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Glenda Sullivan

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Glenda Sullivan

Plantation Medicine and Health Care in the Old South

Medical care in the Old South was provided by a variety of people by a variety of means. Physicians were few and far between, and their range of care was dependent upon their professional training. Due to the shortage of physicians and the distance that often separated doctors from the plantations, men and women (both white and black) were often left on their own to treat illnesses, handle medical emergencies, and to bring new life into this world. Those who had limited or no access to professional medical care relied upon self-help manuals written by physicians, commercial medicines or home made remedies, folk beliefs, conjuring, and superstition to help meet their medical needs. In the absence of a trained physician, non-professionals such as masters, mistresses, and the enslaved were instrumental in providing medical care on southern plantations.

In order to understand the need for medical care in the Old South, it is important to first consider the conditions that existed at that time. Antebellum southerners were subject to most of the illnesses that others in the United States suffered from. Medical conditions such as tuberculosis, diphtheria, whooping cough, yellow fever, malaria, worms, yaws (an infection of the skin, bones, and joints), and cholera are but a few of the diseases that affected those living in the Old South. The marshlands and warm humid summers in the South also were favorable to mosquito-borne diseases such as malaria. The residual effects of malaria left the patient with agues, or alternating fever, chills, and sweating, which would continue for months after the patient was infected by the disease.¹ Moreover, morbidity rates for the enslaved were especially high on rice plantations in the low country of South Carolina and on sugar plantations due to climates that were conducive to illness and the difficult working conditions of slaves.²

In addition to illnesses and diseases that affected the general population, women's reproductive health also suffered due to lack of knowledge of proper nutrition, prenatal care, and sanitary facilities. Documentation of the mortality caused by illness,

accidents, and childbirth as well as the small number of trained physicians in the antebellum South confirmed the need for additional medical care laypersons.

The Old South had only five medical colleges before 1845, and medical students spent only one to two years working with a preceptor and attended only a few lecture courses to complete their medical training.³ Although some southern physicians received their medical training in the North or in Europe, the number of patients in the Old South remained greater than the number of physicians available to treat them. For example, *The Nashville Journal of Medicine and Surgery* reported that in 1850 in North Carolina, South Carolina, and Georgia there were 802, 739, and 700 people per physician, respectively.⁴ Consequently, medical treatments and care in the Old South were not limited to “regular” doctors, those who completed their formal medical training. In fact, some southerners relied upon the “irregular” doctors such as homeopaths, empirics, and eclectics.⁵ At any rate, the schooling of southern doctors was limited by, and subject to, the scientific and medical theories of the antebellum South.

Theories of differences in the physiology and medical needs of men and women and whites and blacks were also explored during the antebellum period. For example, southern physician Dr. Samuel Cartwright believed that the size of black people’s brains was “a ninth or tenth less than in other races of men,” while black people’s hearing, sight, and sense of smell were better.⁶ Moreover, some physicians associated theories and diseases specifically with slaves, such as “Drapetomania” (a theory that mental disease caused slaves to run away from their owners) and “Cachexia Africana” (or dirt eating.) In an attempt to control the presumed practice of slaves eating dirt, physicians and plantation owners implemented techniques such as “using mild purgatives, threats, punishments, iron masks or gags, cutting off the heads of those dying from the practice, and other harsh responses.”⁷ Thus, based upon the knowledge and theories of the period, physicians attempted to treat the various illnesses and diseases that they encountered.

The most common method of treating an illness in the Old South was “depletion,” which involved draining the body of what was believed to be harmful substances deemed responsible for illness. Methods of depletion included “bleeding, sweating, blistering, purging, or vomiting.”⁸ Determining just how much depletion the body could withstand was key to this cure. The physician’s treatment plan often included calomel, or mercurous

chloride, which served as a drug to cleanse and purge the body. Another treatment used to induce vomiting was ipecac, a medicine made from a root. Some medical treatments by physicians such as bloodletting (draining the body of large quantities of blood) were drastic, and at times the “cure” could be as deadly as the illness. For this reason, patients were often skeptical of the health care available to them by physicians.

No family was exempt from the tragedy of death. Children were often treated with the same medical procedures as adults, and unfortunately suffered the consequences when medical treatment failed. In 1848, William Whitsitt wrote the following lines in his diary after the death of his seven-year-old daughter, Martha Jane, due to whooping cough:

But one consideration yet wrings the hearts of her bereaved parents with unutterable anguish. And that is the fact that she did not die a natural death. To die is natural. This is very true. But to be eaten up by calomel is not natural... poor Martha Jane was killed by degrees, eaten, destroyed, murdered, butchered by calomel and that, too, administered by a regular bred physician.⁹

These comments indicate not only the failure of a widely used medical treatment to cure a common ailment in the South, but they also show the lack of confidence of the father in the physician’s chosen method of treatment for his daughter.

As one might imagine, some southerners were not only skeptical of health care, but they were also fearful of physicians’ medical treatments. A letter written in 1845 from one J. H. Ruffin in Haw River, North Carolina, to Paul Cameron provides a response to an earlier inquiry from Cameron concerning a physician. Ruffin wrote, “With regards to your enquiries as to a Physician, I really [do] not know to whom to refer you. My own opinion is that they are all ignorant of their calling [and] best left alone. I would send for none.”¹⁰ Apprehensive of physicians’ care and their prescribed medical treatments, many residents of the Old South relied upon their own methods of treatment. Medical manuals were one source of information that individuals could use to provide for their own health care.

Several medical manuals were available for use by literate southern men and women. Mostly written by trained physicians,

these manuals were designed as a guide to help the layperson treat illness or injury in the absence of a trained physician. Examples of these manuals include: *Practical Rules for the Management and Medical Treatment of Negro Slaves* (1803); *The Planter's and Mariner's Medical Companion* (1807); *The American Medical Guide for the Use of Families* (1810); *Letters to Ladies, Detailing Important Information, Concerning Themselves and Infants* (1817); and *Gunn's Domestic Medicine* (1830).¹¹ Due to the popularity of these manuals, several editions of the various books were produced. For example, by 1819 Dr. James Ewell had produced the "greatly improved" fifth edition of *The Medical Companion*, originally published as *The Planter's and Mariner's Medical Companion* in 1807.¹² In *The American Medical Guide*, Dr. Ruble included an apology to his fellow physicians, stating that his book was "never intended for them, but for another description of readers, among whom, by a practice of many years, I know that a great deal of ignorance, and even superstitious error still prevail."¹³ Based on the number of medical manuals written and the additional editions published, it appears that the physicians who authored these manuals saw a definite need for providing medical information to laypeople in the South. In the same way, the fact that so many copies of these manuals were purchased by laypeople indicates the usefulness of the manuals and the desire of the public to have this information in hand. Having medical instructions readily available, Southern men and women thus attempted to treat both the minor and major medical needs of their families and their slaves.

In addition to addressing common illnesses and cures, these manuals offered information on topics such as fear, grief, and hope as well as instructions for treating serious physical ailments like Apoplexy. Dr. John Gunn provided the following instructions in *Gunn's Domestic Medicine* for the treatment of apoplectic fits, or what we would call today a cerebral hemorrhage.

The chief remedy in Apoplexy is large and copious bleeding, which must be repeated if necessary. Cupping at the temples ought also to be resorted to, the great object being to draw the blood from the head and to relieve the oppression of the brain, as speedily as possible. The next thing to be attended to, is to give the most active purges:--see table for doses. Apply cold cloths wet in vinegar, and the cold, est [sic] water constantly to the head.¹⁴

Many of the laymen's manuals also included sections specializing in the "materia medica" available in the South. This Latin term, interchangeable with our use of the word medicine, referred to substances such as plants and roots that were used as medicinal remedies. Accordingly, Dr. Gunn provided the following instructions for the various parts of the peach tree, a plant well known by those residing in the South:

This valuable tree affords us, not only a most delightful fruit, but its leaves, flowers, and gum, possess the most active and important medicinal virtues. I have also been informed—but never tried the experiment—that the bark of the Peach tree contains very active powers as a purge. The leaves and blossoms purge the bowels freely, and without the least griping, when taken as a strong tea, in doses of a tea-spoonful every hour: and they also act as a mild purgative when taken as a syrup, prepared by boiling slowly their juice, with an equal quantity of honey, sugar or molasses, and given to children in doses of a tablespoonful, and to grown persons in doses of a wine, or stem-glassful.¹⁵

One should note that, in both descriptions, the treatment plan resulted in depletion and purging the body, common methods used by the medical community.

Some southern publications that focused on agriculture and economics, topics of interest to most planters, also advertised medical products thought to be beneficial to laypeople. For instance, *DeBow's Review* promoted medicine chests specifically for planters. The advertisement read: "To Southern Planters. John Milhau, Pharmaceutical Chemist and Wholesale Druggist... French and other Foreign Chemicals and Medicines always on hand. Medicine Chests for Plantations, &c., &c."¹⁶ Another advertisement, also published in *DeBow's Review*, concerned a product called Swaim's Panacea, a "cure" for incipient consumption, scrofula, rheumatism, and several other ailments. But the ad warned:

Persons wishing to obtain the genuine SWAIM'S PANACEA AND SWAIM'S VERMIFUGE, should be careful to observe that the name SWAIM is spelled correctly on the bottles and labels or they may be imposed on by medicine made in imitation of them by a person bearing a somewhat similar name, well calculated to deceive.¹⁷

In 1837, amidst ads for clothing, runaway slaves, and physicians' services, the front page of *The Picayune* (a New Orleans newspaper) had no less than three announcements for medicines said to cure a number of ailments: Brandreth's Vegetable Universal Pills, Dr. Elmore's Anti-Dyspeptic Pills, and Improved Bilious Pills prepared by Dr. J. H. Elmore.¹⁸ It is difficult to ascertain whether doctors actually recommended these products. However, considering theories of physiology and the prevailing treatments offered, it is reasonable to assume that the medical community endorsed these "cures." At the same time, choosing among the various "cures" may have made it difficult for southern laymen to decide upon the best product. Nevertheless, laymen equipped with medical manuals written by physicians, and armed with commercial and herbal remedies, set out to provide medical care to those that may not have otherwise received such care.

But medical treatment was not the only aspect of providing health care in the South. Supplying adequate food, clothing, and shelter to white families and slaves was also important in maintaining health on the plantation. Specifically, damp and earthen floors, lack of windows and poor ventilation certainly contributed to the poor health of slaves.¹⁹ Writing in 1847, J. D. B. DeBow (slave owner and founder of *DeBow's Review*) addressed these conditions and others as well. He suggested:

Houses for negroes should be elevated at least two feet above the earth, with good plank flooring, weather proof, and with capacious windows and doors for ventilation, a large fireplace, and wood convenient. A negro house should never be crowded.... Good water is far more essential than many suppose.... In relation to food a word might be ventured; the point is to provide enough.²⁰

Proper nutrition and adequate, clean clothing were essential in attempts to maintain the health of the slaves. By providing clothing and shoes appropriate for the season of the year and food that included the proteins and salt necessary for maintaining a healthy body, the productivity and health of the slave work force fared better.²¹ However, in those instances when a serious illness did occur, patients were sometimes moved from the slave quarters to the "sick house" for medical care.

The "sick house" provided a place where the patient's condition, medical care, and progress could be supervised, usually under

the direction of the plantation mistress who was assisted by slave women.²² But masters were not exempt from administering medical care themselves, as physicians were often plantation owners. Still, planters usually delegated health care duties to the plantation mistress, an overseer, or a slave. Hospitals or “sick houses” were only found on larger plantations, while smaller farms might set up sick rooms in the plantation house.

That said, planters frequently complained that slaves malingered or overused the “sick house.” At the same time, however, planters also encountered slaves who were reluctant to seek medical care. Consequently, contagious illnesses could spread to others on the plantation and surrounding areas, or an illness that went untreated for whatever reason could lead to more complicated medical problems later.²³ It was thus in the planter’s interest to take a proactive role in the medical care of slaves. Ultimately, the slaves represented a financial commitment for the owner, and expenses associated with paying physicians’ fees or the loss of a worker due to the death of a slave negatively impacted the productivity and economic success of the plantation.

On those occasions when illness or injuries required care beyond the skill of the layperson, the planter summoned a physician to the plantation. In 1854, *The Rowan County Medical Society Tariff of Fees* for medical procedures in North Carolina indicated that the charges for doctors’ visits to the country, three miles or under, were \$1.50 with an additional fee of fifty cents for each mile over three. Likewise, the cost for a night visit by the doctor was an additional dollar. The fees for a physician to attend an uncomplicated birth ranged from \$10 to \$20, while the fees for a complicated delivery ranged from \$20 to \$100.²⁴ As one might imagine, medical fees quickly mounted when physicians were called to the plantation to provide treatment to the planter’s family and enslaved workforce.

In addition to overseeing the “sick house,” the mistress played other important roles in providing medical care for herself, her family, and slaves. Notably, this responsibility meant that plantation mistresses were able to move outside of paternal boundaries in their role as medical caregivers. Relying upon medical manuals, home remedies that she prepared, and knowledge passed down from generation to generation, the plantation mistress was responsible for overseeing the medical needs of her own family as well as slaves, sometimes at the expense of her own health.²⁵

An advertisement in an 1848 edition of *DeBow’s Review* offered the services of one O. M. Wozencraft, M.D. for treatment of “Female

Derangement and Disease." It read: Dr. Wozencraft "flatters himself that he has attained that degree of perfection in treating that class of diseases so common, and yet so much neglected among Females."²⁶ It would be interesting to know how many women presumably were afflicted with this ailment, though obviously, it was thought common enough that Dr. Wozencraft attained perfection in treating such an illness. Perhaps the stress caused by the numerous responsibilities placed on women in demanding positions such as plantation mistresses, wives, mothers, and caregivers was more than some women could handle, resulting in stress-related ailments.

Large families were quite common in the Old South. Consequently, frequent births took a toll on women's health. The addition of children to the family is often thought of as a joyous occasion, and for most people it certainly is. In the South, however, pregnancy and childbirth were causes for fear, not only for the mistress, but also for her husband. Many women feared giving birth to a child because they could die in the process.²⁷ Family members gathered in the home to support and assist the expectant mother during the birthing process, which could take hours or even days. The potential complications following delivery were numerous and included clearing the body of the afterbirth; puerperal or "childbed" fever (a deadly infection within the uterus); the inability to breastfeed the child; and prolapse of the uterus, to name a few. Although few references were made in women's journals or medical manuals about birth control for white women, breastfeeding provided nutritional benefits to the child and also served as a natural means of birth control by delaying menstruation.²⁸

If complications occurred and a white mother could not breast feed, slave women were occasionally called upon to be wet nurses for white infants. Ex-slave John F. Van Hook, in his Works Progress Administration (WPA) interview, recalled his great, great grandmother's experience as a wet nurse for the Angel family, which helped her gain her freedom from slavery. He remembered:

The way Granny Sarah happened to be free was; one of the women in the Angel family died and left a little baby soon after one of Granny's babies was born, and so she was loaned to that family as wet nurse for the little orphan baby. They gave her her freedom and took her into their home, because they did not want her sleeping in slave quarters while she was nursing the white child. In that settlement,

it was considered a disgrace for a white child to feed at the breast of a slave woman, but it was all right if the darkey was a free woman.²⁹

In addition to caring for her own family, the mistress was also responsible for overseeing the health care of the slaves on the plantation. Nearly seventy percent of those who provided interviews for the slave narratives spoke of being cared for by their mistress, and administering medicine was one way the mistress helped take care of the slaves.³⁰ Ex-slave Victoria Adams recalled the care provided by her mistress, Martha Kirkland Black, in her WPA interview with Everett R. Pierce.

Missus Martha she' did look after de slaves good when they was sick. Us had medicine made from herbs, leaves and roots; some of them was cat-nip, garlic root, tansy, and roots of burdock. De roots of burdock soaked in whiskey was mighty good medicine.³¹

The mistress thus administered medicine to those who were ill. Medicinal products were available for purchase as advertised in newspapers and other publications. Additionally, kitchen recipe books, or "receipt books" as they were called, contained not only instructions on how to prepare food, but also recipes for making medicine in the plantation kitchen. The ingredients in these recipes demonstrate the use of southern native plants and roots. For example, *The Confederate Receipt Book* provided this remedy for asthma:

Take the leaves of the stramonium (or Jamestown weed,) dried in the shade, saturated with a pretty strong solution of salt petre, and smoke it so as to inhale the fumes. It may strangle at first if taken too freely, but it will loosen the phlegm in the lungs. The leaves should be gathered before frost.³²

Most Americans of European descent believed that for every illness there was a corresponding plant that could be made into an herbal remedy. For example, if one had an ailment that affected the heart, plants with heart-shaped leaves would be used as a cure.³³ Yet, medicine was not only administered to treat illness, but also to help prevent illness. Former slave Della Briscoe recalled a tonic made of calomel and salts administered every spring to help keep the slaves healthy.³⁴

The multifaceted role of the mistress in taking care of the family and home, as well serving as the medical caregiver of the slaves, must have been difficult at times. As wives of plantation masters, mistresses had a responsibility to their husbands to protect their financial investment in the slaves by caring for their medical needs.³⁵ However, in her role as medical caregiver, the mistress was placed in an atypical situation; that is, she temporarily was not subject to paternalism and male dominance.³⁶ Conversely, when called upon to provide medical care on the plantation, doctors worked in the "domestic environment" of the mistress instead of the "public arena." As the initial caregiver of the slave's injury or illness, the mistress thus influenced the physician's treatment plan for her patients.³⁷ In sum, plantation mistresses in the Old South were able to exert some authority in their role as caregivers for the sick and injured.

African Americans, free and enslaved, also played an important role in providing health care in the Old South. African Americans sought to treat the whole person with a holistic medical approach, which included not only treating the body, but the mind as well.³⁸ African medical folklore passed down through the generations became a combination of ritual and ceremony, plus a faith that plants, herbs, and roots served medicinal purposes.³⁹ Notably, slaves did not always follow the instructions of the slaveholder's physician—rather at times they followed their own medical regime to care for themselves and others within the slave community.⁴⁰ Not unlike the white population, slaves were also at times fearful of doctors and the treatment plans they provided. Some medical treatments, such as bleeding a patient or amputations, were difficult for the enslaved to understand and therefore to trust. Those of West African heritage also not only feared these methods of treatment, but these treatments conflicted with West African beliefs of caring for the body.⁴¹

Enslaved women suffered from many of the same reproductive health problems as did white women; and it is believed that about one half of slave women's pregnancies ended in stillbirths. Additionally, exhaustion from the physical demands of slave labor has been blamed for negligence in childcare that may have resulted in sudden death in infants.⁴² Specifically, slaveholders demanded that women who had just delivered babies return to the fields almost immediately; pregnant women were forced to work; and pregnant women were whipped.

Slave women relied upon an interesting array of birth control methods. For some slave mothers, breastfeeding served as a natural

means of birth control. Other attempts at controlling pregnancy took on an entirely different approach based on superstition and folk belief.⁴³ Examples of these birth control methods included holding a brass pin or copper coin under the tongue during intercourse, lying motionless during the act or turning onto the left side afterwards, drinking concoctions such as gunpowder mixed with milk, swallowing nine pellets of birdshot, consuming a teaspoon of turpentine for nine days following intercourse, and using a mixture of tea from cocklebur roots and bluestone as a douche.⁴⁴ These methods were certainly not scientific by today's standards, yet they were the only methods available for black women to attempt to meet their contraceptive needs. When birth control methods failed and an unwanted pregnancy occurred, the enslaved turned to other measures to terminate a pregnancy.

To abort unwanted pregnancies, slave women sometimes used the cotton plant, the staple crop of the South. The root of the cotton plant could be made into a tea or chewed.⁴⁵ By terminating a pregnancy that would have resulted in an additional worker for the slave owner, and by utilizing the plant that provided him income, the female slave was exercising some control over her body and her enslaved situation.⁴⁶

As indicated, for most enslaved women, pregnancy did not end their labor for their owner, although some planters were said to be more lenient when a slave was with child. Still, many slave women were expected to return to work shortly after having their babies. One unidentified former slave from Richmond County, Georgia, recalled in her WPA interview that "Whenever a child was born the mother come out in three days afterwards if she was healthy, but nobody stayed in over a week. They never stayed in bed but one day."⁴⁷ However, Julia Brown recalled in her WPA interview that "When the wimmen had babies they was treated kind and they let 'em stay in. . . . We jest had our babies and had a granny to catch 'em."⁴⁸ Slave midwives or "grannies" were responsible for most slave deliveries, and for about one-half of white deliveries.⁴⁹ Due to their skills in delivering babies and assisting with other medical needs, some slave owners "hired out" their female slaves as midwives or medical caregivers to neighboring plantations as a way to make additional money.⁵⁰

In addition to assisting in the birthing process, slaves also provided medical care in other ways. That is, in some cases, their knowledge of medicine was used to treat the master's family, despite a law passed in Virginia in 1748 that restricted slaves from

providing medical treatment to planters and their families.⁵¹ For example, former slave Lila Rutherford recalled her role in medical care for her mistress, Mary Suber. "I was hired by Marse Suber as a nurse in the big house," Rutherford explained, "and I waited on my mistress when she was sick, and was at her bed when she died."⁵²

As caregivers, the enslaved also prepared and administered homemade remedies, using plants, herbs, roots, and non-herbal substances as ingredients for medicine. These enslaved practitioners merged European, Native American, Caribbean, and African medical folklore to create their own blend of medicine.⁵³ The availability of plants and roots varied by location and climate, but various parts of plants such as peach tree leaves, catnip, sage, raspberry leaves, pine needles, mustard weed, and roots from the Sweet William plant, to name just a few, were made into medical remedies.⁵⁴ Non-herbal medicines were also common in the South.

Former slave Celestia Avery recalled a non-herbal remedy known as "Cow foot oil," appropriately named for the concoction made by boiling cows' feet in water.⁵⁵ Although Avery did not indicate what this concoction cured, she mentioned it along with other more common remedies such as castor oil and teas made from catnip and horehound. Former slave Marshal Butler also reported, with a touch of humor, an uncommon cure for a common ailment. "For constipation," Butler stated, "use tea made from sheep droppings and if away from home de speed of de feet do not match de speed of this remedy."⁵⁶ When interviewed by WPA writer Francois Ludgere Diard in 1937, eighty-five year old former slave Mammy Lucy Kimball, recalled "that she strictly adhered to old fashioned methods such as: going to church twice a week, not believing in doctors, and always taking home-concocted remedies."⁵⁷ Julia Brown likewise stated in her WPA interview, "Ah still believes in them ole ho'made medicines too and ah don't believe in so many doctors."⁵⁸ Another common herbal remedy was asafetida, a strong smelling concoction made from the roots and stems of plants tied in a small pouch and worn around the neck. While the medicinal value of asafetida may be challenged, its smell is said to have been so offensive that it kept people from getting too close to one another, thus keeping harmful germs away.⁵⁹ Many former slaves spoke positively of the benefits of these remedies in their WPA slave narratives.

The conjurer, also known as the hoodoo or root doctor, relied upon the supernatural as well as plants, herbs, and roots to heal

or cause harm to individuals. In addition to plant matter, these magico-religious folk practitioners used charms, holy words, and holy actions.⁶⁰ Conjurers were also known to use “trickery, magic, spells, violence, persuasion, intimidation, mystery, gimmicks, fear and some medical practices,” which helped the conjurer rise to a level of importance within the slave community.⁶¹ Conjurers could be male or female, and supporters believed conjurers were born with this gift.⁶² In addition to having power to harm or heal, the conjurer’s powers could provide good luck, keep people on friendly terms, and help improve romantic relationships.⁶³

Former slave Estella Jones recalled the work of conjurers and root specialists, saying “I have asked root workers to tell me how they does these things, and one told me,” she explained, “that it was easy for folks to put snakes, frogs, turtles, spiders, or most anythin’ that you couldn’t live with crawlin’ and eatin’ on the inside of you.” Jones recalled that her cousin became ill and died after drinking a concoction made by a conjurer that caused frogs to live and grow within his body. Jones said, “you could hear ‘em [the frogs] everytime he opened his mouth.” Jones also told of another conjurer’s spell cast over a spring of water that caused one John to become ill after drinking from the spring. Allegedly, a turtle began living within his body and eventually choked him to death.⁶⁴ The slave narratives also provide other examples of snakes and spiders coming out of sick or dead bodies from conjurers’ spells.

Folklore also included the use of charms to cast spells or to undo them. Charms utilized by conjurers in the South included “graveyard dust, reptiles, pins, hair, graveyard dirt (gopher dust), reptile parts, herbs, bottles, bones, roots, nail clippings, and other personal effects.”⁶⁵ The conjurer made use of these items as well as “prayers, incantations, healing touches, charms, amulets, and other items” to keep evil spirits away.⁶⁶ Graveyard dust and dirt, in particular, were used to “invoke spirits of the dead against the living.”⁶⁷ Belief in the supernatural, however, extended beyond the realm of the conjurer.

Supernatural powers purportedly were granted to infants born with the caul (sac that encloses the fetus) over its face, to twins, or to the seventh child born into a family. Midwives were believed to have this special calling, as well.⁶⁸ Foretellers were also considered “special” for their abilities to look into the future and to interpret signs.⁶⁹

Therefore, when treating slaves, the physician at times found himself not only taking directions from the plantation mistress,

but he was also in competition with enslaved medical leaders.⁷⁰ Moreover, in medical treatment as well as in conjuring, one may see a sense of community that helped to empower the enslaved. That is, because they were familiar with their own folk remedies and methods, and because certain established treatments (such as bloodletting and amputations) violated their religious beliefs, the enslaved trusted and relied upon practitioners within their own communities.⁷¹

The importance of confidence and belief in medical treatment, whether in non-traditional, herbal, or conjuring methods, should not be underestimated. The power of the conjurer could be used against an oppressive slave master. For example, the power of a root used for protection may be seen in the autobiography of Frederick Douglass. In his 1845 book, Douglass related how an acquaintance suggested that he carry a certain root in his right pocket that would protect him from beatings by his master, Mr. Covey. Douglass took this advice and found that, although he had confrontations with Covey, the confrontations usually went in Douglass's favor and eventually stopped. Douglass indicated that this experience with the root was the "turning point in my career as a slave."⁷² From our perspective, it is difficult to believe that power actually came from the root. The point is that, because of this incident, Douglass felt empowered.

Historian Elliot Gorn provided another example of the power of the conjurer against an oppressive slave master. In this legend, the conjurer inflicted pain on his owner when he created an image of him from mud and then placed thorns in the image's back. His owner was said to have suffered back pain until the conjurer decided that he had been punished enough. Once the thorns were removed, allegedly his owner recovered. Thus, in a temporary role reversal, the master was not in control, rather the slave was.⁷³

Superstition also influenced views on medical care within slave communities. For example, it was believed that a knife or axe placed in the proper location within the home would cut pain or "fend off some spirit or medical calamity."⁷⁴ Following childbirth, former slave Julia Brown also recalled that "The granny would put a rusty piece of tin or a ax under the mattress and this would ease the pains. The granny put a ax under my mattress once. This wus to cut off the after-pains and it sho did too."⁷⁵ Likewise, a cure for cramps was to "wear a raw cotton string tied in nine knots around your waist" and for a nosebleed or hiccoughs, "cross two straws on top of your head."⁷⁶ Superstition may be seen in this warning as

well: "Don't buy new things for a sick person; if you do he will not live to wear it out."⁷⁷

Superstition was also said to influence explanations for children (born to whites or blacks) with "mothers' marks," or in today's terminology, disabilities. For example, it was believed that a woman gave birth to a child that had the features and actions of a fox because the mother, while pregnant, saw her master's fox daily. Similarly, while pregnant, the mother of a disabled child was said to have seen an elephant in a traveling carnival. Looking upon the elephant, it was believed, had "marked" her baby with its disability.⁷⁸

The poor health of the plantation family and the slaves was detrimental to the success of the plantation. Because physicians were not always easily accessible, masters, mistresses, and the enslaved were responsible for providing much of the health care to those residing on the plantation. By providing for the basic needs of food, clothing, and shelter, the plantation master's role as paternal leader was reinforced. However, plantation mistresses and the enslaved gained a sense of empowerment because their roles as health care providers allowed them a level of importance normally not relegated to them.

As the knowledge of science and medicine continued to increase throughout the antebellum period, more medical schools were established, and more physicians were trained to help meet the demands of health care. It was also during this time that women like Elizabeth Blackwell gained entrance to medical colleges to receive training in the male dominated field of medicine. However, increasing the number of physicians, both male and female; as well as establishing new medical colleges were slow processes. In the meantime, medical needs in the South had to be met. Consequently, health care provided by plantation masters, mistresses, and the enslaved was instrumental in attempting to meet these needs.

Notes

- 1 Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978), 19.
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