Medicine & Power:
Authority and British Caribbean Medical Practitioners, 1750-1823

by

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For my Mother

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Abstract

In the late eighteenth-century on British Caribbean Plantations, there were dynamic groups of medical practitioners operating within the same physical space. The plantation healthcare system was made up of white doctors and the enslaved people who were trained in European style medicine. Enslaved people had access to alternative medical authorities in the form of Afro-Caribbean medico-spiritual practices that operated outside of plantation healthcare system implemented by planters. After the 1770s, pan-Caribbean ameliorative literature was designed to alleviate the living and working conditions of enslaved people in an attempt to foster the health and natural reproduction of the enslaved workforce during an era of rapidly escalating slave prices. A close reading of the ameliorative literature reveals the dehumanization of enslaved black people through the racialization of disease in the British Caribbean. Disease became racialized based on white assumptions of black inferiority, and planters' and doctors' perceptions of racial diseases were given intellectual support through humoural thinking. Ideas about healthcare among planters and doctors – revealed here through study of the diaries of Jamaican planter and overseer Thomas Thistlewood -- rested on the assumption that increased control of healthcare and surveillance of the sick enslaved populations would result in a healthier workforce. Healthcare infrastructure such as slave hospitals, appropriately called hothouses, were designed to contain and treat the sick. Within this controlling and dehumanizing structure, skilled enslaved medical practitioners could gain social capital that provided them with improved social and material living conditions. As an alternative medical authority among the enslaved on plantations, Obeah and Myal people practiced their Afro-Caribbean medico-spiritual arts. After Tacky's Rebellion in 1760, Obeah and Myal practice was made illegal but it was still in demand by the enslaved people who sought their physical and spiritual healing. British planters imposed intellectual and physical dehumanization upon enslaved people through the racialization of disease and the imposition of plantation healthcare infrastructure, but the medical healing arts that enslaved people practiced, European or Afro-Caribbean, provided them an opportunity to survive slavery.

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Chapter 1. Introduction

On Thursday, 15 March 1759 Thomas Thistlewood, a rural Jamaican plantation overseer, wrote, "Many Negroes in the hothouse Sick."[1] This seemingly mundane entry reveals that the slave managers were contending with sick and infirm enslaved populations. This was a daily struggle for British Caribbean planters. Thistlewood made regular entries on the state of health of the enslaved people he managed. A sick slave could not work. If slaves could not work production suffered. When production suffered, revenue would be lost. In the second half of the eighteenth century, addressing illness and infirmity among the enslaved was of paramount importance to the economic sustainability of Caribbean plantations. Sugar ruled the Caribbean world, and planters relied on slave labour to cultivate and harvest cane. The tropical environment, labour, and conditions of bondage presented constant challenges to the health of enslaved people. The plantation healthcare system was a dynamic system of care and control that attempted to combat morbidity and mortality among the enslaved population.

This thesis addresses the power dynamics within, and outside of, the plantation healthcare system. I argue that masters used western medical ideas and practices to control the treatment of enslaved people and the physical spaces within which they were required to heal. Slave hospitals operated as temporary prisons to control movement and provide care, while ameliorative literature blended humoural theory with racist assumptions that racialized diseases such as dirt eating, yaws, and elephantiasis. White masters used their presumed superior knowledge of health and disease to dehumanize black people's bodies through the racialization of disease and control

[1] The Thomas Thistlewood diary (hereafter TTD), which stretches from 1750 to 1786, is unpublished but the original can be found at the Beinecke Rare Book and Manuscript Library, James Marshall and Marie-Louise Osborn Collection Yale University. Hereafter, I will simply give the date for all citations from the diary. This thesis draws on both the originals and on transcriptions of the originals provided by Dr. Justin Roberts. For this reference, see TTD Thursday 15 March 1759. The full diary has been digitized and is available online at https://beinecke.library.yale.edu/collections/highlights/thomas-thistlewood-papers

their movement by implementing slave hospitals. However, within that structure of dehumanization and control, this thesis demonstrates that enslaved people who practiced medicine, of either the European or Afro-Caribbean types, could access varying degrees of social capital and perhaps negotiate better day-to-day material conditions on the plantation. Social capital came in the form of influence and status with their captors and other enslaved people; the improvement of material conditions involved access to resources, such as improved housing conditions, and most importantly, the ability to avoid field work.[2] I argue that while masters' maintained control of their plantations and slave populations most of the time, practicing medicine differentiated the way enslaved people moved through the plantation world and that demarcation, albeit marginal and infrequent, allowed enslaved medical practitioners greater ability to navigate the circumstances of their bondage.

The British Caribbean was an agrarian world that needed imported African labour to sustain the empire's desire for sugar. The British sugar islands' first large production was in Barbados during the seventeenth century; this economic boon was briefly eclipsed by Antigua, in particular, and the other Leeward Islands as a group in the early 1700's. By the 1720's, Jamaica had become the most valuable sugar island in the British Empire.[3] At its peak in 1797, Jamaica was producing 66 percent of the sugar in the British Caribbean.[4] Jamaica was the largest island in the British Caribbean. Its smaller Lesser Antilles counterparts continued to produce sugar for

[2] For more on inequalities in material conditions among plantation slaves, see Justin Roberts. "The 'Better Sort" and the 'Poorer Sort': Wealth Inequality, Family Formation and the Economy of Energy on British Caribbean Sugar Plantations, 1750-1800," *Slavery and Abolition*, 35.3 (September, 2014), 458-473.
[3] Richard B Sheridan, "The formation of Caribbean society, 1689-1748," in P. J Marshall, ed., *The Oxford History of British Empire: The Eighteenth Century*, vol. II (New York: Oxford University Press, 2001), 395; David Eltis, *The Rise of African Slavery in the Americas* (New York: Cambridge University Press, 2000), 202-204; B.W. Higman, "The Sugar Revolution," *Economic History Review* 53.2 (May, 2000): 213-236; Justin Roberts. *Slavery and the Enlightenment in the British Atlantic, 1750-1807* (New York: Cambridge University Press, 2013), 9-12.
[4] Ahmed Reid, "Sugar, Slavery and Productivity in Jamaica, 1750-1807," *Slavery & Abolition* 37. 1 (March, 2006) 159-182, 160.

the empire.[5] Jamaica, as the key economic engine in the British Caribbean sugar industry, is the focus of this study but supplemental evidence will be drawn from the rest of the sugar islands for the sake of comparison and to broaden the analysis. Sugar was the driving force in Caribbean economic success, and the labour required to produce sugar in the Caribbean was far more deadly and demanding than tobacco or cotton in the Americas, placing the enslavement of Africans at the heart of British Caribbean economic success. Historian J. R. Ward wrote that "[British Caribbean] Planters themselves acknowledged the regular excess of deaths over births among estate populations, claiming that it made the continuation of the slave-trade from Africa essential."[6] Over the course of the eighteenth century, as the price of sugar increased, so did the cost of new African slaves. The price of slaves increased slowly over the first half of the eighteenth century from an average of £25 per slave in 1701 to £29 in 1749.[7] The second half of the eighteenth century saw a steep rise in the average price of slaves. In Barbados and the Leeward Islands, the average price went from £29 in 1762 to £70 in 1799; similarly, Jamaica saw an increase from £36 in 1762 to £70 in 1799.[8] The relatively slow increase of slave prices in the first half of the eighteenth century meant that replacing the dead with newly imported Africans was a morally repugnant but economically rational decision, but the rapid increase in prices over the second half of the century meant that planters had to mitigate their reliance on new slaves.

During the 1770's, the rising cost of slaves prompted planters to consider how to improve enslaved living conditions, promote slave health, and ideally establish consistent natural

[5] David Beck Ryden, *West Indian Slavery and the British Abolition, 1783-1807* (Cambridge, NY: Cambridge University Press, 2009); Richard B Sheridan, *Sugar and Slavery: The Economic History of the British West Indies* (Baltimore: John Hopkins Press 1974), 208.
[6] J. R. Ward, *British West Indies Slavery, 1750-1834* (New York: Oxford University Press, 1988), 1.
[7] Ibid, 210.
[8] Ibid.

reproduction.[9] Planters change in thinking surrounding the management of the enslaved is clear in the proscriptive literature in the second half of the eighteenth century. Before the 1770's, plantation manuals focused on agricultural and economic efficiencies; enslaved health was not a major priority in these manuals because of the consistent availability of relatively cheap labour from Africa.[10] After the 1770's, with rising abolitionist critiques and attrition rates as high as 2.9 percent, plantation management guides had begun to promote slave health and address the poor reproductive rate of the enslaved.[11] By the turn of the nineteenth century, Caribbean planters were faced with the imminent abolition of the slave trade; some of them improved health and healthcare in order to promote the natural reproduction of their current enslaved populations, because this would be the only way to sustain a labour force.[12] As early as 1764, professional doctors were beginning to publish plantation guide manuals dedicated to the medical management of the enslaved. Dr. James Grainger of St. Lucia and Dr. David Collins of St. Vincent were among the doctors who put their knowledge and experience into print. Doctors produced healthcare literature and promoted medical practices that would preserve the lives of the enslaved people in order to preserve this immensely profitable but deeply exploitative institution of slavery.

Collins and Grainger produced proscriptive literature on the management and healthcare of enslaved people for British Caribbean slaveholders. In 1764, with the publication of *An Essay on the More Common West-India Diseases; and the Remedies Which That Country Itself*

[9] Christopher Leslie Brown, *Moral Capital: Foundations of British Abolition* (Chapel Hill: University of North Carolina Press, 2006), 34-101; Roberts, *Slavery and the Enlightenment,* 1-80; Ward, *British West Indies Slavery*, 210.
[10] Richard B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834* (Cambridge, UK: Cambridge University Press, 1985), 42-69; Ward, *British West Indies Slavery*, 190-232.
[11] Ibid; David Eltis, Frank D. Lewis, and David Richardson, "Slave prices, the African slave trade, and productivity in the Caribbean, 1674-1807," *Economic History Review* 58.4 (May, 2005): 673-700.
[12] Sheridan, *Doctors and Slaves*, 28-40.

Produces: To Which Are Added, Some Hints on the Management, &c. of Negros, Grainger became the first doctor to produce a plantation guide manual dedicated to the medical treatment of slaves in the Caribbean.[13] As the title indicates, Grainger provides some management advice, but enslaved health and healthcare are at the core of his book. Grainger's *Essay* was a critical look at plantation healthcare that sought to provide quality advice on medicine and care to practitioners and slave managers in the Caribbean.[14] *An Essay* was reprinted posthumously in 1802. In 1803, nearly four decades after the first edition of *An Essay*, Collins published *Practical Rules for the Management and Medical Treatment of Negro Slaves in the Sugar Colonies*.[15] Similar to his predecessor and as the title suggests, Collins addressed plantation management such as the division of labour and work allocations, but enslaved health and healthcare management were the focuses of the book. By 1811, *Practical Rules* was already in reprint.[16] Collins and Grainger outlined a holistic approach to providing healthcare to enslaved people. They thought medicine should be integrated into every aspect of slave life; by improving lodging, diet, conditions, environment, treatment, and healthcare, a slave, they believed, would become healthier.[17] For both Collins and Grainger, their guides were the product of a life immersed in plantation management and healthcare. Collins spent over twenty years managing a large gang of slaves, developing his specialized skillset and knowledge base before producing literature for publication.[18] After marrying a sugar heiress in the early 1760's, Grainger began practicing medicine on his plantation in St. Kitts.[19] Grainger spent four years gaining experience in plantation management and healthcare prior to his publication. Collins and Grainger focused

[13] Sheridan, *Doctors and Slaves*, 32-33.
[14] Ibid.
[15] Ibid.
[16] Ibid.
[17] Collins, *Practical Rules,* 1-31; Sheridan, *Doctors and Slaves*, 32-33.
[18] Ibid.
[19] Ibid.

on addressing diseases that afflicted their slaves and through a holistic approach improved the living conditions of the enslaved.[20] Healthcare was at the forefront of the amelioration movement and men such as Collins and Grainger produced literature that sought to improve the conditions of slavery while keeping the institution intact.

Collins experienced the rapidly increasing prices of new slaves in the last quarter of the eighteenth century. For example, when Collins began managing an enslaved workforce on St. Vincent around 1783, the average price of a new slave would have been £42. By the time Collins published *Practical Rules* in 1803 the average price had risen to £70.[21] The cost of new slaves increased in the late eighteenth century due to the increased demand for labour and rise in sugar prices.[22] Increasing slave prices were compounded by the attrition and death rates of enslaved populations. Historians David Eltis, Frank D. Lewis, and David Richardson explain that in 1790 "the Caribbean slave population was 1.2 million. At an attrition rate of 2.9 per cent, simply maintaining the slave population required slave imports of nearly 34,000."[23] With prices of new slaves steadily climbing over a planter's lifetime and high death rates among the enslaved, plantation management and healthcare would need to be augmented to improve the conditions of enslaved people. On the ground, economic imperatives provided planters with motivation to improve the conditions of slavery, but politics played a role as well. The rise of mass abolitionist protests in Britain in the 1770s and 1780s placed pressure on Parliament and on businesses that had investments in the slave colonies. Amelioration was a way to demonstrate to

[20] Sheridan, *Doctors and Slaves*, 32-33.
[21] Ward, *British West Indies Slavery*, 210.
[22] Ibid.
[23] Eltis, Lewis and Richardson, "Slave prices, the African slave trade," 694-695.

abolitionists that slavery was an improving system of labor.[24] Amelioration literature meant an increase of labour experienced by the enslaved and further control over and organization of their daily lives because planters did not trust enslaved people to improve their own health.[25]

Medicine in the British Caribbean was practiced by Europeans and Africans, whites and blacks, free and enslaved. To provide clarity and consistency throughout the thesis, the medical practitioners will be divided into three categories. The first is defined by this thesis as owner- or overseer-implemented medicine, for example medicine and healthcare that is dictated by the owner or overseer and administered by themselves or a hired doctor. The second category is enslaved people practicing European style medicine on another enslaved person or owner, either under the guidance of an owner, overseer, doctor or on their own. An example would be a hothouse nurse, midwife, or an enslaved doctor with a larger scope of practice. Lastly, the third category, which operated an alternative medical authority to the plantation healthcare system, is enslaved people who performed Afro-Caribbean medico-spiritual on other enslaved people. Obeah and Myal practices fall within the third category as well as other non-identified medical practices relating to West African medical traditions.[26] Not all West African medicines were, what white observers understood as Obeah; nor were all West African medicines necessarily medico-spiritual. This thesis places West African and Afro-Caribbean medico-spiritual medicines in the same category, but wherever possible, attempts to clarify the distinctions between West African medical traditions and Afro-Caribbean medico-spiritual practices. Defining the elements and influences that make up the skillset of enslaved medicine is not the

[24] For more on amelioration and abolition, see Christopher Leslie Brown, *Moral Capital: Foundations of British Abolition* (Chapel Hill: University of North Carolina Press, 2006); Christa Dierksheide, *Amelioration and Empire: Process and Slavery in Plantation America,* (Charlottesville, Virginia: University of Virginia Press, 2014).
[25] Roberts, *Slavery and the Enlightenment*, 26-80.
[26] Jerome Handler, "Slave Medicine and Obeah in Barbados, circa 1650 to 1834," *New West Indian Guide/ Nieuwe West Indische Gids* 75.1-2 (2000), 57-90; Diana Paton, *The Cultural Politics of Obeah: Religion, Colonialism and Modernity in the Caribbean World* (Cambridge, UK: Cambridge University Press, 2015); Sheridan, *Doctors and Slaves*, 72-97.

goal of this project; with the absence of sources from the enslaved, the discussion will be built on the observations and thoughts planters had about enslaved people practicing medicine within plantation society. The definitions provided seek to cast a wide enough net to capture the broad scope of enslaved medical practice, while keeping within a framework that is conducive to a productive and contained study.

Two definitions that require clarification are Afro-Caribbean and medico-spiritual. These terms are often used together to describe the practices of Obeah and Myalism.[27] For the purposes of this thesis, Afro-Caribbean will be defined as a cultural practice that is a blending of West African, Caribbean, and Western European in varying degrees. The word Creole does not adequately address the West African heritage in Afro-Caribbean medical practices that this project is trying to highlight. Afro-Caribbean allows for more flexibility and less confusion when discussing the complexities of enslaved medical practice. Medico-spiritual, for the purposes of this thesis, will be defined as a practice that incorporates spiritual elements into medicine or medical elements into spirituality. The two definitions provided will allow for an engaging analysis of complex cultural, medical, and spiritual practices.

Richard B. Sheridan uses the term Afro-Caribbean effectively in his *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834* (1985). Sheridan hopes that his "investigation [would] stimulate other scholars to pursue the subject in greater depth."[28] Sheridan's broad survey of Caribbean medicine and slavery provides inspiration and a historiographical network instrumental to this project. Sheridan examines "the medical culture of West Africa, the extent to which it was carried by slaves to the Caribbean colonies and how it was modified, and in part suppressed, when it came into contact with the white medical

[27] Obeah and Myalism will be addressed in depth in chapter 4.
[28] Sheridan, *Doctors and Slaves,* xviii.

establishments on sugar plantations."[29] Sheridan outlines what he viewed as the two cultures of enslaved medicine: the first was African and the other was Afro-Caribbean. Sheridan outlines the nuanced variations between West African and Afro-Caribbean medicines and how they operated within plantation society.[30] Although dated, Sheridan's survey remains the key work in the field of British Caribbean slavery and medicine. He began to explore the complexities surrounding European imposed healthcare upon enslaved Africans as well as enslaved individuals who practiced European and Afro-Caribbean medicines. Sheridan answered how European and Afro-Caribbean medicines operated within the British Caribbean plantation healthcare system. The question I will ask of my sources is: how did practicing European or Afro-Caribbean medicine affect the lives of enslaved people within plantation slavery?

This thesis rests at the intersection of race, medicine, and slavery in the British Caribbean in the latter half of the eighteenth century. Slavery in the eighteenth century did not exist without concepts of race and racist perceptions of Africans. White assumptions of race established difference; a black/white divide was the fundamental element of Caribbean slavery. The racist thinking and actions of whites were a part of every aspect of enslaved life and applied to all things African, including medicine. Winthrop D. Jordan's *White over Black: American Attitudes toward the Negro, 1550–1812* (1968), sorts through the complexities of white attitudes toward blacks from early European exploration to pre-emancipation. Jordan notes that the stigmas and attitudes toward Africans reached the new world before African slavery itself.[31] The racialization and disassociation described by Jordan is central to understanding the mechanisms behind whites' perceptions of enslaved people, Afro-Caribbean medicine, and the racialization of

[29] Sheridan, *Doctors and Slaves* 72.
[30] Ibid, 72-97.
[31] Winthrop D. Jordan, *White over Black: American Attitudes Toward the Negro, 1550-1812* (Chapel Hill: University of North Carolina Press, 1968), 1-43.

disease. Brooke N. Newman's, *A Dark Inheritance: Blood, Race, and Sex in Colonial Jamaica* (2018) provides a more recent and geographically relevant study of race and law in colonial Jamaica. Newman argues that British colonists cemented perceptions of racial difference through the legal justification of exclusive birthright and entitlement of white Jamaicans.[32] White birthright in colonial Jamaican law codified racial classifications, including mixed race people.[33] Finally, Newman's book allows this thesis to engage with the social and legal outcomes for mixed race people within colonial Jamaica.

Plantation healthcare and medicine on Caribbean sugar plantations has been explored by historians. In *Slavery and the Enlightenment in the British Atlantic, 1750-1807* (2013), Justin Roberts details the daily working routines of enslaved-worked plantations in the British Atlantic. Plantation design, operation, and labour (skilled and unskilled), are integral details of plantation life needed to contextualize the plantation medical system.[34] Niklas Thode Jenson's *For the Health of the Enslaved: Slaves, Medicine and Power in the Danish West Indies, 1803-1848* (2012) is a detailed study of the Danish Caribbean plantation medical system. Jenson provides a Danish West Indian perspective on plantation medicine and healthcare that helps to contextualize the British Caribbean healthcare system.[35] Both historians present a qualitative and quantitative description of healthcare on plantations from different Atlantic world empires.

Historians have argued that enslaved people practicing medicine were a mechanism to preserve African sensibilities and resist white oppressors; what has been so often overlooked by the resistance paradigm is how enslaved people practiced medicine as a means of survival. W. E.

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[32] Brooke N. Newman, *A Dark Inheritance: Blood, Race, and Sex in Colonial Jamaica,* (New Haven: Yale University Press, 2018), 5.
[33] Ibid.
[34] Roberts, *Slavery and the Enlightenment in the British Atlantic, 1750-1807* (New York: Cambridge University Press, 2013).
[35] Niklas Thode Jenson, *For the Health of the Enslaved: Slaves, Medicine and Power in the Danish West Indies, 1803-1848* (Denmark: Museum Tusculanum Press, 2012).

B. Du Bois argued that black doctors and African healers in the new world preserved African tradition in their function as "the healer of the sick, the interpreter of the Unknown, the confronter of the sorrowing, the supernatural avenger of wrong, and the one who rudely but picturesquely expressed the longing, disappointment and resentment of a stolen and oppressed people."[36] Eugene D. Genovese believed the greatest contribution of black folk medicine was "in its function as an agency for the transmission of black religious sensibility into a defense against the psychological assault of slavery and racist oppression."[37] Although not necessarily wrong, Du Bois and Genovese overlook the immediate and pragmatic realities of an enslaved medical practitioner. This thesis will ascribe to the paradigm of survival articulated by Randy M. Browne in his *Surviving Slavery in the British Caribbean* (2017): "Alongside the largely unseen spiritual forces that tied enslaved people together and also brought them into conflict were much more tangible things – food and property, money and land – that were just as important to their everyday struggle for survival."[38] Browne argues that practicing Obeah was a form of social and circumstantial survival. To further Browne's argument, this thesis asserts that practicing other forms of medicine functioned as a mode of survival for an enslaved individual. By practicing medicine enslaved people could enhance their own material conditions and gain social capital.[39] Browne's paradigm of survival does not disprove DuBois and Genovese's position that enslaved medical practitioners were the curators and protectors of African sensibilities. Building on

[36] W. E. B., Du Bois, *The Souls of Black Folk*, (New York, 1964; first published 1903), 144, as cited in Richard B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834* (Cambridge, UK: Cambridge University Press, 1985), 97.
[37] Genovese, Eugene D., *Roll, Jordan, Roll: The World the Slaves Made*. (New York Random House, 1974), pp. 223-8. As cited in Sheridan, Richard B. *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834*. (Cambridge, UK: Cambridge University Press, 1985), 97.
[38] Randy M Browne, *Surviving Slavery in the British Caribbean* (Philadelphia, Pennsylvania: University of Pennsylvania Press, 2017), 156.
[39] Ibid, 132-156.

Browne's insight, I argue that an enslaved person practicing medicine, European or Afro-Caribbean, was one route to better individual survival within plantation slavery.

The primary sources available for studying enslaved medical practitioners are limited and problematic. All of the sources were written by whites who either owned or were in charge of enslaved people. Whites considered themselves superior intellectually and culturally.[40] As a result, racist white views on anything African or Afro-Caribbean are written from a set of preconceived notions and assumptions that inform the way in which they were recorded. African and Afro-Caribbean medicines were subjected to the racism of white writers. To mitigate racist assumptions by whites, a critical eye to the silences and confusions in the available sources from whites about blacks is integral. People reveal understanding of their world in their omissions as well as their admissions, especially when it comes to medical practices that were fundamentally different from their own sets of beliefs and ideas. When whites recorded an enslaved medical practice, it was likely because they were bearing witness to something that was enigmatic and stood out as an unknown to be solved. Which medical practices are being recorded and how the practice is being represented, must always be the two questions used to move beyond the racist biases of the source.

I will use a range of supplementary sources to examine the healthcare system of plantation Jamaica. Planter authors such as Edward Long and John Stewart were slaveholders, authors, and Jamaican residents; they were educated but did not have professional medical training. They produced sources rich with observations and the opinions of enslaved people practicing medicine. Long, a Jamaican planter-historian, published his three volume *History of Jamaica* in 1774. Long's volumes cover an array of topics, including his encounters with and opinions of enslaved people practicing medicine. Long wrote thirty-two years before Stewart

[40] Sheridan, *Doctors and Slaves*, 72.

published his *An Account of Jamaica and its Inhabitants in 1808*.[41] It is unknown if Stewart read Long's work, but they both were aware and made note of enslaved Africans performing medicine. Long and Stewart provide examples of planters who had an understanding of medicine, but were not professional doctors. Long and Stewart provide perspectives on how planters thought about and understood medicine, white doctors, and enslaved medical practitioners.

Doctor-planters such as Collins and Grainger will be used to help contextualize and broaden the discussion of the Jamaican plantation healthcare system by extending it to the larger British Caribbean medical sphere. The publications of Collins and Grainger dictated what could be considered as the medical "best practice" on slave plantations as far as Europeans were concerned.[42] Collins and Grainger give insights into the way medicine and healthcare infrastructure were used to further control enslaved populations and how medicine was used as a mechanism for dehumanization through the racialization of disease. Recognizing that Collins and Grainger would have been considered the authority on European medicine in the Caribbean by their contemporaries, their ideas and writings need to be contextualized by common planters like Thistlewood.

The diaries of Thomas Thistlewood are relied on heavily throughout this project. Thistlewood was a planter in Westmorland parish in southwest Jamaica from 1750 to 1786.[43] Thistlewood immigrated to Jamaica from Lincolnshire England when he was 29 years of age.[44] Success eluded Thistlewood in Britain, but Jamaica was full of opportunity. When Thistlewood

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[41] Edward Long, *The History of Jamaica. Or, General Survey of the Ancient and Modern State of That Island: With Reflections on Its Situation, Settlement, Inhabitants … In Three Volumes. Illustrated with Copper Plates* (London: Printed for T. Lowndes, 1774); John Stewart, *An Account of Jamaica and its Inhabitants,* London: Printed for Longman, Hurst, Rees, and Orme, 1808, i.
[42] Sheridan, *Doctors and Slaves*, 28-40
[43] Burnard, *Mastery, Tyranny, & Desire*, 10.
[44] Ibid, 2-7,10.

arrived he had little work experience and only a few pounds to his name.[45] Fortunately for Thistlewood, the only qualification he required to be an overseer was the colour of his skin. Being white and having a letter of reference was all a Briton needed to acquire employment in the British Caribbean, and Thistlewood was quickly hired.[46] By the time Thistlewood arrived in Jamaica, the trans-Atlantic slave trade had disembarked over six hundred thousand Africans on the island, which left a demographic ratio of 10 black people to every white person, with about 40 percent of the enslaved Africans being Akan-speaking people.[47] Thistlewood was a white man living in a black world with seemingly total control over the enslaved people on the plantations he managed throughout his life. After overseeing a "pen"-- a place that raised livestock for larger plantations -- and overseeing a moderately sized sugar plantation, Thistlewood bought his own livestock pen named Breadnut Island and lived there till he died in 1786.[48] His life was simple and not particularly lavish for a Briton trying to make it in the sugar colonies, but what makes him unique is the diary he left behind. The length of time it spans, the routine daily entries, and the level of preservation are extraordinary.[49] Keeping a daily diary, Thistlewood meticulously documented the specifics of his life. He recorded the interactions with the enslaved people he managed, which allowed for the reconstruction of the stories and lives of individual enslaved people who practiced medicine. The descriptions of his encounters with the enslaved people he managed are frequent and rich with information. Beyond the stories of enslaved medical practitioners, Thistlewood was constantly recording his own health, the relationships he had with

[45] Burnard, *Mastery, Tyranny, & Desire,* 2-7.
[46] Ibid.
[47] Thornton, *Africa and Africans*, 321; see also *Voyages: The Transatlantic Slave Trade Database* https://slavevoyages.org/voyage/database (Accessed 04/04/2019).
[48] Burnard, *Mastery, Tyranny, & Desire*, 11.
[49] Ibid, 24-26.

doctors and how healthcare was carried out under his management. The foundation of this thesis is built on vignettes derived from the exceptionally detailed Thistlewood diaries.

With the density and richness in the Thistlewood diaries, there is no surprise that many historians have utilized them as a key resource for the social history of Jamaica as well as the British Caribbean at large. Douglas Hall was the first to tackle the Thistlewood diaries in their entirety in his 1989 book, *In Miserable Slavery: Thomas Thistlewood in Jamaica 1750-86*. In the opening pages Hall writes that "[t]he **interest** of such a document is beyond question."[50] Hall is certainly right; Thistlewood's diaries became a key source to economic and social historians of Jamaica at the height of its slave-sugar prosperity. Hall left his readers two questions, questions that have resonated with historians who followed his work:

> [t]he **value** of such documents, as reliable sources of information, depend on the answers of two questions: first, why did Thistlewood write diaries; and second, to what extent can we come to general conclusions about Jamaican society on the basis of the evidence provided by a single diarist?[51]

Hall's questions are as relevant today as in 1989. The Thistlewood diaries are complex and problematic, but, given the paucity of first-hand testimony from the enslaved, they are the best source for exploring individual experiences of enslaved people in Jamaica. While using the Thistlewood diaries to extract anecdotes of individual enslaved medical practitioners, I will reflect upon Hall's questions of reliability in order to qualify generalizations and assumptions. Medicine was complex in the plantation system and the Thistlewood diaries offer an avenue to investigate how healthcare impacted the lives of the enslaved people for whose care it was designed.

Trevor Burnard is the best known historian to approach the Thistlewood diaries in their

[50] Douglas Hall, *In Miserable Slavery: Thomas Thistlewood in Jamaica, 1750-1786,* (Mona, Jamaica: University of the West Indies Press, 1989), xviii [bold in original].
[51] Ibid, xix [bold in original].

entirety. In addition to articles, Burnard's 2004 book, *Mastery, Tyranny & Desire: Thomas Thistlewood and his Slaves in the Anglo-Jamaican World* is an influential work produced on Thistlewood and the social history of Jamaica. Burnard emphasizes that the operations of power within Jamaica were complex, "masters did not always win; slaves did not always lose."[52] Burnard recognizes that whites did not have a complete monopoly on power because the slaves that had access to what little power was available to them could wield it extraordinarily effectively.[53] Recognizing the shortcomings and problematic nature of the sources, Burnard asks the same questions that Hall had posed fifteen years earlier. As long as an historian approaches the source with a degree of empathy and skepticism, a fruitful narrative can be constructed. Burnard provides this project with an insight into power dynamics within Thistlewood's plantation world. Using Burnard's insight into the power dynamics of the master slave relationship, I will ask, how did the master slave and doctor patient relationships operate within plantation healthcare and what was the intersection between these two sets of relationships.

As of now, only one historian has approached a medical analysis of the Thistlewood diaries and her analysis was a cursory article-length examination. Amanda Thornton and her 2011 article, "Coerced Care: Thomas Thistlewood's Account of Medical Practice on Enslaved populations in Colonial Jamaica, 1751-1786," was the first medical analysis of the Thistlewood diaries. Thornton assembles an array of quantitative analyses on birth, disease, and death within Thistlewood's enslaved populations. Thornton argues that Thistlewood provided the best version of eighteenth-century healthcare he could to the enslaved people he managed with the resources he had available.[54] She gives him some credit for the healthcare he was able to provide his enslaved populations, but recognizes a major discrepancy in Thistlewood's healthcare. The

[52] Burnard, *Mastery, Tyranny, & Desire*, 35
[53] Ibid.
[54] Thornton, "Coerced Care," 541-543.

sexual violence that Thistlewood imposed upon enslaved women in his management was damaging to the total health of the plantation. Thornton argues that "the most destructive gap in Thistlewood's medical care was his failure to stem the spread of venereal disease."[55] Thistlewood remained sexually active when diseased, which cycled sexually transmitted infections throughout the enslaved population.[56] Thistlewood's acts of sexual violence against enslaved women damaged his own health, but the impacts on Thistlewood's health were marginal compared to the sexual violence and dangerous infections he forced upon the enslaved women that he raped. Thistlewood may have been able to ward off pandemic disease such as smallpox through mass inoculations. But he was not able to stay the spread of venereal disease through the recklessness of his own actions and disregard for the enslaved women under his control.

While respecting the methodological questions posed by Hall, this project seeks to build on the medical context begun by Thornton and the power dynamics articulated by Burnard by address the Thistlewood diaries as a window into the social history of medicine on a Jamaican plantation. Little scholarship has been done to understand the racialization of disease in the British Caribbean or the social realties of individual medical practitioners in Thistlewood's diaries. The British Caribbean plantation healthcare system illuminates the interplay between white and black, health and disease, and the nexus between the master-slave and doctor-patient relationship.

Chapter two, utilizing the ameliorative proscriptive literature of Collins and Grainger and the routine accounts of the Thistlewood diaries, examines the racialization of disease from 1750 until 1823. This chapter examines the processes that doctors and planters used to racialize

[55] Thornton, "Coerced Care," 543.
[56] Ibid.

disease. Within ameliorative literature, humoural theory was used to justify assumptions about race and essentialist understandings of the black body. Assumptions of race and humoural theory were mutually supportive and created a foundation for white planters to conceptualize disease as essentially of the "Black" body. The scholastic integrity of humoural concepts allowed whites to justify the racializing of disease through a humoural lens. Using dirt eating, yaws, and elephantiasis as examples, chapter two will argue that whites in the British Caribbean racialized disease to further dehumanize blacks, in an effort to separate themselves from diseases deemed undesirable.

Chapter three addresses white doctors and the complexities and nuances of enslaved people practicing medicine within the planation healthcare system. Thistlewood, who was not a doctor and lived in rural Jamaica, had different but not necessarily worse access to medical services and information than Collins and Grainger. Despite being a rural planter, Thistlewood had access to good quality and relevant healthcare for both himself and the enslaved people he managed. The friendships he forged with the doctors who surrounded him influenced the way Thistlewood understood and handled his personal healthcare and that of the enslaved people he owned and managed. White doctors played a role in the plantation healthcare system as did enslaved people. With the aid of the Thistlewood diaries, anecdotes and stories of individual enslaved people who practiced medicine will be told. Individual enslaved people were trained by white doctors to practice European-style medicine, which they were allowed to practice within the plantation healthcare system. Individuals like Rose, Old Daphne, Mulatto Will, and Elizabeth Farrant worked within Thistlewood's plantation healthcare system in varying roles: nurses, doctors, and midwives.

These people provided care to enslaved people when they were in need. Will even had the opportunity to provide care to both whites and blacks. Plantation healthcare was designed to further control the movement and capacity of enslaved people. Within that restriction, select individuals were given privilege and access. Rose, Old Daphne, Mulatto Will, and Elizabeth Farrant were either enslaved or free people under Thistlewood's management, yet they were able to use their skills as medical practitioners to better their enslavement in two ways. The first was to gain social capital and improve their material circumstances.[57] Social capital came in the form of gaining favour from how they served their masters and from how they treated the enslaved community. The second benefit to practicing medicine was avoiding the field. Laboring in the fields degraded and killed enslaved people; by avoiding work in the sugar fields, enslaved people lived longer and had better living conditions.[58] Becoming a part of the existing authority structure and practicing medicine within the plantation healthcare system allowed individuals to carve out a life that had better material circumstances, better survival rates and more opportunities than unskilled field workers experienced.

Chapter four tells the stories of enslaved individuals who practiced medico-spiritual tradition outside the confines of the plantation healthcare system. The people who practiced Obeah and Myalism were working without the permission of their masters. Once the practices become outlawed after 1760, being caught practicing Obeah and Myalism was punishable by death. Although outlawed, Obeah and Myal people continued to practice their crafts on Jamaican plantations. Around the 1760's in Jamaica, Myalism arose within the enslaved communities throughout the island. Myalism acted as a form of spiritual protection against European

[57] Roberts, "The 'Better Sort" and the 'Poorer Sort.'"
[58] Ibid.

sorcery.[59] For about one hundred years, Myalism acted as an alternative authority within the enslaved populations of Jamaica.[60] Spiritual connection was important, but the social activity of Myalism was the crucial aspect for enslaved life and detrimental to white control. Myalism and Obeah had a connected history. They were different spiritual and cultural entities within the enslaved community; however they had many similarities that caused planters who were unable to understand the distinction to often conflate the two in their thinking.

Chapter four will demonstrate that the medico-spiritual practice of Obeah played a crucial role during the wartime enslaved revolt in Jamaica of 1760: Tacky's Rebellion. The role Obeah played in propagating the message, instilling loyalty, and compelling soldiers to fight harder through incantations that instilled the belief they were bullet proof, resulted in Jamaica criminalizing Obeah in the 1760 "Act to Remedy the Evils Arising from Irregular Assemblies of Slaves."[61] Akan-speaking Obeah people were among some of the leaders during Tacky's Rebellion; Long even believed the rebellion to be an Akan conspiracy.[62] The Akan-speaking people of Jamaica shared a common language and spiritual tradition; the linguistic and cultural similarities allowed the word of rebellion to spread without alerting white Jamaicans. Obeah was part of the fabric of Tacky's Rebellion. Despite changing perceptions and legal ramifications, enslaved people continued to practice Obeah and Myalism. These medico-spiritual arts also provided enslaved people social capital and opportunity for material gain. Tacky's Rebellion will not be used as an example of resistance; rather, the rebellion will be used to understand the belief

[59] Monica Schuler, "*Myalism and the African Religious Tradition in Jamaica*", in Margaret E Crahan and Franklin W. Knight, eds., *Africa and the Caribbean: The Legacies of a Link,* (Baltimore: John Hopkins University Press, 1979), 66.
[60] Vincent Brown, *The Reaper's Garden: Death and Power in the World of Atlantic Slavery* (Cambridge, Massachusetts: Harvard University Press, 2008), 145.
[61] Trevor Burnard and John Garrigus, *The Plantation Machine: Atlantic Capitalism in French Saint-Domingue and British Jamaica* (Philadelphia, PA: University of Pennsylvania Press, 2016), f303n127
[62] Ibid, 132-133.

enslaved people had in Obeah and the spiritual authority the medico-spiritual practice had over the enslaved people who believed in its power. Egypt Dago, Job, Quasheba, and Obeah Will were all Obeah or Myal people that practiced in Thistlewood's plantation world. Their stories will be used to identify a continued belief in Afro-Caribbean medico-spirituals practices among enslaved people after the Jamaican government prohibited the practices and provide daily context of the realties under which Obeah and Myal people operated. Egypt Dago, Job, and Obeah Will practiced against the letter of the law and the permission of their owners, utilized their knowledge and sold their services to the enslaved people who believed in their abilities.

British Caribbean plantation healthcare was diverse and multifaceted. Healthcare literature in the region was not produced en masse until the early nineteenth century and even then they were only guidelines and suggestions. Healthcare on plantations came down to accessibility of medical resources and regional physicians. Men such as Thistlewood did not base their medical decisions solely on books they read, but also on consultation with friends and doctors. The friendships that Thistlewood cultivated with doctors provided him with access to good quality personal healthcare and medical services he could administer to his enslaved populations. Whites distanced themselves from disease by racializing conditions such as yaws, dirt eating, and elephantiasis. The process of racialization was supported by contemporary medical ideas, humoural thinking, and assumptions about race.

The racialization of disease was another mechanism deployed by whites to further dehumanize blacks. Healthcare infrastructures such as hothouses were more like prisons than hospitals, designed to control and contain enslaved people who were sick. Healthcare as understood and proscribed by whites racialized black bodies and the diseases that plagued enslaved people. Whites controlled the movement of infirmed slaves when they confined them to

hospital-prisons to convalesce. The plantation healthcare system was designed to increase control and surveillance of sick enslaved people while attempting to improve health. Within the oppressive system of Thistlewood's management, Rose, Elizabeth Farrant, Old Daphne, and Mulatto Will all worked as medical practitioners. As medical practitioners they avoided laboring in the fields whilst having the opportunity to gain social capital and improved material conditions. However, enslaved people did not receive their healthcare only through the strict framework of the plantation structures. Enslaved people sought Obeah and Myal practitioners for physical and spiritual healing. After Tacky's Rebellion in 1760, practicing Obeah and Myalism was illegal and punishable by death but it did not prevent Egypt Dago, Job, Quasheba, and Obeah Will from practicing and their clients from requesting medico-spiritual services.

Chapter 2. Ameliorative Literature and the Racialization of Disease

Thomas Roughley believed that the "scanty milk" of a black mother "encourag[ed] disease, and what is worse than all, often (though secretly) giving it a growing liking for the hateful, fatal habit of eating dirt."[1] The Jamaican planter wrote this in his 1823 *Jamaica Planter's Guide*, citing the milk of black mothers as being a transmitter of disease. Breast milk, considered the white blood by humoural theorists, was understood as an important fluid of the body.[2] British Caribbean amelioration authors racialized disease through humoural thinking to justify and also substantiate their assumptions of racial inferiority. Assuming that black bodies were distinctly and essentially different than white bodies, planters believed the study of the black body was necessary to determine the sets of diseases to which only the black body was predisposed. Conditions such as dirt eating were believed to be exclusive to black people, because whites, many contemporary white Caribbean's agreed, would never contract this ailment.[3] A second disease that was racialized by whites was yaws, although yaws was not exclusive to black people, it was categorized as a "Negro disease" that originated in Africa; a byproduct of the black body. However, with the doctrine of non-naturals integrated into medicinal literature, not all ailments were believed by whites to be exclusively "Negro diseases."[4] Injuries such as broken bones and certain fevers were maladies that could be brought on by the conditions in which the enslaved person lived and worked. For example, Dr. David Collins of St. Vincent believed toothaches and rotten teeth to be the result of the slaves eating

[1] Thomas Roughley, *The Jamaican Planter's Guide* (London: Printed for Longman, Hurst, Rees, Orme, and Brown, 1823), 118-119.
[2] H. F. J Horstmanshoff, Helen King, and Claus Zittel, *Blood, Sweat and Tears the Changing Concepts of Physiology from Antiquity into Early Modern Europe* (Leiden: Brill, 2012), 18.
[3] David Collins, *Practical Rules for the Management and Medical Treatment of Negro Slaves in the Sugar Colonies* (London: J, Bayfield, Wardour Street, Printer to His Royal Highness The Prince of Whales, Printed for Verner and Hood, in the Poultry, 1803), 340-348; John Stewart, *An Account of Jamaica and its Inhabitants* (London: Printed for Longman, Hurst, Rees, and Orme, 1808), 273-274.
[4] P. H Niebyl, "The Non-Naturals," *Bulletin of the History of Medicine*, 45.5 (1971), 486-492.

sugar cane during harvest season.[5] Essentialist assumptions of black bodies and environmental considerations created a varied diagnostic spectrum. On one end were diseases believed to be exclusive to the black body, and on the other, maladies related to working and living conditions. To the planter, there were conditional and essentialist reasons for disease: conditional disease could be explained by the shared environment but essential diseases were believed to be the inherent constitution of the black body.

Humoural theory migrated to the British Caribbean in the books and minds of European physicians. The late eighteenth-century doctor was trained to understand the body as being governed by four "humours" or fluids: blood, yellow bile (choler), phlegm, and black bile. Illness was caused by an imbalance in these humours, meaning that if a patient had a surplus, or deficiency, of a particular fluid they would become ill.[6] Temperature and skin texture were some of the diagnostic tools of humoural thinking; hot, cold, wet, and dry were paired and associated with each humour. If there was a surplus of one of the humours in a patient, the body would react with a temperature and skin texture change; for example, blood produced hot and wet responses, choler hot and dry, and phlegm cold and wet, while black bile induced cold and dry responses.[7] Humoural thinking went beyond a physiological explanation of the body.

Humours were also associated with personality and behavioural traits, each humour having a corresponding temperament or personality type. An individual who had an inherent disposition of blood would be sanguine, joyful, and energetic, while a person with an inherent disposition of black bile would be melancholic and somber while being suspicious and sardonic.

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[5] Collins, *Practical Rules*, 363.
[6] Horstmanshoff, King, and Zittel, *Blood, Sweat and Tears,* 19, 406, 426, 631, 704; Roy Porter, *Flesh in the Age of Reason* (New York: Penguin Books, W. W. Norton, 2004), 44-61; Roy Porter. *Blood and Guts: A Short History of Medicine*, (New York: Penguin Books, W. W. Norton, 2004), 25-29. For more on the history of humoural theory, see Arkiha, Noga, *Passions and Tempers: A History of the Humours* (New York, NY: Harper Collins, 2007).
[7] Ibid.

Likewise, people who had more choler would be easily angered and argumentative or, in short, choleric; meanwhile, individuals with more phlegm would be phlegmatic, lazy, and static. Humoural theory utilized visible bodily and personality changes to make predictions about the unknown.[8]

There was also a colour that was distinctive to each humour. Roy Porter, a renowned and prolific historian of early modern medicine, wrote, "blood being red, choler yellow, phlegm pale and melancholy [black bile] dark. The hues of the skin were responsible for body coloration, giving vital clues as to why different peoples were distinctly white, black, red or yellow."[9] Humoural medicine accommodated for race and doctors using humoural thinking might have used the blackness of skin to make assumptions about health and dispositions. To push Roy Porter's observation, black skin, to a humoural doctor, could have indicated an increased level of black bile, which would lead doctors to assume that the individual was melancholic, cold and dry, swarthy, with an unflattering personality.

Collins and Dr. James Grainger of St. Kitts were both trained in humoural theory, and it served as the backbone of their medical works.[10] Humoural theory was central to physicians and planters who wrote about disease; however, planters such as Grainger also understood the causes of disease as naturals (humours) and non-naturals. Grainger wrote, "Excess in eating, drinking, and exercise, between the tropics, neither corroborate the solids, nor increase the density of the blood. These errors in non-naturals may render West-India blood acrid; but they certainly do render the bile peccant, both in quantity and quality."[11] Here Grainger describes how

[8] H. F. J Horstmanshoff, Helen King, and Claus Zittel, *Blood, Sweat and Tears,* 19, 406, 426, 631, 704; Porter, *Flesh in the Age of Reason*, 44-61; Porter, *Blood and Guts*, 25-29.
[9] Porter, *Blood and Guts*, 26-27.
[10] Ibid.
[11] James Grainger M.D, *An Essay on the Most Common West-India Diseases; and the Remedies Which That Country Itself Produces: To Which Are Added, Some Hints on the Management, &c. of Negros,* (Edinburgh: Printed for Mundell & son, and Longman & Rees, London, 1802), 30.

environmental and dietary factors affect the humoural body. Naturals affected the humours within the body; non-naturals were foreign elements that could alter the humoural status of the patient.[12] Humoural theory and non-naturals were how doctors understood the process of disease in the body, but their racialized view of the black body affected the way they diagnosed and classified disease.

British Caribbean intellectuals, such Collins, Grainger, and Roughley, who produced proscriptive literature understood disease on a spectrum, ranging from an essentialist justification to a conditionalist recognition of disease. Diseases and conditions like dirt eating, yaws, and elephantiasis were deemed "Negro" diseases and justified racist assumptions through humoural thinking as an essential byproduct of the black body. Not all diseases were racialized by white authors. The common fevers, which whites would have experienced throughout the Caribbean, were attributed to environmental circumstance of living in a topical climate. Even though the common fever was not racialized, specific fevers and their treatments had a perceived racial difference. Grainger described fevers in such a manner. "White people in the West-Indies are liable to remitting fever. The fever of the Negroes is inflammatory."[13] In other words, white people had different diseases than black people. Grainger believed that different types of fevers required appropriate treatments. "Bleeding in the first is improper, but necessary in the fevers of Blacks."[14] Bleeding was a common treatment among humoural doctors and was used to treat a number of medical conditions thought to be caused by an excess in blood.[15] Grainger recommended bleeding black patients because of their inflammatory fevers and forgoing the

[12] Niebyl, "*The Non-Naturals.", 486-492.*
[13] Grainger, *West Indian Diseases*, 30.
[14] Ibid.
[15] Niklas Thode Jenson, *For the Health of the Enslaved: Slaves, Medicine and Power in the Danish West Indies, 1803-1848* (Denmark: Museum Tusculanum Press, 2012), 53; Porter, *Blood and Guts*, 115-116; Noga, *Passions and Tempers*, xvii, 79, 89-92, 101, 109, 174, 207, 210, 225, 230, 231.

bloodletting for whites that had a remitting fever. Grainger indicated that black bodies were susceptible to different fevers that required specific humoural modes of treatment to heal. Depending on the circumstances, demographics, and physical side effects of a disease, it could be placed closer to the essential or conditional end of the spectrum. An essentialist versus conditionalist conceptualization of disease was a spectrum rather than a simple binary or taxonomy. I argue that British Caribbean planters and doctors who produced ameliorative literature blended humoural doctrine and racist assumptions of black people to justify the racialization of disease; in doing so, ameliorative authors created a diagnostic spectrum of essentialist to conditionalist perceptions of disease.

Humoural thinking had been in western society since ancient Greece. As a result, even laypeople and common individuals from Europe had a latent and ingrained understanding of the mix of fluids and humours and the careful equilibrium that characterized the humoural body. Thomas Thistlewood, a Jamaican slave manager, left a detailed diary of his interactions with and ideas about the enslaved people who surrounded him. His diary illuminated his thinking around medicine and how he understood the health of the enslaved people who he managed in humoural terms. On 22 September 1754, Phibbah was not unwell, and Thistlewood recorded that "Phibbah [was] out off [sic] humour."[16] It is possible that Thistlewood was referring to Phibbah's mood

[16] TTD, Sunday 22 September 1754.

and not necessarily her health.[17] However, humoural thinking encompassed personality change and emotion. Therefore, Thistlewood was making an observation about a change in disposition using humoural language that he felt was noteworthy. Thistlewood used the language he had to describe the world he observed. Beyond language, Thistlewood would prescribe standard humoural treatments for his slaves. For example, on 14 April 1774, Thistlewood "gave pompey physick, & had Fanny bled."[18] In the eighteenth century, 'physick' was a common term for a purgative or a treatment used to induce vomiting.[19] The logic was that if a patient was out of balance, and in order to regain a state of equilibrium, fluid (humours) needed to be removed from the body. Bleeding operated in much the same way, but instead of forcing regurgitation, blood would be extracted from the patient. Humoural thinking and practices entered Thistlewood's diaries because they were integral to how he would have understood medicine and health.

The common planter like Thistlewood would have shaped their understanding of health and disease not from professional training like Collins and Grainger, but through reading, personal experience, observation and the friendships they created with local doctors. For

[17] According to the *Oxford English Dictionary* online, Humour is defined as, in the physical sense, as (a) In ancient and medieval physiology and medicine: any of four fluids of the body (blood, phlegm, choler, and so-called melancholy or black bile) believed to determine, by their relative proportions and conditions, the state of health and the temperament of a person or animal. In early use also: †any of the four qualities (hotness, coldness, dryness, and moistness) believed to be associated with these (*obsolete*)." (b) "An altered or abnormal form of any of these fluids, esp. as believed to be the cause of a disease or other medical condition, or (*poetic*) of a particular temperamental inclination. Also more generally: any of various other body fluids (normal or abnormal)." With examples dating to the late eighteenth century. Alternatively, as "A temporary state of mind or feeling; a mood. Frequently with *in* and modifying word, as *bad*, *happy*, *mad*, etc.
http://www.oed.com.ezproxy.library.dal.ca/view/Entry/89416?result=1&rskey=jTZxT4& (Accessed 26/03/2019)

[18] TTD, Monday 14 April 1774; for more examples of Thistlewood using or proscribing bleeding, laxatives, and emetics, see Tuesday 1 September 1752, Tuesday 17 June 1755, Friday 8th October 1756, Thursday 2 December 1756, Wednesday 20 September 1758, Tuesday 6th March 1759, Monday 2 July 1759, Wednesday 29 August 1759, Saturday 19 January 1760, Friday 16 January 1761 Saturday 24 January 1761, Monday 16 February 1761, Wednesday 4 November 1761, Saturday 28 March 1767, Saturday 10 September 1768, Wednesday 22 March 1769, Friday 30 June 1777, to list a few.

[19] According to the *Oxford English Dictionary* online, Physick is defined as "A medicinal substance; *spec.* a cathartic, a purgative."
http://www.oed.com.ezproxy.library.dal.ca/view/Entry/143117?rskey=VE8wsM&result=1#eid (Accessed on 27/03/2019)

example, on a February morning in 1778, Thistlewood got the startling news that "Mr. Wilson's Clarissa died this morning she was greatly swelled about the stomach, & is supposed by Dr. Bell either to have eat dirt or swallowed the cane husk when chewing cane which is spungey & indigestible."[20] Although Thistlewood knew enslaved people around him were dying from eating dirt, he did not understand the behavior, but he was aware of the potentially fatal consequences of the activity.

The authors of plantation management literature worked out the nuances of dirt eating through detailed observation, while common planters penned their concerns and opinions in letters and diaries. In 1793, Benjamin Turney, Jamaican overseer, sent a letter to his plantation's absentee owner concerning enslaved people eating dirt under his management, writing "I am very sorry to inform you we have lost five children this year by the Yaws and dirt eating, to which they are particularly addicted under this disease, and one of a fever."[21] The overseers on the ground were concerned about these diseases and it is reflected in the plantation manuals written by doctor-planters and author-planters. Collins and Grainger were professionally trained doctors who wrote about issues of health and disease in enslaved populations, while John Stewart, a Jamaican planter and author of *Account of Jamaica and its Inhabitants*, and Roughley wrote about their experience with what they thought of as "black" diseases from a non-professional perspective.[22] These four men published their works from 1764 to 1823. Roughley falls on the far end of chronological confines addressed by this thesis, but his example will serve as the continuation and hardening of the racialization of disease. Each manual contains sections dedicated to the health of the enslaved and essentialist assumptions of disease. Thistlewood was

[20] TTD, Thursday 5 February 1778.
[21] Benjamin Turney to Chaloner Arcedeckne, December 1, 1793, Vanneck-Arc/3A/1793/34, Simon Taylor Papers, Cambridge University Library, (Courtesy of Dr. Justin Roberts).
[22] John Stewart. *An Account of Jamaica and its Inhabitants*, (London: Printed for Longman, Hurst, Rees, and Orme, 1808).

a common planter; he was not a published author or professionally trained doctor but his lived experiences in the last half of the eighteenth century provide a means to triangulate and contextualize the scholastic work of Collins and Grainger.

Thistlewood, Grainger, Collins, Roughley, Stewart, and Turney all shared both a confusion and concern surrounding enslaved people consuming dirt, or what twenty-first century medicine calls geophagia. Caribbean planters shared a common unease about a disease that appeared addictive, was offensive to witness, and according to Turney, was deadly within three months.[23] Collins and Stewart speculated that a lack of good food was partially to blame for this disease, but hunger could not have been the sole reason for an enslaved person eating dirt; planters believed that no hungry white person would reduce themselves to consuming dirt.[24] Diet was too simple an answer for such a puzzling condition, and because whites could not "contract" the disease, the black body and its perceived essential nature were assigned blame for causing an enslaved person to eat dirt.[25] It is possible that the body could extract some essential minerals such as iron from dirt, but eating dirt was not a sustainable diet. Collins and Stewart suspected diet as a reason but were not completely satisfied with a conditional understanding of the disease. Dirt eating had perplexed medical science; it is not surprising that Collins, Grainger, Stewart, and Roughley did not completely agree on specifics of the condition, but all of them shared an aversion to enslaved people eating dirt.

In Stewart's *Account of Jamaica 1808,* he observed that "[t]he Negros are subject to a strange craving of the stomach for earth: earth-eaters are common upon almost every plantation."[26] Stewart would have recognized slaves eating dirt as a risk to the health and labour

[23] Benjamin Turney to Chaloner Arcedeckne, December 1, 1793.
[24] Stewart, *Account of Jamaica*, 273-274; Collins, *Practical Rules*, 340-348.
[25] Ibid.
[26] Stewart, *Account of Jamaica*, 273.

capability of the enslaved, but as a learned man he would have desired to explain such a phenomenon. An action such as dirt eating affirmed planters' stereotypes of Africans being uncivilized and prone to such animalistic behavior.[27] Planters' main concern with dirt eating was its deadly consequences that could further diminish an already depleting enslaved populace. Fear of the unknown surrounded dirt eating; planters knew it could kill, but they could not comprehend what caused the condition.

Dirt eating went by a variety of historical names, including earth-eating, Pica, Mal d'estomac (by the French), and Cachexia Africana (by the Danish).[28] Collins claimed that dirt eating "is a very common [disorder] in the [Caribbean] islands."[29] Planters did not describe dirt eating as the symptom of another ailment; rather dirt eating was the disease. The same was considered true for fevers. Fever was not a symptom of another illness; fever was the illness.[30] Granted, these two conditions were thought of quite differently, dirt eating was seen as a compulsive behavior, and fever was thought of as an involuntary action of the body. Eighteenth and nineteenth century conceptions of symptom and disease, cause and effect were different from current thinking. What modern medicine would classify as a symptom, plantation doctors would have deemed a disease.[31] Dirt eating, or geophagia as it is understood by modern medicine, would now be attributed to a form of psychological or behavioral disorder brought on by malnutrition or undernutrition.[32]

Planters did not agree about what enslaved age groups or sexes were susceptible to dirt eating. In 1793, the Jamaican plantation manager Simon Taylor wrote, "I am not under any

[27] Jenson, *For the Health of the Enslaved*, 108-109.
[28] Ibid.
[29] Collins, *Practical Rules,* 341.
[30] Ibid, 300-312
[31] Ibid.
[32] Amanda Thornton, "Coerced Care: Thomas Thistlewood's Account of Medical Practice on Enslaved Populations in Colonial Jamaica, 1751-1786" (*Slavery & Abolition*, 32.4, December, 2011): 535-559, 545, 558n77, 558n78.

apprehension for the grown up Negroes but am afraid of some loss among the children as they are in this disease at so early an age, particularly subject to dirt eating as well as Worms."[33] Stewart, on the other hand, was under the impression that "[t]his propensity, or craving, [was] as common among the children as among the grown Negros".[34] Grainger wrote that enslaved people "who ate dirt" were "not confined in the West-Indies to the females."[35] There was no consensus about which enslaved demographics were affected by dirt eating, seemingly, all enslaved people could be afflicted. Planters such as Roughley based their claims on their personal experiences with the disease, and made assumptions from the cases they encountered.

Roughley encountered enslaved people consuming dirt during his time in Jamaica and documented it in the plantation guide he published. Roughley was writing 23 years after the turn of the nineteenth century, but his source demonstrates the continuation of the racialization of disease. He was a sugar planter in Jamaica after the abolition of the trans-Atlantic slave trade in 1807, and had to navigate the difficulties of sugar planting when he could no longer buy new slaves from Africa to replace those that died. Roughley published his book only 11 years before emancipation of slaves in the British Empire and subscribed to certain aspects of amelioration, aligning with Collins' view, placing emphasis on enslaved healthcare and a holistic structure of medicine.[36] Roughley had a stark essentialist and racialized view of dirt eating, believing the black body, and its assumed inherent disposition for disease, was the chief cause of the phenomenon. He thought of dirt eating as a disease which black bodies alone were prone to contract. In an effort to explain why dirt eating occurred, Roughley cited breast feeding as the

[33] Simon Taylor to Chaloner Arcedeckne, May 1, 1793, Vanneck-Arc/3A/1793/34, Simon Taylor Papers, Cambridge University Libarary (Courtesy of Dr. Justin Roberts)
[34] Stewart, *Account of Jamaica*, 273.
[35] Grainger, *West Indian Diseases*, 85.
[36] Sheridan, *Doctors and Slaves*, 294.

cause for dirt eating in children.[37] Moreover, he thought the mother's milk was the humour that transferred the disease from mother to child during suckling and identified dirt eating as a chronic disease that would affect these children into adulthood.[38] In observational comments on the appropriate amount of time for a black mother to breast feed, Roughley stated,

> The child becomes accustomed to too much tenderness, unsuitable to its situation, giving it a fretful longing for the mother, and for her scanty milk, encouraging disease, and what is worse than all, often (though secretly) giving it a growing liking for the hateful, fatal habit of eating dirt, than which nothing is more horribly disgusting, nothing exhibiting a more heart-rending, ghastly spectacle, then a negro child possessed of this malady.[39]

Roughley believed that breast feeding conditioned the slave to a softer existence than they were destined to experience as an enslaved person. False conditioning was not Roughley's primary concern with breast feeding, but rather the quality of the black mother's milk. Up until the end of the eighteenth century and early nineteenth century, breast milk was considered a humour.[40] Aristotle called it the "white blood," with blood and breast milk linked to one another within the body.[41] Breast milk would have been understood as a part of the blood, not a separate humour but a white manifestation of humoural blood.[42] For Roughley, whose justification was a commentary on the inherent weakness of the black female body, he believed milk produced by black mothers was insufficient nutrition and a transmitter of disease. Roughley thought the breast milk of black people carried with it all of the assumed diseases and predispositions of the mother. The milk in this context is a bodily fluid, or humour, that upon transfer to another body affects it in any number of ways. For Roughley to conceptualize the transfer of fluids in this manner was paradigmatically understandable; he was a humourist and he combined his humoural

[37] Roughley, *Jamaican Planter's Guide*, 118-119.
[38] Ibid.
[39] Ibid.
[40] Horstmanshoff, King, and Zittel, *Blood, Sweat and Tears,* 18.
[41] Ibid.
[42] Ibid.

understanding of the body with his assumptions of inherent weakness about black people to racialize dirt eating.

Similar to Roughley, Collins ascribed to a humoural conception of breast milk; however, Collins placed value on mother's milk and the natural process of suckling. He was of the opinion that "[t]he most natural food of infants is that which is yielded by the breast of the mother"[43] and Collins felt it was important that the child suckle from the mother shortly after the mother had given birth and the child was cleaned.[44] For Collins, breast feeding was beneficial to both mother and child:

> To the mother, as it occasions a stagnation of the humours in the breast, which ought to be early solicited to a discharge; and to the child, in depriving it of that ailment which is peculiarly adapted to its organs, and to purge away the matter that has been accumulated in its stomach and bowels during gestation.[45]

Collins and Roughley had completely different views on the quality of milk from black mothers, but they both saw breast milk as a humoural transmission that affected the provider and recipient. Today it is understood that a mother's breast milk is the ideal combination of vitamins, fats, and proteins for infants.[46] In Collins case, the breast milk was a means to purge the infant's body of fluid built up during the gestation period believing the infant body was born with its humours unbalanced. His understanding was that the mother's milk functioned as a purgative to rid the child's body of its imbalance at birth. However, Collins did not consider the mother's milk to be entirely effective and where the mother's milk failed, western medicine could complete the task. After the child had breast fed, just hours after birth, Collins prescribed castor oil, a purgative, to be administered until "the child's belly [was] more or less open."[47] Collins definition of "open"

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[43] Collins, *Practical Rules,* 464.
[44] Ibid*,* 457.
[45] Ibid, 457-458.
[46] Judith Lauwers and Anna Swisher, *Counseling the Nursing Mother: A Lactation Consultant's Guide*, 5th ed, (Sudbury: Jones & Bartlett Learning, 2011); Jenson, *For the Health of the Enslaved*, 171.
[47] Collins, *Practical Rules,* 458.

meant that the child had been relieved of an excess of humoural fluid. Lactation and suckling, for Roughley and Collins, was a humoural transmission. They both, though in different ways, deemed a black mother's milk insufficient for the infant; however they differed on its role in the transmission of disease. Roughley was adamant that the black mother's milk was the source for the transmission of diseases. Collins thought black mother's milk was a natural purgative from the mother, helping the infant during its early days of life, and made no mention of transmission of diseases in his writing.

Roughley saw dirt eating as the most repulsive activity of enslaved people, not because it was difficult to treat, but because the sight was unnerving, uncomfortable and unpleasant for planters to observe. The act of dirt eating reinforced planters' previous conceptions of the predisposition of the black body and vice versa. The perpetuation of the concept gave credence to the medical theories in which these planters were indoctrinated. Collins articulated dirt eating in a professional manner, and as a doctor, omitted the emotive tones that later peppered Roughley's writing.

Collins believed that dirt eating should, on its own, be considered a disease. However, he believed that the state of mind of the enslaved made them more susceptible to the malady of dirt eating: because "…we find that Negros, labouring under any great depression of mind, from the rigorous treatment of their masters, or from any other cause, addict themselves singularly to the eating of dirt."[48] Collins was not saying the dirt eating was a symptom of depression but rather that it could lead to the act. In the mind of the nineteenth century physician, both depression and dirt eating were diseases; one could manifest the other, but they were different diseases.[49]

[48] Collins, *Practical Rules*, 341.
[49] Porter, *Flesh in the Age of Reason*, 44-61; Porter, *Blood and Guts*, 73-74; Jenson, *For the Health of the Enslaved,* 8-9.

Collins was the product of the dogmatism of humourism, explaining the physiology of dirt eating within the context of humoural medicine. He states that dirt eating is caused by "an impoverished state of the blood," and in order to keep the slave's condition from worsening, the manager must "[r]ender them incapable of working up the blood to such a degree of consistence, as is necessary for the well-being of the machine."[50] He views an impoverishment of blood as the cause for the condition as it is the humour that predominantly influences the brain, causing mental stability and balance.[51] A lack of blood, or the presence of impoverished blood, would cause instability in the brain.[52] The connection between the brain and blood explains why Collins believed impoverished blood to be the cause of dirt eating, and his belief that mental instability could manifest as dirt eating. Whereas dirt eating was a disease of the mind for Collins, Thistlewood simply understood it as bad behavior.

Thistlewood did not treat dirt eating as a disease but instead as a punishable offence, assuming that geophagia was a choice rather than an effect. Thistlewood wrote, "My Cæsar eats dirt: Rose Catch'd him with his Mouth ffull."[53] Cæsar was repeatedly caught dirt eating and Thistlewood punished each time. For example, on 20 October 1762, "Abigail and my Cæsar Catch'd eating dirt had them Well fflogg'd."[54] Thistlewood would even reward enslaved people who reported individuals eating dirt, and "gave Ambo a Bottle off Rum ffor detecting Betty eating dirt: and fflogg'd her."[55] Thistlewood did not have the same knowledge of medicine possessed by Collins or Grainger. His level of understanding was that when enslaved people ate dirt they could die; in response he had to be diligent in weeding out the behaviour through punishment for the

[50] Collins, *Practical Rules*, 341.
[51] Arkiha, *Passions and Tempers*, 9-11.
[52] Porter, *Blood and Guts*, 27.
[53] TTD, Wednesday 7 November 1764.
[54] TTD, Thursday 20 October 1762.
[55] TTD, Sunday 25 October 1761.

perpetrators and rewards for those who reported the activity. Thistlewood therefore did not feel the need to treat it or provide medical care.[56] Instead, Thistlewood responded with violent punishments on the enslaved people he found consuming dirt.

Collins and Grainger, as doctors, responded to enslaved people eating dirt with a remedy, not violence. Grainger recommended that if an enslaved person's stomach hurt "from dirt-eating," that one should provide a "mild treatment, warm clothing, generous diet, wine and other fermented liquors, cane juice, or hot liquor from the boilers." Grainger asserted that these treatments "will induce Negroes to desist from such pernicious practice."[57] Collins thought it best to begin with an "emetic" of "ipecacanha" and "after the stomach and bowels [had] been cleansed," the patient should be given an electuary of iron, ginger, molasses, nutmeg that should be washed "down with a wine-glassful of the bitter infusion."[58] The electuary would be given "every morning and evening," and Collins insisted that "you must give them meat from your own table, with some glasses of wine or porter every day;" Collins went on to prescribe a reduced labour program that would increase in intensity as a patient's condition improved and gave specifics on how best to clothe and lodge the individuals as they convulsed.[59] Grainger and Collins' methods of treatment for dirt eating were remarkably similar; Collins was extraordinarily more detailed on the specifics he recommended but Grainger mirrored Collins's approach. Thistlewood would punish bad behaviour where Collins and Grainger would treat illness. Collins and Grainger were both producing ameliorative literature, whereas Thistlewood's Jamaica from 1750 to 1786 had little motivation to ameliorate the conditions of his enslaved populations. With regular access to new shipments of Africans and no pressure from

[56] Thornton, "Coerced Care," 545; Thistlewood only provided care once to an enslaved person who ate dirt until their stomach was swollen; see TTD, Friday 1 September 1758.
[57] Grainger, *West Indian Diseases*, 55-56.
[58] Collins, *Practical Rules*, 343.
[59] Ibid, 344-348.

the British crown to "improve" slavery, men like Thistlewood punished what they believed to be bad behaviour and would only treat what they thought was a disease.

Thistlewood did not use humoural language to describe dirt eating; although not humourally justified he still would have considered the activity as a plight solely affecting blacks. Thistlewood noted only slaves consuming dirt; he almost certainly believed that no white person would ever commit such an act. In Thistlewood's perception, black people were misbehaving by eating dirt. Bad behaviour of uncivil and disobedient slaves was Thistlewood's interpretation of dirt eating. Racial incivility would have been enough justification for a common planter, but as doctors and scholars, Collins, Grainger, Stewart, and Roughley needed a more nuanced understanding and better explanation for their readers. Ameliorative literature transformed crude confirmation of primitivity and used humoural theory to justify the racialization of dirt eating. Regardless of the how the disease was rationalized, Collins, Grainger, Thistlewood, Stewart, and especially Roughley, believed dirt eating to be exclusively a black disease. Dirt eating was an example of the racist and moral components through which whites introduced their perceptions of diseases; yaws will serve as an example of how whites moralized and racialized diseases that could be contracted by both blacks and whites.

Yaws fell under the umbrella of venereal disease for British Caribbean planters and doctors. Modern medical science has yet to determine the difference between yaws and syphilis; on a cellular level the bacteria samples appear similar, but the symptoms can differ from case to case and region to region.[60] Collins described yaws as a venereal disease like gonorrhea, but "in its worst degree, though essentially different in many of its phenomena."[61] Doctors and planters conceptualized yaws as a severe venereal disease, but also as a condition specific to "negroes."

[60] Katherine Paugh, "Yaws, Syphilis, Sexuality, and the Circulation of Medical Knowledge in the British Caribbean and the Atlantic World," *Bulletin of the History of Medicine* 88.2 (Summer, 2014): 225-52.
[61] Collins, *Practical Rules*, 412.

Grainger, for example, organized his content on yaws within the section called "*An Essay on the Management and Diseases of Negroes*."[62] Syphilis, gonorrhea, and chlamydia were conceptualized as quite similar sexually transmitted diseases, with yaws being the most severe.[63] Collins recognized the similarities between the many venereal diseases and yaws, and he called yaws "one of the greatest evils to which negros are subject."[64] Yaws was characterized by the clustering of epidural abrasions on the skin, followed by fever and rheumatic pains; left untreated, the abrasions would manifest into larger infected ulcers.[65] During the incubation period, which was unknown to the eighteenth and nineteenth-century mind, yaws could be passed through sexual contact and exchange of bodily fluids. After the incubation period, the disease could still be transmitted through sexual and direct contact, but the infected skin ulcers were the main transmitters of the disease. Considered a black disease by whites, one of the reasons white doctors and planters conflated blackness with yaws was because they believed the disease to have originated in Africa.

Yaws was one of the diseases introduced to the Caribbean from Africa by the trans-Atlantic slave trade.[66] Europeans, who had limited resistance to diseases they had never encountered, were susceptible to diseases that originated in Africa.[67] For some middling class British colonials, the opportunity for monetary gain outweighed the potential health risks.[68] Planters did not only see yaws as a disease from Africa, rather they connected its African origins of the disease to the black body; as result, yaws was thought to be a product of the black body and not necessarily of the continent of Africa. Unlike dirt eating, that was likely a combination of

[62] Grainger, *West Indian Diseases*, 68, 71-76.
[63] Sheridan, *Doctors and Slaves*, 83.
[64] Collins, *Practical Rules*, 412.
[65] Jenson, *For the Health of the Enslaved*, 96, 98-99; Sheridan, *Doctors and Slaves*, 83.
[66] Paugh, "Yaws, Syphilis, Sexuality," 225-228; Sheridan, *Doctors and Slaves*, 83.
[67] Trevor Burnard, *Mastery, Tyranny, & Desire: Thomas Thistlewood and his Slaves in the Anglo-Jamaican World*, (Chapel Hill: University of North Carolina Press, 2004), 41.
[68] Ibid, 71.

malnutrition, undernutrition, and the psychological conditions of enslavement; yaws was a bacterial infection that could be contracted. Thistlewood had a mild case of yaws as did his employer William Dorrill when he was a boy.[69] Witnessing yaws afflict whites led planters and doctors to assume that yaws originated from the black body, but could be transmitted to whites under specific circumstances.[70] Physical or sexual contact with an infected person could result in the transmission of yaws, so to white observers white people could contract yaws from physical or sexual contact with black people. The perception that a disease with African origins being transmitting from a black body into a white person was the kernel of the racialization of yaws. Considered a transplanted disease, coupled with its infectious nature, yaws terrified white doctors and planters alike. White anxiety surrounding the disease was not entirely health related, there was a social connotation to whites contracting yaws.

There was a stigmatization of yaws in white society and individuals who contracted the disease could face social shamming and disgrace.[71] Phibbah was the person who told Thistlewood that Dorrill had contracted yaws as a boy in an attempt to console him.[72] Yaws would be contracted from infected people in two ways, close proximity or sexual relations. Undoubtedly, Thistlewood would have contracted yaws from the persistent sexual exploitation of his female slaves; Dorrill likely contracted the disease as a young boy through close non-sexual contact with enslaved people. Being in overly close proximity to enslaved people and having sexual relations that resulted in the contraction of "black" diseases carried negative connotations in Caribbean white society.[73] It was commonplace throughout the British Caribbean for white men to have sexual access to enslaved women. Sexual contact with enslaved women was not the

[69] Hall, *Miserable Slavery*, 62.
[70] Sheridan, *Doctors and Slaves*, 83-89.
[71] Ibid.
[72] Hall, *Miserable Slavery*, 62.
[73] Sheridan, *Doctors and Slaves*, 83-89

issue within white Jamaican society, rather, the contraction of what was assumed to be a black disease caused the negative stigma. Sexual connotations moralized yaws and implied abhorrence for a disease thought to be essentially black. Moral connotations and social implications aside, yaws was especially deadly to Europeans. Stewart believed that yaws was "curable in a negro in eight or ten months, with proper care, but if a white man is seized with it by infection, it is seldom that he recovers."[74] The sexual exploitation of enslaved women did not cease, but the severity and stigma of yaws resulted in white planters and doctors being wary of their contact with the condition and thorough in their care of the infected.

How planters affected their management and treatment of yaws varied from plantation to plantation. Yaws was an infectious disease and so yaws patients needed to be quarantined to reduce the spread of disease; some estates had yaws houses to segregate afflicted patients, while other plantations sequestered their infected to an onsite plantation slave hospital aptly called the hothouse.[75] Grainger explained that as "the yaws are highly infectious, a house should be provided for the diseased, a good careful nurse to attend them and keep them clean. Warm clothing must be allowed them, and a generous diet given them; they should do some easy work the whole time."[76] Collins concurred, recommending that "[t]he moment you perceive such marks of the disease upon any of them, as leave no doubt of the nature of the disorder, let the negro be confined to the yaws house."[77] Collins made a further stipulation on the yaws house location, advising that it be placed "in some remote corner, not distant from, but out of sight of the dwelling house."[78] A yaws house would have been a visual reminder and Collins would have wanted to distance himself from the infected, but as a doctor he wanted to provide care. By

[74] Stewart, *Account of Jamaica*, 270.
[75] Roberts, *Slavery and the Enlightenment*, 163-167; Jenson, *For the Health of the Enslaved*, 60-68.
[76] Grainger, *West Indian Diseases*, 72.
[77] Collins, *Practical Rules*, 414.
[78] Ibid.

increasing standards of living, giving continual care from an enslaved nurse, and providing a sulphur or mercury treatment, a yaws patient would recover relatively quickly.[79] Collins recommended a holistic approach, similar to the one Grainger laid out; he regarded that "the remedies employed for their cure are of three kinds: sulphur, calcined shells, and mercury."[80] As professionally trained doctors and authors of ameliorative literature, it is not surprising that Collins and Grainger were similar in their approaches. Even though yaws houses were recommended by Collins and Grainger and were common place by the late eighteenth century, Thistlewood did not use them. Thistlewood placed yaws infected and non-yaws infected patients in the same hothouse with no separation.[81] The yaws treatments Thistlewood implemented followed advice he received from his neighbors. For example, Thistlewood noted that "Colonel Barclay says, put hog-plum tree bark in a pot to boil with water till strong; then place it over a gentle fire, & keep the feet in it as hot as can be bore for nine days and nights, and it will effectually cure the crab-yaws that he cures all his Negroes so."[82] It appears that Thistlewood followed the advice from Colonel Barclay. After this interaction, Thistlewood began recording enslaved people "steeping" their feet for several days in order to cure their yaws.[83] Thistlewood's methods may have been the best available treatment that he knew. Collins and Grainger had the privilege of a professional education, which gave them a different set of insights into the treatment and management of yaws.

Planters blamed Africans from bringing yaws to the Caribbean and the black body for spreading it to white people. Placing blame on imported Africans and black bodies distanced whites from the disease. Yaws was a grotesque and aesthetically unsavory disease. Healthcare

[79] Grainger, *West Indian Diseases*, 71-77; Sheridan, *Doctors and Slaves*, 83-89.
[80] Collins, *Practical Rules*, 412-423.
[81] Sheridan, *Doctors and Slaves*, 88.
[82] Hall, *Miserable Slavery*, 38.
[83] Ibid.

infrastructure would have kept infected enslaved populations from the otherwise healthy or convalescing groups. Moreover, healthcare infrastructure kept the infected away from the planters. Even though Collins, Grainger, and Thistlewood described and proscribed yaws treatments, those prognoses were carried out by enslaved nurses. For the European planters, there was an explicit danger of the illness causing death and also an implicit social connotation. Because planters assumed yaws was an African disease of the black body, and associated with poor hygiene and fornication, whites who contracted yaws would have been associated with the essential "blackness" of the disease. Yaws infecting white people complicated planters' perception that the condition was a black disease, but, by placing a moral consequence on whites who contracted the disease, the racialization of yaws was cemented.

In Stewart's chapter, "*Different Disease to which the Negros are Subject,*" he states: "another peculiar disorder which is common among the negroes is called elephantiasis."[84] Stewart classified elephantiasis as a black disease. The condition was present throughout the British Caribbean, and was common among the enslaved.[85] It is now known that elephantiasis is caused by a microscopic parasite transmitted by mosquitos. What is unclear is why white people were not contracting elephantiasis as a mosquito-borne pathogen. Elephantiasis causes the legs and feet to enlarge to excessive sizes; the skin of the enlarged regions becomes irritated, rough, black, hard, and in some cases is accompanied by pain in the lower extremities.[86] Such a condition rendered slaves incapable of field and skilled labor. Some planters would utilize these slaves as watchmen, while others would sequester them to another part of the estate, for fear of

[84] Stewart, *Account of the Inhabitants*, 270.
[85] Ibid.
[86] Ibid; Collins, *Practical Rules*, 387-388; Grainger, *West Indian Diseases*, 71.

spreading the disease, where they lived the rest of their lives with the condition, often dying early.[87]

Planters and doctors who encountered elephantiasis did not know what caused the disease, or how it should be treated. Collins professed his ignorance on the matter: "I know not that it is a communicable disease."[88] So little was known about this disease, Collins only had one page devoted to his knowledge of it. Collin's knowledge was substantial when compared to Grainger who had a paragraph, and Stewart who had three sentences.[89] Without modern knowledge of elephantiasis, planters' rationale for explaining a disease that was strange, foreign, and common among the enslaved, was to deem it an unexplainable product of, what they assumed to be, a distinctly weak black body.

Not understanding the cause of the disease resulted in an inability to provide treatment: "it is useless to torment those so affected, in this and the former disease [leprosy], by drugs, which are administered with no hope, and answer no profitable end."[90] Once a slave became gripped by elephantiasis, they did not get better. There was a small intermittent period where slaves with early stages of elephantiasis could do a degree of labour, but after their condition worsened, they became nearly useless on a sugar plantation, debilitated by the disease.[91] Grainger shared Collins's frustrations with the mysterious disease: "Some pretend that the enormous swelling in the lower extremities is curable when taken in time. Experience has woefully taught me the contrary."[92] Grainger's and Collin's shared frustration was based on two key aspects of plantation operations: elephantiasis eliminated a slave's ability to work, and it

[87] Stewart, *Account of the Inhabitants*, 270.; Collins, *Practical Rules*, 387-388; Grainger, *West Indian Diseases*, 71.
[88] Collins, *Practical Rules*, 388.
[89] Ibid, 387-388; Stewart, *Account of the Inhabitants*, 270; Grainger, *West Indian Diseases*, 71.
[90] Collins, *Practical Rules*, 387-388.
[91] Ibid.
[92] Grainger, *West Indian Diseases*, 71.

reduced the financial value of the individual. A slave inventory taken of the York plantation in Jamaica in 1782 shows three slaves gripped with elephantiasis, all three were directly from Africa, and were valued at £5 or less each, which is a marked drop in value considering an able adult field slave on York was evaluated between £80 and £120.[93] One possible reason why they held some value at all was that an elephantiasis patient could still function as an assistant watchman, monitoring and alerting the watchmen to the presence of vermin or undesirable activity in the cane fields or storage areas.[94] However, the disease rendered its victims virtually worthless to the plantation managerial staff. Elephantiasis was not a large threat to plantation health because the malady was not prolific on British Caribbean plantations.[95] Only 3 out of 450 slaves on the York plantation were affected. Lacking the potential for an epidemic would explain the relatively calm manner in which all three of these planters addressed the malady. The fact that these three planters could not explain the cause or treatment of the disease contributed to its designation as a black disease. As a phenomenon, it had to be rationalized and based on the predominantly enslaved population presentation and medical thinking of the time, it fit their classification of a black disease.

Planters would have recognized conditional diseases such as fevers as affecting both whites and blacks. If a white person was affected by a disease, it must be explainable by an external circumstance that had an impact on both blacks and whites. Weather, temperature, and moisture were key elements that caused conditional diseases. These external forces would have been thought of as non-naturals by men like Collins and Grainger.[96] Naturals refer to internal

[93] For information on slaves, see York Plantation Inventory, 1782, 3/C/3i, Gale-Morant Papers, University of Exeter Library, UK.
[94] Ibid; Roberts, *Slavery and the Enlightenment*, 238-239.
[95] Grainger, *West Indian Diseases*, 71.
[96] Niebyl, "*The Non-Naturals,"* 486.

causes of disease, while non-naturals were factors external to the body causing illness.[97] In the enslaved context, non-naturals such as labour, diet, and lodging were conditional factors that could affect the health and well-being of the enslaved. Planters believed they could not change the essential nature of an enslaved body, but they could manipulate plantation conditions to achieve improved enslaved health.

Interest in the environment and meteorology by planters was due to the impact they were thought to have on health. Weather was believed to have a bearing on health; it could change a person's humoural disposition and make them sick. Planters were attentive to the amount of moisture and wind to which their enslaved workers were exposed and in some cases this led to lodging reformations. Collins was concerned with his enslaved population's exposure to wind and rain. In his *Practical Rules*, he dedicated a chapter to explaining the importance of slave lodging and how to do it properly.[98] In the 1780s, Philip Gibbes, a planter-author from Barbados, also stressed the importance of providing enslaved people with adequate housing that kept them free of moisture.[99]

The sweat produced from laboring in the field could be dangerous to the health of the enslaved; Collins preferred that "…a[n] [enslaved] man retires to rest, unfatigued by exercise, with no excess of perspiration, and his body of its ordinary temperature."[100] If an enslaved person was lucky enough to end each day under these circumstances they would, according to Collins, be in the best health. He did not trust enslaved people to know what was best for their own health and recognize the dangers of sweat. Collins wrote that "no one [white person] ought

[97] Niebyl, "*The Non-Naturals,"* 486.
[98] Collins, *Practical Rules*, 133-150.
[99] Philip Gibbes, *Instructions for the Treatment of Negros*. (London, Oxford Street: Printed for Shepperson and Reynolds, first published 1786, and reprinted with additions in 1797), 2-3; Roberts, *Slavery and the Enlightenment*, 190-199; Sheridan, *Doctors and Slaves*, 148.
[100] Collins, *Practical Rules*, 133.

to think of going to sleep in wet cloths, and that in situations where a stream of cold air could reach him; yet Negros, ignorant and unapprehensive, do so perpetually, and, we wonder at the frequency of their maladies."[101] Collins was being facetious; he did not think that the reason slaves were frequently sick was a mystery. Collins believed enslaved people lacked common sense awareness of the dangers of sleeping in wet clothes in cold draughty areas. The idea that it may have been situational and not within the control of the enslaved was not entertained. Collins did not trust enslaved people with their own health because he felt he knew best. In his understanding, disease could arise from exposure to cold and wet conditions. Cold and wet correspond to a phlegmatic disposition.[102] Collins did not directly use humoural language, but as humoural theory dictates, once the individuals were exposed to cold and wet conditions, their bodies become overwhelmed with phlegm. This phlegmatic disposition would have made the body more susceptible to ailments such as fever and cough.

For Collins, the tropical climate of the Caribbean was the major factor in evaluating the kinds of ailments afflicting blacks and whites alike:

> Indeed, there is reason to think, that the mischief doth not proceed so much from the moisture as it does from the wind acting upon moisture, which evaporates, and in the act of evaporation, generates an extra ordinary degree of cold, that sometimes makes a fatal impression on the body.[103]

Sweat was not the culprit, rather the wind acting on the moisture, causing a cold and wet humoural disposition on enslaved people, made them susceptible to illness and in turn death. Collins was reiterating the assumption that illness was caused by exposure to a set of environmental circumstances.[104] Temperature, moisture, and weather were part of the explanations that planters had for the health and sickness of enslaved people. Stewart stated in

[101] Collins, *Practical Rules*, 133.
[102] Porter, *Blood and Guts*, 25-29; Noga, *Passions and Tempers,* 3-37.
[103] Collins, *Practical Rules*, 134.
[104] Sheridan, *Doctors and Slaves*, 324.

his accounts of Jamaica that he had "never heard any other hypothesis advanced on the subject than that it was owing to the atmosphere being less humid and better ventilated, from the country being generally cleared of wood."[105] Stewart was ascribing the increase of severe wind patterns to the clear cutting of Jamaica.[106] A combination of increased winds and humidity of the island presented a real issue. Stewart's book, published in 1808, came five years after Collin's *Practical Rules* of 1803.[107] The continuity of themes throughout these plantation manuals demonstrates that humoural theory was the ruling doctrine of the body throughout this period. Planters thought of the body as a system of humours shaped by external environmental conditions.[108] Whether diseases were racialized or not, humoural language and thinking were used to explain the afflictions.

Trying to understand and articulate health and disease was a challenge for amelioration era authors in the Caribbean. Contending with new environments and intercontinental disease migration created a quagmire of conditions that required understanding, explanation, and treatment. Collins, Grainger, Stewart, and Roughley authored their works in the hope that they could use their knowledge and experience to aid other slave managers in addressing the medical and management issues that faced their enslaved workforce. The perceptions and assumptions that these men held about the inferiority and incivility of the black people they enslaved were penned into the literature they wrote. Planters did not trust enslaved people with their own healthcare; whites felt they knew what was in the slaves' best interest. The detail and suggestions made in ameliorative literature reflected the lack of trust whites had in the competency of

[105] Stewart, *Account of Jamaica*, 269.
[106] For more on contemporary thought on weather and climate see, Anya Zilberstein, *A Temperate Empire: Making Climate Change in Early America* (New York: Oxford University Press, 2016) and James Rodger Fleming, *Historical Perspectives on Climate Change* (Oxford, UK. Oxford University Press, 1998).
[107] Collins, *Practical Rules*, i; Stewart, *Account of Jamaica*, i.
[108] Horstmanshoff, King, and Zittel, *Blood, Sweat and Tears,* 19, 406, 426 ,631, 704; Porter, *Flesh in the Age of Reason,* 44-61; Roy Porter, *Blood and Guts,* 27.

enslaved people to take care of their own health and the faith planters had in their own methods. How all four men understood disease and healthcare was wrapped up in racist preconceptions and assumed superiority. Planters and authors needed to incorporate and amalgamate their perceptions of racial inferiority with contemporary understandings of health and disease. The result was a racialization of disease and a diagnostic spectrum that could explain conditional and essentialist diseases through the same humoural lens.

Dirt eating demonstrates the strongest evidence of humoural theory being used to justify the racialization of disease through the era of amelioration. Thistlewood, a common planter, did not think of dirt eating as a disease, nor did he use humoural thinking to explain the condition. For Thistlewood, dirt eating was an act of bad behavior by a disobedient slave that warranted punishment and not treatment. Thistlewood's perception of dirt eating was racialized because he only witnessed black people consuming dirt and deemed the act an example of primitive black behavior. When Collins encountered his slaves eating dirt he put his education and medical experience to the task of understanding what could compel a person to engage in such an act. Using his humoural teaching, Collins cited an impoverished state of the blood as the possible cause of dirt eating. He connected impoverished blood with a state of depression that would lead a slave to consume dirt. The way Collins began to frame a humoural understanding of the causes of dirt eating, in part, laid the foundation for the humoural justification of its racialization. Roughley's commentary on dirt eating highlights the continued use of humoural justifications of racist assumptions in the process of the racialization of disease. When it came to understanding the cause of dirt eating, Roughley used a method of humoural thinking similar to Collins; but Roughley accused the essential condition of the black body as the seat of disease. In Roughley's view, the breast milk of black mothers was scanty and disease ridden. Mothers passed their

disease in the breast milk used to feed their children. This shift in thinking and means of information exchange changed the perception and understanding of dirt eating through the amelioration era. Dirt eating, once thought of as bad behavior by a common planter, had become a racialized disease, justified by a humoural doctrine that was understood and respected by the readers of ameliorative literature. There was a coupling and hardening of the ideas of race and disease over the ameliorative era. Not all diseases were justified as explicitly through humoural doctrine, but the paradigm of humours informed racist and medical thinking throughout the period of amelioration.

Humours were not always used to racialize disease, in some cases, only perception and stigma were used to define black diseases. A condition that predominantly affected black people and had grotesque symptoms or sexual connotations could be deemed a "negro" disease. Yaws and elephantiasis were among those noted in sections of ameliorative literature titled *Different Disease to which the Negros are Subject* and *An Essay on the Management and Diseases of Negroes.*[109] Diseases like yaws and elephantiasis had physical symptoms that scarred and disfigured the bodies of the people who suffered from the diseases. Elephantiasis, even though it was a mosquito-borne pathogen, appeared to only affect enslaved people. Meanwhile, yaws was a bacterial infection that predominantly affected enslaved populations but could spread to whites through physical or sexual contact. Elephantiasis was racialized based on is exclusivity in enslaved populations and the physical deformities caused by the disease. Yaws coming from Africa and seemingly transmitted to white bodies through black bodies led to a social stigma toward the disease in the white community. White men had sexual access to black women and sexual violence was commonplace, but contracting what was considered a black disease was not socially acceptable among white Jamaicans. Yaws was racialized through social connotations,

[109] Respectively, in Stewart, *Account of the Inhabitants*, 270 and Grainger, *West Indian Diseases*, 68, 71-76.

infected demographics, and the physical conditions of the disease. Planters and doctors placed elephantiasis and yaws in the category of black diseases because they needed to distance themselves from maladies that offended them socially or physically. Through the process of racializing diseases, whites further dehumanized and subjugated the black people they enslaved.

Not all diseases were racialized; planters and doctors who were observing their slaves in a tropical environment recognized how environmental and conditional circumstances could foster disease. Sweat, work, weather, and air temperature were all potential catalysts of disease in the Caribbean. Fevers were thought to manifest as a result of cold air on a sweaty body. Planters and doctors made little effort to use environmental and conditional circumstances to explain dirt eating, yaws, and elephantiasis. When witnessing an enslaved person eating dirt, the first thought of a slaveholder or white doctor was not about the environmental circumstances that may have caused the action; the assumption was they were sick with a "negro" disease. Humoural theory could encompass essentialist and conditional conceptions of disease. The flexibility of humoural theory allowed ameliorative authors to cast a diagnostic spectrum. Humoural theory gave credibility to the racialization of disease and provided authors and readers the scholastic confirmation that validated their racism.

Chapter 3. The Plantation Healthcare Network of Thistlewood's Jamaica

In the late afternoon of Friday, 9 May 1753, Thomas Thistlewood wrote "Mulatoe Will [to] Come over and Bled Phibbah, brought our lame Negroes to him, &c."[1] Phibbah, the woman Thistlewood forced to be his live in house slave, was ill and required medical attention. Mulatto Will was an enslaved doctor who would eventually become a confidante of Thistlewood's and would treat him regularly. However, in 1753 Will was only dispatched to provide medical attention to enslaved people. Will was not under Thistlewood's direct management; rather he was under the management of Thistlewood's employers, John Cope and William Dorrill, and a neighbouring plantation of Salt River. Although he dwelled at an adjacent plantation, Will would frequent Thistlewood's estate to provide medical attention. Although Thistlewood requested Will's services for a number of enslaved people who were ill, his main priority was Phibbah's health. Will treated Phibbah by bleeding her but it did little good and six days later Thistlewood called upon Dr. McIntosh "to See Phibbah."[2] Thistlewood does not say what Dr. McIntosh did to treat Phibbah's illness, but it also had no effect. The following day Thistlewood asked his friend Mr. Anderson "ffor Something ffor Phibbah."[3] Again, it was not noted what Mr. Anderson provided to Thistlewood for treatment, but, like the previous attempts, it did not help. Phibbah remained ill until 7 June 1753 when she brought Thistlewood "a ffine pineapple."[4] Thistlewood does not explain why Phibbah was sick or what made her health improve; perhaps time and rest was all she required. This anecdote surrounding Phibbah's health highlights how healthcare was not applied equally even among the enslaved populations. Due to her forced relationship to Thistlewood, Phibbah received prompt and dynamic healthcare because of her station within the

[1] TTD, Friday 9 May 1753.
[2] TTD, Friday 15 May 1753.
[3] TTD, Saturday 16 May 1753.
[4] TTD, Thursday 7 June 1753.

plantation world. Other enslaved people were confined to the hothouse and visited by Will, while Phibbah received care from three different providers, two of whom were white. Phibbah's example shows the complexities and the network of healthcare and healthcare providers in late eighteenth-century plantation Jamaica. Phibbah was seen by Will (a mixed race enslaved medical practitioner), Dr. McIntosh (a professionally trained white doctor) and aided by Mr. Anderson (a neighbour who provided medicinal support). In Thistlewood's plantation world, medical care was not distributed evenly for all enslaved people. Likewise, the opportunity for a slave to practice medicine on the plantation was limited. Which enslaved people could practice medicine depended on race, status, and ability. The care that an enslaved person would receive depended on their value or their relationship with the master who assigned care.

In this chapter, I will examine the network of practitioners within the medical system of plantation Jamaica. Although this section will examine incidents from the entire period of the Thistlewood diaries, it will only explore in depth some specific sections that address medicine and medical practice. Examining the various medical practitioners that Thistlewood encountered throughout his 36 years in Jamaica reveals a multi-faceted and interconnected healthcare network that included enslaved people, free blacks, and professionally trained white doctors. White doctors with a professional education from European universities had the largest scope of practice and considered themselves to be the authority on health and disease in Jamaica. Thistlewood befriended many local doctors in the surrounding Savanna la Mar area of Jamaica from the time he arrived in 1750 till his death in 1786. The friendships Thistlewood had with local doctors gave him access to reliable healthcare for himself and cutting edge treatments for his enslaved workers. While Thistlewood's slaves may have had a decent standard of healthcare, whites such as Thistlewood used medicine and slave hospitals, appropriately named hothouses,

to further control the enslaved populations they managed. Whites did not trust that slaves could manage their own healthcare. During the era of amelioration, and believing they knew best, slaveholders increased the level of control and surveillance of sick slaves in an attempt to increase enslaved health and reduce attrition rates. Although plantation healthcare was designed to further control the movements of enslaved people, some enslaved individuals were provided training and positions within the plantation healthcare system. Enslaved people and free blacks held positions as slave doctors, nurses, and midwives, making them essential to the operations of plantation healthcare. Enslaved people had value as medical practitioners that allowed them to avoid field work and gave them more opportunities.[5]

Plantation life was designed by whites to control the labour provided by the enslaved populations they managed. Violence was tied to all aspects of plantation life, including medicine; whites could inflict violence upon enslaved people without legal consequence. Power within the master-slave relationship was a complex and dynamically negotiated element of Jamaican life. Whites held virtually all of the power and imposed it violently on the enslaved population, but despite their best efforts planters could not control every single aspect of plantation life. Enslaved people possessed little power, but they could wield it effectively. Practicing medicine provided an avenue for enslaved people to acquire influence with whites and possibly other enslaved people. Enslaved people who worked for planters within the plantation healthcare system could access some benefits afforded to medical practitioners.

This chapter will address two ways in which medicine was practiced on a Jamaican plantation: the first was by professional white doctors who were trained in Europe; the second was through the enslaved people who practiced European style medicine as midwives, nurses,

[5] Justin Roberts, *Slavery and the Enlightenment in the British Atlantic, 1750-1807* (New York: Cambridge University Press, 2013), 202-237.

and doctors who would have been trained by European doctors in the Caribbean. By the eighteenth century, medicine had become professionalized, the education and practice of doctors was standardized by universities such as Edinburgh, Oxford, and Leyden.[6] Educated doctors began to migrate to Jamaica in the early eighteenth century to provide their healthcare services to white colonists and enslaved people. Over the course of the eighteenth century, although the need for doctors increased in Jamaica, there was an irregular fluctuation in demand due to war, peace, increasing slave prices, and sugar market fluctuations.[7] Irregularity aside, doctoring was profitable; Dr. Cockburn arrived in Jamaica at the turn of the eighteenth century with £10 and by 1715 he had made £6000. A century later, in 1810, Dr. Randy of Dominica was making £800 per year.[8] A professional doctor could secure wealth and an influential position in the British Caribbean throughout the eighteenth and early nineteenth centuries.

Although professionally trained white doctors may have been at the apex of the plantation healthcare system, enslaved people practiced medicine as midwives, nurses, and doctors. Enslaved people were trained in their medical practices and these new abilities were a form of skilled labour. Generally, enslaved people were instructed by white doctors or overseers on what care to provide; however, individuals like Will practiced medicine much more freely, providing diagnosis, prognosis, and treatment. White doctors and enslaved medical practitioners made up Thistlewood's plantation medical network and defined the healthcare to which he had access. Generally speaking, by practicing medicine an enslaved person avoided the backbreaking work of field gangs.[9] Practicing medicine also gave enslaved individuals an opportunity to gain favour from their managers and status within the plantation hierarchy. Privileged positions as

[6] Richard B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834* (Cambridge, UK: Cambridge University Press, 1985), 55-61.
[7] Ibid, 42-46.
[8] Ibid, 44.
[9] Roberts, *Slavery and the Enlightenment*, 202-238.

enslaved medical practitioners meant a hothouse nurse could pretend not to notice when a sick slave was resting longer than allowed. Medical practitioners such as nurses held positions that allowed them to bend the rules of the plantation and potentially gain favour from other enslaved people. I argue that perceptions of race, gender, and ability were the factors planters used to determine which enslaved people became medical practitioners. Enslaved women and men had different roles within plantation healthcare. Planters perceived enslaved people who were mixed race to be more intelligent and suitable for skilled labours like medicine. Ability refers to planter's perception of intellectual capacity as well as physical capability. In the periphery of the planter's attention, enslaved nurses could use moments to possibly gain favour from other slaves. A medical practitioner who had favour with a master, and provided a quality service in the master's view, could be rewarded with coin or valuable items such as rum or food, or time to grow more of their own food. Even though healthcare infrastructure was designed to control enslaved people, enslaved medical practitioners had greater opportunity to negotiate the boundaries of their bondage because of their positions within the British Caribbean plantation healthcare system.

Local doctors played an important part in Thistlewood's social network. Thistlewood's networks of friends and doctors gave him access to conversations, information, and resources that informed his curiosity about health and medicine. He fancied himself an enlightened man who was well-read and took great interest in the natural world around him.[10] Thistlewood had a passion for his personal garden, botany, and the natural resources of Jamaica.[11] Although he did not have a formal education in medicine, Thistlewood certainly had an interest in health and

[10] Trevor Burnard, *Mastery, Tyranny, & Desire: Thomas Thistlewood and his Slaves in the Anglo-Jamaican World* (Chapel Hill: University of North Carolina Press, 2004), 112-115.
[11] Ibid, 39, 62-63, 117-118, 121-126.

medical knowledge.[12] Thistlewood's intellect, interests, and social sphere shaped his medical knowledge and engaged him in the healthcare of his plantation although he was not a doctor.

Thistlewood's interest in medicine and passion for botany is evident when he discovered that Doctor Panton, a friend and local doctor, had died. On 18 May 1776, Thistlewood wrote "I [a]m very Sorry ffor the loss off dr.panton, as he was a very Sensible Man." He went on to describe Dr. Panton as "off a Surprising quick apprehension" and "a good Scholar" who "[k]noew his business Well."[13] Thistlewood had great respect for Dr. Panton; their working relationship developed into a friendship. Thistlewood would call on Dr. Panton for medical advice, to treat his slaves, and more often than not, to provide care to Thistlewood himself for his reoccurring case of gonorrhoea. He allowed Panton to transcribe a copy of his weather observations.[14] The two men exchanged books back and forth on a variety of subjects including medicine.[15] Thistlewood's sorrow and sentiment left in his diaries show he respected the medicine Panton practiced. Thistlewood recognized the formal training and professionalism of Dr. Panton's discipline. Ending his entry that day, Thistlewood wrote, "besides a Friendship between us, as having Something off the Same turn ffor Botany."[16] Botany was one of the catalysts of the friendship between Thistlewood and Panton. Thistlewood, passionate about his renowned garden and the medicinal capabilities of the natural world, shared these botanical interests with his friend.

Thistlewood and Panton were not alone in their botanical interests. They belonged to a circle of educated men within the Savanna La Mar area who shared an interest in horticulture and botany. The group boasted of members such as Samual Hayward, merchant and foundry owner,

[12] Burnard, *Mastery, Tyranny, & Desire* 109, 112-115.
[13] TTD, Saturday 18 May 1776.
[14] Burnard, *Mastery, Tyranny, & Desire*, 121.
[15] Ibid, 109, 112-115.
[16] TTD, Saturday 18 May 1776.

and a wealthy St. James planter by the name of George Spence, who was thought to be the best botanist in Jamaica. Other members included three wealthy Westmoreland sugar planters (John and William Henry Ricketts and Richard Vassall) and two physicians of means (Robert Pinkney and Thomas King).[17] Botany was a popular pastime for social and planter elites on Jamaica, acting as a social catalyst providing this group of men an avenue to discuss their interests in plants, medicine, and the natural world.

Dining and entertaining guests made up a large portion of Thistlewood's socialization with doctors. Thistlewood would invite his friends, neighbours, and employers to gatherings. On the evening of 27 April 1756, Thistlewood hosted a dinner party where "Mr Thomas Gardiner, Dr Frederic Frazier, Dr John James Gorse & Mrs Gorse and Mrs Ogilby dined here and all suppd & slept here except Mr Gardiner."[18] Dr. Grose brought his wife to Thistlewood's dinner party, demonstrating that some doctors started families in Jamaica. At some point in the evening, Mr. Cope, Thistlewood's employer, arrived at the festivities and he, along with the doctors, began to drink. Thistlewood noted that, "Mr Cope Dr Frazier & Dr Gorse all very drunk."[19] Thistlewood did not indicate whether he became intoxicated with his friends but he was certainly present throughout the evening.

Exchanging books was a way to circulate knowledge and engage in community. Thistlewood would exchange books on medicine with local doctors and friends. On 18 June 1769, Thistlewood wrote:

> Mr Hayward lent me a vol of Physical 8 vol containing a review of venereal disease and its remedies… surgeon 1768 practical directions showing a method of performing a perinoum in birth and delivering the placenter without violence etc by John haroie MD

[17] Burnard, *Mastery, Tyranny, & Desire*, 109, 125-126.
[18] TTD, Thursday 27 April 1756.
[19] Ibid.

> teacher of Midwiffery 8 vol Lond:1767 medical advice yl: consumptive and astmatic people of England pinch. By Philys Slorn MD.[20]

Thistlewood had access to books that delved into topics on venereal disease, surgery, and midwifery. These books were written by recognized individuals in their field, and in 1769 they were only one or two years old, considered current for the time. Considering Thistlewood lived in a rural area of Jamaica, his access to relevant medical literature was impressive. Thistlewood's reading of relevant medical literature provided a base knowledge of health and disease, but the doctors that surrounded him influenced the way he understood his own health and healthcare.

Thistlewood also welcomed medical advice and treatment from his doctor friends. In the evening of 3 August 1752, Thistlewood rode to Savanna la Mar to visit his friend Dr. Drummonds.[21] Thistlewood had an unknown and concerning skin condition that he felt needed a professional opinion. Dr. Drummond examined the affected area and "he Says my Swellings are Bubo's, gave me 2 Plasters to draw them to a head, had a Box off Ointment ffor a Smaller Sores."[22] Thistlewood followed the doctor's orders and returned on 7 August at which point "he laid 2 ffresh Plaisters on the Bubo's, which are now intolerable painffull."[23] Thistlewood's condition worsened and three days later on Monday 10, Thistlewood recorded:

> In the Morning rode to Dr. Drummonds, between 8 and 9 O'Clock he laid Caustiches upon my Bubos, and Laid me upon a Bed upon my Back, not to stir till Noon (most off the Time in exquisite pain) then he lance the places where the caustich had been apply'd, and Cutt them with probe Scizors, letting out an abundance off Soncis and Corrupt Matters, ffor both were ripe, was extreme ffaint and Bad but Soon Better: a Dressing and plaisters to it on put upon them, din'd with him; sat long affter dinner then went home.[24]

Thistlewood was receiving medical treatment but he was also spending social time with Dr. Drummond by having dinner and engaging in conversation. Thistlewood went through three

[20] TTD, Sunday 18 June 1769.
[21] TTD, Monday 3 August 1752.
[22] Ibid.
[23] TTD, Friday 7 August 1752.
[24] TTD, Monday 10 August 1752.

more such treatments as the one Drummond performed on 10 August.[25] On 28 October 1752, Thistlewood "Sat an Hour or two in Discourse with the Doctor, Mr. Thomson, and another gentleman" after his social and medical call, and Thistlewood finished his daily entry with "The Doctor Says! the Bubo's look very well."[26] Dr. Drummonds' relationship with Thistlewood provided him with a trusted physician and a friend. It was through men such as Dr. Drummond that Thistlewood came to understand his own health and the health of the enslaved people he managed.

In Thistlewood's rural Jamaican world, professionally trained doctors had options with respect to professional lifestyle. Doctors could run a practice out of their home; Dr. Drummond, who lived in the town of Savanna la Mar, had his patients visit his homestead for their healthcare needs. Self-employment was not the only option; doctors could become agents of a larger plantation, similar to Dr. Cockburn. Doctors could be employed by a large plantation owner to oversee the healthcare of the entire plantation, such as Dr. Randy of Dominica. For example, Thistlewood received "a Letter ffrom Mr. Fooks, by one Dr: McIntosh, who Mr: Dorrill has employed to look affter his Sick & Lame Negroes."[27] Dr. McIntosh lived on Salt River estate where Mr. Dorrill hired him to provide healthcare to Dorrill's enslaved populations. If doctors arrived to the Caribbean with money, or if they accumulated it over time while working, they could also be slaveholders. Doctors could own many enslaved people on a plantation where they tilled land, or they accumulated smaller groups of enslaved people that they would hire out as gangs of labourers. Dr. Fraizier had a gang of slaves that spent the day on Thistlewood's property catching crabs; when they were done "Some off Dr: Fraziers Negroes Call'd and Begg'd me to lett them Stay in the Plantation all night, and take Care off their Loads which was Black

[25] TTD, Friday 14 August 1752; Monday 24 August 1752.
[26] TTD, Thursday 28 October 1752.
[27] TTD, Wednesday 26 February 1752.

Crabbs."[28] Doctors had more options and opportunity in Jamaica and British Caribbean than men such as Thistlewood. Practicing medicine allowed European doctors to move through colonial Jamaica in a number of capacities. The ability to practice medicine offered physicians a means to make a regular income as well as an extra revenue stream.[29] If they owned slaves, they did not have the added expense of hiring a doctor; moreover, doctors could hire their services out to other planters.[30] In the case where a doctor did not own any slaves himself, they could be hired on as an agent of a plantation or operate a private practice. One aspect of practice was for certain, no matter which option the Caribbean doctor chose, they would have to address contagious diseases and epidemics.

Smallpox came to the Americas around 1518; the *Variola major* virus that caused what was understood as smallpox, came to the Americas in the bodies of European explorers.[31] The pathogen affected the entirety of North, Central and South America with a major breakout between 1775 and 1782.[32] The Caribbean was not exempt. Smallpox arrived in the Caribbean only twenty years after Columbus, but the disease did not become a serious issue in the Greater and Lesser Antilles until the second half of the eighteenth century.[33] Smallpox became a pathogen with which slaveholders had to contend, but Thistlewood had a common sense approach on how to manage the spread of smallpox within his enslaved population.

Outbreaks of smallpox demonstrated how seriously Thistlewood responded to infectious disease. While acting as overseer on Egypt plantation, on 4 July 1763, Thistlewood recorded,

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[28] TTD, Wednesday 4 April 1753.
[29] Sheridan, *Doctors and Slaves*, 42, 295-296, 304.
[30] Ibid.
[31] Elizabeth Fenn, *Pox Americana: The Great Smallpox Epidemic of 1775-82* (New York, New York: Hill and Wang, 2001), 3-11; Claire Gherini, "Rationalizing Disease: James' Kilpatrick's Struggles with Smallpox Inoculation," *Atlantic Studie*s, 7.1 (December, 2010): 421-446.
[32] Ibid.
[33] Ibid; Sheridan, *Doctors and Slaves*, 249-291.

"Hazat a breaking out, Suspect to be the Small pox."[34] Smallpox symptoms will show before the patient becomes contagious, and from initial infection to when the patent becomes infectious is about two weeks.[35] Knowing the infectious nature of smallpox, Thistlewood made the diagnosis and immediately ordered the construction of a smallpox hut. Two days later Thistlewood "had the small pox hutt ffinished."[36] Once the hut was complete and Hazat could be transported, Thistlewood had Hazat moved into the smallpox hut and had "Silvia Attend [to] him as [a] Nurse."[37] During the outbreak, only three individuals became afflicted, Hazat, Pluto, and Mary. Pluto eventually recovered although he was afflicted with yaws at the same time; Mary survived but was left blind from the disease.[38] A month after Hazat was diagnosed and quarantined, Thistlewood announced that "Hazat Come home Well, ffrom the Small pox"[39] Thistlewood's quick and decisive response to smallpox likely prevented a larger breakout in the enslaved population. His approach was simple but effective. Thistlewood recognized the potential hardship which smallpox could inflict on his labour force and through intervention he was able to quell the spread of disease. Although quarantine and the care of a nurse were great measures to take, they did not guarantee survival.

Inoculation was the better guarantee when it came to smallpox. Early in the eighteenth century, the inoculation of smallpox was introduced to a British Atlantic doctor by enslaved Africans.[40] Doctors in the British Atlantic then claimed ownership of smallpox inoculations and

[34] TTD, Monday 4 July 1763.
[35] Fenn, *Pox Americana*, 19.
[36] TTD, Wednesday 6 July 1763.
[37] TTD, Friday 8 July 1763.
[38] TTD, Wednesday 3 August 1763; Amanda Thornton, "Coerced Care: Thomas Thistlewood's Account of Medical Practice on Enslaved Populations in Colonial Jamaica, 1751-1786," *Slavery & Abolition*, 32.4 (December, 2011), 541.
[39] TTD, Friday 5 August 1763.
[40] Sheridan, *Doctors and Slaves*, 250-254.

developed westernized modes of administration.[41] In Jamaica smallpox inoculations were happening on a small scale until the practice became popularized after the island-wide smallpox epidemic of 1768.[42] Thistlewood quickly jumped on the opportunity to implement inoculation. On 9 January 1768, Thistlewood, knowing the dangers of smallpox and having a strong faith in medical science, sent his only living son who he called "little mulatto John," "to be inoculated for the small pox" on Paradise Estate, which was done the following day.[43] John recovered promptly and became resistant to smallpox, motivating Thistlewood to utilize inoculations regularly.

While under the employ of Mr. Cope and Mr. Dorrill at Egypt, Thistlewood had little influence in the preventative healthcare of the enslaved people he managed. In 1767, Thistlewood was self-employed when he purchased Breadnut Island Pen.[44] Once he became a slaveholder and estate owner at Breadnut estate, he became the sole authority on all matters pertaining to health and management.[45] Shortly after Thistlewood assumed ownership of Breadnut estate and moved his enslaved populations, he began preventative care for his slaves. In September 1768, Thistlewood called upon his old friend Dr. Drummond to inoculate Breadnut's enslaved population. In the morning, Thistlewood wrote that, "Between 9 and 10 am Dr. Drummond came and inoculated 17 of my Negroes, each arm between the elbow and shoulder; just raised the skin with a lancet dipped in the matter and let it dry."[46] Eleven days later, "Dr.

[41] Sheridan, *Doctors and Slaves*, 250-254.
[42] Ibid, 254-258.
[43] TTD, Saturday 9 January 1768, Sunday 10 January 1768; Thornton, "Coerced Care," 543; for more on Thistlewood and Phibbah's son, Mulatto John, see Burnard, *Mastery, Tyranny, & Desire,* 12, 49, 134, 199, 229, 234-235; Douglas Hall, *In Miserable Slavery: Thomas Thistlewood in Jamaica. 1750-1786* (Mona, Jamaica: University of the West Indies Press, 1989), 130-131, 134, 137, 162, 169, 175, 215, 219, 220, 224, 230-252, 261, 267-275, 314.
[44] Burnard, *Mastery, Tyranny, & Desire*, 11, 184-186.
[45] Ibid.
[46] TTD, Friday 9 September 1768; Hall, *Miserable Slavery*, 166.

Drummond came and examined the Negroes."[47] After a thorough examination, Dr. Drummond determined that the inoculated patients were "in extremely good way, and that he need not come again. He thought "Jimmy, Chub, Sukey, and Mirtilla have certainly had them before."[48] The slaves who would have been exposed to and recovered from smallpox before the inoculation would have not had a reaction to the treatment. The ones who had no prior exposure had an immune response that then rendered them resistant to smallpox.[49] Thistlewood's first mass inoculation proved a great success.

The positive outcome of the inoculations can likely be credited to the abilities and effectiveness of Dr. Drummond. As a trusted friend and local physician, Drummond was the physician Thistlewood needed for a mass inoculation. Drummond was up to date on his practices and delivered cutting edge preventative care treatments to Thistlewood's enslaved population. The technique of inoculation that Drummond performed had only been introduced that same year by Mr. John Quier.[50] Drummond was educated and informed on recent developments of medical science and was able to implement them in his rural Jamaican world. It is likely that Drummond serviced other estates that may have had similar stories. With the success of his own son's inoculation and the Breadnut population, Thistlewood continued to use inoculation as a means of preventative care.

Ten years later Thistlewood had little issue with smallpox and continued to inoculate his own enslaved populations as well as his neighbors'. Dr. Bell was a friend of Thistlewood's and a local physician. Bell and Thistlewood regularly had breakfast together, where they would

[47] TTD, Tuesday 20 September 1768; Hall, *Miserable Slavery*, 167.
[48] Ibid.
[49] Thornton, "Coerced Care," 543.
[50] Hall, *Miserable Slavery*, f171n6

exchange books and have conversations about their common interests and medicine.[51] After a month of having breakfast and morning conversations, Thistlewood wrote on 7 December 1778, that "Mr Wilson & Dr Bell breakfasted with me then the doctor inoculated 1. Joe 2. Bristol 3. Jenny 4. Nelly 5. Toney 6. Quashie 7. Phibbah 8. Charity 9. Vine 10. Betty also little mulatto besie he then inoculated 17 of Mr Wilsons Nigroes jenny young, mulatto nancy."[52] Thistlewood, with the help of Bell and Wilson, had organized a neighborhood inoculation of 27 enslaved people. It was not written if planters understood the critical mass immunity that resulted from the inoculation a human population or if inoculating all of their slaves at once was strictly a pragmatic decision, but in doing so the chances that those groups would stay smallpox free became higher. Dr. Bell routinely checked on the inoculated slaves in the following weeks.[53] Four of the 10 slaves inoculated did not contract smallpox. Thistlewood and Bell assumed that they had had the disease before and recovered.[54] For Christmas Eve 1778, once all successfully inoculated slaves recovered, Thistlewood wrote, "Dr Samuel Bell dined with me paid him ffor inoculating 10 nigroes"[55] Thistlewood did not specify the cost of the inoculation, but he did note that Mr. Wilson's inoculations were successful.[56] Thistlewood continued to inoculate his enslaved populations till the end of his life. On 10 December 1785, a year before he died, Thistlewood summoned a doctor to inoculate new slaves, mostly children he had purchased.[57]

Thistlewood's access to the innovations and knowledge of modern European healthcare

[51] Bell and Thistlewood dined regularly and had breakfast almost once a week in 1778. On Monday 2 February 1778 Thistlewood lent Bell an "Essay on the Manners & Character off Women." On Friday 10 April 1778, Bell returned the favour and lent Thistlewood an "Essay on Man." If nothing was overly exceptional about the social call, Thistlewood would simply note, "Dr. Bell breakfasted with me" like he did on Friday 16 October 1778.
[52] TTD, Monday 7 December 1778.
[53] Wednesday 9 December 1778; TTD, Thursday 10 December 1778; TTD, Tuesday 15 December 1778; TTD, Thursday 17 December 1778; TTD, Saturday 19 December 1778; TTD, Monday 21 December 1778; TTD, Tuesday 22 December.
[54] Thornton, "Coerced Care," f557n62.
[55] TTD, Thursday 24 December 1778.
[56] Ibid.
[57] TTD, Saturday 10 December 1785; Thornton, "Coerced Care," f557n62.

was the result of the friendships he cultivated with doctors. Thistlewood's relationship with Drummond and Bell gave him access to relevant literature on medicine. He would read the resources provided to him and discuss the theory with his friends. His relationship with doctors such as Drummond and Bell satisfied the amateur medical scientist inside Thistlewood. Beyond comradery and intellectual stimulation, the doctors in Thistlewood's life were able to provide him with quality personal healthcare. Thistlewood's relationship with Dr. Drummond also gave him the means to inoculate his entire enslaved populations in 1768, which was the same year new smallpox inoculation techniques were introduced and the Jamaican smallpox epidemic struck. Thistlewood's friendship with Dr. Bell allowed Thistlewood to continue to inoculate his enslaved populations until his death. Friendships between whites established a difference between white society and the enslaved in Jamaica, but friendships for Thistlewood were also a means of doing business and accessing health services.

Although white doctors were considered the authority on medicine in the Caribbean, enslaved people had an array of medicine practices. The attitudes that Jamaican planter authors John Stewart and Edward Long had toward enslaved people practicing medicine are captured in the literature. During his time as a planter in Jamaica, Stewart witnessed enslaved people practicing medicine. He even recognized it as being effective for some minor maladies:

> The Negroes are acquainted with the use of many simples for the cure of some disorders, such as yaws, ulsers, bone-achs, &c. and the care and management of negroes afflicted with these disorders is generally confined to an elderly negro woman who professes a knowledge of this branch of the medical art.[58]

According to a 1782 inventory of slaves recorded at York, a sugar plantation, there were three "elderly" enslaved women practicing medicine. Agnes was a 49 year old yaws nurse; Joan was a

[58] John Stewart, *An Account of Jamaica and its Inhabitants*, (London: Printed for Longman, Hurst, Rees, and Orme, 1808), 278.

52 year old midwife, and Dr. Silvia, a 67 year old doctress.[59] Agnes, Joan, and Dr. Silvia were 3 of the 4 enslaved medicinal practitioners on York plantation, which had 450 enslaved people.[60] The fourth was an enslaved doctor named Ralph. The three women would have addressed child birth, infectious and sexually transmitted diseases among a multitude of other medical conditions.[61] The enslaved people on York plantation would have received the majority of their healthcare from Agnes, Joan, and Dr. Silvia. In 1764, Dr. Grainger resisted the idea that older women were best suited to be nurses; he claimed that nurses "are too commonly so old that they cannot take proper care of the sick," and they should not be allowed to practice medicine under his management style.[62] Grainger and Stewart disagreed on the age and ability of enslaved nurses. Perhaps Grainger's training as a doctor gave him better insight into the physical challenge of nursing. Writing in 1808, Stewart would not have seen an issue with having older female slave nurses been opposed to York plantation, in 1782; however, Grainger, almost four decades before Stewart, was recommending younger able-bodied enslaved women to be nurses. Generalist authors such as Stewart recorded and kept the status quo for enslaved nurses while Grainger, a doctor and medical ameliorative writer, would have suggested change in the plantation healthcare system.

Although it was not Grainger's recommendation, older woman were practicing medicine throughout Jamaica and the British Caribbean. When Stewart encountered the elderly African woman who claimed to know "the medical art," he thought it was worthy of discussion in his proscriptive guide to plantation healthcare, recognizing a distinct and useful medical tradition

[59] For slave information, see York Plantation Inventory, 1782, 3/C/3i, Gale-Morant Papers, University of Exeter Library, UK.
[60] Ibid.
[61] Sheridan, *Doctors and Slaves*, 83.
[62] James Grainger M.D, *An Essay on the Most Common West-India Diseases; and the Remedies Which That Country Itself Produces: To Which Are Added, Some Hints on the Management, &c. of Negros,* (Edinburgh: Printed for Mundell & son, and Longman & Rees, London, 1802), 91.

amongst the enslaved. British Caribbean enslaved folk medicine had West African, Western European, and Caribbean influences. Medical ideas and practices were coming to the Caribbean from European colonists and captive West Africans.[63] On the ground, broadly speaking, West African and European approaches to healthcare were blending and borrowing from one another.[64] It is possible that the type of medicine Stewart was describing was West African in origin or a type of Afro-Caribbean hybrid. That said, exploring the elements and influences that make up the skillset of enslaved medicine is not the goal of this project; rather, how planters thought about enslaved people practicing medicine within plantation society will frame the discussion. Medicine practiced by the enslaved seemed to be effective in treating some medical conditions such as ulcers and bone ache. Bone ache was likely a joint pain caused from hard labour and not deadly or infectious. Yaws, on the other hand, was severe, and planters did not want contact with those with the disease for fear of contraction.[65] According to Collins, ulcers and bone aches were common among field slaves and could cause them to "be excused from work."[66] Collins would have carried out his own treatment but planters such as Stewart would have allowed enslaved European style medical practitioners to treat these simple conditions. Planters benefitted by not having to expend plantation resources or by calling in doctors to treat conditions that enslaved people were competent in healing. If a planter had to call a doctor, the physician would charge a fee for the assessment of each enslaved person's care and the treatment

[63] Londa Schiebinger, *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World* (California, USA: Stanford University Press, 2017), 1-18; Kathleen Murphy, "Translating the Vernacular: Indigenous and African Knowledge in the Eighteenth-Century British Atlantic," *Atlantic Studies* 8.1 (2011): 29-48.
[64] Schiebinger, *Secret Cures,* 1-18; Murphy, "Translating the Vernacular," 29-48.
[65] Ibid.
[66] David Collins, *Practical Rules for the Management and Medical Treatment of Negro Slaves in the Sugar Colonies* (London: J, Bayfield, Wardour Street, Printer to His Royal Highness The Prince of Whales, Printed for Verner and Hood, in the Poultry, 1803)*,* 337, 436.

received.[67] Having enslaved people manage the common ailments of field workers meant that a doctor need only be called in on particularly difficult or serious cases.

Although Long thought there was a place for enslaved medical practitioners on a plantation, he was much more cynical of their method than Stewart. Long questioned the foundations of their medical treatments: "However, the negroes generally apply them at random, without any regard to the particular symptoms of the disease; concerning with, or the operation of their *matiria medica*, they have formed no theory."[68] Long believed that the random utilization of the medical remedies practiced by enslaved medical practitioners meant the absence of a rational theory of body and disease. He could not appreciate a medical tradition operating outside of that familiar context so he deemed the medicine practiced by the enslaved as lacking the ability to be effective outside of a few treatments of mild ailments with herbal remedies. Similar to Stewart, Long thought enslaved remedies for bone ache, ulcers, and yaws were effective, but he could not accept that black people had any great understanding of the medicine, health, and disease beyond the random application of remedies. It is likely that the enslaved medicine Long and Stewart were recording was not medicine practiced by enslaved people trained by a European doctor, but rather medicine practiced by an enslaved person with a colloquial medical knowledge that blended West African and European influences. Professionally trained or colloquial, Long and Stewart observed the utility of enslaved medical practitioners.

Long respected formal medical education but was critical of European doctors in the British Caribbean, who he considered ignorant and pompous in their approach to medicine. He said that enslaved Africans' treatment of maladies had "subdued diseases incident to their

[67] Sheridan, *Doctors and Slaves*, 304.
[68] Edward Long, *The History of Jamaica. Or, General Survey of the Ancient and Modern State of That Island: With Reflections on Its Situation, Settlement, Inhabitants … In Three Volumes. Illustrated with Copper Plates* (London: Printed for T. Lowndes, 1774), Vol II, 381.

climate, which have soiled the art of the European surgeons at their factories."[69] Long took issue with both African and European medicine, and was hyper-critical of the European doctor's inability to adapt to new environments, and new diseases. Long may have thought enslaved medicine primitive, but at least he recognized its value and basis in botanical knowledge.

> A total ignorance of this useful science is a most contemptible defect in the practitioners here; for what can be more reproachful then to have it said, and with truth, that many of the Negros are well acquainted with the healing virtues of several herbs and plants, which a regular physician tramples underfoot, with no other idea of them, than that they are no part of his *materia medica*, not any better than useless weeds.[70]

Contrary to Long's opinion, not all physicians were as ambivalent or ignorant about the botanical benefits of indigenous plants and medical knowledge of enslaved people. Historian Kathleen Murphy argues that "enslaved and free blacks and Amerindians were seen as both uniquely knowledgeable about the natural world and potentially dangerous as a result of this knowledge."[71] Perhaps the physician to whom Long was referring feared the knowledge of the natural world that enslaved people possessed. Long thought the physicians he knew were foolish for not utilizing the medical knowledge of enslaved people that appeared to be effective; rather, those doctors and surgeons stuck to traditional European methods whether they worked or not. In an environment in which people died from exposure and disease on a regular basis, Long assumed that these doctors would evaluate a treatment outcome. The inability of European doctors to move from a conviction, even in light of personal experience, is a demonstration of how dogmatically indoctrinated European physicians were within their medical tradition. Long and Stewart believed African medicine was useful but limited and inferior to European medicine. However, European doctors' reluctance to learn and incorporate African medicines into

[69] Long, *History of Jamaica*, Vol II, 381.
[70] Ibid.
[71] Murphy, "Translating the Vernacular," 30.

European medicines to improve practice and health was baffling to Long in light of their formal scientific medical training.

Collins and Grainger are examples of the type of physician that Long described, pompous and ignorant to the medicine practiced by their enslaved populations. Collins and Grainger thought they were the purveyors of medical truth. In a moment of self-importance, Grainger wrote, "Upon the whole, I flatter myself, this small tract will be of real service to the West India [Caribbean] practitioners, as well as to the owners and managers of Negroes."[72] Collins' introduction had a similar sentiment; he stated that his "education [that] was originally professional" combined with "more than twenty years residence in the West Indies, in the direction of a pretty large gang of Negroes," allowed him to produce a book with "a series of rules deduced from experience" that "hath long been wanted."[73] Collins claimed that if his management style was "executed with tolerable judgement" it "cannot fail of providing highly useful;"[74] Moreover, Collins asserted that if his management methodology was followed, the enslaved being managed would "live as long as any other class of people in the West Indies."[75] European doctors like Collins and Grainger knew the audience for which they were writing. As a result, they dismissed all forms of African and Afro-Caribbean medical practice on their own plantations. To include forms of African and Afro-Caribbean medical knowledge within their texts would acknowledge they had value, and endowing them with value would give African medical knowledge credibility. As professionally trained doctors, they believed they knew best on matters of health and disease. Collins and Grainger thought of themselves as an authority on healthcare, and in that context were willing to utilize enslaved medical practitioners they had

[72] Grainger, *Most Common West-India Diseases,* v.
[73] Collins, *Practical Rules,* 9-10, 17.
[74] Ibid.
[75] Ibid, 17, 19.

trained themselves. Collins, especially, but Grainger as well, recommended enslaved nurses, but they were only allowed to perform the treatments prescribed by the doctor, not their own.[76] Even in the case of yaws, an infectious disease where most physicians avoided direct contact, Collins and Grainger were both active in diagnosis, prognosis, and treatment on their respective plantations.[77]

For Collins and Grainger, the British Caribbean was a region for utilizing past medical knowledge to explain new phenomenon, not a place for new medical theory and practice to develop. Grainger said that "[In the Caribbean] no rewards have ever been offered for discoveries in *Materia Medica*."[78] Grainger's comment negates any acknowledgement of African or Afro-Caribbean medicine that was worthy of study, or at least medicine as it was understood by Grainger. If Collins and Grainger were exposed to African or Afro-Caribbean medicine and gained any knowledge from the experience, it was not mentioned. To speculate, if that was the case, African or Afro-Caribbean medicine would have been integrated into their *Materia Medica* without giving credit to the originator.

Plantation healthcare as dictated by doctors such as Collins and Grainger was about controlling sick enslaved people and improving healthcare through increased observation and attention. The infrastructure of slave hospitals, sick houses, hot houses, and a number of other disease specific buildings was used as a means to control the enslaved while they were ill.[79] The need for organization and surveillance is evident in Collins's *Practical Rules,* which stipulate that the "hospital should be as near as possible to the dwelling-house…with the door directly in

[76] Grainger, *West Indian Disease*, 71-77; Collins, *Practical Rules*, 412-443.
[77] Collins, *Practical Rules*, 412-443; Grainger, *West Indian Disease*, 71-77.
[78] Grainger, *West Indian Disease*, iv.
[79] Roberts, *Slavery and the Enlightenment*, 163-167.

view, so nothing of consequence can be transacted there."[80] Grainger recommended that "every plantation ought to have a large sick house," and a sick house should "consist of four detached chambers in a square;" and have "a gate to lock."[81] Grainger needed to segregate the sick for two reasons: primarily to provide healthcare, and secondly to control the physical space an enslaved person could inhabit while ill. Collins and Grainger thought they could provide improved healthcare to their enslaved patients through increased surveillance and segregation. The doctors had confidence in the medicine they practiced and used their training to dictate plantation healthcare. Collins and Grainger did not trust enslaved people to properly manage their own health and healthcare. The slave hospital solved two problems for men such as Collins and Grainger: consolidating the sick to address their healthcare, which removed the worry of enslaved people having to manage their own health and increasing the planters' surveillance of their slaves.

The approach to treatment was more than just a way to control the physical space of the sick enslaved; white doctors and planters used their authority as medical practitioners and healthcare providers to diagnose and determine care. Plantation healthcare was used as a means to govern the enslaved body in order to control the type of care that was administered. By dictating the diagnosis and treatment of an enslaved patient's condition, the planter was in effect controlling both the external physical and the internal physiological body of a person. Conceptualizing medicine in this manner is insidious. The Hippocratic Oath, which was taken by all doctors, clearly dictates that a physician will do no harm and do everything in their power to heal, but in an attempt to improve plantation healthcare, planters further oppressed and

[80] Collins, *Practical Rules,* 253.
[81] Grainger, *West Indian Disease*, 90, 91.

controlled enslaved populations.[82] Medicine as a means to control the inside of an enslaved person's body is present throughout Collins *Practical Rules*. In the section on fevers he states: "Nature would do the business; but it is proper that you should not let nature carry away the credit of the care; that should be appropriated to your own advantage."[83] In the *Birth of the Clinic*, Michel Foucault examines the objectification of the patient through the process of diagnosis.[84] In its extremes, diagnostic medicine is a dehumanizing process.[85] Whites wanted dominance and control over medicine and they exerted it through diagnostic medicine. It is possible that Collins wanted credit for healing enslaved patients who may have gotten better had he not intervened. Collins likely wanted the enslaved patients to believe it was his treatment that healed their illness. Medical infrastructure was a way to control the enslaved physical location, while the doctor's authority over the interpretation and treatment of disease forced enslaved people into forms of treatment they may not have understood or recognized as healthcare. Documenting these medical practices was considered important so they could be used for future reference. While plantation manuals could provide helpful medical information, the negative impact was that they became one more instrument that further enforced white control over black bodies.

As Collins and Grainger advised in their management guides, Thistlewood utilized the healthcare infrastructure of his planation to leverage more power over his enslaved population. Slave hospitals, or hothouses, acted as a type of temporary prison in which sick enslaved people were forced to convalesce.[86] Some enslaved people were allowed to recover at home but most

[82] For more on the Hippocratic Oath and Slavery, see Schiebinger, *Secret Cures of Slaves*, 65, 71, f185n18
[83] Collins, *Practical Rules,* 304.
[84] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, (London and New York: Presses Universitaires de France, 1994).
[85] Foucault, *The Birth of the Clinic*.
[86] Roberts, *Slavery and the Enlightenment*, 164-167; Sheridan, *Doctors and Slaves*, 269-276.

had to endure the hothouse. On days when there were sick slaves, Thistlewood would write down the name of each slave that was put in the hothouse; for example, "In the hothouse Ellin, Beck, dido, port Royal, & Kent."[87] Recording the sick was Thistlewood's way of keeping track of the health of his plantation so he could determine what healthcare would be required. Occasionally, Thistlewood would detail the afflictions of each enslaved patient and if they were being attended by a doctor or enslaved nurse. For example, in December of 1758 he wrote,

> A.M. Dr. Gorse here to the Sick. In the Hott house, Quacoo, Sore Leg, Mountain Lucy, Sore Leg. Hope, Bubo (London Bursten ([R]hadamonthus] sore in his Nose, Jenny, Clap. Toby and Abba yaws, Lyddie Mouls Palsie Betty, Mauger, &c, &c, Juno, yaws --- Cubenna, Tooth Ach, Morris, Pain in Side.[88]

Whether Thistlewood was specific or not about the condition of his sick enslaved populations or the treatment they were receiving, he routinely admitted enslaved people to the hothouse and recorded who he had placed there for care. By routine recording Thistlewood was able to monitor the health of his enslaved populations and address medical requirements as needed. If enslaved people attempted to manipulate the healthcare system, strict punishments were applied.

Thistlewood would severely punish enslaved people who were, or who he thought were, pretending to be sick. On 18 February 1753 Thistlewood wrote "Plato return'd, pretends he has been Sick."[89] In reaction, the following day Thistlewood "had Plato in the Bilboes all last Night and whipp'd this morning."[90] Feeling deceived, Thistlewood's violent reaction was an exercise of power, even on a potentially ill slave and there are several examples. From 1751 to 1767, Thistlewood managed a fair-size sugar plantation called Egypt Estate, spanning a total of 300

[87] TTD, Monday 3 January 1763.
[88] TTD, Monday 18 December 1758.
[89] TTD, Sunday 18 February 1753.
[90] TTD, Monday 19 February 1753.

acres with 150 acres of workable sugar cane field.[91] However, the enslaved work force was only 89, slightly less than the 99 average for contemporary sugar plantations.[92] Among other shortcomings, including an unreliable mill, Egypt did not have its own hothouse in 1753.[93] With no on site hothouse, Thistlewood had to send the sick enslaved people to a neighbouring estate called Salt River owned by Thistlewood's employer Mr. Cope. The hothouse on another estate provided an opportunity for enslaved people to experience a different place and they might pretend to be sick to gain access to provisions or see enslaved people at Salt River. In 1753, Thistlewood caught two enslaved people in such a situation and he "had Prue and Clara Whipp'd ffor going to Salt River last Night and pretending to be Sick to Day."[94] Whether Prue and Clara were actually sick or pretending is unclear, but Thistlewood inflicted punishment. In 1755, Thistlewood was looking for Hector, an enslaved man under his management, who could not be found. Once Thistlewood located Hector, he "Pretended Sick" and Thistlewood "punish'd him."[95] Again, in 1776, Thistlewood "put Sally in the bilboes" because "[i]t Seems Sally pretended to be Sick yesterday."[96] Lastly, in 1781, Dick, Thistlewood's fisherman, was punished because he "pretends to be Sick."[97] Thistlewood was consistent with punishing the enslaved people he thought were pretending to be sick throughout his time as overseer and owner. Thistlewood could not possibly have caught every enslaved person who pretended to be sick. Faking illness offered enslaved people a chance to rest from the labour-intensive work they were forced into on a daily basis. It was possible that the sick slaves who went to a neighbouring plantation for healthcare, might have been able to gain access to resources and people on the

[91] Burnard, *Mastery, Tyranny, & Desire,* 181.
[92] Ibid.
[93] Ibid, 180-185.
[94] TTD, Thursday 14 March 1753.
[95] TTD, Monday 2 June 1755.
[96] TTD, Sunday 17 November 1776.
[97] TTD, Saturday 15 December 1781.

other plantation. Enslaved people took the risk of getting caught and punished when they pretended to be sick, so there must have been some form of motivation. It is possible that the enslaved people Thistlewood punished for pretending to be sick did not meet Thistlewood's threshold for legitimate illness. He simply may not have agreed with the enslaved person's claim to be sick or that they were actually ill enough to avoid labour. Enslaved people may have pretended to be sick to gain extra rest in order to recover from their labours in the field. Perception of illness aside, violence crept into enslaved healthcare because violence and the threat of violence helped control enslaved people. The presence of violence as a punishment within the healthcare dynamic demonstrates that plantation healthcare infrastructure was as much a means of control as it was a method of healing.

Among colonial whites, there was a tension about the medicine of the enslaved. Thistlewood, Collins, and Grainger needed to maintain control of their enslaved populations, but they also recognized the utility of enslaved medical practitioners within the plantation healthcare system. Planter-doctors like Collins and Grainger were stanchly ignorant and dismissive of any enslaved medical expert that was not a nurse or doctor they trained; in Collins and Grainger's minds, they were the educated purveyors of health within their plantation world. Correspondingly, non-doctor planters and planter historians like Long and Stewart witnessed and recognized the effectiveness of enslaved people practicing medicine. Long and Stewart held reservations about enslaved people practicing medicine, yet they both recognized a role for enslaved people within plantation healthcare. Long and Stewart wrote about enslaved people practicing medicine, but knowing enslaved people were practicing medicine is not the same as understanding how they practiced and the impact that being a medical practitioner had on their lives.

As a white man embedded in a black world, Thistlewood came into contact with an array of enslaved people practicing medicine. With the exception of extreme medical circumstances, such as the risk of death where a neighboring doctor would be called, Thistlewood often deferred care to the enslaved medical practitioners under his management. Where white doctors did not provide healthcare, enslaved women would most often fill the gap. Grainger insisted that "a nurse should be strong, sensible, and sober," because being a nurse was "a most important office in the plantation."[98] Enslaved women were integral to plantation medicine in Jamaica. Throughout the second half of the eighteenth century and the early part of the nineteenth, enslaved women made up the bulk of hothouse attendants and primary care providers across the British Caribbean.[99] They worked under the direction of white doctors who would assess, diagnose and determine treatment for the patient. Then the enslaved woman would follow the process dictated by the doctor.[100] In cases where a doctor was not available and the overseer was not equipped to make medical decisions, a planter could concede the treatment and care directly to the nurses. Midwives and nurses experienced a larger degree of autonomy on the plantation compared to the common field hand; their abilities placed them in a position where they could gain favor from their white masters and possibly from individuals in the enslaved community.[101]

Thistlewood relied on enslaved female nurses to work at the hothouse and to follow his orders. Depending on the timeframe of his experience and the type of circumstances, Thistlewood was a man confident in his knowledge of health and medicine who at times could make his own prognosis, although he often relied on the doctors in the area. Whether it was Thistlewood or a

[98] TTD, Saturday 15 December 1781.
[99] Sheridan, *Doctors and Slaves*, 269-279; Niklas Thode Jenson, *For the Health of the Enslaved: Slaves, Medicine and Power in the Danish West Indies, 1803-1848,* (Denmark: Museum Tusculanum Press, 2012), 59-61.
[100] Grainger, *West Indian Disease*, 91.
[101] Sheridan, *Doctors and Slaves*, 269-276; Jenson, *For the Health of the Enslaved,* 59-61; Roberts, *Slavery and the Enlightenment*, 238- 277.

doctor dictating the care to be provided, nurses performed the tasks. On 1761, Thistlewood wrote "Rose Come home here, is going to be a Doctress."[102] Rose was the only person who Thistlewood ever referred to as doctress.[103] Even though Thistlewood calls her "doctress," historian Amanda Thornton believed "Rose's job was closer to that of a nurse."[104] By 1761, Egypt plantation had a hothouse that needed a permanent caregiver. Rose was an enslaved woman who had been in Thistlewood's management for five years when he made this entry.[105] For Thistlewood, Rose seemed like an ideal candidate to become a nurse. Early in January of 1761, Rose had travelled and stayed with Dr. Frazier, a local doctor, who trained her in hothouse operations and medical practice.[106] Thistlewood did not call on Rose for his own medical concerns or for the health concerns of Phibbah or Mulatto John. Unlike Mulatto Will who provided care to white and black patients, Rose was strictly charged with caring for Thistlewood's enslaved population.[107] Rose's position gave her more autonomy, which she could use to benefit herself and other enslaved people. On 17 August 1767, Rose was beaten because she let an enslaved man named Prince sleep in the hothouse too long "contrary to orders."[108] Rose was only ever caught once acting against orders in all her years as "doctress"; it is reasonable to assume she disobeyed Thistlewood's orders other times before and perhaps even after she was caught and punished. Rose's position did not allow her to disobey orders but it did give her the ability and opportunity to bend the rules, to defer orders and to alleviate the suffering of others, even if it meant potential harm to herself. Despite Rose's perceived transgression, she remained the "doctress" and Thistlewood kept her in that position until

[102] TTD, Sunday 25 January 1761.
[103] Ibid; Thornton, "Coerced Care," 541.
[104] Thornton, "Coerced Care," 541.
[105] Ibid.
[106] TTD, Sunday 25 January 1761; Thornton, "Coerced Care," 541.
[107] Ibid, 556.
[108] TTD, Monday 17 August 1767.

her death in 1771. Thistlewood does not indicate how Rose died or her age at the time.[109]

Doctresses like Rose were considered skilled and their abilities were valued. In the same way that a mason or a carpenter could practice their craft and contribute to the plantation, medical practitioners were viewed as skilled labourers.[110] For Thistlewood, a nurse was so valuable he even considered hiring a free person and paying them an annual wage. In l757, Thistlewood noted that "James returned [and] brought his wife, a Free Negroe Woman, Named Elizabeth Farrant, She lived here before and took care of the hott house."[111] James was an enslaved man under Thistlewood's management and promised Thistlewood he would try and get his wife to come work at the hothouse on Egypt again. In 1757, Thistlewood was working at Egypt estate, owned by his boss John Cope.[112] Egypt had no permanent doctor on the payroll and no enslaved person to provide care to the enslaved population.[113] Elizabeth Farrant became a possible solution to Thistlewood's very serious problem. Thistlewood said that Farrant "propose[d] staying a while" and he would pay her "l0 pounds per annum."[114] Farrant had previously worked at Egypt for five years and was only paid one and a half years of what she was owed; Thistlewood admitted that "35 pounds is yet due to her out of 50 for 5 years service."[115] There is no record of Farrant receiving the money she was owed. Upon her return in 1757, she did not work for Thistlewood long. A month later, on 10 August 1757, Thistlewood recorded that Farrent was given a certificate by Mr. Johnathan and was "living on Kendal Estate [for the next] 3 years."[116] Farrent knew her value; she chose not to work for Thistlewood because she could potentially make more

[109] TTD Saturday 19 April 1771; Thornton, "Coerced Care,"541.
[110] Roberts, *Slavery and the Enlightenment*, 202-238.
[111] TTD, Sunday l0 July 1757.
[112] Burnard. *Mastery, Tyranny, & Desire,* 45-48.
[113] TTD, Sunday l0 July l757.
[114] Ibid.
[115] Ibid.
[116] TTD, Wednesday 10 August 1757.

money elsewhere and hopefully receive payment for what she had earned.

Farrant's ability to deny Thistlewood her services demonstrates her professional clout and his awareness of her value a nurse. Farrent only entered Thistlewood's diaries three times. As a result, not much is known of her life; we know she had an enslaved husband, she was a nurse, and she was free. In Jamaica, free blacks often worked as skilled labourers, not as field workers.[117] Given that she had an enslaved husband and was black in a world in which the predominant experience for blacks was enslavement, it is possible that she herself could have been enslaved at one point. To speculate further, Farrant could have learned to become a nurse in the same way as Rose: as an enslaved person under the teachings of a white doctor like Dr. Frasier. The nursing skills that Farrant had developed, gave her the ability to choose where she worked, and to an extent, what she was paid. If Farrant was enslaved, it is possible that her skills as a nurse could have allowed her to acquire enough money to emancipate herself. Speculation aside, Elizabeth Farrant and nurses like her were important to plantation healthcare and valuable to planters. Free or enslaved, these women operated in a world that was designed to keep them oppressed, yet they found ways to negotiate their conditions and better themselves by practicing medicine.

Rose and Elizabeth are examples of nurses within plantation healthcare, providing an array of care, but their scope of practice did not include child birth. Enslaved midwives provided the essential service of child birth within the Jamaican healthcare system. Thistlewood only mentioned one midwife during his time in Jamaica, but that midwife, Old Daphne, was the only pre- and post-natal care provider in Thistlewood's enslaved healthcare network. In the evening of 27 October 1752, "Phibbah beginning to Complain."[118] Phibbah was experiencing complications

[117] Roberts, *Slavery and the Enlightenment*, 235.
[118] TTD, Friday 27 October 1752.

toward the end of her pregnancy. This was the first pregnancy of Phibbah's that Thistlewood wrote about, whether it was her first pregnancy was not noted. In response to Phibbah's complaints, Thistlewood "Sent Joe to Salt river with a Mule, ffor a midwiffe."[119] In 1752, Thistlewood did not have a resident midwife on Egypt estate. However, his employer Mr. Cope had a dedicated midwife on his Salt River plantation. A few hours passed and "in the Night he [Joe] returned with Old Daphne."[120] That same night "Phibbah presently brought to bed off a girl," meaning she gave birth to a baby girl. Old Daphne had successfully delivered the baby, but Phibbah was having issues getting the baby to suckle. Three days after Phibbah gave birth, "a girl [came] ffrom Salt River nam'd Damsell, to give Phibbah's Child Suck."[121] The suckle was not helpful and, despite Old Daphne's best efforts, six days after giving birth "Phibbah's Child Died."[122] Old Daphne stayed with Phibbah throughout her birth, post-natal care, and the premature death of her child. The day after Phibbah's child passed, "Old Daphne return'd home to Salt River."[123] Old Daphne's care was unable to keep Phibbah's child alive, but presumably Daphne provided the best service she could to Phibbah in her time of need and perhaps at least some comfort.

Thistlewood did not only utilize Old Daphane's services for Phibbah; he called on her whenever any enslaved woman was nearing labour. On 8 January 1753 Margie was ready to give birth. As usual, Thistlewood "Wrote to Mr. Dorrill by Joe" who returned with "Old Daphne the Midwiffe to deliver [Margie], who is soon brought to bed off a girl."[124] Little was known about Margie's baby. The birth was successful but Old Dalphne stayed with Margie and her new born

[119] TTD, Friday 27 October 1752.
[120] Ibid.
[121] TTD, Monday 30 October 1752.
[122] TTD, Friday 3 November 1752.
[123] TTD, Saturday 4 November 1752.
[124] TTD, Monday 8 January 1753.

baby for twelve days. There may have been complications in post-natal care, but Thistlewood did not record any details. It may have taken a while, but once mother and child were both healthy, Old Daphne went "home to Salt River."[125] Old Dalphne's prolonged stays with her patients and their children indicated how challenging it could be to birth a child on a plantation. A prolonged stay is also evidence of how essential Old Daphne's role was in caring for mother and child from birth to post-natal.

Old Dalphne assisted in several more successful births with the enslaved population Thistlewood managed. On 17 September 1754, "Daphne the Midwiffe Come" and "Sarah was [taken] to Salt River."[126] Sarah must have been ambulatory enough to be moved to Salt River for her birth. Her birth was successful. On 24 October 1755, "Old Daphne Sent ffor to Violet, Just Beffore Midnight Violet Brought to bed off a Boy."[127] On 30 September 1759, Old Daphne arrived at Thistlewood's estate around noon to be Ansau's midwife. Three hours later, "Ansau brought to Bed off a Boy."[128] On 11 October 1759, Old Dalphne arrived at Thistlewood's after lunch and "about Supper time Mountain Lucy, was Brought to Bed off a Boy."[129] Old Daphne had many success stories, but none quite as challenging as Jenny's birth.

On 11 October 1758, Thistlewood wrote "Jenny bad, going to be brought to Bed, or Miscarry, Sarah tending her, &c."[130] Thistlewood did not know if Jenny would have a successful birth or miscarry. Thistlewood promptly "wrote to Mr. John Cunningham, ffor Old Daphne." The following evening "Old Daphne [Came] to [see] Jenny" but Thistlewood felt more care was required. On 14 October, Dr. Widderburn, by Thistlewood's request, came to see Jenny at which

[125] TTD, Saturday 20 January 1753.
[126] TTD, Tuesday 17 September 1754.
[127] TTD, Friday 24 October 1755.
[128] TTD, Sunday 30 September 1759.
[129] TTD, Thursday 11 October 1759.
[130] TTD, Wednesday 11 October 1758.

point Dr. Widderburn "Bled her, &c and Sent Some things ffor her."[131] Dr. Widderburn's treatment was not successful, as noted on 16 October and again on 19 October, "Jenny not well yet."[132] Jenny's poor condition continued after many attempts to heal her by several medical practitioners. Dr. Widderburn came "to See Jenny" on 28 October and he brought some unnamed medicines for her to take.[133] Jenny went into labour on 6 November after being ill for twenty-six days. Dr. Widderburn was not present during the labour but he recommended in a letter that Jenny be given "a Vial off julep" to help her through the birth.[134] At "About 10 O'Clock at Night, Nago Jenny brought to Bed off a Boy." [135] Jenny's child survived. It is not clear who delivered Jenny's baby. Dr. Widderburn was not there but Old Daphne had initially tended to Jenny. Knowing that Old Daphne was the only midwife in the area and stayed with her patients through the entirety of their birth giving experience, she was most likely the midwife caring for Jenny.

Although she had many successful births, Old Daphne had two infant fatalities. The first was Phibbah's first child; the second was the infant of an enslaved woman named Sarah. On 14 November 1759, "About or beffore, break off day, Sarah brought to bed off a Boy."[136] The birth was a success but the baby was not well. The following day Old Daphne provided some "nut oyl ffor Sarah's Child."[137] Despite Daphne's best efforts, on the morning of 21 November 1759, "Sarah's Child Died."[138] Thistlewood quite definitively ended his daily entry with, "Old Daphne not good ffor much."[139] Although Thistlewood was not pleased Daphne could not save the baby, he called on her again five months later. On 28 April 1760, "Old Daphne Come over ffrom Salt

[131] TTD, Saturday 14 October 1758.
[132] TTD, Monday 16 October 1758; TTD, Thursday 19 October 1758.
[133] TTD, Saturday 28 October 1758.
[134] TTD, Monday 6 November 1758.
[135] TTD, Monday 6 November 1758.
[136] TTD, Wednesday 14 November 1759.
[137] TTD, Thursday 15 November 1759.
[138] TTD, Wednesday 21 November 1759.
[139] Ibid.

River to [see] Phib[bah].”[140] Daphne stayed with Phibbah all night and the next morning around 8 or 9, “Phibbah brought to Bed off a Boy.”[141] The birth was successful but Daphne remained with Phibbah and her newborn for fourteen days. Thistlewood was satisfied with Daphne’s service. On 12 May 1760, Thistlewood wrote, “Old Daphne went home to Salt River, gave her 4 bitts, &c.”[142] As she was a slave owned by his employer, Thistlewood was not expected to pay Daphne. Any financial compensation she received would have been gratuity. After Thistlewood paid Daphne and she went home to Salt River, there were no further references to her in Thistlewood’s diary.

All that is known of Old Daphne’s life is written down in Thistlewood’s diaries. It is unknown how many estates Daphne frequented or how many children she helped birth. On Thistlewood’s estate alone, over the course of eight years, Daphne participated in nine child births; seven were successful while two were unsuccessful. Even in the cases where the infant died, the labour itself was successful and the mother always survived. Daphne was the sole midwife in Thistlewood’s healthcare network; moreover she was the sole midwife serving at least two plantations and she had more successful births than non-successful births. If Daphne attended the same amount of births on her home plantation of Salt River, and she stayed with each mother and infant for 12-14 days, she would have only worked an average of 31.5 days a year. Working so few days annually would have left Daphne plenty of time to attend to her family, house, and provision plot if they existed. By practicing midwifery, Daphne avoided the field gang, which would have worn down her body. She had more mobility day-to-day than most slaves and she moved throughout multiple plantations, which allowed her to interact and engage with many white and enslaved people. At times, Daphne was gifted coin by Thistlewood if he

[140] TTD, Monday 28 April 1760.
[141] TTD, Tuesday 29 April 1760.
[142] TTD, Monday 12 May 1760.

felt she did a good job. And perhaps the care she took with her patients gave her a degree of appreciation and recognition within the enslaved community.

Older enslaved women who practiced medicine could become the matriarchs of their kin groups and provide opportunities and privileges to their families that field workers rarely received. Old Doll, an enslaved woman in her sixties, worked as a midwife and nurse on Newton Plantation in Barbados.[143] Family living benefitted enslaved people and Doll's skills as a healer seem to have granted her the favour of the managers. Doll was able to avoid field labour; and because she had the favour of the managers, her kin group also avoided the field. She was the matriarch of a large family.[144] Her sons became domestics, tradesmen, or apprentices to tradesmen; while the women worked as nurse's aides or clothing makers.[145] By 1796, Doll and her family had achieved "a kind of right to be idle."[146] Old Doll and her family are not a representative enslaved family, but the matriarch and her twenty-one family members amassed wealth, influence, prominent positions on the plantation, and the luxury of relaxation within their bondage. Old Doll's Family was multi-generational with the matriarch at the top, all members of the family contributed to the family's standing. Doll had a level of closeness with her master that allowed her the opportunity to advocate for her children to become skilled workers. Patronage from the master and nepotism within the enslaved kin group bettered the social and marital circumstances of that family. Although Old Doll is an exceptional case, her example represents what was possible for midwives and matriarchs of enslaved families. If Old Daphne had a family on her home plantation of Salt River, she might have had some of the same opportunities as Old Doll.

[143] Roberts, *Slavery and the Enlightenment*, 253-256.
[144] Ibid.
[145] Ibid.
[146] As quoted in Roberts, *Slavery and the Enlightenment*, 253-256.

Enslaved medical practitioners were not always women. In the 1782 slave inventory from York plantation in Jamaica, there was a 28 year old enslaved man named Ralph. The record indicates that Ralph was Coromantee (Akan), "able" bodied, literate, and a doctor.[147] Ralph was valued at £300 because of his health, knowledge, and skillset. An enslaved blacksmith was also valued at £300, whereas a male field worker who was able bodied and healthy was, at the highest, evaluated at £140. The average value of a slave on York Plantation was £72.45 pounds.[148] Ralph's worth is representative of how valuable an enslaved doctor was to plantation medicine. Grainger advised that, "[i]n every plantation some sensible Negroe should be instructed to bleed, give glysters, dress fresh wounds, spread plasters, and dress ulsers. This is of great consequence."[149] Planters would select boys from both domestic work and field gangs to be trained as craftsmen and skilled laborers.[150] Presumed intelligence based on racist assumptions and physical capability were the criteria that planters used to determine which slaves were worthy of learning skilled labour; mixed-race slaves were much more likely to become skilled labourers than their American-born (creole) and African counterparts.[151] Enslaved men like Ralph who were considered intelligent by whites, and specifically mixed race enslaved men, were afforded an opportunity to learn how to practice medicine that African-born enslaved field workers were rarely offered. Men such as Will avoided fieldwork, sparing them from the

[147] For slave information, see York Plantation Inventory, 1782, 3/C/3i, Gale-Morant Papers, University of Exeter Library, UK.
[148] Ibid.
[149] Grainger, *West Indian Disease*, 91.
[150] B. W. Higman, *Slave Populations of the British Caribbean, 1807-1834*. (Johns Hopkins Studies in Atlantic History and Culture. Baltimore: Johns Hopkins University Press, 1984), 192; Richard Dunn, "A Tale of Two Plantations: Slave Life at Mesopotamia in Jamaica and Mount Airy in Virginia," *William and Mary Quarterly* 34.1 (January, 1977), 51; Richard Dunn, "'Dreadful Idlers' in the Cane fields: The Slave Labor Pattern on a Jamaican Sugar Estate," *Journal of interdisciplinary History* 17.4 (April, 1987), 804; Roberts, *Slavery and the Enlightenment*, 210.
[151] Dunn, "'Dreadful Idlers' in the Cane fields," 807-808; Philip D. Morgan and Omohundro Institute of Early American History & Culture, *Slave Counterpoint: Black Culture in the Eighteenth-century Chesapeake and Lowcountry* (Chapel Hill: Published for the Omohundro Institute of Early American History and Culture, Williamsburg, Virginia, by the University of North Carolina Press, 1998), 216; Higman, *Slave Populations of the British Caribbean*, 197-198; Roberts, *Slavery and the Enlightenment*, 210.

physical and mental trauma of the driver's whip.[152] Enslaved men with medical training had a larger scope of practice that provided them greater means to negotiate their bondage and to improve material conditions.

The story of Mulatto Will offers a clear example of how a mixed race enslaved man could practice medicine and negotiate his conditions. On 29 August 1752, Thistlewood was concerned for the health of an enslaved man under his management. Thistlewood wrote that at "[a]bout 10 AM, Thomas [was] lying Speechless" so Thistlewood "wrote to Mr. Dorrill and Sent over Joe."[153] In 1752, Thistlewood had only been in Jamaica for two years and had not yet become confident in his medical abilities or at least did not feel competent under such circumstances. During this period Thistlewood was overseer of Egypt plantation and was in the employ of John Cope and William Dorrill.[154] At this point, the majority of the enslaved healers were under the management of Dorrill and Cope on their other plantations, which neighboured Egypt. Mr. Dorrill quickly answered Thistlewood's call. "Soon after Noon, Mulatoe[sic] Will, Come, Bled him, and Laid a Blister to his back."[155] Thomas died as a result of his illness and injuries three days later in the evening of 1 September.[156] Even though the bleeding likely brought him closer to death, Thomas received what would have been considered quality contemporary medical care. Mulatto Will would have had the same scope of practice as a skilled nurse, the difference being Will could make diagnosis and prognosis while nurses would only carry out a prognosis.[157] It is unknown how or where Will received his medical training. By the time he entered Thistlewood's diaries, he was a fully trained and practicing enslaved doctor. It is

[152] Roberts, *Slavery and the Enlightenment*, 210-211; For more on the social mobility of mixed raced people in a slave society, see Carl Degler, *Neither Black nor White: Slavery and Race Relations in Brazil and the United States* (Madison: The University of Wisconsin Press, 1971).
[153] Ibid.
[154] Burnard. *Mastery, Tyranny, & Desire,* 45-48; Thornton, "Coerced Care," 538.
[155] TTD, Saturday 29 August 1752.
[156] TTD, Tuesday 1 September 1752.
[157] Thornton, "Coerced Care," 541.

likely that Will received his training in the same way as Rose: under the supervision and mentoring of a professional doctor. Mulatto Will coming to care for Thomas was the first time Mulatto Will appeared in Thistlewood's diaries, but was certainly not the last. Over several years, Mulatto Will became a confidant for Thistlewood and a healthcare resource.

Even though Mulatto Will was not under Thistlewood's direct management, Thistlewood could call on him whenever he needed, which he did regularly. On 11 August 1754, Thistlewood wrote, "William [Crookshanks], worse today, has a Strong Fever, Complains off a Prodigious giddiness in the head, and a Violent Pain in his Back."[158] As before, Thistlewood "[w]rote to Mr. Cope about him" and was again responded to promptly so that, "[s]oon affter Noon Mulatto Will Come & bled him."[159] Thistlewood was referring to William Crookshanks, who was at the time was Thistlewood's subordinate on Egypt plantation.[160] Egypt held around 90 slaves which, Thistlewood's employer Mr. Cope thought, warranted a second white man to help maintain control of the larger plantation.[161] Crookshanks' condition did not come on abruptly; two weeks earlier on 30 July, Crookshanks had gotten extremely intoxicated.[162] The following day, Thistlewood said "William [was] out off humour, and Would eat Nothing all Day,"[163] meaning he had drank himself sick and Thistlewood understood his hangover to be a humoural imbalance that resulted in a change in personality. William never quite got over his "hangover" and on 9 August Thistlewood wrote "William ill off a Fever" so "Openn'd a Bottle off Mr. Copes' Wine ffor him." Thistlewood's hair of the dog medical treatment was not successful, which is why

[158] TTD, Sunday 11 August 1754.
[159] Ibid.
[160] Burnard, *Mastery, Tyranny & Desire*, 98.
[161] Ibid, 98, 180-185.
[162] TTD, Tuesday 30 July 1754.
[163] Ibid.

Mulatto Will had to be called.[164] Mulatto Will's treatment of Crookshanks is the first time Thistlewood recorded Mulatto Will being called in to help a white person; it is possible his mixed race allowed for him to practice medicine on whites as well as blacks. Two days after Mulatto Will treated Crookshanks, Thistlewood "[w]rote to Dr. Gorse," a local doctor in Savana La Mar, that "William [was] Worse."[165] Dr. Gorse arrived the next morning "to See William & our Negroes."[166] William was still ill upon Dr. Gorse's arrival.[167] Dr. Gorse proscribed "Physick ffor our Sick Negroes &c and Something also ffor William."[168] Thistlewood was not clear on what Dr. Gorse gave to William but, once again, his condition worsened the following day.[169] Then, miraculously, on 19 August 1754, Thistlewood recorded that "William [was] rather Better."[170] Mulatto Will might not have healed William, but the methods he used were trusted and common. Thistlewood needed medical aid for his friend and he called upon Will who provided the care he knew. Even though Dr. Gorse had to be called in to finalize William's healing, Thistlewood gained confidence in Mulatto Will's abilities. Going forward, Thistlewood would rely on Mulatto Will for his own healthcare.

When recording his symptoms on 29 February 1756, Thistlewood admitted that his "[s]ymptons [were] Much as before, Urethra Sore."[171] For nearly the entire year of 1756, Thistlewood suffered from gonorrhoea. He routinely consulted Mulatto Will for advice on his sexually transmitted malady. In this case, Thistlewood "[r]eceived from Mulatto Will 2 doses of Jallop, … 2 Mercury Pills, took one of the Pills at Night."[172] Jallop and mercury was a common

[164] TTD, Friday 9 August 1754.
[165] TTD, Sunday 11 August 1754.
[166] TTD, Monday 12 August 1754.
[167] Ibid.
[168] Ibid.
[169] TTD, Tuesday 13August 1754.
[170] TTD, Monday 19 August 1754.
[171] TTD, Sunday 29 February 1756.
[172] Ibid.

treatment for most venereal diseases and the best treatment available to Thistlewood.[173] What we now understand as gonorrhoea, yaws (an infectious skin condition) and crab yaws, a type of yaws that only affected the feet, were rampant throughout the enslaved and white populations of Egypt.[174] Mulatto Will was quite qualified to handle these common maladies, as was Thistlewood's friend and local physician Dr. Gorse. Thistlewood turned to both men at different times for the same medical conditions. Thistlewood had no reservations with Dr. Gorse when it came to his venereal diseases. On 4 April 1755, Thistlewood wrote, "Dr. Gorse here in the Forenoon, Applied to him, as I am not much better and ffeel very odly; had an Emission off Semen this morning at going to Stool, The end off the Penis now very Red and Sore, tho' I wash it in Rum and Water Several times every day."[175] Thistlewood's confidence in Mulatto Will's skills and abilities, even when Thistlewood had the option of seeing a professional white doctor, demonstrates favour enslaved people could gain from their masters by practicing medicine.

Mulatto Will's scope of practice was not limited to bleeding patients and treating venereal disease. On 25 April 1756 Thistlewood woke up and wrote, "Last night had the ToothAch Violently Scarce got any Sleep and Much out of Order today."[176] Thistlewood did not seek medical attention; instead, he went to Savana La Mar, read and tended to a few minor errands the rest of the day.[177] The following morning Thistlewood's tooth had worsened so he "[r]ode to Salt River" where "Will gave me some pills of opium [Comshire] to ease them."[178] The opium did little to help the toothache and it bothered Thistlewood till the following day when at "[a]bout ll AM [M]ulatto Will pull'd me out a tooth from the upper Jaw on the left hand side[.] It ached extraordinary bad this

[173] Burnard, *Mastery, Tyranny & Desire*, 95, 218-219; Sheridan, *Doctors and Slaves*, 83-89.
[174] Thornton, "Coerced Care," 542
[175] TTD, Friday 4 April 1755.
[176] TTD, Sunday 25 April 1756.
[177] Ibid.
[178] TTD, Monday 26 April 1756.

morning. It was hollow within and corrupted [W]ill had a good tugg to get it out."[179] Thistlewood's tooth had gotten a cavity that over time eroded the integrity of the tooth and caused inflammation. Dr. Smith dined with him later that same night but Thistlewood chose to get Will to help him in his time of need as opposed to waiting for a professional doctor.[180] It is possible that Dr. Smith was a physician that did not pull teeth as such practices were relegated to the barber surgeons. Whether Dr. Smith would or could have performed the procedure, Thistlewood turned to Will at a time of medical need and Will was able to provide him the care he required.

Will was not just gaining recognition from Thistlewood; he was also receiving money. On 2 October 1756 Thistlewood recorded "Took off the Electuary today again in the Morning Mulatto Will here, gave him a pistole for his trouble."[181] At this point Will had been treating Thistlewood's persistent condition for eight months and he felt he should reward Will's efforts. The status Will had and the gifts he received demonstrates that individual enslaved medical practitioners were provided privilege and access within the controlling system of the plantation healthcare system.

Will did not only receive an occasional gift. Rather, his social status with Thistlewood granted him a much higher standard of living within his slavery. In March 1758, Thistlewood "[w]rote a Memorandum about how Mulatto Will's goods are to be disposed off at his Death."[182] In theory, enslaved people had no legal property rights; but if they had enough material possessions and a willing slaveholder, a memorandum could be produced that dictated what was

[179] TTD, Sunday 25 April 1756.
[180] Ibid.
[181] TTD, Saturday 2 October 1756; A *Pistole* is a Spanish gold coin dating back to the 1530s that remained in use until the nineteenth century, according to the *Oxford English Dictionary Online*. http://www.oed.com/view/Entry/144649?redirectedFrom=Pistole#eid (Accessed on 07/04/2019)
[182] TTD, Tuesday 21 March 1758.

to be done with their possessions after death.[183] It is unclear if the memorandum had any legal status whatsoever; it seems more likely a custom than a legally binding document. The memorandum dictated that "his Wives Shipmate Sylvia to have his Cow, her daughter Hester the heiffer, damsel to his wife, Jimmy Hayes' wiffe the Fille & rest off What he has; he desires to be buried at Salt River at his Mother (Dinnah's) right-hand, and that no Negroes Should Sing, &c."[184] A week later, at about 2 pm on Easter Monday "Mulatto Will, the Doctor, died at Egypt."[185] Will lived the life of an enslaved man and he suffered in ways we will never know; but he was able to negotiate better circumstances because of his mixed race and his ability to practice medicine. Medicine gave Will Thistlewood's recognition and improved his station and provided him opportunity to improve his material conditions. Will's medical skills were recognized and utilized by Thistlewood, which helped him greatly improve his own life and those of his families before and after death.

Long and Stewart recognized the value of Afro-Caribbean medicine and scoffed at the ignorance of British doctors. Granted, both men held reservations about the theoretical grounding and methodological application of Afro-Caribbean medicine, but they saw its utility, an idea that was not shared among doctors who came to the British Caribbean to practice medicine. Collins and Grainger viewed themselves as the medical authorities and any medicine practiced by enslaved people would have been inferior. Their differences aside, all of these men emphasized

[183] A *Memorandum* is a written message in business or diplomacy or a note recording something for future use, according to *Oxford English Dictionary Online.* http://www.oed.com.ezproxy.library.dal.ca/view/Entry/116345?rskey=HOF3BO&result=2#eid (accessed 01/04/2019); Roberts, *Slavery and the Enlightenment*, 246; Dylan C Penningroth, *The Claims of Kinfolk: African American Property and Community in the Nineteenth-century South* (Chapel Hill: London: University of North Carolina Press, 2003).
[184] TTD, Tuesday 21 March 1758.
[185] TTD, Monday 27 March 1758.

the importance of having enslaved people as trained medical practitioners within the plantation healthcare system.

Collins, Grainger, and Thistlewood utilized plantation healthcare and infrastructure to further control how their enslaved populations spent their time while sick. The logic being that increased control and surveillance of sick enslaved people would increase healthcare and mitigate death rates. Hothouses acted as temporary prisons for enslaved people who were sick and any slave that attempted to manipulate that system was met with extreme violence. While hothouses controlled the physical space of the enslaved, the diagnosis, prognosis, and treatment of sick slaves sought to control them internally. Control was at the core of healthcare for slaveholders, but planters still needed enslaved people to practice medicine. The medical training provided to individual enslaved people created the opportunity for select enslaved people to have a chance to negotiate their bondage. Even though the plantation healthcare infrastructure was designed to further control enslaved people, the enslaved people who worked within the plantation healthcare system were afforded opportunities to which the common field worker did not have access.

Which enslaved people who were afforded the opportunity of learning and practicing medicine within the plantation healthcare system was determined by planters based on race, status, and perceptions of intellectual ability. Daphne and Rose were deemed capable and able to perform their medical duties; their abilities earned them status that they could used to manipulate the slave system. Mulatto Will was given opportunity. As a mixed-race man, he was able to move though the plantation world differently than non-mixed race enslaved people. The life that Will was able to live as a medical practitioner gave him opportunity and influence, gaining material possessions and Thistlewood's recognition of his skillset.

Enslaved men and women had different roles and easements as medical practitioners within the Jamaican plantation medical system. Midwives, being specialized and critical to successful childbirth, seemed to have more autonomy in how they practiced medicine. Female enslaved medical practitioners had degrees of autonomy in how they practiced depending on their type of specialized medicine. Enslaved men on the other hand seem to have moved through the plantation world with less limitation on their physical space and with a larger scope of practice. In the few examples provided, more enslaved women practiced medicine and had a variety of specialties than enslaved men who were under less oversight and could rise higher within the plantation hierarchy as medical practitioners. Station and the relationship with the master directly affected a slave's ability to gain favour and illicit gifts. Planters endowed choice slaves to be medical practitioners because having trained slaves was thought to improve the level of healthcare provided on the plantation. Whites did not trust slaves en masse to manage their own health, but they did value individuals who were trained in the medical arts to aid in the management of enslaved healthcare.

Rose, Elizabeth, Old Daphne, and Will found ways to practice medicine within the existing authoritative structure, thereby gaining the recognition of their owners and possibly other enslaved people. Occasionally, that recognition and favour resulted in gifts and coin from their masters. Their examples may seem exceptional and highlight only the moments when they were caught disobeying, refusing to serve, or providing care; but these four people knew their worth within the plantation healthcare system and used that worth to negotiate for more power in a relationship that had a deeply asymmetrical power imbalance. Will, Rose, Elizabeth, and Daphne all became trained as medical practitioners within the plantation healthcare nexus. All we know about their lives exists within the tumultuous and horrifying diaries of Thomas

Thistlewood. Despite being subjugated, abused, and racialized, these four people found a way to survive and navigate their way through slavery by practicing medicine.

Chapter 4. "Acted his Obia": The Authority and Power of Medico-Spiritual Practice

On Sunday, 25 May 1760, Thomas Thistlewood, a middling Jamaican overseer, took a ride into the town of Savana La Mar in the south central region of Westmorland Parish, western Jamaica.[1] Shortly after arriving into town, at "[a]bout 4 P.M.," he encountered Mr. Roberts who had "come home from his Mountain, and brought News off supposed Insurrection to be tomorrow."[2] According to Mr. Roberts, "8000 Negroe Men are to Muster in Certain Places ffrom [H]anover and their [Westmoreland] parish."[3] In the evening, Thistlewood rode home to his plantation with this daunting information rattling around in his mind.[4] In 1760, the British were locked into the Seven Year War with France and Spain and Tacky's Rebellion was nearly upon the people of Savana la Mar. Tacky's Rebellion was a slave revolt named after its leader, an Akan man enslaved in a plantation in the St. Mary's Parish of Jamaica.[5] The rebellion began in early April, and by mid-May 1760 it had already swept through St. Mary's parish in north central Jamaica and was moving westward into Clarendon, St. Elizabeth, and St. James. By late May 1760 the rebellion was knocking on the doorsteps of Hanover and Thistlewood's Westmoreland Parish.[6] It was only a few hours until the rumours that Mr. Roberts shared became a reality for Thistlewood. "Soon affter midnight" on Monday, 26 May 1760, four of Thistlewood's neighbours arrived frantically at Egypt plantation, wearing little clothing and riding bareback, to

[1] TTD, Sunday 25 May 1760.
[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] Trevor Burnard, *Mastery, Tyranny, & Desire: Thomas Thistlewood and his Slaves in the Anglo-Jamaican World*, (North Carolina, USA: The University of North Carolina Press, 2004), 170-174; Londa Schiebinger, *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World*, California, USA: Stanford University Press, 2017), 126-128; Trevor Burnard and John Garrigus, *The Plantation Machine: Atlantic Capitalism in French Saint-Domingue and British Jamaica*, (Philadelphia: University of Pennsylvania Press, 2016), 122-123; Brown, *The Reaper's Garden,* 148.
[6] Ibid.

inform Thistlewood that Mr. Smith, an overseer, had been "Murdered by the Negores."[7] Thistlewood's neighbours went on to tell him that another overseer had been "Sadly Chopp'd," and two others were seen "Running to the Bay on Foot, a Narrow escape they had."[8] Before Thistlewood's neighbours departed they told him that he "should probably be Murdered in a Short Time."[9] After rumour become reality, Thistlewood wrote "in my Fright… Secured my Keys, writings… my house" before riding back to Savanna la Mar to do his "duty."[10] Thistlewood's first interactions with the knowledge of Tacky's Rebellion left him frightened and fearful for his life and property. Reports of 8000 rebel slaves pillaging the Jamaican country side, burning plantations, and murdering overseers terrified Thistlewood. Once the attacks were halted, Tacky's Rebellion had resulted in the death of sixty whites, sixty free blacks, and over five hundred enslaved people.[11] The property damage to crops, estates, and loss of life was over £100,000.[12] The fallout from Tacky's rebellion would forever connect Obeah to the rebellion and change the way white Jamaicans perceived those enslaved people who practiced medico-spiritual arts within the enslaved community.

This final chapter will demonstrate two things: first, Obeah practitioners played a crucial role in Tacky's Rebellion. Obeah practitioners contributed to the promotion of the rebellion, motivated rebel slaves to fight as if bullets could not hurt them, and performed oath rituals that permanently tethered rebel slaves to Tacky's cause.[13] Enslaved people who believed in the spiritual power of Obeah respected and feared the people who practised the medico-spiritual

[7] TTD, Monday 26 May 1760.
[8] Ibid.
[9] Ibid.
[10] Ibid.
[11] Burnard and Garrigus, *Plantation Machine*, 122-123.
[12] Ibid.
[13] Ibid, 132-133; Vincent Brown, *The Reaper's Garden: Death and Power in the World of Atlantic Slavery* (Cambridge, Massachusetts: Harvard University Press, 2008), 149; Burnard and Garrigus, *Plantation Machine*, 132-133.

practice. The authority of Obeah practitioner's relied on the faith, respect, and fear of their enslaved believers. Obeah practitioners could use their authority over enslaved people for personal gain and, in the case of Tacky's Rebellion, leadership in revolt. Secondly, and in response to Tacky's Rebellion, white Jamaicans and lawmakers enacted strict island-wide law enforcement on Obeah.[14] The "Act to Remedy the Evils Arising from Irregular Assemblies of Slaves,"[15] implemented in 1760 by white Jamaican lawmakers, was designed to suppress the authority of Obeah people within the enslaved community. Although the laws made practicing Obeah illegal and potentially a death sentence, Obeah practitioners continued to practice their craft and possess authority within the enslaved community. Myalism, often conflated by observers with Obeah, rose in popularity among select enslaved people around the same time as Tacky's Rebellion and after laws banned Obeah.[16] Although not explicitly deemed illegal by Jamaican law makers, Myalism and its practitioners were still subject to the scrutiny of white fears and new laws. Myal rituals required a large assembly of slaves in order to take place, as the name of the act suggests, and the irregular gathering of enslaved people was illegal. The "Act to Remedy" did not prohibit Myal practice by name, but the law did prohibit the social gathering that was required for a Myal ceremony to occur. Despite the law, there was still faith, respect, and fear of Obeah and Myalism among enslaved people, which meant Obeah and Myal people had maintained authority within the enslaved community. Through alternative authorities such as the Afro-Caribbean medico-spiritual practices of Obeah and Myalism power existed, power that can be clearly identified in Tacky's Rebellion.

[14] Schiebinger, *Secret Cures*, 117-123; Burnard and Garrigus, *Plantation Machine*, 131- 136; Brown, *Reaper's Garden*, 149.
[15] Ibid, 456.
[16] Monica Schuler, "Myalism and the African Religious Tradition in Jamaica," in Margaret E. Crahan and Franklin W. Knight, eds., *Africa and the Caribbean: The Legacies of a Link* (Baltimore: John Hopkins University Press, 1979), 66.

I will triangulate three core sources to explain white perceptions and realities of Obeah and Tacky's Rebellion. The first source will be the diaries of Thomas Thistlewood, which provide a first-hand account of a Jamaican parish affected by Tacky's Rebellion. The diaries also show the attitude and perception Thistlewood had toward Afro-Caribbean medico-spiritual practices and how his attitude changed over time. The second source will be Edward Long's *History of Jamaica*, which provides a larger social and political context for both Tacky's Rebellion and Obeah. Long was a planter and a prominent Jamaican historian who published his book fourteen years after Tacky's Rebellion. The last piece of the triangle is the *Report of the Lords of the Committee of Council*, an extensive 890 page document that was published in 1789 for the King George III's Order in Council.[17] The *Report of the Lords* examined the "present state of the African trade," and contextualized the issues and concerns of the people on the ground in the Caribbean colonies for metropolitan bureaucrats.[18] The report gives insight into the practices of doctors and surgeons as well as their behaviors and attitudes toward Africans and Afro-Caribbean medico-spiritual practices. I argue that Tacky's Rebellion transformed how white Jamaicans perceived Afro-Caribbean medico-spiritual practices. Practices like Obeah and Myalism that were once thought of as harmless inferior shamanism, were, after 1760, recognized by whites as influential within the enslaved community and a source of power for enslaved people that needed to be kept in check in order to avoid rebellion.

Obeah and Myalism are the most prominent forms of Afro-Caribbean medical practices performed by enslaved people. Obeah was not simply transplanted from Africa to the Caribbean, nor did it spontaneously manifest in the New World. Obeah (also Obi or Obiah) was a creolized medico-spiritual practice informed by West African cosmologies that was shaped by plantation

[17] Schiebinger, *Secret Cures*, 118.
[18] Ibid.

slavery.[19] For whites, Obeah became a catchall term used to describe an array of African medical and spiritual activities throughout the Caribbean. The word "Obeah" was initially used in the Caribbean with the first recorded usage surfacing in Barbados in the 1650s.[20] In seventeenth-century Barbados, Obeah was used as a way to describe all medical practices performed by Africans that were not recognizably European.[21] The first recorded use of the word Obeah may have been in Barbados, but the practice was a Caribbean phenomenon existing all over the British, French, and Danish West Indies. The British called it Obeah; the French called it Vudou; the Danish called it Gøgler.[22] The word ascribed to the practice may change depending on the language being used to describe it and it can vary depending on place and time, but in all cases, Obeah was feared and respected by enslaved populations, which endowed the practice with cultural and social power, making it a source of fear and anxiety for slaveholders.[23]

The best way to understand the complexities and variation of Obeah practice is to utilize a spectrum. Jarome Handler, historian and anthropologist, suggests that on one end of the spectrum there is the sorcerer, who used only the spiritual components of Obeah in their craft.[24] Sorcerers made little use of herbs and they would enchant a few physical items.[25] On the

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[19] Schiebinger, *Secret Cures*, 118-123; Brown, *The Reaper's Garden,* 145-146; Jarome Handler, "Slave Medicine and Obeah in Barbados, circa 1650 to 1834," *New West Indian Guide/ Nieuwe West Indische Gids* 75.1-2 (2000), 57-90; Randy M. Browne, *"The "Bad Business" of Obeah: Power, Authority, and the Politics of Slave Culture in the British Caribbean," William and Mary Quarterly* 68.3 (July, 2011), 451-480, 453; Randy M. Browne, *Surviving Slavery in the British Caribbean* (Philadelphia: University of Pennsylvania Press, 2017), 132-156; Orlando Patterson, *The Sociology of Slavery: An Analysis of the Origins, Development and Structure of Negro Slave Society in Jamaica.* (London, England: Fairleigh Dickinson University Press, 1967),185-190; Michael Mullin, *Africa in America: Slave Acculturation and Resistance in the American South and the British Caribbean, 1736-1831* (Chicago: University of Illinois Press, 1992), 175-186; Richard B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834* (Cambridge, UK: Cambridge University Press, 1985), 78-79; Jenson, *For the Health of the Enslaved*, 69.
[20] Handler, *Slave Medicine and Obeah,* 83.
[21] Ibid, 58, 67-77.
[22] Jenson, *For the Health of the Enslaved*, 72; Handler, *Slave Medicine and Obeah,* 83-84; Schiebinger, *Secret Cures of Slaves*, 119.
[23] Browne, *Surviving Slavery in the British Caribbean*, 132-156; Brown, *Reaper's Garden,* 145-146
[24] Handler, *Slave Medicine and Obeah*, 66-67
[25] Ibid.

opposite end of Handler's spectrum is the Herbalist. The herbalist is the inverse of the sorcerer, relying entirely on herb-based medicines in their practice and using little to no spiritual influences.[26] In the middle, there is the Diviner. The diviners combine herbal and spiritual elements into their craft.[27] A diviner can swing more to either the herbalist or sorcerer ends of the spectrum, but always includes both. [28] Most Obeah people likely would have fallen under Handler's definition of the diviner. Handler's model argues that the vast majority of Obeah practitioners would have utilized some form of herbalism. Although slaveholders would not have fully understood the spiritual aspects of Obeah, they were certainly intrigued by the botanical aspects.

Myalism and Obeah have an intersecting history, and often conflated narratives in white accounts, but the history of Myalism must be told and understood separately from Obeah.[29] Myalism is best defined as an eighteenth-century Jamaican religious movement.[30] It is a religion cast in an African framework, but not African.[31] Myalism has approximately a one hundred year history from the 1760s to the 1860s.[32] Monica Schuler, in her *Myalism and the African Religious Tradition,* calls Myalism a "religious society to protect slaves against European sorcery."[33] By the mid nineteenth century, Myalism had adopted a number of Christian elements.[34] For example, the belief in malevolent and benevolent spirits shifted to the belief in archangels, angels, and ministering, as well as the introduction of baptisms and bible readings.[35] According to Schuler, by the late 1860s Myalism had adopted so many Christianizing elements that it was

[26] Handler, *Slave Medicine and Obeah*, 66-67
[27] Ibid.
[28] Ibid.
[29] Brown, *Reaper's Garden,* 145.
[30] Schuler, "Myalism and the African Religious Tradition in Jamaica," 66.
[31] Ibid.
[32] Ibid.
[33] Ibid.
[34] Ibid.
[35] Ibid, 72.

no longer recognizable as a religion.[36] Moreover, Myalism functioned as a counter-culture to European sorcery for its hundred year history within Jamaican society, but it was eventually amalgamated into the dominant Christian church of nineteenth century Jamaica.[37] In Myalism's one hundred year history, it operated as alternative authority within plantation society that commanded power and respect from the enslaved people who believed and participated in Myal practice and performances.

Long and Thistlewood would not have recognized the spiritual aspect of Obeah as a form of medicine. The natural philosophy and medical science that Long and Thistlewood would have known did not incorporate spirituality into health in the same ways as African and Afro-Caribbean medicines. Spirituality was not necessarily a part of European medicine, but spiritual health was a defining feature of African and Afro-Caribbean medicines. Long and Thistlewood's ignorance of the connection between medicine and spirituality in Afro-Caribbean medico-spiritual practices led to assumptions of witchcraft and sorcery instead of perceptions of healing. Moreover, historian Vincent Brown states that Obeah and Myalism were "[o]ften conflated in the minds of whites and in their descriptions, these two spiritual arts held a supernatural political authority among the enslaved."[38] The spiritual authority of Obeah and Myalism came from the religious element of the practice and not the medicinal aspects. Obeah and Myalsim's abilities to heal physically were second to their capacity to heal spiritually. Brown expands by saying, "Obeah and Myal were used both to mediate conflict and to instigate it; they were both a threat to communal equilibrium and a powerful social discipline."[39] Thistlewood and Long ignored or

[36] Schuler, *Myalism and the African Religious Tradition in Jamaica*, 65-71.
[37] Ibid, 65-76.
[38] Brown, *Reaper's Garden*, 145.
[39] Ibid.

negated the ability of Obeah and Myalism to heal because they feared the potentially dangerous power that could be drawn from the authority derived from the practices.[40]

Defining or understanding how Obeah and Myalsim functioned as a medical or spiritual healing practice is not overly important for this study. Rather, understanding that the cultural value and alternative authority of Obeah and Myalism gave individuals access to power within the enslaved community is essential to exploring the world of medico-spiritual practices. Slaveholders feared that individual enslaved people who practiced Obeah could use their alternative authority within the enslaved community to negotiate or contest power relations within the plantation system.[41] White slaveholders could not perform Obeah themselves because they had no intellectual access to the practice. For Whites such as Long and Thistlewood allowing practitioners to operate at all after Tacky's Rebellion was too dangerous. Due to white fears and anxiety, Obeah had to be suppressed through criminalization and punishment.

Slaveholders were concerned with the ability of Myalism and Obeah to unite enslaved populations in a religious union.[42] Long was troubled by the presence of Myalism on Jamaica: "some of these execrable wretches in Jamaica introduced what they called the *myal dance*, and established a kind of society, into which they invited all they could."[43] The rise of Myalism throughout Jamaica around the same time as Tacky's Rebellion, coupled with the conflation of Myalism with Obeah by whites, resulted in Myalism being treated the same as Obeah both legally and socially.[44] Long's concern is clear, the societal aspect of Myalsim and the Myal

[40] Browne, *Surviving Slavery in the British Caribbean*, 132-156; Brown, *Reaper's Garden,* 145-146
[41] Burnard and Garrigus, *The Plantation Machine*, 132-134; Brown, *Reaper's Garden*, 145.
[42] Brown, *Reaper's Garden*, 145.
[43] Edward Long, *The History of Jamaica. Or, General Survey of the Ancient and Modern State of That Island: With Reflections on Its Situation, Settlement, Inhabitants … In Three Volumes. Illustrated with Copper Plates* (London: Printed for T. Lowndes, 1774.), Vol III, Chapter III, 416.
[44] Schuler, *Myalism and the African Religious Tradition in Jamaica,* 66; Burnard and Garrigus, *Plantation Machine*, 131-136, f303n127; Brown, *Reaper's Garden*, 145.

dance, which brings enslaved people together, could be dangerous to white dominance on Jamaica.

Long and Thistlewood both lived through Tacky's Rebellion, but their understanding of the events surrounding the rebellion were directly affected by when they recorded their experiences. Long recorded his experience and research on Tacky's Rebellion in his *History of Jamaica* fourteen years after the rebellion; Thistlewood's experiences were recorded as the event unfolded. However, the startling events and revolutionary intentions surrounding Tacky's Rebellion affected the way Long and Thistlewood recorded the situation. Long wrote that "in the year 1760, a conspiracy was projected, and conducted with such profound secrecy, that almost all the Coromantin slaves throughout the island were privy to it, without any suspicion from the Whites."[45] Coromantin, or Coromantee, slaves were given their designation from the small seaside town of Kormantse in modern day south central Ghana. Fort Amsterdam, located in Kormantse, was the collection point for all captured Africans sold to European slave traders. Regardless of where the individual Africans came from, European traders called them Coromantee and sold them under that designation. Although Coromantee slaves came from all over modern day Ghana and beyond, they were all Akan-speaking people.[46] By 1750, Akan-speaking people made up 40 percent of the slaves in Jamaica.[47] Perhaps word of the rebellion was able to spread throughout the Jamaican Akan-speaking population without alerting the whites of the island. Long, even fourteen years later, emphasized what he saw as a widespread knowledge of the rebellion amongst the enslaved population throughout the island. What is

[45] Long, *History of Jamaica*, Vol III, Chapter III, 447.
[46] John Thornton, *Africa and Africans in the making of the Atlantic world, 1400-1800* (New York, NY: Cambridge University Press, 1998), 321; Burnard. *Mastery, Tyranny, & Desire*, 16.
[47] Ibid.

more, Long was clear about the blindness of whites to any indication of the rebellion.[48] Thistlewood's first indication of a rebellion came only nine hours before it had reached Westmoreland parish.[49] In a moment of reflection in October of 1760, Thistlewood wrote "Note! at the beginning off the Rebellion, a Shaved head amongst the Negroes was the Signal off War. The very day Jackie, Job, Achilles, Quasheba, Rosanna &c. had their heads, remarkably Shaved. Quasheba's Brother fell in the Rebellion."[50] Rebel sympathisers on Thistlewood's plantation indicated that the knowledge of rebellion had spread within the enslaved community; information about the rebellion made it from one side of Jamaica to the other with seemingly complete ignorance among Jamaican whites. Hindsight proved twenty-twenty for Thistlewood and Long. Both men had to reconcile their memories with new knowledge over the months and years following Tacky's Rebellion. The violence inflicted by the organization and secrecy of Tacky and his followers left white Jamaicans permanently cautious of Obeah people gaining power within the enslaved community.

Thistlewood's on-the-ground experience of Tacky's Rebellion revealed the kinds of fears and anxieties whites had in the pressing moments of the rebellion and the months to follow, but his experiences give little insight into the motivations of the rebels and the progress of the rebellion. Long, however, provided a Jamaican-wide context backed with research he had done in the following years. Long wrote, "The parish of St. Mary was fixed upon, as the most proper theatre for the opening their tragedy. It abounded with their countrymen, was thinly peopled with Whites, contained extensive deep woods, and plenty of provisions."[51] In mid eighteenth-century

[48] Long, *History of Jamaica*, Vol III, Chapter III, 447.
[49] TTD, Sunday 25 May 1760; Monday 26 May 1760.
[50] TTD, Saturday 19 October 1760
[51] Long, *History of Jamaica*, Vol III, Chapter III, 447.

Jamaica, the ratio of blacks to whites was 10 to 1.[52] St. Mary's parish was no exception. In fact, due to the pressures on the British military during the Seven Year's War with France and Spain, the British ordered a redeployment of troops from St. Mary's parish to help with the war effort just weeks before the uprising.[53] The troop redeployment not only removed whites from the region but it also removed the standing force in St Mary's Parish. Long did not explicitly say that the troop redeployment took place but when he writes "abandoned [by] their country men" and that "they [the rebels] were likely to meet with a fainter resistance in this parish than in most others" he is indicating that the region of St. Mary's parish was lacking in military support.[54] Long went on to point out what he thought was the short term and long term strategy of the rebels, explaining that the overall success of the rebellion "would depend chiefly on the success of their first operations," and if the fighting did not go in the rebels way "they might retreat with security into the woods, and there continue well supplied with provisions, until their party should be strengthened with sufficient reinforcements."[55] Long credits the early success of Tacky's Rebellion to the strain of the Seven Year War on the British military compounded with diligent planning and secrecy.

Long was also clear about how he understood the core motivation and overall intent of Tacky's Rebellion. Tacky and his followers' "object was no other than the entire expiration of the white inhabitants; the enslaving of all such Negroes as might refuse to join them; and the partition of the island into small principalities in the African mode; to be distributed among their leaders and head men."[56] Extermination of whites and all conspiring blacks was the process while the establishing of a new African kingdom was the goal. It is hard to know the exact

[52] Burnard, *Mastery, Tyranny, & Desire*, 16.
[53] Brown, *Reaper's Garden*, 148.
[54] Long, *History of Jamaica*, Vol III, Chapter III, 447.
[55] Ibid.
[56] Ibid; Burnard, *Mastery, Tyranny, & Desire* 170-174.

template for rebellion Tacky and his followers had plotted, but Long imagined there was a desire for total control of the island of Jamaica and the implementation of a new African ruling system. Land would be distributed amongst the leaders of the rebellion; the people who Tacky would reward the most were the individuals who had influence and showed him loyalty and leadership.

Tacky's co-conspirators and lieutenants were Obeah practitioners. The "obiah trails" were covered in the *Report of the Lords* in a letter by an unnamed gentleman from Jamaica "who sat upon two trials."[57] That Jamaican gentleman declared that "In the year 1760, the influence of the professors of the *Obiah Art* was such, as to induce a great many of the Negro Slaves in Jamaica to engage in the Rebellion."[58] Moreover, the role Obeah played in Tacky's Rebellion "gave rise to the Law which was then made against the Practice of *Obiah*."[59] In the early stages of the rebellion, Tacky called upon Obeah people to utilize their charms to adorn any rebel slaves committed to the cause with an enchantment that would protect them from bullets.[60] According to depositions in the Obeah trials, "[a]ssurance [were] given to these deluded People, that they were to become invulnerable; and in order to render them so, the *Obiah-man* furnished them with a Power with which they were to rub themselves."[61]An incantation that made a person believe they were impervious to bullets would be an incredible asset on the battlefield. More importantly, Obeah practitioners administered loyalty oaths that instilled blind loyalty to Tacky and the rebellion.[62] A rebel committed to the cause would consume an elixir of blood, rum, and grave dirt, while repeating a series of incantations. It was thought to forge a deep connection to

[57] Great Britain, House of Commons, *Report of the Lords* (1789), III, "Treatment of Slaves in the West Indies, and All Circomstances Relating Thereto, Digested under Certain Heads." For example, Jamaica, Following No. 26, C, Paper delivered by Mr. Rheder, "Obiah Trial."
[58] Ibid.
[59] Ibid.
[60] Brown, *Reaper's Garden,* 144-149; Long, *History of Jamaica Vol III, Chapter III*, 422-423; Schiebinger, *Secret Cures*, 12,127-128.
[61] Great Britain, House of Commons, *Report of the Lords* (1789), III, Jamaica, Following, "Obiah Trial."
[62] Brown, *Reaper's Garden*, 149; Burnard and Garrigus, *Plantation Machine*, 132-133.

their ancestors and others who had taken the same oath.[63] Obeah practitioners provided the mechanisms through which Tacky could gain devout loyalty and a relentless fighting force.

In addition to contributing to the critical moments and day-to-day of the rebellion, Obeah practitioners played an essential role in the promotion of the rebellion. That same unnamed Jamaican gentleman wrote, "In the first Engagement with the Rebels, Nine of them were killed and many prisoners taken; amongst the latter was One very intelligent Fellow, who offered to disclose many important Matters."[64] Once promised his life would be spared, the prisoner disclosed valuable information, "[h]e then related the active Part which the Negroes, known among them by the name of *Obiah-men*, had taken in promoting the Insurrection."[65] Disclosing this information saved the prisoner's life but resulted in an Obeah practitioner engaged in the rebellion being "apprehended, tried (for rebellious Conspiracy), convicted, and sentenced to Death."[66] Obeah practitioners operated as the promoters of rebellion and the inspirers of battle throughout Tacky's Rebellion. Obeah practitioners had leadership roles in the rebellion that would have granted them land and power within Tacky's vision of an African kingdom in Jamaica. Tacky's vison was not realized, but the influence Obeah had over enslaved people and the individual power that could be consolidated and wielded by Obeah practitioners would change the way white Jamaicans understood and interacted with Afro-Caribbean medico-spiritual practice.

Thistlewood recorded his enslaved population's belief and practice of Obeah. He does not mention Obeah often--explicitly only three times throughout his diary--but he did make references to Obeah-like practices over the course of his lifetime in Jamaica. The first explicit

[63] Brown, *Reaper's Garden*, 149; Burnard and Garrigus, *Plantation Machine*, 132-133.
[64] Great Britain, house of commons, *Report of the Lords* (1789), III, Jamacia, Following No. 26, C, Paper delivered by Mr. Rheder, "Obiah Trial."
[65] Ibid.
[66] Ibid.

reference was in 1753 and the last in 1785. On an April morning in 1753 Thistlewood rode to see Dr. Cutting who had called for him the previous day.[67] During Thistlewood's ride to visit Dr. Cutting he stopped and talked to his neighbour Mr. Hall who informed him he was taking a leave to Guiana.[68] During this seemingly common and unassuming exchange among neighbours Thistlewood noted that he saw a "Salt River guy Acted his Obia, &c. with Singing Dancing, &c odd enough."[69] Thistlewood was intrigued and confused by his observation of the behaviour of the Salt River "guy," but he was not immediately hostile. Thistlewood thought that the singing and dancing he witnessed was worthy of note and became the first time "Obeah," "Obiah," or "Obia" was recorded in his diary. By 1753, Thistlewood had lived in Jamaica for 3 years, and given his confidence that the Salt River guy was acting his Obia, it is possible that this was not Thistlewood's first observation or engagement with what he understood as Obia.

In fact, Thistlewood had utilized an enslaved African healer to help Phibbah two years earlier. Phibbah was forced to be Thistlewood's live in slave throughout his life in Jamaica. Their relationship was complex and contentious, but she always received the best healthcare he could provide.[70] On 27 June 1751, Thistlewood wrote of "Phibbah having the head Ach violently."[71] Thistlewood employed the skills of an enslaved woman to treat Phibbah and "had her head sutt by Fullerwood Quasheba, a noted woman for such performances." Thistlewood described the treatment as such:

> Twas pretty much [that] they put a Bitt of [flesh] in amongst the Over the Forehead almost as high as the Crown off the Head and throw it round bitts of Skin C___ or else the hairs roots for you near it the for them it will. Cloting the forehead and head well with Rum and __- ___. Roots ground to powder rubbed over it also. As this be about

[67] TTD, Wednesday 25 April 1753.
[68] Ibid.
[69] Ibid.
[70] Burnard, *Mastery, Tyranny, & Desire*, 12-13, 26, 228-240.
[71] TTD, Thursday 27 June 1751.

Noon to perform must go to rest and by no means be disturbed or spoke to till night.[72]

The treatment was provocative enough that Thistlewood felt the need to record the details. It is not clear what kind of medicine Quasheba was practicing; Thistlewood does not identify the treatment as Obeah or African medicine. Evidently, the treatment worked. Phibbah's headache was not mentioned again. The next time she was mentioned ten days later, she was in great spirits drinking rum and dancing at a party on the plantation.[73] Phibbah's health makes it into the body of Thistlewood's diary entries because they had a close, albeit coerced, relationship. However, Phibbah's medical care was an exception; other enslaved people's care was simply noted in the headline at the start of each entry. For example, on that same day, Thistlewood wrote "Nago, Betty, Silvia and old Mimber all Sick," which generally implied they were segregated to the hothouse.[74]

Not only was Phibbah not segregated from the other enslaved when ill, but she was granted privileged medical care. Quasheba was allowed to perform a medical treatment on Phibbah that Thistlewood did not fully understand, but he thought it could help Phibbah in a time of need. Though new to the island and not as well versed in medical knowledge as later years, Thistlewood could have treated Phibbah himself. Thistlewood could have sent her to a neighbouring plantation hospital, or called a local doctor. Instead, he put his faith and Phibbah's health in the hands of Afro-Caribbean enslaved medical practitioner because he believed it to be the best approach in this situation. It is possible that Phibbah, within the coercive sexual relationship she had with Thistlewood, may have had some say in the healthcare she received. That said, by 1751 she had known Thistlewood for a short time. The power Phibbah possessed to

[72] TTD, Thursday 27 June 1751; the omissions are a result if illegibility in the original source.
[73] TTD, Saturday 6 August 1751.
[74] TTD, Thursday 27 June 1751.

advocate for her own healthcare is unclear, but she did receive better medical attention than other slaves under Thistlewood's management. Additionally, by 1751, Thistlewood had not developed a grave anxiety and fear toward enslaved people performing Afro-Caribbean healing practices. Thistlewood would later suspect Quasheba of being a sympathizer of Tacky's Rebellion and she would never operate as a healer with Thistlewood's permission again.[75]

Allowing Quasheba to treat Phibbah was a negotiation of power on Thistlewood's part. He needed to help Phibbah get better but could not do it himself or through his usual avenues. Quasheba's knowledge and skillset offered a solution and a tension. Thistlewood could control Quasheba's medicine to a point; as a slave, her skills and abilities were at his disposal. Thistlewood could allow Quasheba to practice her medicine because he did not consider it a threat. In fact, he utilized it as an asset in this circumstance. Although Thistlewood did not identify Quasheba as an Obeah practitioner, and it is unknown how she would have identified herself, her medical procedure resembled Obeah. The use of herbal remedies foreign to what Thistlewood understood as medicine and the "performance" Quasheba was known for were both elements of an herbalist Obeah practitioner.[76] Another explanation is that Quasheba was practicing a west African medical treatment that was not Obeah at all but was still foreign to Thistlewood. Enslaved medicine was a negotiation for Thistlewood; enslaved medicine's usefulness must outweigh its possible power conflict. Another important element is that Quasheba was a woman under Thistlewood's authority; she was subject to the same sexual terrorism as the other women on the plantations.[77] Enslaved men were not subjected to sexual violence, therefore Thistlewood had an additional layer of power and coercion over enslaved

[75] TTD, Saturday 19 October 1760.
[76] Handler, *Slave Medicine and Obeah*, 66-67.
[77] Amanda Thornton, "Coerced Care: Thomas Thistlewood's Account of Medical Practice on Enslaved Populations in Colonial Jamaica, 1751-1786" *Slavery & Abolition*, 32.4 (December, 2011), 543; Burnard, *Mastery, Tyranny, & Desire*, 228-240.

women that he did not over enslaved men.

Gender dictated the way Thistlewood perceived and addressed individuals who practiced Obeah. He was far more hesitant and rash when he wrote about men practicing forms of Afro-Caribbean medicine and spirituality that he did not fully understand. Starting just four years into living in Jamaica, he began to develop negative attitude toward enslaved men practicing Obeah. On 6 January 1754, Thistlewood wrote:

> In the Forenoon, a negroe Man belonging to old Tom Williams, Nam'd Jimmy Quashe (a Noted Obia Man) pretending to pull Bones, &c out off Several off our Negroes, ffor which they was to give him Money, was Discover'd by them to be a Cheat, and they Chas'd him out off the Estate, ffrighted enough.[78]

Thistlewood was mad that Jimmy Quashe was taking money from his enslaved people for what he thought was a false medical practice. According to Thistlewood, even the enslaved people who requested the Obeah man were not confident in Jimmy Quashe's abilities. Granted, Jimmy Quashe could have been manipulating Thistlewood's slaves out of their money, but the whole story is unknown. What is clear is that Thistlewood detested Jimmy Quashe practicing his Obia without permission on enslaved people under his management. At this point, Thistlewood was satisfied with frightening Jimmy Quashe and running him off of the estate. After Tacky's Rebellion, Thistlewood's attitude toward Obeah and other Afro-Caribbean medico-spiritual practices performed by enslaved people would become anxious and violent. Thistlewood, like other white Jamaicans, would become anxious about a repeat of Tacky's Rebellion and the death and destruction to private property that took place during the uprising. As a result, enslaved people practicing Afro-Caribbean medico-spiritual would be subject to laws that gave slaveholders the right to violently punish, or even have them killed.

[78] TTD, Sunday 6 January 1754.

With the exception of his first documented encounter of Obeah with the Salt River Guy and the time he asked Quasheba to help Phibbah, Thistlewood had a tumultuous relationship with individuals who practiced Obeah under his purview. Thistlewood had regular contact with the enslaved medical practitioners he managed, but only on occasion did he record incidents of Obeah. Obeah was being practiced in Jamaica during Thistlewood's time and he likely only recorded it when he felt it noteworthy. On 31 August 1785, Thistlewood wrote that "[t]he Clerk of the peace wanted a person to be sworn in, as constable, to take an Obiah man, but the person was not in the way, so I went home to dinner."[79] By 1785, twenty five years after Tacky's Rebellion and the implementation of anti-obeah laws, Thistlewood had become a Justice of the Peace in Savanna La Mar, granting him certain authorities, one of those being the ability to swear in officers of the law such as constables.[80] Thistlewood himself could not arrest the Obeah man he spoke of, but he could bestow such power onto another who could bring charges against Obeah people. Powers like the authority to swear in deputies became available to men like Thistlewood in the wake of Tacky's Rebellion in an attempt to control and suppress the practice that helped enslaved people rise up throughout Jamaica.

After Tacky's Rebellion, Jamaican lawmakers began designing laws that would ban Obeah and other Afro-Caribbean medico-spiritual practices. White Jamaicans began to define Obeah as a form of witchcraft that allowed a person to create the illusion they were communicating with the devil.[81] This preamble of negatively defining Obeah was to demonize the practice so it could be criminalized. The first British Caribbean legal response to Obeah happened in the 1760 "Act to

[79] TTD, Wednesday 31 August 1785.
[80] Douglas Hall, *In Miserable Slavery: Thomas Thistlewood in Jamaica. 1750-1786* (Mona, Jamaica: University of the West Indies Press, 1989), 215.
[81] Browne, "The "Bad Business" of Obeah", 455.

Remedy the Evils Arising from Irregular Assemblies of Slaves."[82] As the name of the law indicated, the prohibited gathering of enslaved people became illegal; it banned enslaved peoples access to firearms; the law demanded that enslaved people had a pass to travel off their respective estates; lastly, the law explicitly banned the practice of Obeah.[83] Even though white Jamaicans and legislators were equating Obeah with witchcraft, the 1760 law treated Obeah as a political rather than religious crime.[84] Practicing witchcraft was a religious crime in England, but by the 1760's Britons were not persecuting witchcraft cases as they had in the seventeenth century.[85] As a result, Jamaican legislators persecuted Obeah as a political crime by equating it to treason.[86] Criminalizing Obeah trended slowly across the British Caribbean over the course of the second half of the eighteenth century, and by the 1830's there were anti-obeah laws in nearly all British Caribbean territories.[87]

Thistlewood wanted to control Obeah in his world and used his ability to exercise legal authority over the practice. Although Thistlewood went home for dinner when the prospective constable did not show, his intentions and desire to control Obeah through the law is clear. Exerting legal authority over Obeah men was his way of controlling the movements and actions of a practitioner. It is likely that Thistlewood's desire to control Obeah was driven by the fear he felt concerning the medico-spiritual practice in the years following Tacky's Rebellion. That fear was likely a product of confusion and misunderstanding as much as his recognition of the power that Obeah people could wield within the enslaved community.

[82] Browne, "The "Bad Business" of Obeah", 455-456.
[83] Burnard and Garrigus, *The Plantation Machine*, f303n127.
[84] Ibid, 131-136.
[85] Ibid.
[86] Ibid.
[87] Schiebinger, *Secret Cures of Slaves*, 128.

The enslaved people who believed in Obeah had a strong faith in its power over their wellbeing. African cosmologies and enslaved Afro-Caribbean sensibilities coupled to create a strong faith in Obeah. From the *Report of the Lords* (1789), a section titled "Obeah Practice" reads: "This woman fell suddenly into a decline, without any known Cause, and languishing for some Time," her master had a doctor attend to her "and tried a variety of medicines without any good effect, declared it beyond his Power to afford her any Relief, and pronounced her incurable."[88] At which point "her death was everyday expected."[89] The sick enslaved woman confessed that her husband, an Obeah man, had "a violent suspicion of her Infidelity to him…had obliged her "to take Swear" (as she called it), by drinking a Mixture of Graver Dirt and Water," and if she had been unfaithful "her belly might swell and burst, and her bones rot."[90] The woman had been unfaithful to her husband and lied when she "took Swear" which is why she became violently ill. The husband's master demanded the Obeah man, under threat of death, "go directly to his Wife, and endeavor to conjure her into a Belief, …That the Mixture she had swallowed was not made with *Obiah Dirt*, but only with a little common Earth, which he had picked up on the Road."[91] The woman believed her husband "and recovered her Spirits, was soon restored to perfect Health."[92] Consuming a large quantity of dirt can make a person ill. That said, the little she would have consumed would not have made this woman so ill that a doctor could use a variety of medicines without any effect; that woman became sick because she believed in the power of Obeah. She knew of her infidelity and she believed her husband's mixture took over her body; a point that is underscored by her recovery once she believed the grave dirt was picked up along

[88] Great Britain, House of Commons, *Report of the Lords* (1789), III, Jamaica, Following No. 26, C, Paper delivered by Mr. Rheder, "Obiah Trial."
[89] Ibid.
[90] Ibid.
[91] Ibid.
[92] Ibid.

the road. It is possible that this anecdote was sensationalized by the individuals who witnessed the events. Nevertheless, belief is powerful, and in this case it seemingly caused physical manifestations.

Long also bore whiteness to a strong belief in Obeah amongst the enslaved. Long was under the impression that "[t]he most sensible among them fear the supernatural powers of the African *obeah-man*, or the pretend conjurers," and although Long thought Obeah deceitful he recognized the belief some enslaved people had in Obeah.[93] Long thought the Obeah person ascribing magic to what was understood as a natural scientific function was deceitful. For example, Long wrote that Obeah men "often ascribing those mortal effects to magic, which are only the natural operation of some poisonous juice, or preparation, dexterously administered by these villains."[94] Long considered Obeah practitioners' utilization of herbalism and botanical knowledge as deceitful because the effects of the herbs was credited to magical properties. Long was writing after Tacky's Rebellion when Obeah was strictly illegal under Jamaican law.[95] His preconceived notions and stigmatization of Obeah would not allow him to view, understand, or conceptualize Obeah as anything but a negative and malicious practice. He even noted that Christianity was thought to be a form of protection from Obeah, as "the Creoles imagine, that the virtues of baptism, or making them Christian, render their art wholly ineffectual; and, for this reason only, many of them have desired to be baptized, that they might be secured from *Obeah*."[96] Unfortunately, the thinking and comments of planters offer little insight into the detailed function that Obeah had within the enslaved community. Enslaved people utilized the service and skills of Obeah people, with case examples that negatively and positively affect the lives and

[93] Long, *History of Jamaica*, Vol III, Chapter III, 416.
[94] Ibid.
[95] Schiebinger, *Secret Cures*, 117-123; Burnard and Garrigus, *Plantation Machine*, 131- 136; Brown, *Reaper's Garden*, 149.
[96] Long, *History of Jamaica*, Vol III, Chapter III, 416.

circumstances of those requesting the practice. Whether Obeah was good or bad for enslaved people could vary, but what is clear is they believed strongly in the power of Obeah.[97] Whether enslaved people feared or revered Obeah, both camps showed a strong belief in its spiritual and functional authority.

In the early years, Thistlewood was intrigued and became curious as to the function and practicality of the medicines his enslaved population were using on one another. He even utilized the African medicine woman when Phibbah became ill. However, Thistlewood's intrigue and curiosity quickly turned into fear and anxiety after Tacky's Rebellion, with only negative remarks toward any kind of enslaved medical or spiritual practice. He and the rest of Jamaican whites realized how strongly enslaved people believed in practices like Obeah and Myalism. White fears and anxieties were not entirely directed toward widespread belief but rather the power that individuals or small groups could generate utilizing a belief system such as Obeah and Myalism. After Tacky's Rebellion, Thistlewood's attitude toward Afro-Caribbean medico-spiritual practices hardened because of their illegality, but also because he saw firsthand how deeply some enslaved people believed in Obeah.

Thistlewood encountered the faith that enslaved people had in Obeah on his own plantation. In December 1780, Thistlewood caught Mr. Wilson's Will "who is an obiah or bushman" in Abba's house "at work with his obiah about midnight last night."[98] A few days earlier, Abba had a miscarriage and her other child had just become ill.[99] The Obeah man, Mr. Wilson's Will, "made her believe damsel is the occasion of her child being sick, & her miscarriage."[100] Thistlewood's intervention in the Obeah session resulted in "a sad uproar" by Abba, so the

[97] Browne, "The "Bad Business" of Obeah," 451- 480. Brown, *Reaper's Garden*, 144-152; Schiebinger, *Secret Cures*, 127-130.
[98] TTD, Friday 28 December 1780.
[99] Ibid.
[100] Ibid.

following morning he took Mr. Wilson's Will "with his obiah bag" back to Mr. Wilson with an explanation of what had transpired and based on Will's perceived transgressions Mr. Wilson "flogged him well."[101]

Mr. Wilson was the owner/overseer of a neighboring plantation and Will was an enslaved Obeah man. Abba was one of Thistlewood's slaves who had just endured the trauma of a miscarriage.[102] Her trauma was exacerbated by the sickness of her other living child, which would have led her to seek the medical and spiritual guidance of Obeah from Will. Abba would have believed that Will would be able to offer her the answers she needed in her time of grief. Her belief in the power of Obeah in her time of need speaks to the degree of faith that individuals could have in Obeah. Enslaved people who believed in Obeah thought that malevolent evil spirits caused individuals to suffer from many traumas at one time. In Abba's case, her miscarriage and her sick child would have led her to believe that an evil spirit was imposing ill will on her life.[103] The spirit could manifest itself in the region itself or within an individual person. The only way to cast the spirit away was to perform an Obeah ritual. Abba may have believed that a malevolent spirit was the cause of her miscarriage and sickness of her other child. It is possible that her belief and suspicion was likely confirmed or worsened by Obeah Will. He had power over Abba in her time of crisis and his perceived knowledge and abilities gave Will authority over aspects Abba could not control and did not fully understand. Moreover, Will had power and control of medical and spiritual knowledge that Thistlewood could not understand or control on an intellectual and spiritual level. Thistlewood was pleased that Mr. Wilson had flogged Will. Thistlewood did not punish Will himself, but his appreciation for the flogging Mr. Wilson enacted on Will demonstrated his want and need to impose physical control through

[101] TTD, Friday 28 December 1780.
[102] Ibid.
[103] Browne, *"*The *'Bad Business'* of Obeah,*"* 451-480.

violence over Obeah practitioners who wielded power over enslaved people.

Will knew full well the consequences awaiting him if he were caught in a post-Tacky's Rebellion world, but what he could have gained in social capital and material compensation must have made it worth the risk. Will would have left his own plantation, which could be a punishable offence without a pass, to go perform an Obeah ritual he knew was both illegal and punishable. Will understood the risks and the rewards. Abba felt she had nowhere else to turn and Obeah could offer her answers and comfort. In the end, Thistlewood maintained power and control, but he also recognized the influence Obeah people such as Will had over enslaved people. Thistlewood likely feared the opposition to his power and Will presented a conflict requiring negotiation and swift action. Obeah operated outside of the law and the illegality of the practice shaped its perception by planters.

Myalism operated outside of the law as well and was responded to with confusion and violence by whites. As a result of the "Act to Remedy" banning the ceremonial gatherings necessary for Myal ritual, Myal people were subject to the same punishments as Obeah people. In July 1768 Thistlewood noted matter-of-factly that "Hear Stompe, the Mial man, was burnt alive this evening, and his wife (Dr Frazier's Pollu a mulatto) hang'd" Thistlewood provided no further details on the matter.[104] Stark and severe violence was Thistlewood's method of demonstrating to other Myal people the consequences of practicing their craft.

Myalism was conflated with Obeah in the minds and writings of the whites who could not demarcate the practices. In the *Report to the Lords* section on Obeah practice, the author recalls a mantra he heard an enslaved Myal person utter. After recanting the mantra, he wrote:

> This Derivation, which applies to one particular sect, the Remnant probably of a very celebrated religious Order in remote Ages, is now become in Jamaica the general Term to

[104] TTD, Saturday 2 July 1768; Brown, *Reaper's Garden*, 149; Hall, *Miserable Slavery*, 161.

> denote those Africans, who in that island practice Witchcraft or Sorcery, comprehending also the Class of what are called Myal-Men, or those who by means of a narcotic poison, made with the Juice of an Herb (said to be the branched *Calalue* or Species of *Solanum*) which occasions a Trance or profound Sleep of a certain duration, endeavor to convince the deluded Spectators of their Power to reanimate dead Bodies."[105]

The *Report to the Lord* understood Myalism as a subgroup of Obeah. Myal practice is only mentioned in the sections on Obeah and not addressed as a separate practice; it was, the testimony to the Lords suggests, a class of Obeah practitioner that specialized in the fabrication and pageantry of reanimation. Regardless of the inability of those providing testimony in the *Report to the Lords* to distinguish between Obeah an Myal practices, both arts were recognized by the report as dangerous. Thistlewood treated Myalism and Obeah similarly in terms of violence and punishment, but he distinguished between the two medico-spiritual practices. It is unclear why the *Report to the Lords* conflated Myalism and Obeah; likewise, it is unclear how Thistlewood was able to demarcate the two. Perhaps Thistlewood's on-the-ground experience gave him the insight to differentiate between Obeah and Myalism that the authors of the *Report to the Lord* did not possess.

Long's fear of Afro-Caribbean medico-spiritual practices distracted him from understanding their nuances. He wrote, "[t]he lure hung out was, that every Negroe, initiated into the myal society, would be invulnerable by the white man; and, although they might in appearance be slain, the obeah-man could, at his pleasure, restore the body to life."[106] Long was addressing a number of aspects of Obeah and Myal practice in this example. The first being that enslaved involvement in Myal society gave them a form of protection from the white man, and, what is unsaid here, from malevolent European magic.[107] Long may not have understood

[105] Great Britain, house of commons, *Report of the Lords* (1789), III, Jamaica, Following No. 26, C, Paper delivered by Mr. Rheder, "Obiah Trial."
[106] Long, *History of Jamaica*, Vol III, Chapter III, 416.
[107] Schuler, *Myalism and African Religion*, 66.

Myalism as a defense against European magic, but it was one of its founding virtues.[108] When Long says "might in appearance be slain," he is referring to the violence or drug use that was often associated with Obeah and Myal practice. Occasionally, violence upon the body of an enslaved person during a Myal or Obeah ceremony was part of the ritual and would have been inflicted by the practitioner or the group as a whole.[109] Obeah or Myal men were in control of the ceremonies they were conducting, which meant that had the ability to induce or reduce the application of drugs or violence. Similar to the *Report of the Lords*, Long wrote about Obeah and Myalism as the same or as connected practices. Long's misinterpretations and conflations of Obeah and Myalism are not surprising, as they were considered alternative authorities enslaved people could access, which planters could not; both presented the same problem of power struggle and control to the white Jamaican patriarchy.

Long, like all other slaveholders, was unable to access the knowledge and authority of Obeah and Myalism. His anxiety about not having the knowledge, or ability to gain the knowledge of the Afro-Caribbean medico-spiritual practitioner, is clear in his description of a Myal performance.

> The method, by which this trick was carried on, was by a cold infusion of the herb *brached colalue* [u]; which, after the agitation of dancing, threw the party into a profound sleep. In this state he continued, to all appearance lifeless, no pulse, nor motion of the heart, bring perceptible; till, on being rubbed with another infusion (as yet unknown to the whites), the effects of the colaue gradually went off, the body resumed it motions, and the party on whom the experiment had been tried, awoke as from a trance, entirely ignorant of anything that had passed since he left off dancing.[110]

"As yet unknown to the whites" is the source of Long's fear, exacerbated by the function of the performance that "rendered the body impenetrable to bullets; meaning that whites would be unable to make the least impression upon the enslaved even if they were to shoot at them a

[108] Schuler, *Myalism and African Religion*, 66.
[109] Browne, *"*The *'Bad Business'* of Obeah,*"* 451-480.
[110] Long, *History of Jamaica*, Vol III, Chapter III, 416-417.

thousand times."[111] Long went on at length in a discursive footnote, noting everything that contemporary natural philosophy knew about the *brached colalue* herb and its uses but still held that it was "unknown to the whites."[112] The *brached colalue* plant has chemical properties which interact with the biochemistry of the human body to cause lowered heartrate, slowed breathing, and lowered pulse, and if used to extremes could make people appear dead.[113] Long and Thistlewood shared a fear of the unknown and inaccessible powerful knowledge and they had the same anxieties about Afro-Caribbean medico-spiritual practices.

Thistlewood had fewer encounters with Myalism than he did with Obeah, but he treated the perpetrators with the same regard. Thistlewood's most detailed encounter with Myalism was in the late morning of 22 March 1769, when "a black snake, in mr Says fourth room leaped upon old Minevah, and frightened him so much, that he fell down in a ffit and was above an hour senseless."[114] There are no known poisonous snakes in Jamaica, however even bites from non-venomous snakes can be dangerous to life and health.[115] Thistlewood continued, "he [old Minevah] at last come too a little but complained much if his head, neck and back."[116] Upon examining old Minevah, Thistlewood "advised his being bled as soon as possible" and hoped that some of the younger boys would find and kill the snake.[117] The news of old Minevah being bitten spread through the plantation and sparked concern for some of the enslaved population who held a Myal ceremony. According to Thistlewood, "Egypt lucy acquainted Phibbah privately that the myal dance has been held twice in Phibbah's Coobah house, at Paradise Estate by nigroes from Long pond estate, as also Egypt dago and job who are both myal Men, attend

[111] Long, *History of Jamaica*, Vol III, Chapter III, 417.
[112] Ibid.
[113] Ibid, 416-417.
[114] TTD, Wednesday 22 March 1769.
[115] Ryan Utz, "Island time: Go deep in Jamaica's Blue Mountains to find the heart of the country's fight for freedom," *Backpacker Magazine,* 46. 4 (May, 2018), 20.
[116] TTD, Wednesday 22 March 1769.
[117] Ibid.

their dancings"[118] Thistlewood was furious that Myal practices occurred in his midst. To compound his anger, Thistlewood had proscribed a bleeding, which was likely done, but not seen as effective by the enslaved people who conducted the Myal ritual. In response to Coobah hosting multiple Myal rituals, Thistlewood "reprimanded Coobah severely about the Myal affair."[119] Similar to most of his interactions with Obeah, someone was reprimanded and punished. It is unclear how Coobah was punished, but the fact that she was confirms Thistlewood's anger toward Myal practice on his plantation. According to Egypt Lucy, Myal ceremonies were going on regularly and would have continued had Thistlewood not uncovered their existence. A spiritual belief amongst the enslaved gave authority to Myal men like Egypt dago and Job, authority that Thistlewood feared after Tacky's Rebellion.

Thistlewood's experience of Tacky's Rebellion reached it crisis point on 29 May 1760; in the early afternoon, Thistlewood received news that the nearby Jacobsfield estate had been raided by rebels who tore down the great house.[120] With this news, Thistlewood had requested militia support from Savana la Mar.[121] The commanding officer of the Savanna la Mar sent him fourteen horsemen.[122] Once Thistlewood knew he would have the support of militia horsemen, he "[i]mmediately Arm'd our Negroes and kept a Strict guard and a Sharp look out."[123] In all of the chaos, Thistlewood had recalled a troubling piece of advice he had been given by his friend Mr. Joseph Johnson: "for god's Sake to take care off my Self."[124] Even though Thistlewood had armed four of his slaves, he was still suspicious of them. Thistlewood recanted: "Colonel Barclay told me we had but bad Success, being defeated and Some off our people kill'd From which

[118] TTD, Saturday 16 April 1769.
[119] Ibid.
[120] TTD, Thursday 29 May 1760.
[121] Ibid.
[122] Ibid.
[123] Ibid.
[124] Ibid.

perceive our Negroes have good intelligence [about the incoming militia reinforcements] being greatly Elevated and ready to rise now we are in the most danger."[125] Thistlewood grappled with the possibility that his own slaves would join the rebel cause if given the opportunity. The arrival of the horsemen to the estate and a regular patrol of militia through the area gave Thistlewood little peace of mind that night, as he described his afternoon and evening as "being under dreadful apprehensions."[126] To cement his distress, Thistlewood watched his neighbour's house burning in the distance through the night.[127] Thistlewood and the residence of Westmoreland parish weathered many a tense day until 2 June when a combined force of the Westmoreland parish militia and Cudjoe's Maroons, the latter who fought "with great bravery," defeated a large group of rebels.[128] With a crushing blow to the rebels in Westmoreland the whites of the island finally had a handle on the rebellion.[129] By early July, the danger had finally passed with the capture of the "King of the rebels" in Westmoreland: William Grove's Apongo.[130] Throughout Tacky's Rebellion, Thistlewood was contending with rumours of violence to people and property, irregularity of militia support, dwindling supplies, the constant threat of rebel slaves within kilometres of him, and the constant paranoia that his own slaves would join the movement.

It is not clear whether Thistlewood knew exactly how integral a role Obeah played in Tacky's Rebellion, but his attitude toward Obeah and Myalism shifted from casual references to the executions of enslaved Afro-Caribbean medico-spiritual practitioners. Thistlewood was upholding the law dealing with Obeah and Myalism, laws that were a direct result of role Obeah

[125] TTD, Thursday 29 May 1760.
[126] Ibid.
[127] Ibid.
[128] TTD, Tuesday 2 June 1760; Burnard. *Mastery, Tyranny, & Desire*, 171-172.
[129] Ibid.
[130] Burnard, *Mastery, Tyranny, & Desire*, 171-172.

played in Tacky's Rebellion. His actions were not solely in the interest of upholding the law; Thistlewood recognized the power and influence Obeah and Myal practitioners had over other enslaved people and he knew that any alternative authority was a threat to his totalizing control.

Myal and Obeah practitioners drew their power from the belief that members of the enslaved community had in their spiritual authority. Long and the "obiah trials" excerpts from the *Report to the Lords* demonstrate the faith some enslaved people had in Obeah and Myalism. Through the herbal and spiritual practices of Obeah or Myalism, enslaved people believed that they could be impervious to bullets, become deathly afflicted by guilt, and be the seat of a malevolent spirit. Tacky's Rebellion demonstrated the potential power of practicing Obeah. Although the rebellion failed, the Obeah people involved were high up in Tacky's ranks and commanded influence over his followers. Obeah practitioners were active in the secretive promotion of the rebellion among the enslaved community; they conducted blood oaths which tethered committed slaves to Tacky's cause with blind loyalty, and performed rituals that made rebels believe they could not killed.[131] The power and influence of Obeah is clearly evidenced in the early successes of Tacky's Rebellion, but Obeah's effect on enslaved life stretched beyond Tacky's rebellion and into everyday life.

Obeah was a form of alternative spiritual authority that was only accessible by a few enslaved people. Men like Thistlewood and Long did not have access to the spiritual knowledge and herbal abilities that Obeah and Myal practitioners possessed. The inability to understand or possess such influential knowledge and powers inflated fears and anxieties toward Myalism and Obeah in the wake of Tacky's Rebellion. In Abba's case, her child was ill and she was dealing with the traumas of a recent miscarriage. She consulted an Obeah man named Will to provide her with medical and spiritual aid in her time of need believing in his knowledge and abilities, which

[131] Brown, *Reaper's Garden*, 149; Burnard and Garrigus, *Plantation Machine*, 132-133.

gave Will a power that Thistlewood could not understand or possess. Thistlewood was likely not overly concerned that Will was going to cause the next Tacky's Rebellion, but the authority Will had within the enslaved community was a point of contention, anxiety, and fear for Thistlewood and men like him who strived to maintain strict control of their plantations worlds.

Thistlewood had a double standard for enslaved men and woman who practiced Afro-Caribbean medicines. His double standard stemmed from the different methods of control he possessed over enslaved men and women. Sexual violence and the potential for sexual violence were methods of control and demonstrations of power. The women under Thistlewood's management were subject to consistent sexual violence that the men were not. For Thistlewood, enslaved women practicing European style medicine under his supervision or on their own was commonplace; and if African or Afro-Caribbean medicines worked their way into the *materia medica* or colloquial folk medicine it would have most likely have been through these caregiving women like Quasheba. Such women would have given knowledge and care without recognition or reciprocity for their value. Enslaved people practicing European style medicine and women practicing Afro-Caribbean medicine did not present a threat to Thistlewood's patriarchy in the same way as men practicing Obeah and Myalism. The only time Thistlewood relinquished control to an Afro-Caribbean healer was in his first year on the island when Phibbah was sick. Nearly a decade before Tacky's Rebellion and to a female slave, Thistlewood was not concerned about his level of control. Enslaved medicine was a negotiation, albeit not an easy one, within the master-slave relationship of British Caribbean plantation society.

Even though Tacky's Rebellion forever changed the way white Jamaican's thought about and persecuted Afro-Caribbean medico-spiritual practices, Egypt Dago, Job, Quasheba, and Obeah Will, found ways to use their knowledge and abilities to yield authority within the

enslaved community. They had to practice their crafts either under strict supervision or outside the confines of the law altogether. With the exception of Quasheba, these medico-spiritual practitioners operated illegally and against the wishes of the people who owned them and increased the risk of the enslaved people they serviced. Despite having an added layer of legal and logistical difficulty, Egypt Dago, Job, Quasheba, and Obeah Will used their knowledge and ability to enable their survival.

Chapter 5. Conclusion

The British Caribbean plantation had dynamic groups of people practicing medicine, free and enslaved, white and black, professionally and regionally trained. White doctors and planters used the plantation healthcare system to further control their enslaved populations through the racialization of disease and healthcare infrastructure that imprisoned sick slaves. Enslaved people who worked within the plantation healthcare system such as midwives, nurses, and doctors, could use their station to provide themselves and their families with improved living conditions, better material circumstances, and favours from the recognition of their abilities as healthcare providers. Possessing rum and food or having a mare on the provision ground near a slightly improved hut changed the lived experience of an enslaved person. In no way was slavery good to skilled medical practitioners, but their lived realities were different than those of field workers. Slaveholders created a disparity and inequity within the enslaved population by favouring skilled workers and granting them tangible rewards and positions within the plantation hierarchy. It is unclear whether the social hierarchy whites created within the plantation was recognized by the enslaved, but, given the asymmetrical power of the plantation structure, there would have likely been some acknowledgement or resentment from non-skilled workers toward skilled workers. The enslaved people who operated outside of the plantation healthcare system took the greatest risk. Medico-spiritual practitioners who practiced Obeah or Myal traditions operated illegally in Jamaica and performing their arts could bring them death. Medicine on British Caribbean plantations was defined by the Obeah and Myal people who provided medico-spiritual services outside its confines and by the white doctors and the enslaved people they trained to practice medicine.

Planters were in charge of the British Caribbean planation medical system. Whites controlled the recognized intellectual spaces of authorship and publication. The power of publication created and propagated the racialization of disease. Whether planters read ameliorative literature or not, their assumptions about racial inferiority and general understanding of humoural theory would have led them to the racialization of diseases such as dirt eating, yaws, and elephantiasis. Laypeople in contemporary twenty-first century North American society use, with some exceptions, a common knowledge of germs, viruses, and bacteria, to frame a basic understanding of health and disease. Generally speaking, people use common conceptions of health and medicine available to them to think about their own body and the bodies of others. Doctors and planters thought they knew best when it came to medicine because they felt they had an "enlightened" insight into how the human body worked and could intervene to reestablish health. By reconciling assumptions of racial inferiority with European conceptions of medicine, lacking awareness or not, whites dehumanized black people. Common planters such as Thistlewood had a crude, and morally repugnant, version of racism. For the mid eighteenth century common planter, assumptions of black inferiority and observations of the demographics of disease were sufficient to racialize a disease. Whereas racism became sophisticated in nineteenth-century ameliorative literature, the articulation and justification of racial diseases by educated planters and doctors demonstrated the extent to which racism was ingrained in the everyday life of the British Atlantic world.

Although the plantation medical system was a controlling and dehumanizing system that racialized disease and designed slave hospitals that functioned as prisons, it occasionally offered individuals access and opportunity. Mulatto Will was born into slavery as a mixed-race man. The assumptions that whites made about his intelligence based on his racialized identity provided

Will the opportunity to become a skilled worker. As a skilled slave and medical practitioner, Will could avoid field work, move more freely from plantation to plantation, and accumulate livestock and material goods that would improve his life and those of his kin. Will was able to develop a relationship with Thistlewood by treating enslaved people and eventually Thistlewood as patients. This dynamic between Will and Thistlewood was unique and challenged the traditional concepts of the doctor-patient and master-slave relationships, both having inherent power imbalances. The doctor has knowledge and influence over the patient while the master has power over the slave. In the case of Will and Thistlewood, Will was the slave and the doctor; Thistlewood was the master and the patient. What is clear is that Thistlewood was a master before he was a patient while Will was a slave before he was a doctor. The little power Thistlewood allowed Will to have as a doctor provided Will an easier survival through slavery. Moreover, the relationship Will had with Thistlewood enabled Will to securely pass along his worldly possessions of livestock and unlisted items of value he had accumulated in his life as a medical practitioner.

Enslaved women who practiced medicine may have had more opportunities to become medical practitioners, but they could not reach the same level as a mixed-race man such as Will. Gender dictated the types of medicine an enslaved person could practice while race determined who they could practice medicine on. Will was able to treat white patients because of his mixed race and general practitioner skillset. Women had more specific medical roles and skillsets such as nurses and midwives and their patience were other enslaved people. Enslaved women were subjected to extraordinary degrees of sexual violence under Thistlewood's management. The enslaved women who worked as nurses for Thistlewood, such as Rose, would have had regular contact with him when he checked on the status of the sick, making her vulnerable to sexual

violence. The risk of personal safety was higher for enslaved nurses, contending with the constant threat of physical and sexual violence, while being in direct and constant physical contact with sick patients with varying health conditions. Although the risks were great and enslaved nurses could not rise to the same status as mixed race men such as Will, nursing could still offer a way to survive. Elizabeth Farrent was an example of a nurse, in all likelihood enslaved at one point, who used her skills to improve her station within plantation society. Farrent was able to refuse Thistlewood her services as a nurse and work at a plantation that would pay her adequately and in a timelier manner. As a free black woman with a trained skill, who had an enslaved husband, it was likely that Farrent was able to work as an enslaved nurse long enough to accumulate enough money to emancipate herself. Even though the risks were great, freedom could have been a possibility for these women, but even if not nursing still offered a means for survival.

The greatest risk taken by all of all the practitioners were the Obeah and Myal people who operated illegally and outside of the plantation healthcare system. After the important role Obeah played in Tacky's Rebellion in 1760, both Myalism and Obeah were rendered illegal to practice and punishable by death. The faith some enslaved people had in the spiritual power of Obeah gave the medico-spiritual practice the social status and authority necessary to aid in an uprising. Prior to the conflict, Obeah people used their status in the enslaved community to denounce the imposed disparity on the enslaved communities; during the rebellion, Obeah people administered loyalty oaths and performed rituals to empower enslaved people to fight as if invincible. Even though Jamaican law makers outlawed Obeah specifically, and Myalism logistically by prohibiting enslaved gatherings, there was still faith among some enslaved people in the medico-spiritual practices. As long as Obeah and Myalism had believers and enslaved

communities called upon them, Myal and Obeah people wielded authority and power and if men like Obeah Will had authority in the enslaved community, they could use their skills to survive.

The historiography of Obeah and Myalism is slim and the lack of secondary sources caused this project to adopt some of the problematic historiographical assumption perpetuated by past authors. Historians Schuler and Brown did an adequate job of dismantling the conflation of Obeah and Myalism, and Handler set up a useful spectrum through which the variations of Obeah practice can be easily understood, but all three of these historians fall short or completely neglect to adequately represent African medicine. In Handler's spectrum, any type of non-European medicine that was being practiced by enslaved Africans was a form of Obeah. Although useful as a thinking tool, the spectrum leaves no space to accommodate non-Obeah African or Afro-Caribbean medicine. Similarly, Schuler and Brown isolated and demarcated Obeah and Myalism but they did not adequately incorporate or establish how non-spiritual African medical traditions differed from Obeah or Myalism. This project was not up to the task of substantially representing African and neo-African non spiritual medical practices within the British Caribbean, but it is my hope that future historians will address such a topic.

Studying medicine within the context of slavery offers extreme and raw examples of the power relationships that existed in healthcare. The influences of academic scholarship within medicine directly affect the healthcare of patients. The groups and individuals who are producing medical scholarship wield a great deal of power within the healthcare community. Research and evidence create best practices that impact the way healthcare providers conduct treatment. Individuals in healthcare provider roles are always in flux between the body of medical information and respecting the patients' choice. Meanwhile, patients are at the will of a structure of healthcare that they have little to no knowledge about and must navigate in order to get the

care needed to heal. If patients have choice, forms of alternative medicine can present a whole different set of power dynamics. To draw too many comparisons between modern western medicine and eighteenth-century plantation healthcare would be a gross misrepresentation of both slavery and medicine, but it is clear that a power dynamic is present wherever and how medicine is practiced. Healthcare in the context of slavery presents the most extreme manifestation of the worst of that power imbalance.

Medicine on Jamaican plantations was a dynamic and multifaceted entity that consisted of black, white, and mixed race people both free and enslaved, cultural influences of Europeans and Africans, health and disease, power and authority, morbidity and mortality. Medicine in plantation Jamaica was a microcosm with the defining features of the British Caribbean. Although the intellectual elite created and perpetuated the dehumanization of black people through healthcare infrastructure and the racialization of disease, enslaved people practicing medicine on British Caribbean plantations was also a story about people's survival. Rose, Elizabeth Farrant, Old Daphne, and Mulatto Will worked as medical practitioners inside the Jamaican healthcare system, while Egypt Dago, Job, Quasheba, and Obeah Will practiced medico-spiritual practices outside its confines. They all practiced medicine to survive.

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