

Introduction

In 1706 Cotton Mather received as a gift an African slave named Onesimus. At the time, because of the fear of smallpox contagion, it was usual to inquire whether or not newly-acquired slaves had ever had smallpox. When Mather, a respected minister and writer, asked this question he learned that Onesimus had gotten smallpox through the process of inoculation. Intrigued by this response, Mather questioned other slaves as well as those involved in the slave trade. Apparently convinced by the answers he received, Mather resolved to use this newfound knowledge if he ever had the opportunity. “For my own part, if I should live to see the Small-Pox again enter into our City, I would immediately procure a Consult of our Physicians, to Introduce a Practice, which may be of so very happy a Tendency.”¹ True to his word, Mather actively encouraged the practice of inoculation in 1721 when smallpox broke out in Mather’s hometown of Boston.²

This is just one early example of a slave contributing medical knowledge to the white community in which he lived. I am suggesting that this story should lead us, in studying the history of medicine prior to the bacteriological revolution of the late nineteenth century, to consider the impact on medicine of cultural transfer. This thesis addresses the question, “How did slaves influence the white medical community in the antebellum south?” My definition of the white medical community encompasses more than practicing physicians. Slaveowners and their families also benefited from slaves’ medical knowledge.

In general, the importance of the influence of Native Americans and African Americans on the development of this country has often been overlooked, as the influence of British folkways tends to be emphasized.³ Cultural influence, however, has not been uni-directional, from Europeans to everyone else. The contact of Africans, Europeans and Native Americans resulted in what historian Edward Countryman refers to as a “collision of histories.” Europeans and Africans alike brought with them “memory, skills, language, knowledge, and beliefs.”⁴ Each group had its own

¹ George L. Kittredge, “Introduction,” *Increase Mather Several Reasons Proving That Inoculating or Transplanting the Small Pox, Is a Lawful Practice, and That It Has Been Blessed by God for the Saving of Many a Life* (Cleveland, 1921), 5; quoted in John B. Blake, “The Inoculation Controversy in Boston, 1721-1722,” *New England Quarterly* 25 (1952): 489-506; reprint, *Sickness and Health in America: Readings in the History of Medicine and Public Health*, eds. Judith Walzer Leavitt and Ronald L. Numbers. (Madison: University of Wisconsin Press, 1985), 347.

² Blake, “The Inoculation Controversy in Boston, 1721-1722,” 489-506. This story is also mentioned in Genevieve Miller, “Putting Lady Mary in Her Place: A Discussion of Historical Causation,” *Bulletin of the History of Medicine* 55 (1988): 2-16.

³ David Hackett Fischer, *Albion’s Seed: Four British Folkways in America* (New York and Oxford: Oxford University Press, 1989). Fischer argues for the long-lasting influence on America of the cultural folkways of four waves of British immigrants from 1629 to 1775.

⁴ Edward Countryman, *Americans: A Collision of Histories* (New York: Hill and Wang, 1996), 3.

ideas about the proper ways to live, the appropriate foods to eat, how to worship, dress, treat others and care for the sick. The collision of Native American cultures with those of Africans and Europeans began a continuing process of interaction and cultural diffusion.⁵ Native American influence is beyond the scope of this study, which focuses on the “medical cultural exchange,” or interaction between whites and African Americans.⁶

The influence of enslaved Africans and their descendants on the South has been well documented in areas such as agriculture, music, diet, folklore, religion and language. It is my intention to extend this list to include African medical practices. When brought to this country, enslaved Africans carried with them cultural beliefs about illness and healing, as seen in the example of Cotton Mather’s slave. In spite of the oppressive nature of slavery, they managed to retain many of their medical beliefs and practices and pass them down from one generation to the next. Along the way, various aspects of this medical culture emerged into the mainstream medical arena and were also enriched by contact with other groups. African medical knowledge did not become stagnant but continued to develop due to the influence of European and Native American ideas and practices already established in the South.⁷

Any discussions of interaction and exchange between slaves and holders of slaves are problematic. Historian Ted Ownby wisely cautions against overemphasizing the interaction process which might unintentionally obscure “the fact that one group owned the other.”⁸ He refers to this interaction between groups as “cultural conversations” and observes that since they “could not take place freely between oppressors and the oppressed” that “scholars will have to take care in

⁵ For more discussion of the process of cultural change, see Vincent N. Parrillo, *Strangers to These Shores: Race and Ethnic Relations in the United States* (Boston: Allyn and Bacon, 1997), 35. For current debate of the use of cross-cultural interaction see Jerry Bentley, “cross-cultural Interaction and Periodization in World History,” *American Historical Review* 101 (June 1996):749-770; and Patrick Manning, “The Problem of Interactions in World History,” *ibid.*, 771-782. For other recent works dealing with cross-cultural interaction, see Mechal Sobel, *The World they Made Together: Black and White Values in Eighteenth Century Virginia* (Princeton: Princeton University Press, 1987), Edward W. Said *Culture and Imperialism* (New York, 1993), Ronald T. Takaki *A Different Mirror: A History of Multicultural America* (Boston: Little, Brown and Company, 1993), Paul Gilroy *The Black Atlantic: Modernity and Double Consciousness* (Cambridge, Mass. 1993).

⁶ For information on Native American medical influence on African Americans and European Americans, see Faith Mitchell *Hoodoo Medicine: Sea Islands herbal Remedies* (Berkeley, CA: Reed, Cannon & Johnson, Co.), 9-11. The term “medical cultural exchange” is used in Alan M. Kraut’s *Silent Travelers: Germs, Genes, and the Immigrant Menace* in reference to an argument by Howard F. Stein in *American Medicine as Culture* (Boulder: Westview Press, 1990). It is used to describe a process by which ethnic cultures supplement their original medical cultural practices with traditional American medical practices.

⁷ Sharla M. Fett, “Body and Soul: African American Healing in Southern Antebellum Plantation Communities, 1800-1860.” (Ph.D. Diss., Rutgers University, 1995), 90.

⁸ Ted Ownby, “Introduction,” *Black and White Cultural Interaction in the Antebellum South*. (Jackson: University Press of Mississippi, 1993), xi.

discussing the contexts of those conversations.”⁹ Remembering this admonition is particularly helpful in interpreting antebellum medical sources. Whites were often reluctant to recognize any positive contributions that slaves may have made. It is necessary to read between the lines and recognize this considerable bias in medical interaction. However, the fact that so many southerners recorded various instances of African-American influence, despite this prejudice, suggests that those cases were not isolated incidents, but instead indicate a broad terrain in which medical cultural exchange took place.

The interaction on antebellum Southern plantations was facilitated by the fact that whites and African Americans were in constant contact with each other. Among the issues that both groups had to deal with regularly was health care. The issue of slave health care was contentious. At the root of the conflict was the question, who controlled the slaves’ bodies? Slaveowners felt that it was their place to decide the best course of action to take when a slave was ill, and often demanded to be informed of a slave’s illness. Slaves often resisted this intrusion and reacted to it in a variety of ways, ranging from hiding an illness to consulting a slave healer within their community. Herbalists, midwives and conjurers are examples of the variety of healers found on southern plantations.¹⁰ Some slaves opted for self-treatment. Recent archaeological investigations of slave quarters, for example, have produced evidence of healing rituals, suggesting that care was taking place without the slaveowner’s knowledge or approval. For slaves, health care often functioned as a means of resistance.

African-American medical practices circulated throughout the slave community and slaves passed them down from one generation to the next.¹¹ These remedies, mostly of a botanical nature utilizing herbs and roots, did not remain solely in the slave community. Instead, African-American medical practices provided a viable alternative to nineteenth-century white medical practices as well. Many African-American healers treated whites and taught various remedies and cures to them.¹² Whites viewed these practices and healers in a variety of ways, ranging from suspicion and distrust to belief and acceptance. The bulk of slave healing practices that affected white medical practices did so indirectly. The fact that most medical exchanges took place at the personal level, between individuals, makes interaction difficult to document. Although the emerging white medical profession often ridiculed and denounced black healers and their “primitive,” unscientific ways, it was clear that physicians considered slave healers a potential threat. This sense of competition was similar to that presented in the nineteenth-century by other

⁹ Ownby, xi.

¹⁰ Todd L. Savitt, “Slave Health and Southern Distinctiveness,” in *Disease and Distinctiveness in the American South*. (Knoxville: University of Tennessee Press, 1988), 141.

¹¹ Savitt, *Medicine and Slavery*, 173-174.

¹² John Blassingame *The Slave Community: Plantation Life in the Antebellum South* (New York and Oxford: Oxford University Press, 1972), 101.

alternative practices, such as Homeopathy or Thomsonianism.¹³ In response to the perceived threats, regular physicians publicly denounced their competitors as quacks while they quietly adopted and absorbed certain of their ideas and remedies into the white materia medica.

African-American medical influence in the nineteenth century was more widespread and pervasive than either contemporaries or later historians recognized. In spite of numerous admissions by doctors and slaveowners alike advocating a particular remedy or healer, there was a widespread belief among whites that African-American medical knowledge was either non-existent or was not applicable to white healers and patients. Although no historians have as yet undertaken a significant study of the influence of African-American medical practices on the white materia medica, the subject has not been entirely overlooked. Many scholars have concluded that some knowledge was transferred.¹⁴ Historians Lawrence Levine and Ira Berlin both address African-American medical contributions of the colonial period. Levine recognized the reliance on African-American knowledge when he concluded that “it was to the blacks the Europeans looked for advice and counsel with regard to the ... medicinal properties of wild plants, herbs, and roots which either duplicated or resembled those the slaves had been familiar with in Africa.” More recently, Berlin has stressed the extent to which Europeans depended on those of African descent. Whites depended on blacks “to identify useful flora and fauna and to define the appropriate methods of production.” In fact, “transplanted Englishmen learned as much or more from transplanted Africans as did the former Africans from them.”¹⁵ I want to suggest a similar process occurred when the antebellum medical profession encountered African-American healing practices.

¹³ Homeopathy was an alternative medical sect developed by German Samuel Hahnemann that gained a large following in the United States in the early to mid nineteenth century. It was based on the idea that disease could be cured by prescribing doses so small they were chemically undetectable. The drugs used were those known to cause in a healthy person the same symptoms the patient was experiencing. Thomsonianism was a botanical healing movement, led by Samuel Thomson. It emphasized self-help, promoted botanical drugs and was less expensive than orthodox treatment. Popular in the United States in the 1820s and 1830s, it continued to be influential in this country for years afterward. For more information, see Norman Gevitz, ed. *Other Healers: Unorthodox Medicine in America* (Baltimore and London: Johns Hopkins University Press, 1988), 42-46, 99-123.

¹⁴ For an article on the medical contributions of slave women, see Martia Graham Goodson, “Medical-Botanical Contributions of African Slave Women to American Medicine,” *The Western Journal of Black Studies* 11 (1987): 198-203. See also William Ed Grime, *Botany of the Black Americans* (Algonac, Michigan: Reference Publications, Inc., 1979), Sobel, *The World they Made Together*.

¹⁵ Lawrence W. Levine *Black Culture and Black Consciousness: Afro-American Folk Thought From Slavery to Freedom* Oxford: Oxford University Press, 1977): 61-62, Ira Berlin, “Time, Space, and the Evolution of Afro-American Society on British Mainland North America” in *Diversity and Unity in Early North America*. Ed. Philip D. Morgan. (London and New York: Routledge, 1993): 123-124. Both Levine and Berlin refer to Peter H. Wood *Black Majority: Negroes in Colonial South Carolina from 1670 through the Stono Rebellion* (New York: W.W. Norton & Co., 1974).

Following these encounters, physicians often spoke and wrote derisively of slave “folk” beliefs and “superstition.” Since it is not my intent to judge the treatments favored by either slaves or antebellum regular physicians, I will instead attempt to view them solely through the expressed statements and writings of their nineteenth-century contemporaries. This thesis does not evaluate whether certain nineteenth-century treatments were “better” than others. The effectiveness of any given cure or remedy is not the issue here. It is also not my intention to compare the nineteenth-century medical world to that of the twentieth century to show how much medical practice has “progressed.” In framing his study of nineteenth-century Southern physicians, Steven Stowe asks “how and why this world made sense to the people who lived within it.”¹⁶ My intent is similar.

This thesis draws on the literature of several different areas including studies of slave culture and community; cultural contact and interaction; African-American health; and nineteenth-century medicine. In the last two decades several scholars have countered earlier arguments that enslaved Africans were stripped of their culture along with their freedom when brought to this country.¹⁷ One of the ways in which African traditions survived was through interaction with the cultural traditions of Native and European Americans and creative adaptation to their new setting. I will build on studies that address the impact of this cultural contact and interaction.¹⁸

This project also draws on works that deal specifically with African-American health and medicine and those that address the general history of nineteenth-century medicine. Some historians have attempted to evaluate the health of slaves and to investigate the claims of antebellum physicians and others that blacks and whites differed physiologically in areas such as disease susceptibility and immunity.¹⁹ Previous historians have used the health and medical care of slaves primarily as a

¹⁶ Steven M. Stowe, “Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-Nineteenth-Century American South,” *American Historical Review* (February 1996), 44.

¹⁷ Blassingame, *The Slave Community*, and Eugene Genovese, *Roll, Jordan, Roll: The World the Slaves Made* (New York: Vintage Books, 1972), Lawrence W. Levine, *Black Culture and Black Consciousness: Afro-American Folk Thought from Slavery to Freedom* (Oxford: Oxford University Press, 1977), George Rawick, *From Sundown to Sunup: The Making of a Black Community* (Westport, Conn.: Greenwood Publishing Company, 1972), and Brenda Stevenson, *Life in Black and White: Family and Community in the Slave South* (Oxford: Oxford University Press, 1996).

¹⁸ See, for example, Levine, *Black Culture and Black Consciousness*, John Thornton, *Africa and Africans in the Making of the Atlantic World, 1400-1680* (Cambridge: Cambridge University Press, 1992), Genovese, *Roll, Jordan, Roll*.

¹⁹ Kenneth Kiple and Virginia Himmelsteib King *Another Dimension to the Black Diaspora: Diet, Disease, and Racism* (Cambridge: Cambridge University Press, 1981). Also see Todd L. Savitt, “Smothering and Overlaying of Virginia Slave Children: A Suggested Explanation,” *Bulletin of the History of Medicine* 49 (Fall 1975): 400-404; Michael P. Johnson, “Smothered Slave Infants: Were Slave Mothers at Fault?” *Journal of Southern History* 47 (November 1981): 493-520; James O. Breeden, “States-Rights Medicine in the Old South,” *Bulletin of the New York Academy of Medicine* 52 (1976): 348-72; Todd L. Savitt and James Harvey Young, eds. *Disease and Distinctiveness in the American South* (Knoxville: University of Tennessee Press, 1988); David K. Patterson, “Disease Environments of the Antebellum South,” in Todd L. Savitt and Ronald L. Numbers, eds.

lens through which to view slavery. The quality of medical treatment slaves received has been measured to judge the “benignity or harshness” of the institution.²⁰ Traditionally, historians of slave health have looked at the health care provided to the slaves by slaveowners and antebellum physicians.²¹ Partly, this is because the slaveowners were the ones who left the written documentation in the form of diaries, agricultural journals, and other plantation records. Historians, interested in the motives of the planters, focused most of their attention there. Only recently have scholars attempted to center attention on the health care that slaves provided for themselves and each other, and to approach the subject, as much as possible, from the slave’s point of view.

Todd Savitt was one of the first medical historians to acknowledge that there were two sides to slave health care and that different understandings of medical practices existed between slaves and slaveowners. Slaves, not necessarily eager to submit to the owner’s wishes regarding medical treatment, “engaged, with or without white permission, in a certain amount of self-care.”²² Following the publication of Savitt’s groundbreaking work, however, slave health was largely ignored as a subject of medical history. As historian Sharla Fett points out, the scholarship that followed Savitt’s addressed slave healing practices mainly for their religious significance.²³ I draw heavily on Fett’s dissertation for its comprehensive approach to healing within the antebellum slave community. Her work emphasizes the meaning that healing held for slaves themselves. This thesis builds on the work of both Savitt and Fett and takes it a logical step further as it shows how healing knowledge within the slave community influenced the white medical community.

Slave medical knowledge was not widely disseminated through medical texts or popular writings of the nineteenth-century. Therefore, sources for this thesis are somewhat scattered. Because of

Science and Medicine in the Old South (Baton Rouge: Louisiana State University Press, 1989): 159-165; Kenneth F. Kiple and Virginia Himmelsteib King, “Black Tongue and Black Men: Pellagra and Slavery in the Antebellum South,” *Journal of Southern History* 43 (August 1977): 411-428; Kenneth F. Kiple and Virginia Himmelsteib King, “The African Connection: Slavery, Disease and Racism,” *Phylon* 41 (Fall 1980): 211-222; Sally G. McMillen, “‘No Uncommon Disease’: Neonatal Tetanus, Slave Infants, and the Southern Medical Profession,” *Journal of the History of Medicine and Allied Sciences* 46 (July 1991): 291-314; Christian Warren, “Northern Chills, Southern Fevers: Race-Specific Mortality in American Cities, 1730-1900,” *Journal of Southern History* 63 (February 1997): 23-56.

²⁰ Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Antebellum Virginia*. (Chicago: University of Illinois Press, 1978), 310. See also Savitt’s summary of slave health historiography, 309-14.

²¹ William Hampton Adams, “Health and Medical Care on Antebellum Southern Plantations,” *Plantation Society in the Americas* 2 (1989): 259-278; John S. Haller, Jr., “The Negro and the Southern Physician: A Study of Medical and Racial Attitudes, 1800-1860,” *Medical History* 16 (July 1972): 238-253.

²² Savitt, *Medicine and Slavery*, 313.

²³ Fett, *Body and Soul*, 10.

the amount of knowledge preserved through oral tradition, it is often difficult to find written documentation of African-American medical knowledge. More common but still relatively rare are writings of slaveowners and doctors who acknowledged favorable impressions of the slaves' knowledge of medicine. It has been necessary to piece together bits of information from many sources in an attempt to present a clear picture of slave medical practices; first, in the context of the slave community and then to shift the focus to the influence that slave medical practices had on the white community. One of the richest collections of sources for insight into the lives of slaves is that obtained and preserved under the auspices of the Works Progress Administration in the 1930s. It was not until fairly recently that historians began to use these interviews conducted with former slaves.²⁴ Used judiciously, these narratives can be extremely helpful in efforts to gain a clearer picture of slave life and culture. The interviews are limited, however, because the interviewers' focus seems to have been on the care provided to the slaves rather than on the slaves' efforts to care for themselves. The use of evidence of material culture obtained at archaeological excavations of former slave quarters contributes to a growing body of knowledge confirming the existence of slave agency. The bulk of sources used for this thesis include antebellum Southern medical journals, ex-slave narratives and autobiographies of slaveowners and slaves.

Chapter One of this thesis examines the materia medica of the early nineteenth century and the transfer of medical knowledge from the slave community to the white community. This materia medica was largely botanical in nature. The significance of Chapter One is to show that within the slave community there existed an alternative to white medical practice and that aspects of this alternative source of knowledge were adopted by the white community.

In Chapter Two I explore the ambivalence of antebellum physicians toward the knowledge and treatments of slave healers. As might be expected, the role of healer within the slave community was one of status but I will suggest that when healing practices were recognized by whites the result was a change of status for slave healers in the white community. The influence of these slave healers is seen in cases of individual slaves being set free in exchange for particular remedies or cures. In these cases, medical knowledge afforded African Americans a concrete change of status, from slave to free. Slaveowners often accepted the medical knowledge of slaves if the slaveowners controlled this knowledge or benefited from it. Chapter Two also examines laws that attempted to restrict slaves from administering drugs or practicing medicine except under limited

²⁴ For examples of articles critiquing their use as historical sources, see Norman R. Yetman, "Ex-Slave Interviews and the Historiography of Slavery," *American Quarterly* 36 (Summer 1984): 181-210 and C. Vann Woodward, "History from Slave Sources," *American Historical Review* (April 1974): 470-81. For the purposes of this thesis it is important to remember that by the time the interviews were conducted, the medical profession was much more firmly entrenched and accepted by the general public than it was during the days of slavery. Therefore, informants' perceptions concerning the efficacy of certain kinds of folk remedies vs. the abilities of doctors may have changed. Their answers were certainly filtered through their post-slavery experiences. Although former slaves in the 1930s theoretically had more agency in choosing their own health care provider, the problem of paying for their own treatment may have again limited their choices.

circumstances, for fear that the slave healers might harm their patients with poison. These laws further emphasize the ambivalence that whites felt toward slave medical knowledge.

Chapter Three examines the influence of the slave body on the southern medical profession. Physicians observed and documented what they considered to be relevant physiological differences between blacks and whites. They used their observations to argue that the south was a medically distinct region and that southern doctors occupied a prominent and necessary slot among the nation's medical profession. As an extension of their belief in blacks' differences, physicians performed experiments on slave bodies that they did not perform on whites. Perhaps the most famous of these are J. Marion Sims' experiments on slave women to correct vesico-vaginal fistula. I also discuss the racial perceptions held by whites of slaves that allowed them to see slave bodies as a legitimate area of research.

Although my main focus will be the transfer of slave medical practices, the issue of the influence of the bodies of slaves on the white medical profession is too important to ignore. Slaves had limited control over their own bodies and this fact had important ramifications to the southern medical profession. At first glance these two subjects may not appear related. However, it was whites' notions about race that informed both their attitudes towards slaves' bodies and their attitudes towards slave knowledge.