

Conclusions

There is a drawing of a nineteenth-century medical encounter which helps to illustrate the nature of antebellum medical practice.¹ The picture is of a child being inoculated for smallpox by a family physician. A woman, presumably the mother, is holding the child as the physician makes the injection. An African American woman, probably a slave leans forward, attentively watching the procedure. The people in this picture represent typical care-givers in the nineteenth-century. Together, they make up what I refer to as the medical community. They are physicians, informed by theories of “regular” medicine, slaveowners and their families, who practiced home remedies, and slaves and free blacks who utilized African-based remedies. The only major actor missing in this representation is a member of one of the alternative sects, who also had many followers in the antebellum south. The fact that the physician is the healer actually performing the inoculation can help to illustrate the point of this thesis, which is that African-American medical knowledge transferred to the southern white community.

Cotton Mather first learned about smallpox inoculation from a slave and by the mid-nineteenth-century, regular white physicians routinely performed inoculation, on slave children as well as whites. African-American medical knowledge had come full circle. Cotton Mather was not the first to be influenced by a medical practice he learned about from a slave. Nor was he the last. However, the transfer of medical knowledge from slaves to the white medical community has generally been overlooked in previous studies of medicine and slavery.

Transfer of medical knowledge took place in several ways. Personal interaction, between individuals was the most common. Through this personal interaction, slaves shared botanical remedies with whites. In addition, whites often sought the services of slave healers with specialized knowledge, such as midwives, herb doctors and conjurers. Satisfied patients spread the news of slave healers by word of mouth. In addition, the courts freed a small number of slaves as a reward for revealing particular cures and then newspapers publicized these cures. Whites often recorded these cures, used them and shared them with others. Other whites had access to slave knowledge in the form of guidebooks to medicinal plants. Physicians learned of slave remedies in medical journals, in articles written by other physicians.

Slave treatments and healers offered a viable alternative to both regular physicians and practitioners from established sects for various groups of antebellum southerners. For instance, people who were either dissatisfied with care by regular physicians or to whom such care was not available, and those who were not drawn to the other alternatives were potential patients for slave practitioners.. Some whites simply preferred the relatively gentle slave remedies that many of them had become familiar with in their childhoods. In addition, slave remedies reinforced southern domestic practice that had been relied upon since the earliest colonial times.

¹ See Steven M. Stowe, “Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-nineteenth-Century American South,” *American Historical Review* 101 (February 1996), 42.

Southern physicians used the presence of slaves to benefit themselves and their profession. They argued that slaves were physically different from whites and required different treatments. Only doctors educated in the south, with access to blacks upon which to practice, were qualified to treat slaves. By making this argument, southern physicians attempted to secure and maintain a place of status for themselves in the medical profession.

Reaction to the knowledge that slaves provided a recognizable component of the south's medical community can best be described as one of ambivalence. Slave therapies were accepted and adopted by some and denounced by others. Over time the origins of the treatments were forgotten. Whites dealt with their ambivalence by separating the knowledge from its black source, i.e. the slaves. Laws that applied stringent regulations to the practice of medicine by blacks best illustrate the ambivalence towards slave medical knowledge felt by whites.

In the twentieth-century, we are beginning to see more and more doctors who are willing to explore the benefits of unorthodox treatments and remedies brought to this country by immigrants who do not wish to abandon their traditions. Some doctors and patients attempt to combine conventional care and indigenous medicine.² This thesis suggests that the influence and significance of cultural transfer has been overlooked in the history of medicine. It also raises for further study, more questions than it answers. Are there aspects of the medical knowledge of slaves that can still be seen in the twentieth-century? This study has focused on the slaveowning class. Were other classes influenced more or less by slave medical knowledge? More work needs to be done on the actual medical encounters between slave healers and white patients, Where, for example, did these meetings take place and who was present? What about the interaction between African Americans and Native Americans? How were northern doctors influenced? Did slaves in urban areas possess the same type of medical knowledge as slaves on plantations and how did they use this knowledge? Was more or less of it transferred to the white medical community? The significance of the gender of slave healers was touched on in this thesis but certainly deserves great attention as well. The history of the influence of African Americans on the south has been neglected. This thesis contributes to the body of scholarship that has begun to correct the imbalance of knowledge concerning cultural influences on medical practices

² See Pam Belluck, "Mingling Two Worlds of Medicine: Some Doctors Work With Folk Healers in Immigrants' Care," *New York Times* (May 9, 1996), B1, B4.; and Lynne Duke, "Seeking Health from the Roots Up," *Washington Post* (September 12, 1996), A1, A24.