

South Carolina Historical Magazine

Volume 100 Number 3
July 1999

Publication of this issue is made possible
in part by the Frederick Horner Bunting
Publication Fund and

WACHOVIA

(ISSN 0038-3082)

(USPS 502360)

PUBLISHED QUARTERLY BY THE
SOUTH CAROLINA HISTORICAL SOCIETY
FIREPROOF BUILDING
100 MEETING STREET
CHARLESTON, SOUTH CAROLINA 29401-2299
PHONE (843) 723-3225 • FAX (843) 723-8584

South Carolina Historical Magazine

July 1999 • Volume 100, Number 3

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The *South Carolina Historical Magazine* (ISSN 0038-3082) is published quarterly (January, April, July, and October) by the South Carolina Historical Society, Fireproof Building, 100 Meeting Street, Charleston, S.C. 29401-2299. © 1999 South Carolina Historical Society.

Second-class postage paid at Charleston, South Carolina.

POSTMASTER: Send address changes to South Carolina Historical Society, Fireproof Building, 100 Meeting Street, Charleston, S.C. 29401-2299.

Statements and interpretations of contributors are not necessarily those of the Editorial Board of the *South Carolina Historical Magazine*.

"A CONSTANT ATTENDANCE ON GOD'S ALTER": DEATH, DISEASE, AND THE ANGLICAN CHURCH IN COLONIAL SOUTH CAROLINA, 1706-1750

BRADFORD J. WOOD*

HISTORIANS HAVE LONG CONSIDERED EXPLANATIONS FOR the limited authority of established churches in colonial British America. Even though recent historians of colonial religion have shown greater church adherence and a more active religious life for the broader population, they still acknowledge that established churches had less authority than their European counterparts. They and earlier historians have provided a variety of explanations for the weakness of established religion in America, including the diversity of religious beliefs, the distractions of a burgeoning colonial economy, the rustic and disorderly environs of the America frontier, and the secularizing tendencies of the Enlightenment.¹ However, the tenuous institutional authority of colonial churches needs to be considered in a different context. The Church of England was one of many institutions, religious and otherwise, that the English people attempted to transplant to America. English institutions served as models for colonists who continued to evaluate themselves in metropolitan cultural terms. This transplantation of English institutions met with many obstacles.

While historians have devoted considerable attention to most of these obstacles, one of the most significant barriers to the formation of English institutions has not yet been fully explored. The ecology of North America differed substantially from that of England, and the range of immunities and diseases varied greatly between the two regions. The movement of people from Europe and Africa into the Americas brought populations into contact with unfamiliar diseases for the first time. Because these new populations lacked acquired immunity, migrants sometimes died in enormous numbers. Decades of demographic research have thoroughly demonstrated the catastrophic consequences of these new disease environments.² That different life expectancies and health problems had

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¹For some useful overviews of colonial religion, see Charles L. Cohen, "The Post-Puritan Paradigm of Early American Religious History," *William and Mary Quarterly* 54 (October 1997), 695-722; Jon Butler, *Awash in a Sea of Faith* (Cambridge, Mass.: Harvard University Press, 1990); Patricia Bonomi, *Under the Cope of Heaven* (New York: Oxford University Press, 1986); Bonomi and Peter R. Eisenstadt, "Church Adherence in the Eighteenth Century British America Colonies," *William and Mary Quarterly* 39 (April 1982), 245-286.

²See especially, Alfred W. Crosby, Jr., *Ecological Imperialism: The Biological Expansion of Europe, 900-1900* (New York: Cambridge University Press, 1986).

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1021.00 DeHon family.
DeHon family papers, 1840-1876.
23 items.

Papers include the personal correspondence of William DeHon, an Episcopal minister, and his wife, Anne M. DeHon with C.E. Gadsden and C.P. Gadsden (Episcopal ministers).

43/0191 Waldro, S.F.
Letter : Chicago, Ill., 1867 Nov. 12.
1 item.

Handwritten transcript of a letter contending that the people of the "conquered South" have no right to practice their religion ("steeped in the grossest and darkest ignorance") or to speak out on religious or political matters.

43/0327 "The Smithiad," ca. 1842.
1 item.

Printed poem alternately titled "The Devil among the Baptists" satirizes a controversy at First Baptist Church (Charleston, S.C.) over allowing the women of the church to vote on the question of whether Dr. William T. Brantly should remain as pastor, his dismissal having been recommended by Deacon [Thomas P.] Smith.

important implications for the character of life in colonial America seems clear. Yet we still do not know what direct impact these important differences had on the transfer of English institutions.

As with other institutions, the character of established churches could be altered by high rates of mortality and disease. For instance, high mortality among clergymen weakened religious institutions that depended heavily on the local presence and activity of the clergy. This essay demonstrates that disease and high mortality altered the role of the Anglican clergy in South Carolina between 1706 and 1750. Death and disease changed lowcountry Anglican life in a multiplicity of ways: the clergy faced constant loss and viewed their obligations to their parish differently as a consequence; disease prevented important religious rituals and necessitated different services from the clergy; and some parishioners moved beyond the doctrines and formal observances of the Anglican church. Ultimately, even though the missionaries adapted to lowcountry pathogens in a variety of ways, death and disease made the Anglican church in South Carolina too weak to imitate its English model.

The frequent influence of death and disease on religious life in lowcountry parishes differed dramatically from the situation in contemporary English parishes. In most areas of England, Anglicans could depend on regular services, available clergymen, and sacraments on the appropriate occasions. In the English countryside epidemic diseases may have been severe by modern standards, but they were nowhere near as deadly as in the lowcountry and played comparatively little role in religious life. London, the one place in England with health problems comparable to those in South Carolina, overflowed with Anglican ministers. A recent study indicates that most London parishes had several ministers and that few had only one.³ Londoners could usually attend more than one religious service a day if they pleased. So if health conditions in London were as precarious as those in South Carolina, the Church of England was far better equipped to cope with the problem in the metropolitan center than on the colonial periphery. In British American colonies, institutions could not expect to receive the same level of support as they did in England, even if tropical diseases like those in the lowcountry, the Chesapeake, or the British

³Viviane Barrie-Curien, "The Clergy in the Diocese of London in the Eighteenth Century," in John Walsh, Colin Hayden, and Stephen Taylor, eds., *The Church of England, c. 1689-1833: From Toleration to Tractarianism* (Cambridge, England: Cambridge University Press, 1993). For a useful overview of these matters, see John Walsh and Stephen Taylor, "Introduction: The Church of England in the 'Long' Eighteenth Century," also in Walsh, Hayden, and Taylor, eds., *Church of England*. On the unusual mortality problems in London, see E.A. Wrigley and R.S. Schofield, *The Population History of England, 1541-1871: A Reconstruction* (Cambridge, England: Cambridge University Press, 1981), 77-82, 166-169.

West Indies provided greater obstacles. However, without such support, British American institutions could scarcely overcome severe problems, like epidemic diseases, which forced colonists to adapt to meet their needs and made it impossible to reproduce English models.

Perhaps no region of North America seemed more exotic and forbidding to early settlers than the South Carolina lowcountry. The most troubling characteristics of the lowcountry environment proved to be tropical and subtropical diseases, most notably, malaria and yellow fever, but also including smallpox, typhoid, typhus, scarlet fever, and dysentery. Malaria and yellow fever spread through mosquitoes, which thrived in the same hot and swampy conditions that made the lowcountry so well-suited for rice cultivation. Europeans who came to South Carolina rarely had any contact with these diseases and they were, therefore, more susceptible. In an era of high mortality, South Carolina became notorious for being unhealthy.⁴ An eighteenth-century German traveler wrote, "Carolina is in the spring a paradise, in the summer a hell, and in the autumn a hospital."⁵ The author of *American Husbandry* observed that the coastal part of South Carolina was "one of the most unhealthy climates in the world."⁶

South Carolina's early history also involved a lengthy political dispute over the issue of established religion. In 1706 a group of Anglicans led by wealthy Barbadian immigrants succeeded, after considerable controversy, in passing legislation to establish the Church of England in South Carolina. By doing so they attempted to impose the normative values of English culture on colonial South Carolina, to reinforce their status as elites, and to bring the religious traditions of the metropolis to their peripheralized and alien surroundings.

In the early eighteenth century most of the clergymen for South Carolina's Anglican churches were missionaries provided by the Society for the Propagation of the Gospel in Foreign Parts. These missionaries diligently

⁴Limited demographic information strongly suggests that contemporary perceptions of high mortality in South Carolina were accurate. On demography and health in early South Carolina, see H. Roy Merrens and George D. Terry, "Dying in Paradise: Malaria, Mortality, and the Perceptual Environment in Colonial South Carolina," *Journal of Southern History* 50 (November 1984), 533-550; Peter Coclanis, *The Shadow of a Dream* (New York: Oxford University Press, 1989), 38-47, 161-174; Joyce Chaplin, *An Anxious Pursuit* (Chapel Hill: University of North Carolina Press, 1993), 93-109; Peter H. Wood, *Black Majority* (New York: W.W. Norton, 1974), 63-91, 131-165; John Duffy, *Epidemics in Colonial America* (Baton Rouge: Louisiana State University Press, 1953).

⁵Johann David Schoepf, *Travels in the Confederation, 1783-1784*, Alfred J. Morrison, ed. and trans., (Philadelphia: W.J. Campbell, 1911), Vol. II, 172.

⁶Harry J. Carmen, ed., *American Husbandry* (New York: Columbia University Press, 1939), 264.

reported their activities to the Society in London, and two of them, Gideon Johnston and Francis LeJau, wrote extensive letters.⁷ The writings of South Carolina's Anglican clergy describe a society struggling against constant affliction. The missionaries' letters reveal that high mortality and disease had a profoundly disruptive effect on efforts to transfer the Church of England to South Carolina. Death or illness permeated nearly every subject the missionaries broached in their letters.

South Carolina's Anglican parishes often lacked ministers. Because the society's missionaries were not born in South Carolina, they often underwent a difficult seasoning process that made them far more vulnerable to disease than native South Carolinians. The Bishop of London's correspondence reveals that South Carolina church wardens and vestrymen requested clergy for their parishes, lamented the loss of deceased missionaries, offered economic incentives, complained about delays, and expressed their gratitude when a minister arrived. London administrators tried to supply the vacant cures, but the frequent mortality of the missionaries made it difficult. By 1716, the society had provided all of the colony's ten original parishes with ministers.⁸ Yet, in 1717 Governor Robert Johnson reported that six parishes were vacant, four ministers having died and two more having been removed.⁹ Of the 46 S.P.G. missionaries sent to South Carolina before 1750, 28, or 60.9 percent, died during their service. Over a quarter of all the missionaries died within five years of their arrival.¹⁰ Those who resigned often did so out of concern for their health. The unhealthy reputation of South Carolina also made it difficult to recruit new missionaries to replace those who died. As

⁷Johnston's and LeJau's letters have been published and edited by Frank J. Klingberg in *Carolina Chronicle: The Papers of Commissary Gideon Johnston, 1707-1716* (Los Angeles: University of California Press, 1946) and *The Carolina Chronicle of Dr. Francis LeJau, 1706-1717* (Los Angeles: University of California Press, 1956). Transcripts and microfilm copies of other missionaries' letters to the Society in the S.P.G. Records, as well as those to the Bishop of London contained in the Fulham Palace Papers are available in the Library of Congress, Manuscripts Division, Washington, D.C. Because historians do not have nearly as much information on religious practices in early South Carolina as they do about religious practices in colonies to the north, these letters provide, by far, the best account of South Carolina Anglicanism. See also S. Charles Bolton, *Southern Anglicanism: The Church of England in Colonial South Carolina* (Westport, Ct.: Greenwood Press, 1982).

⁸Bolton, *Southern Anglicanism*, 29.

⁹Johnson and Council to the Bishop of London, December 20, 1717, Fulham Palace Papers.

¹⁰I have calculated these figures using Bolton, "Appendix: Ministers of the Established Church of South Carolina," in *Southern Anglicanism*, 166-175. They suggest a higher rate of mortality among the missionaries than among the general population, probably because the missionaries were not natives of the lowcountry

one missionary recognized in 1711, "The sicklyness of ye climate. . . will discourage clergymen from coming here."¹¹ Moreover, between 1706 and 1750 South Carolina's parishes had no Anglican minister a full quarter of the time, or an average of over 11 years per parish.¹²

Some of the missionaries felt compelled to leave their parish in order to protect their health, depriving their flock of spiritual guidance. Such drastic action received mixed responses. In 1741, when Thomas Thompson had to "return home for the reestablishment of his health," the church wardens and vestrymen of St. Bartholomew's had nothing but praise for him.¹³ In the spring of 1740, Commissary Alexander Garden gave his own view when two of the ministers announced their intention to leave the colony for a few months. He opposed their plans because the ministers had "no Shadow of Pretence to offer for their so doing but their Fear of being Sick in the Summer." The Commissary found this behavior particularly objectionable because it rested on "Pretence which every Clergy Man here may offer for going off every summer and which if admitted I expect not above 2 or three to stay on of any summer for the future."¹⁴ One of the ministers, Andrew Leslie, must have found Garden's dilemma less important than his own health because, after eleven years in the colony, he resigned his post and sailed for England anyway.¹⁵

Leslie's decision illustrates the complex factors that made it so difficult to keep ministers in lowcountry parishes. The Anglican church could not exercise the same cultural authority in South Carolina that it did in England. Garden, as the colony's commissary, was supposed to act in the place of the Bishop of London, but, unlike the Bishop, he was often resented instead of respected and obeyed. Garden himself had left South Carolina before to recover his own health, and it is not surprising that Leslie felt entitled to the same respite. The weakness of the commissary was only indicative of the weakness of the church establishment in general. South Carolinians had the

and therefore were more susceptible than the general population, which included some natives with levels of acquired immunity. No data exists on mortality rates among non-Anglican clergy. See Merrens and Terry, "Dying in Paradise," 542-546; Coclanis, *Shadow of a Dream*, 166-171.

¹¹Hasell to the Society, September 4, 1711, S.P.G. Records.

¹²Anglican ministers totalled 598 years of service in 16 parishes which had openings for 447 years, or 74.7 percent of the time. Bolton, "Appendix: Ministers of the Established Church of South Carolina," in *Southern Anglicanism*, 166-175.

¹³Churchwardens and Vestry of St. Bartholomew's to the Bishop of London, February 28, 1741, Fulham Palace Papers.

¹⁴George W. Williams, ed., "Letters to the Bishop of London from the Commissaries in South Carolina," *South Carolina Historical Magazine* 78 (October 1977), 298 (hereafter SCHM).

¹⁵*Ibid.*, 299.

option of rejecting ministers by vote, and Leslie lost a post in this manner. Even traditional religious practices could be called into question in South Carolina. Leslie refused to baptize parishioners unless they had a communicant to sponsor them. In an English parish, where communicants were ample and a nearby bishop had the authority to confirm communicants, this refusal made perfect sense. But in South Carolina, where there was no bishop available and the population was sparse and in less than the best of health, it was unrealistic, and both Garden's and Leslie's parishioners told them so. All of these factors made Leslie's task much more difficult than it would have been if he were in good health and serving a parish in England, and Leslie reached a breaking point. Other factors, like the colony's sparse population and the comparatively large parishes in South Carolina discouraged South Carolina clergymen from remaining present and accessible, but disease clearly played a determinative role.

For surviving missionaries in the lowcountry, life was a recurring fever, and the presence of diseases clearly took a toll on their psyches. Gideon Johnston must have spoken for many of them when he commented on the "Confusion and distraction, wch my own Circumstances and the many Spectacles and Sickness and Mortality wich I dayley behold, cause in my thought."¹⁶ Only months after arriving, Samuel Thomas, the first S.P.G. missionary in South Carolina, suffered from a severe fever and wrote that he "despaired of my life."¹⁷ In 1716, after a particularly severe illness, Francis LeJau rejoiced: "I really thought for some time that this would prove my last sickness, but God is willing to allow me a little more time that I may prepare myself for Eternity."¹⁸ In the same letter, however, he was pessimistic about the future, writing: "I perceive by the loss of my strength that I have but a Short time to Live."¹⁹ Health conditions routinely forced missionaries to weigh their own lives against the importance of their mission.

While the missionaries occasionally contended with severe illness, they constantly suffered from some degree of infirmity. In a 1736 letter, Alexander Garden wrote: "This is near the 25th day that I have labour'd under a relapse . . . I am yet so little recovered that I am scarcely able to write my name."²⁰ References to ailments that lasted month after month filled their letters, and LeJau described what was probably a bout with malaria, during which he relapsed seven times before finally recovering.²¹ The missionaries' afflictions

¹⁶Klingberg, ed., *Johnston*, 91.

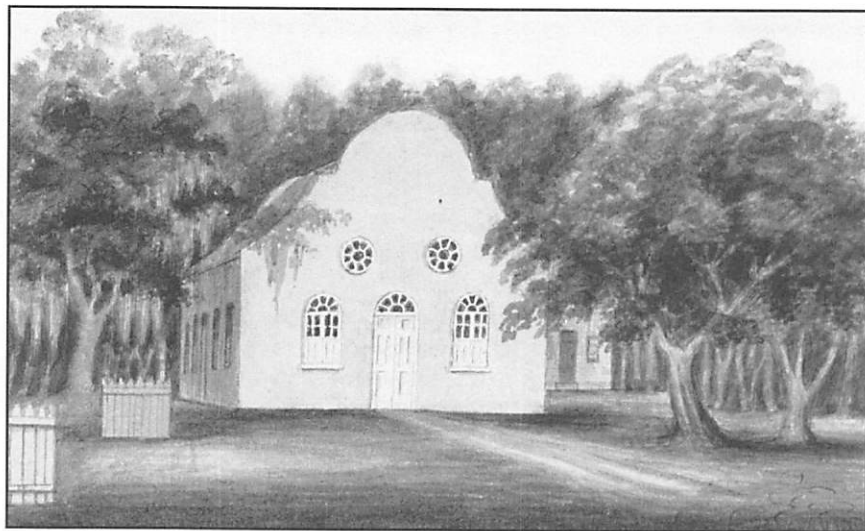
¹⁷Thomas to the Treasurer, March 22, 1703, S.P.G. Records.

¹⁸Klingberg, ed., *LeJau*, 182.

¹⁹*Ibid.*, 188.

²⁰Williams, ed., "Letters to the Bishop of London," *SCHM* 78 (July 1977), 242.

²¹Klingberg, ed., *LeJau*, 34, 42, 195, 202.



Some missionaries felt compelled to leave their parish to protect their health. Thomas Thompson left St. Bartholomew's Church (above) in 1741 to return to England. Church in St. Bartholomew's Parish by Charles Fraser. Courtesy of the Gibbes Museum of Art/CAA, Charleston, S.C.

kept them from performing even the most rudimentary duties. In one case, Gideon Johnston wrote of being simultaneously afflicted with blindness and lameness.²² Sickness confined them to bed and delayed their reports. When disease threatened to impair the use of their limbs, they noted that such afflictions were common in their society.²³ Without the ability to see or walk, these ministers could scarcely have fulfilled their role as shepherds to their parishioners in times of crisis or epidemic.

Ministers also saw those they loved ravaged by disease. Brian Hunt, for example, wrote the Bishop of London worried about "My poor weak wife (swoln to a great degree with ye dropsy in this sickly country yet like to linger & struggle long with distemper)."²⁴ Similarly, LeJau lamented that all

²²Klingberg, ed., *Johnston*, 106. The illness or illnesses that caused Johnston to lose his sight and impaired his limbs cannot be diagnosed in modern medical terms because colonial South Carolinians used the same terms for different diseases. Johnston pointed out that some attributed his "Lameness" to either gout or rheumatism. Several months before, he complained that "the small Pox, Pestilential feavers, Pleurisies, and fflex's have destroyed great numbers here." Johnston's comment underscores the danger that, in such a virulent disease environment, several epidemics could rage simultaneously. See also Wood, *Black Majority*, 77.

²³Klingberg, ed., *Johnston*, 34; Klingberg, ed., *LeJau*, 195, 202.

²⁴Hunt to the Bishop of London, undated, Fulham Palace Papers.

nine members of his family had simultaneously suffered with illness and that some had not yet recovered by the time he wrote.²⁵ Such conditions required the missionaries to place their duty to their God above the well-being of their families. Many of them must have been troubled by such a sacrifice, and some were probably persuaded to give up their mission instead.

The missionaries also had to be concerned about their small numbers because it meant that each man had more responsibility. When their numbers were insufficient, they felt it necessary to "do what they can to attend and serve the vacant Parishes." William Guy attended to vacant parishes so often that his parishioners believed it caused his poor health and forced his return to England.²⁶ As Guy's case illustrates, the ministers often could not satisfy the religious needs of all those around them. Instead they were forced to compromise as their health and circumstances permitted. While the poor health of the clergy made attending vacant cures a common practice, the church administration in England did not encourage this practice. In 1717, Bishop John Robinson sent instructions prohibiting ministers to perform religious duties in other parishes. No minister could attend vacant cures without license.²⁷ Nonetheless, serving the needs of other parishes continued to be a regular activity and a constant source of tension for South Carolina ministers.

Parishioners often expected the commissaries in Charleston to perform an exorbitant amount of work to serve the more populous St. Philip's Parish. At one point Commissary Johnston pleaded with the Society to send him a roving curate because he needed "an honest Man that I cou'd depend upon." Johnston meant to "baptize their Children visit their Sick, and bury their dead and do all the other Contingent dutys that come in my way to keep the Church Men together."²⁸ After Johnston died, the clergy tried to procure a new minister for St. Philip's as soon as possible, "The duty belonging to that Parish being very great Chieffly in a time of Sickness very frequent here."²⁹ Eventually, Commissary Garden got an assistant but the religious life of the city continued to be an onerous responsibility. As the provincial center and the location of the colony's commissary, Charleston also should have been able to exert authority over the Anglican church. Yet, with all its wealth and population, Charleston could not be provided for in

²⁵Klingberg, ed., *LeJau*, 42.

²⁶Churchwardens and Vestry of St. Andrew's Parish to the Bishop of London, March 29, 1725, Fulham Palace Papers.

²⁷Bishop Robinson's Instructions to the Clergy, 1717, Fulham Palace Papers.

²⁸Klingberg, ed., *Johnston*, 74.

²⁹Klingberg, ed., *LeJau*, 196.

times of high mortality.

When health conditions were most severe, usually during the malaria season in late summer and early autumn, the missionaries were in great demand in their parishes. Garden felt compelled to move his annual visitation of the clergy to the spring because of "The Autumnal Season proving generally Sick in this Province."³⁰ On one occasion Johnston was pleased because "The Great Mortality here is Lately abated[,] none having died this Fortnight so that I could not have fallen Sick in a more Lucky Season for my Parishioners."³¹ Diseases in colonial South Carolina could be both seasonal or epidemic, varying in severity from year to year and month to month. Whether an outbreak of disease occurred in the predictable malaria season of late summer or early autumn or at some other time of year, the missionaries knew that people could die quickly and in droves. Clearly, the missionaries felt that high mortality involved an expansion of their responsibilities.

The missionaries' letters do not portray the illness of individuals so much as a seemingly omnipresent human affliction. As Johnston described it: "The Town looks miserably thin, and disconsolate, and there is not one House in twenty I speak modestly that has not Considerably suffer'd and still labours under this generall Calamity."³² Hasel echoed similar sentiments, noting "this country has been greatly Afflicted with Sickness . . . the small Pox, Plurisies, Malignant Feavers . . . have proved very Mortall among us."³³ During the malaria season, even the once-busy streets of Charleston were empty. Early South Carolinians feared that travel in the lowcountry would lead to fatal illness. LeJau, frustrated at the slow progress being made on building a parish church, speculated that "P[er]haps the present Afflictions of this Province render all things Languid."³⁴ Epidemics could sever the community networks that ministers relied on to communicate with their parishes and could debilitate those they depended on for assistance.

Sick parishioners demanded a considerable amount of a missionary's time. Johnston referred to "visiting the sick of which there is always a Number here" as a significant part of his burden as a minister.³⁵ William Guy wrote of "frequently visiting the sick and burying ye dead." He pointed out to the Society that in South Carolina these duties "seem to be required of me."³⁶ LeJau similarly commented on the important task of

³⁰Williams, ed., "Letters to the Bishop of London," *SCHM* 78 (July 1977), 213.

³¹Klingberg, ed., *Johnston*, 107.

³²Klingberg, ed., *Johnston*, 94.

³³Hasell to the Society, March 12, 1712, S.P.G. Records.

³⁴Klingberg, ed., *LeJau*, 105.

³⁵Klingberg, ed., *Johnston*, 37.

³⁶Guy to the Society, August 20, 1712, S.P.G. Records.

seeing that "the sick which have been pretty many of late be visited and Comforted."³⁷ He also wrote that the missionaries "Visit their Scatter'd Parishioners, and all Endeavour to do all the Good they can."³⁸ In England, visiting the sick was part of the clergy's responsibilities, but in South Carolina it became one of their primary functions.

At the same time, the ministers were often unable to fulfill their usual obligations to their parishioners. The Church of England instructed that the Book of Common Prayer be read in South Carolina parishes every Sunday and that the sacraments be administered according to the rites of the church.³⁹ But such routines were hard to maintain amid epidemic and potentially fatal illnesses. For example, an epidemic or a sick minister could prevent the sacrament of communion, arguably one of the cornerstones of Anglican liturgy, from being given on the appropriate occasions. Parishioners often did not attend services because of health conditions. "Never was the Church so full as it was about 4 months ago," Johnston complained, "But it now looks thin and naked thro our present sickness and Mortality; and holds no Comparision to what it was." He moaned that members of his parish stayed "under a close confinement in their Chambers, and dare not stir abroad for fear of being Infected; and others are so taken up in attending the sick, that they are not at leizure to go to Church or elsewhere."⁴⁰ William Tredwell Bull felt that the number of communicants in his church declined because, "Death indeed has deprived us of some." It "paid a constant attendance on God's Alter."⁴¹

Baptism too, could be perceived differently because of the influence of deadly illnesses. In 1710, Robert Maule wrote to the Society, "I have lately Baptiz'd a man of near 30 years of age & the same day 3 of his Children." "Being taken very ill of a fever (yet such as had no Influence upon Intellectuals) he sent to me, & openly declared to me that he had never been baptiz'd," Maule reported. Confronted with a deadly illness, the man "now most earnestly desir'd to have that holy sacrament admitted to him" and Maule, after examining him to his satisfaction, "straightway admitted him to Baptism." "This man is since thoroly recovered," the minister happily added, "& in all appearances leads a very Good life."⁴² Faced with impending death, some South Carolinians found the spiritual reassurance of the Anglican sacraments particularly valuable. The religious meaning of

³⁷Klingberg, ed., *LeJau*, 49.

³⁸*Ibid.*, 164.

³⁹Extract from Instructions to Governor Francis Nicholson, S.P.G. Records.

⁴⁰Klingberg, ed., *Johnston*, 100.

⁴¹Bull to the Society, January 20, 1715, S.P.G. Records.

⁴²Maule to the Society, June 3, 1710, S.P.G. Records.

this baptism remains ambiguous, however. The sick man may have been a practicing Anglican for many years without having been baptized and simply decided to receive the sacrament. On the other hand, he may have only found Christianity meaningful when confronted with his own mortality. He may have even believed that, if he were baptized, his illness would be cured. In any case, it can be said that he did not necessarily interpret the event the same way Maule did. While Maule was concerned and convinced for his own purposes that the illness had not influence on the man's "Intellectuals," the thought of death, if not the delirium of a fever, must have played a significant role in the man's decision.

The ministers believed that they should be present to provide prayer and consolation for seriously ill parishioners. Gideon Johnston wrote, "I look upon Visitation of the Sick to be a duty of the last Consequence to the Souls of Men, and it is upon the bed of Sickness if ever that a Minister has the greatest opportunity of doing good." In spite of Johnston's efforts, a number of his parishioners died before he even knew they were sick.⁴³ The vestry of St. Helena's parish leveled harsh criticism at one minister for "his Conduct in refusing to visit people at the point of Death, when sent for (of which their [sic] was two notorious Instances)." The parish was appalled at him for "suffering them to leave the World without the benefit of that spiritual Comfort they so earnestly desired." They added that "few Parishes wou'd have overlook'd his behaviour."⁴⁴ The importance of having a minister present rested partly in the idea that religious rituals, such as prayer, had curative powers. While the Protestant Reformation rid the Church of England of the sacrament of extreme unction, the popular belief in the power of such traditions lingered on for generations.⁴⁵

The spiritual rewards of visiting the seriously ill must have weighed heavily on the ministers to enable them to endure such an unpleasant experience. Johnston disliked visiting the sick because, "It is no pleasing task to be exposed to all filth & Nauseous Smells & Ghastly Sights."⁴⁶ More importantly, it could endanger the minister's health. During an epidemic in 1739, Alexander Garden wrote that he received no assistance at St. Philip's from other ministers because the illness was "commonly deemed infectious." Robert Small from Christ Church parish did come to help Garden, became sick, and died the following week. After Small, few of Garden's colleagues could be persuaded to offer assistance.⁴⁷

⁴³Klingberg, ed., *Johnston*, 75-76.

⁴⁴A.S. Salley, Jr., ed., *Minutes of the Vestry of St. Helena's Parish, South Carolina, 1726-1812* (Columbia, S.C.: South Carolina Historical Commission, 1914), 83.

⁴⁵See Keith Thomas, *Religion and the Decline of Magic* (New York: Scribners, 1971), 39-64.

⁴⁶Klingberg, ed., *Johnston*, 75-76.

⁴⁷Williams, ed., "Letters to the Bishop of London," *SCHM* 78 (October 1977), 297.

If a minister were too distant or too ill to arrive in time to administer sacraments and provide consolation, he could still perform a funeral service. "Three Funeralls of a day, and sometimes four are now very usual," Johnston observed, and "an abundance of trouble day & night."⁴⁸ Similarly, Garden wrote, "the buryings are from 5 to 10 and once 11 of a Day . . . This . . . employed all my Time."⁴⁹ Burying corpses in the hot lowcountry sometimes made him nauseous. But the familiarity of funerals did not render South Carolina Anglicans contemptuous of their duties. Death notices published in the *South Carolina Gazette* repeatedly mention that the deceased was "decently buried."⁵⁰ The need for appropriate funeral rituals insured that parishioners and ministers took funerary practices seriously. This cultural need was poignantly evident in a letter to the Society from the vestry of St. Helena's parish. The Society had decided to move St. Helena's minister, Lewis Jones, to the larger and vacant parish of St. James, Goose Creek. With Jones gone, the relatively remote parish, the vestry explained, would be without religious guidance, with the consequence that "if any of us should die while our Parish is unprovided; tho' we are Christians we must be buried like dogs." In the light of these "very Melancholly considerations," the Society allowed Jones to remain at St. Helena's.⁵¹ If church authorities were prone to favor the wealthier and more powerful parish of St. James, they were reluctant to deny St. Helena's parishioners a Christian burial. But, if St. Helena's avoided losing Jones, many South Carolinians in the early eighteenth century doubtless often found themselves in a vacant parish with no minister to attend their burial.

Death not only influenced the duties of Anglican missionaries and their relationship to their parishioners, it also influenced the way in which missionaries perceived religious doctrine. Religious authorities codify doctrines, but the perception, implementation, and emphasis of religious doctrines adapt and change with experience. Thus, the Anglican missionaries in the lowcountry made little impact on the formal doctrines of the Anglican church, but their personal experience profoundly affected the way those doctrines functioned within lowcountry culture. Predictably enough, the missionaries often pleaded for divine assistance. One minister struggled with illness but continued to "hope God will enable me and give me strength and patience to goe thro and bear all things."⁵² Similarly, Francis

⁴⁸Klingberg, ed., *Johnston*, 99.

⁴⁹Williams, ed., "Letters to the Bishop of London," *SCHM* 78 (April 1977), 146.

⁵⁰See A.S. Salley and Mabel L. Webber, eds., *Death Notices in the South-Carolina Gazette, 1732-1775* (Columbia, S.C.: South Carolina Archives Department, 1954).

⁵¹Churchwardens and Vestry of St. Helena's Parish to the Society, June 8, 1730, and December 8, 1730, S.P.G. Records.

⁵²Dennis to the Society, September 3, 1711, S.P.G. Records.

LeJau cited God's mercy as the only cure for the sickness of the lowcountry: "But in this uncertain Condicon we are in, We want the Prayers of all good Christians to Alm: God from Whence alone we Expect help."⁵³ With people dying all around them, the missionaries often attempted to reassure their parishioners by emphasizing the merciful qualities of the Christian God. Less subtly, they sometimes expressed God's judgmental characteristics in the language of a jeremiad. In 1711, for example, Johnston revealed that "some attribute this mortality to one thing, and some to another. But I verily think, it is a Sort of Plague, a kind of judgemt upon the place (ffor they are a sinfull People)—and such I have represented it in some discourses and as such I now pray for it."⁵⁴ Maule hoped that "the Inhabitants of this Province may ammend their ways by the several warnings they have had lately given them." These warnings included "Various Epidemical Diseases."⁵⁵ LeJau believed that the "Irreligion and Lewdness of too many Persons, but chiefly the Barbarous usage of the poor Slaves" caused the diseases.⁵⁶ Some of the missionaries clearly thought God had a particular quarrel with South Carolina. When the illness subsided, the missionaries wrote appreciatively of God's favor. They attributed their good health to God's mercy, and LeJau noted that "God has mercifully withdrawn his Punishing hand from us."⁵⁷ In colonial South Carolina neither good health nor the mercy of God could be taken for granted. The idea of God's "Punishing hand" would not be forgotten quickly, and parishioners no doubt hoped to deserve better treatment when the next malaria season began.

Anglican missionaries also interpreted religious doctrines in the sermons they preached to their parishioners. In 1750, Charleston's Samuel Quincy became the first South Carolina Anglican minister to have a collection of his sermons published.⁵⁸ Quincy's sermons demonstrate three important functions of preaching in colonial South Carolina. The sermons attempted to explain the presence of suffering, consoled parishioners with the possibility of eternal life, and reinforced the cultural authority of the Anglican church and its clergy. In performing all of these functions, preaching dealt with illness and death. Quincy addressed the problem of suffering most thoroughly in a sermon entitled "The Duty and Benefit of bearing Afflictions." In it, he explained that, while they might seem pointless, afflictions always served God's purposes. The sermon invoked the story of Job, a just and upright man, who suffered from "a dreadful and noisom Distemper from

⁵³Klingberg, ed., *LeJau*, 104.

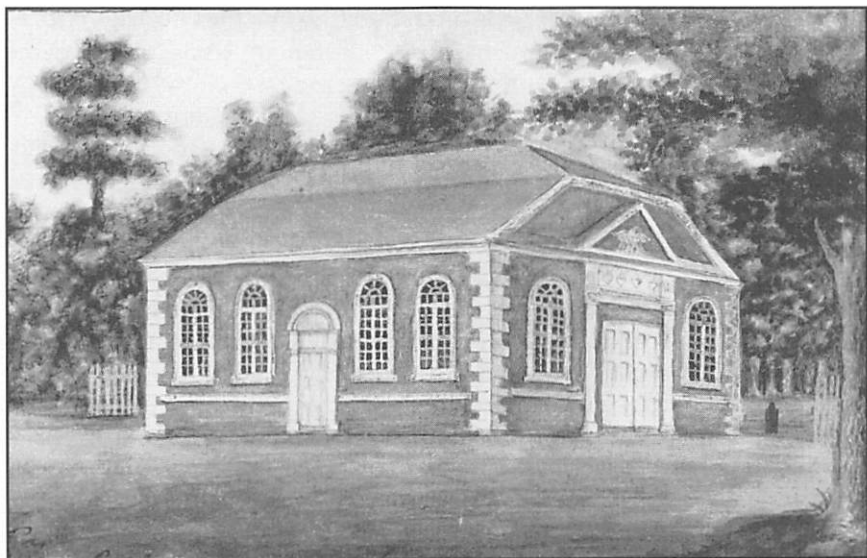
⁵⁴Klingberg, ed., *Johnston*, 99.

⁵⁵Maule to the Society, February 28, 1716, S.P.G. Records.

⁵⁶Klingberg, ed., *LeJau*, 108.

⁵⁷*Ibid.*, 104, 113, 131, 164.

⁵⁸Samuel Quincy, *Twenty Sermons* (Boston: 1750).



Larger parishes like St. James, Goose Creek (above) took precedence over smaller ones, like St. Helena's, when ministers were in short supply. The practice of shifting ministers between churches often left parishioners with no one to conduct funeral rituals. Church in St. James Parish-Goose Creek by Charles Fraser. Courtesy of the Gibbes Museum of Art/CAA, Charleston, S.C.

the Crown of his Head to the Sole of his Foot." Thus, Quincy attempted to persuade South Carolinians that severe illness should not cast doubt on their faith in God's ultimate justice.⁵⁹ Similarly, in "The Christian's Consolation Against the Fear of Death," Quincy emphasized the consolations of the afterlife. He pointed out that death was "dreadful and terrible" because of the uncertain nature of the afterlife. Yet, Christians could find reassurance in the immortality of the soul and hopes for a "future eternal state of happiness." Such statements reminded the congregation of the importance of Christianity that offered hope of transcending death.⁶⁰ Lastly, Quincy pointed out the dangers of sin, most notably in "The Vanity of Human Life." Significantly, he preached this sermon "in the Time of the pestilential Fever." By focusing on the vanity of earthly things and the danger of impending death, Quincy gave South Carolinians a compelling reason to follow the guidelines of Christianity. In doing so, he reminded some of the wealthiest people in British North America that their wealth and

⁵⁹Ibid., 39-51.

⁶⁰Ibid., 185-205.

vanity could not buy the rewards offered to them by the church.

Even after the establishment of the church in 1706, however, the religious and interpretive authority of the Anglican church did not go unchallenged. Dissenting Protestants made up a substantial portion of South Carolina's white population throughout the colonial period. Indeed, because vestries performed a variety of secular functions related to poor relief and other matters, some prominent dissenters even obtained elected positions on South Carolina's vestries, where they could also exercise considerable influence over religious matters. In competing with Anglicans for religious authority, South Carolina dissenting clergy also responded to illness and mortality. Josiah Smith, Charleston's Congregationalist minister, published two funeral sermons before 1750, addressing issues similar to those in Quincy's *Twenty Sermons*.⁶¹ The strongest threat to the Anglican establishment arrived with the famed evangelical preacher George Whitefield in 1740. Whitefield, and his controversial follower Hugh Bryan, argued that the colony's diseases demonstrated God's judgment on the colony for its unregenerate Anglican clergy.⁶² Shortly after arriving in South Carolina, Whitefield wrote, "God's judgements have been lately abroad amongst them by the spreading of the small-pox. I hope they will learn righteousness."⁶³ During his stay in South Carolina, he visited the sick, attended burials, and championed orphans.⁶⁴

As Whitefield's behavior demonstrates, the needs and expectations of the laity defined the religious authority of the South Carolina clergy. Because illness and high mortality concerned South Carolinians, they expected the Anglican clergy to respond accordingly. The writings of the S.P.G. missionaries make it clear that South Carolina Anglicans expected ministers to do their best to provide religious assistance and consolation. Moreover, because the laity had the opportunity to attend dissenting churches and the power to oust parish clergy, the ministers took these expectations seriously. At the same time, the unhealthy environment of the lowcountry prevented the South Carolina Anglican clergy from meeting all the expectations and religious needs of the laity as its counterparts did in England. South Carolinians probably responded to this situation in different ways. In many parishes, the church wardens and vestries probably exercised much more control over religious life because of the illness or absence of a

⁶¹Josiah Smith, *A Sermon deliver'd at Charles-town, in South Carolina* (Boston: 1739) and *The Doctrine and Glory of the Saint's Resurrection* (Boston: 1742).

⁶²*South Carolina Gazette*, November 20, 1740.

⁶³George Whitefield, *George Whitefield's Journals (1737-1741) To Which Is Prefixed His "Short Account" (1746) and "Further Account" (1747)* (1905; reprinted., Gainesville, Fla.: Scholars' Fascimiles and Reprints, 1969), 159-160.

⁶⁴Whitefield, *Journals*, 300, 399, 509.

minister. In other cases, many South Carolinians may have ceased to rely on organized religion, which would explain how Brian Hunt could write, in 1728, that "Not a few Parishioners worship God in their own way, that is at home in a way they do not apprise the world."⁶⁵

A letter South Carolinian John Norris sent to the S.P.G. in 1711 suggests another possibility. Norris was deeply concerned that he lived in a part of South Carolina "whereas yett Ministers of the Church of England is much wanting." Norris suggested to the Society that, in the absence of a minister, he and his neighbors and family could "make our humble address to God at home in such manner & form as the Liturgy of the Church directs." In order to formalize these religious observances, Norris asked that he be ordained as an Anglican minister. He knew "that University learning is absolutely necessary to qualifie a man for this weighty office of the ministry of the Gospel." Still he hoped that, in his case, the education requirement could "be dispenst withall," because he lived "where as yet the more learned and zealous men in this function" remained scarce. Norris may have represented an unusual case, but Anglican religious attitudes may well have persisted beyond the limitations on formal observance caused by death and disease in the lowcountry.

Norris' letter, along with the reports of the Anglican missionaries, suggests that disease and high mortality forced South Carolinians to alter their conception of the role of the clergy in lowcountry society. Anglican missionaries and their parishioners constantly struggled with illness. The clergy, always desperately overworked, often could not manage their duties. Parishioners often lacked access to Anglican services and sacraments. Disease emptied the pews of Anglican chapels. The consoling mercy of the Christian God seemed distant. All of these factors insured that South Carolina's Anglican clergy functioned in different ways than did their peers in England.

These adaptations to illness and high mortality also meant that South Carolina Anglicans could not replicate English religious life. Their inability to follow the model of the Church of England could have important consequences for early South Carolina society. To begin with, lowcountry religious belief probably functioned in a far less formal and more individualized way because the Anglican clergy were too hindered by health problems to assert the authority of the established church. If the church failed to function as it did in England, Norris' letter and other references still make it clear that Anglican doctrines and liturgy maintained an important status in lowcountry culture. For example, sermons and other

⁶⁵Hunt to the Society, May 6, 1728, S.P.G. Records.

references to religious doctrine indicate that religious faith might be even more important, for some, in times of illness and crisis. On another level, the Anglican church failed to develop its role as a hierarchical metropolitan institution in lowcountry society. South Carolina Anglican elites looked to the establishment of the church to reinforce their status and make them more like English elites, but death and disease prevented it from doing so. Indeed, because the missionaries could not instill formal liturgical order, many South Carolinians could exercise greater control over their own religious life. Parishioners like John Norris could make their own religious decisions if trained clergymen did not fulfill their traditional roles. In later decades, the absence of a fully articulated Anglican religious establishment in the lowcountry probably made it easier to sever ties with other English institutions.

The experience of the South Carolina Anglican clergy also bears important implications for the study of colonial British America in general. If diseases prevented the Anglican clergy in South Carolina from functioning in South Carolina as they did in England, it seems likely that other colonists had similar difficulties. Little is known about the clergy in the seventeenth century Chesapeake region or the British West Indies, but both groups probably faced levels of mortality almost as high as in the South Carolina lowcountry. Political and legal institutions, military units, kinship networks, and many other groups depended on individual leadership in ways comparable to the way that the Anglican church depends on its clergy. More research might reveal that death and disease also disrupted their activities. In any case, the examples recounted here make it clear that the different and often harsh disease environments present in America could have a profound impact on attempts to transfer English institutions to the colonies.