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Colin Fitzgerald

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African American Slave Medicine of the 19th Century

COLIN FITZGERALD

There were many different factors that led to the effectiveness of African American slave medicine during the early to mid-nineteenth century United States, or the antebellum period. African slaves who were taken away from their native lands carried with them their own native medical practices and knowledge. Their pre-established medical knowledge would grow over time as countless generations of African Americans would soon be exposed to the medical cultures of both Native Americans and white European immigrants. The function slave-practiced medicine would play in society during this time period would also be shaped by the new complex social conditions of slavery. The value each slave owner, as well as community, placed on slave-practiced medicine was different from one plantation to the next. This provided a number of different environments where medicine practiced by slaves was both nurtured and suppressed. Compared to the kind of westernized medicine that was being conducted by white medical practitioners at this time, especially in the south, slave-practiced medicine was in some ways advanced for its time. Considering that most all slaves in the United States could not read or write during this time, slaves who did practice medicine were largely unaware of the actual science behind what they were doing. This reason alone is most likely responsible for why medicine practiced by African American slaves was looked down upon by many white owners and doctors of the antebellum period. However, with the luxuries of today's knowledge of modern chemical science, we are able to see just how advanced some of these herbal cures really were in both their biological complexity and their ability to cure specific ailments.

The wide spread uses of medicinal herb and holistic natural plant-based remedies by slaves of the early to mid-nineteenth

century were equally as effective in treating ailments of the body when compared to commonly practiced white medicine of the same time era; and, in some cases, medicine practiced by slaves was more effective in treating the physical and psychological conditions of patients than the medicine practiced by their white counterparts. This shows that African American slaves provided a significant contribution to the medical community of the United States.

There were a plethora of different herbs, roots, barks, spices, and other naturally occurring biological components used in slave medicine. Their uses, as well as prevalence, were contingent on their availability and usefulness. Some of these cures worked well, some offered little more than coincidental cures, and others were even a bane to a patient's health. However, each of these of these cures, effective or not, built upon the already pre-established knowledge slaves had of medicine. Their experimentation with various kinds of plant based remedies is what led them to make these great, albeit unknown, breakthroughs in medicine that we still study and use today.

One particular herbal cure used by African American slaves was a plant called asafetida. Asafetida is a perennial closely related to silphium of Cyrene and has characteristics of plants in the fennel family. It is native to India and Iran, but was most likely brought over to the New World by European settlers. As its name implies, asafetida has a fetid odor to it. It is commonly referred to as stinking gum, or Devil's dung. Asafetida is popular in Indian cooking, and it has a similar taste to leeks. The



Asafetida

dried sap of the plant extracted from the stem and the roots, forms a resin like gum. Commercial uses of the plant mix this resin with rice flour and gum Arabic. Victoria Adams, of Columbia, South Carolina,

recalls using the plant as a preventive measure against diseases on her plantation, “[w]e dipped asafetida in turpentine and hung it ‘round our necks to keep off disease” (Slave Narratives). Asafetida was used as preventative against a number of pulmonary diseases such as whooping cough, bronchitis, small pox, and influenza. It was usually placed in a bag around someone’s neck so that they could breathe in the fumes. Asafetida is found to have worked as an anti- flatulent by reducing the amount of indigenous microflora in the gut. Because of its close relation with the famed silphium of Cyrene (belonging to the same family, ferula), it has also been reported to contain naturally occurring organic contraceptive compounds. However, its most noticeable traits are its antimicrobial (antibiotic) elements, and its ability to fight off influenza, as well as other forms of viral flus. When ingested, asafetida works in the gut to limit bacteria growth, but when worn around the neck the pungent fumes can open congested airways to kill harmful bacteria in the nasal passages. The U.S Pharmacopeia approved use of the herb to fight of the spread of Spanish Influenza in 1918. In 2009 it was later found out that the roots of the plant produce a natural antiviral drug compound that was effective in fighting strains of flu like the H1N1 virus in vitro. This may have been an important factor concerning its effectiveness against the Spanish Influenza. Modern medicine at the time did not have anything of this potency that was able to combat many of the pulmonary diseases suffered by both whites and African Americans.

The use of turpentine on these resins most likely acted similar to a “Vick’s VapoRub” in its ability to open up nasal passage ways. Turpentine also acts well as an antiseptic due to its nature as an organic solvent. Turpentine is a sap harvested from a number of different pines in the United States and is primarily made up of organic molecules such as pinenes (FAO). However, turpentine is also extremely flammable, and because of its nature as an organic solvent, it is often harmful to breathe directly into the lungs. When turpentine is applied to skin it also irritates the applied site and can cause bad rashes.

Other forms of medicine employed the uses of boiled water to dissolve polar organic materials into teas for oral consumption.

Such examples of this practice are the uses slaves had for burdock root. Burdock root is more famously known as *Articum lappa*, or the plant that inspired George de Mestral of Switzerland to come up with the idea of Velcro in 1941, after observing the way the seeds of the plant hooked onto clothing (Wiki). The root of the plant was sometimes ingested directly and other times it was ground up using tea as a means of administering the drug. Modern science has found that the root of this plant possess antibacterial (antibiotic) and antifungal properties. There is also evidence that burdock root contains compounds that demonstrate anti-inflammatory properties.

On top of this, burdock root is a diuretic and can be used in the treatment of diabetes. Herbalists used the root for the treatment of dropsy, gout, blood purification, rheumatism, and fungal infections (Mountain Rose Herbs). This root was crucial in the production of gentle antibiotic salves and pills.

The medical knowledge that slaves contributed to western medicine is not just limited what they learned while in the United States. Some medical procedures that existed in Africa before slavery were introduced to whites in the US after slaves were taken from Africa. The most famous case is the one of native born West African (and then slave) Onesimus, who brought the knowledge of smallpox inoculation to the United States from Africa. It was Onesimus who stated to his master, the well-known theologian from Massachusetts, Cotton Mather, that he had the procedure performed on him in Africa (Niven). With the knowledge Onesimus gave him just before his



Burdock plant



Burdock root

death in 1717, Cotton Mather was able to curb a small-pox outbreak in Boston in 1721 (Niven). However, the practice of inoculation in America at the time was still widely criticized. This kind of medical knowledge wouldn't become known in mainstream medicine until Edward Jenner popularized the idea through his innovation of vaccines in 1796.

As stated before, the means by which African American slaves generated this knowledge was through a complicated series of relations with people of various other races. These were a series of relationships that spanned generations all across the country. It is crucial to remember that for the most part, slaves in the United States could not read or write. In a number of the Library of Congress slave narratives (Born in Slavery), many former slaves recollect that their former masters were wholly against the idea of having their slaves learn how to read and write. Many states passed laws that forbade people from teaching slaves how to read and write. So, information regarding various skills and trades was passed down via word of mouth from generation to generation; all of this was done in order to preserve knowledge that had been so tirelessly paid for in blood and sweat.

In the case of medical knowledge, slaves would share their learned knowledge usually with their immediate family on the plantation. And, since it was not common for slaves to venture out into other plantations, much of their gained medical knowledge did not permeate far beyond their homes. Annie Whitley Ware of Texas (born in 1857) remembers her mother training her in herbal medicines: "Mammy was trained ter be a doctor. In dem days dey git deir medicine from de woods an' made deir salves, liniment an' sech. Mammy larned me what she knowed 'bout doctorin'" (qtd. in Covey 76). However, wandering "root doctors" or local herbalists were not uncommon in areas of high concentration of slaves. These people were most likely responsible for what kind of information did make it out of plantations.

African slaves, when coming to the New World, brought with them their various cultural practices and knowledge of medicine. Unfortunately, a majority of what they knew about medicine had

to be relearned because most all of their traditional remedies were based on naturally occurring plant resources that were available to them in Africa. North America was a whole new alien continent with a vastly different ecosystem. This was a similar problem that first challenged many new European settlers coming to the New World as well. For the Europeans, trained physicians were few and far between. In addition to that, supply ships from Europe that carried medical supplies for the settlers, especially during the winter months, were very rare (Covey 27). Early settlers turned toward Native Americans for help with treating illnesses and for trading medicinal herbs.

Native Americans contributed a great amount to the American pharmacopeia, and the knowledge that they first shared with the early European immigrants was still being used by physicians up throughout the nineteenth century. It was this mix of European and Native American medicine that many Africans first studied. The acquired knowledge from these new medical practices mixed with their own pre-established ones. Many Native Americans even shared their knowledge directly with slaves. Both African and Native American medicines were heavily steeped in the idea that magic played an important role in the healing process. In many African cultures someone who was a skilled healer was also equally skilled in spirit. As Herbert C. Covey (47) says, "The spiritual aspects of healing and curing-as well as the role of the family, spiritual possession, witchcraft, sorcery, herbs and plants, and beliefs played important role in traditional West African healing arts." African American slaves learned the medical knowledge of whites by direct osmosis. Marie Jenkins Schwartz explains this process: "Slaves were familiar with the therapies of the physicians. Knowledge of regular medicine among slaves stemmed from their involvement as patients, nurses, midwives, and servants" (56).

Even though slaves had learned a considerable amount of their medical knowledge from whites, such as how to diagnose ailments based on symptoms, how to conduct bedside manner, and general preventative care for ailments, there was still a stigma against slaves practicing medicine. Many whites did not trust slaves practicing medicine on the plantation, or on them. White people of the time

saw the spiritual side of African American medicine as something wholly uncivilized. They looked at people who practiced “Hoodoo” and other forms of spiritual healing as quacks. Many plantation owners forbade their slaves from treating themselves or other slaves with herbal remedies. “They feared that enslaved people waited too long before applying treatments, were incompetent, ignorant, and lazy, and were intolerant when ailments got out of hand” (Covey 43). There was also the fear that slaves would poison their masters as revenge for mistreatment. Many plantation owners would beat slaves if they were caught practicing medicine. Some white people, however, saw the benefits in allowing slaves to practice medicine, and even had family members saved by the quick action of their slaves where modern medicine had failed.

There was such a rise in the number of African-American herbalists and medical practitioners that the South Carolina General Assembly passed a law in 1749 that prohibited slaves from being employed by physicians to concoct poisons, or administer medicine of any kind. However, slave medicine continued. Many slaves saw medicine as one of their few freedoms left, the freedom to treat their own bodies. Some plantation owners would allow it unless an ailment grew out of hand, while others would only allow it if a physician’s aid failed to cure someone. Still other owners had a complete distrust of modern medical physicians all together, so they opted for their own home remedies. The conditions for what was allowed on a plantation varied from owner to owner. It was usually a slave owner’s personal experience with either slave-practiced medicine or modern medicine that gave him opinion on the matter. Some slave owners saw slaves caring for each other’s health as an opportunity for slaves to fake illnesses to get off from work. “They [slave owners] developed the attitude that if a slave complained of illness he was acting like ‘a true negro in always “poorly” to escape work” (Savitt 162). However, it was often in the best interest of the slave owner to allow his slaves to care for themselves. Slave owners did not have to pay for or wait for physicians to come and treat their slaves. Other times, having a slave treat another slave eased the mind of the patient, and it led to better morale among slaves on the plantation.

What made slave-practiced medicine so important during the nineteenth century was the state of medical care that existed in the South. Medicine, in the South, was becoming more and more westernized. Westernized medicine was, during the mid-nineteenth century, a popular emerging field that relied on the heavy usage of powerful drugs and the use of “modern” surgery to cure both physical and psychological ailments. Formally trained medical practitioners were attempting to move away from the European system of homeopathic cures that had become so popular in the United States after its conception by Samuel Hahnemann in 1796. Homeopathy was similar to the doctrine of signatures (a much older form of medicine) in the sense that it based itself on the idea that “like cures like.”

This is not to say that medical practitioners had diverged completely from homeopathic or traditional herbal remedies. Dr. Ewell, a well-known nineteenth century physician, revealed that the contents of his medical chest contained substances like Peruvian bark, gum Arabic, essence of peppermint, a tincture of fox glove, and arrow root (Covey 24). However, most of these new advancements in modern medicine resulted in harsh remedies that were typically some form of laxative, an analgesic opium derivative, a purging compound, or anti-rheumatoid in nature. Formally trained physicians began using these forms of medication heavily when treating the symptoms of both African American slaves and whites alike. Bleeding (or cupping), purging, puking, and blistering became the standard for most formally trained medical practitioners. These treatments were so frequently used and prevalent in the Southern United States that, “[m]ost issues of antebellum Southern medical journals contained articles written by doctors who routinely purged, puked, and bled their black patients, often to unconsciousness” (Savitt 14).

These practices quite often created a distrust of modern medicine among slaves, who were forcefully subjected to its treatments by their slave owners, and whites, who still clung to valued homeopathic home remedies that were usually passed down through families. These new medicines were expensive and required

a higher skill to administer; plus, formally trained physicians and medical practitioners were common only in highly populated areas of the South. In 1847 a physician by the name of Carter P. Johnson published a report in the Transactions of the American Medical Association on the number of regular and non-diploma holding practitioners of seventy-five Virginia counties and towns (Savitt 168). Around one third of these “doctors,” 294 of 972, had never received diplomas, and another thirty adhered to the Thomsonian system (Savitt 168). So many whites and white slave-owners distrusted doctors that many called upon “irregular” medical practitioners such as Thomsonianism, homeopaths, hydropaths, empirics, and eclectics (Savitt 150).

Thomsonianism was a branch of medical treatment that came from homeopathic ideologies. It was invented by Samuel Thomson, a self-taught herbalist and botanist from Alstead, New Hampshire, during the late-eighteenth century. The practices used in treatment were centered on the idea of using heat to heal the body. Hydropaths were people who, quite obviously, used water exposure as a form of medical treatment. These alternative forms of treatment were less expensive and often were available to people who lived far from the city. Often times plantation owners would permit an overseer to administer versions of their home remedies or therapies on slaves. Other times plantation owners would resort to modern practices of bleeding or purging. Much like their stances on slave practiced medicine, slave-owners’ uses of medical treatments stemmed from what they had had success with in the past. Savitt explains this when he says, “Medical practice, especially in rural areas, was a matter of trial and error rather than of application of set procedures learned in medical school” (17).

Slaves were an important investment to plantation owners, yet the overall treatment of slaves’ health was abysmal. Their health became important only when a slave became sick or injured. When in need of medical care, slaves entered a strange power dynamic. Their masters decided when they did or did not need medical care. They also determined what kind of medical treatment they should receive, such as bleedings, purging, powerful opioids, or harsh home

remedies. When treated, slaves assumed the role of a patient in need of care yet had no rights over the treatment they received as patients. Slaves would sometimes fake illnesses to avoid work, but this action came at a cost. If slaves were found to be lying, they were severely beaten. If their owners did believe that they were indeed ill, they were often forced to take powerful medicines that in turn nearly killed them.

Slave medicine was empirical in its approach, meaning that it was mostly a system of health care built over time by observations and experience. However, even though slave medicine did follow an empirical style, slaves were more attuned with what kind of natural remedies worked, and in which way. Like other natural remedies, however, there was an element of superstition that at times outweighed practical means.

One major difference between African American slave medicine and white medicine was that the basis for slave-practiced medicine was not steeped in the idea that each race was biologically different. This distinction between races may have existed in their outlook on spiritual healing, but not in their decisions when administering herbal medicines. Much of what made modern medicine so brutal toward African Americans was that it based many of its treatments on the idea that “Negroes” were biologically inferior to whites. This idea was argued after physicians in the Southern United States observed that many native Africans possessed an inherent immunity to malaria, as well as an increased vulnerability to pulmonary diseases such as tuberculosis or whooping cough. From this and other various differences in health, it was accepted by both Southern and Northern medical communities that Africans were biologically inferior to whites, and their race was designed for hard labor. Savitt explains that, “[m]edical theory and practice were still in such a state of flux in the late eighteenth and early nineteenth centuries that there was little risk of any true scientific challenge to a medical system based on racial differences” (17).

Slave folk practitioners existed primarily as midwives, grannies, herb doctors, root doctors, spiritual healers, “kitchen physicks,” conjurer doctors, and to a lesser degree, formally trained

physicians (Covey 41). However, those who became formally trained physicians were also freed African Americans. It was also, in some ways, similar to European medicine at the time, considering that it was heroic in many ways. Heroic medicine was a traditional form of medicine that encouraged the use of treatments that were physical, or immediately observable; this of course often jeopardized many patients' health. There were African Americans, both enslaved and freed, who subscribed to modern medicine during the antebellum period. However, when slaves practiced medical treatments such as voiding, bleeding (cupping), etc., it was usually at the command of their master. Most slaves, because of their traditions and aversion to these harsh treatments, sought medical care through herbal treatments as well as spiritual healing (or guidance). Slaves' abilities to treat people with herbal remedies were wholly supported by their knowledge of the environment. Those who were experienced in treating people were also knowledgeable about what was available to them in the surrounding environment.

For the most part, health care on a plantation was most often a woman's endeavor. "Grannies," or older African American women, were usually the most experienced in the realm of medicine. African American women were called upon as midwives, wet-nurses, bed side nurses, and cooks. This gave them valuable exposure to medical knowledge. Most were often too old to work on the plantations. They took on the primary role as caregiver for infants, children, and the elderly. The time away from working let gave them time to forage for roots and other medicinal biological material.

The conditions that surrounded slave-practiced medicine were not only varied, but complex in nature. There is still much left unsaid about the capabilities of slave-practiced medicine. Equally so, there is much left unsaid about its short comings and limitations. Like most medicine in the antebellum period, it was an imperfect art. Neither whites nor blacks could take credit for being completely superior to one another in medical knowledge. However, when we stop to look at the circumstances of each party, we see that the world during this time was not equally opportunistic for African Americans. For a group of people to be denied basic human rights,

to be denied the access to an education and still be as effective in the area of medical treatment, as those who were given that right, is simply remarkable. The state of modern medicine in the Southern United States was not ideal. African American medicine provided beneficial contributions to the field of medicine that had not yet been conceived. For the most part, however, like with most aspects of African Americans' life that had to do with education, African American slave medicine was suppressed. It was suppressed until it became beneficial for plantation owners to use. Asafetida, burdock root, and small pox inoculations are just a few of the many medical advancements made by African American slaves. There are still others that were even more effective and advanced for their time, and for the most part, modern science, combined with narratives of the past, have been able to weed out which ones were ineffective in their uses. Much of this information not only signifies the importance of African Americans' contributions to the American Pharmacopeia, but it also signifies the importance of African Americans' role in the advancement of westernized medicine

Works Cited

- "Benefits of Burdock Root as Medicine and Food - Essiac Facts." *Essiac Facts.*, 07 Mar. 2015. Web. 24 Nov. 2015.
- Covey, Herbert C. *African American Slave Medicine: Herbal and Non-herbal Treatments*. Lanham: Lexington, 2007. Print
- "George De Mestral." *Wikipedia*. Wikimedia Foundation, May-June 2004. Web. 10 Dec. 2015.
- Graham, Barry F. "The Battle Of Yellow Jack: A Comparative Look At Preventive Medicine During The American Civil War." *U.S. Army Medical Department Journal* (2013): 103-106. *Academic Search Premier*. Web. 26 Oct. 2015.
- Grieve, M. "Asafetida." *A Modern Herbal*. N.p., n.d. Web. 24 Nov. 2015.

Hsu, David. "Walt Whitman: An American Civil War Nurse Who Witnessed The Advent Of Modern American Medicine." *Archives Of Environmental & Occupational Health* 65.4 (2010): 238-239. *Academic Search Premier*. Web. 26 Oct. 2015.

Kenny, Stephen C. "'A Dictate Of Both Interest And Mercy'? Slave Hospitals In The Antebellum South." *Journal Of The History Of Medicine & Allied Sciences* 65.1 (2010): 1-47. *Academic Search Premier*. Web. 26 Oct. 2015.

"Mountain Rose Herbs: Burdock Root." *Burdock Root – Mountain Rose Herbs*. N.p., n.d. Web. 07 Dec. 2015.

Niven, Steven J. "Onesimus (fl. 1706 - 1717), Slave and Medical Pioneer, Was Born in The..." *Hutchins Center*. Hutchins Center for African & African American Research, n.d. Web. 03 Apr. 2016

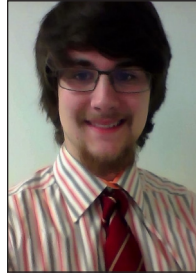
Savitt, Todd Lee. *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. Urbana: U of Illinois, 1978. Print.

Schwartz, Marie Jenkins. *Birthing a Slave: Motherhood and Medicine in the Antebellum South*. Cambridge, MA: Harvard UP, 2006. Print.

. "Slave Narratives A Folk History of Slavery in the United States From Interviews with Former Slaves." (n.d.): n. pag. *Library of Congress*. Web. 7 Dec. 2015.

"Turpentine From Pine Resin." *Food and Agriculture Organization of the United Nations*. Forestry Department, n.d. Web. 07 Dec. 2015.

About the Author



Colin Fitzgerald is a sophomore majoring in Biochemistry at Bridgewater State University. His research on the topic of African American slave medicine of the 19th century was conducted during the Fall 2015 semester under the guidance of Prof. Timothy Trask (English) in his Second-Year Seminar on Survivors of Slavery. Colin presented this research at BSU's 2015 Mid-Year Symposium. Colin plans to graduate with a Bachelor of Science degree in 2018 and then pursue a Ph.D. in the field of biochemistry.