

## **Health Issues Pertaining to French Huguenot Women and Children at the Cape of Good Hope and in Charles Town, Carolina, 1685-1720\***

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### **Background**

In 1685 King Louis XIV revoked the Edict of Nantes that protected the rights of those practising the French Reformed religion.<sup>1</sup> This act was, however, a final formalization of a series of measures taken to force the Huguenots to abandon their faith in favour of Roman Catholicism. In the decade preceding the revocation, as the tensions mounted between the Huguenots and the government, numbers of émigrés sought refuge in Protestant states. In the immediate aftermath following the revocation, thousands fled from France. They went to the Protestant German duchies, Switzerland, the British Isles, and the Netherlands. From England, several hundred Huguenots journeyed onwards to the new

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1. For an excellent study of the impact of Calvinism on the West, see P. Benedict, *Christ's Church Purely Reformed: A Social History of Calvinism* (Yale University Press, New Haven, 2002). See also E. Birnstiel and C. Bernat, *La Diaspora des Huguenots: les refugies Protestants de France et leur dispersion dans le monde XVIe-XVIIIe* (Champion, Paris, 2001); R.L. Poole, *A History of the Huguenots of the Dispersion at the Revocation of the Edict of Nantes* (Macmillan and Company, London, 1880).

colony in Carolina; while among those in the Netherlands, many sought a new home at the Cape.<sup>2</sup>

This article is a small chapter in the history of the French Huguenots in the diaspora, illuminating health issues pertaining to the women and children in the Dutch and British colonies, namely the Cape and Carolina from the mid-to-late 1680s to the early 1700s. While comparisons between these two groups of refugees have to be roughly made, no previous attempt of this nature has ever been undertaken, and no attention was heretofore focused on gender and health. Although there were significant differences between the two groups, as will be seen, there were a number of similarities as well.

Documentation of the Huguenots in this early period of their migration is limited. An effort has been made in this article to construct a rough outline of the climatic conditions they encountered, diseases they incurred, and some general health problems they faced by drawing on contemporary materials – published and unpublished – at the Cape, some of them a few decades after the refugees arrived; a Carolina diary written in the mid-eighteenth century, as well as that of a French Protestant cleric; travel accounts and archival data for both areas. In addition, secondary sources have been used for a general background of the Cape and Carolina, although few of them specifically cover the Huguenots. Clearly epidemics affected men, women and children of all ethnic groups when they struck, and in these cases, the refugees have been singled out as the documentary sources allow, adding a footnote to the growing body of literature on the French Huguenots in exile. Copious data exist for the types of medications – mostly herbal – that were used in the late seventeenth to early eighteenth centuries, but they are only touched upon, as treatment is merely incidental to this article.

The Huguenots who went to Carolina – Charles Town and environs – and the Cape, encountered relatively primitive frontier communities on their arrival. Since 1652 the Cape had been under the control of the

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2. G.E. Reaman, *The Trail of the Huguenots in Europe, the United States, South Africa and Canada* (Geneological Publishing Company, Baltimore, 1972); C. Baird, *The History of the Huguenot Emigration to America I* (Regional Publishers, Baltimore, 1885); P. Coertzen, *Die Hugenote van Suid-Afrika 1688-1988* (Tafelberg, Kaapstad, 1988), pp 75-81; M. Boucher, *French Speakers at the Cape: The European Background* (University of Pretoria Press, Pretoria, 1981); C.G. Botha, *The French Refugees at the Cape* (C. Struik, Cape Town, 1981); South African Library, Cape Town: STOC/4793, C.V. Leibbrandt Papers.

Vereenigde Oost-Indische Compagnie (VOC), a stock company owned and run by shareholders. Charles Town, founded in the early 1670s, was under the authority of the British Lords Proprietors (LP) and was part of Carolina, their charter colony. In Carolina, John Locke's *Fundamental Constitutions* provided the governing framework, while at the Cape, the Heren VXII of the VOC established the rules for governance. Both political systems were hierarchical with the final authority resting respectively with the Heren VXII in the Netherlands and the LPs in England. Within the refugee families, power rested with the patriarch. Calvin, as Natalie Zemon Davis has noted, saw women's subordination to their husbands "as a guarantee of the subjection of them both to the authority of the Lord."<sup>3</sup>

While the Church of England was not the established church in Carolina until 1704, Anglicism was the faith of most of the residents, particularly the earliest settlers who, with their slaves, came from Barbados. Still, the LPs had called for religious toleration in their colony and there were also some dissenters present when the Huguenots arrived, beginning in about 1686.

At the Cape, the official religion was the Reformed Church with the VOC carrying the ministers on their payroll. The similarities between the Dutch Reformed religion and that of the French Church were close enough that the little band of refugees had no problem affiliating, although they were adamant about attending services presided over by a French-speaking minister. In fact, language was a major concern to all of the refugees, with the Carolina contingent clinging to French as well.<sup>4</sup> While the men generally learned some English (Carolina) or Dutch (the Cape), the women were more isolated and tended to be more dependent on French-speakers. This was no doubt a problem when they were in need of medical treatment or in childbirth and were forced to depend on English- (Carolina) or Dutch-speakers (Cape).

The Reverend Mister Pierre Simond ministered to the two churches that serviced the Cape countryside – Stellenbosch and Franschoek in the Drakenstein – until he returned to Europe in 1700, but not without experiencing conflict with an Anabaptist member of his congregation, as

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3. N.Z. Davis, *Society and Culture in Early Modern Europe* (Stanford University Press, Stanford, 1985), p 128.
  4. M.E. Sirmans, *Colonial South Carolina* (University of North Carolina Press, Chapel Hill, 1966), p 66.

well as problems with the VOC authorities.<sup>5</sup> In Carolina, the French-speaking clergy were primarily Anglican ministers supported by the Society for the Propagation of the Gospel in England.<sup>6</sup> There was, however, a French Reformed minister in Charles Town who served the French congregation, probably in a local meeting-hall or perhaps, once they were settled, the homes of members.

Each group encountered what Eugene Sirmans labelled as *Francophobia*. Despite early complaints on the part of the authorities towards some of their number at the Cape, the Huguenots were noted for frugality and hard work in addition to their piety. They tended not to blend well into their new environments, however, despite efforts on the part of their sponsors (the VOC and the LPs) to give them a helping hand in terms of transportation, assistance with tools, equipment and other necessities required to settle in. At the Cape, settlers were allowed to stay in the small port town but briefly, before being removed to rural areas, provided with sixty morgen farms that they had to clear, plant and wait for the produce. Governor Van der Stel reported to the VOC that it was his intention to “amalgamate them with our nation, that the one may learn from the other one’s particular knowledge and experience [and] in that manner ... agriculture [will be] promoted.”<sup>7</sup> In addition to the men, the labour force consisted of wives, children and even the older grandmothers.

On arrival in Charles Town, a few Huguenots had sufficient resources to set up in trade, while artisans found work on the docks or in construction. Many, however, were able to secure uncleared farm-land the size of which was dictated by the number of people in a family, or group, or even numbers of slaves (few, if any, of the original refugees owned any slaves).<sup>8</sup> One can conclude that here, too, women and children were put to work in clearing land and constructing temporary shelter.

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5. R. Vigne, “The Rev. Pierre Simond: ‘lost leader’ of the Huguenots at the Cape”, *Journal of Theology for Southern Africa*, 65, 1988, pp 14-26. For Swengli at the Cape, see G.E. Reaman, *The Trail of the Huguenots*, pp 61-62.
  6. F. Dalcho, *An Historical Account of the Protestant Episcopal Church in South-Carolina from the First Settlement of the Province to the War of Revolution* (E. Thayer, Charleston, 1820), p I.
  7. Quoted in C.G. Botha, *The French Refugees at the Cape*, p 160.
  8. G.E. Reaman, *The Trail of the Huguenots*, p 128. For a comparative view on the early history of the Cape and the Chesapeake area of the United States, see M. Hall, *Archaeology and the Modern World: Colonial Transcripts in South Africa and the Chesapeake* (Routledge, London, 2000).

The number of French who settled at the Cape in 1688 and 1689, ranged from 150 to 179, while around 490 refugees survived the ocean voyage to begin life anew in Carolina.<sup>9</sup> In the latter, the refugees found Indian and African slaves, while at the Cape, they encountered African and Eastern slaves, as well as the Khoi.<sup>10</sup> In time, when their husbands could afford to buy slaves or hire the Khoi (Cape), the refugee women and their children interacted with the “other” women as household servants, or to assist with births or during emergencies.

Without doubt life was extremely difficult for these Huguenot women, beginning with the rigours of sailing across or down the Atlantic. For example, it is known that the mother of Judith Giton, who was bound for Charles Town, succumbed to typhoid fever while on board ship but before even sailing to Carolina.<sup>11</sup> Respiratory diseases, “fever” (undiagnosed beyond that) and malnutrition were afflictions that passengers and crew alike suffered from during these voyages.<sup>12</sup> Figures for deaths on board ships do not exist for Carolina, but some bare facts can be gleaned from surviving records pertaining to those who sailed to the Cape. The longest voyage (by a few days) on which the refugees departed, took place from March to August 1688 on the *Berg China*. This ordeal resulted in the deaths of 30 of the refugees, including six women.<sup>13</sup> Interestingly, Pierre Joubert left the Netherlands married to one woman and arrived at the Cape married to another, leaving us with the assumption that his first wife had died en route.<sup>14</sup>

9. For the Cape, see: South African Library, Cape Town: STOC/4793, C.V. Leibbrandt Papers, as well as P.W. Romero, “Some Aspects of Family and Social History among the French Huguenot Refugees at the Cape”, *Historia*, 48, 2003, p 33. For Carolina, see: “St. Julien Liste, being the List of French and Swiss aliens naturalized in 1696”, *Transactions of the Huguenot Society of South Carolina*, 68, 1963, pp 27-48.
10. P.W. Romero, “Encounter at the Cape: French Huguenots, the Khoi and Other People of Color”, *Journal of Colonialism and Colonial History*, 4, 2004, <http://muse.edu.jhu.edu/journals/cch>. See also G.C. de Wet, *Die Vryliede en Vryswartes in die Kaapse Nedersetting, 1657-1707* (Historiese Publikasie-Vereniging, Cape Town, 1981).
11. Undated letter written by Judith Giton to her brother, but never mailed – South Carolina Historical Society, Carolina: Manigault Papers, 11/275/4. Translation of the letter in Baird, *History of the Huguenot II*, appendix 396-397. See: J. Butler, *The Huguenots in America: A Refugee People in New World Society* (Harvard University Press, Cambridge MA, 1983), p 50.
12. E. Burrows, *A History of Medicine in South Africa* (A.A. Balkema, Cape Town, 1958), p 22.
13. C.G. Botha, *The French Refugees at the Cape*, pp 8, 59, 73, 76, 83.
14. M. Boucher, *French Speakers at the Cape*, p 72; J.R. Bruin, F.S. Gaastra and I. Schuffer, *Dutch Asiatic Shipping in the 17th and 18th Centuries II*.

Earlier, the *Oosterland*, carrying 29 passengers, 107 seamen and 105 soldiers, saw the loss of a woman, but witnessed the birth of a child during the voyage. The child's mother was fortunate in that her husband was the surgeon, Jean Prieur du Plessis.<sup>15</sup> Another baby was born on one of the ships that were moored in Table Bay.<sup>16</sup> In that case, one may assume that the other women on board assisted with the delivery, aided perhaps by the ship's doctor (who would have been a barber-surgeon). Records indicate that deaths on *t' Wapen van Alkmaar*, numbered 37, with 104 survivors placed in the VOC hospital on arrival. It is known that some of the dead as well as some survivors were French Huguenots.<sup>17</sup> As noted earlier, the new arrivals suffered from weakness, if not fevers and malnutrition, as a result of the hardships and deprivations experienced during the months under sail. Add these disabilities to the pre-existing weaknesses that prevailed among the majority of the refugees – they had endured the hardships of hunger and whichever type of temporary lodging they could find, often in woods or, if they were fortunate, in lean-to shelters as they made their way out of France into the New Netherlands or to the western coast, where they hid away on various types of small vessels in order to get to England. Once the majority of the refugees were safe from their French pursuers, they had little money to secure decent lodging or work in their respective places of exile, which is why most of them elected to sail on to Carolina or the Cape. Thus one may postulate that many of them were not in robust health when they set off on the long voyages to these remote frontier settlements.

### **Climate and health**

Once the refugees were placed in rural areas, life was extremely harsh. In Carolina, Judith Giton, who was forced to work eight months to pay her passage from Bermuda to Charles Town, wrote that she experienced “every sort of affliction, in sickness, pestilence, famine, poverty, very hard work. I was in the country a full six months, without tasting bread whilst I worked the ground like a slave.”<sup>18</sup> Surely this experience was

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*Outward Voyages from the Netherlands to Asia and the Cape 1598-1744* (Martinus Nijhoff, The Hague, 1970), pp 276-277.

15. J.L.M. Franken, “Jean Prieur du Plessis”, *Die Huisgenoot*, 14, 1919, p 382.
16. E. Burrows, *A History of Medicine in South Africa*, pp 22-23.
17. C.G. Botha, *The French Refugees at the Cape*, p 9.
18. South Carolina Historical Society, Carolina: Manigault Papers, 11/275/4: Giton to her brother. The ship on which Judith, another brother, and a servant

similar to that of others in Carolina, if not quite as drastic at the Cape. Her brother died during his period of indenture and possibly so too, did the servant who accompanied them.

After the refugees had survived the rigours of the long voyage and were relocated, they had to adjust to a new and different climate. In both cases the climatic changes were dramatic in comparison with what they had experienced in Northern Europe. The disease environment, too, was different – especially in Carolina. In those days diseases were closely associated with climate, and diagnoses were often made based on the prevailing conditions.<sup>19</sup>

In Carolina, the cold and damp winters produced respiratory problems. The milder winters at the Cape, marked as they often were by heavy rainfall, also produced respiratory illnesses. The most drastic changes were those experienced by the refugees during the hot and steamy Carolina summers. In order to attract settlers in 1671, the LPs had downplayed the severity of the summers by including in their advertisements for Carolina the note that it was “the earthly paradise”. Yet, in another pamphlet, they had allowed that it was better for settlers to “plant as far in ye Country as may to avoyd ye ill aire of ye lowlands near ye sea, wch may endanger there health at there first coming.”<sup>20</sup> In May 1686, just as the settlers were arriving in Carolina, a French refugee, sailing to Charles Town via London, found himself in Maryland when his ship was blown off course. While there, he heard such depressing reports regarding the Carolina climate – including that the colony had been deserted as a result of the high number of deaths – that he changed his plans and went elsewhere.<sup>21</sup> Clearly the climate in Carolina was by far

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were travelling, was impounded in Bermuda. Lacking the funds to pay passage on another vessel, they were forced to sell themselves into indenture.

19. L.T. Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on her Diary 1785-1812* (Knopf, New York, 1990), p 91. R. Isaac, *Landon Carter's Uneasy Kingdom* (Oxford University Press, New York, 2004), p 106. See also: J.F. Richards, *The Unending Frontier: An Environmental History of the Early Modern World* (University of California Press, Berkeley, 2002).
20. Quoted in W. Rivers, *A Sketch of the History of South Carolina* (McCarter and Company, Charleston, 1856), p 367.
21. Author unknown, *A Virginian, A Frenchman in Virginia Being the Memoir of a Huguenot Refugee in 1686* (Privately printed, no place, 1923). Copy in the Charleston Library Society. For climate and disease, see: K.D. Patterson, “Disease Environments of the Antebellum South”, in R.L. Numbers and T.L. Smith, *Science and Medicine in the Old South* (Louisiana State University Press, Baton Rouge, 1989), pp 221-253.

the most unhealthy for the new arrivals in comparison to the Cape, where the death-rate was much lower in the first decade of settlement.

At the Cape, however, the seasons were reversed. As noted, rain fell heavily during the winter as a result of westerly winds meeting with a warm front, and also causing piercingly strong, chilly winds. On the whole much drier than Carolina, the summers at the Cape were insufferably hot for the little band of French Huguenots, if indeed much less humid than in Carolina, yet this was the season when the crops had to be gathered, vegetable gardens cleared of produce, canning and preserving done, as well as the demanding labour associated with grape-picking (many of the Huguenots engaged in viticulture). Typical of the weather, was an entry in the diary of Adam Tas, which reads that in early January 1705, a “north wind blew on the 5<sup>th</sup> ... still raining with no let up on the 8<sup>th</sup>” and part of a neighbour’s crop – that of a refugee – had been destroyed.<sup>22</sup>

Agricultural tasks had to be carried out regardless of the climatic conditions. Women generally milked the cows, gathered the eggs (if they had chickens), and helped in the fields. In addition they churned the butter, cooked the meals, cared for the children and did the laundry, while most in their child-bearing years were either pregnant or nursing. At harvest time they were engaged in picking crops from their gardens, again working with their men as support, and still carrying on with their regular household duties.

The ages of female arrivals at Carolina and the Cape, ranged from early childhood to quite old – with some women being in their sixties. The majority were young – in their teens to early twenties. Data is lacking, in part due to the fact that few women made wills (see below). Baptismal records for both the Cape and Carolina are extremely sparse, especially as pertains to the Huguenot refugees. One may, however, conclude that adapting to the change in climate, especially in Carolina, was more than difficult for the very young and old. Again, one must take into consideration their weakness and possible pre-existing illnesses at the time of their arrival.

Medical care was inconsistent. Huguenot surgeons were few and the language barriers separated especially the women in terms of seeking treatment from respectively English- or Dutch-speakers. Jean Prieur du

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22. L. Fouché (ed), *Diary of Adam Tas 1705-1706* (Van Riebeeck Society, Cape Town, 1942), pp 95-99.



Plessis had arrived at the Cape in 1688. He was followed by Paul Lefevre, an employee of the VOC and thus based in Cape Town where very few of the refugees were close enough to avail themselves of his services. Gideon le Grand had arrived at the Cape by 1698 and was based in Stellenbosch. Last among this group was Jean Durand, who settled on a farm by 1690, but seems not have been active in practising medicine, preferring instead to engage in farming and local administration.<sup>23</sup> Le Grand kept a journal regarding his practice. Only partial entries survive, but it is known that he treated French Huguenots, including Maria Jeanne du Pré, plus various children of the refugees. He recorded, for example, that he had bled a daughter of Jean du Buis.<sup>24</sup>

The Carolina refugees were even less fortunate in terms of medical attendants who knew their culture and language. They were more than double the number of their counterparts at the Cape, yet had roughly the same number of surgeons available to them. Jean Thomas and Thomas Cordes lived in Berkeley County, where the majority of rural Huguenots were based. Isaac Porcher, who arrived in 1696, for the most part resided in Charles Town. These men also had to adjust to the unhealthy climate in the Low Country, and must have been extremely busy, overwhelmed by the numbers of French-speaking patients. They no doubt had to travel considerable distances to reach these people.<sup>25</sup>

In terms of medical knowledge, almost all of the authorities believe that these men at the Cape and in Carolina were barber-surgeons. By the 1670s, the French Protestants had been virtually shut out of universities. France had a guild of barber-surgeons dating from the thirteenth century. They were broken down into two categories – that of *petit bourgeoisie* or the lesser *barbitonsores*.<sup>26</sup> There is no way of knowing into which

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23. P. Coertzen, *Die Hugenote van Suid-Afrika 1688-1988*, p 103.

24. Quoted in P. Coertzen, *Die Hugenote van Suid-Afrika 1688-1988*, p 107; J.L.M. Franken, "Jean Prieur du Plessis"; M. Boucher, *French Speakers at the Cape*, p 354. For Le Grand, see J.L.M. Franken, "Jean Prieur du Plessis"; J.M. Franken, "Gideon Le Grand", *Die Huisgenoot*, 20 September 1929, pp 22-33. It is likely that Le Grand died in the smallpox epidemic of 1713, as his will was probated that year. See Cape Town Archives Repository, Cape Town (hereafter CTAR): MOOC 3/1/3.

25. J.I. Waring, *A History of Medicine in South Carolina* (The Medical Society of South Carolina, Columbia, 1964), pp 15-16.

26. E. Burrows, *A History of Medicine in South Africa*, p 19. J.C. de Villiers, "Huguenot Surgeons", *Huguenot Bulletin*, 39, 2002. Thanks to Docter De Villiers for a copy of this article. For exclusion of French Protestants from universities, see: D.C. Margolf, "Identity, Law and the Huguenots of Early Modern France", *Transactions of the Huguenot Society of South Carolina*, 68,

category these men fell, or if they were divided between the two. Nevertheless, the French refugees were, on the whole, better educated than their peers at the Cape, if not the planter class they joined in Carolina. How informed they were regarding modern medical knowledge at the time, is unknown. It would depend to some extent on personal and professional relationships between university-trained physicians who were Roman Catholic, and the dissident barber-surgeons in their respective provinces.

### Maternity, childbirth and health

Bachelor Peter Kolbe (an astronomer) judged that the women at the Cape gave birth much more easily than in Europe. Swedish physician Carl Peter Thunberg, who as far as is known, never delivered a baby at the Cape, also made this same assumption.<sup>27</sup> In Carolina, some suggested that Indian women gave birth without pain, while English explorer John Lawson noted that European women in Carolina had an easy childbirth. He attributed this to the young age at which the women married there.<sup>28</sup> These stereotypes are contradicted in part by a contemporary obstetrician who noted that the more children a woman bore, the more likely a quicker and often easier labour would be.<sup>29</sup> The only available record of a first birth, is that of Anne Ashby Manigault's first grandchild, born in Carolina. His mother was in labour for twelve hours and twenty minutes.<sup>30</sup> On the whole, the Huguenot women were prolific in child-bearing in both Carolina and at the Cape. In the latter they tended to produce, on average, a child every two years, with some women bearing eleven to twelve children in total.<sup>31</sup>

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1995, p 98. In their wills both Carolinian Anthony Cordes, and Capetonian Du Plessis, referred to themselves as physicians. See Wills and Miscellaneous Records of Charleston County, South Carolina, 1711-1718, LV, 27-26; CTAR: ISTB 8/3: Wills 1708-1718, 8/18.

27. P. Kolbe, *The Present State of the Cape of Good Hope I* (Johnson Publishing Company, New York, 1968), p 337; C.P. Thunberg, *Travels at the Cape of Good Hope 1772-1775* (Van Riebeeck Society, Cape Town, 1986), p 33.
28. Lawson quoted in K. Fischer, *Suspect Relations: Sex, Race and Resistance in Colonial North Carolina* (Cornell University Press, Ithaca, 2002), p 86.
29. Interview with Neil Rosenshein, MD, Baltimore, MD, May 2003.
30. South Carolina Historical Society: Diary of Mrs. Gilbert Manigault 1754-1781, 12/99/3, Cheves Papers; Landon Cheves III, miscellaneous notes (hereafter cited as Manigault diary).
31. P.W. Romero, "Some Aspects of Family and Social History", pp 43-44. See also the genealogies of these early Huguenot families in *Transactions of the Huguenot Society of South Carolina passim*; C.C. de Villiers and C. Pama,

It was a French Protestant doctor who first opened a school of midwives in sixteenth-century Europe and it was Ambroise Paré who insisted that women take to the bed to deliver.<sup>32</sup> It is not known if the refugee women delivered on a bed, used a birthing stool, or assumed any of several positions – from kneeling to squatting – to aid the child down the birth canal. At the Cape both Kolbe and Thunberg found that women nursed their own babies, although when the mothers died or were incapacitated, the children would be farmed out to other nursing mothers, including perhaps the “other” in both places. Waring speculated that in the rural areas of Carolina, European women turned to “squaws” who were their slaves for delivery and possibly in cases of emergency for nursing as well.<sup>33</sup>

Records of the number of still births and mortality among infants at either of these frontiers are lacking. Only a survey of published genealogies at the Cape (less than half of the number of refugee families) and Anne Manigault’s diary for Carolina present bare hints of childhood mortality. Manigault’s daughter-in-law lost two of her four children in infancy, while at the Cape, in the incomplete and published genealogies, eight children are listed as having “died young”. It is possible that some of the Cape children listed as baptized, but who never married, may have died in infancy, but no records remained for descendants to make that determination.<sup>34</sup>

In the 1750s, when Mary Wragg Manigault gave birth, she had a trained physician at her bedside, and later one was present to lance her breast.<sup>35</sup> Bachelor Kolbe noted that European women at the Cape who breast-fed their children were “most grievously afflicted with sore breasts ... their breasts are frequently very cruelly pained and their nipples are almost always the same”. As a result he thought that they weaned their children too fast.<sup>36</sup>

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*Geslagsregisters van die ou Kaapse Families I & II* (A.A. Balkema, Kaapstad, 1981); L.T. Ulrich, *A Midwife’s Tale*, pp 193-194, discusses the large numbers of children born to the New England women she delivered later in the eighteenth-century.

32. J. Towler and J. Bramall, *Midwives in History and Society* (Croom-Holm, London, 1986), p 52.
33. J.I. Waring, *A History of Medicine in South Carolina*, p 123.
34. Manigault diary; See C.C. de Villiers and C. Pama, *Geslagsregisters van die ou Kaapse Families*.
35. Manigault diary, 27 April 1757.
36. P. Kolbe, *The Present State of the Cape of Good Hope I*, p 336.

Du Plessis returned to Europe within a few years after his arrival. His first wife died there, and he returned in 1700, married to midwife Maria Buisset. She was the only French-speaking midwife at the Cape. None are known in Carolina. Surely Buisset was kept busy, but most of the births at the Cape and in Carolina were presided over by female members of the family and neighbours (including those who spoke no French).<sup>37</sup>

At the Cape, too, one may assume that the rigours of successive child-bearing took the life of Ann Retief, who had borne four sons and six daughters at the time of her death in 1710, when she was only thirty-nine. Jacquemine des Prez died at thirty-six leaving behind eleven children.<sup>38</sup> Complications from child-bearing included breech births, haemorrhaging and puerperal fevers. In addition there were holes and tears to the wall and mouth of the vagina. Those who survived the fevers and damage done to their bodies, would have required time to heal, but in most cases women were up and about very quickly – some even on the very day they gave birth. One aid to the pain of childbirth was a bit of brandy, and it was common practice during labour to rub the body with oil, or to provide women with a variety of herbs to consume.<sup>39</sup>

In this era many medical authorities believed that the uterus was the source of conditions such as hysteria among women. No doubt many held this view at the Cape, as well as in Carolina. At both frontiers, too, it was commonly believed that conception could only take place when a woman achieved orgasm along with her male partner. The dual pleasure

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37. C.G. Botha, *The French Refugees at the Cape*, p 45. At the time Du Plessis had died and she was remarried to another barber-surgeon. Buisset was clearly regarded as medically competent – although her gender may have been involved, too, when the VOC authorities called on her to perform an autopsy on a female slave who had been stabbed to death. In his diary, Adam Tas recorded that his wife was called upon to aid a neighbour in childbirth – and his notation makes it appear to have been a quite ordinary event. See L. Fouché (ed), *Diary of Adam Tas 1705-1706*, p 61.
38. J.G. le Roux, *Hugonote blood in ons are* (R.J.T. Lombard, Pretoria, 1988), p 153. The average life expectancy at the Cape in the eighteenth-century was fifty-five years, but this takes into account the entire century when, over time, acclimatization occurred and medical treatment improved with an increase in physicians. See R. Ross, “White Population of South Africa in the Eighteenth-Century”, *Population Studies*, 19, 1975, pp 224-228. See also J. Duffy, *Epidemics in Colonial America* (Louisiana State University Press, Baton Rouge, 1953).
39. V.A. Fildes, *Breasts, Bottles and Babies: A History of Infant Feeding* (University of Edinburgh Press, Edinburgh, 1986), p 352; L.T. Ulrich, *A Midwife's Tale*.

theory held that the female egg was released from the uterus at orgasm while the male sperm was sent out to join it through copulation. There is no hyperbole in Peter Kolbe's statement that women at the Cape were "generally modest, but no flinchers from conjugal delights. They are excellent breeders."<sup>40</sup>

It is unlikely that the devout French Huguenot women resorted to abortion. Deformed babies were thought to result from indecent sexual relations. These included any position for coitus except with the man on top, burrowing into his vagina field as he might otherwise sow his crops from above. At the Cape at least two children were probably crippled at birth. These were Stephen, son of Martha Rousseau and Francois du Toit, and Jacob, the son of Susanne Gardiol and Abraham de Villiers.<sup>41</sup> There is no data for disabilities at birth in Carolina, but one may assume that the stereotypes and superstitions that prevailed at the Cape held for those in the American colony as well.

Babies were taken to breast on demand. At which age solid food was introduced, is not known, but the timing no doubt depended on the inclination of the mother. Weaning in France (and Northern Europe) ranged from twenty-one to twenty-four months in the seventeenth-century, to ten months in the eighteenth. Children ate what was served at the table as soon as they were able to chew. Prior to that, in what will seem unhygienic to modern readers, mothers would often partially chew the food and then pass it on to their babies.<sup>42</sup>

### Diseases and epidemics

Relying solely on the primary data provided in J.G. le Roux's *Huguenote blood in ons are* for the Cape, one can get a partial idea of mortality

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40. P. Kolbe, *The Present State of the Cape of Good Hope* I, pp 336-337; E. Berriot-Salvadore, "The Discourse of Medicine and Science", in N.Z. Davis and A. Farge (eds), *Renaissance and Enlightenment Paradoxes* (Cambridge University Press, Cambridge, 1993), pp 361-362; A. McLaren, "The Pleasures of Procreation: Traditional and biomedical theories of conception", in E.F. Bynam and R. Porter (eds), *William Hunter and the Eighteenth-Century Medical World* (Cambridge University Press, Cambridge, 1989), pp 332-335.
  41. CTAR: ISTB 18/4: Wills 1716-1720, 6, 18 and MOOC 7/14: Wills 1726-1735, 103-104. For Jacob de Villiers see also J. Malherbe and A. Malan, *The Genealogy of the De Villiers Family in South Africa* I (Board of Trustees of the De Villiers Publication Fund, Franschoek, 1997), p 292. Thanks to Juna Malherbe for this citation.
  42. V.A. Fildes, *Breasts, Bottles and Babies*, pp 352, 125.

between 1688 and 1700. In that twelve-year period, a total of 86 refugees died, meaning that as many as 79 may have lived on (48 refugees had no death-dates listed).<sup>43</sup> No figures exist for Carolina, and because, with a few exceptions, women were denied the right to own property, few left wills. A cursory gleaning of the wills left by Huguenot men before 1700, indicates that the death-rate among the newer arrivals was high. About ten per cent of them left probated wills and this number gives an indication of deaths in the first decade there. Surely the death-rate was higher. Only those who were able to write a will, or had access to materials on which to write it, with witnesses available, did so. Based on figures alone, one could conclude that the death-rate at the Cape was higher for these refugees, but taking into consideration other variables such as a higher incidence of overall diseases, epidemics and climate factors, I suggest that the refugees in Carolina died in greater numbers than their counterparts at the Cape.

Other factors, however, intervened in the form of smallpox, yellow fever, and malaria. In 1687 to 1688, smallpox swept through the colony. The French Protestant cleric, Francis le Jau reported to the LPs in 1698 that “we have smallpox amongst us nine or ten months, which hath been very infectious and mortal, we have lost by the distemper 200 or 300 persons.”<sup>44</sup> Le Jau was rector of a rural parish that included a preponderance of refugees. In Charles Town, Judith Giton lost her husband and her father-in-law in 1698 as a result of the smallpox epidemic.<sup>45</sup>

Yellow fever epidemics also caused considerable loss of life for the refugees. It is possible that Judith Giton’s oldest son either died in the epidemic of 1706, or he may have died in 1711 when yellow fever certainly took the life of his mother. “The mortality that began to rage in August is not yet over, especially in Towne ... the number of whites who died in the Province was over 200. No one from the country dares to go into the town ...”<sup>46</sup> This means, of course, that the death-rate was much

43. J.G. le Roux, *Huguenote blood in ons are*, pp 145-171.

44. Quoted in F. Dalcho, *An Historical Account of the Protestant Episcopal Church*, p 32. See also J. Duffy, *Epidemics in Colonial American*, pp 33-34.

45. Both Noe Royers’ wills were probated but the records no longer exist. Noe Senior and Junior left their wives their property. South Carolina Department of Archives and History, Columbia: Decedent Index to S/C Probate Records S/C 1673-1721, computer printout. For Noe Senior and his property see: Department of Archives and History: Register of the Province Conveyances II, 1711-1714, 268.

46. F.J. Klingberg (ed), *The Carolina Chronicle of Dr. Francis Le Jau 1707-1716* (University of California Press, Berkeley, 1956), p 108; J. Duffy, “Yellow

higher in Charles Town than in the country, which still lost such a significant number of inhabitants. La Jau does not comment specifically on women in this case nor indeed in any matters pertaining to health.

Malaria was another illness that the Carolina refugees had to cope with. It was probably in reaction to earlier bouts of malaria that the LPs issued their dictum to settlers that they were not to settle close to the water. In fact, Charles Town was located between two large bodies of water – the Cooper and Ashley Rivers. Then there were tributaries to both of these rivers where many of the French Huguenot plantations were located, not to mention the swampland that, once cleared, provided the ideal areas for growing rice that became a major staple in this part of Carolina. One of the LPs came to recognize that it had been a mistake to encourage settlement there, noting that “fever and ague” had become endemic.<sup>47</sup> In her diary, Anne Manigault frequently referred to members of her family, or friends, who were ill with “fever”. In July 1755, her son Peter had a fever that was abated by “taking a bark”. Two days later he was well, but in August 1755, he was again taken with fever, as was her husband. In September 1756, her daughter-in-law “took sick”. In June 1757, Manigault recorded “I have been ill for five days”. The next year her son was again troubled with fevers intermittently from mid-October through mid-November. In the latter case, the fever may not have been due to malaria, although the anopheles mosquito could thrive in the swampy fields where Peter went to supervise rice cultivation or other crops.<sup>48</sup> One can see clearly in these few references how much more devastating not only the climate, but disease factors were in Carolina.

In making a cursory tour through Manigault’s diary, a range of afflictions can be found, some of which also troubled the refugee counterparts at the Cape. Manigault was frequently troubled with rheumatism, and once noted that she was laid up with gout. Both of these illnesses were problems at the Cape as well. Several travellers’ accounts refer to rheumatism, arthritis and dropsy. Gout troubled the adults and Kolbe believed the condition derived from excessive consumption of alcohol. Another source agreed, noting that gout generally attacked those aged persons who “have spent most of their lives in ease, voluptuousness,

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Fever in Colonial Charleston”, *South Carolina Historical and Genealogical Magazine*, 52, 1951, pp 189-197; St.J.R. Childs, “Notes on the History of Public Health in South Carolina”, *Proceedings of the South Carolina Medical Association*, 2, 1932, pp 13-32.

47. St.J.R. Childs, *Malaria and Colonization of the Carolina Low Country 1526-1696* (Genealogical Publishing Company, Baltimore, 1940), pp 140-191.

48. Manigault diary.

high living, and too free use of wine and other spirituous liquors".<sup>49</sup> "Putrid fevers" (probably typhoid) afflicted the refugees both at the Cape and in Carolina.<sup>50</sup>

At the Cape, epidemics also took their toll. When smallpox broke out in Cape Town in 1713, the epidemic followed two years of drought. Just as the much-needed rains started falling, the colony had to deal with this epidemic that was introduced via the linens on a ship. Smallpox was especially hard on the Khoi, who had no natural immunity, but it also had a severe impact on the Europeans.<sup>51</sup> The Huguenots were mostly located in the Drakenstein, at Franschoek, around Stellenbosch, and a few had moved into Wagonmakers Valley by that time. Too many people were dying in the outlying districts and were not able to seek out a notary to make wills. As a result, there is very little data regarding the deaths of Huguenots – both women and men.

Surely Anne Fouché and Elizabeth Joubert succumbed to smallpox as their wills were probated in 1713. The "pokkies" claimed at least 1 585 Europeans that year. J.A. Heese found that of these, 875 were children. One report to the Netherlands in June 1713 noted that there were not "20 healthy people in Drakenstein".<sup>52</sup>

Interestingly, Marie Grillion makes the point that her husband (Gideon Malherbe) died of "natural causes" in August of that year. The poor distraught widow and mother was forced to make an accounting of their holdings that, in turn, revealed losses due to smallpox. In her plaintive note to the Orphan Masters, she wrote that:

It came to my notice that everyone who had been visited by the Lord  
And lost a partner through death during these past days, and where  
minor children were left, had to appear before Your Honours. ... And it

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49. P. Kolbe, *The Present State of the Cape of Good Hope* I, p 361; C.P. Thunberg, *Travels at the Cape of Good Hope 1772-1775*, p 45.
  50. C.P. Thunberg, *Travels at the Cape of Good Hope 1772-1775*, p 46; Manigault diary, 27 June 1759.
  51. R. Viljoen, "Disease and Society: VOC, Cape Town, its people and the smallpox epidemics of 1713, 1755, and 1767", *Kleio*, 27, 1995, pp 22-45.
  52. J.A. Heese, *Die Herkoms van die Afrikaner 1657-1867* (A.A. Balkema, Kaapstad, 1972), p 17. H.C. Leibbrandt, *Precis of the Cape of Good Hope: Journals 1699-1732* (W.A. Richard and Sons, Government Printers, Cape Town, 1896), p 96; G.M. Theal, *History of South Africa far South of the Zambezi from the Settlement of the Portuguese at Sofala in September 1505 to the Conquest of the Cape by the British in September 1795* II, (Allen Unwin Limited, London, 1912), pp 475-476.



pleased the merciful God to remove from this world my husband on the 27<sup>th</sup> day of June ... [as] well as two sons and one daughter, who died of smallpox ...<sup>53</sup>

Note that she lost three of her children and had to cope with the burdens of dealing with her deceased husband's estate as she mourned his loss and theirs.

Other afflictions troubled the Huguenots at the Cape and in Carolina. Anxious mothers had to deal with sore eyes – a “distemper” at the Cape that was worse in summer months. While old people suffered from “a scalding rheum that issued abundantly from the eyes”, the “greatest rate falls on the children”, and thus efforts were made to keep them out of the rays of the sun.<sup>54</sup> One of the Huguenot surgeons treated these eye conditions with drops and “Spanish fly”.<sup>55</sup> In Carolina, Anne Manigault noted in her diary in January 1761, that her grandson was troubled with “sore eyes”.<sup>56</sup> Sore throats, too, were common to both groups. Manigault recorded instances where her grandson suffered from thrush, while at the Cape, Kolbe added soreness of the throat to the list of chronic illnesses.<sup>57</sup>

Worms afflicted all of them, especially the children. Intestinal parasites were common in that era. In London, the Spitalfields Project involved the excavation and examination of primarily French Huguenot skeletons that had been buried from 1729 to the mid-nineteenth century. Between eight hundred and a thousand bodies were exhumed, with about half of them examined. Among the findings was a high incidence of infant mortality, which the examiners attributed to intestinal worms.<sup>58</sup> No data exists for Carolina, but elsewhere in colonial America worms were reported. In her diary, midwife Ballard of Maine advised that she used tansy to expel worms, while Landon Carter of Virginia employed other treatments to his slaves, including a little girl. Kathleen Brown, noted in *Good Wives* that intestinal worms were present among the colonials

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53. CTAR: MOOC 3/3. Thanks to Con de Wet for this translation.

54. L. Fouché (ed), *Diary of Adam Tas 1705-1706*, pp 119, 125.

55. Quoted in E. Burrows, *A History of Medicine in South Africa*, p 59.

56. Manigault diary, January 1761.

57. Manigault diary; P. Kolbe, *The Present State of the Cape of Good Hope I*, p 361; C.P. Thunberg, *Travels at the Cape of Good Hope 1772-1775*, p 45.

58. T. Molleson, M. Cox, H.A. Waldton and D.K. Whitaker, *The Spitalfields Project II: The Anthropology* (CBA Research Report 86 – Council for British Anthropology, Walmate, York, 1993), p 44.

living in the Chesapeake area.<sup>59</sup> At the Cape, traveller and physician Anders Sparrman referred to worms as a “troublesome disorder in rural areas”. Another traveller wrote about “dirty scabby children” whose condition he thought was caused by intestinal worms.<sup>60</sup> Certainly intestinal worms contributed to anaemia, but probably were not directly responsible for the deaths that the medical examiners in the Spitalfields Project noted in their study.

Another source of illness was rotten teeth. Dental caries and gum diseases were problems in eighteenth-century Europe, where there were some rudimentary forms of treatment available. At this time it was commonly believed that dental caries were caused by worms in the teeth that had to be dislodged “by compounds of myrrh and aloes”.<sup>61</sup> Ann Manigault complained in her diary of toothache, but provided no hint as to whether molten lead had been used to fill the cavity, or if indeed her aching tooth had been treated or removed.<sup>62</sup> Periodontal diseases were not being diagnosed at that time and one can only infer that such agonies as infection and abscess had to run their course until the teeth simply fell out.<sup>63</sup>

In discussing epidemics and diseases, treatments and the persons responsible for administering them, have barely been mentioned. Clearly, when a doctor, whatever his limits of training, was available in these first decades on the frontier, the Huguenots availed themselves of him. As has been seen, Gideon le Grand treated the refugees at the Cape. The same would have been true in Carolina. Rhys Isaac, in his study of the Virginia planter Landon Carter, portrayed the patriarch as healer-in-chief.<sup>64</sup> In Carolina and at the Cape though, despite the role of the ruling hand of the

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59. L.T. Ulrich, *A Midwife's Tale*, p 57; R. Isaac, *Landon Carter's Uneasy Kingdom*, pp 18, 25; K. Brown, *Good Wives, Nasty Wenches and Anxious Patriarchs* (University of North Carolina Press, Chapel Hill, 1996), p 57.
60. A. Sparrman, *A Voyage to the Cape of Good Hope towards the Antarctic Polar Circle around the world and to the country of the Hottentots and the Caffres from the year 1772-1776 I* (Van Riebeeck Society, Cape Town, 1975), p 93; C.P. Thunberg, *Travels at the Cape of Good Hope 1772-1775*, p 45.
61. L. Hardwick, “The Incidence and Distribution of Caries throughout the Ages in Relation to the Englishman's Diet”, *British Dentistry Journal*, 108, 1960, p 9. See also T. Molleson, M. Cox, H.A. Waldton and D.K. Whitaker, *The Spitalfields Project II*, p 34.
62. Manigault diary.
63. L. Hardwick, “The Incidence and Distribution of Caries”, p 17.
64. R. Isaac, *Landon Carter's Uneasy Kingdom*, pp 77, 106. See also K. Brown, *Good Wives, Nasty Wenches and Anxious Patriarchs*, p 347. Brown presents the patriarch theme, drawing on other diaries, as well as that of Carter.

patriarch in others areas of their lives, it was primarily the women who treated their own illnesses and those of their children. Men were probably responsible for gleaning knowledge of local herbs, roots and plants from “others” that were long resident in specific areas. The Native Americans and the Khoi had their own treatments for various ailments that plagued them – as had been witnessed by observers such as Laguat at the Cape and Lawson in the Carolinas.

In both Carolina and at the Cape at least one Huguenot had some background as an apothecary. Joseph Marboeuf de le Bruce lived in Craven County, Carolina, but there is no record regarding medications he made or purchased.<sup>65</sup> Cape resident Isaac Taillefert’s father had been an apothecary in France, as was one of his brothers. While he is often listed as an apothecary, Taillefert’s skills were those of a hat-maker. He was also a farmer, and it is likely that he drew on memories of herbal medications from his father’s pharmacy. In 1698 a French Huguenot traveller remarked on his garden: “[It] may very well pass for fine. Nothing, I think, there is wanting”.<sup>66</sup> In fact few medications as we know them, were available at the Cape or in Carolina. For purposes of treatment, most people made do with herbs, roots, leaves, and even fruits and vegetables.

### Treatments

This period in Early Modern European medical history was influenced by the humoral theory posited by Galen, with medical treatment predicated on balancing the humors. The primary means of achieving this aim were through laxatives, emetics, and bleeding – with the occasional blister applied to relieve “pressure” on an affected area of the body. Ann Manigault’s diary is replete with instances of taking a “cathartic” and “emetic” and on occasion, of bleeding. Her son, who was frequently ailing, took two emetics, before a few days later, being blistered for a “great pain in his head”. That seemed to work, as he was better in two days’ time.<sup>67</sup>

Nicolas Culpeper’s *The Complete Herbal* (London, 1649) would have been available in Carolina. At the Cape, they certainly had a copy of *Pharmacopoeia Belgica. Or the Dutch Dispensary Revised and*

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65. J.I. Waring, *A History of Medicine in South Carolina*, p 15.

66. F. Leguat, *A New Voyage of Francis Leguat to Rodriguez, Mauritius, Java and the Cape of Good Hope II* (Hakluyt Society, London, 1891), p 228.

67. Manigault diary, 5-19 October 1761.

*Confirmed by the College of Physicians in Amsterdam.* It was translated into English in 1659 and thus may also have been available in Carolina.<sup>68</sup> This volume would have been invaluable not only as a medical reference for herbs, roots, plants and various trees, but also to advise gardeners what to plant.

In these volumes, one finds references to vegetables ranging from asparagus to artichokes, parsley and radish (used as a diuretic). Felix fern was “good against worms”, while tumeric [turmeric] was “good against yellow jaundice” and fennel “good for the eyes”. Rhubarb strengthened the liver; ginger “warms the stomach and expels wind”; pomegranate seeds “dry and bind very much”; while aloes (in abundance at the Cape) “comforts the brain”. Lavender and rosemary were good against colds, and St. John’s wort cured sciatica. Melon “seeds moves urine” and natrutil seeds of cretifes “kills the child in the womb”. Other medications especially useful for women and children were date stones (presumably ground) and sage. Damask plums were used to “loosen the belly” while “sour prunes bind the belly”. Elephant’s teeth and ivory (also in abundance at the Cape) were “good to coat and stop Fluxes of blood”. Leeches were used to “suck away melancholy bloods”. Specifically at the Cape, Gideon le Grand employed “cinnamon, terebinth, crocus, ginger, piper and sweet oil ...”<sup>69</sup>

Ann Manigault referred to taking bark. At the Cape three types of African wood sorrel was employed to treat scurvy, while garden garlic had a multitude of uses.<sup>70</sup> A physician and a European resident at the Cape both discounted rhinoceros horn. Still, “the fine shavings were taken internally” and were thought by the locals to cure convulsions and

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68. Cited in L.T. Ulrich, *A Midwife’s Tale*, p 20. An original of *Pharmacopoeia Belgica. Or the Dutch Dispensary Revised and Confirmed by the College of Physicians at Amsterdam* (London, 1659) is in the National Library of Medicine, Bethesda, Maryland. The Dutch contribution of medicine is discussed in H.S.N. Menko, *Contributions of the Netherlands to the Development of South African Medicine (1652-1902)* (Human and Rousseau, Cape Town, 1954).
69. P. Coertzen, *Die Hugenote van Suid-Afrika 1688-1988*, p 80. CTAR: MOOC 14/1, numbers 19, 15, 23 and miscellaneous 42.
70. P. Kolbe, *The Present State of the Cape of Good Hope II*, pp 244, 259-261. Kolbe’s second volume contains a long list of the types of herbs, plants, and trees found at the Cape, and some of them he specifically notes as being of medicinal value. See O.F. Mentzel, *A Geographical-topographical description of the Cape of Good Hope II* (Van Riebeeck Society, Cape Town, 1925), p 53.

spasms in children.<sup>71</sup> Women in the country brewed a local bush tea (*Bobonia cordata*) as cure for various internal ailments. They learned to do this from the Khoi or San, while the San also taught them to turn to *rooibos* tea that had medical properties when taken internally or when ground leaves and bark were applied externally.<sup>72</sup>

### Conclusion

As has been seen, the French Huguenot diaspora was caused by religious persecution, especially after the revocation of the Edict of Nantes. Of those who fled to England and the Netherlands, several hundred migrated to Carolina, under the governance of the Lords Proprietors. Not quite two hundred settled at the Cape of Good Hope, under the control of the VOC. On the whole, their health may have been rather precarious, based on the privations they experienced when fleeing from France and then the comparative poverty they faced in their brief period of exile before emigrating. On arrival at their respective locales, they faced different disease and climatic environments, with each group finding little in the way of trained medical assistance to help them deal with such variables as epidemics, disease and childbirth.

Those in Carolina endured a much more hostile climate, but all of them had to cope with the rudimentary conditions they met in their respective frontier communities – moving as they did into primitive, developing areas. At the Cape, as in Carolina, women lost husbands and children to epidemics, as well as to disabilities that might have been cured, had they had access to then available prescribed medication and a larger number of sufficiently trained doctors. More midwives would even have been welcome, as women often died from complications of child-bearing or the after-effects thereof. Then, too, both groups of women bore excessive numbers of children which was typical of the time. No doubt they died in the same proportion as their English, Dutch and German peers. Women in rural areas helped one another when the pangs

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71. C.P. Thunberg, *Travels at the Cape of Good Hope 1772-1775*, pp 43-44. P. Kolbe, *The Present State of the Cape of Good Hope II*, p 259.
  72. C.P. Thunberg, *Travels at the Cape of Good Hope 1772-1775*, pp 43-44. Visit to *rooibos* factory in Cape Province, February 2002. See also J.M. Watt and M.G. Breyer-Brandwijk, *The Medicinal and Poisonous Plants of Southern and East Africa* (F & S Livingstone, Ltd, Edinburgh, 1962); J. Heniger, *Hendrik Adriaan van Reede tot Drakenstein (1636-1691) and Hortus Malabaricus: A contribution to the history of Dutch colonial botany* (Schafhaaufen, Rotterdam, 1986).

of childbirth began – insofar as they could do so. It would be interesting to know how many men delivered their own children, or how many young girls helped their mothers to give birth. With nearly no correspondence on the part of the Huguenots available to us, and only two extant letters by women – one in Carolina and a partial one at the Cape – one is forced to leave that page entirely blank.

Even with a scarcity of resources, the story of these small bands of refugees deserves to be heard insofar as it can possibly be told. Because of the limitations of archival data, I have turned to the diaries, travel accounts, and secondary sources available to render a sketch outlining the physical lives of women, and to a lesser extent their children, in both Carolina and at the Cape, adding a short but important contribution to gender as well as to the literature on the French Huguenots in diaspora. As many specific references to the refugee women have been included as the data permits, while some of the variety of illnesses they encountered and some of the treatments they employed, have also been mentioned. While this study does not come down on the side of environmentally determined problems with health, the findings suggest that it is an important variable when other conditions such as pre-existing weaknesses, and location in remote, undeveloped areas are factored in. In conclusion, by raising the matter of treatment on the Carolina and Cape frontiers, I hope this will encourage others to follow through on this important topic in future research.

#### **Abstract**

This article is a small contribution to the burgeoning literature on the dispersal of the French Huguenots into diaspora following the revocation of the Edict of Nantes. It is also a study of gender in matters pertaining to health, climate, and resettlement at the Cape of Good Hope and in Charles Town, South Carolina in the late seventeenth and early eighteenth centuries. No previous study has centered primarily on the Huguenot women (and to a lesser extent their children). This is because of the limited amount of primary sources available in both areas. Still, an attempt has been made to recreate their world during this period, with the conclusion that the climatic conditions in Carolina were harsher, thus the death-rates were higher than at the Cape. Both groups suffered from some maladies that were common at the time, which made comparisons possible, while – again mostly due to climatic factors – contrasts are to be found as well.

## **Opsomming**

### **Gesondheidsomstandighede van Franse Hugenotevroue en -kinders aan die Kaap die Goeie Hoop en in Charles Town, Carolina, 1685-1720**

Hierdie artikel is 'n klein bydrae tot die groeiende versameling literatuur oor die verspreiding van die Franse Hugenote in diaspora na die herroeping van die Edik van Nantes. Dit is ook 'n studie van gender in sake rakende gesondheid, klimaat en hervestiging aan die Kaap die Goeie Hoop en in Charles Town, Suid-Carolina, in die laat sewentiende en vroeë agtiende eeu. Tevore het geen navorsing nog spesifiek op Hugenotevroue (en tot 'n mindere mate ook hulle kinders) gefokus nie. Dit is omdat 'n uiters beperkte aantal primêre bronne oor beide onderwerpe beskikbaar is. Nógans is gepoog om hulle wêreld gedurende hierdie tydsgleuf te herskep. Daar is tot die gevolgtrekking gekom dat klimaatstoestande in Carolina feller was en die sterftesyfer dus veel hoër as aan die Kaap. Beide groepe setlaars het gely onder siektetoestande wat destyds algemeen voorgekom het. Hierdie feit het dit makliker gemaak om vergelykings te tref. Hulle kontrasterende belewinge kan hoofsaaklik aan klimaatsverskille toegeskryf word.

#### **Key words**

South Africa, Carolina, Huguenots, comparison, women, gender, climate, disease, morbidity, mortality.

#### **Sleutelwoorde**

Suid-Afrika, Carolina, Hugenote, vergelyking, vroue, gender, klimaat, siekte, morbiditeit, mortaliteit.