

Chapter Two: The Influence of Slave Healers

Slave healers were an integral part of the antebellum plantations. They were in demand for the same reasons as were other nineteenth-century healers: the frequent appearance of sickness and disease. The relatively poor health conditions that existed in the nineteenth-century south exacerbated this need for health care. Diseases such as malaria, typhoid, pneumonia, hookworm and dysentery affected both African Americans and whites. In 1850 the top two leading causes of death of both slaves and whites in Virginia were respiratory infection and tuberculosis.¹ In fact, the South has historically been considered the most unhealthy area in the country due to its climate.² Crowded living conditions, a relatively poor diet and physical abuse by owners meant that slaves were particularly at risk. As might be expected, slaves turned to slave healers for physical as well as emotional comfort.

Whites relied on slave healers too, however, for their often effective remedies and for the knowledge that, through them, was transferred to the white community. The extent to which slave healers influenced the white community, medical and otherwise, is difficult to ascertain. Clearly, there were ample opportunities for the interaction necessary for such knowledge transfer to take place. Slaves and whites alike were in contact with slave healers throughout their lives. Although whites often trusted African Americans to treat them in times of sickness, the unequal nature of the relationship of the enslaved healers to their owners and other free patients was complex and fostered tension as well.

The relationship between slave healers and whites, particularly physicians, was marked by ambivalence. Although relied on by whites, slave healers were also not trusted in the same way as were white doctors. If a patient of a regular physician died, the doctor was usually given credit for doing his best to save the patient and was almost never accused of any wrongdoing. A slave healer, however, was often suspected of murdering his or her patients through the use of poison. Therefore, the legislative branches of several state governments attempted to regulate the practice of medicine by slaves and free blacks through a series of laws. These laws illustrate the ambivalence felt by whites by acknowledging and weighing both the perceived benefits and risk associated with slave healers.

In Virginia, in October of 1748, a law was passed which forbade blacks from preparing, exhibiting and administering medicine.

¹ Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978), 143.

² A. Cash Koeniger, "Climate and Southern Distinctiveness," *Journal of Southern History* 54 (February 1988): 35.

Whereas many negroes, under the pretence of practising physic, have prepared and exhibited poisonous medicines, by which many persons have been murdered, and others have languished under long and tedious indispositions, and it will be difficult to detect such pernicious and dangerous practices, if they should be permitted to exhibit any sort of medicine. Be it therefore enacted, by the authority aforesaid, That if any negroe, or other slave, shall prepare, exhibit, or administer any medicine whatsoever, he, or she do offending, shall be adjudged guilty of felony, and suffer death without the benefit of clergy.³

Various modifications to this law indicate the extent to which African Americans were firmly established in the southern medical care system. They also show that whites desired the further involvement of blacks, as long as it was closely monitored. In 1792 the law was amended to allow slaves who administered medicine, as long as they did so with good intentions, to be acquitted if the drugs they prescribed were not harmful to the patient. In 1843 another exception was made that allowed a slave to sell, prepare or administer medicine “under the direction of his master.” The punishment was reduced to stripes rather than death.

The law also addressed slave knowledge specifically. It stated that “If any free Negro shall cause to be administered any drug or substance causing abortion, he shall be confined five to ten years; if a slave, he shall receive thirty-nine lashes, and for a second offense suffer death without benefit of clergy.”⁴ It is interesting that the punishment for a first offense committed by a free black was harsher than for a first offense committed by a slave. It is likely that this was to ensure a greater degree of control over free blacks. In not locking up slaves for their first offense, the court avoided taking away the slaveowner’s valuable property and, no doubt, expected that the owner would prevent the slave from either practicing medicine or from being caught a second time. The law was reinforced again in 1848: “Slaves or free Negroes ... selling or preparing medicines, ... shall be punished by stripes, not exceeding thirty-nine.”⁵ In 1856 a law forbade “any druggist to sell to any free Negro, or to any slave any poisonous drug without the written permission of the owner or master.”⁶ Between 1748 and 1884, a total of 153 slaves were tried for using medicine illegally. By not sentencing a slave to death, the court accomplished several aims. It punished the slave, yet allowed the slaveowner to continue to utilize the slave’s services. It also

³ Hening, *The Statutes at Large* 6, 105. For a discussion of the historical experiences of Europeans and Africans with poisoning, see Philip J. Schwarz. *Twice Condemned: Slaves and the Criminal Laws of Virginia, 1705-1865* (Baton Rouge: Louisiana State University Press, 1988), 97.

⁴ Jane Purcell Guild, *Black Laws of Virginia: A Summary of the Legislative Acts of Virginia Concerning Negroes from Earliest Times to the Present* (Whittet & Shepperson, 1936); reprinted, (New York: Negro Universities Press, 1969).

⁵ Guild, *Black Laws of Virginia*, 168.

⁶ Guild, *Black Laws of Virginia*, 169.

theoretically deterred the slave from practicing medicine independent of the master's explicit instructions.

If slaves had not typically prepared and administered medicine, the fear of poisoning would not have been an issue and legislation would not have been considered necessary. Although some slaves were also accused of poisoning under the guise of preparing or serving food, that is a separate matter. These laws confirmed the role of African Americans as healers in antebellum society. Such recognition can be seen more plainly in later years as the law was modified to allow some African Americans to continue to practice medicine under special circumstances. Slaveholders found the knowledge and abilities of slave healers to be too valuable to eliminate them entirely from the plantation community.⁷ Sharla Fett cogently argues that lawmakers “attempted the impossible -- that is, to regulate and control the myriad daily interactions between black healers and those who sought their assistance.”⁸ I would argue that not only was it impossible, but that the majority of slaveholders did not want a ban on slave healers because they valued the medical knowledge and skills, not to mention labor, of slaves too much. Medical knowledge in the hands of African Americans continued to be accepted, as long as it was controlled.

Although tempting, it is more voyeuristic than relevant or perhaps even possible, to attempt to evaluate the guilt of those accused of poisoning under the guise of healing. There were probably cases where slaves were guilty of the charge of poisoning and others where they were innocent. The issue of guilt is highly problematic because slaves did not receive what we would consider fair trials. Proving a case of poisoning was difficult. In the early nineteenth-century there were five approved methods to test for the existence of poison. They were based on the victim's symptoms, post-mortem appearance, from a chemical analysis of the substance, from a test of the substance on animals or on moral evidence. This moral evidence consisted of such “proof” as the accused exhibiting suspicious behavior. The purchase by the accused of poison for no apparent reason, for example, was sufficient cause for suspicion.⁹

Accounts of many of the poisoning trials that did occur are preserved in the historical record. In January 1806, in Pittsylvania County, two slaves named Tom and Amy were charged with and tried for preparing and exhibiting medicine. It was believed that they had used poison to kill the two young children of Amy's owner. A slave named Pompey, while feigning sleep, witnessed a conversation between Tom and Amy during which, Pompey testified, Amy said she had killed two children with the “truck” given her by Tom. In spite of the testimony of a local doctor, James

⁷ Fett, “Body and Soul,” 320.

⁸ Fett, *Body and Soul*, 320. Eugene Genovese came to a similar conclusion when he said that the laws did not keep African Americans from treating black or white patients. Genovese, *Roll, Jordan, Roll*, 225.

⁹ “Christison on Poisons,” *Western Journal of the Medical and Physical Sciences* 4 (1831), 265-272.

Pattow, that the children had died “with the croup and not of poison,” both were originally found guilty and sentenced to be hanged. Due to the doctor’s testimony, the court remanded Amy “to the mercy of the executive.” After the alleged conversation, Pompey confronted Tom and expressed interest in learning “Tom’s art of conjuring or poisoning.” In exchange for a “bottle of spirits,” Tom brought a substance to Pompey who “gave notice to a whiteman, who took Tom and his medicine into custody.” Dr. Pattow examined the substance procured by Pompey from Tom and expressed his opinion that “as he could ascertain he did not think was in any wise poisonous.”¹⁰ Tom may have already had a reputation as a conjurer, which may explain why, in spite of the absence of proof that actual poison was involved, the court did not recommend that he receive mercy.¹¹ What is most meaningful about cases such as this one are the perceptions of whites that African Americans with the ability to heal also possessed the potential and possibly the will to harm as well.

Specialized Knowledge of Slave Healers

Slave healers can be distinguished from other slaves who knew the basics about how to go to the woods, collect materials and prepare herbal medicines. The slave healers possessed specialized knowledge that the average slave did not. This knowledge could be obtained in several ways. Some people were believed to have been born with it, others learned it through experience or from older slaves. Former slave Vinnie Brunson remembered, “we had de remedies dat wuz handed down to us from de folks way back befo’ we wuz born.”¹² However obtained, this specific knowledge was vital to effect a cure. One WPA interviewer summarized a conversation in which a former slave known as “Ma” Stevens explained that in order to turn back a conjure, or trick, on the person who designed it, it was necessary to make a “Hell Fire Gun.” Supplies needed to make this gun were “old newspapers, some fire, a tub of old rags, gun powder, sulphur, and an old turpentine bottle.” She went on to say that “of course most people would be ignorant of how to concoct such a gun and would have to consult a root doctor who had knowledge of such things.”¹³ Neither a regular physician nor an average slave would have possessed this type of knowledge.

¹⁰ Trials of Tom and Amy, January 20, 1806, Pittsylvania County, Virginia Executive Papers, Letters Received, Library of Virginia.

¹¹ Schwarz, *Twice Condemned*, 204.

¹² Vinnie Brunson interview, Rawick, suppl. 2, vol. 3.2, Texas, 513.

¹³ “Ma” Stevens interview, Rawick, suppl. 1, vol. 4.2, Georgia, 588.

Types of Healers

Plantations were home to several different kinds of slave healers and the boundary between these healers was not very sharp. Virtually all of them functioned as herb doctors at some level since they tended to employ herbs in their work. The most recognizable slave healers on antebellum plantations were the black nurses, appointed by the slaveholder to staff plantation hospitals, the root or herb doctors, and the conjurers.¹⁴ Midwives were also typically found on every large plantation and in addition to handling obstetrical cases, they were often skilled in other areas. The type of slave healer that was needed for a given patient depended on the kind of illness suffered. A naturally occurring illness was likely to be handled by any of the slave healers, by a slave with a more general knowledge of herbs and roots, or even a white doctor, if the slave had no other choice. An illness that did not respond to natural medicines must have been caused by a person employing hoodoo, or conjure. Such illnesses could only be cured by a conjurer. The conjurer had at his disposal not only supernatural means of healing but also a knowledge of root cures.¹⁵

The Conjurer

The term “conjurer” is not easily defined. The words “conjure” and “conjurer” invoke different images to different people. To most nineteenth-century white southerners and some blacks, these images were predominantly negative. “Conjuring” was considered either pure superstition, believed in only by the ignorant; or, as a form of evil, related to sorcery, witchcraft or the occult. To slaves and white believers, however, conjure was more complicated. Implicit in an African-American definition are all of the elements of conjuration, the magical and supernatural, conflated with the medicinal and natural.¹⁶ Healing aspects cannot be separated from the harming aspects.¹⁷ In addition to being an alternative method of medical care, conjure also acted as a form of internal social control, or as a way to settle disputes among slaves.¹⁸ A slave who felt that he or

¹⁴ Although the terms root doctor and conjurer were and are sometimes used synonymously, in this study root doctor is used to refer to a strict herbalist. The work of conjurers was also referred to as hoodoo. It was also sometimes called voodoo, although voodoo usually refers to an organized cult in New Orleans, associated with slaves or free blacks from the French West Indies. Albert J. Raboteau, *Slave Religion: The “Invisible Institution” in the Antebellum South* (New York: Oxford University Press, 1978), 75-80.

¹⁵ Faith Mitchell, *Hoodoo Medicine: Sea Island Herbal Remedies* (Berkeley, California: Reed, Cannon and Johnson, 1978), 19-20.

¹⁶ Theophus H. Smith, *Conjuring Culture: Biblical Formations of Black America* (New York and Oxford: Oxford University Press, 1994), 5.

¹⁷ Smith, *Conjuring Culture*, 31.

¹⁸ Holly F. Matthews, “Rootwork: Description of an Ethnomedical System in the American South,” *Southern Medical Journal* 80 (1987): 886.

she had been wronged by another slave could enlist the aid of a conjurer to make the perpetrator suffer. By the same token, a slave might think twice about getting on another slave's bad side for fear of retaliation.

The conjurer was probably the most renowned and controversial slave healer. Present on most large plantations, a conjurer could be either a man or a woman.¹⁹ Conjurers were hired to work tricks against other slaves, to cure those who had been "tricked" by another conjurer, and sometimes to influence the behavior of whites as well, although many believed that whites could not be affected. Slaves frequently asked conjurers to prevent them from being punished, or to help them escape from slavery. Upon procuring the services of a conjurer, a client could anticipate a series of actions on the part of the conjurer. The client expected the conjurer to tell whether he or she had in fact been conjured or if the illness or affliction was due to natural causes. The victim anticipated that the conjurer would discover who had ordered the trick, to find it and destroy it. Then he must cure the client and as an optional feature, he could turn the trick back on the person who had sent it.²⁰ The conjure doctor could only be effective, though, if he was called in time.²¹ If too much time elapsed then the trick might have the upper hand; not all cases were curable.

An archaeological excavation at the Levi Jordan plantation in Brazoria County, Texas, in the late 1980s offered a rare opportunity to examine the materials used by conjurers in their work.²² During an excavation of a slave quarter, an odd assortment of objects was found under the floor,

¹⁹ According to J.D.B. DeBow in 1853, "[o]n almost every large plantation there is one or more negroes, who are ambitious of being considered in the character of conjurers, in order to gain influence, and to make others fear and obey them." David H. Brown, "Conjure/Doctors: An Exploration of a Black Discourse in America, Antebellum to 1940," *Folklore Forum* 23 (1990):6. Sharla Fett suggests that gender was not a factor in the amount of authority wielded by a conjurer but it may have impacted the types of services requested. A female conjurer, for example, might specialize in medicine to aid in childbirth or in other women's health issues. Sharla Fett, *Body and Soul: African-American Healing in Southern Antebellum Plantation Communities, 1800-1860* (Ph.D. diss., Rutgers University, 1995), 187.

²⁰ Leonora Herron and Alice M. Bacon, "Conjuring and Conjure-Doctors." *Southern Workman* 24 (1895): 117-18, 193-94, 209-11. Reproduced in Alan Dundes, *Mother Wit From the Laughing Barrel: Readings in the Interpretation of Afro-American Folklore* (Jackson and London: University Press of Mississippi, 1990), 359-368.

²¹ Raboteau, *Slave Religion*, 279.

²² The findings of archaeological excavations are being used more frequently to study the lives of slaves. They have also been useful in linking certain African-American practices to their West African past. The archaeology of African Americans is a fairly recent discipline; the first excavation of an African-American slave quarter was in 1968. Some of the most striking evidence found thus far alludes to the presence of conjurers. See Patricia Samford, "The Archaeology of African-American Slavery and Material Culture." *William and Mary Quarterly* 53 (January 1996), 87.

a typical hiding place for slaves' possessions. Archaeologists conjectured that the items were still there because the occupants evacuated the quarters quickly. Among the objects found were "seashells, breads, doll parts, chalk, bird skulls, bottles, and bases of cast iron cooking pots."²³ When considered singly, these individual items are not particularly significant. Taken in context, however, these objects are "virtually identical to those used by modern-day Yoruba diviners for healing and other rituals" and thus believed to represent a "West African-style conjurer's kit."²⁴ Archaeologists found other items, such as a thermometer and patent medicine bottles that suggest cultural adaptation based on non-African ideas attained through interaction with others.²⁵

In addition to the kit found at the plantation, a similar collection of artifacts was found in an "urban white home," also in Texas. Anthropologist Patricia Samford theorizes that this could suggest that slaves managed to perform conjuring rituals in towns where they frequently had less privacy than on plantations.²⁶ It could also indicate that the white occupants of the house condoned the conjuring activities or even that they practiced conjurational techniques as well, using the same materials that African-American conjurers commonly used. This example hints at widespread interaction and transfer of knowledge between whites. The power of conjure, for whatever reason, worked in many cases. Some people got sick and some got better and slaves often gave conjurers the credit (or blame).

Gender and Healing

Doctors often credited slave women with the knowledge to provide health care, particularly for women. This included the ability to prevent pregnancy and cause an abortion.²⁷ According to a nineteenth-century medical botany guide, "Cotton root was introduced to professional notice as a specific uterine tonic after having long been used among the negroes of the Southern states as an abortifacient."²⁸ A former slave in Texas supported this claim when she said that "then, our negro women they like to have depopulated this country on the negro race. They got to chewing

²³ Samford, "The Archaeology of African-American Slavery," 87.

²⁴ Samford, "The Archaeology of African-American Slavery," 87.

²⁵ Kenneth L. Brown, "Material Culture and Community Structure: The Slave and Tenant Community at Levi Jordan's Plantation, 1848 - 1892," in *Working Toward Freedom: Slave Society and Domestic Economy in the American South*, ed. Larry E. Hudson, Jr. (Rochester: University of Rochester Press, 1994), 114.

²⁶ Samford, "The Archaeology of African-American Slavery," 107.

²⁷ J. Morgan, "An Essay on the Production of Abortion Among Our Negro Population," *Nashville Journal of Medicine and Surgery* 19 (1860), White, *Ar'n't I a Woman*, 84.

²⁸ Laurence Johnston, *A Manual of the Medical Botany of North America* (New York: William Wood and Company, 1884), 108.

cotton roots to keep from giving birth to babies.”²⁹ Another recalled that she had known women who “got pregnant and didn’t want the baby and the[y] unfixed themselves by taking calomel and turpentine.”³⁰ Rena Clark, a formerly enslaved woman in Mississippi, told a WPA interviewer that she was an “herb doctor” and could “cure most everything that ails the women folks. When asked how about the men, she said, “I don’t fool wid doctoring no mens. I don’t know nuthin about dere ailments. It always looked lak dey could take care ob dey selves anyhow’. I jist doctors women troubles.”³¹

When Daph, a slave on Ferry Hill plantation of Virginia miscarried twins in 1838, the overseer reported that he believed it was deliberate.³² “Daph miscarried two children this morning.... It is thought she took medicine to produce their destruction.”³³ Whether African-American women shared this information with white women is an intriguing question for further research.

Some masters allowed or even assigned these women the task of tending to the sick and they often labored as midwives, nurses or herb doctors. The women employed at plantation hospitals were expected to care for the sick by closely following the master’s instructions. A former slave in Mississippi recalled that “for chills and fever Old Master would issue medicine. He would give it to the old women, and they would give it to the sick person according to the way Old Master said.”³⁴ Instructions concerning the work of slave nurses were often written by slaveowners to their overseers or to other slaveowners as a model of efficient plantation management. One described the proper role of the plantation nurse in the following manner:

On every plantation, the sick nurse, or doctor woman, is usually the most intelligent female on the place; and she has full authority under the physician, over the sick. The overseer sends her to all cases and she reports to him; if the cases are slight, he or she (oftener she) prescribes for them - if they are at all serious, the physician is sent for, and at any hour of the night.³⁵

²⁹ Anna Lee interview, Rawick, suppl. 2, vol. 6.5, Texas, 2284.

³⁰ Lu Lee interview, Rawick, suppl. 2, vol. 6.5, Texas, 2299.

³¹ Rena Clark interview, Rawick, suppl. 1, vol. 7.2, Mississippi, 410.

³² White, p.84, and *Ferry Hill Plantation Journal: January 4, 1838-January 15, 1839. The James Sprunt Series in History and Political Science* 43. Ed. Fletcher M. Green. (Chapel Hill: University of North Carolina Press, 1961).

³³ *Ferry Hill Plantation Journal*, 25-26.

³⁴ Ruben Fox interview, Rawick, suppl. 1 vol. 7.2, Mississippi, 778.

³⁵ R.W. Gibbes, “Southern Slave Life,” *DeBow’s Review* 24 (April 1858):321-324, quoted in James Breedon *Advice Among Masters*, 205.

The slaveholder generally trusted the ability and experience of these women in caring for ill slaves and did not send for a white doctor unless warranted by a particular type of injury. A broken bone was an example of this type of case. It is not known whether the slave healers did not have the knowledge to set a bone or simply lacked the proper materials.

Midwifery represented another area of ambivalence for physicians. Some doctors felt especially threatened by midwives and quite vocally expressed their displeasure at the continued reliance of southern women on midwives, both white and black. In so doing, however, doctors were at the same time acknowledging that the presence of practicing midwives was significant. In 1855, Dr. R.H. Whitfield of Alabama denounced the “‘almost universal’ employment of ‘negresses’ as midwives.” In New Orleans, a year earlier, a physician argued against African-American midwives while at the same time acknowledging that they were generally successful in their efforts.

The female practitioners are less educated, being chiefly negresses or mulattresses, or foreigners without anatomical, physiological and obstetrical education ... that such uneducated persons should be generally successful is owing to the fact that in a great majority of cases no scientific skill is required, and thus a lucky negress becomes the rival of the most learned obstetrician.³⁶

A Virginia doctor lamented the lack of respect and appreciation given to the professional physician who, he felt, was “underbid by the knave, ... out-stripped by the quack, ... ignored by the State.” He also questioned the practice in Richmond of

giving to the master of a slave a license permitting that slave to practice medicine upon any of the good people of the commonwealth who may desire his services, and thereby placing him, as far as the State is concerned, upon the same footing with the man who has spent time, wealth, and talents in trying to fit himself for the arduous and difficult tasks of his calling.³⁷

³⁶ *New Orleans Med. Surg. Journal* 12 (1855), 196-99 and *New Orleans Med. Surg. Journal* 11 (1854), 20-21; quoted in Walter Fisher, “Physicians and Slavery in the Antebellum Southern Medical Journal,” *Journal of the History of Medicine and Allied Sciences* (January 1968), 36-49.

³⁷ James B. McCaw, “On the Present Condition of the Medical Profession in Virginia,” *Virginia Medical and Surgical Journal* (October 1853): 42.

In warning against the “old women, root doctors, and quacks of all sorts,”³⁸ this doctor is at the same time alluding to the fact that these “unsavory” caregivers were patronized, and might be considered a potential threat to the medical profession.³⁹

Midwives were a very familiar part of childbirth during the antebellum period. In addition to the relationship of contention, slave midwives in the south often had a somewhat professional relationship with doctors. Midwives often made agreements with doctors in which they sent for doctors if faced with a difficult delivery. There was a trend throughout the antebellum years among women of the slaveholding class to prefer doctors. It was not uncommon to have present at birth both a doctor and a midwife. The race of the midwife did not seem to matter very much to southern women and sometimes they seemed to prefer slave women.⁴⁰

Elsy was a slave woman on Alexander Telfair’s Georgian plantation. She served, with Telfair’s approval, as a midwife to both slaves and whites in the neighborhood. The owner of Telfair Plantation instructed his overseer as to how the actions of his slave named Elsey, midwife for both black and white, should be monitored. According to Telfair, a physician should only be sent for in obstetrical cases when “she [Elsy] thinks she can do no more for the sick.”⁴¹ So not only was Elsey a trusted midwife both for other slaves and for whites in the neighborhood, but she possessed a measure of authority not typical of that allotted to most slaves. Nancy Boudry of Georgia was another slave who acted as a midwife to both blacks and whites with the approval of doctors, who even recommended her services. In exchange, she sent for them if she needed assistance with a difficult delivery.⁴² Former slave John Mosley recounts an oft-repeated theme of the ex-slave narratives.

When the slave became sick we most time had the best of care take of us. Maser let our old mammy doctor us and she used herbs from the woods. ... Yes if we got a leg or arm broken Maser would have the white doctor with us, but that was about all for our old negro mammy was one of the best doctors in the world with

³⁸ McCaw, “Medical Profession,” 45.

³⁹ For an interesting analysis of the medical profession see “Doctors, Quack-Doctors, and Doctor-Quacks. The Newspapers, of the United States, for 1837. *The Western Journal of the Medical and Physical Sciences* 10 (1836-1837): 613-622.

⁴⁰ Sally G. McMillen *Motherhood in the Old South* (Baton Rouge and London: Louisiana State University Press, 1990), 70.

⁴¹ U.B. Phillips *Plantation and Frontier Documents, 1649-1863* (2 vols. Cleveland, 1909) 1, 127-128.

⁴² Nancy Boudry interview, Rawick, vol. 12.1, 116.

her herb teas. When she gives you some tea made from herbs you could just bet it would sure do you good.⁴³

Provided they were the ones to make the decision, masters were willing to allow a slave healer to nurse the sick. The obvious way this benefited the slaveholder was financially; they did not have to pay their property. In spite of the expectation of masters that these trusted women would follow their instructions to the letter, enslaved nurses had opportunities to treat as they saw fit. Todd Savitt interprets the practice of these women as a “transitional stage” in which African Americans had an opportunity “to apply some of their own knowledge of herbs, etc., gained from elders, in addition to white remedies.”⁴⁴

Although aged enslaved women were not the only members of the slave community to possess healing knowledge, the fact that they were too old to perform strenuous manual labor in the fields or in the plantation house may have made the master more willing to allow them to practice medicine. One former slave in Louisiana remembers that “The old heads, women too old for field work or work in the big house, usually looked after the sick.”⁴⁵ “Ma” Stevens, another former slave, recalls working as a washer until she was too old to continue the same type of work. “When I wuz young an’ went out washin’ I didn’t hab much time tuh cure folks. Den when I git too old tuh work steady I stay home an’ mix up all kind ob charms and’ magic remedies.”⁴⁶ According to historian Deborah Gray White, these aged women healers served masters’ needs but also filled a “crucial role in the slave community.... Their accumulated knowledge delivered one into life, helped one survive it, and sometimes, as can be said of many physicians of the period, hastened one to an early grave. ... And, it was partly through them that a central aspect of black culture - the secret of the herbs - was transmitted.”⁴⁷ White emphasized the importance of midwives and other female healers to the slave community. They also performed valuable services for the white community in which they lived.

Status and Influence of Slave Healers

⁴³ John Mosley interview, Rawick, suppl. 2, vol. 7.6, Texas, 2805. Also see Lizzie Atkins interview, Rawick, suppl. 2, Vol. 2.1, Texas, 99; Eli Coleman interview, Rawick, suppl. 2, vol. 3.2, Texas, 849, William Byrd interview, 578, Charlie Cooper interview, 927; Parilee Daniels interview, suppl. 2, vol. 4.3, Texas, 1038; Elgie Davison interview, suppl. 2, vol. 4.3, Texas, 1116.

⁴⁴ Savitt, *Medicine and Slavery*, 179-180.

⁴⁵ Rawick, vol. 19, *God Struck Me Dead*, Louisiana, 157.

⁴⁶ “Ma” Stevens interview, Rawick, suppl. 1, vol. 4.2, Georgia, 584.

⁴⁷ White, Deborah Gray, *Ar’n’t I a Woman: Female Slaves in the Plantation South* (New York: W.W. Norton & Co., 1985), 116.

The position of conjurer was one of particular significance to the slave community. It was also one to which a great deal of status was attached.⁴⁸ The amount of this status and the authority it generated was proportional to the amount of belief in the power of the conjurer held by members of the community.⁴⁹ According to John Blassingame, only the slave preacher enjoyed as much status among other slaves as did the conjurer. Slaves revered conjurers and preachers because they performed services for other slaves.⁵⁰ This respect was seen in the practice of many slaves who bowed when they met a conjurer.⁵¹ Historian Charles Joyner writes that “conjurers made powerful impressions on other slaves. They were said to possess all manner of malign powers.... If they were considered the perpetrators of most misfortunes, they were also highly regarded as healers.”⁵² Although he acknowledges that “Not all slaves believed in conjure,” Joyner argues that if conjurers had not served a function on the plantations, they would not have been able to gain and sustain influence over other slaves. Joyner maintains that conjurers functioned as “interpreters of those unobservable spirits whose activities directed everyday life, and as awesome beings whose supernatural powers could be enlisted in the redress of grievances.”⁵³ Many white contemporaries and recent historians located the belief of conjuration firmly in the realm of superstition. Todd Savitt writes that conjure doctors “used trickery, violence, persuasion, and medical proficiency to gain their reputations among local black communities. They were viewed as healers of illnesses which white doctors couldn’t touch with their medicines, and as perpetrators of sicknesses on any persons they wished - all through ‘spells.’”⁵⁴ The theme of the white doctors’ helplessness in the face of conjuration is a common one. Folklorist David H. Brown suggests that in addition to their “cultural unpreparedness” to deal with the effects of a conjure, white doctors may have been ill equipped in another way. They may also have been unfamiliar with certain plant and animal poisons that conjurers typically used and whose symptoms in patients only conjurers recognized.⁵⁵

⁴⁸ Samford, “The Archaeology of African-American Slavery,” 107.

⁴⁹ Raboteau, *Slave Religion*, 276.

⁵⁰ John W. Blassingame, “Status and Social Structure in the Slave Community: Evidence from New Sources,” in *Perspectives and Irony in American Slavery*, ed. Harry P. Owens (Jackson: University of Mississippi, 1976), 142-143.

⁵¹ John W. Blassingame, “Status and Social Structure in the Slave Community,” in *The Afro-American Slaves: Community or Chaos?* Ed. Randall M. Miller. (Malabar, Florida: Robert E. Krieger Pub. Co., 1981), 114.

⁵² Charles Joyner, *Down by the Riverside: A South Carolina Slave Community* (Chicago: University of Illinois Press, 1984), 148.

⁵³ Joyner, *Down by the Riverside*, 149.

⁵⁴ Savitt, *Medicine and Slavery*, 174.

⁵⁵ David H. Brown, “Conjure/Doctors,” 26.

Even the contemporaries of nineteenth-century conjurers who lamented the “trickery” of conjurers recognized the extreme sway many of them held over the slave community. Former slave Henry Clay Bruce claimed that he had known of conjurers who were so successful in convincing other slaves of their powers that they “believed and feared them almost beyond their masters.”⁵⁶ Cynical of conjurers’ powers, Bruce explained that conjurers used natural ingredients such as “roots, seeds, barks, insects,” to dupe the unsuspecting slave with their “queer ways of mixing things to make it appear mysterious.”⁵⁷ Bruce recalled cases in which African Americans were ill and “imagined themselves tricked or poisoned by some one.” In spite of the efforts of white doctors, “the patients, believing themselves poisoned and therefore incurable, have died.” He rather belatedly suggested that the white doctor should have claimed to be a conjurer and “proceeded to doctor his patient’s mind.”⁵⁸

Whether or not this would have had the desired effect is unknown, but sometimes these beliefs of slaves influenced white physicians to respond directly to the beliefs of slaves and attempt to discredit the slave healers, particularly powerful conjure doctors. One case of this took place on a sugar plantation on the coast of Louisiana following an outbreak of cholera in which forty slaves had already died. The physician in charge took 300 slaves, some of whom were sick and some who were not, to a secluded spot where they set up camp. He then ordered that the conjurers, who, according to him, had told the other slaves that cholera would kill them all, be “called up, stripped, greased with fat bacon in presence of the whole camp.” According to the physician, this humiliating display was a success in that it “drove the cholera out of the heads of all who had been conjured into the belief that they were to die with the disease, because it broke the charm of the conjurers by converting them, ... into subjects for ridicule and laughter, instead of fear and veneration.”⁵⁹ This cruel and unusual event exemplifies the extraordinary measures to which slaveowners and physicians were willing to go in order to counter the influence of conjurers. The physician alleged that there were no further cases of cholera, but he did not comment on the extent to which conjurers were still venerated and/or feared upon their return to the plantation.

A less dramatic example, of a white physician who changed his method of treatment to suit his patients, took place on another plantation in Louisiana, whose inhabitants were stricken with typhoid dysentery. The physician’s usual treatments did not have the desired effect. The

⁵⁶ Bruce, Henry Clay, *The New Man. Twenty-Nine Years a Slave, Twenty-Nine Years a Free Man. Recollections of Henry Clay Bruce*. (New York: Negro Universities Press, 1989), 52.

⁵⁷ Bruce, *The New Man*, 55.

⁵⁸ Bruce, *The New Man*, 57.

⁵⁹ John S. Haller, Jr., “The Negro and the Southern Physician: A Study of Medical and Racial Attitudes 1800-1860.” *Medical History* 16 (1972): 242.

physician resolved to do something different since treating the slaves as he would treat whites did not seem to work. So he “removed them from the plantation grounds into the woods where he tried to impress upon them ‘an imitation of savage life.’”⁶⁰ He proceeded to treat them with “elixir vitriol, sulphate of soda, slippery-elm water and prickly-pear tea.”⁶¹ These two cases suggest that antebellum southern physicians were willing to alter their methods of treatment in order to keep the business of slaveholders.

Among slaves, herb or root doctors were respected and regarded with affection. One indication of their influence was the frequent complaint of owners and physicians that slaves followed the medical advice of black root doctors rather than white physicians. One South Carolina doctor “complained that his prescriptions were thrown out the window and March’s [conjure doctor] concoctions were taken in their stead.”⁶² Another slaveholder had a similar reproach. He said that slaves would either simply refuse to take their medicine or would instead “take some concoction in repute among the old African beldames in the ‘quarters,’ by which they are sickened if well, and made worse if ill.”⁶³ African Americans and whites who consulted with slave healers clearly had more confidence in the abilities of the slave healers to effect a cure. A lack of confidence in white, regular physicians may have contributed to this. Unlike the hired white doctors, slave healers ministered to more than the bodies of their sick patients. Herbalists were common on plantations. Gus Smith remembers his grandfather as an “old fashioned herb doctor.” “Everybody knew him in dat country and he doctored among de white people, one of de best doctors of his kind. He went over thirty miles around to people who sent for him. He was seldom at home. Lots of cases dat other doctors gave up, he went and raised them. He could cure anything.” In fact, Smith’s grandfather once cured him “when other doctors had given up on him.”⁶⁴ Irena Blocker recalled a slave woman whose remedies “brought ailing people of all races to the door of Aunt Penny, many to die after their arrival and many more through the ministrations of the good old doctor were cured of their ills and enabled [sic] to return to their homes to sing the praises of this colored medicine woman.”⁶⁵ Since slaves were not able to

⁶⁰ Haller, 242.

⁶¹ Haller, 242.

⁶² John W. Roberts, *From Trickster to Badman: The Black Folk Hero in Slavery and Freedom*. (Philadelphia: University of Pennsylvania Press), 99 and Lawrence W. Levine, *Black Culture and Black Consciousness: Afro-American Folk Thought From Slavery to Freedom* (Oxford: Oxford University Press, 1977), 64.

⁶³ Eugene Genovese, *Roll, Jordan Roll: The World the Slaves Made* (New York: Vintage Books, 1976), 226.

⁶⁴ Gus Smith interview, Rawick, vol. 11.8, Missouri, 335. Smith did not specify whether or not his grandfather’s travels to his patients’ bedsides took place while he was still a slave.

⁶⁵ Irena Blocker interview, Rawick, suppl. 1, vol. 12, 68.

advertise their services, information about their successes was spread in the white community by satisfied customers and others with first-hand knowledge of their effective remedies. Whites, as well as slaves, were likely to seek the services of slave healers.

Some slaveholders first sent for a physician and only if he failed did they seek the services of a slave healer. Jake Terriell of Texas recalled that “If the doctor, he couldn’t do anything, master would send and get old black mammy.”⁶⁶ One extreme example is seen in a two-year old slave boy in Mississippi who was very sick. Two white physicians decided they could do nothing further to cure him and predicted that he would die. The boy’s owner told the child’s grandmother that if she could cure him, she could have him. So “she took him and carefully nursed him back to health.” The master was true to his word and from then on, the child “was her own and lived with her in her cabin and ‘de quarters.”⁶⁷ This may indicate a sense of desperation of the part of the slaveowner. It may also indicate a slaveowner willing to attempt to provide a cure he did not himself understand.

Slaveholders sometimes afforded a special status to slaves. This status often took the form of protection from the harsh treatment that marked the experiences of many slaves. Former slave Mary Rahls remembered, “My mammy was a doctor w’at wait on de women folks ‘n’ Marse Jim ain’ ‘low nobody t’ whip ‘er.”⁶⁸ Conjurers were also afforded this same kind of status. “Dinkie,” of Poplar farm plantation, was an enslaved conjurer who apparently was given favored treatment. According to William Wells Brown, “No one interfered with him. Dinkie hunted, slept, was at the table at meal times, roamed through the woods, went to the city, and returned when he pleased. Everybody treated him with respect.”⁶⁹ Healers like Dinkie may have been given special treatment solely out of respect or because slaveholders feared the conjurer’s ability to use their supernatural powers against the owner and his family.

Slave healers can be seen as the embodiment of African American medical knowledge. For every slave healer with specialized healing abilities, there were many others with a core knowledge of remedies and cures. References to enslaved healers who treated white patients in addition to other slaves abound in the ex-slave narratives which contain many accounts of these inter-racial encounters. Slaveholder records corroborate these descriptions. Of her grandmother from North Carolina, one former slave had this to say. “She was a midwife. She doctored the rich white and

⁶⁶ Jake Terriell interview, Rawick, suppl. 2, vol. 9.8, Texas, 3775.

⁶⁷ Rube Brown interview, Rawick, suppl. 1, vol. 6.1, Mississippi, 287.

⁶⁸ Mary Rahls interview, Rawick, suppl. 2, vol. 8.7, Texas, 3218.

⁶⁹ William Wells Brown, *My Southern Home* (Boston, 1880), 68-69; quoted in John W. Roberts, *From Trickster to Badman*, 95. Dinkie was also known for providing love potions for white women. See Albert J. Raboteau, *Slave Religion: The “Invisible Institution” in the Antebellum South* (New York: Oxford University Press, 1978), 282.

colored.”⁷⁰ Another interviewer summarized the memories of a former slave by recording “Rena says she has acted as midwife ever since she was fifteen years old and has ‘done brought a passel’ of babies into this world. She says she has attended both white and colored for over fifty years.”⁷¹ Mildred Graves of Virginia also remembered caring for the sick and acting as a midwife. She spoke of the attitude towards her and her abilities held by white doctors and patients.

Whenever any o’ de white folks ‘round Hanover was goin’ to have babies dey always got word to Mr. Tinsley dat dey want to hire me fer dat time. Sho he let me go - twas money fer him, you know. One night Mrs. Leake sent fer me ... I went ‘an when I got dare she had two doctors f’om Richmond, but dey won’t doin’ nothin’ fer her. Something was very wrong wid Mrs. Leake dey say, an’ dey want to call another doctor - min’ you, dere was two dere already. I tol’ dem I could bring her ‘roun’, but dey laugh at me an’ say, “Get back darkie, we mean business an’ don’ won’t any witch doctors or hoodoo stuff.” Mrs. Leake heard dem an’ she said ‘tween pains she want me; so dey said if you want her fer your doctor we would go. I stayed an’ wuked f’om ‘bout one o’clock to eight o’clock. I tell you dat was de toughes’ case I ever had. I did ev’ything I knowed an’ somethings I didn’ know. I don’t know how I done it, but anyway a son was born dat mornin’ an’ dat boy lived. ... Even de doctors dat had call me bad names said many praise fer me.⁷²

Although initially skeptical of Graves’ healing ability and knowledge, physicians were forced to give her some credit when a patient they basically gave up on recovered following Graves’ treatment.

Slaveholders and physicians alike acknowledged the benefits of utilizing the services of slave healers.⁷³ One slaveholder wrote in a letter to another that “Kitty cured 39 out of 40 cases” of scarlet fever “by giving little medicine but snake root tea and saffron tea and rubbing [the] body all over with old bacon skin.”⁷⁴ John Hamilton, in Louisiana provided testament in a letter to his

⁷⁰ Jennie Ferrell interview, Rawick, vol. 8.2, Arkansas, 282.

⁷¹ Rena Clark interview, Rawick, suppl. 1, vol. 7.2, Mississippi, 409.

⁷² Mildred Graves interview, *Weevils in the Wheat: Interviews with Virginia Ex-Slaves*, 121.

⁷³ Sharla Fett also reached this conclusion based on the observation that whites so frequently mentioned slave healers in their writings. Fett, *Body and Soul*, 303.

⁷⁴ Letter to T. Keitt, 20 March 1860 in Thomas Ellison Keitt Papers, Duke University, quoted in Kenneth F. Kiple and Virginia Himmelsteib King, *Another Dimension to the Black Diaspora: Diet, Disease, and Racism* (Cambridge: Cambridge University Press, 1981), 171.

slaveholder brother of the benefits of relying on female slaves. “I am sorry to learn that you have been unfortunate with the Negroes. Your doctors are rather a rough set - they give too much medicine. It is seldom that I call in a physician. We Doctor upon the old woman slave and have first-rate luck.”⁷⁵ There may also have been others who considered the healing services of slaves so commonplace that they did not feel they were worth mentioning in their writings.

Although his official position was as a coachman, “Brother Tom,” owned by Robert Carter, was known for his healing abilities and was in demand throughout the neighborhood. According to a letter from a neighboring slaveholder, “The black people at this place hath more faith in him as a doctor than any white doctor; and as I wrote you in a former letter I cannot expect you to lose your man’s time, etc., for nothing, but am quite willing to pay for same.”⁷⁶ Carter himself once sent an ailing slave named Guy to another African-American healer owned by William Berry of King George County. Carter wrote to Berry in June 1786 that Guy was “very desirous of becoming a Patient of Negroe David” and Carter wanted him to stay at Berry’s house “to be under the care & direction of David” and for David to observe “the operation of the first [dose of] medicine.”⁷⁷ The two slaveholders involved in these transactions clearly violated a 1748 law that forbade slaves from practicing medicine. Based on ex-slave testimony, this dependence on slave healers continued into the antebellum period.

After a lifetime of healing experience, Sybella Harris was consulted by local physicians who wished to draw on her expertise. “It is her boast that when any of her white folks are ill now, the family Doctor requests that she at least come to the bedside and tell the others what to do.”⁷⁸ Charlotte Mitchell Martin began to attract attention for her herbal cures after emancipation. “Doctors sought her out when they were stumped by difficult cases.”⁷⁹ One nineteenth-century enslaved healer in Tennessee known as Doctor Jack was so popular among white patients that they “petitioned the state legislature to allow him to practice medicine.”⁸⁰ There are many

⁷⁵ John Hamilton to William Hamilton, February 4, 1860, William S. Hamilton Papers in the George M. Lester Collection, Louisiana State University, quoted in Genovese, *Roll, Jordan, Roll*, 225-26.

⁷⁶ Carter Papers, Virginia Historical Society, quoted in Wyndham B. Blanton, *Medicine in Virginia in the Eighteenth Century* (Richmond: Garrett and Massie, Inc. 1931), 173; Lawrence Levine, *Black Culture*, 63; and U.B. Phillips, *American Negro Slavery: A Survey of the Supply, Employment and Control of Negro Labor as Determined by the Plantation Regime* (New York: D. Appleton & Co., 1918), 323.

⁷⁷ Robert Carter to William Berry, 31 July 1786, Robert Carter Letterbooks, Duke; quoted in Louis Morton, *Robert Carter of Nomini Hall: A Virginia Tobacco Planter of the Eighteenth Century* (Williamsburg, Va., 1941), and in Savitt, *Medicine and Slavery*, 175.

⁷⁸ Sybella Harris interview, Rawick, suppl. 1, vol. 8.3, Mississippi, 936.

⁷⁹ Charlotte Mitchell Martin interview, Rawick, Florida, 167.

⁸⁰ Levine, *Black Culture*, 64.

possible explanations as to why some physicians were more willing than others to learn from slaves. Some doctors probably did not believe that a slave was capable of possessing beneficial knowledge, while others not only believed that they were, but were secure enough of their position in the profession not to consider slave doctors a threat. Scientific curiosity of some physicians may also have played a role.

Unfortunately, just a few detailed accounts of meetings between white doctors and enslaved patients exist; parallel records of exchanges between white patients and enslaved practitioners are lacking as well. One of the few accounts of a session with an African-American practitioner, in this case a conjure doctor, is recounted by historian Mechal Sobel in the article, “Personal Ethics in a Slave Society.” James Potter Collins, a white Revolutionary war veteran from South Carolina, became ill in October of 1802. Collins consulted with a series of prominent, regular physicians who were all unsuccessful in their attempts to cure him. Finally, after the most recent in the series had treated Collins for three weeks, the young doctor had a private conversation with Collins. “He ... asked me if I had ever heard of what was called African poison, or was called by some, tricking. I told him I had often heard of it, but was altogether an unbeliever.”⁸¹ As the doctor explained,

We medical men reject the doctrine as an absurdity, and indeed it is against our interest to admit it, and that there are few who believed it, but a man may be convinced against his own judgment. Dr. Shelton and myself have had three cases exactly the same as yours, and failed in all, and two of the men got perfectly cured very simply, by applying to an old African and are now both well and hearty men.

Collins decided to take the doctor’s advice and later described the encounter in his autobiography.

After viewing me a short time, he began to consult his oracle, ephod, or whatever name you might choose to give it, for I have none. I asked no questions, neither did he; I felt a little sullen, thinking it would turn out to be mere balderdash. He began by telling of past events; in this he somewhat surprised me, for he told me a number of facts that it was impossible for any person but myself to know any thing about, not even my wife knew anything about them; at length he told what the doctor had predicted and what was the cause, and how it had been conducted. After he had done it, it was as plain as Daniel told Nebuchadnezzar’s dream; he then performed some kind of spell or charm to prevent, as he said, any further

⁸¹ Collins, James Potter, [Autobiography of] *A Revolutionary Soldier*, revised by John M. Roberts (Clinton, LA.: Feliciana Democrat, 1859), quoted in Mechal Sobel, “Whatever You Do, Treat People Right: Personal Ethics in a Slave Society” in *Black and White Cultural Interaction in the Antebellum South*, ed. Ted Ownby, (Jackson: University Press of Mississippi, 1993), 65.

progress of the complaint, and told me that if I would stay some ten or twelve days, he would cure me; that he could not do it in a shorter time unless he could go home with me, and in that case it would not take him over three hours.⁸²

After this encounter, Collins was still skeptical about the healer's ability and left the next day. At home, still not well and still in doubt, he took the advice of his employer and saw another African-American healer. "I got some better but did not like the negro or his master thinking them both to be knaves."⁸³ Because of these feelings, Collins stopped treatment. Two years later, he made another attempt, unsuccessfully, to be cured by a prominent physician in North Carolina. At about this time he met a man

thought to be a man of truth [who] began to make some strange statements about a negro that lived in his neighborhood. ... He stated among a number of things, that he had performed many cures, ...I went on and tried the cure. The method of performing it was somewhat similar to the one attempted upon me by Gilbert and his negro, as described ... with this exception, that I complied literally with the instructions of the magician, or whatever he might be termed, and however strange it may appear to others, I was entirely cured.⁸⁴

Whether or not whites could be conjured is an obvious question to take away from a reading of Collins' ordeal. Although slaves often enlisted conjurers' help in changing the attitude or behavior of their owners, the results of these experiments were doubtful.⁸⁵ According to some, only blacks could be conjured. Perhaps more important than skin color, however, was belief in the power of conjure. It seems likely that whites who believed in conjure could be affected by it as well.⁸⁶ Whites who held this belief may have been convinced as children, upon hearing of conjure stories.⁸⁷ Julie E. Harn, a white Georgian woman writes of being influenced as a child by African Americans. "So firm a hold upon the youthful mind have the things we learned in

⁸² Sobel, "Treat People Right," 66-67.

⁸³ Sobel, "Treat People Right," 67.

⁸⁴ Sobel, "Treat People Right," 68.

⁸⁵ See the unfavorable accounts of conjurers by two former slaves. Henry Bibb, *Narrative of the Life and Adventures of Henry Bibb, An American Slave* (New York, 1849); Henry Clay Bruce, *The New Man. Twenty-Nine Years a Slave, Twenty-Nine Years a Free Man. Recollections of Henry Clay Bruce*. (New York: Negro Univ. Press, 1969).

⁸⁶ See Raboteau, *Slave Religion*, 283.

⁸⁷ Raboteau, *Slave Religion*, 283. Also see Genovese, *Roll, Jordan, Roll*, 217-218 and John Blassingame, *The Slave Community: Plantation Life in the Antebellum South*. New York and Oxford: Oxford University Press, 1972), 48-49.

childhood, few of those brought up with Negro nurses are really free of every vestige of superstition.”⁸⁸

Collins, throughout his ordeal, saw not one but three African American healers. In the end he was persuaded that he had been tricked and with the help of an African American healer, he was cured. Not only was he convinced of the healer’s ability, but he was referred to the African-American healers by reputable white physicians. Collins’ tale is a good example of the black/white interaction and influence that was a common feature of medical encounters in the antebellum South..

On occasion, a slaveholder visited an African-American healer on behalf of his slave. James L. Smith recalls in his autobiography the time another slave attempted to poison his father, Charles. Smith was a child at the time. When his father became ill after drinking from a whiskey bottle offered to him by a slave named Cella, the master was sent for.

My master, seeing in what a critical condition he was, sent for a white doctor, who came, and gave father some medicine. He grew worse every time he took the medicine. There was an old colored doctor who lived some ten miles off. Some one told Bill Guttridge [slaveowner] that he had better see him, and perhaps, he could tell what was the matter with my father. Bill Guttridge went to see this colored doctor. The doctor looked at his cards, and told him that his Charles was poisoned, and even told him who did it, and her motive for doing it.... The doctor gave Guttridge a bottle of medicien [sic], and told him to return in haste, and give father a dose of it. He did so.⁸⁹

Although impossible to ascertain Guttridge’s opinion of the African-American practitioner he consulted, Guttridge saw that the white doctor’s cures were not working and chose to interact personally with an African American healer in an attempt to heal his valuable slave. Smith’s father eventually partially recovered, but was unable to work.

Although rare in the nineteenth-century, some African Americans received instruction in orthodox medicine and were considered “real” doctors. They did not receive medical degrees, but were allowed to practice medicine. James Durham was one of the first of these African-American doctors in the United States to practice regular medicine.⁹⁰ He was born a slave and owned by

⁸⁸ Julie E. Harn, “Old Canoochee-Ogeechee Chronicles,” *Georgia Historical Quarterly* 16 (June 1932), 147, quoted in Genovese, *Roll, Jordan, Roll*, 217.

⁸⁹ James L. Smith, *Autobiography of James L. Smith* (New York: Negro Universities Press, 1881; reprint, 1969).

⁹⁰ He is listed as James Derham in some accounts.

various physicians who instructed him in the practice of medicine. Freed just before his twenty-first birthday, Durham went on to a successful career in medicine in New Orleans. During a visit to Philadelphia in 1788, Durham met the prominent physician Benjamin Rush who was so impressed with Durham's knowledge and abilities that Durham was the subject of a November 14, 1788 letter from Rush to the Pennsylvania Abolition Society in which he alludes to learning from Durham. "I have conversed with him upon most of the acute and epidemic diseases of the country where he lives, and was pleased to find him perfectly acquainted with the modern simple mode of practice in those diseases. I expected to have suggested some new medicines to him, but he suggested many more to me."⁹¹ Durham and Rush corresponded between 1789 and 1802.

The letters from Durham hint at the methods he used in his practice. Although he was trained as a regular physician and practiced as one, Durham may also have used his position to employ more traditional African-American methods as well. In a May 1789 letter, Durham stated, "I want to send you some medical plants, but it is not the season to dig them up, but I send [word missing] the first opportunity."⁹² The fact that he did not name the plants suggests that Rush may not have been familiar with them. In a letter dated October 18 [date on original not readable], Durham wrote of a yellow fever epidemic with which he was dealing. "And Sir I am happy to tell you that I have been very successful for out of fifty that fell under my care I have lost but six as yet which is less than all the other doctors have and I will send you my [word faded on manuscript] mode of treatment that I have adopted for I have no time just now."⁹³ Whether or not Durham's greater success can be attributed to remedies informed by an African tradition is not clear. Although Durham was formally trained in the methods of a regular practitioner and probably practiced as one most of the time, evidence suggests that he may have employed other types of treatments as well.

Whether or not whites accepted that slaves could be effective healers, many did believe they could effectively harm their patients. For some the belief that African Americans were medically knowledgeable compounded their fear. Throughout the antebellum period, slaves and free blacks were frequently credited with (or blamed for) the knowledge, ability and tendency to poison others, particularly whites, under the guise of administering medicines. A diagnosis of poison, of course, could serve a doctor's interests if he was unable to discern any other cause of illness or death.⁹⁴ Rather than admit defeat, a doctor could blame slaves and their poisons for the deaths of anyone under the care of slaves.

⁹¹ Herbert Morais, *The History of the Negro in Medicine* (New York: Publishers Company, Inc., 1969), 8.

⁹² James Durham, "Letters of James Durham to Benjamin Rush." ed. Betty L. Plummer *Journal of Negro History* 65 (1980): 266.

⁹³ Durham, "Letters," 266.

⁹⁴ A 1750 letter from Alexander Garden to Charles Alston, his former teacher, supports this claim. Garden wrote that physicians frequently diagnosed poisoning when they could provide no other diagnosis. These two men worked in South Carolina, where laws prohibiting practice of medicine among African Americans were

Slave healers offered a viable alternative to the white doctors who represented the nineteenth-century medical establishment, for whites as well as African Americans. The reliance of whites on slave healers is clear. Genovese suggests that the reason so many whites looked upon slave doctors favorably was because of the deficiencies of the white medical system. This, no doubt, was a contributing factor. Whites also turned to slave healers because they were pleased with the quality of care and the effective results they provided. Slaveowners benefited from using their slaves as healers because they did not have to pay them and, in fact, they sometimes profited by hiring them out to others. The nature of slavery marked the complex relationship of African Americans and whites; healers and patients. Contrasting emotions of trust and suspicion characterized these medical interactions between African Americans and whites.

similar to laws in Virginia. The law in South Carolina was passed in 1748, a year after Virginia. Faith Mitchell, *Hoodoo Medicine*, 14. A similar law was passed in Tennessee in 1831. In that law, the master was subject to indictment and being charged a fine for allowing a slave to practice medicine. Caleb Perry Patterson, *The Negro in Tennessee, 1790-1865* (New York: Negro Universities Press, 1968), 36. In 1835 Georgia also passed a law which prohibited African Americans from compounding or dispensing medicine. 1835, "An Act to prohibit the employment of Slaves and Free Persons of Colour from compounding or dispensing of medicines," Acts of the General Assembly of the State of Georgia (Milledgeville, 1836).