

Chapter One: The Transfer of Slave Medical Knowledge

In October of 1861, a Charleston shop placed an ad in the local newspaper which read “Van Schaak & Grierson are agents for the following Southern Preparations!” There followed a list of products, including Cherokee Remedy and Cherokee Cure, McLean’s Volcanic Oil Liniment and Universal Pills, among other items. At the bottom of the advertisement, in fine print, the notation that the druggists were members of the College of Pharmacy in Paris assured readers of the store’s integrity.

What seems striking today about this ad is the accompanying drawing. It depicts an African-American male, sleeves rolled up, holding a pestle in a large container set on a pedestal. He appears to be stirring something. At the very bottom of the advertisement, directions are given to the drugstore, “221 King Street, At the sign of the Negro and Golden Mortar.” The use of an African-American’s image on this advertisement seems to belie the conclusions of many historians as well as nineteenth-century contemporaries that African-American and white medical worlds were mutually exclusive.¹

Because it contains references to Native American remedies, European medical establishments, and a picture of an African American involved in preparing medicine, this ad is a good example of the interaction that I propose was taking place. I argue that the high level of interaction between African Americans and whites provided a corresponding amount of exchanged medical knowledge. To be considered an “African-American medical practice” in this study it is necessary for a practice or cure to have been espoused by an African American or recognized as an African-American practice by an observer. It is preferable that both criteria will be met. African-American medical practice does not necessarily imply an African origin. The issue is more one of ownership of medical knowledge than of place of origin. Although this transfer of knowledge was surely an “exchange,” in this chapter I will focus on that knowledge, specifically relating to medical treatments, which white medical culture absorbed from African American healers.

¹ *Charleston Daily Courier*, (Charleston) 28 October 28 1861. The drugstore advertisement ran several times in 1861 and 1862. Advertisements similar to this one may represent what cultural historian Jackson Lears refers to as “imperial primitivism.” In this, “the white man enters the dark interior of a tropical land, extracts mysterious remedies, and puts them to the service of Anglo-Saxon civilization.” It also alludes to the notion that “‘inferior’ races...possessed some fundamental sort of knowledge, especially of physical nature and its needs.” Jackson Lears *Fables of Abundance: A Cultural History of Advertising in America* (New York: Basic Books, 1994): 146-147. Thus we find products with names such as Cherokee Remedy, and icons of probable slaves used to sell patent medicines.

Cultural Interaction

In addition to an African heritage, aspects of the slaves' knowledge came from contact with both whites and Native Americans. Thomas Foote, a free black, recalled the experiences of his free mother, a respected healer known as the "doctor woman." As a young woman she worked for a Dr. Ensor, whom Foote described as a well-known homeopathic doctor. Foote's mother "prescribed for her people and compounded medicine out of the same leaves, herbs and roots that Dr. Ensor did." Although she was "suspected by the white people," she was "confided in by the colored people both for their ills and their troubles."² Another former slave remembered that "mos' de ole slaves wuz purty good at doctorin' an' my Mammy she taught me er lot herself. Some, she larned from de ole folks from Africa, an' some de Injuns taught her."³ Another former slave recalled a conjure doctor who had learned "bout de medicine w'en he wuz a slave boy in de piney woods from his ole granny."⁴ Many slaves acquired knowledge in this eclectic manner. Unlike whites, they did not hesitate to reveal the sources of their knowledge in part, no doubt, because they did not feel they had anything to lose.

Illnesses on the antebellum Southern plantation provided myriad opportunities for knowledge interaction between African Americans and whites. The majority of this interaction took place at a personal level, between individuals, facilitated by the fact that whites and African-Americans living on a plantation were around each other a great deal. Their children were playmates and no doubt exchanged a wealth of information during that time together. Adult slave women cared for white children and influenced them greatly in their formative years. Historian Mechal Sobel concluded from her study of eighteenth-century interaction among Virginians that whites of the slaveowning class also went to African-American herb doctors and probably conjure doctors as well.⁵ Slave narratives speak to the continuation of this same type of intense interaction well into the nineteenth-century.

Slave medical knowledge consisted mostly of botanical cures and entered the white materia medica in several ways. Some was transferred through the observation of whites intrigued by the slaves' actions. White patients of slave healers were also responsible for sharing news of particular healers with whom they were familiar as well as certain cures when they were pleased with the results. Knowledge was also legitimized and disseminated by the acts of the legislature

² Thomas Foote interview, Rawick, vol. 16.3, Maryland, 14.

³ Harriet Collins interview, Rawick, suppl. 2, vol. 3.2, Texas, 893.

⁴ Patsy Moses interview, Rawick, suppl. 2, vol. 7.6, Texas, 2785.

⁵ Mechal Sobel, *The World They Made Together: Black and White Values in Eighteenth-Century Virginia* (Princeton: Princeton University Press, 1987), 99

which rewarded successful slave healers. The cures of slave healers who were set free often found their way into newspapers and medical journals. Interested whites had ample opportunity to be exposed to African-American medical knowledge.

Domestic Medicine

Self-treatment, relied on from the earliest colonial period, continued to be prevalent during the antebellum period. Whether by necessity or by choice, southerners frequently depended on themselves to treat illnesses using remedies passed down in their families. Southerners turned to do-it-yourself remedy books which were widely available at the time and so popular they went through several printings.⁶ Plantation mistresses and others compiled recipes for cures from a variety of sources including newspapers, friends and slaves.⁷ A daughter of a slaveowner attempted to cure a slave child of the croup and later wrote of her efforts. While sitting at his bedside, she decided “to look in ma’s receipt book [to see] if there was no remedy there for the croup. There was one, to cut up onions and stew them with tallow and sugar, give the liquor to the patient - apply the onions to the breast, feet and wrist.” Unfortunately this particular remedy failed and the child died.⁸ Disseminating knowledge of effective remedies was considered so important that a 1739 weekly edition of the *Virginia Gazette* devoted its first two pages to a cure by a woman named Joanna Stephens, reprinted from a June 1739 edition of the *London Gazette*. The cure called for a powder of egg shells and snails; a decoction, made by boiling herbs in water; and some pills that contained, among the ingredients, snails, wild carrot seed, burdock seeds, soap and honey.⁹ Domestic remedies continued to be utilized throughout the antebellum period.

⁶ See, for example, John C. Dunn, *Domestic Medicine or Poor Man’s Friend* (1838), referred to by Eugene Genovese as the “medical bible of the eighteenth century,” *Roll, Jordan, Roll: The World the Slaves Made* (New York: Vintage Books, 1976), 225.; William Buchan, *Domestic Medicine, or the Family Physician* ..., 2nd ed. (Philadelphia, 1771), James Ewell, *The Planters and Mariners Medical Companion* (Philadelphia, 1807), A. G. Goodlett, *Family Physician, or Every Man’s Companion* (Nashville, 1838); and J. Hume Simons *The Planters Guide and Family Book of Medicine* (Charleston, 1848.)

⁷ See Virginia Jayne Lacy and David Edwin Harrell, Jr. “Plantation Home Remedies: Medicinal Recipes from the Diaries of John Pope.” *Tennessee Historical Quarterly* 22 (September 1963): 259-265. Also see Genovese, *Roll, Jordan, Roll*, 225.

⁸ Carol Bleser, ed. *Tokens of Affection: The Letters of a Planter’s Daughter in the Old South* (Athens and London: University of Georgia Press, 1996), 104.

⁹ “Containing the Freshest Advices, Foreign and Domestic,” *Virginia Gazette*, 28 September to 5 October, 1739.

Slaveowners' Approach to Slave Health

In matters of health care, slaveowners often extended their ideas concerning domestic medicine to their slaves. In many cases, the owner provided the same care for the slaves as he did for himself and his family.¹⁰ In order to exercise what they felt was their right, however, slaveowners insisted that they be notified when a slave was sick. This was important to masters to ensure that they could exercise their control over the slave body.¹¹ Slaveowners had a number of available options in making medical decisions for their slaves. As mentioned previously, some masters treated slaves themselves, or had the plantation mistress or overseer do so, using home remedies. The interest of one Virginia slaveowner in the medical affairs of his plantation can be seen in the following excerpt from a letter to his overseer:

I am told the negroes have the meazles. I have sent some salts to give every one apurge after the disorder goes in, and where it is succeeded by alux you must bleed them once, or more if it continues, the purge is necessary to prevent bad consequences from the disorder. Give it as soon as the meazles disappear. If a bad cough succeeds the meazles without a lax, bleed once or more as occasion may require.¹²

Perhaps the option that required the least action on the owner's part was to allow the slaves to, as one doctor put it, "do their own doctoring as long as they can. When they can't go any further they call for help."¹³ Some owners had contracts with regular doctors and called them to treat sick slaves if they deemed the condition serious enough.¹⁴ Larger plantations often had hospitals,

¹⁰ For examples of slaveowners' instructions concerning slave health care, see *Advice Among Masters: The Ideal in Slave Management in the Old South*, ed. James O. Breedon (Westport, Conn.: Greenwood Press, 1980): 163-223. For an example of a slaveowner who sent slaves and family members to various hot springs for medicinal purposes, see John A. Seldon, "The Westover Journal of John A. Seldon, Esq. 1858-1862," *Smith College Studies in History* 6 (July 1921): 300-308.

¹¹ The issue of control of a slave's body is broached by Todd L. Savitt in *Fevers, Agues, and Cures: Medical Life in Old Virginia*, 46.

¹² Goochland County Court Judgments, January 1, 1784. The Library of Virginia, Richmond.

¹³ R.A. Edmonston to John Lyle, 2 November 1851, Lyle-Siler papers, Southern Historical Collection, University of North Carolina, Chapel Hill, quoted in Steven M. Stowe, "Obstetrics and the Work of Doctoring in the Mid-Nineteenth-Century American South," *Bulletin of the History of Medicine* 64 (1990): 549.

¹⁴ For examples of letters to doctors requesting medical aid and/or advice for slaves, see Todd L. Savitt, "Patient Letters to an Early Nineteenth Century Virginia Physician," *Journal of the Florida Medical Association* 69 (1982): 688-694. For one example of a physician's medical account book listing visits to slaves and the fees charged, see the Nelson S. Waller Medical Account Book, Library of Virginia, Richmond, Virginia.

or “sick houses” where slaves were sent to heal. Other slaves often ran these hospitals according to the master’s or a physician’s instructions. The level of direct involvement by the slaveowner in the health of his slaves varied greatly.

The opinions that slaves held about the medical care provided to them were quite diverse. Although many, no doubt, had confidence in the nineteenth-century’s medical establishment, others blamed doctors for ineptitude. “My baby boy died. He had spasoms and de doctor give him too strong medicine.”¹⁵ For this reason, slaves often preferred their own system of medical care. In addition to the treatments of the doctors sanctioned by slaveowners, there was a separate system of healing present in the slave quarters.

Todd Savitt called this a “dual system of health care.”¹⁶ In this system, slaves exercised some independence or resistance and provided their own health care. Often this was in addition to and sometimes in defiance of the master’s treatments. One former slave from Mississippi alluded to this conflict when he recalled, “W’en we wus sick Dr Everette doctores us, but ole Melissa made medicin fur us ter take.”¹⁷ George Kye, who was enslaved in Arkansas, recalled that “old master wouldn’t let us take herb medicine, and he got all our medicine in Van Buren when we was sick. But I wore a buckeye on my neck just the same.”¹⁸ Mose Davis, a former slave in Georgia, also spoke of the range of treatments he and other slaves received. His owner, Colonel Davis, hired a doctor who visited once a week. Other times, the overseer gave remedies such as castor oil and turpentine. In addition, the slaves had their own remedies. For stomach ache, for example, they brewed tea made of jimsom weeds.¹⁹

Many slaveowners were like James Henry Hammond, who had no use for slave medical practices or healers. When Hammond discovered that a separate system of health existed on his property, he recorded that he “traced out the negro Doctors ... who have been giving out medicine for years & have killed I think most of those that have died. Punished them and also their patients very severely.”²⁰ Slaveowners with opinions similar to Hammond’s gave slaves little credit for the

¹⁵ Laura Moore interview, Rawick, suppl. 2, vol. 7.6, Texas, 2746.

¹⁶ Todd Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978), 171.

¹⁷ Gabe Butler interview, Rawick, suppl. 1, vol. 6.1, Mississippi, 317.

¹⁸ George Kye interview, Rawick, vol. 7.1, Arkansas, 173.

¹⁹ Mose Davis interview, Rawick, vol. 12.1, Georgia, 269.

²⁰ Drew Gilpin Faust, “Culture, Conflict and Community: The Meaning of Power on an Ante-Bellum Plantation,” in *The Culture and Community of Slavery*, ed. Paul Finkelman (New York and London: Garland Publications, Inc., 1989), 89.

ability to take care of their own health. “Negroes are a thriftless, thoughtless people, and have to be restricted in many points essential to their constitutions and health. Left to themselves they will over eat, unseasonably eat, walk half the night, sleep on the ground, out of doors, anywhere.”²¹

Although he denounced slave practices, Hammond was among the nineteenth-century Southerners who exercised his option to choose from among the other alternative practices available. Turning away from heroic treatments because according to his observations they often caused more harm to the patient than anything else, Hammond in the 1830s adopted botanic practices.²² Ironically, these botanical treatments were similar to the slave practices he denounced which were also largely botanical in nature.

Nineteenth-Century Medicine

As alluded to earlier, nineteenth-century white Americans had a variety of available health care options. These included home remedies and folk and slave practitioners. Although most women still employed midwives to aid them in childbirth, more and more women, particularly wealthier women in urban areas, opted for medical doctors, or “male-midwives.”²³ In addition, the nineteenth-century saw the rise of what we know as the medical profession and various medical sects that sprang up in reaction. “Regular” or orthodox physicians of the profession sought to distinguish themselves from other, competing medical practitioners by stressing their own level of education (they possessed medical degrees), experience and philosophy of healing. By organizing themselves into professional societies and creating standards for doctors to meet in order to practice medicine, they excluded those with whom they did not agree.²⁴ Regulars denounced these alternative healers such as Homeopaths and Thomsonians, whenever they had the opportunity.²⁵

²¹ A Citizen of Mississippi, “The Negro,” *DeBow’s Review* 3 (May 1847): 419-422, quoted in Breedon, *Advice among Masters*, 166.

²² Drew Gilpin Faust, *James Henry Hammond and the Old South: A Design for Mastery* (Baton Rouge and London: Louisiana State University Press, 1982), 77-82.

²³ Judith Walzer Leavitt *Brought to Bed: Childbearing in America 1750 to 1950* (New York and Oxford: Oxford University Press, 1986), 49.

²⁴ Arguably the most famous of these, the American Medical Association, was founded in 1847.

²⁵ One article denouncing quacks compared the spread of them to the spread of influenza. It ends with the warning, “We feel it our duty to protest in the strongest terms against these deprivations upon the health and lives of an unoffending community, and beg leave respectfully to exhort our brethren, and all intelligent, benevolent and influential citizens, to unite in such a sentence of condemnation, us[sic] may banish from our borders this organized system of mischievous quackery.” *Western Journal of Medical and Physical Sciences*

Regular physicians concentrated their efforts on relieving patients' symptoms and maintaining the body's healthy balance. Since they believed that most diseases overstimulated the patient's body, the purpose of aggressive treatment was to restore the body's equilibrium. This was achieved by employing depletive methods such as bleeding, purging and blistering, often referred to as "heroic" practices.²⁶ Doctors "knew" that these treatments worked because they could see the effects on their patients; bleeding, for example, could be counted upon to quickly and consistently reduce fever.²⁷ Joe Hawkins, a former slave, told his WPA interviewer what he remembered of heroic treatments. "Doctors then didn't doctor a person like they does now. No sir, he'd bleed you so many minutes while he watched his big watch he always carried. Bleed you for most any sickness."²⁸ Although increasingly criticized for their aggressive therapeutics, regulars were recognized for their success in controlling pain, and their use of quinine for malarial fever and inoculation against smallpox.²⁹

Nineteenth-century physicians were also known for the drugs they prescribed. In order to produce the desired effects, they recommended purgatives and cathartics, such as calomel and jalap, which operated as laxatives. To induce vomiting, they prescribed emetics such as tartar emetic. Also present in the physician's arsenal of drugs were arsenic, opium and morphine. Many of these drugs had side effects. Use of calomel, for example, caused sore gums, tongue and salivary glands. Over time and with continued use, teeth tended to rot and fall out and patients sometimes lost parts of their tongue.³⁰ According to historian William Rothstein, physicians "seldom gave any thought to pharmacology in their use of drugs" and considered important "neither chemical purity nor exact dosage."³¹ Doctors' frequent use of these drugs helped maintain their reputation as "heroic" practitioners.

The relationship between physicians and their enslaved patients was complicated since the physician's client was the slaveowner rather than the patient. It could be assumed from this that

(January 1828), 600.

²⁶ John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge and London: Harvard University Press, 1986), 91-92.

²⁷ William G. Rothstein *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore and London: Johns Hopkins University Press, 1972), 45.

²⁸ Joe Hawkins interview, Rawick, suppl. 1, vol 8.3, Mississippi, 958.

²⁹ Stowe, "Seeing Themselves at Work," 44.

³⁰ Rothstein, *American Physicians*, 49-55.

³¹ Rothstein, *American Physicians*, 54.

the doctor's allegiance was to the slaveowner and, no doubt, it usually was. However, this was not always the case. An eighteenth-century example is found in the case of Robert Carter of Virginia, who hired doctors on an annual contract to care for the slaves on his plantation. He complained that a particular doctor neglected his duties by not visiting sick slaves when he was sent for. Perhaps the doctor was making a profit at Carter's expense, as Carter himself believed. Another intriguing explanation for the doctor's behavior, offered by researcher Lorena Walsh, is that "the doctor was collaborating with the slaves in using herbal remedies."³² By not responding to Carter's call for help, this doctor was allowing slaves the time and opportunity to use their own remedies.

This sort of collusion between slaves and doctors may have been more common in the eighteenth-century before the drive to professionalize made doctors more protective of their plantation practices, although later examples suggest that it did not disappear entirely. Wes Brady, a former slave in Texas, told a WPA interviewer in the 1930s about the white doctor who was hired to care for the slaves on the plantation where he lived. He remembered that this particular doctor helped slaves to feign illness. "The old white Doctor that tended to us helped them get out of work. He took a little flour and meal and water and made pills." Then he informed the master that the slave was "pretty sick ... Sometimes they stay in bed three or four days taking flour pills."³³

Slaves' Approach to Medicine

Enslaved Africans carried with them from Africa both a spiritual component of healing and the more mundane knowledge of specific plants and cures.³⁴ Aunt Darkas, an aged conjure doctor in Georgia, represents the blending of old traditions with new beliefs. Although blind, Darkas was still able, as did many African-American healers, to go to the woods and find herbs and roots with which to make medicine. She credited the Lord with telling her which roots to get.³⁵ In attributing her success to the Lord, she was keeping intact the spiritual nature of African American healing while at the same time translating what she had learned of Christianity into her

³² Lorena S. Walsh, "A 'Place in Time' Regained: A Fuller History of Colonial Chesapeake Slavery Through Group Biography," in *Working Toward Freedom: Slave Society and Domestic Economy in the American South*, ed. Larry E. Hudson, Jr., (Rochester: University of Rochester Press, 1994), 19. This is an early example of the type of contractual agreement between slaveowner and physician that continued to be common throughout the antebellum period.

³³ Wes Brady interview, Rawick, suppl. 2, vol. 2.1, Texas, 402.

³⁴ Fett, "Body and Soul: African-American Healing in Southern Antebellum Plantation Communities, 1800-1860" (Ph.D. diss., Rutgers University, 1995), 83.

³⁵ Emmaline Heard interview, Rawick, vol. 12.2, Georgia, 158.

daily experiences.³⁶ Although the boundaries between religion and medicine/science were becoming clearer during the antebellum period, there was still an aspect of spirituality to regular medicine of the time. Physicians often attributed to God their successes. Nonetheless, white southerners tended to view the spiritual beliefs of the Other, i.e. slaves, as “superstitious.”³⁷

As the property of another, a slave’s ability to make decisions about treatment was necessarily limited. If an illness could be concealed from the master or overseer, a slave could make choices about how best to handle the situation. This might include an attempt to effect a cure by preparing an herbal medicine or by seeking the help of a trusted healer - a root doctor, a conjurer or an older member of the slave community. Slaves preferred, in addition to the relatively gentle remedies of root doctors, the more spiritual dimension of African-American medicine. This spiritual component seems to have had ties to the African past. Historian Sharla Fett has identified four themes that link the medical practices of Southern slaves to those of West and Central African cultures. As summarized by Fett, they all speak to the importance of the “relationship of healing to spiritual power.” The first one underscores the belief that “medicines themselves possess spiritual force.” Next, the act of preparing and administering the medicines brought the healer closer to spiritual power. Third, the ritual of healing helped “maintain proper relationships between living persons and the world of ancestors and spirits.” Last, the spiritual power could be used for both healing and harming.³⁸ The process of going to the woods and gathering herbs, plants and roots potentially held special significance to slaves as well. Fett contends that the woods, or forest, symbolized a refuge from the slaveholder as well as a place of spirituality.³⁹ There is certainly a pragmatic explanation for the frequency with which slaves, particularly women, visited the woods; that was where their supplies were located. However, the ex-slave narratives hold so many references to the act of physically going to the woods that it clearly held special significance. These excursions were related to WPA interviewers not just by the women who made them, but also by other slaves, thus suggesting that traditional African healing practices were integral to the slave community. Because owners did not allot time to slave women for this activity, there may have been a risk involved if the slaveowner disapproved of slave healing practices.

In addition to slave healers who enjoyed the status of healer within the slave community, there were many more who simply practiced herbal medicine for themselves and their immediate families. According to Genovese, African Americans had the best reputation for their herbal

³⁶ For more on slaves’ experience with Christianity and religion in general, see Albert J. Raboteau, *Slave Religion: The ‘Invisible Institution’ in the Antebellum South* (New York: Oxford University Press, 1978).

³⁷ Fett, “Body and Soul,” 90-91.

³⁸ Fett, “Body and Soul,” 84-86

³⁹ Fett, “Body and Soul,” 130.

cures, even though whites and Native Americans also practiced herbal medicine. Fanny Kemble, the former British actress who married a plantation owner in Georgia, kept a journal in which she recorded her observations of plantation life. After visiting the Plantations' hospital one day she remarked on the treatment that a female slave had used. "I was sorry not to ascertain what leaves she had applied to her ear. These simple remedies resorted to by savages, and people as ignorant, are generally approved by experience, and sometimes condescendingly adopted by science."⁴⁰ Kemble's remarks speak to the ambivalence that many white southerners felt towards slaves and their medical knowledge; the apparent contradiction that a "savage" could also be the bearer of valuable information. Many slave cures were learned and repeated by whites for the simple reason that they worked better than the alternative solutions.⁴¹

For Africans with knowledge of medicinal plants in their home countries, much of their knowledge was surprisingly transferable to this country.⁴² The climates of West Africa and, for example, the Carolinas, are very similar, allowing some flora to be literally and successfully transplanted. African oral tradition was responsible for the survival of most knowledge. Scholar Peter Wood agreed with this assessment of knowledge transfer when he concluded that "African cultures placed a high priority on their extensive pharmacopoeia, and since details were known through oral tradition, they were readily transported to the New World."⁴³ Included in this transfer were knowledge of medicinal plants, as well as plants that could induce abortion and that could be used as poison.⁴⁴ In cases in which the flora was significantly different in North America, many of the basic techniques of preparation and administration were still applicable.⁴⁵

⁴⁰ Frances Anne Kemble, *Journal of a Residence on a Georgian Plantation in 1838-1839*. In *Principles and Privilege: Two Women's Lives on a Georgia Plantation* (Ann Arbor: University of Michigan Press, 1995), 63. For a variety of "folk" remedies, see James H. Letcher, "The Treatment of Some Diseases by the 'Old Time' Negro," *The Railway Surgical Journal* 17 (December 1910): 171-175.

⁴¹ Genovese, *Roll, Jordan, Roll*, 227.

⁴² Eighteenth-century travelers' accounts of Europeans in Africa often "commented on the efficacy of African medicines, such as those for the treatment of snakebites,..." and other healing techniques they believed to be highly effective. Michael Adas, *Machines as the Measure of man: Science, Technology, and Ideologies of Western Dominance* (Ithaca and London: Cornell University Press, 1989), 115.

⁴³ Peter Wood, *Black Majority: Negroes in Colonial South Carolina from 1670 through the Stono Rebellion* (New York: W. W. Norton & Co., 1974), 120

⁴⁴ Wood, *Black Majority*, 120. For basic information about herbalism in Africa, see Gwendolyn Midlo Hall *Social Control in Slave Plantation Societies: A Comparison of St. Domingue and Cuba*. (Baltimore and London: Johns Hopkins University Press, 1971). Also see Michael Mullin *Africa in America: Slave Acculturation and Resistance in the American South*. (Urbana: University of Illinois Press, 1992).

⁴⁵ George W. McDaniel, *Hearth and Home: Preserving a People's Culture* (Philadelphia: Temple University Press, 1982)120.

Although both medical cultures used botanical remedies, there were several significant differences. African Americans tended to use different and fewer plants in preparing medicines. Fett speculates that this may have been due to the “limited time and materials available to slaves for making medicines.”⁴⁶ They simply did not have the opportunity to concoct more elaborate remedies. Scholar Faith Mitchell suggests that it may also have been because slaves possessed a “more exact knowledge of the nature and function of each plant.”⁴⁷ They did not tend to amass, as did European Americans in preparing home remedies, a large number of herbs for each medicine.

Historian Laurel Thatcher Ulrich, in her fascinating interpretation of an eighteenth-century New England midwife’s journal, describes the “simples,” or medicines with few ingredients, which characterized those typically administered by midwife Martha Ballard. These “simples” also typified treatments traditionally employed in English domestic practice. Slaves also referred to their home remedies as “simples.” This may have been an instance in which African Americans were influenced by white domestic practices. As the formerly enslaved Silvia King remembered, “Dar warn’t many doctors in dem times, but dar wuz a closet full ob ‘simples’ (home remedies) an’ mos’ all de ole wimmin’, w’ite an’ black could go ter de woods an’ git medicine.”⁴⁸ The fact that she refers to both black and white women as preparing “simples” suggests that a certain level of interaction was indeed taking place. Although the simplicity of Ballard’s remedies seemed to link her more to certain Native American or African cures, Ulrich observes that Ballard herself did not seem interested in borrowings from Native American or African medicine. However, “the eclecticism of English medicine” which composed her background “encouraged the incorporation of Indian or African cures.”⁴⁹ White southerners with the same English ancestry may have been similarly disposed to accept African cures.

Mitchell has suggested, too, that Native American influence on African Americans contributed to their similar use of plants, as Native Americans also tended to employ simple roots and herb formulas. Common herbs which made up African American cures include boneset which was valued as a tonic to treat colds and fevers.⁵⁰ Life everlasting was typically made into a tea and

⁴⁶ Fett, “Body and Soul,” 123.

⁴⁷ Faith Mitchell, *Hoodoo Medicine: Sea Islands Herbal Remedies* (Berkeley, California: Reed, Cannon and Johnson, 1978), 27.

⁴⁸ Silvia King interview, Rawick, Suppl. 2, vol. 6.5, Texas, 2231.

⁴⁹ Laurel Thatcher Ulrich, *A Midwife’s Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Vintage Books, 1990), 49-54.

⁵⁰ Mitchell, *Hoodoo Medicine*, 38.

consumed to treat cramps, as a decongestant, for fever, toothache or for general well being.⁵¹ Pokeroot was used to relieve pain, for sores or as a laxative.⁵²

The level of knowledge required to prepare these medicines has often been overlooked. First, it was necessary to know where to find the plants and then to be able to identify the desired plant's characteristics. Second, it was important to know when to collect the plant and which parts were useful, as well as which plants were capable of curing specific diseases. Third, it was beneficial to be familiar with drying techniques that helped prevent molding and enabled the plants to remain potent. Finally, knowledge of how to prepare the plant for consumption in the form of tea, poultice, salve or other was useful.⁵³ Knowing the steps involved in preparing botanical medicines helps us to appreciate the complexity of the specialized knowledge that was shared within the slave community and remembered through oral tradition.

Remedies introduced or popularized by enslaved African Americans quickly became absorbed into the white materia medica. Their origins were forgotten, ignored, or assumed to have been derived from the slaveowning population. This process can be demonstrated by comparing a twentieth-century guidebook to medicinal plants with several that were produced in the nineteenth-century.

Eupatorium perfoliatum, better known by its common name "boneset" is listed both in F. P. Porcher's 1863 edition of *Resources of the Southern Fields and Forests*, and in the modern (1990) edition of *A Field Guide to Medicinal Plants: Eastern and Central North America*. According to Porcher, "This plant is extensively employed among the negroes on the plantations in South Carolina as a tonic and diaphoretic on colds and fevers, and in the typhoid pneumonia so prevalent among them."⁵⁴ By the time the *Field Guide* was published in 1990, boneset was

⁵¹ Mitchell, *Hoodoo Medicine*, 59.

⁵² Mitchell, *Hoodoo Medicine*, 76. Other commonly used roots and herbs included "'lion's tongue' (wintergreen tea), red oak bark, ... garlic, Jerusalem oak, tansy leaves, catnip, sage, snake root, peach tree leaves, elephant tongue, chinaberry tea, comfrey, raspberry leaves, pine needles, dogwood, sea myrtle, orange milkweed, wild cherry bark, polk root, mustard weed, Peter's root, may apple, and sweet william roots." Victor H. Bassett, "Popular Remedies Used by Southern People," *Journal of the Medical Association of Georgia* 29 (1940), 22; cited in Kenneth F. Kiple and Virginia Himmelsteib King, *Another Dimension to the Black Diaspora: Diet, Disease, and Racism* (New York: Cambridge University Press, 1981), 170.

⁵³ Karen Shelley and Raymond Evans, "Women folk healers of Appalachia," in Wilson Somerville, ed. *Appalachia/America: Proceedings of the 1980 Appalachian Studies Conference*, 209-217; quoted in Sharon A. Sharp, "Folk Medicine Practices: Women as Keepers and Carriers of Knowledge," *Women's Studies International Forum* 9 (1986): 246.

⁵⁴ F. P. Porcher, *Resources of the Southern Fields and Forests, Medical, Economical and Agricultural* (Charleston, S.C.: Evans and Cogswell, 1863), 2, 411; quoted in William Ed Grime, *Botany of the Black Americans* (St. Clair Shores, Michigan: Scholarly Press, Inc., 1976) 120. Grime's is a compilation of excerpts from several nineteenth-century botanical guidebooks.

merely described as a “common home remedy of 19th-century America, extensively employed by American Indians and early settlers.”⁵⁵ Any reference to African American use of this medicinal plant had been deleted.

Another example is *Plantago major*, also known as plantain. According to C.F. Millspaugh, author of the 1887 book, *American Medicinal Plants*, “Plantain has also been highly praised as an antidote, to the effects of bites of venomous reptiles and insects, it is stated... to be one of the principal ingredients in the remedy of the Negro Caesar, for the discovery of which he received a large reward from the Assembly in South Carolina.”⁵⁶ The *Field Guide* has this to say about it: “Prominent folk cancer remedy in Latin America. Used widely in folk medicine throughout the world. Confirmed antimicrobial; stimulates healing process.”⁵⁷ The omission of African-American use of this plant is all the more surprising because of the fame of Caesar’s cure which was extensively publicized in contemporary newspapers. These examples show that slave contributions to the white materia medica were acknowledged at the time. Interestingly, Native American knowledge and use of certain plants for medicinal purposes is still widely recognized today. Although the existence of these guides does not speak to the frequency that these remedies were used by whites, they demonstrate that whites gave credit to African Americans for possessing knowledge about medicinal plants and seemed to recommend the use of these cures to their readers. One of the most important influences of African-American botanical treatments may have been to reinforce traditional southern home remedies from an English domestic tradition, in addition to adding others.

Slave medical practices were similar to other unorthodox nineteenth-century practices in that they provided an alternative to the increasingly unpopular heroic treatments favored by orthodox, or regular physicians. According to historian Steven Stowe, southerners tended to rely on “the traditional blend of self-help with various kinds of local healers, including ... a large number of slave care-givers.”⁵⁸ Slave practices served to reinforce popular botanical systems such as Thomsonianism. They were different in that their influence was not recognized. Slave practitioners were not able to organize themselves into societies, publish guidebooks or journals, establish schools or advertise. Their influence had to be spread by word of mouth or with the explicit approval and cooperation of doctors or other influential white Southerners.

⁵⁵ Steven Foster and James A. Duke, *The Peterson Field Guide Series: A Field Guide to Medicinal Plants: Eastern and Central North America* (Boston: Houghton Mifflin Company, 1990), 200.

⁵⁶ C.F. Millspaugh, *American Medicinal Plants* (New York City: Boericke and Tafel, 1887), 107; quoted in Grime, *Botany*, 164.

⁵⁷ Foster and Duke, *Field Guide to Medicinal Plants*, 72.

⁵⁸ Stowe, “Seeing Themselves at Work,” 44n5.

As a whole, doctors were unwilling to acknowledge beneficial treatments other than their own. Medical historian John Harley Warner argues that regular physicians were unlikely to admit that the emphasis that some of them were beginning to place on the healing power of nature was influenced by homeopaths. Acknowledging this influence, they feared, could make them appear to be endorsing homeopathy.⁵⁹ The same argument can easily be made about slave healers, compounded by the large role that white perceptions of African Americans' inferiority played in taking away the credibility of slaves. Individual slaves practicing their own brand of medicine could hardly be considered threatening to the medical profession. However, if enough slaveowners were convinced of their slaves' abilities and decided to let them practice self-care on a regular basis, individual doctors' practices could conceivably suffer.

Nonetheless, physicians sometimes treated African-American and folk remedies with a modicum of respect. When Dr. R. S. Bailey, in 1856, addressed the South Carolina Medical Association on the subject he described folk remedies as "harmless" and said that he allowed them when patients had confidence that they worked.⁶⁰ Later in his address he mentioned particular remedies as being of African-American origin.⁶¹ Although hardly a ringing endorsement, Bailey's remarks suggest that he accepted that slave medical knowledge had its place. Other antebellum physicians were more enthusiastic in their belief in the efficacy of slave-introduced cures. In 1850, South Carolina physician Dr. Edward Mitchell wrote an article for the *Charleston Medical Journal and Review* about the medicinal properties of the Black Root Mitchell which he praises for its beneficial role in "all cases of uterine derangements." He also mentioned the presence of other "valuable medicinal plants, known as yet only to some of our negro population." This knowledge was "elicited from them by the curious and enterprising in the pursuit of truth."⁶² This somewhat eclectic approach to gathering healing knowledge was typical. Weymouth T. Jordan describes the informal education of Martin Marshall, a slaveowner/physician of Alabama. "Many of his cures were his own; others came to him from neighbors and friends; some were picked up from Indian lore; some were brought to Alabama from Africa by Negro Slaves. He practiced empiricism at its best, or worse."⁶³

⁵⁹ John Harley Warner, "Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine," in *Medical Fringe & Medical Orthodoxy 1750-1850*, eds. W.F. Bynum and Roy Porter (London: Croom Helm, 1987), 251.

⁶⁰ R. S. Bailey, "Essay on Medical Faith," *Transactions of the South Carolina Medical Association* (Charleston, 1856), 20; quoted in Stowe, "Seeing Themselves at Work," 71.

⁶¹ Stowe, "Seeing Themselves at Work," 71 n45.

⁶² Edward Mitchell, "On the Medicinal Properties of the Black Root," *Charleston Medical Journal and Review* 5 (1850), 458.

⁶³ Weymouth T. Jordan, *Ante-bellum Alabama*, 77; quoted in Genovese, *Roll, Jordan, Roll*, 225.

Another example of a physician advocating the use of a remedy practiced by African Americans involved a substitute for quinine. Joseph Barnard of Henrico County brought to the attention of Virginian Dr. Cauthorn a particular plant and told him that its bark was an effective substitute for quinine. While investigating this claim, Dr. Cauthorn showed the plant to a slave who informed Dr. Cauthorn that the plant was called “Dr. Ragland’s Root of Man.” It had apparently been used in Henrico, Hanover and Goochland Counties for the past twenty years. Dr. Cauthorn continued to inquire about this plant and discovered that it was commonly used by African-Americans and “lower classes of whites” in the area. Cauthorn’s experience indicates that interaction between African-Americans and poor whites may also have been typical. Dr. Cauthorn was so enamored of his newfound knowledge that he wrote about it in Virginia’s *Monthly Stethoscope and Medical Reporter* in 1857. In this article he heartily endorsed the plant for its effectiveness as a substitute for cinchona. Although Dr. Cauthorn did not initially hear about this root from an African-American, he cited examples of its use by African-Americans in his argument to persuade other physicians to try “Dr. Ragland’s Root of Man.”⁶⁴ Dr. P. Tidyman, in an 1826 journal article, endorsed a common slave remedy for venereal disease but did not advocate its application by slaves.

There are negroes on many of the plantations, who possess a knowledge of the virtues of medicinal plants with which our woods abound, and which when applied judiciously, act with much efficacy in this particular disease, and may be considered as perfectly well adapted for the cure of gonorrhoea; the compound decoction of sasparilla, so generally prescribed in hospital practice, answers every purpose.⁶⁵

Buried in antebellum medical journals and plantation records are countless examples of physicians and slaveowners offering testimony to the valuable knowledge possessed by African Americans. Over time, whites managed to separate the African American from his knowledge and appropriated it for their own use.

Slave Recognition by the Legislature

Slave medical knowledge was also acknowledged and dispersed by the legislature. Evidence for this can be found in court records concerning various slaves who revealed their cures or remedies for particular ailments in exchange for their freedom. Jane Minor of Petersburg, for example, was

⁶⁴ Richard S. Cauthorn, “A New Anti-Periodic and a Substitute for Quinia,” *The Monthly Stethoscope and Medical Reporter* 2 (1857): 7-14.

⁶⁵ P. Tidyman, “Sketch of the most remarkable diseases of the Negroes of the Southern States with an account of the method of treating them, accompanied by physiological observations,” *Philadelphia Journal of Medical and Physical Sciences* 12 (1826):333.

emancipated in 1825 for her healing ability and thereafter was in demand all over town. With the money she earned as a healer she helped to free sixteen slaves.⁶⁶

The history of this sort of legislative acknowledgment stretches back into the eighteenth-century. In South Carolina in 1749, a slave named Caesar received his freedom and 100 pounds per year for life from the South Carolina House of Assembly for revealing his cure for poisons and rattlesnake bites.⁶⁷ In 1729, a slave named Papan referred to in the *Virginia Council Journal* as a doctor, was freed for revealing his cures for yaws and “other venereal distempers.” The assembly ordered that Papan remain “under the direction of the Government until he make a discovery of some other secrets he has for expelling poison, and the cure of other diseases.”⁶⁸ The governor at the time sent a letter to England in which he stated that he hoped evidence of Papan’s cure would “be an encouragement for one of Dr. Ratcliffe’s travelling phisicians [sic] to take a tour into this part of the world, where there are many valuable discoveries to be made, not to be mett with in France or Italy.”⁶⁹

After becoming a part of public record, these cures could be accessed by physicians and anyone else who kept abreast of such legislative activity. Presumably, white doctors could then apply cures such as Caesar’s in their own practices. Theoretically they could employ one of the cures, for which a slave had been freed, to treat another slave. John Harley Warner suggests that doctors were willing to accept sectarian practices as long as they, the regulars, were the ones using them. This argument can also be made for African-American remedies which often came to be accepted on their own merits although their origins were forgotten.⁷⁰

Slave medical practices influenced both individual laypersons and the medical profession. As more slaveowners became convinced of the efficacy of slave treatments, the more likely it became that they would take advantage of their services, especially since there was no additional cost for their own slaves’ labor. Slaveowners, in fact, often profited from the medical knowledge

⁶⁶ Suzanne Lebsock *The Free Women of Petersburg: Status and Culture in a Southern Town, 1784-1860* (New York: Oxford University Press, 1977), 171; quoted in Wyndham B. Blanton *Medicine in Virginia in the Nineteenth Century* (Richmond: Garrett & Massie, 1933), 186

⁶⁷ Buford S. Chappell, M. D., “‘Doctor Caesar’ and His Cure for Poisons and Rattle-Snake Bites,” *Journal of the South Carolina Medical Association* 71 (1975): 183-187.

⁶⁸ “Virginia Council Journals, 1726-1753” *Virginia Magazine of History and Biography* 34 (April 1926): 103-104.

⁶⁹ “Documents Relating to the Boundaries of the Northern Neck.” *Virginia Historical Magazine* 28 (October 1920): 306.

⁷⁰ Warner, *The Therapeutic Perspective*, 179.

of their slaves by hiring them out to others.⁷¹ The medical knowledge of slaves was both acknowledged, albeit on a limited scale, and utilized by whites during the antebellum period. Increasingly, African American contributions to the materia medica were accepted on their own merits and the slaves' hand in providing their knowledge was erased.

⁷¹ Savitt, *Medicine and Slavery*, 183.