yellow fever in Garcini, or the more commonly observed fact, that when a subject visits an infected city, he returns with the disease upon him. From annual observations, I am inclined to think that "fearful odors" and excavated earth, are not adequate to produce such fearful results, and if Garcini had stayed at home, we never would have known of the presence of a heap of cow manure in Tradd street, nor the improvement of these premises by placing a cistern where a cellar formerly was. Such things are perpetually being done, and are unnoticed because unavailable for a *scientific* purpose. It is injurious to commerce to admit the possibility, that a man can return from Havana and bring the yellow fever with him, notwithstanding the repeated observation of the fact, and its fatal consequences. An injury to the city by the destruction of one thousand inhabitants is a damage easily repaired, but commerce must not suffer by the suspicion of being accessory to this terrible calamity. It is for this reason that local causes are sought out. Cellars and sewers are occasionally condemned when in the vicinity of the sick, but harmless at all other periods. The time was, when the filthy docks bore the blame of local origin to yellow fever, but since the operation of Quarantine, and the detention of infected vessels at a distance, they have been found to be innocent and slander has ceased to assail them. If the interests of the city alone were consulted, and a particular trade detached from general commerce and deprived of its imperious sway, it would soon be discovered, that local causes play a subordinate part in the tragic scenes of our city, while at other times they are the foundation of that superior health which we are accustomed to boast of when yellow fever is absent.

Garcini died on the 15th of July and left the city in the enjoyment of health. Reports were, however spread in the country that yellow fever was in the city, and prudent customers avoided us. A reverend gentleman who had returned from the interior, and found the city still free from an epidemic, proposed that I should publish a card on the 3rd of August declaring the city healthy,

and assuring the country gentlemen that they might return with safety. I declined, on the ground "that by the time the gentlemen arrived, they would discover that I had lead them into danger, for I never knew so palpable a case as that of Garcini, to be introduced into our city, without producing an epidemic, and that the most frequent date of development, was the 7th of August at which time I apprehended that the epidemic would be known. But if you will have patience, until the 14th, and no epidemic is then reported, I will assure the gentlemen that they may come." We now know that at the time of this conversation, Nevins and the Broad street negro, were suspected of having the disease, for they died two days after, on the 7th. Mrs. Bauer, living near Garcini's house, was declared to have yellow fever. Thus the epidemic was established about its usual period, and continued to extend to the end of the season. It is certain that at the time of Mrs. Bauer's attack there was no local cause for the disease on Ahrens' premises. All the alleged odors, and filth had been removed, the cistern was completed, and Garcini's house had been scoured, white washed and closed, its inmates having been sent to the Lazaretto. Yet strange to say, the disease of Garcini survived in the person of Mrs. Bauer, and shortly after in the persons of her two daughters, and finally extended to more remote distances from the original source. The intervention of Abbot then becomes but an episode in the general tragedy of Tradd street. The same events would have occurred without him, or without Ahrens' improvements, as did actually occur in Lingard street, where the Irish carter first transported the disease, and where it was extended without regard to any particular local causes, to which its origin could have been attributed. It is curious, and perhaps inexplicable, that the advocates of the domestic origin of yellow fever cease to investigate local causes after the first case. We have no observations of odors, filth or upturnings of the earth in Lingard street, yet the disease was as virulent and extensive there as in Tradd street. The general filth of the city seems to be sufficient to produce the disease anywhere after its first introduction, but for the *first*

case something extraordinary must be pointed out, anything, in fact, which will direct attention from the pernicious doctrine that the disease may be imported, and that the West India commerce may suffer if such a belief becomes prevalent. It is treason to the West Indian interest to charge it with the introduction of a pestilential disease, even if we see its entrance through Garcini, and observe its propagation from the position that he occupied. Is it not a crime of deeper dye to sacrifice the health and happiness of our whole community, to paralyze, for three months, all other commerce, and to expatriate our citizens, for the simple purpose of granting to a few a freedom of commerce, which is intrinsically valueless to the city? for the same articles may be imported from sound parts in sufficient quantities to supply the demand, at prices not exceeding the directly imported articles, whenever the received supply shall fall short of the demand. Could a portion of the mercantile community be induced to yield their rights to the general welfare of the city, it is acknowledged that the most certain, economical and efficient protection against the introduction and spread of yellow fever would be the suspension of the West India trade for three months. During the other nine, the whole work could be done, and a supply left in store to supply all necessities arising from the temporary suspension.

It is a common argument advanced by the merchants, that yellow fever is not introduced by commerce, because commerce has frequently failed to bring it. In other words, we have for a season, and for many seasons, been exempt from the disease, notwithstanding an active commerce has been carried on. This is certainly true, but cannot outweigh nor contradict the positive observation that commerce has brought it on many occasions. All the observations made since 1838, have concurred in this common truth; and the facts above detailed, relative to its importation in 1858, are beyond the powers of a reasonable contradiction. It is certain that our predecessors never traced out the origin and spread of the disease, and were perfectly ignorant of its mode of entrance or origin. To assert that it was not intro-

duced by commerce, when it is apparent that they never made any inquiry, is to assume that to be true which has not been proved, and in regard to which no testimony can be adduced on either side. Recent researches have proved beyond a doubt many points that our forefathers never suspected nor investigated; and their negative testimony is but evidence of their carelessness and credulous reliance on the admitted doctrines of their day. The origin of yellow fever is not a medical question, it is a mercantile question. Any prudent physician would give the benefit of a doubt in favor of the inhabitants of a city, and decide that the liability to infection is sufficient to suspend a particular commerce, provided that liability was established by the observation of any one season. But the merchant opposes this humane decision on the plea that it is an interruption of commerce, and an interference with his private pecuniary interests. Public interest is but the sum total of private interest, and if you injure one of these "little ones," you injure the whole. The apple woman, at the corner of the street, has a right to garnish her tray with bananas and pineapples, and it is better that hundreds should die rather than that this privilege should be curtailed. Poor woman! how unconscious is she of the zeal and disinterestedness of her commercial protectors, when in her native benevolence she would give her whole capital and stock in trade to avert the disease from a single victim. The free trade principle may be precious to the merchant, but he should have the magnanimity to inquire into the fact maintained by others, that plague and pestilence follow in the footsteps of a continuous and indiscriminate exercise of his alleged rights, and that the evils to the public far outweigh the private benefits. There is but a step between legitimate and licentious commerce; and any commerce is licentious which becomes injurious to the public; and any commerce which is injurious to the public should be suppressed or suspended by those in authority, who are presumed to be empowered to take care that the commonwealth shall suffer no detriment.

The frequent exemption of our city from the ravages of

yellow fever, when an uninterrupted commerce with the West Indies was maintained, is no proof that it is not brought to us at other seasons. The examination of the general fact may throw much light upon the particular facts, and lead to a principle of great practical value. It may be the means of correcting many popular errors which lie at the foundation of an honest prepossession, and enable us to distinguish established theories from assumed hypothesis. It is a common assumption with some, that the air of an infected city may be brought by a vessel, and, when liberated, may infect the citizens; and that every vessel, thus arriving, is equally charged with the same poisonous material; and entertaining this view, many are of the opinion that simple ventilation is sufficient to expel it. This view may be perfectly correct, provided that no yellow fever case has been on board; but if such a contingency has happened, no ordinary ventilation nor reasonable time for self purification will succeed in removing the infection. Thus, the presence of the disease on board materially alters the condition of the vessel, and what is true in one case becomes untrue in the other. The danger of a vessel, then, consists in the fact of having had a case on board, and not that she has arrived from an infected port. Many vessels annually arrive in our harbor without having had a case during the voyage, and are perfectly harmless; and many seasons of exemption are explicable on this fact. During the season of 1858, of one hundred vessels retained at Quarantine, only ten developed the fever; and possibly only those ten would have been detrimental to the city, while the ninety would have been harmless. Of the ninety we may allow ten as having had concealed cases; there still remain eighty that might have come up to the city without provoking an epidemic. During the season of 1857, seventy-eight vessels were retained at Quarantine, and but one developed the disease (the *Ciscar*), and only two others are known to have had the disease on board previous to arrival; thus sixty might have been admitted to the wharves without the production of an epidemic. During the present season of 1859, no vessel with the disease on board has ar-

rived, and but one discovered which had the disease on board before sailing for this port. Hence, with the single exception just mentioned, we might have escaped an epidemic this season without the exercise of any quarantine. That similar exemptions may have proceeded from similar failures to bring the disease into port, on other occasions, is very possible; and the failure of our records to show a case at the Lazaretto during the years of exemption, proves uncontestedly that no vessel arrived with it on board, and we may infer that no vessel arrived in our port which had had it previous to sailing. If only six, out of one hundred vessels which arrived in our harbor in one season, were infected, it is not wonderful that thirty, forty, or even fifty, might arrive without infection during another season. Or the case may be stronger, when only one out of sixty-eight arrivals is observed to be infected. Hence if this one had taken another direction, sixty-seven vessels would have arrived without the means of doing mischief, and the friends of the West Indian commerce would exultingly have pointed to this particular season to prove that the disease is not imported, because so large a commerce was carried on and no fever prevailed. But the history of 1857 tells another tale; for among the sixty-seven there was one that had had the disease on board, and that one infected two others, and was the means of introducing the disease into one portion of the city; while the vessel which brought the disease, at the time of arrival, succeeded in infecting another vessel, which, when liberated, infected the village of Mt. Pleasant. It is thus apparent that seasons may and do occur, when no infected vessel enters our harbor, and those seasons are marked by a continuation of normal health. There are other seasons, when only a few infected vessels arrive, and with proper care the disease may be limited to the Lazaretto; but it has most commonly escaped and invaded the city. Thus a careful examination of the facts disprove the general impression, derived from the occasional exemption of the city, that the yellow fever is never imported. It proves satisfactorily that when it is not in the city, that it has not been imported;

and also, that when it is in the city, that it has been imported—a conclusion which the particular history of each year, in recent times, satisfactorily establishes. There is nothing in the local affairs of the city, nor in the meteorological condition of the atmosphere, which can account for the exemption of 1859. Had the disease appeared, our opponents would have attributed its local origin to the intense heat, excessive rain, general filth, cleaning out of old drains and distributing the contents on the surface of low streets, and particularly to the extensive excavation in Meeting-street, for the construction of the tidal drain. But the disease is not here; therefore these causes, so satisfactorily and conclusively advanced on other occasions, to account for the presence of the disease, cannot account for its absence, and have certainly failed to produce it. Local and climatic causes which were adequate to produce the disease in 1858, should do the same in 1859, or confidence in their powers may be diminished. “Fearful odors” of cow manure have been produced, cellars have been excavated, premises have been generally filthy, and back buildings have been occupied by colored persons, yet no fever has been engendered. These four causes, which were relied on to produce a fever in 1858 in a man recently from an infected city, have totally failed in 1859 to produce a similar fever in any person who has remained at home. It may, then, be doubted whether they were the true cause of fever in 1858; and as Scharwacter took fever without the concurring agency of these causes, and some others arrived from the Havana with the disease upon them, we may fairly infer that Garcini brought the germs of the disease from the Havana, which were naturally developed in process of time, and would have done the same, irrespective of any local cause existing in the city at that time.

From the statistics of the three last years we observe that the per centage of infected vessels is 10, 2 and 0; and although from the nature of the disease the 2 may be as dangerous as the ten, no evil whatsoever has arisen from the 0 per cent. During the whole period of Mr. Creutzburg’s

administration as keeper of the Lazaretto, no yellow fever case was landed in any one healthy year. What it may have been with his predecessor, we have no means now of learning, as the books are lost. The imperfect laws, which were then imperfectly executed, can teach us little which is positive; for the vessels were liberated, and the first intimation that we had of the fever was its prevalence among the shipping at the wharves, or in the Marine Hospital. From these points it spread over the city, and deceived the people into a belief of its domestic origin, which policy induced many to encourage. If the proportion of infected vessels is as small as our statistics show, there can be nothing extraordinary in the observation that many summers pass without the arrival of a single one, and as a sequence, those summers are free from the prevalence of the disease. While in other summers a single infected vessel arriving at the wharf has infected the whole city, and produced as much injury as if the whole number had been infected. The alleged biennial visitation of fever to our city, is by no means a fixed fact; nor is it a character of the disease. The time has been when it was annual. From 1792 to 1804, it appeared ten summers out of twelve. It has occasionally been absent ten years; once upwards of twenty, and at another time upwards of forty years. It is certain that neither changes of climate, nor local causes, can account for this irregularity; but it is by no means certain that the revolutions of commerce, or the especial modes in which it was conducted at different times, may not have had an efficient agency in producing this irregularity. We have noticed the comparative paucity of infected vessels which visit our port during our most fatal epidemics. If we now turn our attention to the crews arriving in all the vessels, we will be astonished at the wonderful paucity of cases which arrive. We are erroneously led to suppose that every one who arrives from Havana, during its epidemic period, is doomed to take the disease. The records show a very different result. Of 1261 passengers who arrived in 1858, not one had the disease; and of 1328 officers and sailors arriving at the same time, only 16 had the dis-

ease. In 1857, 280 passengers arrived in health; and 516 officers and sailors, of whom 7 had yellow fever, and all belonged to one vessel (Ciscar), which had a crew of 11. We do not expose these records to prove the folly and cruelty of detaining so many sailors at the quarantine station, when so few are really capable of injury, but to show how possible it may be that successive seasons may pass without a single arrival of a diseased sailor; and these are the seasons which are characterized by the continuance of perfect health; and these seasons may be multiplied at will by a judicious regulation of this particular commerce, or more certainly by its suspension for certain months in each year. Our people have vast faith in the potency of money, when expended by the city or State, and they are induced to believe that the expenditure of \$50,000 by the State in the erection of a Lazaretto and stores, at a distance from the city, will eventually protect it from the epidemic. There may be some safety in distance; but if a constant communication is to be kept up by steamers, distance will prove of no security; and if constant importations and exportations are to be carried on, we will soon discover that a six hours voyage is as dangerous as a one hour's voyage, and that all the alleged objections to the present station will apply to another at a greater distance. If non-intercourse shall become popular, the present station will be necessary for the reception of distressed vessels, a certain number of which we have a right to expect each year—especially after the annual gales—and some provision should be made for their assistance and accommodation, as well as for the protection of the city from the contingencies of their infection.

The frequent failure of the West India vessels to bring cases of yellow fever to our city, not only accounts for its occasional absence, but is interesting as opening a field of research by which we may be enabled to ascertain the conditions, and, perhaps, succeed in applying the principles to the accomplishment of a safe trade. Independent of the danger, there can certainly be no other objection to a West India commerce; but until means are discovered by which

this danger may be removed, the safer way is decidedly to limit the trade to certain months which are known to be incapable of propagating the disease if accidentally introduced. With no other object in view than the welfare of the city, I would receive with delight any plan by which the benefits and evils of this particular commerce may be separated. I would rejoice with the merchants that a safe, fair and free trade could be established. I would also rejoice with the citizens to be relieved from the annual apprehension of disease and death. Improbable and uncertain as such a result may be, it is worthy of investigation; and some hope is derived from the fact that accident has occasionally accomplished that which art may always effect, provided we know the exact conditions which constituted what we have called accident, and invariably take care that those conditions and no other shall exist. It is well known that yellow fever has been a denizen of the West Indies since the settlement of Charlestown, and possessed the same properties then that it now does, yet its introduction into Charleston was, in its infancy, comparatively rare. From 1700 to 1792 it was rare; from 1792 to the present period it is comparatively frequent. Thus 1792 becomes the dividing period between the two series of Dr. Ramsay; or in other words, the division between rarity and frequency. If we could establish the fact that there was no commerce prior to 1792, and a large commerce afterwards, the question would be easily settled. But such is not the fact. By reference to the marine list of 1783 in the State Gazette, we find vessels arriving from the following ports, viz: St. Thomas, St. Eustacia, St. Kitts, Port au Prince, St. Christophers, Havana, St. Lucia, Hispaniola, Barbadoes, Jamaica, Cape Francois, Dominica, Curacoa, St. Croix, Martinico, Granada and Guadaloupe. By turning over to 1793, we find a similar list, viz: St. Eustacia, Jamaica, St. Thomas, Hispaniola, New Providence, Cape Francois, Aux Cayes, Martinique, Nassau, Port au Prince, St. Bartholomews, Barbadoes, St. Johns Antigua, Dominica, and Havana. Without attempting to show which was the larger commerce in these two equally healthy years, the fact

is evident that an extensive trade was carried on at these and intermediate times. By reference to 1803, we find the following list, viz: St. Vincent, Porto Rico, Trinidad, Cape Francois, Nassau, St. Thomas, Havana, St. Domingo, Kingston and Antigua. In 1813 the trade was limited to Havana and Matanzas, showing clearly that the absence of fever from our city was not produced by an absence of West India commerce, but proceeded from causes which we now propose to investigate.

The existence of yellow fever in the West India Islands is known to have preceded the year 1700, but it was only occasional. In 1793 there commenced a new era; a fresh importation was alleged to have been received in the island of Granada, and the ship Hankey and the African island of Bullam became celebrated. Be this as it may, it is admitted that the disease became more frequent, and covered a larger space than it did before. Islands that never before witnessed the presence of the disease, were now involved, and it is certain that its appearance in the United States became more common. The New York fever of 1791, and the Charleston fever of 1792, must have belonged to the old series; but the fevers of Philadelphia in 1793, and subsequent years in most of the northern and southern cities, may have appertained to the new series. Suffice it to say, that from 1791 to 1807 the yellow fever prevailed annually in some of our ports, without much respect to latitude, local causes, or meteorological conditions; for New Orleans, Charleston, Norfolk, Baltimore, Philadelphia and New York suffered alternately or simultaneously. Every summer of this period of years was marked by the appearance of the disease in one or more cities of the United States; and it is almost incredible now to notice that it occurred in Philadelphia precisely the same number of times that it did in Charleston as an epidemic, and if we include the sporadic years, it was twice oftener in Philadelphia than in Charleston, to wit: Charleston 10, Philadelphia 12. That an increase of extension and frequency in the West Indies should have been attended by a similar increase and frequency in

the United States, is reasonable; but still it will not explain satisfactorily, why, after an exemption of forty years, it should have occurred annually, visiting with equal regularity northern and southern cities. No natural cause of origin, dependent upon climate or locality, could have produced so extraordinary an effect in so short a period, and persevere in it for so long a time, and then return to an exemption of ten years, i. e. from 1807 to 1817, without leaving some record on the meteorological tables of such a climatic change. We must here look to art, and we find it coincident with the passage and operation of the American Navigation Acts of 1789 and 1792, which, while securing a monopoly of the coasting trade, gave encouragement to foreign trade also, especially to the West Indies and other ports on the American continent. Prior to this period, the West Indian trade of Charleston was carried on by Charlestonians and by West Indians. Schooners and sloops were exclusively used, and manned by sailors habituated to both climates. South Carolina regulated her own commerce, and directed it according to her own interests. Experience had demonstrated that a vessel could not become infected simply by visiting an infected port, return and expand the disease throughout the city. Experience also proved that West Indians were incapable of bringing the disease with them, forasmuch as they were incapable of taking it themselves. This immunity of the West Indians was observed to appertain to the Charlestonians, after having had the disease themselves. Hence crews made up of men habituated to the disease, were enabled to make voyages between Charleston and the tropical islands, without danger to themselves or their fellow citizens. Small vessels, owned and manned in Charleston, in conjunction with other small vessels owned and manned in the West Indies, carried on the whole West Indian commerce for upwards of one hundred years, with the slight accident of seven epidemics, occurring at the earlier period, viz: 1699, 1703, 1728, 1732, 1739, 1745 and 1748. Had the Assembly of South Carolina understood the foundation on which this comparative security rested, it would have been simple, easy and ef-

fectual to have introduced a regulation by which the trade could have then been made absolutely safe, and no merchant would have been injured or aggrieved. Had it been clearly set before them that the danger of importation consisted in the liability of a sailor to take the disease in consequence of non-habitude to that particular disease, to return with it upon him, or to infect the vessel during his illness, which infection remains on board of the vessel as long as she continues in a quasi-tropical climate, and ready for diffusion whenever an opportunity should occur, it is certain that some restraint would have been placed upon the indiscriminate enlistment of sailors, or the equally unguarded acceptance of apprentices. It is not possible, at this distant period, to determine to which of these indiscretions the exceptions of safety are to be referred, and it is possible that we may add non-habituated passengers to the list of dangerous subjects.

After 1789, this comparatively safe interchange of productions, until then carried on by habituated officers and sailors, was divided with northern vessels, manned by northern and unacclimated crews, ready for any enterprise and indifferent to any danger. Wherever a barrel of rice, a hogshead of sugar, or a bag of coffee was to be found and made into freight, there these vessels were to be found, ready to carry it to any part of the United States. They also carried supercargos, prepared to buy or to sell anything at any place. Free trade was carried on to perfection. Although money was made, a sad sacrifice of human life was also made. To replenish a crew was a quick and frequent operation, but to eradicate the evils that they brought to the different seaports, was not easily done. The introduction of the West India yellow fever into almost every seaport from Georgia to Massachusetts, was the fruit of these voyages; yet the citizens, so interested in the profits of this pernicious trade, as then conducted, were unwilling to attribute it to any other than a natural cause, unconnected with any change in their commercial arrangements. The importation of molasses gave rise to the manufacture of rum, a large article for ex-

port, which, in addition to what are now called Yankee notions, constituted their exports. Thus the local inhabitants became interested in the advantages of this trade, and were advocates for its continuance, piously trusting in the Almighty for a reversal of his desolating decree, and endeavoring to hasten his decision by humiliation and prayer. To give some idea of the effect of this trade, it is only necessary to enumerate the following cities and towns as having been invaded by this fleet of coasters and made to suffer the fatal consequences of the first attempt of Congress to establish free trade by the memorable Navigation Act of 1789, and its amendment in 1793. Yellow Fever appeared :

In 1790. New York, sporadic.

" 1791. New York, epidemic and violent.

" 1792. Charleston, epidemic.

" 1793. Philadelphia, epidemic.

" 1794. New York, New Haven, Baltimore and Charleston.

" 1795. New York, Bristol, R. I., Providence, R. I., Norfolk and Charleston.

" 1796. Bristol, Providence, Boston, Newburyport, New York, Philadelphia, Norfolk, Charleston and New Orleans.

" 1797. Bristol, Providence, Boston, Philadelphia, Baltimore, Norfolk and Charleston.

" 1798. New London, Conn., Westerly, R. I., Stonington, Conn., Boston, New York, Portsmouth, Philadelphia, Wilmington, Del., Baltimore, Norfolk, Alexandria and Petersburg.

" 1799. New York, Boston, Philadelphia, Baltimore, and Charleston.

" 1800. New York, Providence, Philadelphia, Baltimore, Norfolk and Charleston. Spain.

" 1801. New York, Philadelphia, Baltimore, Norfolk and Charleston, (sporadic only). Spain.

" 1802. New York, Philadelphia, Wilmington and Charleston. Spain.

" 1803. New York, Philadelphia and Charleston. Spain.

" 1804. Charleston. Spain.

" 1805. Philadelphia and Providence.

" 1807. New York and Charleston.

" 1809. Brooklyn, (New York.)

" 1811. Spain.

In the year 1808, the prayers of the people of these United States were answered, according to their desires, and the plague was stayed. The troubles with England and France now commenced. Embargoes and non-intercourse were the order of the day. The northern coasters were kept at home, and health was restored to the United States. The war soon followed, extending our term of health, and continuing it to 1816, when peace was proclaimed, and the coasters were again on the ocean. In 1817, disease returned, and has continued to prevail, more or less, ever since. It is worthy of remark, that during the war, the Charleston and West India trade returned to Cuban vessels, and, notwithstanding an active trade with Havana and Matanzas, no epidemic appeared, yet it is recorded that a few sporadic cases occurred in 1812. The amity between England and Spain warranted our commerce with Cuba, but limited the carriage to Cuban vessels. Neither Old Spain, nor New England, with their non-acclimated crews participated therein; hence the security from disease which was so manifest throughout the United States from 1807 to 1817.

I am fully aware that previous attempts have been made to connect the occurrence of our epidemic yellow fever with the political necessities of commerce, but it has been limited to the increase or diminution of commerce at certain periods, and has had no reference to the peculiarities incident to vessels and crews continually passing between infected and uninfected cities. On the common doctrine of chances, a less commerce should insure less danger, but our dangers have not been commensurate with the quantity of commerce, but with the quality. One vessel with a northern or European crew is seen to be more dangerous to the health of cities, than one hundred vessels with crews habituated to the climate and diseases of Havana. It seems to be through persons alone, primarily, that the disease can be transported from one place to another, and that person must have the disease, or he is innoxious to his non-habituated neighbor, and also incapable of infecting the vessel on which he sails. No one will question the fact, that a vessel may be manned

by any number of sailors, who have already had yellow fever, that they may be sent to Havana during the epidemic there, that they will not again take the disease, nor will they bring it back to Charleston. The men will return well and sound, and the vessel will be uninfected, and, of course, incapable of infecting any person who may go on board. Voyages of this kind would accomplish the legitimate object of the merchant, and not react upon the legitimate interests of other people. We will now repeat the voyage with the introduction of one rubicund, jolly Jack-tar from Ireland into our ship's company, and observe the result. The outward voyage may be enlivened by his wit, and assisted by his strength and activity. The company may have a gallant spree in the charming Havana. The ship is discharged, re-loaded, and returns to our port, say at the end of July. Our jolly Pat is no longer the life of the crew. He is desperately ill, and must be sent to the Marine Hospital. On arrival, the dreaded yellow fever is developed, recognized and proclaimed. His death astonishes no one, but his disease must be concealed for a while, or an alarm may be created among a timid people. One week after the arrival, a sailor in an adjacent ship is suddenly seized with fever, no known cause can be assigned, but the filthy mud in the dock, and yellow fever is again recognized. About this time a sailor in the hospital may be taken, and a stranger living in a filthy portion of the city is reported as suspicious. Soon, however, the cases multiply, and we have an epidemic condition of the atmosphere, as it is termed, by which any non-habituated person may be seized with this especial disease, and fall a victim to what is called acclimation. So especial and peculiar is this acclimation to our city at this particular time, that a man who has resisted the violent fevers of the country, which are death to the inhabitant of the city, dares not visit the city; for acclimated though he may be, to the climatic fevers of the swamps and rice fields of South Carolina, he cannot resist the epidemic condition of the atmosphere, which our generous Pat has produced by his thoughtless visit to Havana, and his return, with the disease there

acquired. He has sowed the seeds, as it were, broadcast; he has eliminated from his person a matter which seems to have dissolved in the air, and imparted to it a faculty for diffusion and destruction, which none but those accustomed to its action—that is, those who have previously experienced its influence, like the ancient kings who habituated themselves to poison, by its daily use, in order to resist its action when criminally administered—have been able to escape.

Habitude to the poison is the only safeguard against its deadly influence. Acclimation to the latitude is no protection; hence persons who live within ten miles cannot with safety visit the city during the epidemic. Children born between epidemics, or who have been absent during epidemics, are as strangers, and frequently fall a sacrifice to the erroneous belief that nativity and general residence produce acclimation, and that acclimation is habitude to the disease. A country negro is acclimated, but he is not habituated to yellow fever; as is proved by frequent cases among negroes from the adjacent islands and main-land. The distinction between acclimation and habitude, seems to be clear and well founded in observation. Acclimation does enable us to enjoy general health in Charleston, notwithstanding extremes of heat and cold, wetness and dryness, and the other vicissitudes of weather to which we are subjected; but habitude alone, as produced by frequent and early exposure to the poison of yellow fever alone can defend us from it, when re-introduced by importation from another infected city. The dreadful calamity and universal spread of the disease at Norfolk in 1855 was produced by want of habitude to the disease; acclimation naturally existed among the inhabitants, but an absence of the disease for so many years had destroyed the habitude. The habituated generation had died out, and a non-habituated population had taken their places. All were subjects for the disease, and faithful indeed was the fever to detect its old acquaintances, and spare them; few, indeed, but unerringly correct. A return of yellow fever to Charleston after an absence of thirty years would find us as illy prepared to receive it. Acclimation would be perfect, a new and non-

habituated generation would be in existence. The physicians would not know how to treat the unaccustomed dreadful disorder. The fall of a few would create a panic, and we would have repeated the dreadful scenes enacted in Philadelphia in 1793. The thirty years accumulation of a population would be decimated in one summer; nativity, residence and alleged consequent acclimation, to the contrary notwithstanding. In anticipation of such a scene, some have advised that we import the disease every summer, thus to habituate annually all the children that may be born, and other new comers, in the wise hope that by distributing an evil through a series of consecutive years, we will ultimately mitigate its magnitude. An extreme pietist may deem it safer to die in infancy, than in the wickedness of maturity; but the majority of mankind prefer the evening of life, when we can bid the world a cordial farewell, after having fulfilled our respective destinies, and done those things which we should have done, even, if we have left undone many things which should have been done.

It does seem incredible, that, in an enlightened age of moral and religious light and liberty, a minority should plead in vain for the preservation of their lives; that a monied majority, under the plea of commercial freedom, should be accessory to the introduction of a pestilence annually among our citizens, in order to obtain from them an increase of wealth, or that a foreign merchant should have the privilege at any season to send us his produce, irrespective of any danger that may accrue to the citizens, totally heedless of those hygienic laws which have been observed to regulate the prevention or introduction of disease. A conservative adherence to the practices of our forefathers may be meritorious, so long as we remain in their ignorance; but when a new and true light bursts upon our view, and dispels our ignorance, conservatism is no longer a virtue. Consciousness of ignorance is the first step to wisdom, as the turning from wickedness is the first fruit of repentance. Reforms arising from the conviction of error, are salutary and permanent; but reforms are never effected without a sacrifice of pride, of feeling or of interest. The pecuniary

benefits arising from the West Indian trade, induce many to desire its continuance. The pride of opinion in maintaining early impressions, the humiliation of any recantation expressive of change of belief, and the uncertainty connected with any modification of action, relative to success, are so many reasons against the unanimity of any creed or course of duty. Habit has reconciled us to the misfortunes of others. It was appointed once for all to die, and we seem to be indifferent whether we see others die of fever or of age; whether they die in the morning, in the noon, or the evening of man's allotted period; whether we drag down to the grave the young, the stranger, or the sojourner. One fact is paramount, habitude has fortified the native and the initiated, and he can play the good Samaritan without fear and without favor, and still pursue his ordinary avocations, regardless of the afflictions which encompass others. The time was when Charleston was famed for its hospitality and kind attentions to strangers. Public hotels were not in existence, nor were they necessary. Each inhabitant entertained his acquaintance as one of his family, and when the fever made its appearance, the stranger was transferred to another, who enjoyed the happiness of living in a presumed healthy locality, and who immediately accepted the charge, and esteemed it a privilege and a pleasure to offer an asylum to a stranger and protection to a fellow being.

Such was the benevolence of Charleston before it aspired to become the commercial Queen city of the South, when the yellow fever was universally believed to be a direct and inevitable visitation, belonging to our climate, and proceeding from it, as did the endemic fever of the country with which it was deemed identical. This belief in the identity of the two diseases was common among the people and the medical profession, and all attempts to establish its truth or falsity were considered to be a work of supererogation. In the year 1839, Dr. Strobel, then physician to the Marine Hospital, was startled by some curious occurrences, relative to the arrival of vessels from the West Indies bringing cases of yellow fever, and the apparent

dissemination of the disease from these vessels to others from healthy ports. He traced its introduction and diffusion both in the hospital and in other parts of the city, and as in duty bound he published the result of his careful observations. He was condemned by the profession, and voted to be inaccurate in observations and in references. In 1852, the fever reappeared, and similar observations were made, and, to abbreviate the matter, each successive year has tended to confirm the observations of Dr. Strobel, as a reference to the detailed histories published in this journal of each epidemic will clearly show. The effect of a public discussion was to strengthen the old quarantine laws, but still to leave them imperfect, and in such a degree of looseness as to be violated by force or fraud, as parties desired. Discretionary power could be exercised for the protection of commerce, or for the protection of the city, it being well known that any action for the benefit of commerce was dangerous to the city, while any action for the safety of the city was detrimental, or at least inconvenient to commerce. The exact line of duty which would injure neither commerce nor the city could not be defined. It is an attempt to reconcile antagonistic interests, and like all such attempts, will fail to accomplish the desired end. West Indian commerce, and continued health in Charleston are incompatible. We must abandon the one to preserve the other, or we must exchange the health and lives of many, for the benefit of a few. The merchants or the people must yield; the minority must consent to give up their privileges to secure health, happiness and life to the majority, and whether the merchants interested in this particular trade are a majority, is a point yet to be determined.

Allusion has been made to the possibility of carrying on a safe trade with the West Indies, by habituated crews, in vessels owned in Charleston or in the West Indies. Such voyages seem to have been successfully made in former times, but occasionally they have failed, and the city has been unexpectedly overwhelmed by the disease. The difficulty of determining accurately those who are and those

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who are not habituated, will ever prevail, and the uncertainty will increase the longer we are exempt from the prevalence of fever. It is manifest that when the present habituated sailors shall have died out, that Charleston could not supply the deficiency, for her whole population will have lost the habitude, and if we persist in this trade on this principle, it is certain that the seamen must be supplied by the West Indies, and the trade will fall into their hands. If this West India trade was of vital importance to the city of Charleston, and we had determined to pursue it, with minds fully prepared to undergo the fever occasionally, then we might hazard the plan of habituated crews, hired by the life-time. But the true policy of the city would be to incur no risks; to secure the health of the people, and to accomplish that desirable object, we must sacrifice the profits and comforts of the West India trade for four months in each year, beginning in June and ending in September. It may be a question whether the city has the power, but there is no question relative to the power of the State; and if the Legislature will pass a bill prohibiting all intercourse with the West Indies, and all other ports known to be liable or that actually have the disease, Charleston will be exempt from the great cause that prostrates her energies, and may yet realize the golden dreams which have stimulated her to compete with more favored cities in attaining both population and wealth. Sad experience has taught us that yellow fever is fatal to all trade in our city. Country customers, on whom all mercantile hope depends, are prevented from using the facilities that the city has provided for the convenience of travel, and fail to appear. Thus a ~~terrible~~ loss is effected; loss of sales and loss of transportation of passengers and return goods. Under such a series and multitude of small losses as may be enumerated, it is impossible for any city to increase; and Charleston, with her natural advantages, must yield, and continue to be a small town, so long as she mixes the commerce of the fatal West Indies with the commerce of the rest of the world, and thereby introduces into herself the seeds of her own destruction.

The absence of yellow fever during the summer of 1859, may prove as instructive as its presence in 1858, if the details are properly studied. The history is short but complete, and is resolved into the simple fact that no vessel arrived in our harbor with the disease on board. Its appearance in Cuba was later than usual; the ill-fated Isabel ceased to perform her accustomed voyages after the 28th of June, and very few other vessels arrived after the disease became epidemic in Cuba. During the months of July, August and September, but six arrivals from Cuban ports are reported by the Port Physician, and these were retained at Quarantine. We have no reason to know that they were infected; the probability is that they were not. They were not, however, allowed to come up to the city wharves. No case of fever came to the city, and hence no case was reported to have taken its origin in the city; no introduction, hence no propagation; no importation, hence no prevalence.

Exclusion of the disease is, then, the sole sure method of preserving health, and non-intercourse is the cheapest, surest and most certain mode of exclusion. We have seen that a protective embargo need affect a certain commerce only, and that for but a brief specified time. During the rest of the year the sugar trade might be carried on with sufficient activity to richly repay its agents and satisfy all the wants of the consumer. In pointing out the dangers of the intercourse, we have simply performed a duty to science and the community; it remains for the latter to provide those measures of public safety which the yearly peril of our lives and fortunes so urgently demands. To "the sober second thought of the people" we commend the serious consideration and impartial decision of the question.

