

Necropolis: Disease, Power, and Capitalism in the Cotton Kingdom

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Review

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Olivarius, Kathryn. *Necropolis: Disease, Power, and Capitalism in the Cotton Kingdom*. The Belknap Press of Harvard University Press, 2022. HARDCOVER. \$35.00 ISBN 9781467138642 pp. 336

Kathryn Olivarius is an Assistant Professor of History at Stanford University. She earned her BA in History at Yale University in 2011, followed by a Masters and DPhil at University of Oxford in History, graduating in 2017. This is her first monograph.

The city of death is an apt moniker for New Orleans in the nineteenth century. As an important node in the Caribbean system of slavery, sugar, and cotton, it was particularly vulnerable to the tropical diseases that proliferated alongside that system's explosive generation of wealth. Its primacy in the American South was relatively short-lived, beginning around 1800 and ending a little over a century later. And its foundations were easily dismantled, as railroads replaced continental river transports, and the United States banned slavery after the war. In the interim a strange construction of wealth arose that depended on what Kathryn Olivarius calls "immunocapital." New Orleans was frequently visited from July to the first frost by yellow fever, a disease with high mortality rates that granted its survivors immunity from subsequent attacks. Caucasian survivors could earn magnificent fortunes, but only if they escaped alive from yellow fever.

Olivarius's account is rich in thick descriptions of this fevered environment. She adeptly resurrects voices not just from elite men but from women, the impoverished, and even from former slaves. She takes us there, to the nineteenth-century city on the Mississippi, susceptible to

frequent flooding, rare cleansings, and an active butchering trade that added offal to the aroma of sewage, dead dogs, and even human corpses. The burial grounds were below sea level, and not infrequently gave up their dead. The elites left town every summer, so felt little need to pay for sanitation, sewers, or garbage collection. Other municipal institutions were weak as well, such as the filthy Charity Hospital which might house the sick but offer them little succor or treatment.

For men who survived their first “seasoning” with yellow fever, the opportunities for wealth were outstanding. With enslaved black people to do the labor growing cotton and sugar, it was a good life for these few. The powerful steadfastly refused to institute quarantine, even when ships came from ports with known yellow fever, and had yellow fever patients on board. Vast fortunes forbade interruption. This hegemony was threatened by calls for reform in the 1850s when a severe yellow fever epidemic struck in 1853, but the powerful resisted all reform. Those arguing for quarantine could only claim that some sort of vague poisoned air arrived on those ships, but opponents were right in saying there was no proof and no remedy. (Understanding the role of the mosquito in transmission was half a century away.) Defense of the open port of New Orleans became part of sectional defense. New Orleans merchants didn’t, after all, care how they did things in Boston, New York, or Philadelphia, where public health reform had become part of urban rhetoric.

Olivarius’s work is richest in its account of this power system, up to the outbreak of the Civil War. Perhaps her original plan had been to stop there, but she was urged to complete the story (and include events from the Civil War, especially). She covers the four decades from 1860 to 1900 in thirty-two pages, with four-to-five allotted to the Civil War experience. Union General Benjamin Butler resolved to make New Orleans healthy for the Union troops that occupied it in 1862. He put scores of black laborers to work cleaning up the mess, and strictly quarantined

ships coming from yellow fever ports. Although locals had crowed that the Yankees would be driven out by yellow fever, his efforts showed that in fact the disease could be prevented. The local elite widely despised Butler as the emblem of Yankee occupation, and while his success impressed the medical establishment elsewhere, his model did not immediately survive the return to local government after the war.

The intractability of Louisiana power structures in terms of black labor and limited public health intervention began to crumble in the following decade. Olivarius does a great job at describing the resilience of this system in the light of conflicting evidence. Its authors managed to maintain a complex of ideas, many obviously untrue: only Black people could work in the swampy areas; Black people did not get yellow fever; Black people were healthiest and happiest as slaves; and New Orleans was as healthy as other cities. Olivarius argues that this profession of “total confidence in something so clearly untrue required a fantastic capacity for cognitive dissonance, compartmentalization, and ability to dismiss contrary evidence as false or malevolently inspired” (p. 229).

Change did break through, in the 1870s, particularly in 1878 when yellow fever radiated out of New Orleans by rail, reaching as far north as Ohio. It would have been interesting to see how she viewed this process, but she passes over it quickly. The yellow fever outbreaks from 1878 to 1905 were marked by increasing professionalization of public health in New Orleans and Louisiana, the intervention of federal authorities, the use of chemical disinfection to kill the supposed yellow fever germ, and finally the discovery of the yellow fever mosquito and how to control it. The Louisiana Quarantine Station of the 1880s was state of the art, embracing as it did then science of disinfection, and power that it embodied.

This is an excellent reconsideration of the impact of yellow fever on a major southern trading port in the antebellum era. She benefits from two decades of scholarship that have expanded the historical horizon. The global appetite for cotton extended not just to the mill in Manchester and Liverpool, but even to the British trade with China, where cotton fabrics (and opium) were traded for the much-desired tea. The lure of “power and capitalism in the cotton kingdom” justified the harsh necessity, and defense, of a necropolis at the center of it all.

Margaret Humphreys is the Josiah Charles Trent Professor of the History of Medicine, Duke University. She is the author of Yellow Fever and the South (1992); Malaria: Poverty, Race and Public Health in the United States (2001); Intensely Human: The Health of the Black Soldier in the American Civil War (2008); and Marrow of Tragedy: The Health Crisis of the American Civil War (2013). She is currently revising a biography of J. D. Harris, M.D., an African-American surgeon who served in the U.S. Civil War.