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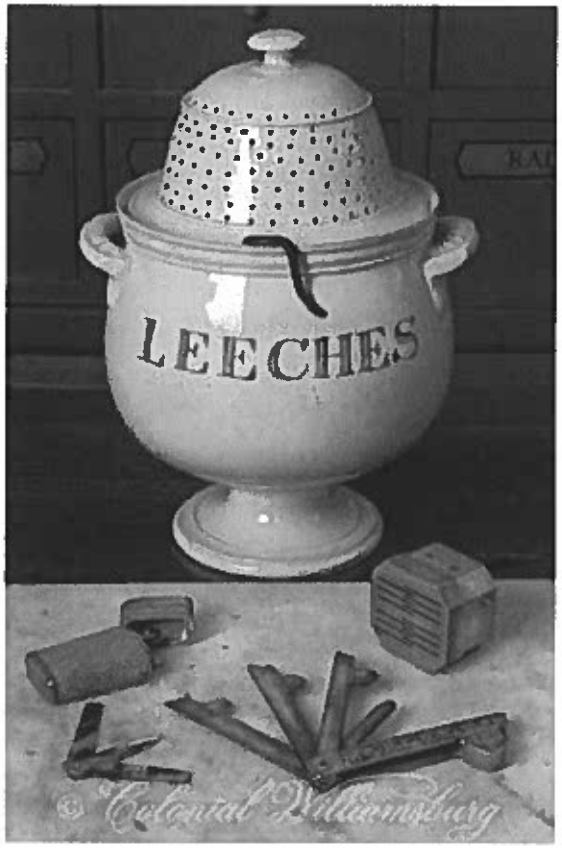

Slavery's Legacy in Health and Medicine
Atlantic Slave Trade and the Plantation

January 11, 2024

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To Heal and to Harm: Medicine, Knowledge, and Power in the Atlantic Slave Trade

Roberts, Carolyn Elizabeth. 2017. Harvard University, Graduate School of Arts & Sciences.

(selections of a longer dissertation)

Paid in Human Flesh

After captains, medical practitioners and chief mates represented the principal officers and highest paid laborers on slaving vessels. During the late eighteenth century surgeons' total voyage earnings were between £100 and £150 pounds, which was four times the median annual income in England. The remunerative possibilities for slave ship surgeons were significant; however, it was not through wages alone. The ability for the slave trade to bolster one's economic security was the monthly wage in combination with a system of bonuses. Monthly wages for slave ship surgeons remained largely consistent at an average of £4 per month over the course of the eighteenth century. William Dineley negotiated to earn £4.4 per month for his voyage. The sum was to be sent directly to Jane in Scotland and she wanted to ensure timely payment. In a letter to William's employer she emphasized, "Upon this his family are entirely dependant for their support. I therefore beg to know in course of post in what manner I am to receive the Salary now due."Jane oriented her household economy around the wage and had to provide for herself and her seven children with the much needed four pounds and four shillings each month.

The system of bonuses, however, was the means by which slaving doctors could gain financial resources beyond bare-knuckled subsistence. Head money was the least lucrative emolument and amounted to one shilling for every enslaved person sold. This was a standard practice that can be traced back to at least the 1670s. The bulk of additional monies that could be earned were through privilege slaves and after 1788, Dolben's Act premiums. Dolben's Act premiums were determined by mortality rates. If a slave ship ended its voyage with mortality rates below two percent, surgeons earned an extra £50, and if rates were below three percent, surgeons earned an extra £25. Whereas Dolben's Act premiums were determined at the end of a voyage and elicited few comments by slave trade surgeons, "privilege slaves" were part of surgeon's employment negotiations and appear frequently in their correspondence.

"Privilege slaves" refers to the enslaved human beings surgeons received as part of their remuneration. The number of slaves given depended on vessel size, and surgeons were typically allowed between one and three slaves. Medical men were paid in people in two different ways. In the first, the surgeon was able to choose enslaved people from among the cargo to sell when the ship landed in the Americas. Surgeon Richard Holden explained, you have "the liberty to pick them out of ye Whole Cargoe on ye passage which Slaves, sell allways ye best of any." This was obviously an insecure financial arrangement. As Richard Holden

discovered, when your pay was tied to individual slaves, if your slaves got sick and died, your hefty bonus died along with them.

Despite attempts to keep his privilege slaves in tiptop vendible shape, Holden was unable to stave off their illnesses and diseases, which consistently wrecked his monetary gain. Apologizing to his brother for not making as much money as he had anticipated, Holden wrote in 1752, "One of my Slaves had been Sick five Months, and he had hardly any flesh on him when

he was Sold which Caus'd me to take verry Little for him." In 1754, Holden had a similar experience. "My priveledge Slaves Stood in upwards of fourteen pound Str [Sterling] Each all which threw me Terribly behind," he wrote. And again in 1755, "my three Slaves were much out of order when I sold them, so that they did not bring me prime Cost." Even "a fine little Boy I intended to send down to you died on ye middle passage." The fragile lives of the enslaved under Holden's care were dreadfully unhealthy despite his all-consuming self-interest, chilling financial calculations, and whimsical desire to send a lavish gift home in the form of an African child. Although Holden was responsible for their physical preservation, the enslaved individuals who were meant to be his bonus pay were vulnerable, sick, weak, debilitated, and sold as refuse. By the end of the Middle Passage, these children, women, and men, were worth almost nothing from the surgeon's perspective.

What became more common during the eighteenth century was for slaving doctors to receive the monetary value of their privilege slaves based upon the average per-slave-price of all the human cargo sold from the voyage. In the final decades of the eighteenth century, £59 was the average price of a male slave of prime laboring age in Jamaica. Even a sickly ship could still provide surgeons with lucrative compensation. Surgeon James McLeland was surgeon on the slave ship *Jupiter* which sold her human cargo in Jamaica in 1793. The merchants sold 342 enslaved children, women, and men. One hundred of these individuals were considered refuse (e.g. sickly, too old, too young, or maimed) and sold at £42 each. However, the remaining 242 were reasonably healthy. The overall average price for the human beings came to £58.3.9, and the doctor earned £116.7.6 for his bonus of two privilege slaves.

With McLeland's one shilling head money included, the remuneration he received after monthly wages came to £133.9.6. If the surgeon wanted to return home and set up shop, he could now afford the £100 needed for a basic surgery. Even a voyage that would be considered a financial disaster from the merchant's perspective, with a ship full of refuse human beings averaging £30 or £40 per life, a surgeon who was contracted to receive two or three privilege slaves, could still return home with £60 to £120 in his pocket from privilege alone.

For this reason, during the hiring process, medical men actively negotiated to acquire more privilege slaves under this system. Surgeons who had never worked on board a slaving vessel pushed for as high a number of slaves as possible. Walter Haynes wrote to James Rogers, "I received your obliging favor mentioning the terms for a Person to act as a Surgeon on board of a Vessel on the African Trade. I understood there were two, sometimes three Slaves allowed to a person of the Faculty in that situation...Will you be kind enough to say if two Slaves can be

allowed." Smaller vessels struggled to find surgeons since fewer privilege slaves would be allowed.

Sailmaker John Robinson actively recruited surgeons for James Rogers' slaving vessels but in the 1790s his efforts were thwarted. Robinson wrote, "We are short of Surgeons here & those upon the Spot and unengaged, are trying for the larger vessels where two Slaves Privilege is given, and are almost certain to be engaged; So that I have good reason to believe there is not one to be had in this port, for your purpose. Indeed I know that several Surgeons have been fetched from London."

Slave trade surgeons went to extraordinary lengths to protect these emoluments. On board the slave ship *Little Pearl*, surgeon James Arnold recounted that he was a silent accomplice in the murder of a sick and emaciated African boy who was intentionally starved to death. Arnold and the other officers decided not to throw the child overboard. Instead, when the ship disembarked her human cargo in St. Vincent, the officers hid the child on board and refused to give him food. Nine days later the little boy was dead.[530] If kept alive, the boy's poor purchase price would have lowered the overall average paid for the human cargo brought to market by the *Little Pearl* – an average that determined the officers' bonus pay. Killing the child ensured that Arnold and the other officers would receive the highest remuneration possible. The financial possibilities, the economic boon that surgeons risked their lives for, largely revolved around "privilege slaves."

Thus, William Dineley embarked on the slave ship *Fame* with his eyes wide open. Before even setting foot on a slaving vessel, slave trade surgeons had already encountered the enslaved as currency in a negotiation, as property to be bartered. Surgeons knew quite clearly that the enslaved bodies under their care were commodities to be sold, human beings whose monetized lives represented the most lucrative financial perquisite surgeons received for their labor. By making captive Africans into a form of payment for doctors, the abject status of the slave was not only legitimized and reinforced, but institutionalized within the system of eighteenth-century slave trading. Economically embedding doctors' medical practice within the market logic of the slave trade, helped enable small-town Scottish surgeons like William Dineley to make the cognitive shift required to encounter African patients as vendible goods.

A few surgeons, however, struggled between their desire for money and the inhumanity of the slave trade. While professional medical ethics was still in its infancy in the late eighteenth century and was generally geared toward the gentlemanly class of domestic physicians, the slave trade broadened the scope of the medical ethical vantage point during the movement to abolish the slave trade. After returning from his first and only slaving voyage, surgeon Thomas Trotter told famed abolitionist William Wilberforce, "had I engaged fully in the trade, the love of money might have entrapped my judgment, as I possess frailties like all mankind." He saw men "of great medical abilities, and general science, ranged on the side of a traffic in human beings."

Trotter wrote that he felt afflicted when "a Physician, the prerogatives of whose profession are to alleviate pain, and prevent the evils of human nature," could rail against slave-trade abolitionism as "fanatic enthusiasm." The social and economic basis of slave trade medicine, however, incentivized dehumanization, and likely coalesced in the minds of many practitioners with other long-standing cultural and political discourses that rendered African people as inferior beings. For many doctors, in the exigencies of daily life, transforming African lives into human merchandise was a choice they accepted in order to ensure their own and their family's survival.

In the case of Jane and William Dineley and their seven children, the family daily relied upon the slave trade. Five months into William's employment, the family had already received advances on William's monthly wage totaling more than the entirety of wages he would earn from his medical labor on board the slave ship *Fame*. As a result, Jane began borrowing against the lucrative perquisite William would receive for his privilege slaves upon the completion of the voyage. She was desperate and struggling, heavily in debt, and in fear of falling into complete and utter ruin. In a letter to William's employer James Rogers, dated April 4, 1791, Jane wrote, "It may seem strange that I should so very often have occasion for your assistance; but from the debts which I had contracted to my friends here previous to your first remittance, and a severe illness I have labored under during this last Winter, I am necessitated...with the greatest repugnance, to encroach upon your goodness."

Two and a half months later, Jane's health continued to fail, which "has very much increased my expences and added to the unhappiness of my mind." The medical expenses she accrued due to her extended illness compounded with an already debt-ridden balance sheet, required Jane to continue borrowing against William's future earnings. She had no other options available writing, "I have no prospect but ruin to myself and my helpless children...Your compliance with this will be the happy means of saving a family from destruction." To make ends meet, Jane folded the lives of captive Africans into her household economy.

Jane waited anxiously for William to return that summer. In a letter dated July 18, 1791, she received the happy news that William was in Jamaica and hoped to set sail for England on the 1st of August. By the end of October he had still not returned. William died in Jamaica.

He never returned home, and Jane never saw her husband again.

And what of the African children, women, and men on board the *Fame* whose vendible lives held such hope for the Dineleys? Their bruised and branded bodies were deposited in Jamaica where they were auctioned off as human chattel. These African captives helped temporarily feed a family in Scotland, and others would continue to feed off their labor and monetize their existence. At the same time, the enslaved worked tirelessly to reconfigure the meaning of life in a slave society shaped by death.

Despite the hazards, the slave trade continued to beckon to medical men across the eighteenth century because of its remunerative possibilities. However, the structure of doctors'

compensation within a medical system shapes the nature of medical practice that occurs within it. The generous pay offered by slave trade merchants required healers to violate African bodies and wield violence against children, women, and men in order to keep them alive, preserve them for sale, and win their lucrative pay.

Enslaved Persons as Specimens

One of the first tasks slave trade surgeons performed were medical inspections of captive Africans prior to purchase. Inspecting enslaved children, women, and men prior to sale has been adeptly discussed in slavery studies with antebellum slave pens and auction blocks in the Americas serving as critical sites for such activities. However, pre-sale examinations on the African coast operated in a different context and setting. Although ship captains were present, African coastal inspections existed within the scope of tasks assigned to doctors in the Atlantic slave trade. While slave ships from the colonial United States and the early American republic did not typically carry surgeons, other carriers had a well-established tradition of hiring medical men who were charged with inspecting captive Africans.[734] Medical practitioners' knowledge and skill directed the bodily encounter, and a medical vantage point framed the event. Unlike slave purchasers in the Americas who examined enslaved children, women, and men as possible long-term investments, on the African coast captives were purchased in order to be resold on the other side of the Atlantic.

Slave trade surgeons were middle men in the distribution chain. They determined which human goods to purchase based on their ability to survive the Atlantic crossing and subsequent vendibility. In this context, medical expertise was the prevailing intellectual resource during the purchasing process of pre-trafficked African people.

After being transported across the Atlantic, post-trafficked examinations of the enslaved in the British Caribbean and North America by potential purchasers were not primarily carried out by medical practitioners. Instead, planters, brokers, merchants, and traders in human lives were responsible for studying the mental, moral, and physical fitness of enslaved people. Possessed of rudimentary medical knowledge in order to spot signs of potential disease, the medical vantage point was simply one node in a broader constellation of "slave buyers' medical, managerial, aesthetic, and sexual concerns." Doctors were hired to diagnose and cure the sick who were housed in slave pens prior to sale or medical men might help assess enslaved health for inexperienced buyers when needed; however, pre-purchase examinations in the Americas encapsulated more than physical health and disease.

Character, morality, rebelliousness, docility, likeability and other subjective factors were crucial factors in determining whether an enslaved person was considered "sound." As Dea Boster writes, "assessments of slave soundness...involved a complicated web of ideas about physical fitness and esthetics, fears of disease or slave resistance, and expectation for specific performance from prospective bondspeople." Drawing the distinction between pre-trafficked medical inspections on the African coast and post-trafficked slave auction examinations in the

Americas is critical. The lengthy inspections on the African coast direct our gaze toward the specialized role medical practitioners played in the largest forced oceanic migration in human history.

Slave trade doctors were responsible for selecting viable bodies to be trafficked across the Atlantic, and this task was considered critical for the success of the voyage. The purpose of the medical inspection was to carefully study African bodies to determine which were capable of "much labor" as one surgeon explained. Young, healthy bodies would command the highest prices in the slave market economy. Old, sickly, and disabled persons could ruin the profit-potential of a voyage. In 1701, the London governors of the Royal African Company wrote "...ye Diseased and ye Aged have often been ye Distruction of ye whole adventure." One slave ship surgeon, Thomas Aubrey, advised aspiring surgeons to perform the medical inspection thoroughly because "your own Reputation, as well as the Owners Interest lies at Stake."

Enslaved children, women, and men were stripped naked.

"Male and female, young and old, all underwent a long manipulation," remarked one slave ship captain. From head to foot every part of their bodies was studied. Inspecting just one enslaved person could last hours. Although the Portuguese were notorious for spending upwards of four hours inspecting one captive, the British also conducted extensive, lengthy examinations. British surgeons peered into the eyes of captive Africans to see that they were bright, glistening, and vivacious despite the sorrow, tears, and despondency that swept across many faces. A film over the eyes could indicate diminished sight or disease. The veins in the eyes were not to be yellowish, which could be a sign of jaundice, and eyes should not "seem hollow, or sunk into their Heads," which could indicate atrophy.

Although a slight blemish in the eye did not detract from the enslaved person's overall health and laboring potential, the enslaved were also scrutinized in regard to their physical perfection as enslaved specimens. Such aesthetic defects were noted as deductions that lowered the prices paid for African lives. Doctors opened the mouths of the enslaved to check that their throats were free of ulcers, teeth were not loose, and gums were not discolored or decayed, which could occur from scurvy in the gums or venereal disease. Surgeons also examined tooth decay to help estimate the captive's age. When not related to disease, missing teeth were noted as aesthetic imperfections that reduced the amount of money paid since these captives were sub-prime, imperfect specimens.

Medical examiners checked the pulses of captive Africans at the wrist, which was considered crucial in determining the overall health of the body because an irregular pulse would alert the practitioner to the possibility of disease. Pulses were to be "full, slow, and regular," and breathing should be easy and not labored – likely an impossibility given the gripping terror that plagued many of the captives. Lieutenant John Matthews observed that fear of being purchased by Europeans left many of the enslaved "so terrified with apprehensions of their expected fate, as to remain in a state of torpid insensibility for some time." Nevertheless,

enslaved children, women, and men were forced to jump, move, and flex their chained limbs to make sure they were not lame or weak in the joints.

One slave ship captain in the late seventeenth century described how surgeons tested "wind and limb, making them jump, stretch out their arms swiftly." In the late eighteenth century, the enslaved were similarly observed "stamping their foot boldly on the ground and stretching out their arms" to prove they were free of defects.[760] Sometimes, the captives' pulses were taken before and after the physical exertions, explained pre-eminent Dutch physician Herman Boerhaave in a lecture to his medical students at the University of Leyden. "If now they find the Respiration and Pulse not much altered by that violent Motion," he stated, "they know that they are of a strong Habit of Body."

Refusal to perform the physical exercises brought whips, blows, punches, and kicks upon the captives. In the 1720s, naval surgeon John Atkins observed one enslaved man being inspected for sale who refused "to rise or stretch out his Limbs, as the Master commanded; which got him an unmerciful Whipping...with a cutting Manatea Strap, and had certainly killed him" if profit loss from the African man's death had not been a concern.

Medical men were instructed to observe the stature and physique of captive Africans. Ideal enslaved specimens should have straight backs and wide chests. An "ample chest and broad shoulders" were the signs of a healthy, vigorous body.[765] Smells were of paramount importance as "Some Disorders are discovered by the *Smell*," explained surgeon Lorenz Heister in his widely read surgical text. Sniffing enslaved bodies could, according to the medical logic of the period, reveal cancer, mouth scurvy, and smallpox, which were believed to have particular odors.

During the hours'-long inspections, captive African girls and women underwent additional procedures. Girls' and women's reproductive potential was carefully scrutinized. Merchants were willing to pay well for African women's fertile wombs—what Marlene Philip has described as "the inestimable value of the space between the legs."[773] Although men often commanded higher prices in American slave markets, reproductive capacity added value to female captives. Those who had already given birth to multiple children would not command the same price as those whose reproductive labor potential lay in the future. Royal African Company factor Dalby Thomas observed in 1704 that women who had already born children could "occation a dull Sale & woold be a damage to ye whole."

One agent in Barbados emphasized in 1731 that "Girls of 6 or 7 years old Sells better than any Woman full grown. Especially if they have Had one or 2 Children & that their Breast be fallen."[776] In markets where small children were prized above older mothers, these little girls were particularly vulnerable.

[EDITED FOR GRAPHIC DESCRIPTIONS OF UNETHICAL AND FORCED EXAMS ON WOMEN AND GIRLS]

To protect merchants' profits, gynecological inspections were deemed a necessity on the African coast and surgeons freely examined African women's "secret parts" as H. C. Monrad observed. Enslaved African girls and women, especially the younger amongst them, wept inconsolably during the bodily violations.

Slave ship captain Thomas Phillips described the invasive nature of coastal medical inspections for venereal disease as "a great slavery." Although slavery was the institution that structured every aspect of captives' lives on the African coast, Phillips identified the invasive inspections as its own form of slavery, a kind of slavery-within-slavery. In this way, the captain emphasized the brutal and totalizing nature of girls' and women's enslavement, which included their breasts, labia, vagina, and uterus. Women's menstrual blood, painful vaginal discharges, and lactating breasts were all subject to scrutiny on the West African coast. Naming these medical encounters as a form of slavery also reinforces their illegibility outside the context of enslavement; no other identifier *but* slavery could appropriately articulate such extreme bodily abuses in the context of eighteenth-century British medicine and culture.

Doctors handled the bodies of captive children, women, and men as depersonalized anatomical specimens. In some cases, even the lexicon used to describe ideal enslaved specimens borrowed imagery from the dead in the dissecting theatre. In 1716, William Ballie one of the Royal African Company factors on the Gold Coast wrote that the enslaved people recently inspected and sold to ships' captains were "almost as fine as wax work," referencing the carefully preserved wax anatomical models of human bodies and body parts housed in dissecting rooms and sensationalized in museums across Britain

As slave trade surgeons forcibly investigated the bodies of captive children, women, and men, their medical knowledge and authority was not merely an accessory to the slave trade. Medical men were pivotal in the process of enslavement, functioning as merchants' medical representatives who brought the figure of "the slave" into vendible existence as they groped and studied enslaved bodies as labor specimens and purchasable people amidst scenes of terror-wielding violence.[798] Driven by the demands of a globalizing market, the cognitive content of slave trade medicine operated upon a new grid of intelligibility that placed doctoring in the service of large-scale commercial forces that incentivized an extreme form of human exploitation.

As outlined above, the initial transition from early modern medicine to modern medicine in Britain during the second half of the eighteenth century was centered within hospitals and anatomy theatres. It was observable in organs and tissues through clinico-pathological correlation, in patients who were newly conceptualized as clinical objects, in pilfered cadavers that were greedily cut up for the sake of medical knowledge, and in patient-practitioner encounters that were increasingly depersonalized and disempowering for the sick. While future slave trade surgeons walked the wards, robbed graves, and dissected the dead, they, too, were thrust into the riotous center of these modernizing forces and the "cognitive revolution" which resulted.

Privileging African Indigenous Medical Knowledge

When slave traders, colonizers, and migrants took to the seas in the early modern period and settled in foreign locales, they discovered that their current knowledge proved inadequate and unreliable in these new settings. Rather than being "an enterprise based on an unquestioning assumption of European superiority," overseas settlement represented "an anxious pursuit." In 1700, when the Royal African Company instructed all their factors in West African settlements to "keep friendship with some Natives that understand the remedyes for their distempers," the directive was a quest not only for labor but also for knowledge.

The enslaved children, women, and men held captive in underground dungeons were subject to diseases that Britons believed could be most effectively cured through local knowledge of preventative and restorative medicine. Moreover, the British were vulnerable to "country distempers" specific to the West African coast, which were little known or understood in Europe and could not be solved through the standard pharmacopoeia. By residing in West Africa, the constitutions of Europeans altered, wrote Dutch merchant Willem Bosman, "and therefore this Country Remedies, in all probability, are better for our Bodies than the European." Utilizing enslaved West African medical practitioners, *materia medica*, and therapeutic knowledge was therefore a medically sound intervention. Seeking indigenous medical expertise and locally-grown medicines was tethered to the principle of localism in the Western medical tradition – the idea that local diseases were best cured by recourse to local remedies. Localism was a vestige of a long-held belief that divine providence enabled human survival in distinct places by supplying unique environmental and medicinal resources.

Diseases moreover were shaped by specific climatic, atmospheric, and environmental conditions. In the 1520s, well-known physician and alchemist Paracelsus wrote, "Each land, to be sure, gives birth to its own special kind of sickness, its own medicine, and its own physician." In 1657, Richard Ligon wrote from Barbados, "For certainly every Climate produces Simples more proper to cure the disease that are bred there, than those that are transported from any other part of the world: such cure the great Physitian to mankind takes for our convenience."

These beliefs lingered into the nineteenth century. Within this logic, West African therapeutic traditions were uniquely suited to address the health threats contained in its environment. The imprint of the local characterized health management techniques as diseases and cures were understood through a rubric that privileged the specifics of place.

Although Dutch officials on the coast showed little sustained interest in West African medicine, the British observed that West African doctors often offered simpler and more effective remedies than the drugs their own surgeons prescribed to the sick. Joseph Moseley authored what may be the only surviving fragment of a surgeon's journal written by an African Company slave factory surgeon. Moseley served as chief surgeon in Gambia beginning in 1733 and liberally prescribed one of the most famous, notoriously complex, and highly-regarded compound medicines in the European pharmacopoeia – the ancient polypharmaceutical known as *Theriaca Andromachii* (Venice treacle).[1385] Moseley administered Venice treacle for the

majority of his patients who suffered from fevers on the West African coast. Venice treacle was considered an alexipharmic (poison antidote), and Europeans also believed the medicine assisted in a range of different ailments. In the 1716 pharmacopoeia, the virtues of Venice treacle included curing plague, causing cheerfulness, curing "Frenzy, Madness, want of Sleep and Rest, inveterate Pains of the Head," heart palpitations, coughs, colds, asthmas, "sickness of the Stomach, Wind, want of Appetite and Indigestion," leprosy, dysentery, and scurvy. Indeed it was considered by many to be an effective universal antidote.

Venice treacle is made from a complicated blend of over sixty-five different ingredients. The medicine contained narcotics such as opium; animal substances such as vipers; minerals such as amber; herbs that included cinnamon, cardamom, and fennel; and, a host of other plant substances. The composition was to be dried, powdered, combined with honey and made into an electuary (a paste) that was formed into a bolus (a large pill). Venice treacle was described as "the Capital Alexipharmick of our Shops" and of all Europe. Moseley did make use of newer effective remedies like cinchona, the famed Peruvian bark that was an antimalarial; however, he typically gave his patients both Venice treacle and Peruvian bark at the same time, further increasing "the medley of discordant Simples" ingested by those under his care and fully embracing "the excessive polypharmacy of the time."

There was nothing out of the ordinary about this manner of prescribing. There were a vast number of compound remedies in regular use in British medicine and Venice treacle was one of them. In the 1742 edition of John Atkins' medical text *The Navy-Surgeon*, he advocated only carrying nine medicines to overseas locales like West Africa, and Venice treacle was one of them.

The British pharmacopoeia embraced the ancient roots of its medical tradition and the drugs in use represented "the legacy of several millennia of accumulation." British therapeutics refracted not only long-standing intellectual and cultural traditions but was embedded in a "deeply internalized system of explanation" that had remarkable tenacity even as many challenged the efficacy of "hotch-potch mixtures" like Venice treacle. During the second half of the eighteenth century, however, compound remedies slowly began to fall out of favor and many practitioners in learned medical circles increasingly promoted the use "simples."

Simples were natural medicinal products composed of a single substance, such as a plant, animal, or mineral, which could serve individually as a medicine or as an ingredient in a compound remedy.[1397] In contrast to the "rationalistic speculations of classical antiquity," and the logic that attended the use of medicines like Venice treacle in European medicine, precolonial West African systems of health and healing oriented their therapeutic practice around simples.

British employees and other Europeans on the West African coast observed landscapes replete with medicinal simples and they marveled at how the inhabitants adeptly cured many bodily ailments. In 1722, chief merchant James Phipps at Cape Coast Castle wrote London officials that

there were "many Simples found here, of very great benefit, being observed to be made use of by the Natives in Pharmacy as well as in Surgery and who succeed in many good Cures in both."

French slave trader Jean Barbot remarked similarly, "there are above thirty several sorts of green herbs extraordinary and wholesome, which are the principal remedies in use among the Blacks, as being of wonderful efficacy; as likewise some sorts of Roots, Branches, and Gums of trees." In 1726, when surveyor William Smith worked in West Africa, he described Africans on the Gold Coast as "the most skilled Botanists...who know well the Use of every Herb and Plant, and always apply them with such Success that the Cures wrought by them seem, at some times, to be little less than miraculous." Such surprise was also registered by Dutch merchant Willem Bosman in the early eighteenth century who wrote, although African herbal remedies on the Gold Coast might seem improper, "yet I have seen several of our Country Men cured by them, when our own Physicians were at a loss what to do."

In the late eighteenth century surgeon and merchant Henry Meredith marveled that West African doctors on the Gold Coast performed "wonderful cures merely by simples." The women, in particular, were gifted botanists from Meredith's medical perspective. He wrote, "their manner of selecting different roots and herbs, and their choice of them, discover no mean knowledge in botany: there is scarcely a plant without its peculiar virtue among them," he wrote.

Bodies of Knowledge: The Influence of Slaves on the Antebellum Medical Community by Sarah Mitchell, Virginia Tech, 1997.

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. In fact, the South has historically been considered the most unhealthy area in the country due to its climate. 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.

"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."

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." 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." 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." 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 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. 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." 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.

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 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." 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. 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." 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."

Neither a regular physician nor an average slave would have possessed this type of knowledge.

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.

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.

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. Healing aspects cannot be separated from the harming aspects.

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. A slave who felt that he or 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. 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. The conjure doctor could only be effective, though, if he was called in time. 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. During an excavation of a slave quarter, an odd assortment of objects was found under the floor, 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." 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."

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.

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. 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. 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." 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

cotton roots to keep from giving birth to babies." 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."

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."

When Daph, a slave on Ferry Hill plantation of Virginia miscarried twins in 1838, the overseer reported that he believed it was deliberate. "Daph miscarryed two children this morning. It is thought she took medicine to produce their distruction." 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."

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.

Plantation owner 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 [Elsey] thinks she can do no more for the sick." 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. 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 her herb teas. When she gives you some tea made from herbs you could just bet it would sure do you good."

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."

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." "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."

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." 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

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. 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. 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. This respect was seen in the practice of many slaves who bowed when they met a conjurer. 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."

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." 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.'"

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.

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." 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." 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."

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." 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 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.'" He proceeded to treat them with "elixir vitriol, sulphate of soda, slippery-elm water and prickly-pear tea." 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."

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." 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." 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." Since slaves were not able to 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." 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."

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." 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." 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 colored." 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." 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.

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. 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." John Hamilton, in Louisiana provided testament in a letter to his 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." 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." 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." 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." Charlotte Mitchell Martin began to attract attention for her herbal cures after emancipation. "Doctors sought her out when they were stumped by difficult cases." 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." There are many 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." 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 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.

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." 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.

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. 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. Whites

who held this belief may have been convinced as children, upon hearing of conjure stories. 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 childhood, few of those brought up with Negro nurses are really free of every vestige of superstition."

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.

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. He was born a slave and owned by 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." 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." 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." 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. Rather than admit defeat, a doctor could blame slaves and their poisons for the deaths of anyone under the care of slaves.

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.