

Slavery and Sickness in the Lower Mississippi Valley, 1803-1860

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Abstract

Slavery and Sickness in the Lower Mississippi Valley, 1803-1860. Huw Batts.

This thesis traces the profound effect of disease and sickness upon the political economy and culture of the slave plantation system of the antebellum US South between 1803 and 1860. Specifically I explore the Lower Mississippi Valley area of the region, sometimes referred to as the ‘Cotton Kingdom.’ At the project’s heart is the question of how the region’s disease ecology, and the measures employed to combat it, shaped the development and the contours of Southwestern society’s most important institution: racial slavery.

Inequality and exploitation were woven into the fabric of slave society, but the growth of the Lower Mississippi Valley’s plantation economy did not take place within a vacuum. The environmental, demographic, and economic conditions necessary to unlock the fertility and wealth of the region also brought settlers—both black and white, enslaved and free—into contact with a tropical disease ecology that was virulent and indiscriminate. Yet disease and sickness remain under-studied components of life in the Cotton Kingdom. For contemporaries, however, sickness was a source of near constant, often obsessive, speculation and fear. With little understanding of epidemiology, no concept of how diseases spread, and few resources to counteract its effects, Southwesterners of all stripes unsurprisingly believed themselves to be at the perilous mercy of illness and death.

That reality profoundly shaped Southwestern society. In the eyes of planters it vindicated the expansion of slavery and bolstered a pro-slavery movement which increasingly used white vulnerability to defend the mass enslavement of supposedly less-vulnerable African Americans. It brought contingency and unpredictability onto plantations. And it shaped relations between enslavers and the enslaved, bringing highly charged questions about bodily autonomy, medical determinism, and the imperatives of adequate healthcare to the fore.

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List of Abbreviations

DBC-UT	Dolph Briscoe Center for American History, University of Texas, Austin.
Duke	David M. Rubenstein Rare Book and Manuscript Library, Duke University, North Carolina.
LLMVC	Louisiana and Lower Mississippi Valley Collections, Hill Memorial Library, Louisiana State University.
MHS	Massachusetts Historical Society, Boston, Massachusetts.
HNOG	The Historic New Orleans Collection, New Orleans, Louisiana.
RASP	<i>Records of Ante-bellum Southern Plantations from the Revolution Through the Civil War</i> , microfilm collections.
SHC-UNC	Southern Historical Collection, University of North Carolina, Chapel Hill.
UNO-SCoL	Digitized Archives of the Supreme Court of Louisiana, University of New Orleans, Louisiana.
WPA	<i>Born in Slavery: Slave Narratives from the Federal Writers' Project, 1936 to 1938</i> .

INTRODUCTION

In 1854, Bennet Dowler, M.D. published an account of the yellow fever epidemic that had struck New Orleans and spread through the Southwest the previous summer. It had been one of the deadliest outbreaks of that disease yet seen in the US, killing an estimated 8,400 in New Orleans alone and many more across the rest of Mississippi and Louisiana.¹ In the report, which he entitled *Tableau of the Yellow Fever*, Dowler revealed the extent of the devastation caused by the epidemic, whilst attempting to put that devastation in the historical context of the city's relationship with the disease over the last six decades. In curating a history of New Orleans's nineteenth century relationship with epidemic yellow fever, Dowler hoped to lay bare "the waves of oblivion" that had "rolled over much of [its] sanitary history." It was a call for "Action!" on public health improvements that he believed might save the city and its environs from their perennial threat and turn the tide on a disease that was striking more virulently and more regularly as time went by.² To do so required an understanding of the city's long relationship with the disease, as well as a more realistic, quotidian, view of life in the heart of the cotton kingdom. "The more distinguished events of Louisiana, military and civil" as well as "the more dramatic phases of humanity upon the distant shores of the Mississippi," he argued, had already been well documented. "Medical history, sanitary progress, climatic vicissitudes, topographical changes from forests to plantations—from plantations to cities—from swamps and palmetto lands, to sugar and cotton fields," however, had received little attention. Saving New Orleans also necessitated a closer look at the region's human geography, for the establishment and growth of yellow fever had, after all, coincided with "a most important period...when the Indian, Caucassian and African races first met and mingled in boundless

¹ Bennet Dowler, M.D, *Tableau of the Yellow Fever of 1853 with Topographical, Chronological, and Historical Sketches* (New Orleans, 1854), 31; Erasmus Darwin Fenner, "Report on the Epidemics of Louisiana, Mississippi, Arkansas, and Texas in the year 1853," *Transactions of the American Medical Association*, Vol. 7 (1854), 424.

² Dowler, *Tableau of the Yellow Fever*, 48.

wilderness” and a slave racial society was taking shape³. Dowler’s suggestion that the transformation of the Southern landscape, the growth of the plantation economy, and the region’s complex racial dynamics were important in understanding the region’s evolving relationship with disease was astute. So too was his commitment to using disease as a historical lens through which to view complex social forces.

His perspective, however, put him at odds with the bulk of Louisiana white society which was used to looking forward, rather than backwards. Described by Walter Johnson as “a frontier of accumulation,” the Lower Mississippi Valley of the nineteenth century was defined, and in some ways trapped, by its own culture of feverish speculation.⁴ “The very marrow, bone and sinew of a Mississippian’s system,” observers to the region noted, was rooted in a system of multiplication that fed “into one singularly absorbing passion”: “buy[ing] Negroes to raise cotton & rais[ing] cotton to buy negroes.”⁵ The cotton and sugar economies were thus driven by a vision of endless accumulation of cotton and slaves that would make white Louisianans—or at least the planters in their ranks—fabulously rich. The Mississippi Valley’s social and economic culture elevated risk-

³ Ibid., 4.

⁴ Walter Johnson, *River of Dark Dreams: Slavery and Empire in the Cotton Kingdom* (Cambridge: Harvard University Press, 2013), 37. See also Eugene Genovese, *The Political Economy of Slavery: Studies in the Economy and Society of the Slave South* (Middletown: Wesleyan University Press, 1989; 1961), 17.

⁵ Joseph Holt Ingraham, *The Southwest by a Yankee* (New York: Harper & Brothers, 1835), 2:86; George Featherstonhaugh, *Excursion through the slave states, from Washington on the Potomac* (New York: Harper & Brothers, 1844), 121; Robert Russell, *North America : its agriculture and climate: containing observations on the agriculture and climate of Canada, the United States, and the island of Cuba* (Edinburgh: Adam and Charles Black, 1857), 277; James C. Cobb, *The Most Southern Place on Earth: The Mississippi Delta and the Roots of Regional Identity* (New York: Oxford University Press, 1992), 12; Frederick Law Olmsted, *A Journey in the Seaboard Slave States, With Remarks on Their Economy* (London, 1856), 560; Harold D. Woodman, *King Cotton and his Retainers: Financing and Marketing the Cotton Crop of the South, 1800-1925* (Washington: BeardBooks, 1968), 135; James Stirling, *Letters from the Slave States* (London, 1857), 178-179; Frederick Law Olmsted, *The Cotton Kingdom: A Traveller’s Observation on Cotton and Slavery in the American Slave States* (New York, 1861), 1:425; Herbert A. Kellar, “A Journey Through the South in 1836: Diary of James D. Davidson,” *The Journal of Southern History*, Vol. 1, No. 3 (Aug., 1935), 357.

taking and avariciousness, whilst the availability of easy credit meant that land, lifestyles, and enslaved labour were constantly being underwritten by the promise of the next harvest.⁶

In 1854, Dowler wasn't looking to the future, nor attempting to exalt the Valley's commercial and financial successes. Instead, he was looking to the past in order to explain the epidemiological chaos of the present, whilst laying out the threats to which the region would continue to be exposed. Yellow fever would return to the Lower Mississippi Valley the year after *Tableau* was published, striking New Orleans before moving outwards to engulf Baton Rouge, Natchez, Vicksburg, Alexandria, and a litany of small towns, villages and plantations in between.⁷ As the fever spread, it caused the same socio-economic disruption to which the Lower Mississippi Valley had grown accustomed through decades of exposure to outbreaks of infectious disease. Trade and commerce ground to a halt, widespread panic took hold, misinformation multiplied, people died, and many with the means to do so fled to healthier locations.⁸

This thesis takes the central tenet of Dowler's *Tableau* seriously. Like Dowler it historicises disease to show its role in shaping the antebellum southwest. Dowler wanted to revolutionise attitudes to disease and public health in order to save lives, buttress growth, and protect the region's slave-based economy. My own project explores the ways in which disease and the forces it unleashed interrupted, conditioned, and blighted a society that was rooted in slavery and guided by the accumulation of wealth, chattel, and land.

⁶ For the importance of credit in the cotton and sugar economies see Steven Deyle, "Rethinking the Slave Trade: Slave Traders and the Market Revolution in the South" in *The Old South's Modern Worlds: Slavery, Region, and Nation in the Age of Progress*, (eds.) Brian Schoen et al. (Oxford: Oxford University Press, 2011), 111-112.

⁷ "From the interior," *Times-Picayune*, October 2, 1855; 'Louisiana', *Times-Picayune*, September 18, 1855; "River and Steamboat News," *Times-Picayune*, September 25, 1855; "Yellow Fever at Cooper's Wells," *Times-Picayune*, September 6, 1855; 'The Fever in Vicksburg', *Times-Picayune*, September 12, 1855.

⁸ John B. Wyeth, *Oregon, or a Short History of a Long Journey* (Cambridge, Mass., 1833), 93; 'Yellow Fever,' *Freemans Journal*, November 8, 1823; W. M Thomson, *The Diary of a Samaritan* (New York, 1860), 150-151.

Contemporary epidemiological understanding doomed Dowler's initiative. Southwesterners—white and black, slave and free—did not know what caused the majority of communicable diseases, nor how to treat them. The region's medical establishment “bordered on anarchy” and was riven by factional rivalries and competing interests.⁹ The strident interventionism characteristic of ‘orthodox’ Southern medicine vied with imported medical ideologies like Thomsonianism, less invasive medical practices such as hydrology and homeopathy, and an undercurrent of medical opportunism that was broadly referred to as “quackery.”¹⁰ None, however, could point to a positive record of healing. For most Southerners, it was “self, family...and community” that were responsible for their care, and to whom they turned in times of need.¹¹

Given the nature of the archive and the far greater wealth of extant sources penned by white authors, it's much easier to see how slaveholders felt about their health than it is to understand how enslaved people felt about theirs.¹² We have ample evidence that white Southerners were at once realistic about the dangers they faced, often to the point of fatalism, and were terrified about the precariousness of their own health. On one hand, they thought that health and sickness were largely predetermined; either encoded in the character of their land or decided by God and providence.¹³ On

⁹ John S. Haller, *American Medicine in Transition, 1840-1910* (Urbana: University of Illinois Press, 1981), 198.

¹⁰ Owen Whooley, *Knowledge in the Time of Cholera: The Struggle over American Medicine in the Nineteenth Century* (Chicago: University of Chicago Press, 2013), 69-72; Liliane Crete, *Daily Life in Louisiana, 1815-1830* (Baton Rouge: Louisiana State University Press, 1981), 185-187; “Diary of William Holcombe,” William H. Holcombe Diary and Autobiography #1113-z, folder 3a, SHC-UNC; ‘The Yellow Fever,’ *Vermont Journal*, September 28, 1855.

¹¹ Steven Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid Nineteenth Century* (Chapel Hill: The University of North Carolina Press, 2014), 6-7; Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge, Mass.: Harvard University Press, 2006), 44-45; “John Peirce Diary, 1850-52,” John Bachelder Peirce papers, 1803-1889, Ms. N-682, Box 1, MHS.

¹² For erasure and racial inequality in the historical archive see Marisa J. Fuentes, *Dispossessed Lives: Enslaved Women, Violence, and the Archive* (Philadelphia, PA: University of Pennsylvania Press, 2016).

¹³ Conevery Bolton Valencius, *The Health of the Country: How American Settlers Understood themselves and their Land* (New York: Basic Books, 2002).

the other, they obsessed about the impact of their own actions. They worried that eating certain foods—fruits, vegetables, or meat—at the wrong time might cause sickness or death.¹⁴ They feared exposure to changes in temperature, humidity, and wind.¹⁵ And they worried that their misdirected “habits and emotions” would lead to dangerous physical changes and make them vulnerable to ‘distempers’.¹⁶ But we also have an insight into some attitudes towards sickness and healing that were common to both slaveholding and enslaved communities. Like whites, black and enslaved people were equally fatalistic about their health. And like whites they were often sceptical of those who sought to impose their medical theories upon them. That gave rise to other similarities too. Both white and black Southerners, for example, incorporated spirituality into their medical cosmologies, with both free and enslaved people embracing amulets and charms as a means of warding off bad omens and ill health.¹⁷ Ultimately, for all Southerners, the ubiquity of sickness, the misunderstanding surrounding it, and the limitations of professional medicine, ensured that staying healthy became a consuming feature of life in the region.

That obsession found form in all parts of Southwestern society. The history of the region is generally understood primarily in terms of its relationship with slavery rather than with disease, and understandably so. The legal, cultural, and economic weight of that institution reached all corners of the Lower Mississippi Valley, casting a shadow over life there and dictating the terms of the social

¹⁴ M. J. Blackwell to Edmund Blackwell, November 10, 1852, M.J. Blackwell Letters, Sec. A, Box 12, Duke; Caroline Kiger to Brazil Kiger, September 15, 1851, Kiger Family Papers, Box 2E517, Folder 1, DBC-UT; Grady McWhiney, Warner O. Moore, Jr., Robert F. Pace, (eds.), *“Fear God and Walk Humbly”:* *The Agricultural Journal of James Mallory, 1843-1877* (Tuscaloosa: The University of Alabama Press, 1997), 177; Rosalie B. Hart Priour, *The adventures of a family of emigrants who emigrated to Texas in 1834*, p.26, Box 2r 154, DBC-UT.

¹⁵ Mrs. (Matilda Charlotte) Houstoun, *‘Hesperos: or, Travels in the West,’* (London: John W. Parker, 1850), 2:48-49; Moses Liddell to St John Liddell, September 7, 1848, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 31, LLMVC; "Speech of Hon. L. M. Keitt," *Daily Union*, April 20, 1854.

¹⁶ Valencius, *The Health of the Country*, 53.

¹⁷ *Times-Picayune*, November 24, 1848; Sharla Fett, *Working Cures: Healing, Health and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002), 11; Testimony of Callie Washington, WPA, Mississippi, part 5, 2185.

and racial hierarchies upon which society was built.¹⁸ But slavery did not exist in a vacuum, nor was it imported into the Southwest fully formed alongside the one million enslaved labourers brought to the region during that same period.¹⁹ Slave society was constantly being created and recreated, and both the spectre and the very real impact of disease filtered into every crevice of that process. It guided slaveholders' attitudes to risk and black exploitation, shaped their operational approaches to plantation agriculture, and undergirded the arguments they used to defend their industry. It impacted how people thought about themselves, their families, their communities, and their relationships with one another. It put incredible strain on the lives of enslaved people who were forced to toil in a dangerous environment, whilst offering unexpected opportunities to assert forms of cultural autonomy, strengthen community bonds, and challenge tenets of white supremacy.

Southern Disease Ecology

To Anglo-Europeans, as well as to those who were trafficked to the region in chains, it seemed like the Lower Mississippi was suffused with ancient and inescapable sickness. The marshes, heat, humidity and dark foreboding swamps that dominated the natural landscape were thought to incubate pestilential miasmas and cause the diseases that plagued the region. In uprooting trees, breaking ground, and tilling soil, many believed that new settlers—both free and enslaved—were merely making the region even more ‘insalubrious.’²⁰ Understood in such a way, the agricultural exploitation of the region necessitated a dangerous trade off; it pitched the accumulation of vast amounts of personal wealth against the effects of ecological upheaval and the release of

¹⁸ This conceptualisation comes from Ira Berlin, *Many Thousands Gone: The First Two Centuries of Slavery in North America* (Cambridge, Mass.: The Belknap Press of Harvard University Press, 1998).

¹⁹ Calvin Schermerhorn, *The Business of Slavery and the Rise of American Capitalism, 1815-1860* (New Haven: Yale University Press, 2015), 5.

²⁰ Martha Carolyn Mitchell, ‘Health and the Medical Profession in the Lower South, 1845-1860’, *The Journal of Southern History*, Vol. 10, No. 4 (Nov., 1944), 425; Margaret Humphreys, *Malaria: Poverty, Race, and Public Health in the United States* (Baltimore: The Johns Hopkins University Press, 2001), 30-31; Valencius, *The Health of the Country*, 226.

epidemiological chaos. As one contributor to the New Orleans based *DeBow's Review* put it, the lands that most “excited [the] imagination” of prospective planters and would-be slaveholders was the same that inspired fear for “the miasma which is supposed to arise from them.”²¹

Antebellum Southwestern disease ecology was not an immovable and resolute feature of the environment, however. It was a creation, wrought by the regional, national and international histories that shaped Southwestern society more broadly. Medical historian Mark Honigsbaum has made the point that diseases grow and live in reciprocity with the world around them. Far from inhabiting a vacuum, “infectious diseases always have wider environmental and social causes,” and a context that can explain expansion and contraction of infection.²² In the antebellum Lower Mississippi Valley that context was the combination of forces—economic, demographic, agricultural, and geographic—that underwrote the transformation of the region into a chessboard of mono-cropping plantations, and eventually, into the heartbeat of global cotton production. Most specifically that context was the establishment and growth of racial slavery.

The interconnectivity between sickness and plantation slavery had a long history. Most of the communicable diseases that Southwesterners feared did not originate in the New World, but were imported to the region via European settlement, the expansion of forced labour, and the growth of transatlantic trade. Of the major disease that took hold in the Lower Mississippi Valley, measles, smallpox, influenza, typhus, cholera, scarlet fever, whooping cough, and diphtheria had all first emerged in Eurasia. The etiological roots of yaws, hookworm, malaria, and yellow fever, meanwhile, were to be found in West Africa. It was these “African ills” in particular, that were well

²¹ Price, Rev. Mr, ‘The Mississippi Swamp’, *Debow's Review*, Vol. 7, No. 1 (July, 1849), 53-56.

²² Mark Honigsbaum, *The Pandemic Century: One Hundred Years of Panic, Hysteria and Hubris* (London: Hurst & Company, 2019), xiv-xv; S. Max Edelson, “Clearing Swamps, Harvesting Forests: Trees and the Making of a Plantation Landscape in the Colonial South Carolina Lowcountry,” *Agricultural History*, Vol. 81, No. 3 (Summer, 2007), 383.

suiting to the climatic conditions of the Southwest and which contributed disproportionately both to the suffering of southwesterners and to the region's reputation as a place of rampant morbidity.²³

That European expansionism brought disease to the Lower Mississippi Valley is not in itself remarkable. The history of colonialism in the Americas and the expansion of white settlement in what would become the US is itself largely a story about disease proliferation and death on one of the most tragic and consequential scales imaginable. In the nineteenth century, natural geography and human development combined to make the Lower Mississippi Valley not only the slave capital of the US but also a uniquely dangerous place to live. In the eighteenth century that ignominious title had been held by the lowlands of the Southeastern seaboard. Peter McCandless has likened eighteenth century Charleston to “a hypodermic needle” through which the “the creators and enablers of the plantation system set in motion a global microbial migration” that devastated the entire region.²⁴ After 1800, the point of that hypodermic needle shifted to New Orleans. The Louisiana Purchase of 1803 opened up the Lower Mississippi Valley to US settlement, the mass production of the cotton gin made large scale cotton production feasible, the end of hostilities with Britain enabled mass migration, and Haitian exiles brought sugar cultivation to the southern portions of Louisiana. In a climate made to order for tropical microbes, the Southwest was set to become the nation's new disease hotspot.

²³ Elizabeth A. Fenn, *Pox Americana: The Great Smallpox Epidemic of 1775-82* (Gloucestershire: Sutton Publishing, 2004), xvi; Albert E. Cowdrey, *This Land, This South: An Environmental History*, revised edition (Lexington: University Press of Kentucky, 1996), 37-38; For an overview of slavery's role in spreading diseases from the Old World to the New see Mark Harrison, *Disease and the Modern World: 1500 to the Present Day* (Cambridge: Polity, 2004), 72-91.

²⁴ Peter McCandless, *Slavery, Disease and Suffering in the Southern Lowcountry* (Cambridge: Cambridge University Press, 2011), 12.

The disease to which historians have devoted the most attention, and which was probably most responsible for the region's reputation as a “graveyard,” was yellow fever.²⁵ The yellow scourge, as it was known by contemporaries, was a blood born disease. Its vector species, the *Aedes aegypti* mosquito, was unable to survive the annual frosts of the relatively temperate southern US and so relied on a continuous process of regional reintroduction. The genesis of each epidemic lay in the transportation of infected mosquitoes and people from the Caribbean and central America to port cities in the US. Infected mosquitoes and people from Vera Cruz, Havana, Rio, and Kingston would then spread the disease to port town residents in the US South.²⁶ Once there, it attacked the ‘unacclimated’—those who had not acquired a lifetime of immunity through previous infection as a child (when it was relatively safe) or as an adult (when morbidity could be as high as fifty percent).²⁷ Its victims, therefore, were drawn largely from the ranks of white immigrants enticed to the region by its reputation for expanding trade and wealth and of enslaved Africans forcibly driven to the lower Mississippi Valley from the upper US South.

The frequency of these exchanges increased as booming cotton production in the interior put increasing demands on port traffic and as technological and commercial innovation brought cities like New Orleans more firmly into transatlantic networks of trade and travel. Slavery and plantation production ballooned the size of New Orleans from 17,000 in 1810 to around 100,000 by 1842. Epidemic disease increased in tandem with the population. Urban growth provided an abundance of shallow receptacles, such as cisterns and buckets, which filled with stagnant water and, in naturally hot and humid conditions, provided *A. aegypti* mosquitoes with their preferred breeding conditions.

²⁵ James O. Breeden, “Disease as a Factor of Southern Distinctiveness,” in *Disease and Distinctiveness in the American South*, (eds.,) Todd L. Savitt and James Harvey Young (Knoxville: The University of Tennessee Press, 1988), 10.

²⁶ Bullock, *Sketch of a Journey Through the Western States of North America: from New Orleans, by the Mississippi, Ohio, city of Cincinnati and falls of Niagara, to New York, in 1827* (London, 1827) 119; *New Orleans Commercial Bulletin*, August 23, 1853; *New Orleans Commercial Bulletin*, August 23, 1853.

²⁷ Kathryn Olivarius, “Immunity, Capital, and Power in Antebellum New Orleans,” *The American Historical Review*, Vol. 124, No. 2 (April, 2019).

Between 1847 and 1850, a local physician estimated that at least 37,785 people died in the city. In 1853 alone, New Orleans saw yellow fever claim the lives of 12,000 people, fifty percent of that year's total city deaths.²⁸ Prior to the outbreak, New Orleans was described as being "crowded with vessels of all sizes," with the river harbouring "ships, from all parts of the world, with hundreds of immense floating castles and palaces, called steamboats, and barges and flat boats without number." "No place on this continent," it was observed, "can present a more busy, bustling-scene."²⁹

Sugar plantations bordering the city and in neighbouring parishes also produced conditions that supported mosquito populations by diminishing the number of predatory birds in the area and by providing the sugar upon which mosquitoes feasted and multiplied.³⁰ By the 1850s the impact of yellow fever was being felt further and further inland; in "very densely populated sugar-growing region[s]" that had escaped previous epidemics, in growing towns that had been newly incorporated into the region's expanding network of railways, and in a growing circle of towns, villages, and plantation districts into which the booming populations of cities like Natchez and New Orleans would flee in times of crisis.³¹

²⁸ Johnson, *River of Dark Dreams*, 7; Jo Ann Carrigan, "Privilege, Prejudice, and the Strangers' Disease in Nineteenth-Century New Orleans," *The Journal of Southern History*, Vol. 36, No. 4 (Nov., 1970); J. C. Simmonds, *An Address on the Sanitary Condition of New Orleans: As Illustrated by its Mortuary Statistics* (New Orleans, 1851), 13; Humphreys, *Yellow Fever and the South*, 4.

²⁹ [Anonymous physician], *History of the Yellow Fever in New Orleans, During the Summer of 1853* (Philadelphia, 1854), 8; Nathalie Dessens, *Creole City: A Chronicle of Early American New Orleans* (Gainesville: University Press of Florida, 2015).

³⁰ Urmi Engineer Willoughby, *Yellow Fever, Race, and Ecology in Nineteenth-Century New Orleans* (Baton Rouge: LSU Press, 2017), 51-53; Margaret Humphreys, *Yellow Fever and the South* (Baltimore: Johns Hopkins University Press, 1992), 5; Mark Harrison, *Contagion: How Commerce Has Spread Disease* (New Haven: Yale University Press, 2013), 20-21.

³¹ Erasmus D. Fenner, "Report on the Epidemics of Louisiana, Mississippi, Arkansas, and Texas," *The Transactions of the American Medical Association*, Volume 9 (Philadelphia, 1856), 624-682; "Testimony of Mr. Farley," in *Report of the Sanitary Commission of New Orleans on the Epidemic of Yellow Fever of 1853* (New Orleans, 1854), 53, 539-540; "Yellow Fever at Natchez," *Daily National Intelligencer*, September 12, 1853; Martha Carolyn Mitchell, "Health and the Medical Profession in the Lower South, 1845-1860," *The Journal of Southern History*, Vol. 10, No. 4 (Nov., 1944), 429.

Yellow fever provided one of the clearest examples of the symbiotic relationship between political economy and disease ecology, but the threat it posed was not unique. Malaria, for instance, shared many similarities with yellow fever. It was transmitted via mosquitoes, was most violent in the summer and autumn, and had first been introduced to the US aboard African slave ships. Unlike yellow fever, however, the mosquito species that carried *falciparum* malaria (the variety of malaria which dominated in the Southwest) could withstand the frosts that killed off *Aedes aegypti* mosquitoes. As a result, the Lower Mississippi Valley became a hyper-endemic site of the disease—somewhere where case loads remained high but where epidemic spikes were common.³² As plantations pushed further into the cotton kingdom and reclaimed greater areas of fertile, low-lying, swampland they “created social and environmental conditions that facilitated the transmission of malaria” on a vast scale.³³ Compared to the valley’s more identifiable diseases, such as yellow fever and smallpox which had more obvious physical symptoms, malaria was poorly understood and went by a number of names; “the summer complaint,” “autumnal fever,” “intermittent fever,” “country fever,” and “fever ague.”³⁴ Once established though its effects were more unshakeable, accounting for the long periods of incapacitation recorded in planter ledgers and forming the backbone of the summer “sick lists” that many white southerners kept.³⁵ Unlike yellow fever which struck explosively and dramatically in outbreak years, malaria was a perennial fixture of the region's hot months and likely accounted for thousands of deaths each year.

³² Randall Packard, *The Making of a Tropical Disease: A Short History of Malaria* (Baltimore: Johns Hopkins University Press, 2007), 61-62.

³³ Humphreys, *Malaria*, 35-48; Packard, *The Making of a Tropical Disease*, 62.

³⁴ Mitchell, *Health and the Medical Profession in the Lower South*, 433; Alexander Mackay, *The western world; or, Travels in the United States in 1846-47* (Philadelphia, 1849), 2:87-88.

³⁵ *Brokenburn: The Journal of Kate Stone, 1861-1868*, (ed.) John Q. Anderson (Baton Rouge: Louisiana State Press, 1955), 44, 51; Harriet Lewis to Sophia Hughes Hunt, undated, Hughes Family Papers #2779, Box 1, Folder 14a, SHC-UNC; F D. Richardson to Moses Liddell, May 8, 1847, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 30, LLMVC.

The final disease to arrive in the cotton kingdom was cholera, descending on the Mississippi Valley in 1832 via a long and circuitous route from the Ganges-Brahmaputra delta of West Bengal through Asia, Europe and then across the Atlantic.³⁶ Not a disease exclusive to hot weather like malaria or yellow fever, cholera could strike at any time of the year. And unlike tropical diseases which had been present for the earliest expansions of the region's Anglo-American slave society, cholera first descended upon the Valley during an ascendent and hugely profitable period--the so-called "flush times" of the 1830s when accelerated confiscation of land from Native tribes and easy access to credit fuelled a boom in land and slave ownership and cemented the region's reputation as the global epicentre of staple crop production.³⁷ Cholera's ability to spread rapidly meant that it was able to capitalise on the social geography and infrastructural developments that these flush times had brought to the valley. Poor sanitation and frequent flooding also provided ideal conditions for the water borne disease to thrive and find new hosts. It "ravaged" densely populated urban centres, whilst at the same time it raced along the region's bustling river arteries aboard a fleet of steamboats whose numbers had been bolstered by a boom in trade and riverside settlement.³⁸ The largest plantations were distributed along the region's busiest and most lucrative commercial watercourses, forming narrow and tightly packed river access points from which each would extent back inland in long rectangular formations. Steamboats stopped regularly at riverside jetties that protruded from these access points to gather wood and trade goods, spreading cholera onto plantations as they did so.³⁹ Following transmission the death toll could be devastating, particularly amongst enslaved communities whose close confinement and poor living conditions rendered the population

³⁶ Charlotte E. Henze, *Disease, Health Care and Government in Late Imperial Russia: Life and Death on the Volga, 1823-1914* (Oxford: Taylor and Francis, 2010), 16; Richard J. Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1910* (Oxford: Oxford University Press, 1987), 245.

³⁷ Joshua D. Rothman, *Flush Times and Fever Dreams: A Story of Capitalism and Slavery in the Age of Jackson* (Athens: University of Georgia Press, 2012).

³⁸ M. C. Blair, to Mrs. Mary Ann Nicholson, December 28, 1849, Natchez Trace Collection Supplement Collection, Box 4Zb25, folder 153, DBC-UT; Johnson, *River of Dark Dreams*, 73-96.

³⁹ William Dunbar Jenkins, "The Cholera in 1849," *Publications of the Mississippi Historical Society*, volume 7 (1903), 273.

particularly vulnerable. Indeed, during cholera's most virulent outbreaks, reports of enslaved fatalities on individual plantations could easily number in the dozens. In 1849, for example, one Louisiana planter estimated that a particularly severe outbreak had led to the deaths of "a full tenth of the slaves" living in the State.⁴⁰

Historiography

Over the past decade the New History of Capitalism has become the dominant force within the wider field of slavery and south. Writers like Matthew Karp and Steven Hahn have explained how a parochial, mono-cropping society that never achieved self-sufficiency came to hold such a tremendous, and outsized, position in the global economy. In the process they have successfully repositioned the Southwest at the heart of a burgeoning empire of slavery that stretched across Texas, Mexico, and Cuba.⁴¹ Others, like Walter Johnson, Caitlin Rosenthal, and Edward Baptist have taken a closer look at the slave system itself, reexamined features of an economy that had been considered backwards and unprofitable but which they have suggested was industrialised, calculated and highly efficient.⁴² In so doing they have provided new frameworks for understanding and conceptualising the nature of bondage and mastery in the Southwest, prompting us to look beyond emotive and cultural underpinnings of the traditional 'master-slave relationship' and instead

⁴⁰ S. L. Kotar and J. E. Gessler, *Cholera: A Worldwide History* (Jefferson, North Carolina: McFarland & Company, Inc.: 2014), 172.

⁴¹ Steven Hahn, *A Nation Without Borders: The United States and its World, 1830-1910* (New York: Penguin, 2016); Robert E. Bonner, *Mastering America: Southern Slaveholders and the Crisis of American Nationhood* (Cambridge: Cambridge University Press, 2009); Johnson, *River of Dark Dreams*; Matthew Karp, *This Vast Southern Empire: Slaveholders at the Helm of American Foreign Policy* (Harvard University Press: Cambridge, 2016); Brian Schoen, *The Fragile Fabric of Union: Cotton, Federal Politics, and the Global Origins of the Civil War* (Baltimore: Johns Hopkins Press, 2009).

⁴² Sven Beckert, *Empire of Cotton: A Global History* (London: Penguin Books, 2014); Brian Schoen, "The Burdens and Opportunities of Interdependence: The Political Economies of the Planter Class" in *The Old South's Modern Worlds* (eds.) L. Diane Barnes, Brian Schoen, and Frank Towers (Oxford: Oxford University Press, 2011), 66-84; Schermerhorn, *The Business of Slavery*; Steven Deyle, *Carry Me Back: The Domestic Slave Trade in American Life* (Oxford: Oxford University Press, 2006); Robert Gudmestad, *A Troublesome Commerce: The Transformation of the Interstate Slave Trade* (Baton Rouge: Louisiana State Press, 2003).

to explore the imperatives, financial structuring, and methodologies that governed and facilitated labour extraction on such a vast scale.⁴³

This process of labour extraction has drawn the most scrutiny under the lens of capitalist analysis. A previous generation of scholars looked to the Southwestern plantation for irrefutable proof that slavery itself was a “pre-capitalist” system. In slavery’s feudalism, pre-modernism, and paternalism, they found evidence of an economic system that sat adjacent to an industrialising, capitalist nation, with which economic cooperation was possible (at least for a time) but with which it could never become fully integrated. For an older generation of historians, guided by figureheads like Kenneth Stampp and Eugene Genovese, the South was trapped by the intractable growth of its own “peculiar institution” and governed by a set of cultural principles that were incompatible with modern capitalism.⁴⁴

The new history of slave capitalism has pointed to two features of southern slavery in particular to refute the idea that slavery formed a pre-capitalist or even anti-capitalist cultural system. The first is the role of brutality in slave ownership. In deploying torture and violence with the intent of enlarging financial return, rather than of exerting social control, historians like Edward Baptist have suggested that slaveholders were able to steadily increase the value of slave labour and of their institution as a whole.⁴⁵ The second was the adoption, and in some cases the creation, of modern approaches toward business and accounting. Slaveholders developed and implemented a complex science of valuation by which they could calculate the market value of enslaved people and the

⁴³ Caitlin Rosenthal, *Accounting for Slavery: Masters and Management* (Cambridge, Mass.: Harvard University Press, 2019); Edward Baptist, *The Half That Has Never Been Told: Slavery and the Making of Modern Capitalism* (New York: Basic Books, 2014).

⁴⁴ Kenneth Stampp, *The Peculiar Institution: Slavery in the Antebellum South* (New York: Knopf, 1956), 3-33; Eugene, D. Genovese, *The Political Economy of Slavery: Studies in the Economy and Society of the Slave South* (New York: Pantheon Books, 1965), 13-23; Eugene D. Genovese, *Roll, Jordan, Roll: The World the Slaves Made* (2nd edition, New York: First Vintage Books edition, 1972).

⁴⁵ Baptist, *The Half That Has Never Been Told*, 125-128.

cotton they could expect them to pick. By distilling the complexities and horrors of chattel slavery into sterile calculations and a standardised set of expectations historians have argued that planters imbued their speculative energies with quantitative rationality.⁴⁶ At the same time, by embracing the tools and technologies of modernity—day books, slave mortgages, the academic and commercial press, pocket watches, and so forth—they also came to think of themselves as much as a *managerial* as a *master* class. Caitlin Rosenthal has perhaps captured that position most succinctly in arguing that “power enabled precise management.”⁴⁷ Taken together, these two facets of slave society—cruelty and ruthless efficiency—paint the region as a seat of almost unbridled capitalist accumulation.

In so doing, however, historians have sometimes resorted to the contemporary depictions that they have sought to challenge and interrogate; namely the idea that enslaved people were tools and “hands” whose labour was fixed and, in some cases, guaranteed. Viewing slavery in such a way risks a Whiggish view of its growth as inexorable, whilst at the same time portraying the lived experience of slavery as something that was overly-determined, static, and shorn of context. Baptist, for one, routinely refers to the resistance implicit in the act of survival itself and speaks in vague terms of slaves who “struggled to stay alive in the midst of disruption.”⁴⁸ Yet he, and the other historians of slave capitalism, do not devote sufficient consideration to the forces beyond the grip of capitalist rationality that sometimes determined who lived and died in the Mississippi Valley. Chief among these was communicable disease, which regularly ravaged the slave economy of the lower

⁴⁶ Johnson, *River of Dark Dreams*, 153, 177, 197; Rothman, *Slave Country*, 49-50; Noah Thompson Pugh to Josephine Pugh, William Pugh Papers, RASP, Series G, Part 1, Reel 5; Cobb, *The Most Southern Place on Earth*, 14; “The Cotton Region of the United States,” *Debow’s Review*, Vol V (1848), 369.

⁴⁷ Rosenthal, *Accounting for Slavery*, 86; Mark E. Smith, *Mastered by the Clock: Time, Slavery, and Freedom in the American South* (Chapel Hill: The University of North Carolina Press, 1997).

⁴⁸ Baptist, *The Half that has Never been Told*, xxiv.

Mississippi Valley and which locked the physical environment, the cotton economy, and abuses of the ‘black body’ into a tight embrace.

In recent years there has been a more concerted effort to bring environmental concerns— and in particular epidemiology—back into the histories of race, slavery and conquest in the Atlantic world. Some attempts, like J. R. McNeill’s *Mosquito Empires*, for instance, have recast disease as a capacious determinant of sweeping global and imperial histories. McNeill’s history of empire and sickness in the Greater Caribbean has highlighted the ways in which tropical diseases, and their tiny mosquito vectors, had the power to determine imperial fortunes and shape settler policy across the Atlantic world from the early modern period until the modern era.⁴⁹

But disease did not just provide context and explanation to grand historical narratives of conquest, warfare and expansion. In places as disease-prone as the Lower Mississippi Valley sickness was firmly imbedded into regional culture and the everyday experiences of its inhabitants. As Kathryn Olivarius has put it, disease (and specifically yellow fever, in the case of her study) “was not background noise to the more resonant stories of the nineteenth century—westward expansion, the explosion of racial slavery, commodities, and civil war—but a crucial plot point in each.”⁵⁰ In examining the growth of the cotton economy through the lens of repeated yellow fever epidemics, Olivarius has provided texture, richness, and contingency to the daily processes and

⁴⁹ J. R. McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620-1914* (Cambridge: Cambridge University Press, 2010). See also Andrew McIlwain Bell, *Mosquito Soldiers: Malaria, Yellow Fever, and the Course of the American Civil War* (Baton Rouge: Louisiana State University Press, 2010). For national histories of disease in America see Nancy Tomes, *The Gospel of Germs: Men, Women and the Microbe in American Life* (Cambridge: Harvard University Press, 1999); Gerald Grob, *The Deadly Truth: A History of Disease in America* (Cambridge: Harvard University Press, 2002); Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: The University of Chicago Press, 1962).

⁵⁰ Kathryn Olivarius, *Necropolis: Disease, Power, and Capitalism in the Cotton Kingdom* (Cambridge, Mass.: Harvard University Press, 2022), 11

epidemiological horrors that shaped the systems, institutions, and norms upon which racial slavery and the cotton kingdom were built.

Olivarius's focus has been the urban arena, and in particularly New Orleans. As a result she has managed to reconcile the grand machinations of the slave economy with its lived realities and everyday determinants. As vital as that work has been for understanding racial capitalism's relationship with disease, however, it is a perspective rooted in commercialism, in a disease ecology that was specific to more dense population centres, and in king cotton's urban politics, rather than in the physical processes and racial exploitation that underpinned the physical production of cotton and sugar itself.

Scholars of disease in the rural and plantation South, however, have comprehensively shown that disease was no less devastating upon plantations as it was in commercial hubs like New Orleans and Natchez. Todd Savitt's *Medicine and Slavery*—one of the first explorations of slavery that made disease a central focus—for instance, does an excellent job of relating the heterogeneity of enslaved experiences across the border South to more ubiquitous encounters with sickness, disease, and medicine.⁵¹ What histories of slavery and plantation health have failed to do, however, is push beyond a parochialism that sees these dramas of health play out in isolated rural districts. In short, it has generally failed to integrate histories of personal sickness into grander narratives about slave society and the apparatus of the staple crop economy. There have, of course, been exceptions. In the context of the wider Caribbean, Vincent Brown's *Reaper's Garden* was able to show that high rates of morbidity amongst settles and enslaved people, alongside intimate rituals surrounding death and sickness, had the power to shape the culture, as well as the application and distribution of power, in

⁵¹ Todd Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: The University of Illinois Press, 1978)

a slave society. Likewise, Peter McCandless has applied the same expansive scrutiny of disease's impact on a slave society in the US, in his case that of the tobacco, cotton, and indigo producing Carolina Lowlands. In his 2011 text *Slavery, Disease and Suffering*, McCandless traces the symbiotic relationship between an emergent staple crop economy and the disease ecology that came to define it. In his depiction, pestilence was not an intractable feature of the Lowlands, but a product of the agricultural, economic, demographic and oppressive forces that combined to transform the region into a hotbed of racial slavery.⁵²

What Olivarius, Brown, and McCandless all succeed in doing is integrating the minutiae of daily life and the pressing concerns of individuals—in this case, how to stay healthy and avoid disease—into the grand forces that shaped the Atlantic world. It is curious then, that very few historians have applied this particular focus to the Lower Mississippi Valley, where sickness was rife and where the US plantation system reached its zenith. It is interesting too that those historians, such as Daina Ramey Berry and Stephanie Camp, who do foreground enslaved bodies and the “bare life processes” that underpinned slavery in the Lower Mississippi Valley are fairly quiet on the issue of disease amongst both enslavers and the enslaved.⁵³

Yet for contemporaries of the Lower Mississippi Valley, disease was an all-consuming concern and a topic of near constant discussion. In the research that I have done, only a relatively small proportion of plantation holders scoured the agricultural press for modern plantation management

⁵² McCandless, *Slavery, Disease, and Suffering in the Lowcountry* (2011). See also Stewart, Christopher Morris, *The Big Muddy: An Environmental History of the Mississippi and Its Peoples, from Hernando de Soto to Hurricane Katrina* (Oxford: Oxford University Press, 2012), 108-139; Mart Stewart, “Rice, Water, and Power: Landscapes of Domination and Resistance in the Low country, 1790-1880,” *Environmental History Review*, Volume. 15, No. 3, (Autumn, 1991).

⁵³ Quote from Johnson, *River of Dark Dreams*, 9; Daina Ramey Berry, *The Price for Their Pound of Flesh: The Value of the Enslaved, from Womb to Grave, in the Building of a Nation* (Boston: Beacon Press, 2017); Stephanie Camp, *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South* (Chapel Hill: University of North Carolina Press, 2005)

techniques. Many who did often expressed disappointment at the lack of interest from their peers and were frustrated that they were minority figures within their own communities. The planter community, for example, chided a ‘progressive’ figure in their ranks for being a “freak” who “farmed on paper.”⁵⁴ Most of these chiding planters did not know the price that cotton was fetching in Manchester at a given time. Fewer purchased life insurance policies, despite the practice having become an emblem of modern risk management in the wake of the industry’s explosion in the North and Midwest. Fewer still joined the groups and associations that systematically schemed to expand their slave empire into Central America or Cuba.⁵⁵

All south-westerners, however, whether enslaved or free, spoke, thought, and worried about disease. It was, according to one of the Lower Mississippi Valley’s most famous physicians, “the constant theme of the population of the South”—a force which determined how they understood themselves, their relationship to one another, and to their environment.⁵⁶

The indiscriminate nature of disease scared them most of all. As one formerly enslaved man put it: “Fever pay no ‘tention to skin color. White folks go. Black folks go.”⁵⁷ Take for example the case of affluent Mississippi planter Richard Thompson Archer. Archer had migrated southwestwards from Virginia in 1824, first to lands seized from the Choctaws in the north of Mississippi and, then in

⁵⁴ David F. Allmendinger, *Ruffin: Family and Reform in the Old South* (Oxford: Oxford University Press, 1990), 57-58; Drew Gilpin Faust, *A Sacred Circle: The Dilemma of the Intellectual in the Old South, 1840-1860* (Baltimore: Johns Hopkins University Press, 177); Genovese, *Political Economy of Slavery*, 130; Martin W. Phillips and Franklin L. Riley, “Diary of a Mississippi Planter, January 1, 1840 to April, 1863,” in *Publications of the Mississippi Historical Society*, Vol. X (1908), 309; Janet Sharp Hermann, *Joseph E. Davis: Plantation Patriarch* (Jackson: University Press of Mississippi, 1990).

⁵⁵ Jonathan Levy, *Freaks of Fortune: The Emerging World of Capitalism and Risk in America* (Cambridge: Harvard University Press, 2012), 60-103.

⁵⁶ Josiah Nott, *Indigenous Races of the Earth; or, New Chapters of Ethnological Inquiry* (Philadelphia, 1857), 376.

⁵⁷ Testimony of Peter Ryas, *WPA*, Texas, part 7, 3394.

1837, to a plantation further downriver in the more affluent and fertile Claiborne County.⁵⁸ The Claiborne venture was meant to be a joint project but Archer's partner backed out learning about a spate of sickness, "calamitous & afflictive beyond measure," afflicting Archer's family.⁵⁹

Once settled, Archer's plantation continued to be plagued by ill-health. Unlike the existential threat it had posed to his early ambitions, however, sickness now became an endemic feature of plantation life—albeit one that Archer, like many others, believed he could mitigate through prudent management and the force of his own masterly will. So when reports of scarlet fever and another unspecified fever—most likely malaria—began circulating in Claiborne in 1840, Archer was cautiously hopeful that his family and slaves could avoid the worst. His sister fled at the beginning of the outbreak and Archer reported "a few cases of fever with the negroes but...no sickness in the white family." With the situation seemingly under control, Archer put faith in the structure and the organisation of his plantation: "My negro houses are so scattered," he confidently reported in a letter to his mother, "that we are not in much danger of the spread of any diseases." That sense of security would soon be shattered as scarlet fever found his son, Abram. Abram survived but Archer's daughter, Jane, shortly after succumbed. Reflecting on the trials of the summer, Archer spoke of "the restless agony of distress" and prayed to "merciful God" that "our affliction for the present is sufficient."⁶⁰

⁵⁸ "An act for the relief of Richard T. Archer," No. 1360, *Laws of the United States of a Local Or Temporary Character, and Exhibiting the Entire Legislation of Congress Upon which the Public Land Titles in Each State and Territory Have Depended*, Vol. 1, 574.

⁵⁹ Richard Archer to Stephen Archer, July 22, 1834, Richard Thompson Archer Family Papers, Box 2E646, Folder 2, DBC-UT.

⁶⁰ Richard Archer to Mary Archer, June 6, 1840, Richard Thompson Archer Family Papers, Box 2E646, Folder 2; Richard Archer to Mary Archer, August 20, 1840, Richard Thompson Archer Family Papers, Box 2E646, Folder 2; Richard Archer to Mary Archer, October 22, 1840, Richard Thompson Archer Family Papers, Box 2E646, Folder 2.

Archer's experiences exposed an uncomfortable but common truth with which slaveholders had to contend: no matter how strictly they implemented the social and racial divisions of southern society, plantations would always be epidemiologically porous places through which communicable diseases could move freely. This dissertation explores how slaveholders responded to that reality; how they suffered from it, how they accommodated it, how they looked for ways to turn it to their advantage, and in cases, how they railed impotently against it.

The indiscriminate nature of disease was obvious (or at least became obvious) to slaveholders like Archer. Despite being a rare example of a force that transcended the deep caste and hierarchical divisions of slave society, however, its significance has been largely ignored by historians. The modern historiography of the South has generally sought to disaggregate white and black experiences of life in the region. Having formed a central tenet of Eugene Genovese's *Roll, Jordan, Roll*, published in 1974, it became clear to those who followed that the underreported texture, richness, and social significance of enslaved communities was too great to be subsumed beneath an analytical framework that did not do justice to the scope of black determinism and resilience, and which told the histories of enslaved people through the perspectives of their captors. A scholarship of the lived experience of slavery flourished, intent on uncovering facets of enslaved life ranging from black community building and family life, the experiential realities of the slave trade and forced removal, and cultural continuity between West Africa and the American South.⁶¹ Later, efforts to deconstruct the meaning of slave resistance and excavate evidence of its scope and ubiquity, to redraw lines of enslaved community across the bounds of plantations, and a renewed

⁶¹ Herbert G. Gutman, *The Black Family in Slavery and Freedom, 1790-1925* (New York: Vintage Books, 1976); Lawrence Levine, *Black Culture and Black National Consciousness: Afro-American Thought from Slavery to Freedom* (Oxford: Oxford University Press, 1977); Sterling Stuckey, *Slave Culture: Nationalist Theory and the Foundations of Black America* (Oxford: Oxford University Press, 1987); Katherine Bankole, *Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana* (New York: Garland Publishing, Inc., 1998), 6-31; Gudmestad, *A Troublesome Commerce*; Ira Berlin, *Generations of Captivity: A History of African American Slaves* (Cambridge: Belknap Press of Harvard University, 2003).

conceptual commitment to matters of ‘agency’ further compounded the separation of southern historiography into two distinct camps: One side committed to exploring how enslaved people resisted the degradations of bondage whilst building and protecting networks of community and family; the other, committed to examining the ways in which slaveholders leveraged their power to exploit, punish and extract labour from enslaved people.⁶²

Neither oppression nor resistance existed in a vacuum, however. They occurred within the context of shared space, and played out alongside the contingencies and unpredictability of life in an epidemiologically hostile region. In this context disease provided a point of symmetry, and a set of common experiences and fears, that linked the lives of slavers and the enslaved. This mutuality of suffering and exposure requires us to rethink recent trends in the historiography of slavery. It requires us to admit that in some respects plantation communities were co-creations, however unevenly and exploitatively built, between black labourers and white exploiters. And it also compels us to ask how a Southern social order that privileged racial differentiation dealt with a force that threatened to undermine the region's neatly constructed and fiercely defended racial mythology.

Structure and Sources

The chapters of this dissertation are structured as concentric circles, beginning with a broad view of the impact that disease had upon the Lower Mississippi Valley and then applying greater levels of magnification in each subsequent chapter. The thesis begins with an analysis of the influence of

⁶² Walter Johnson, “On Agency,” *Journal of Social History*, Vol. 37, No. 1 (Autumn, 2003), 113-124; Steven Hahn, *A Nation Under Our Feet: Black Political Struggles in the Rural South from Slavery to the Great Migration* (Cambridge: Belknap Press, 2003); Anthony E. Kaye, *Joining Places: Slave Neighborhoods in the Old South* (Chapel Hill: The University of North Carolina Press, 2007).

disease on Southern thought and ideology, one that shows how white southerners used disease to conceptualise both race and slavery. From there it contracts to take in the impact of disease upon regional networks of trade, transport, and mobility, focussing in particular on an internal slave trade that was the great engine of disease and slavery's spread into the Southwest. Next it moves inwards again to examine cultures of health and healing amongst free and enslaved communities within the intimate setting of the cotton and sugar plantation. And finally, it concludes by exploring a demographic sub-section of those plantations--the so-called master-class—and how they protected themselves, their reputations, and their business interests from the ravages of disease.

The first chapter details the self-image that slaveholders constructed around themselves and around the institution of racial slavery over which they presided. It explores their paradoxical attempts to downplay the most pernicious effects of disease, whilst embracing the region's unhealthiness in order to justify the development and promotion of a slavery-supporting ideology based upon spurious racial biology. That biology inclined the slaveowners toward pessimism, raising questions about whether or not whites were fit to exist in tropical climates and whether the outer geographic reaches of a productive white civilisation had been reached. That prevailing diseases of the region led to symptoms that may have been indicative of “racial corruption” and the erosion of whiteness—jaundice, black vomit, sallow skin, and wasting—cast further doubt on the impact and effects of the slave system. This chapter also confronts the ideological battles over the Mississippi Valley and its place in the American nation, as well as in the imagination of an American Empire.

The second chapter explores how southerners' eagerness to advance the slave economy through technological and transportation improvement also facilitated the spread of disease. I explore the steamships that facilitated faster and more extensive exchanges of pathogens; the forced migration of enslaved blacks on an industrial scale; prison infrastructure that made mass forced migration

possible but disease transmission more likely; fluid commercial exchange with other Atlantic port cities; city officials' reluctance to curtail the vitality of trade with quarantines and public awareness campaigns; and the replacement of the natural environment with new plantation landscapes and built environments that facilitated the proliferation of communicable disease. In the process, I situate the plantation economy in the national and transnational economic and disease networks of which it was part.

The third chapter uses white and black responses to disease to explore the nature of power, dependency, and most importantly, discipline, upon disease-ridden plantations. For enslaved African Americans, the chaos of illness, particularly epidemic illness, provided a cover for acts of resistance. Epidemics could become a justification for running away, or provide opportunities to test the limits of white control, either by manipulating or embellishing the symptoms of sickness or by exercising various forms of medical autonomy. Meanwhile, for white enslavers, sickness posed a challenge to their own hegemony, whilst providing the pretext for more strident interventions into black cultural life, as well as physical invasions of enslaved bodies.

The last chapter examines the emergence of the so-called 'master-class' in the Southwest, and explains how it became aware of itself in reference to the problems posed by a virulent disease ecology. Moving away from recent historical interpretations of the South that have ignored the peculiarities of the master-class in favour of frameworks that highlight competition, individualism and avarice, I show how plantation owners forged a distinct identity that was shaped by the ownership of human beings on the one hand and by the exigencies of a disease economy on the other. I show how plantation owners adopted systems of cooperation and collaboration to combat disease; exchanged information on disease's spread; traded remedies and the material ephemera of

nineteenth century disease prevention; loaned and borrowed slaves during and following epidemics; and provided labour and financial support to each other in times of epidemiological crisis.

In order to do justice to the complexities of sickness, and its central importance to life in the Lower Mississippi Valley, I have tried to draw from a broad range of sources throughout this thesis. The majority of archival research comes from the personal papers of plantation owners. In their letters, daybooks, diaries, and account books these wealthy planters and their families spoke surprisingly candidly about their epidemiological fears and vulnerabilities, and often recorded the events of disease outbreaks in meticulous detail. Much of what they wrote, both about the suffering engendered by Southern disease ecology and about the brutally exploitative labour system over which they presided, is shocking. Much, however, is mundane, reflecting just how unremarkable rampant sickness and forced labour were to the daily experiences of white Southerners.

Black perspectives on sickness and disease are harder to ascertain. The majority of enslaved people were illiterate and few had access to the apparatus required for written communication and record keeping. Much of what has been revealed in the course of researching this project, therefore, has been filtered through the authorship of white Southerners, and in particular, white slaveholders. A large proportion of that material has to be treated with extreme caution—but not jettisoned entirely, for such sources do provide valuable insights into many aspects of enslaved life. The fact that slaveholders frequently voiced their frustrations with enslaved people who refused their medicines, that they kept meticulous records of births, deaths, and absences from the field, and that they were honest about those whom they thought were shamming or feigning sickness, for example, all provide an insight into black experiences of slavery and offer a window into the adversarial relationships between enslavers and the enslaved. For sources that provide a truer representation of enslaved peoples' perspectives, I have used the narratives of escaped slaves and the interviews of

the New Deal era Works Progress Administration (WPA). Neither are free from white interference but both are valuable resources in their own right.

For the most part, each chapter leans upon a specific source base to support its arguments. Chapter one, which is concerned with reputation and experience, draws heavily from travel narratives and travellers' private journals. Chapter two, which focusses on the slave trade and slave markets, utilises slave narratives, court proceedings, the papers of slave trading firms, and printed advertisements for slave auctions. Chapter three, which looks at plantation medical cultures, draws upon WPA narratives, plantation journals, and popular medical help guides. The final chapter, which examines relationships between slaveholders, focusses primarily on written correspondence between elite Southern whites.

CHAPTER ONE:

DISEASE, ANXIETY, AND THE INVENTION OF RACE

Josiah Nott was one of the nineteenth century Lower Mississippi Valley's most famous physicians. Like most people who achieved institutional power and public fame during the period, he was an outspoken and willing booster for the Southwest. Looking out towards the cotton and sugar kingdoms from his home in Mobile, he envisioned a burgeoning transcontinental empire as the new locus of US power, wealth, and growth. Nott was not alone in his enthusiastic speculation. For those willing to overlook, excuse, or defend the depredations of slavery, the precariousness of a mono crop-dependent economy, and the social effects of acute inequality, there were plenty of reasons to think that the Lower Mississippi Valley was the nation's "go ahead country": growth in gross imports and exports, increasing amounts of 'improved' land and acres under cultivation, the number of ships in the ports of New Orleans, Natchez, and Mobile, the booming number of cotton bales they carried, the speed that steamboats could traverse the region's interior, and the imposing facades of stately plantation homes they passed along the way.⁶³ To many observers the Southwest was a scene of rampant speculation and potential riches. As a Northern black freeman named R.M. Stinson put it during a visit to Mississippi in 1848, "A man can make two dollars in the West easier than he can one in N. Eng." Three to four more, he added, "if he adopts Southern principles & avails himself as a resident of all the profits of Slavery & Slave Labor."⁶⁴

When Nott thought about the practicalities of Southwestern ascendancy, however, he thought about them in very specific terms. For him, growth was defined by encounters with the forces of nature

⁶³ L. U. Reavis, *A Change of National Empire; or Arguments in Favor of the Removal of the National Capital from Washington City to the Mississippi Valley* (St. Louis, 1869), 7, #1869, MHS; John Pamplin Waddill, "Diary of a Lawyer, 1846-1852," Mss. 741, HNOC; Adam Rothman, *Slave Country: American Expansion and the Origins of the Deep South* (Cambridge, Mass., Harvard University Press, 2005).

⁶⁴ "R.M. Stinson to Abbot," September 18, 1848, Stinson R. M. Letter, Mss. 3476, LLMVC.

and, particularly, with the threat of sickness and disease. The act of creating plantations out of wilderness was perilous. It meant unleashing the region's "indigenous" pestilence. "When the forest is first levelled," he wrote, "intermittents and remittents [fevers] spring up, and in some places of a malignant, fatal type." In towns and cities too, residents faced an evolving and threatening disease ecology. "As the population increases the town spreads, and draining, and paving are introduced, yellow fever, the mighty monarch of the south...plants his sceptre."⁶⁵ Thus, the more the Southwest fell under Anglo-European colonisation, the more sickly and dangerous the region became. His was not a whiggish story of human dominance over nature. It was instead a story about settlers encountering inexorable ecological forces and virulent dangers against which they had little defence.

The antidote, for Nott, was slavery. To justify that remedy, Nott and countless others constructed a racial reality in which people of African descent were not only able to labour where whites could not, but one in which they were naturally predisposed to thrive and flourish in the region's cotton and sugar fields. Only through black labour, they argued, could the United States access the fertile bounty of the Lower Mississippi. It was, in many ways, an admission of one of the South's most defining paradoxes: white enslavers relied upon strong black bodies because they felt that they were too vulnerable to expose themselves to the region's hostile ecology. It was a fact about which enslavers were surprisingly candid. When Samuel Cartwright, another of the region's most famous racial theorists, contemplated measures to limit the devastation caused by yellow fever he envisioned Black people as a literal defence for a vulnerable white population against harmful pathogens. As "perfect non-conductors" of disease, he argued, Black people could be arrayed as a

⁶⁵ Josiah Nott, "Life Insurance in the South," *DeBow's Review*, Vol. 3 (May, 1847), 366.

“human phalanx” against epidemics. Their bodies would provide a shield to defenceless whites who were being “wept to the grave...like chaff before the wind.”⁶⁶

This chapter argues that contemporary views, assumptions, and textual representations of the Lower Mississippi Valley—and its disease ecology in particular—are essential to an understanding of the cotton and sugar kingdoms. How southerners understood themselves, and how they were perceived by others, was intimately tied to underlying environmental assumptions about the region. When antebellum Americans spoke about the environment they were doing more than talking about a landscape; they were speaking about a complex set of forces that touched every aspect of southern life, from the intimate—personal health, wellbeing, and morality—to the expansive—its social structures, racial order, and labour patterns.

Disease helped white southerners justify the kind of social order that had taken root in their region. By prescribing roles and hierarchies based upon contemporary understandings of the relationship between environment and race, southerners used epidemiology as a vehicle for social control. The most evident manifestation of this was their ability to fuse white feelings of vulnerability with pseudo-scientific claims about black physiognomy to create an environmental justification for racial slavery. In so doing southern theorists like Samuel Cartwright and Josiah Nott were able to present a version of slavery which appeared natural, providential and beneficial to all those involved in the system.

But life in the Lower Mississippi Valley also provoked introspection and anxiety about the effects of climate and disease upon racial clarity and order. Popular white consensus, South and North, held

⁶⁶ Samuel Cartwright, “On Yellow Fever,” *Ohio Medical and Surgical Journal*, volume 6 (September, 1853), 227; Ari Kelman, *A River and its City: The Nature of Landscape in New Orleans* (Berkeley: The University of California Press, 2003), 108; *National Era*, October 6, 1853.

that “only coerced, dark skinned workers could grow the agricultural staples on which the modern world economy depended.”⁶⁷ In the Southwest however, this “reality” only partially allayed white southern concerns about the region in which they lived. What were heat and disease doing to delicate white constitutions? How could racial purity be maintained in a climate and ecology that was decidedly tropical? And had the continental limits of manifest destiny been exposed by a region that many felt “manifestly unfit” to inhabit?⁶⁸

Visions of the Mississippi Valley

Two images of the Lower Mississippi existed in the antebellum period. One viewed the Southwest as an “immense and fertile region” that was primed to become the prosperous seat of a future American empire; the other viewed it as a bleak and dangerous land that was destructive to white republicanism.⁶⁹ This contradiction was captured by a northern clergyman and traveller, Robert Baird, who visited the region for the first time in 1849. His earliest opinions of the Mississippi had been formed in childhood. Then he had been “in the habit of associating the name of this Father of Rivers with ideas of indefinite greatness, the very vagueness of which formed the chiefest attraction.” The reality, however, was both magisterial and desperate. It “dispelled at once the pictures imagination had formed” without providing the clarity of “a scene adequate to fill the place left vacant.” “The slimy water was seen far in among the trees, far as the eye could penetrate” and left a melancholic impression on the passengers. As well as bleakness there was also death: scores of European migrants were dying “in the steamers, and on the shores of the Mississippi, from damp, exposure, and the ravages of cholera thereby induced.” Yet its vastness still impressed. In a

⁶⁷ Karp, *This Vast Southern Empire*, 153.

⁶⁸ “Manifestly unfit” is a phrase coined by Conevery Bolton Valencius in *The Health of the Country: How American Settlers Understood themselves and their Land* (New York: Basic Books, 2002).

⁶⁹ Quoted from Jon Kukla, *A Wilderness So Immense: The Louisiana Purchase and the Destiny of America* (New York: Random House, 2003), 334.

summary that captured his conflicted experience, Baird defined his trip as "a disappointment, and yet it was not so."⁷⁰

Accounts of forays into the South like Baird's were a staple of literary non-fiction throughout the antebellum period. As Stephanie McCurry has suggested, they were the "most obvious textual expression" of southern life and were consumed voraciously by non-southern audiences.⁷¹ As slavery and sectionalism grew, these travel narratives blossomed into an important conduit for northern intrigue and disgust, and provided an evidence base for the abolitionist movement. The 1850s saw northern journalists and writers venture south in ever greater numbers, fuelled by a sectional tension that had turned the South's dependence on slavery from an abstract moral problem into one of more pressing political immediacy and borne by new railroads that were making the region more accessible than ever. Ostensibly their motive was to collect "first-hand descriptions of southern life and the debilitating effects of slavery on the southern economy."⁷² But investigative journalism contributed to and shaped an entrenched duality of southern representation by focusing on the landscape, its potential and its 'character,' as much as on slavery's degradations and deleterious effect on black lives and Southern morality. Baird's view, in that respect, was representative of the fascination that many others experienced when trying to make sense of the region.

In the mid-nineteenth century, revulsion with slavery coincided with restless intrigue. "The theme of immersion in the unknown," as David Miller has put it, "became standard popular fare and was

⁷⁰ Robert Baird, *Impressions and experiences of the West Indies and North America in 1849* (Philadelphia, 1850), 195-201.

⁷¹ Stephanie McCurry, *Masters of Small Worlds: Yeoman Households, Gender Relations, & the Political Culture of the Antebellum South Carolina Low Country* (New York: Oxford University Press, 1995), 38.

⁷² Eric Foner, *Free Soil, Free Labor, Free Men: the Ideology of the Republican Party Before the Civil War* (New York: Oxford University Press, 1970), 42.

adopted and refined by a number of writers and artists.”⁷³ Prominent amongst these intriguing landscapes and spaces within which to be immersed was the domestic swamp. For contemporary observers these so called “regions of the unknown” came to be imbued with meaning and significance, ripe for cultural and economic exploitation. As in Harriet Beecher Stowe’s *Dred, A Tale of the Dismal Swamp* they could serve as a metaphor for the nation’s excesses and missteps. Or, they could prove representative of American dynamism—the peopling of empty space, the protestant will to overcome, the moral hurdles a robust Republic would, and could, confront, and the ability of its polity to effect a masculine control over wilderness. Transcendentalist philosopher and author Henry David Thoreau was one of the best known proponents of the latter interpretation. “When I would recreate myself,” he wrote in a personal ode to walking that could easily be read as a treatise for national growth, “I seek the darkest wood, the thickest and most interminable, and, to the citizen, most dismal swamp. I enter a swamp as a sacred place,—a sanctum sanctorum.”⁷⁴ Swamps, in his estimation, were not places to be avoided. They were sites of growth and transformation to be explored and mastered.

Non-southerners may have gone to the Southwest armed with both prejudices and noble intentions, particularly regarding slavery and race, but their commentary often focused as much on the visceral power of the natural world, its potential, and its dangers, as it did upon slavery. Their descriptions of the region were coloured by the awe that the landscape inspired. Writers translated the (often misleading) illusion of vast untapped wilderness and raw natural power into a statement about America’s prospects—commercial, geographical, demographic—and displayed it as evidence of the capacity of a nascent American Empire. To the most famous commentator of early American life, Alexis de Tocqueville, the Lower Mississippi Valley was “the most magnificent dwelling-place

⁷³ David Miller, *Dark Eden: The Swamp in Nineteenth-Century American Culture* (Cambridge: Cambridge University Press, 1989), 2.

⁷⁴ Henry David Thoreau, “Walking,” *The Atlantic*, June, 1862.

prepared by God for man's abode."⁷⁵ Like Tocqueville, the prominent abolitionist Ebenezer Davies called the River the "great artery of the greatest valley in the world." For others it was the key to "enormous trade and exceeding prosperity," evidence and guarantor of America's industrial destiny, and "the great highway or thorofare for the great west." The river too excited the masculine imagination of the travellers. They mythologised a near future in which "the products of the toil of millions of men" and the bounty of the South would be "borne on the bosom" of what, to them, was the signature emblem of the nation's physical endowment.⁷⁶

The valley's worth did not just stem from its commercial advantages, however. It was also thought that its size—encompassing "millions of square miles...from the frigid zone to the torrid zone"—and its ability to bring vast swathes of the nation's population into the same commercial system, would ensure lasting stability and unity across the vast nation. Whereas the diffusion of political and social differences across a growing landmass and the stresses of an industrialising global economy might conceivably promote division, collective investment and integration into the river's economic and social networks would promote harmony. The Mississippi Valley could become "the most persuasive mediator, the most energetic arbiter, and the most vigilant defender of the federal compact."⁷⁷

Foregrounding nature in this way made it possible to overwrite the reality of slavery with a vision of American potential that erased both the region's non-white populations and its large-scale

⁷⁵ D.C. Glen, "Mississippi," *DeBow's Review*, Vol. 7, No. 1 (July, 1849), 38.

⁷⁶ Ebenezer Davies, *American Scenes and Christian Slavery: A Recent Tour of Four Thousand Miles in the United States* (Massachusetts, 1849), 1; Robert Baird, *Impressions and Experiences of the West Indies and North America in 1849* (Edinburgh, 1849), 2:193-194; A. De Puy Van Buren, *Jottings of a year's sojourn in the South; or, First impressions of the country and its people; with a glimpse at school-teaching in that southern land, and reminiscences of distinguished men* (Michigan, 1859), 20; "Diary, 1851," John Bachelder Peirce papers, Ms. N-682, Box 1, MHS.

⁷⁷ 'Correspondence', *Commercial Advertiser*, April 13, 1837; Cora Montgomery, *The Queen of Islands, and the King of Rivers* (New York, 1850), 29.

plantation agriculture. It created a dissonance between opposition to slavery, on one hand, and a belief that the Lower Mississippi Valley gave “direction to the destiny of this nation” and was “of the deepest interest to every American patriot” on the other.⁷⁸ That dissonance allowed men like James Silk Buckingham, traveling from New Orleans to Natchez on a steamboat, to marvel at the commercial traffic generated by the Mississippi and appreciate “the finest marine picture that any river in the world could present,” even as he was embroiled in heated debates with other slaveholding passengers over the immorality of their institution.⁷⁹ And it allowed Philadelphia born Benjamin Latrobe to contemplate the “magnificent star-spangled heavens” and the “benevolence of God” on a steamboat deck heading southwards down the Mississippi, whilst an enslaved captive named Tom died below deck and was thrown overboard.⁸⁰ Even skeptical northerners found evidence in the Lower Mississippi Valley’s commerce and landscape that the nation was “advanc[ing] on to manhood with colossal strides” rather than slowly choking under slavery’s spreading influence.⁸¹

One of the most revealing ways in which commentators contextualised the importance of the Mississippi was by comparing it to rivers and landmarks of classical antiquity. They saw it as the heir-apparent to the Nile, Rhine and Euphrates and as a symbol equal to “the pillars of Hercules” and “the famed walls of Babylon.”⁸² In so doing they placed the Mississippi Valley firmly at the figurative and literal centre of a burgeoning imperial discourse. “When we read of the myriads of people who formerly existed in the valley of the Nile,” wrote one northern traveller, “and compare

⁷⁸ Robert Baird, *View of the Valley of the Mississippi*, iii.

⁷⁹ James Silk Buckingham, *The Slave States of America* (London: Fisher, 1842), 1:396-404.

⁸⁰ Benjamin Latrobe, *The Journal of Latrobe. Being the Notes and Sketches of an Architect, Naturalist and Traveler in the United States from 1796 to 1820* (New York, 1905), 1:156.

⁸¹ *Ibid.*, 1:408.

⁸² Van Buren, *Sojourn in the South*, 20; James Buckingham, *The Slave States of America*, 1:317-319; Timothy Flint, *Recollections of the last ten years, passed in occasional residences and journeyings in the valley of the Mississippi, from Pittsburg and the Missouri to the Gulf of Mexico, and from Florida to the Spanish frontier* (Boston, 1826) 85, 129; William Richardson, *Journal from Boston to the western country and down the Ohio and Mississippi Rivers to New Orleans*, 1940, Box-L, MHS.

the capabilities of the Mississippi valley with it, we can comprehend the great destiny, awaiting only the development of time, in store for this *already* far-famed region.” For another, advancements in the Southwest constituted the necessary proof “that Louisiana will present the same features, as Egypt in former days.” In this vision of the expanding modern republic, New Orleans was “the Alexandria of America” and its fortuitous positioning on the Mississippi River would see it “rival the ancient metropolis of the Delta of the Nile.”⁸³ It took W. E. B. Du Bois, writing at the turn of the twentieth century, to declare that the natural grandeur of this geographical region not be allowed to obscure the slave system that had turned the Lower Mississippi Valley into “the Egypt of the Confederacy.”⁸⁴

These visions of the Mississippi did not just exist in the minds and in the textual reproductions of travellers and commentators. They infiltrated northern cities and captured the imaginations of populations situated far from the realities of life in the Valley itself. The physical embodiment of the intrigue that the Lower Mississippi Valley generated was the commercial success in the Northeast of panoramas depicting the Mississippi River.⁸⁵ A popular medium of the age, panoramas were large, mechanically rotating portraits depicting anything from historical events to natural phenomena. The first panorama of the region was produced in 1804, a fifteen-foot muslin map of Mississippi Valley appearing beneath the inscription “Extension of the Empire of Freedom in the Peaceful, Honorable, and Glorious Acquisition of the Immense and Fertile Region of Louisiana.” Boosters paraded this panorama through the streets of New York City in a public celebration of the first anniversary of the

⁸³ George Conclin, *Conclin's New River Guide, or A Gazetteer of all the Towns on the Western Waters* (Cincinnati, 1848), 71; Charles Sealsfield, *The Americans as They Are: Described in a Tour through the Valley of the Mississippi* (London, 1828), 196; Arthur Singleton, *Letters from the South and West* (Boston, 1824), 116; John Banvard, *Banvard's panorama of the Mississippi River: painted on three miles of canvas, exhibiting a view of country 1200 miles in length, extending from the mouth of the Missouri River to the city of New Orleans* (Boston, 1847), Box 1847, MHS.

⁸⁴ W.E.B. DuBois, *The Souls of Black Folk*, rev. ed. (Oxford: Oxford University Press, 2007), 86.

⁸⁵ Peter E. Palmquist & Thomas R. Kailbourn, *Pioneer Photographers from the Mississippi to the Continental Divide: A Biographical Dictionary, 1839-1865* (Stanford: Stanford University Press, 2005), 86-88.

Louisiana Purchase. The production and parading of such panoramas grew in popularity throughout the antebellum period and climaxed in the 1840s and 1850s. Of those exhibited to northern audiences none was more popular than John Bavard's "3 mile panorama."⁸⁶ An impressive and painstakingly painted tapestry comprising scenes from the river's mid-to-lower course (although not actually reaching its three-mile commercial billing), it was sketched, painted, and toured by the artist between 1842 and 1846. It began its journey in Louisville, Kentucky, where it was exhibited to a river boatman who gave it a public authentication. It was then exhibited in New England where it was a huge commercial success, and finally taken to Europe. In Boston and New York alone it was seen by an estimated 400,000 people.⁸⁷ As a spectacle it was the artistic and aesthetic embodiment of the wonder that the river could generate amongst a diverse national audience.

The artwork portrayed a Europeanised view of the Mississippi and its history. It erased most traces of pre-colonial settlement, with the exception of some scenes of forced Indian removal. It also celebrated American commercial and technological progress with images of steamships, traders, and burgeoning towns. The material ephemera of staple crop production—cotton rows, cane fields, and whitewashed cabins—were featured sparingly and the human footprint of the slave economy—auction blocks, slave patrols, and enslaved people themselves—not at all. Even committed abolitionist Henry David Thoreau was enthusiastic about the Mississippi panorama, comparing it favourably to one he had seen which had depicted the Rhine. Whereas the Rhine had been noteworthy for its ruins and the weight of historical significance that clung to its shore, the depiction of the Mississippi, had captured something more exciting. It had managed to portray the dynamism of the US, its burgeoning empire, and its continuity with the rest of Western civilisation:

⁸⁶ Kukla, *A Wilderness so Immense*, 334.

⁸⁷ Joseph Earl Arrington, 'Panorama Paintings in the 1840s of the Mormon Temple in Nauvoo', *Brigham Young University Studies*, Vol. 22, No. 2 (Spring 1982), 195-196; "Banvard's Panorama," *Scientific American*, Vol. 4, No. 13 (December 16, 1848), 100.

“I saw that this was a Rhine stream of a different kind; that the foundations of castles were yet to be laid, and the famous bridges were yet to be thrown over the river; and I felt that this was the heroic age itself, though we know it not, for the hero is commonly the simplest and obscurest of men.”⁸⁸

The painting and its public reception added to the belief that the River and its settlement would form the centrepiece of a bipartisan and post-sectional commitment to nation-building. In the Southwest it was dubbed “the great American river,” and journalists celebrated the fact that “all America is entitled to see it.”⁸⁹ Meanwhile newspapers in Maine reprinted poems celebrating the “leviathan ships,” “new cities,” and native removal portrayed in the panorama’s unfurling visual story. Further down the coast, the press in Boston published the glowing reviews of a southern attendee who had seen in the panorama the same narrative of “civilization, as it were, upon the retreating footsteps of a yet unconquered and savage wilderness.”⁹⁰ All the while the northern press put out repeated calls for citizens to go and see the great Southwest for themselves. Such interest mirrored the predictions made by Southwestern boosters in the 1830s that “soon, the American who has not made the tour of the Valley of the Mississippi, will be considered a man who has seen little of his own country.”⁹¹

Partly because of that shared sense of wonderment and pride, textual representations of the Mississippi Valley in the South varied very little from those in the North, both in how the region was conceived and in the language used to describe it. They were also remarkably consistent throughout the period. The links among land, physical bounty, population growth, and political

⁸⁸ Thoreau, “Walking,” 1862.

⁸⁹ *Concordia Intelligencer*, January 3 1846.

⁹⁰ *Maine Cultivator and Hallowell Gazette*, November 6, 1847; *Boston Evening Transcript*, October 20, 1846.

⁹¹ Baird, *View of the valley of the Mississippi*, v.

stability had first appeared in Jefferson's pre-1803 prediction that the region would come to "yield more than half of our whole produce and contain more than half our inhabitants"⁹² Optimism grew as settlement increased, even if demographic realities had diverged far from the original Jeffersonian ideal. Thus did a Mr Barrow of Louisiana invoke "the growing greatness of the vast region" when he went before the Senate in 1843 to advance and extoll the important of the Southwest to American commerce. In terms of productivity and the potential for future growth, he argued, the Lower Mississippi Valley was "now supplying, and must continue in still greater degrees to supply the materials of a commerce already great and likely to become unequalled in richness, variety and amount."⁹³ The symbolism of classical antiquity that had proven so popular in the North increasingly suffused southern descriptions of the mighty Mississippi. As one representatively grandiose prediction from the State geologist of Mississippi went: "Whatever the Delta of the Nile may once have been, will only be a shadow of what the alluvial plain of the Mississippi will then be. It will be the central point—the garden spot of the North American continent—where wealth and prosperity culminate".⁹⁴ Not only did the legacy of western republicanism run through the Lower Mississippi Valley, it seemed; so too did the historical arc of classic history and human civilisation.

Sickness and the Mississippi Valley

The reality of the Mississippi Valley was more complicated than the mythology that grew up around it. Settlement and growth in the southern regions of the valley were dangerous and problematic in practice. Even as they extolled American's innate mastery of the wilderness, writers homed in on

⁹² Thomas Jefferson to Robert R. Livingston, April 18, 1802, in *The Writings of Thomas Jefferson*, comp. and ed. Paul Leicester Ford (New York, 1897), 8:144.

⁹³ "The Great Valley of the Mississippi," *Augusta Chronicle*, April 24, 1843

⁹⁴ Quoted from James C. Cobb, *The Most Southern Place on Earth: The Mississippi Delta and the Roots of Regional Identity* (New York: Oxford University Press, 1992), 29

the natural landscape's threat to physical wellbeing, highlighting the ecological dangers that made the region forbidding and which threatened to derail America's march to greatness.

No region in the United States, it seemed, posed pathogenic dangers as great as those of the Southern lowlands, and the Lower Mississippi Valley in particular. For white people "the chances of longevity" in the "temperate and even frigid counties" of the North were thought to be far more favourable than for "those living within the torrid zone" of the South. Even the coldest regions, "the coasts of New England, [were] not so apt to breed disease, as the shores of Mississippi."⁹⁵ Broadly speaking, the further south one travelled, the more perilous their exposure to the environment became. For travel writers, sickness and health thus provided a barometer by which to measure their own journeys up and down the Mississippi's 'vertical' course, from the abject danger of the Deep South to the relief of the northern states, and vice versa. "After we left Memphis" traveling South, wrote the English novelist and traveller Matilda Charlotte Houstoun, "the warm, damp, and, I think, unwholesome southernly wind began to blow, the air became oppressive." "In ascending the Mississippi," wrote another, "you pass through all the climates of the temperate zone... Leaving behind, on the fertile, but hot and unhealthy sugar plains, the darkest and most tenacious shades of African servitude, the tints lighten step by step, and state by state, up to the lofty health-inspiring shores of genial Kentucky and adventurous Missouri, where slavery visibly relaxes its grasp."⁹⁶ The journey was one of incremental but definite change, made more conspicuous by the rapidity of steamboat travel and the vastly different labour patterns between the unhealthy South and the more salubrious North.

⁹⁵ "Health and Disease," *Massachusetts Spy*, March 26, 1851.

⁹⁶ Houstoun, *Hesperos: or, Travels in the West*, 2:48-49; Montgomery, *The Queen of Islands*, 30.

Within the South, the environmental determinants of health and sickness were prescribed to an even more specific degree. Certain portions of the Southern landscape were associated with good health, whilst others were very strongly associated with poor health. Epidemiologically the safest areas were uplands, pine forests, and spaces far removed from swamps and rivers. The most dangerous were thought to be those that were miasmatic, warmer, heavily vegetated, and more prone to the accumulation of dangerous standing water. These areas were the lowlands, river valleys, deltas, and alluvial coastal strips that made up the majority of prime agricultural land in the Southwest.⁹⁷ The environmental conditions that incubated sickness, therefore, were intrinsically tied to the staple crop economy.

Regional boosters pushed sanitised, and fallacious, depictions of the Lower Mississippi Valley in a bid to counter this reputation. The result, common throughout the various expanding stages of the slave economy, was “a huge credibility gap between rhetoric and reality.”⁹⁸ Sometimes boosters evaded the region’s reputation by sleight of hand, acknowledging all of its most lurid representations, but claiming that periods of danger were confined to a few sickly summer months. At other times they abandoned reality entirely and created a fictitious alternative, one in which the land was not sickly at all, but instead, as one Southwesterner put it, “of the most salubrious character.” They created fanciful portrayals of plantation landscapes that were “extremely healthy” and “exempt from miasmatic disorders,” and which enjoyed “an almost incredible...exemption from all disease.”⁹⁹ According to one anecdote told to a northern traveller named James Buckingham: a man who had died at one hundred years old had lain beneath a tree for three weeks

⁹⁷ Robert Olwell, “The Long History of a Low Place: Slavery on the South Carolina Coast, 1670-1870” in *Slavery and the American South*, (ed.) Winthrop D. Jordan (Jackson: University Press of Mississippi, 2003), 145.

⁹⁸ McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry*, 14.

⁹⁹ “Miscellaneous,” *American Cotton Planter*, Volume 1 (June, 1853), 218-219; “Policy of the Planting Class,” Volume 1 (May, 1853), 152-154; Josiah Nott, “Life Insurance at the South,” *DeBow’s Review*, Vol. 3, No. 5 (May, 1847), 365-367.

in a village on one of the Mississippi's western tributaries. The villagers, apparently so unaccustomed to death, assumed that he had fallen into a deep sleep and did not want to disturb him. In that same town, it was alleged, the local physician had been out of work for a year on account of having no work and no patients.¹⁰⁰ That, at least, was the story that Mississippi residents would have Buckingham believe.

But boosterism had limits, particularly when it collided with Southern reality. Louisiana College, for instance, was founded in 1852 with the claim that it "was situated in quiet, airy and healthy portion of the city" of New Orleans. By the following year epidemic yellow fever had devastated student enrolment and forced the college to move to a new location in rural St James Parish. Although marginally safer, it still suffered from outbreaks of disease and was perpetually undersubscribed.¹⁰¹ Boosters also had to contend with a slew of more pessimistic reports that emanated from within the South and which contradicted their own accounts. Indeed, many prevailing depictions of the Lower Mississippi were not only negative, but nihilistic. They portrayed sickness as a force that was physical, oppressive, and inescapable. As one South Carolinian congressman conceded, sickness did not so much strike the South as envelop it in "the wings of darkness and death." The "very elements" bred death, the "dews of the night" distilled pestilence, and "the balm of the winds" carried poison.¹⁰² "It may be a mere fancy," corroborated Theodore Clapp, "but it has always struck me that as a fact, that in New Orleans Louisiana nature itself is, in many elements, less steady and uniform than in the higher latitudes of our country." In the Southwest, he argued, disease was ferocious. It came "with the suddenness and fury of those autumnal hurricanes which occasional visit."¹⁰³ The Lower Mississippi Valley, declared

¹⁰⁰ Buckingham, *Slave States of America*, 1:409.

¹⁰¹ R. Eric Platt, *Educating the Sons of Sugar: Jefferson College and the Creole Planter Class of South Louisiana* (Tuscaloosa: The University of Alabama Press, 2017), 74-79.

¹⁰² "Speech of Hon. L. M. Keitt," *Daily Union*, April 20, 1854.

¹⁰³ Theodore Clapp, *Autobiographical Sketches and Recollections during a Thirty-Five Year's Residence in New Orleans* (Boston, 1857), 64.

Massachusetts-born overseer James Pearse upon his return to the North, overran people and consumed them with sickness: “I have known many of this class, who have died in a few years; others have become broken in health and spirits, fall into dissipation, and become lost to themselves, and to the world.”¹⁰⁴

Most white southerners did little to allay the idea that disease was an indelible feature of the region. Magistrates in the river port town of Natchez, for instance, enacted legislation regulating how deeply people could dig into the city’s soil, for fear that disturbing the land unnecessarily would release more pestilential air into the city’s atmosphere.¹⁰⁵ Even the Southern press offered reason to be, at best, cautious, and at worst, fatalistic. Newspapers carried columns dedicated to “sudden deaths,” which reported on the number of deaths in a given day and their cause. Causes of death that were unknown were regularly ascribed to the effects of heat or climate. One such column in an August edition of the *New Orleans Daily Crescent*, for instance, included references to deaths caused by “apoplexy,” multiple cases of what was dubbed “stroke of the sun,” overexertion “while removing furniture,” “Death from the heat,” and “effects of the sun.”¹⁰⁶ All of these reports suggested that disease and pestilence were as ingrained and immovable as the South’s rivers and swamps.

As a result, the Southwest was viewed with trepidation. Those who travelled there often went with strong warnings and nervous send-offs. “[You] cannot be too careful” when it comes to health, Ann Townsend of New York told her son upon hearing of his upcoming journey to Louisiana. Any

¹⁰⁴ Quoted from Rothman, *Slave Country*, 209.

¹⁰⁵ D. Clayton James, *Antebellum Natchez* (Baton Rouge: Louisiana State University Press, 1968), 86; Martha Carolyn Mitchell, “Health and the Medical Profession in the Lower South, 1845-1860,” *The Journal of Southern History*, Vol. 10, No. 4 (Nov., 1944), 425.

¹⁰⁶ “Sudden Deaths,” *New Orleans Daily Crescent*, August 6, 1850.

suspicion of sickness and he was to report to the doctor immediately.¹⁰⁷ When visitors did fall ill it was commonly treated as a confirmation of the region's reputation rather than as a surprise. Nathan Wooster from Connecticut fell ill for three weeks upon arriving South in 1832, consequentially losing the employment that brought him to the region and ending up in hospital. "I am in hopes that my health will mend," he wrote his family, "and that I shall be restored to my former Constitution. But perhaps you may think that as long as I stay in a Place that bears so bad a Name as this does that I never shall regain my health or Constitution in this world or the world to come."¹⁰⁸ Northern concern even extended to those who were long-term residents of the Southwest. For example Northern friends of Thomas Affleck—the prominent southern designer of the Affleck plantation almanac and a preeminent practitioner of scientific slave management—implored him to spend summers with them in Cincinnati rather than in the dangerous Southwest.¹⁰⁹

The same pessimism and fear dominated parts of the upper South. As in the North, upper southerners watched with fear as their loved ones made the journey to the Lower Mississippi Valley. On an 1821 trip to Franklin, Louisiana, from his home in Kentucky, Walter Brashear received numerous letters from his wife, expressing her fears that he was exposing himself "to the dangers of the climate." Brashear replied that he was too "cowardly" and sensible to do such a thing in a place like Louisiana.¹¹⁰ Others were incredulous that anybody could survive in the Southwest's most hostile environments: "I scarcely know how you live & should have said breathe in such a place," was the concerned response that a Woodville, Mississippi, resident received to a letter detailing her health concerns. Cautious southerners made clear that it was a place best avoided: "Stay home, sell

¹⁰⁷ Ann Townsend Lawrence to Henry Lawrence, November 29, 1831, Brashear and Lawrence Family Papers #3355, Folder 15, SHC-UNC.

¹⁰⁸ Nathan Wooster to his mother, [date illegible], 1832, Natchez Tracé Supplement Collection, Box 4Jc114b, Folder 32, DBC-UT.

¹⁰⁹ Thomas Affleck to Anna Smith, March 3, 1842, Affleck Papers, Mss. 3, 1263, W:112, Box 7, LLMVC.

¹¹⁰ Walter Brashear to Margaret Brashear, August 9, 1821, Brashear and Lawrence Family Papers, #3355, folder 2, SHC-UNC.

Negroes, pay up”; “I say again I do *not* like the plan you are too old to brave the southern climate”; “I confess I am afraid of these climates so near the tropics—the fevers are always formidable.”¹¹¹

The economic potential and intrigue of the Southwest, however, were too great for opportunistic travellers to be entirely dissuaded by ecological dangers. Indeed risk and opportunity coexisted and were intertwined by popular notions of a landscape that was complex and seemed to belie coherence: It was at once “monstrous” and “great”; “fertile but fever-reeking”; “dismal and impressive”; “a beautiful country” that was “wretched...and destructive to human life.”¹¹² Running through these paradoxes was a common belief that beneath the region’s pestilence lay tremendous riches. All that was needed to recover “extraordinary fruitful...agricultural wealth” from a landscape marked by “biliary disease,” wrote one contributor to *DeBow’s Review* was “the hand of man.”¹¹³ It was understood, however, that uncovering and exploiting the region’s riches would exact a great physical price. As Balduin Möllhausen, an ordinance worker for a government railroad project, put it, sailing down the river revealed a scene of untapped and immeasurable wealth, perfectly primed for American exploitation. Attempts to claim it, however, would expose residents to “the plague of the country,” namely mosquitoes and disease.¹¹⁴ A Bostonian traveller named John Pierce waxed lyrical about the river’s potential during his journey down the Mississippi, referring to it as “the great highway or thorofare for the great west” that would eventually lead “to the Empire of the Celestials.” In reality though: “All sameness, level & dreary, damp and unwholesome, nothing bright, cheerful or homelike in the picture, no order or skill, but everything in rough &

¹¹¹ Harriet Lewis to Sophia Hughes, [undated], Hughes Family Papers #2779, folder 14a, UNC-CH; Edward E. Baptist, *Creating an Old South: Middle Florida’s Plantation Frontier before the Civil War* (Chapel Hill: University of North Carolina Press, 2002), 24-27.

¹¹² Baird, *Impressions and experiences of the West Indies and North America in 1849*, 186; Montgomery, *Queen of Islands*, 37; Thomas Hamilton, *Men and Manners in America* (London, 1833), 2:192; *The Rudolph Matas History of Medicine in Louisiana* (ed.) John Duffy (Baton Rouge, 1962), 2:346-347.

¹¹³ “Reclamation of the River Wilds of the Southwest,” *DeBow’s Review*, Vol.26, No.3 (March, 1859), 248.

¹¹⁴ Balduin Möllhausen, *Diary of a Journey from the Mississippi to the Coasts of the Pacific with a United States Government Expedition* (London, 1858), 4.

tumble, careless, half civilized form.” He continued: the water transmitted dysentery and “in a Christian country would be considered unfit for a horse to drink.” Its natural form inevitably became “green and stagnant with...decayed vegetation.” “I can see nothing which is not marked with the foul & loathsome instead of health & beauty.”¹¹⁵

The slave economy was thus a field of “high stakes-speculation. One the one side lay disease.” On the other was the potential for mesmerising profit.¹¹⁶ When slaveholders examined land they tried to discern its two most important features; its fertility and its health. The two criteria often overlapped. Lands that “excited [the] imagination” of planters also made them fearful for “the miasma which is supposed to arise from them.” Nathan Smart, for instance, wrote from Marion County that he had found “as great a farming land I expect as any in the world though I think it very sickly.” Silas Caldwell noted that the valley of the Yazoo River in Mississippi, where he hoped to buy land, was at once “a fine country of land” that was “very high and very sickly”. Asked by his brother whether or not he should relocate to the region from South Carolina, M. J. Blackwell of Panola County, Mississippi was not able to say. This part of the “country has been very sickly for years past” but also offered “great commercial advantages,” bounteous land, and natural provision.¹¹⁷ Celebrations of fertility and dread of disease condensed southern capitalism into a zero sum equation based upon survival. Anybody, it was believed, could “get rich if he can just stay alive.” Equally death was liable to “bring them up before their scheme [was] accomplished.”¹¹⁸

¹¹⁵ "Diary, 1851," John Bachelder Peirce Papers, Ms. N-682, Box 1, MHS.

¹¹⁶ Malcolm J. Rohrbough, *Trans-Appalachian Frontier, Third Edition: People, Societies, and Institutions, 1775-1850* (Bloomington: Indiana University Press, 2008), 444.

¹¹⁷ Letter from Nathan P. Smart, 1826, Natchez Trace Supplement Collection, Folder 27, Box 4Jc114b, DBC-UT; Rev. Price, 'The Mississippi Swamp', *Debow's Review*, Volume 7, Issue 1, Jul 1849; pp. 53-56; John Spencer Basset (ed.), *The Southern Plantation Overseer: As Revealed in his Letters* (Northampton, Mass.: Smith College, 1925), 43; M. J. Blackwell to Edmund Blackwell, February 22, 1849, M.J. Blackwell Letters, Box 12, Duke.

¹¹⁸ Shirley Elizabeth Thompson, *Exiles at Home: The Struggle to Become American in Creole New Orleans* (Cambridge, Mass.: Harvard University Press, 2005), 32-33; Timothy Flint, *Recollections of the Last Ten Years*, 307.

Endless debating took place on how best to combat the perniciousness of the environment. Lengthy tracts were dedicated to the minutiae of southern life and to charting a prescriptive path to southern survival. On diet, for instance, it was believed that exposure to the wrong food at the wrong time of year could cause serious health problems. “We all in this section of country have to be very cautious what we eat,” wrote one southerner. “One meal of fresh pork or fresh fruit often results in death either from flux or cholera.” To prove his point: “A lady a few miles from this, a days ago ate heartily of fresh pork for dinner and was taken in 20 minutes after eating and in 7 hours was a corpse.” Brazil Kiger, a slaveholder in central Mississippi believed that watermelons caused a “disordered stomach,” whilst others thought too much of any fruit would induce anything from certain death to “light fever.”¹¹⁹ Alcohol consumption, meat preparation, and water storage all received equal scrutiny.¹²⁰

These debates helped to establish a set of boundaries and principles that determined responsible white behaviour. Daniel Drake, a well-known physician, offered one of the most concise examples into theoretical interventions into southern life and survival. Recruited by Robert Baird to advise on health for his *Emigrant's and Traveller's Guide to the West*, Drake laid out the threats to white migrants explicitly and provided a set of six rules for mitigating the danger of southern ecology. Where Baird (who was not a native or permanent resident of the South) saw migration in ideological terms—an act that would give “direction to the destiny of [the] nation”—Drake preached the gospel of temperance and caution. He advised newcomers to arrive in Autumn, to spend two or three summers in higher latitudes, and to be “healthy,” “regular,” “temperate.” He also

¹¹⁹ M. J. Blackwell to Edmund Blackwell, November 10, 1852, M.J. Blackwell Letters, Box 12, Duke; Caroline Kiger to Brazil Kiger, September 15, 1851, Kiger Family Papers, Box 2E517, Folder 1, DBC-UT; McWhiney, *The Agricultural Journal of James Mallory*, 177; Rosalie B. Hart Priour, *The adventures of a family of emigrants who emigrated to Texas in 1834*, 26, Box 2r 154, DBC-UT; Stowe, *Doctoring the South*, 5.

¹²⁰ J. P. Stevens, “Some of the Effects of alcohol on the Physical Constitution of Man,” *The Southern Medical and Surgical Journal*, Volume 13, (1857).

paradoxically, and somewhat impossibly, recommended newcomers “avoid the heat of the sun from ten in the morning till 4 in the afternoon,” as well as “the night air.” Should anyone “resolve to defy the climate,” Drake warned, “he will probably fall victim to his temerity.”¹²¹

This cautionary discourse identified places in the South where good health could be protected and preserved, and, importantly, where it could not. Slaveholders largely drew these limits of perceived safety tightly around themselves, overlaying it upon the area at which their power was greatest: plantations, cultivated spaces and small towns. These spaces were by no means guaranteed good health, but the ecological and social order that leading white citizens sought to impose on them rendered them mini-oases in comparison to the borders at which white power eroded and the power of nature, or the relative power of marginalised groups, began to dominate.¹²² Transgressing the constructed social geography of the White South was therefore not just culturally improper or suspicious, it was also ecologically unsafe.

Disease diagnoses in the Southwest were strewn with criticisms of those who had moved about the South injudiciously or who had put themselves in harms way by exposing themselves to locations that could be deemed unsafe. When an overseer named Mr Priel died on the Brashear Family Plantation in 1830 his employees put his death down to the injudicious crossing of boundaries, real and invisible. He had gone “into the swamp with a number of our Negroes for the purpose of getting timber, firewood and hoop poles” and “returned...with fever.” “After long and painful illness [he] found his grave.”¹²³ Likewise, another overseer whom J. G. Holland encountered during a three week stay in Mississippi, was “visited with a judgement” after numerous hunting trips in the

¹²¹ Baird, *View of the valley of the Mississippi, or, The emigrant's and traveller's guide to the West*, iii, 82; Singleton, *Letters from the South and West*, 128; “Diary, 1813-36,” Wallace (James Burns) Diary, Mss. 3476, Volume 1, LLMVC.

¹²² Morris, *The Big Muddy*, 125-139; Johnson, *River of Dark Dreams*.

¹²³ Rebecca Brashear to Walter Brashear, January 18, 1830, Brashear and Lawrence Family Papers #3355, Folder 4, SHC-UNC.

swamps. The “visitation” was almost certainly malaria and left the man with a “regular tri-weekly chill” which left him “blue in face and feelings.”¹²⁴ On the Keller family’s plantation in Alabama the death of three children was put down to “congestive chills” occasioned by their being allowed to play “down by the gin pond.”¹²⁵ The slaveholders spatial theory of power combined ideas of white supremacy and slave exploitation on the one hand with notions of managing their own contact with a climate that they regarded as threatening on the other. In short, they turned an intangible force that was indiscriminate and, at times, nightmarish, into something that they believed could be managed, and which underlined their specifically racialised world view.

Yet nature could, and did, invade even the safest of plantation spaces, obfuscating the social and agricultural boundaries that landowners had erected to keep it at bay. Slaveholders obsessed about the heights of the river and the threat of flooding, for instance, for water incursions brought fevers and cholera. They feared the plagues of mosquitoes which descended in summer—even as these insects’ role as vectors and incubators of disease was unknown—because they “forewarned” the onset of inescapable heat, irritation and sickness. Plantation masters mistrusted the heat of the summer months, for it invited a plethora of complaints and illnesses, and signalled “the sickly season.” They worried all the time about changes of temperature, rain, heat, dampness, and wind, all of which were considered harbingers of some form of epidemiological chaos.¹²⁶

Wealth and class privilege, however, gave planters certain freedoms which allowed them to avoid disease in the most dangerous months or to escape from the region's most dangerous locations.

Many plantation owners chose not to live in the Southwest at all, instead delegating the task of running a plantation to professional overseers and plantation managers. In wealthy Bolivar County,

¹²⁴ J. G. Holland, “Three Weeks on a Cotton Plantation,” *The Emily Dickinson Journal*, Vol. 24, No. 1 (2015), 89-94.

¹²⁵ Testimony of Liddie Aiken, WPA, Arkansas, Part 1, 19.

¹²⁶ Sealsfield, *The Americans as They Are*, 194.

Mississippi, 55% of slaveholders governed their properties as absentee owners. In some parts of the Southwest, it was thought that nine-tenths of enslaved people worked plantations with no permanent owner in residence.¹²⁷ Often these planter families, like the wealthy Minors who lived in Natchez but owned plantations across Mississippi and Louisiana, would maintain a residence in a southern town or city, close to the region's amenities and social life but removed from its swamps, malaria, and demographic isolation.

Many others spent summers in the North or in Europe, or else retreated to upland cabins where they could escape the heat of the lowlands in the comparatively cool and shade of the pine forests.¹²⁸ It was also common for elites to summer in one of the many well advertised resorts, springs and thermal baths that had sprung up throughout the South. In part these were vacation destinations, built upon leisure and reflecting the socio-economic status of those who visited. But they were also designed to offer a more lasting and necessary respite from the malignant threat of disease. Hotels at Mandeville and Madisonville, Louisiana—resort spas on Lake Pontchartrain popular with Orleanians and surrounding planters in the summer—offered monthly rents of \$60 and \$40 respectively, as well as the option to bring and house family members and servants.¹²⁹ Likewise hoteliers at Wildwood Springs in Mississippi offered a monthly rate of \$30 per person in 1852.¹³⁰ These were second residences as much as holiday destinations. There was a grim irony to this arrangement. With the arrival of warm weather the plantation harvesting season sparked to life, and with it a region-wide push to wring the maximum amount of labour from enslaved people in some

¹²⁷ Frederick Law Olmsted, *A Journey in the Back Country* (New York, 1860), 119-120; Cobb, *The Most Southern Place on Earth*, 22.

¹²⁸ Elizabeth Fox-Genovese, *Within the Plantation Household: Black and White Women of the Old South* (Chapel Hill: The University of North Carolina Press, 1988), 107; J. Carlyle Sitterson, "The William J. Minor Plantations: A Study In Ante-Bellum Absentee Ownership," *The Journal of Southern History*, Vol. 9, No. 1 (February, 1943), 59-74; Scott P. Marler, *The Merchants' Capital: New Orleans and the Political Economy of the Nineteenth-Century South* (Cambridge: Cambridge University Press, 2013), 23-24; Isaac [illegible] to Walter Wade, 1832, Walter Wade Papers, box 2E937, DBC-UT.

¹²⁹ James P. Baughman, "A Southern Spa: Ante-Bellum Lake Pontchartrain," *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 3, No. 1 (Winter, 1962), 10-11.

¹³⁰ *Mississippi Free Trader*, June 2, 1852.

of the South's most dangerous ecological environments. These were the very moments, of course, when whites were fleeing these same locations in their droves, headed for the relative safety and privileged comforts provided by the summer leisure industry.

Managers of resorts and springs aimed their advertisements at this dual demand for escape and healing. Despite their association with leisure and status, these resorts were borne out of necessity and not choice, and thus their appeal was built upon offering a southern cure for specifically southern problems. Indeed, many members of the southern press implored their readers not to sacrifice excessive finances nor their regional loyalties by joining 'the migratory tribe' that ventured north each summer season. They instead urged planters "to spend your money and your time at home" where it was possible to find "both health and pleasure."¹³¹ Proprietor W. Stidham of the 'Hot Springs' in Arkansas touted "the thousand miraculous cures" available at his spring and informed would-be-visitors of the attentiveness of the resort's full time physician—a staple figure at each resort—whose services could "be had at a moment's notice."¹³² The language of healing surrounding these springs could be starkly specific to the Lower Mississippi Valley and reflected the anxieties of its residents. Reporting on the increased popularity of Mississippi's 'Cooper's Well' and 'Artesian Springs' in Hinds and Madison County respectively, Doctor Joseph Pugh claimed that commercial success had derived from being "admirably adapted to the state of *anoemia and debility* caused by repeated attacks of the fevers, diarrhea and dysentery, so common in the Lower Mississippi Valley."¹³³

¹³¹ "The Migratory Tribe," *Times Picayune*, June 8, 1853; *Times Picayune*, May 18, 1856.

¹³² *Mississippi Free Trader*, May 26, 1852; "The Artesian Springs," *The Weekly Mississippian*, October 4, 1850.

¹³³ Joseph J. Pugh, "On the Medicinal Waters of Mississippi—the Artesian Springs of Madison County," in *Southern Medical Reports*, Volume 1 (New Orleans, 1849), 378-379.

Learning the cultural norms dictating how one should keep healthy may have been time consuming but they were relatively easy to follow. As many social trends were built around health and healing—seasonal retreats, northern migration, and health spas—protection itself was framed as hierarchal or aspirational: available to the wealthiest and adhered to by the upwardly mobile. In the face of virulent sickness white southerners thus constructed an epistemology of health and healing that buttressed the architecture of their own social dominance and reinforced the right of white people to protection from the environment around them.

Sickness, Race, and the Body

Nineteenth century environmental thought was motivated by a reflexive theory of “ecological harmony”: the idea that as humans settled or altered the land, they themselves were being influenced by its innate ‘character.’ As Charles Rosenberg has put it, “the body was seen metaphorically as a system of dynamic interactions with its environment.” “Health or disease” were dependent on “a cumulative interaction between constitutional endowment and environmental circumstance.” That belief meant that criticism of the environment was often, implicitly, a statement about those who inhabited it. In simple terms, if a region and climate were innately sickly, then its inhabitants could expect to present those same sickly qualities.¹³⁴

These sentiments were felt acutely in the Lower Mississippi Valley. All around them white southerners saw evidence that the natural environment was doing more than merely threatening

¹³⁴ Charles E. Rosenberg, “The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America,” in *Essays in the Social History of American Medicine* (eds.) Morris J. Vogel & Charles E. Rosenberg (Pennsylvania: University of Pennsylvania Press, 1979), 5; Karen Ordahl Kupperman, “Fear of Hot Climates in the Anglo-American Colonial Experience,” *The William and Mary Quarterly*, Vol. 41, No. 2 (Apr., 1984), 213; Megan Kate Nelson, “The Landscape of Disease: Swamps and Medical Discourse in the American Southeast, 1800-1880,” *The Mississippi Quarterly*, Vol. 55, No. 4 (Fall 2002), 535-567; Peter A. Coclanis, *The Shadow of a Dream: Economic Life and Death in the South Carolina Low Country, 1670-1920* (New York: Oxford University Press, 1989), 38.

individual health and impeding the pursuit of wealth. The sickness of the land was inscribed upon its inhabitants, leaving those who lived near rivers or next to fetid swamps visibly “ill,” “weary” and “out of sprits.”¹³⁵ People appeared aged and burdened by the climate and environment. It was noted that people tended “to lose their teeth at an early age—particularly the Creoles [probably referring to any white person born in the Southwest in this instance]—due to the wetness of the climate and soil and the quality of the drinking water.”¹³⁶ The threat to the white population’s anatomical, emotional, and physiognomical makeup was thought to be existential and, quite possibly, irrevocable. As the physician Josiah Nott put it, the Southwest’s fertile plains—its “Malarial district[s]”—were not merely dangerous places that needed to be carefully navigated by the individuals who lived there. Rather, they were emitters of a poison that infected all “those who live from generation to generation” and which threatened the longevity and virility of settler communities.¹³⁷

Nowhere was that concern about the physical effects of environment more evident than in the contemporary linkage between climate, disease, and racial purity. The South’s climate and disease ecology marked bodies in ways that undermined racial essentialism: the sun visibly darkened skin; yellow fever (or ‘black vomit’) jaundiced complexions and blackened the sufferer’s organs and ‘humours’ (a feature many southern scientists already associated with African anatomy); malaria had an anaemic effect on its victims, as did its most common medical response, bloodletting.¹³⁸ Meanwhile, illnesses sapped the vitality of southerners in ways that suggested loss of masculinity,

¹³⁵ Houstoun, *Hesperos: or, Travels in the West*, 120.

¹³⁶ Liliane Crété, *Daily Life in Louisiana, 1815-1830*, (translated, Patrick Gregory) (Baton Rouge, 1981), 182.

¹³⁷ Josiah Nott and George Gliddon, *Indigenous Races of the Earth; or, New Chapters of Ethnological Inquiry* (Philadelphia, 1857), 376.

¹³⁸ Ari Kelman, “New Orleans Phantom Slave Insurrections: Racial Anxiety, Urban Ecology, and Human Bodies as Public Spaces” in *The Nature of Cities: Culture, Landscape, and Urban Space*, (ed.) Andrew C. Isenberg (Rochester: University of Rochester Press, 2006), 11; Samuel Cartwright, “Prevention of Yellow Fever,” *New Orleans Medical and Surgical Journal*, Vol. 10 (November, 1853).

and which mirrored some of the underlying myths of African American inferiority: whites became lethargic and lacked spirit; they appeared “delicate;” they suffered from a loss of “shine.”¹³⁹

Prolonged exposure, it was thought, transformed whiteness into something less than white. As one ardent defender of slavery reported, any white man who stayed in the South’s swampy lowlands throughout the ‘sickly season’ would emerge “pale and emaciated...worn down by fevers and agues” and resembling “shadows.”¹⁴⁰ Travel narratives were filled with similar descriptions of tainted or impure whiteness. “Those who have lived here any length of time” observed an itinerant James Burns Wallace, “lose the Rose and partake of the decayed lilly”. Everyone he encountered appeared to suffer “consumption, Billious fevers and fever & ague.” Such was “the all-killing affect this sickly Climate has upon the Constitution.”¹⁴¹ Another described the white population of Orleans Parish as “a miserable and sickly population.” Even among “the purer blooded whites”, he continued “many had the peculiar look of the fishy-fleshy population of the Levantine towns, and all were pale and lean.”¹⁴² The Bostonian George Long Brown, meanwhile, worried that he would no longer be recognised in New England upon his return from the South. But “in spite of southern miasma, and fever and ague,” he wrote his wife, “I still keep a little of the colour I carried in New England.”¹⁴³ The link between exposure to the southern climate and physiognomic change was so pronounced in the northern imagination that James Hall began his southwestern travel narrative by

¹³⁹ M. C. Blair to Mary Ann Nicholson, December 28, 1849, Natchez Trace Supplement Collection, Folder 153, Box 4Zb25, DBC-UT; T. P. Bancroft to Robert H. Ives, February 15, 1845, Natchez Trace Supplement Collection, Folder 129, Box 4Zb25, DBC-UT.

¹⁴⁰ Edwin C. Holland, *A Refutation of the Calumnies Circulated Against the Southern & Western States, Respecting the Institution and Existence of Slavery Among Them* (Charleston, 1822), 44.

¹⁴¹ “Diary, 1813-36,” Wallace (James Burns) Diary, Mss. 3476, Volume 1, LLMVC.

¹⁴² Sir William Howard Russell, *My Diary North and South* (Boston, 1863), 229-230.

¹⁴³ *The Letters of George Long Brown: A Yankee Merchant on Florida's Antebellum Frontier*, (eds.) James M. Denham, and Keith L. Huneycutt (Gainesville: University Press of Florida, 2019).

addressing it directly. “You ask me,” he wrote, “what allures me...to the dangerous gloom...and to risk my neck, aye, and my complexion too.”¹⁴⁴

Observers frequently portrayed climate and disease as a force which drove sufferers into alternative, or ambiguous, racial categories. Plying the Mississippi River would make one “tawny as an Indian.” Respiratory problems left sufferers “whooping like wild Indians.” And so it went: white Southwesterners were “worn and sallow”; the typically sick western man was “gaunt” and “yellow skinned”; the residents of Natchez had a “sickly sallow look.”¹⁴⁵ The examples were endless. It’s easy to downplay the importance of these kinds of linguistic choices—to disregard them as flippant or insulting, but ultimately inconsequential. But in a society in which freedom and liberty were directly predicated upon skin colour and where the law actively prohibited racial mixing, racialised language and allusions to racial ‘impurity’ were always laden with the significance of custom and cultural context. Nor can such linguistic choices be ignored in the context of analogous debates about the effect of climate and race in other parts of the nation. Gradual abolitionists in the border South and North, for instance, had long promoted the idea that enslaved and freed people brought to colder latitudes would find that the climate would whiten their skin and, eventually, lead to acceptance into white society.¹⁴⁶ Nor can climate be removed from similar discourses in transatlantic imperial thought, particularly those concerning the biological effects of heat on British colonialists in the Caribbean and Asian sub-continent. Here, British colonialists who traveled to and settled in the New World’s warmer regions knew that they likely faced “sickness in the short run

¹⁴⁴ James Hall, *Letters from the West: Containing Sketches of Scenery, Manners, and Customs, and Anecdotes Connected with the First Settlements of the Western Sections of the United States* (London, 1828), 2.

¹⁴⁵ Banvard, *Banvard's panorama of the Mississippi River*, 3; Anderson, *Brokenburn The Journal Of Kate Stone*, 55; Hamilton, *Men and Manners in America*, 187; Leonard G. Wilson, “Fevers and Science in Early Nineteenth Century Medicine,” *Journal of the History of Medicine and Allied Sciences*, Volume 33, Issue 3 (July, 1978), 387; “Diary, 1851,” John Bachelder Peirce papers, Ms. N-682, Box 1, MHS.

¹⁴⁶ Matthew Mason, *Slavery and Politics in the Early American Republic* (Chapel Hill: University of North Carolina Press, 2006), 161. For efforts to exclude free black people from cooler climates see Ikuko Asaka, *Tropical Freedom: Climate, Settler Colonialism, and Black Exclusion in the Age of Emancipation* (Durham: Duke University Press, 2017).

and a drastic change in physiology and psychology in the long run as their bodies responded to the new environment.”¹⁴⁷ The idea that racial categories were precarious or in some way fluid—especially in challenging climates—was popular across the Atlantic World, and had the potential to spark unease in the Southwest.

Sickness also made racial profiling, and thus the transformation of skin tone into a pre-packaged judgement on character and social standing, more difficult. Southern physicians like Dr G. E. Barton and Samuel Cartwright, for example, both identified lightening of skin tone as a major symptom of ill health amongst the black population. The thought of being duped or of misreading someone's blackness caused unease and doubt amongst enslavers, particularly in the slave market where physical features like skin tone had a direct bearing upon enslaved peoples' perceived monetary value.¹⁴⁸ When people did not display physically clear racial traits, in other words, it became harder to fit them into a system that prized racial clarity. On the other hand, the Southwest was home to numerous scandals involving nominally ‘white’ people slipping across the colour line and being mistaken for ‘black’. One such case involved a German immigrant named Salome Muller. Born in Alsace (then part of Germany), Muller had accompanied her family as it migrated to the American South. Most family members died on the crossing or fell victim to yellow fever once in New Orleans, leaving Muller alone and vulnerable. Out in the Orleanian countryside, removed from the eyes of the city, Muller was dragged into slavery and kept there for twenty-five years. Isolation and exploitation had created the conditions to put Muller in slavery but the effects of the southern climate had conspired to keep her there. The court heard that whilst she had been in the field her “[exposure] to the sun’s rays” had obscured her racial origins. At the trial, Muller’s body became a

¹⁴⁷ Karen Ordahl Kupperman, “Fear of Hot Climates in the Anglo-American Colonial Experience,” *The William and Mary Quarterly*, Vol. 41, No. 2 (Apr., 1984), 214. See also Mark Harrison, ““The Tender Frame of Man”: Disease, Climate, and Racial Difference in India and the West Indies, 1760–1860,” *Bulletin of the History of Medicine*, Volume 70, Number 1 (Spring 1996), 68-93.

¹⁴⁸ Johnson, *Soul by Soul*, 140.

site of ambiguity and intense scrutiny. It was combed for evidence of her history and identity: birth marks, blemishes, and scars. It was also examined for allusive and subjective proof of racial belonging. Many witnesses claimed that Muller was darker than many of the slaves they knew. Discussions in court turned heavily on Muller's facial structure and nose shape, character and temperament.¹⁴⁹ Muller's case, as well as the surprising number of cases like it, challenged the rigidity of southern racial hierarchies. They showed that race could be deceiving, slippery, and possibly even fluid.¹⁵⁰

Southerners worried, too, that the tropical climate was altering biological composition in a way that was more than just cosmetic. That bodies changed in hot or tropical climates already enjoyed a broad consensus in scientific and popular thought. In some instances changes to bodily constitutions were even highly coveted. 'Acclimation' to yellow fever for instance—so important to southwesterners in epidemic prone cities like Natchez, New Orleans, and Mobile—was already understood as a process of adapting to the environmental conditions through physical exposure.¹⁵¹ Any attempt to bypass that bodily change and claim the "immunities and privileges" of assimilation, "before the period of...probation has expired" would mean "certain death".¹⁵² Such exposure was a rite of passage that resulted in what Kathryn Olivarius has dubbed

¹⁴⁹ Carol Wilson, "Sally Muller, the White Slave," *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 40, No. 2 (Spring, 1999), 133-153; "The case of Salome Muller," *The Law Reporter*, Volume 8, September (1845), 193-205; 2. *Muller V. Belmonti*, June 1845, Docket #5623, UNO-SCoL.

¹⁵⁰ Walter Johnson, "The Slave Trader, the White Slave, and the Politics of Racial Determination in the 1850s," *The Journal of American History*, Vol. 87, No. 1 (Jun., 2000), 13-38; Ariela J. Gross, "Litigating Whiteness: Trials of Racial Determination in the Nineteenth-Century South," *The Yale Law Journal*, Vol. 108, No. 1 (October, 1998), 109-188.

¹⁵¹ Southerners did not understand the spread or cause of yellow fever in the antebellum period and so thought of acclimation, broadly, as the process of adapting to the climate and environment. It was not tied to the contemporary theories of immunity that governed inoculation campaigns against smallpox.

¹⁵² James Johnson, *The Influence of Tropical Climates on European Constitutions: to Which is Added Tropical Hygiene, or the Preservation of Health in all Hot Climates* (London, 1818), 381-389.

“immunocapital”: a mark of survival, adaptation and lifelong resistance, and the key to a place at the high table of southwestern society.¹⁵³

The acclimation attained by shock exposure to yellow fever was anomalous in its pace and its finality, and represented only one facet of Southwesterners complex understanding of climate and disease’s impact on human biology. Bodies, it was believed, were protean. They were sensitive to the world around them and, in hot climates, would undergo a process of compositional change.¹⁵⁴ A typical Southwestern migrant exposing him or herself to southern heat began a process of deep “change in his constitution; his blood is thinned, and in a state of greater effervescence, and his frame weakened in consequence. The least derangement in the digestive system in this case, produces a bilious fever.”¹⁵⁵ Where white northerners were “intensifying in the cold winters of New-England,” southerners were being “modified by climate, relaxing under the moist heats of the south.”¹⁵⁶ That “relaxation” was in turn weakening southern constitutions and making it harder to fight off the “pernicious” threat of disease.¹⁵⁷

Medical journals were filled with debate about how best to combat these effects and create a medical standard specifically adapted to the conditions of the South. Where tropical heat caused a “natural waste of the [muscular] tissues,” “languid stomach” and “drooping energies,” physicians sought remedies that would return strength to white bodies and “brace up the relaxed fibre.”¹⁵⁸ Where medical ontology was not specific to the South, physicians tailored it to reflect the changes they implicitly conceded their bodies had undergone. “Medication here requires double the dosage

¹⁵³ Olivarius, “Immunity, Capital, and Power in Antebellum New Orleans,” 425–455.

¹⁵⁴ Charles E. Rosenberg, “The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America,” *Perspectives in Biology and Medicine*, Vol. 20, No. 4 (Summer, 1977), 485-506.

¹⁵⁵ Sealsfield, *The Americans as They Are*, 197-198.

¹⁵⁶ Montgomery, *The Queen of Islands*, 33.

¹⁵⁷ Letter from Charles Watts, June, 1829, Charles Watts Papers, 1813-1833, mss. RL.10958, Duke.

¹⁵⁸ J. P. Stevens, “Some of the Effects of alcohol on the Physical Constitution of Man,” 457.

used in Europe to attain the same degree of efficacy,” wrote the Secretary General of the Medical Society of New Orleans “because of the relaxation of the fibrous tissues conditioned by the warm and humid climate.”¹⁵⁹

The idea that white bodies were so profoundly sensitive to the effects of climate was a shocking proposition to many, not least to a handful of influential voices in the South who had built their racial theories, and thus their careers, on the idea that humanity was separated into distinct and unrelated races. The unifying term for this theory was polygenesis. These Polygenists argued against traditional biblical scripture, instead suggesting that no common ancestor united people of different skin-tones.¹⁶⁰ This original separation, they argued, was the root cause of racial difference, not climate or gradual adaptation.

The belief, however, remained a fringe one. As William Stanton has argued, it was impossible to reconcile polygenesis with how the majority of southerners understood religion and the bible.¹⁶¹ But that too caused problems for southern racial theorists. In rejecting the idea of polygenism, white southerners were tacitly contemplating the subversive notion that racial difference was not fixed by nature or by God. No essential natural barrier divided between the races. Though few white southern racial thinkers made this point explicitly, it did tend to bubble up in their writing. In taking aim at a polygenist lecture series delivered by Josiah Nott in 1845, contributors to the *Southern Quarterly* made the surprisingly candid observation that white people could live in Africa because

¹⁵⁹ Quoted from Crete, *Daily Life in Louisiana*, 190.

¹⁶⁰ Josiah Nott and George Gliddon, *Types of Mankind: Ethnological Researches, based upon the Monuments, Paintings, Sculptures, and Crania of Races, and upon their Natural, Geographical, Philological, and Biblical History* (Philadelphia, 1854); Samuel Cartwright, “Unity of the Human Race Disproved by the Hebrew Bible,” *DeBow’s Review*, Volume 29, No. 2 (August, 1860), 129-163.

¹⁶¹ William Stanton, *The Leopard’s Spots: Scientific Attitudes Toward Race in America, 1815-59* (Chicago: University of Chicago Press, 1960), 182-198; James O. Breeden, “States-Rights Medicine in the Old South,” Presented at a meeting of the Institute of the History of Medicine, The Johns Hopkins University, Baltimore (March 11, 1974), 360.

humans were “adapted by nature” to great varieties of climate, and are capable of undergoing great changes of constitutional habit”. In Africa, they argued, “the white man” merely “becomes darker and even black for the better endurance of a hotter climate.”¹⁶² Likewise, tucked away, on page 701 in the concluding paragraph to volume one of Daniel Drake’s nine-hundred page, two volume, tome on the culture, geography, and disease ecology of the Mississippi Valley was the following prediction:

“A synthesis of varieties and races is going on; and the result, I may here repeat, must be a new national constitution—physical and mental—of which the Anglo-Saxon, itself a compound, will be the basis and the governing element. The physicians of a future day will see, what we cannot now, a prevailing temperament, a stature, form, complexion, and physiognomy, characteristic of an indigenous, but greatly compounded race; with its own physical, intellectual, and moral constitution; its special liabilities and exemptions from disease...and the required peculiarities of hygiene regimen, and therapeutic treatment”¹⁶³

Drake did not specify how broadly this prospective, compound race would spread—whether or not, for instance, it included African Americans. But he did specify that in the West, “under the joint influence of mingled blood, of climate, water, occupations, modes of living, customs, and moral, social, and political influences,” new groups—with better resistance to disease—would emerge.¹⁶⁴ Given that immunity was most readily associated with Natives, Creoles and African Americans, it seems likely that non-white groups may have been included in his model of demographic change. Given too, his predictions for the immunological future of the Mississippi Valley it seems likely that Drake had a firm eye on the Southwest in particular. “Autumnal fever will decrease” he predicted,

¹⁶² “Unity of the Races,” *The Southern Quarterly Review*, Volume 7, Issue 14 (April, 1845), 416-420.

¹⁶³ Daniel Drake, *A Systematic Treatise, Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America* (Philadelphia, 1854), 701.

¹⁶⁴ *Ibid.*

in a nod to the malarial and heat induced fevers most commonly associated with the Lower Mississippi Valley, and "mental alienation will be more frequent" he concluded, perhaps in a nod to specifically racialised anxieties about racial intermingling most acutely felt in the slave south. As a warning it seemed at once irreverent and stark. Serious biological alteration, physiognomical change, and possibly even racial transition were not only possible, Drake posited. They were already at work changing the racial complexion of southern society.

Certainly other physicians in the Southwest had already made veiled allusions to the immunological superiority of indigenous groups and to the epidemiological benefits inherent in "adopt[ing] the habits of the old population," as one Orleanian doctor put it.¹⁶⁵ And across the Atlantic world physicians and settlers had long acknowledged the idea that imperial expansion necessitated a confrontation with powerful new pathogenic forces. From the eighteenth century, imperial discourse and first hand testimonies had posited that those venturing to the British Empire's peripheries would have to undergo a period of "seasoning," were they to gain the biological protections necessary to survive so far from home. That might have meant definitive exposure to yellow fever, but it also could have meant a more general exposure to any affliction that caused physical disfigurement, such as pox or jaundice.¹⁶⁶

Pro-Slavery Thought and the Environment

Whether polygenist or monogenist, all proslavery thought was wedded to the idea that whites were physically unable to labour in the South, whilst black people were naturally suited to it. To dispute

¹⁶⁵ Clapp, *Autobiographical Sketches and Recollections during a Thirty-Five Year's Residence in New Orleans*, 78.

¹⁶⁶ Suman Seth, *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire* (Cambridge: Cambridge University Press, 2018), 91-98

that axiom was to endanger white lives, to contradict the evident truths of a racial order which white southerners had themselves constructed, and to abandon the tremendous potential of the Southwest. “No good, but much evil,” Samuel Cartwright wrote in 1851, “will result from prohibiting slavery.” “From the laws of the white man’s nature,” any “labor, requiring exposure to a mid-day summer’s sun... cannot be performed in the cotton and sugar region without exposing him to disease and death.” On the other hand, he continued, “the same kind of labor experience proves to be only a wholesome and beneficial exercise to the negro.” That tenuous jump from white vulnerability to black adaptability formed the basis of a zero-sum equation at the heart of environmental justifications for slavery. “From the heat of climate” where whites were subjected to sickness and death, “no other kind of laborers [besides enslaved Blacks] can do the required drudgery-work in the sun *and live*.” It was, Cartwright argued, an arrangement so perfect as to have been “arranged by *nature*.”¹⁶⁷ As another writer put it, “white men will never be able to be substituted for negroes as field laborers” because they lacked the physical durability. It was a fact in evidence on plantations across the South: “overseer’s [sic] invariably get sick—their children also, who are born on these plantations seldom or ever escape having fever, when the negroes around them are perfectly healthy.” All who witnessed such realities, it was argued, could be under no illusion that “the Nature of the country and climate, can have no substitute for slave labor.”¹⁶⁸

To refute or oppose that view was *unnatural*. Cartwright further enmeshed labour and race by arguing that whites who did transgress that arrangement “make negroes of themselves.”¹⁶⁹ That expression—which he used no less than four times in his brief essay—was laden with a dual meaning. On the one hand it was symbolic: because of the force of racial and environmental determinism, labour and race had become inseparable categories. On the other hand, it could have

¹⁶⁷ Samuel Cartwright, “How to Save the Republic,” *DeBow’s Review*, Volume 11 (July, 1851), 195.

¹⁶⁸ “Physiological differences between Europeans (White Men) and Negroes,” *The Southern Agriculturalist*, Volume 12 (August, 1839), 416.

¹⁶⁹ *Ibid*.

been read as a warning. To “make oneself” black suggested an active process: the subversion of a natural order that exposed oneself to the risks of physical transition and biological change. Both interpretations—that slavery was right because whites *could* not and because they *should* not labour in the South—served to imbed white supremacy and white vulnerability simultaneously into the pro-slavery argument.

That there was an innate natural order to the social and economic system of the South was a favoured argument of pro-slavery theorists. It mirrored the conviction that racial slavery was so well-suited to the US South that it must have been divinely ordained. Shorn of the wrenching processes that had brought slavery first to America, and then to the Southwest, slavery seemed like a gift to the American nation. Not calculation and violent removal but “mysterious Providence” had “brought together two races, from different portions of the globe, and placed them in nearly equal numbers in the Southern portion of this Union.”¹⁷⁰ Such convictions led enslaved people to be viewed as part of the southern landscape, “as much a product of the tropics as the orange or the banana.”¹⁷¹ They were, in the words of a slaveholder from Columbus Mississippi, “made for the south,” “always found there” and could thrive nowhere else.¹⁷² Their evident link to the natural environment was an endowment that had “protected [them] by the very nature of [their] constitution from the unhealthiness of hot climates.”¹⁷³ The immunity that enslaved blacks were said to possess was evidence that slavery had been divinely sanctioned. “God,” it was argued by a rare pro-slavery voice in the North, “has adapted him, both in his physical and mental structure, to the tropics.”¹⁷⁴

¹⁷⁰ Quoted from Lacy K. Ford, *Deliver Us From Evil: The Slavery Question in the Old South* (New York: Oxford University Press, 2009), 510; “The Slave Trade,” *Charleston Courier*, December 16, 1857.

¹⁷¹ Dr Van Evne, “Slavery Extension,” *DeBow’s Review*, Vol. 15, No. 1 (July, 1853), 6.

¹⁷² Estes, *A Defence of Negro Slavery*, 160-161.

¹⁷³ Philip Tidyman “A Sketch of the Most Remarkable Diseases of the Negroes of the Southern States, With an Account of the Method of Treating Them,” *Journal of the Medical and Physical Sciences*, Vol. 12, No. 2 (August, 1826), 306.

¹⁷⁴ J. H. Van Evrie, *Negroes and Negro “Slavery”: The First an Inferior Race, the Latter Its Normal Condition* (New York, NY: Van Evrie, Horton, 1861), 251.

Of course none of that was remotely true. African Americans' presence in the Southwest was an artificial and violent product of historical contingency and transatlantic expediency. But painting African Americans as naturally suited to lower Mississippi Valley land served to stifle debate. The environmental argument for slavery helped to clinch the theological and pseudo-scientific arguments.

Just as most white Southerners met the ubiquity and virulence of sickness with Calvinistic resignation and deference to the whims of a higher power, so too was it easier to take black immunity as a self-evident truth, rather than as something that required deep, societal interrogation. In reality the argument for black immunity bore little resemblance to the experiences of black people. But for white people such arguments had a potent ability to make sense of the senseless and to justify the exploitation of black labour in dangerous times. "What do we see at this moment taking place?" questioned a Louisiana newspaper at the height of an 1853 yellow fever epidemic. "All of our white population, who are laboring in the sun, are dying with the yellow fever at the rate of hundreds before our eyes."¹⁷⁵ Black people on the other hand seemed untouched.

In the presence of such relentless and taxing white suffering, the argument for black immunity required little persuasion. It was generally enough for an embittered and physically embattled slaveholding population to simply be told that black people were better protected from the environment than they were, and that by forcing enslaved people to work they themselves could be saved from the rigours of the climate. Justifications for enslavement thus read as a list of opposing statements about black and white biology: Where whites "[fell] a sure and certain victim" to the sun, enslaved people, whose "constitution seems better adapted to it," thrived; where the southern climate "was very unfavourable to the white man" it was "found highly favourable to the

¹⁷⁵ "Rank poison abolitionism," *Concordia Intelligencer*, September 3, 1853.

constitution of the negro”; Labour, which “sickens and kills” white people, was “a wholesome and beneficial exercise to the negro”; whereas whites could “not endure the heat of a vertical sun,” “black skin and head covered with wool can enable a man to walk out in the open field and live”; where whites fell sick in the “bottom lands” but were said to be safe be safe in their upland homes, the opposite was said to be true for blacks, who enjoyed the bottom lands and were made sick by the “big house”.¹⁷⁶ For every example of white vulnerability there was a correlating example of black resilience. In centralising their own weaknesses, slaveholders amplified the perceived adaptiveness of Black labourers and presented slavery as an institution that made the entirety of the Southern economic system viable.

When white Southerners did acknowledge black sickness, it was usually in reference to a set of invented “negro diseases,” created by Southern physicians and ascribed solely to black people. These served the joint purpose of differentiating black experiences of sickness from those of white people, disaggregating the roots of black sickness from climatic or labour-related causes that might undermine the environmental defence of enslavement, and further reinforcing the idea that whites and blacks were, biologically speaking, fundamentally different from one another. One of the most commonly referenced of these diseases was Cachexia Africana—an ailment whose most obvious manifestation was “dirt eating” and which enslavers believed was brought about either by non-Christian beliefs or by poor attention to health and sanitation in early life.¹⁷⁷ Other diagnoses were more clearly influenced by behaviours that slaveholders sought to quash amongst enslaved populations. Drapetomania, as imagined by Samuel Cartwright, one of the region’s most famous

¹⁷⁶ Holland, *A Refutation of the Calumnies Circulated Against the Southern & Western States*, 43; Estes, *A Defence of Negro Slavery as it Exists in the United States*, 161; Samuel Cartwright, “South’s Position in the Union,” *DeBow’s Review*, Vol. 3, (1854), 61; Russell, *My Diary*, 263; Van Evrie, *Negroes and Negro “Slavery”: The First an Inferior Race, the Latter Its Normal Condition*, 256; A. P. Merrill, “Distinctive Peculiarities and Diseases of the Negro Race,” *DeBow’s Review*, Vol. 20 (1856), 615.

¹⁷⁷ John S. Haller Jr., “The Negro and the Southern Physician: A Study of Medical and Racial Attitudes 1800-1860,” *Medical History*, Vol.16, No.3 (August, 1972), 238-242.

physicians, was a ‘disease’ that caused bondspeople to run away. Dysaesthesia Aethiopica was “a disease peculiar to negroes, affecting both mind and body” that caused, what Cartwright termed, “rascality,” or disobedience.¹⁷⁸ In other instances white observers merely took complaints that were common throughout the region and racialised them. Enslavers added prefixes such as “African” or “Negro” to common diseases to create ailments that were specific to black Southerners—“negro consumption” or “negro poison,” for instance, for any respiratory affliction.¹⁷⁹ Where the mutuality of infection between whites and blacks was too obvious to dispute, whites tended to pathologize the suffering of black people to a greater extent than they did for white victims. Dysentery, for example, was a common and seemingly inescapable part of life in the Southwest. Amongst the enslaved though it was explained, by turns, as a product of harmful but innate enslaved cultural practices, the mental and physical immaturity of black people, and even the regressive practices of black spiritualism.¹⁸⁰

White southerners were not only committed to the idea that black people were immunologically different from themselves because it added credence to the notion that the races were somehow separate from one another. They were also interested in it because racial slavery, and the tenability of black labour in particular, was central to their optimistic vision of a glorious Southwestern future. For many planters slavery was thought to have a positive impact on the environment, rendering the land safer and safer to whites as time went by. When slaveholders alluded to an alternative Southwest, where slavery did not exist, it was an apocalyptic and even more inhospitable place. “Noxious to white constitutions,” wrote one Louisiana planter, only slavery could transform it from

¹⁷⁸ Samuel A. Cartwright, “Report on the diseases and physical peculiarities of the Negro Race,” *Southern Medical Records*, Vol. 2 (New Orleans, 1850), 421-429.

¹⁷⁹ Lunsford P. Yandell, “Remarks on Struma Africana, or the Disease Usually Called Negro Poison, or Negro Consumption,” *Transylvania Journal of Medicine and the Associate Sciences*, Vol. 4 (February 1831), 83-103; John R. Hicks, “African Consumption,” *Stethoscope*, Vol. 4 (November 1854), 625-29.

¹⁸⁰ Samuel Cartwright, “Remarks on Dysentery Among Negroes,” *New Orleans Medical and Surgical Journal*, Vol. 11 (Sept. 1854).

a useless, dangerous place, into a land fit for American republicanism and commercial exploitation.¹⁸¹ Joseph Dubreuil suggested that without black labour the entirety of Louisiana would be a “vast swamp unfit for any creatures outside of fishes, reptiles, and insects.”¹⁸² William Harper agreed. A slaveless Southwest would only ever amount to a “valueless” stretch of “pestilential swamps,” suitable only “for the alligator and tortoise.”¹⁸³

Southwestern viability was tied to an almost evangelical belief in the transformative power of black labour. Land improvement projects that utilised white labour, on the other hand, were thought to only be achievable “at an outlay of life and suffering far beyond all the blacks endure.”¹⁸⁴ Aversion to it was so strong that when a contributor to *DeBow's Review* suggested that “Florida and Louisiana may be cultivated by white labor” it was immediately denounced by the local press as “abolitionism of the deepest dye.”¹⁸⁵ To suggest that whites could work or improve the land in “tropical latitudes” was not only to undermine the foundations of racial slavery but what environmental theorists had prescribed to be the natural order of things. “The time never can come when the field-labor of Louisiana and the swamps of Florida can be performed by white labor without an awful and daily sacrifice of human life, so long as the hot sun of summer continues to shine and pour down his heat upon Southern cane and cotton fields.” The weaponisation of nature was one of slave society's deepest ironies. The argument that the natural landscape had to be suppressed and altered because it was chaotic and dangerous butted uncomfortably against a pro-slavery doctrine committed to the argument that black slave labour was itself natural to the social order that planters were aiming to create.

¹⁸¹ Quote from Richard Follett, *The Sugar Masters: Planters and Slaves in Louisiana's Cane World, 1820-1860* (Baton Rouge: Louisiana State University Press, 2005), 47.

¹⁸² Quote from Rothman, *Slave Country*, 31.

¹⁸³ William Harper, “Chancellor Harper's Memoir on Slavery,” Vol. 10, Issue 1 (Jan 1851), 50-51.

¹⁸⁴ Montgomery, *The Queen of Islands*, 35.

¹⁸⁵ Dr Van Evne, “Slavery Extension,” *DeBow's Review*, Vol. 15, No. 1 (July, 1853); “Rank Poison Abolitionism,” *Concordia Intelligencer*, September 3, 1853.

Pro-slavery ideology was further complicated by the realities and distribution of labour in the Southwest. If white Southerners had been consistent in the application of their environmental defence of slavery then black labour should have been the answer to all of the region's labour demands, both agricultural and industrial. But that was not the case. Frequently, enslaved people were deemed too valuable to be risked on certain jobs. Instead, it was often immigrant labour—particularly from the ranks of newly arrived Irish migrants—that was put to work on large infrastructure projects and in the new industries of the booming region. When the New basin Canal was dug in 1838 to connect the Central Business District of New Orleans to Lake Pontchartrain, for example, enslaved people were deemed “too valuable to expose to the risk of malaria, cholera, and yellow fever.” Instead, the company responsible for the construction hired Irish labourers, thousands of whom are thought to have perished in the process.¹⁸⁶ Likewise in the early 1850s, when surveyors of a proposed Cairo, Illinois to Mobile, Alabama railway line questioned whether “the unhealthiness of the labour near the shore of the Mexican Gulf” might impede the project's construction, they were reassured that such concerns were “not of much importance where Irish emigrants are plenty.”¹⁸⁷ Across the region—on levees, docks, construction sites, and steamboats—European immigrant labour was routinely chosen over enslaved black labour because, whilst both groups were liable to fall victim to sickness and injury, white labourers could be discarded with fewer financial ramifications than could valuable enslaved people.¹⁸⁸ Moreover, such calculations affected labour practices across the year, not just in the more sickly summer months. “A considerable number of alien laborers have, of late, been employed South in the winter,” wrote the Northern economic commentator Thomas Kettell in 1860. They followed seasonal opportunities

¹⁸⁶ Elizabeth Fussell, “Constructing New Orleans, Constructing Race: A Population History of New Orleans,” *Journal of American History*, Vol. 94, No. 3 (December, 2007), 848.

¹⁸⁷ Edward Sullivan, *Rambles and Scrambles in North and South America* (London, 1852), 212.

¹⁸⁸ “Irishmen and Negroes,” *The Anti-slavery Reporter*, Vol. 1, No. 4 (London, April, 1853), 84; Olmsted, *A Journey in the Seaboard Slave States*, 550-551; J. Carlyle Sitterson, “Hired Labor on Sugar Plantations of the Ante-Bellum South,” *The Journal of Southern History* Vol. 14, No. 2 (May, 1948), 192-205.

and “worked in drainage and such employments as careful masters think too unhealthy for valuable blacks.”¹⁸⁹ Even on the plantation—the central locus of the white argument that black people were biologically predisposed to labour in the Southwest—slaveholders sometimes hired white migrant labour rather than risk the health of the enslaved. When Paul Cameron purchased land in the Alabama cotton belt, for example, he hired Irish labourers to ready the ground by digging 1,425 cubic yards of drainage, a job he deemed too dangerous and pestilential for his own labour force.¹⁹⁰

Despite these obvious inconstancies in its application, belief in slave adaptability and confidence in black peoples' capacity to positively impact the development of the Southwest (when kept in bondage and under white direction) was clearly important to white Southerners. It was a touchstone of white regional optimism and generated cohesion amongst settlers who could enjoy a shared, heroic vision for the future of their region. For, the juncture between a malignant environment and the establishment of racial slavery formed an ideological paradigm which pitted Southern barbarism against Southern progress. The Lower Mississippi Valley was indeed “capable of being made a far greater Egypt,”—as northern observers had argued—but only “if slavery was allowed to thrive.” That was according to South Carolina senator William Harper. The alternative was regression. Any land in Mississippi that wasn’t worked by slaves, one advocate of slavery put it, would be choked by “primitive forests.”¹⁹¹ “Negro emancipation” and the subsequent threat to cotton production, it was argued an 1856 issue of *DeBow’s Review*, would “throw the world back into the barbarism of the feudal ages.” Where “[t]he white man will never raise—*can* never raise a cotton or a sugar crop,” racial slavery was the only antidote to the dangers and inhospitableness of the natural

¹⁸⁹ Thomas Prentice Kettell, *Southern Wealth and Northern Profits, As Exhibited in Statistical Facts and Official Figures: Showing the Necessity of Union to the Future Prosperity and Welfare of the Republic* (New York, 1860), 101-102.

¹⁹⁰ Sydney Nathans, *A Mind to Stay: White Plantation, Black Homeland* (Cambridge, Mass.: Harvard University Press, 2017), 73.

¹⁹¹ Harper, “Memoirs on Slavery,” 50; Estes, *A Defence of Negro Slavery*, 161.

world.¹⁹² Only by harnessing the power of racial slavery could dangerous “sources be removed” and “[the white] man...regain his true position in the scale of being.”¹⁹³

For men like Harper, the failures and successes of those who had either ignored or accepted the wisdom of racial slavery were written across the continent. Brazil was fairing well “in spite of a weak and arbitrary government”. Similarly, Cuba was “daily and rapidly advancing in industry and civilization.” Where slavery had been excluded or abolished, on the other hand, civilisation had declined. Mexico was rapidly degenerating toward savagery in the wake of its experimentation with the “farce of abolishing slavery.” St Domingo had been “struck out of the map of civilized existence” entirely. Harper did not stop there though, instead casting his gaze even further afield to Europe and beyond. Casting his eye beyond the Americas, he noted that Europe’s warmest extremities were suffering without the stabilising force of slavery: Spain and Portugal were both “degenerate,” and corrupted by sickness in their southern reaches; Greece was “barbarous and scantily peopled”; and Italy was beset with “disease and misery.”¹⁹⁴

Conclusion

As white settlers and their black captives began to stream into the Lower Mississippi Valley in the decades that followed the Louisiana Purchase a French naturalist by the name of Jean-Baptiste Lamarck was beginning to promote a set of theories relating to evolution and biological adaptability. Lamarck's argument pivoted on a belief that animals were subject to physical adaptations and mutations during their lifetimes, as they were exposed to changing conditions, new

¹⁹² “Slavery and Political Economy,” *DeBow’s Review*, Vol. 21, (November, 1856), 466-467.

¹⁹³ Estes, *A Defence of Negro Slavery*, 155; Adam Rothman, “Slavery and National Expansion in the United States,” *OAHA Magazine of History*, Vol. 23, No. 2 (Apr., 2009), 23-24; John Craig Hammond, *Slavery, Freedom, and Expansion in the Early American West* (Charlottesville: University of Virginia Press, 2007), 35.

¹⁹⁴ Harper, “Memoirs on Slavery”, 48.

challenges, or new opportunities. Whatever transformations occurred in life were then passed on hereditarily through an inheritance of acquired characteristics, leading to lasting and irrevocable changes within species over time.¹⁹⁵

It's doubtful that many white slaveholders had read Lamarck's work. Lamarck himself, a zoologist by training, clearly did not have slavery in mind when testing his theories. Nevertheless, as they set about creating plantations and settlements in the Southwest slaveholders began to see the world around them in a way that mirrored his hypotheses. Climate and disease ecology, it seemed, were conspiring to detrimentally alter the innate characteristics of the white population. Bodies were changing under the pressure of heat and sickness; sometimes for the better--as people became acclimated to yellow fever for instance--but more commonly for the worse. Some went so far as to say that environmental exposure in the Lower Mississippi Valley was causing a schism in White America, leading to the creation of two distinct American tribes; one thriving in the nation's North and Mid-West, the other "modified by climate, relaxing under the moist heats of the south."¹⁹⁶

One of the most imperilled physical attributes of Anglo-European settlers it seemed, aside from their personal health and longevity, was their whiteness itself. The pathological effects of climate and heat were thought to strike at the heart of white purity. It damaged Anglo-American constitutions and unravelled whatever essential biology southerners believed defined it. The more white people exerted themselves the more that threat rose. As one Orleanian resident put it, "the climate is relaxing." Its "heat and humidity," he continued, rendered all forms of labour "particularly pernicious" to white constitutions.¹⁹⁷

¹⁹⁵ Richard W. Burkhardt, Jr., "Lamarck, Evolution, and the Inheritance of Acquired Characters," *Genetics*, Vol. 194, No. 4 (August, 2013).

¹⁹⁶ Montgomery, *The Queen of Islands*, 33.

¹⁹⁷ Letter from Charles Watts, June, 1829, Charles Watts Papers, 1813-1833, mss. RL.10958, Duke.

The answer to this problem was racial slavery. The historiography of pro-slavery thought often contends that as the Cotton Kingdom flourished the axis of slavery's defence shifted: instead of arguing that slavery was a necessary evil, advocates of the institution instead began to suggest that slavery was in fact a "positive good." It seems instead, however, that both of these currents remained strong throughout the antebellum years and were able to coexist easily within the field of environmental pro-slavery. By reflecting white vulnerability against black adaptability, slaveholders painted a vision of a society and a labour system that was in perfect harmony. In the process they also created a paradigm in which the tremendous wealth, opportunity and strategic advantages of the Southwest could only be unlocked if slavery was allowed to flourish there.

CHAPTER TWO:

MOBILITY, MARKETS, AND THE INTERSTATE SLAVE TRADE

Samuel Browning understood the slave markets of the Southwest better than most. As an independent slave trader he plied his trade across many of Louisiana's, Mississippi's, and Alabama's largest markets. As an agent for a rich Carolinian named Archibald Boyd, he also brokered deals and orchestrated sales as a third-party administrator. Browning kept in regular contact with Boyd. He gave him updates on his investments, relayed marketplace gossip, and offered up strategic advice. He also gave Boyd a *feel* for the marketplace and a chance to experience the undulations and the drama of slave trading vicariously through his regular dispatches. The letters he sent—the surviving copies of which were all dated between 1848 and 1849—were certainly not short of drama. They detailed Browning's feuds with enslaved people and with his customers, the itinerancy of his profession, and the day-to-day uncertainties of the slave economy. More than any other topic, however, they charted the impact of disease upon slave selling.

In fact, every letter Boyd received included a reference to disease, and how it was impacting the market. "All is well but considerable excitement about the colria [cholera] in New Orleans," he began a letter in late December. "If it was not for the Excitement I think I could sel forty or fifty negros here this season." As it was, prospects were poor: there were no buyers, cities were emptying, and cholera was raging on the steamboats.¹⁹⁸ The following letters documented the disease's continuing effect on the market, and on the Southwest more broadly. "It has put a damper on trade," he wrote at the end of December. "It will be impossible to sel a negro at any price." In his next update: "If the thing blows over I can sel I think if not it [is] a bad chance." In addition physical credit had dried up, people could "get about only by boats or skiffs" as the steamboats had

¹⁹⁸ Samuel R. Browning to Archibald Boyd, December 26, 1848, Archibald H. Boyd Papers, Section A, Box 15, Duke.

become death traps, and large numbers of people—free and enslaved—were dying every day. By April the situation had barely improved. With physical credit in short supply and a market depressed by the devastating impact of cholera Browning told to Boyd to sell his human property for whatever he was able to get, for he himself had “written in every direction and cannot find some where I can sel.”¹⁹⁹

When the markets reopened following the summer shutdown—an annual defence against the season’s heat and sickness—Browning’s outlook had changed drastically. The cholera epidemic that had caused so many problems in the Winter and Spring was subsiding and he had developed a new sense of optimism. “Cotton is a rising,” he wrote Boyd from Yazoo City in late August, and “I have this day sold out every thing.”²⁰⁰ Moving on to Vicksburg his buoyant mood grew. “Times looking up.” “I have had mo offers & inquiries after negros here the two days that I have been here than I had for two months before I left... I know three men now in Miss that will as would buy some fifty to seventy fine negros.” Browning had not so much put the destruction and suffering of the previous winter behind him as he had begun to reap its macabre rewards. With unabashed bluntness Browning explained to Boyd that prospects were good because “the Planters has lost a great many negros and have to replace them.”²⁰¹

As Ira Berlin has described it, the slave trade was “the largest enterprise in the South outside of the plantation itself.”²⁰² To meet cotton and sugar growers’ seemingly insatiable demand for forced

¹⁹⁹ Samuel Browning to Archibald Boyd, 29 December 29, 1848, Archibald H. Boyd Papers, Section A, Box 15; Samuel Browning to Archibald Boyd, January 2, 1849, Archibald H. Boyd Papers, Section A, Box 15; Samuel Browning to Archibald Boyd, January 18, 1849, Section A, Box 15; Samuel Browning to Archibald Boyd, March 25, 1849, Archibald H. Boyd Papers, Section A, Box 15; Samuel Browning to Archibald Boyd, April 27, 1849, Archibald Boyd Papers, Section A, Box 15.

²⁰⁰ Samuel Browning to Archibald Boyd, August 22, 1849, Archibald Boyd Papers, Section A, Box 15.

²⁰¹ Samuel Browning to Archibald Boyd, August 28, 1849, Archibald Boyd Papers, Section A, Box 15.

²⁰² Ira Berlin, *Generations of Captivity: A History of African-American Slaves* (Cambridge, Mass.: Harvard University Press, 2003), 168.

labour it embraced revolutions in technology and transportation, adopted innovative forms of organisation and business management, and utilised acute forms of cruelty and violence to uproot enslaved communities and keep its captives compliant. It was a powerful force within southern society, albeit a complex one. On one hand, it was vital to the regional economy, to the ongoing exploitation of the fertile Southwest, and to plantation owners' ability to meet the ever-increasing global demand for cotton and sugar. On the other hand it was mistrusted (and sometimes publicly scolded) by slaveholding Southerners who were keen to project a more harmonious and paternalistic vision of their institution to the outside world, and who worried about the social ramifications of unrestrained and poorly regulated human trafficking from the Old South.²⁰³ Because of the conflicts and controversies that swirled around it, and because it operated inter-regionally, Southern slaveholders tried to paint the domestic slave trade as an institution that stood apart from the consensuses and rhythms around which Southwestern society was built. Browning's dispatches to Boyd help to show that that was not the case. Both slave markets and slave trafficking were deeply sensitive to the realities of wider Southwestern society and, like all facets of life in the Southwest, had to conform to the seasonality, dangers, realities, and, occasionally, opportunities of its disease ecology.

Browning's letters capture the close connection between disease and the slave trade. This chapter explores that interconnectivity in more detail. It begins by examining southerners' deep anxieties over trade and transport generally. Before railroads began to creep into the Southwest in the 1850s, rivers were the lifeblood of southern commerce and the engines of southern mobility.²⁰⁴ Steamships

²⁰³ See Robert H. Gudmestad, *A Troublesome Commerce: The Transformation of the Interstate Slave Trade* (Baton Rouge: Louisiana State University Press, 2003), 1-5, 148-168.

²⁰⁴ For the growth of railroads in the South see Edward L. Ayers, *The Promise of the New South: Life After Reconstruction*, 15th anniversary edition (Oxford: Oxford University Press, 2007), 3-33; William G. Thomas, *The Iron Way: Railroads, the Civil War, and the Making of Modern America* (New Haven: Yale University Press, 2011), chapter 1. For the Southern railroad as an agent of disease proliferation see R. Scott Huffard Jr., *Engines of Redemption: Railroads and the Reconstruction of Capitalism in the New South* (Chapel Hill: University of North Carolina Press, 2019), 105-134.

cut through the Lower Mississippi Valley's otherwise impenetrable hinterland, carrying everything from cotton and sugar to people and animals. They also carried pathogens and contagions, for which rivers, ports, and crowded steamboats provided an even more perfect highway than they did for the raw products of enslaved labour.

The chapter then pivots towards the slave trade itself, beginning with the act of slave removal and then following the process of forced migration from the Old South to the Lower Mississippi Valley. It explores the measures traders employed to mitigate the dangers of trafficking enslaved people into and through a region where transport and movement were so closely associated with disease, and how enslaved people experienced and confronted the harsh realities of those journeys. Despite traders' efforts to lessen the high physical toll of slave importation, as well as their attempts to obscure it, most observers still associated interstate trafficking with hardship and sickness. Indeed, it was a point of alarm amongst both supporters and opponents of slavery. "The loss by *death* in bringing in slaves from a northern climate, which our planters are under the necessity of doing," proclaimed the *New Orleans Argus*, "is not less than TWENTY-FIVE PER CENT"—a figure it likened to that of the Atlantic slave trade.²⁰⁵ Northern abolitionists arrived at a similar figure in trying to explain census records that suggested the "disappearance" of 165,000 enslaved people who had been trafficked between the original southern states and the Southwest between 1830 and 1840. "The slave-buying are also slave-consuming States" they concluded. "The regular wear [mortality rate] of plantation slaves is at least 10, if not 15 per cent a year," alleged the Boston based *Emancipator and Republican*. "The general waste of life by acclimation is generally allowed to be 20, or 25 per cent."²⁰⁶ Both estimates may have been high but served to show how closely free Americans associated the slave trade with black sickness and death.

²⁰⁵ Quote from American Anti-Slavery Society, *American Slavery as it is: Testimony of a Thousand Witnesses* (New York, 1839), 162.

²⁰⁶ "Tabular Views," *Emancipator and Republican*, April 27, 1843.

The chapter ends in the slave market. Here, disease was one of the greatest drivers of speculation and one of the most intense points of scrutiny for thousands of planters intent on purchasing the bondspeople that would best support the weight of their financial ambitions. But it was also a point of tremendous instability. There were vast gaps in southwesterners' understanding of the causation, the etiology, and the effects of most contemporary diseases. To try and apply what little medical knowledge existed to the monetary valuations of enslaved people was an impossible task. Where most have viewed this disconnect solely as a driver of animosity, deception, and litigation, I suggest that it also presented enslavers with opportunities. Those who understood the market, its idiosyncrasies, and its pitfalls showed repeatedly that they were best placed to capitalise on its uncertainties.

Travel, Trade, and Sickness

As steamboats traversed the Southwest's riverine highways they granted their passengers a panoramic view of a region prone to both endemic sickness and violent epidemic outbreaks. As contemporary travel narratives showed, they were a window into the suffering that disease wrought. Travelling between Nashville and New Orleans during a cholera outbreak in the late 1840s, Issac Irwin recorded that "all most all the wood yards [we] past there were fresh graves of Brians [burials] from Colera." The physician Gideon Lincoecum depicted a similarly dire scene, describing the abundance of "houses along the river where all the inhabitants were dead, some unburied and the dogs howling in the yard." The view from the vantage of the steamboats was one of "unwholesome

banks,” “great panic”, and death.²⁰⁷ When disease raged, those river banks could be literally and unceremoniously transformed into mass graves.²⁰⁸

The steamboats from which these observations were made instilled a sense of pride and awe amongst those who traveled upon them. They were a crowning technological achievement that had allowed the Lower Mississippi to overcome its spatial and temporal limitations. Their speed and power opened up the Southwestern interior, allowing passengers, chattel and cargo to travel farther and farther across vast, impenetrable wilderness at an ever-increasing pace, whilst incubating them from the region’s ecological and environmental dangers.²⁰⁹ Yet the idea that steamboats and their passengers were detached from the world around them, and that they moved *through* rather than *within* the wider landscape, was a myth.

Steamboats themselves were the perfect conduits for the rapid spread of disease. They laced the southern populace together within an interconnected web of commerce and travel, had the ability to redistribute infected people rapidly throughout the region, and had a reputation for overcrowding their passengers in cramped deck spaces. As Charles Bradbury, recalled of a journey between Louisville and New Orleans in 1835, “the boat was crowded to excess.” It had, he continued, been “impossible to walk in the Cabin after 10 o’clock at night” on account of the number of sleeping bodies and the fact that the majority of passengers did not have a bed. Harriet Lewis recalled a similarly claustrophobic experience during an “exceedingly unpleasant” journey from New Orleans to Shreveport. During her journey, she could “scarcely turn round” and had been confined to a “very

²⁰⁷ Frances Milton Trollope, *Domestic Manners of the Americans* (London: Whittaker, Treacher, 1832), 38; “Diary, 1848-1868,” Erwin (Isaac) Diary, Mss. 2933, Box 1, Folder 1, LLMVC; “Autobiography of Gideon Lincecum,” *Publications of the Mississippi Historical Society*, Volume 8 (1904), 515.

²⁰⁸ Volney Metcalfe to St John Liddell, May 21, 1851, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 7, Folder 45, LLMVC; *Louisville Journal*, May 21, 1849; Louis C. Hunter, *Steamboats on the Western Rivers: An Economic and Technological History* (New York: Dover Publications, Inc., 1949), 434.

²⁰⁹ James T. Lloyd, *Lloyd’s Steamboat Directory, and Disasters on the Western Waters* (Cincinnati, 1860), 279-280; Johnson, *River of Dark Dreams*, 73-96.

small and confined” cabin.²¹⁰ These were symptoms of an industry that operated without regulatory oversight and which was driven by competitiveness and greed, as opposed to the best interests of the public.²¹¹

For Southwestern residents, particularly those upriver from New Orleans, crowded steamboats were an ominous spectre. “For the sake of a few dollars,” it seemed, steamboat operators were routinely overcrowding their boats, imperilling their passengers, and contributing to the spread of sickness throughout the region.²¹² But as diseases took hold in cities like New Orleans and Natchez, those who were in a position to do so invariably took to the rivers to escape. Arriving into New Orleans during the peak of an 1849 cholera epidemic that was claiming “2 to 300...every day,” Thomas Macintosh’s impression was of a city experiencing a mass exodus, in which “all the boats [were] crowded by people leaving the city.”²¹³ Once aboard, the congested and sometimes unsanitary conditions of tightly packed decks provided the ideal opportunity for diseases to spread. During the epidemic into which Macintosh arrived, the ubiquity of sick travellers escaping cities like New Orleans and Natchez was such that only a “fortunate boat...did not have a few fatalities to report,” and most had many more.”²¹⁴ The local press tallied the “scores” of passengers who died on

²¹⁰ Charles Bradbury to Sarah Bradbury, November 7, 1835, Charles William Bradbury Papers #301, Box 1, Folder 5, SHC-UNC; Harriet Lewis to Sophia Hughes, [undated], Hughes Family Papers #2779, Folder 14a, SHC-UNC.

²¹¹ Overcrowding was only one reason that steamboat operators were accused of sacrificing passenger safety for profit. Other accusations included the risk of explosions in setting speed records, travelling at night despite the dangers of bars and snags, and jettisoning steamboats’ safety features in favour of greater cargo capacity. See James Hall, *Notes on the western states : containing descriptive sketches of their soil, climate, resources, and scenery* (Philadelphia, 1838), 239-240; “Steamboat Explosions, etc.,” *Alexandria Gazette*, February 14, 1851; Johnson, *River of Dark Dreams*, 87-96.

²¹² *Louisville Journal*, May 21, 1849.

²¹³ “Diary,” March 28, Thomas MacIntosh Diary, 1849-1850, Ms. S-340, MHS.

²¹⁴ Hunter, *Steamboats on the Western Rivers*, 432.

steamboats in dedicated “river news” columns, whilst boat hands compared the devastation they had witnessed on journeys that had counted upwards of sixty, eighty, and one hundred deaths.²¹⁵

On these journeys the region’s suffering played out in microcosm; steamboats were transformed into what one Orleanian dubbed “floating charnel houses” and the illusion of any separation between the unhealthy river and the boats that traversed it was unceremoniously shattered.²¹⁶ Makeshift burials saw corpses “sewn into blankets” before being “thrown overboard” where they were left to putrefy, transforming rivers into mass burial sites and “everlasting monuments” to the dead. As fatalities rose even the perfunctory measures of encasing bodies or digging riverside burials were abandoned. Instead bricks and stones were tied to the feet of victims before they were thrown over the deck’s railings. On one schooner travelling from New Orleans across the Gulf of Mexico to Texas in the late 1840s passengers had “died so fast” according to diarist Rosaline Priour, “that they could hardly throw them over as fast as they died.” On another, with eighty deaths and “men perishing every minute,” all they could do was have them “thrown into the river like so many dead hogs”.²¹⁷

Steamboats were the cornerstone of the southwestern economy and vital engines for growth in a region that was tough to penetrate by land and infrastructurally underdeveloped. Their reputation for sickness and their close association with the spread of epidemic diseases, however, caused headaches for public officials. Nevertheless, it was far easier to salvage any reputational damage

²¹⁵ “Cholera,” *Alexandria Gazette*, July 2, 1833; John B. Wyeth, *Oregon, or A short history of a long journey* (Cambridge, Mass., 1833), 92-93; E. W. Gould, *Fifty Years on the Mississippi: or, Gould’s History of River Navigation* (St Louis, 1889), 676.

²¹⁶ *History of the Yellow Fever in New Orleans, During the Summer of 1853*, 94.

²¹⁷ Thomas C. Buchanan, *Black Life on the Mississippi: Slaves, Free Blacks, and the Western Steamboat World* (Chapel Hill: University of North Carolina Press, 2004), 59; “River Correspondence” *Concordia Intelligencer*, January 4, 1851; Hunter, *Steamboats on the Western Rivers*, 434; Rosalie B. Hart Priour, ‘*The Adventures of a Family of Emmigrants who Emmigrated to Texas in 1834, an Autobiography*’, p.28 Box 2r154, DBC-UT.

brought about by bouts of sickness than it was to implement any regulatory policies that would alleviate suffering on the rivers or tackle the causes of disease itself. In New Orleans, city boosters requested that deaths from the Charity Hospital be excluded from the city's mortality statistics, as the many deaths witnessed there "were almost exclusively formed of the floating population." Residents of Memphis publicly pushed back against the city's reputation as "the sickliest city in the United States," by arguing that most of Memphis's sick were not residents, but rather river workers and migrants.²¹⁸ Meanwhile in Natchez the settlement's physical geography made it easy for city officials to draw a sharp distinction between the city's resident and itinerant populations. The city's commercial centre, its neat grid system, and its two-storey town houses were located on top of a bluff above the river. "Handsome," "noble" and built to an architectural design that was "full of windows and doors for the admission of as much air as possible," it was considered a healthy respite from the more humid and low-lying riverbanks that surrounded it. Located underneath the bluff was the city's port area, Natchez-Under-the-Hill. This area was much maligned both socially—a warren of "gambling-houses, brothels, and bar-rooms"—and epidemiologically—a "filthy spot" that incubated disease and was susceptible to epidemics.²¹⁹ Connected to the top of the bluff by a single street, the neighborhood below effectively incubated "upper" Natchez from the physical tumult and bustle of the river.

In the early years of the southwestern boom, attitudes to the sick had straddled acceptance and unease. On one hand it was acknowledged that growing numbers of boatmen and migrants were

²¹⁸ Joseph D. Wilcox to William Wilcox, June 8, 1852, Wilcox Family Papers #5052, Box 1, Folder 1, SHC-UNC; "The Yellow Fever at New Orleans," *The Glasgow Herald*, September 5, 1853.

²¹⁹ Ingraham, *Southwest by a Yankee*, 2:19-22; William Richardson, *Journal from Boston to the western country and down the Ohio and Mississippi Rivers to New Orleans, 1815-1816*, Box-L 1940, MHS; David J. Libby, *Slavery and Frontier Mississippi, 1720-1835* (Jackson: University Press of Mississippi, 2004), xi; *The Atlas*, November 7, 1829.

vital actors within the western economy and central to their vision of a new “go-a-head country.”²²⁰ Treatment of them thus often evoked toleration and sympathy. On the other hand, officials looked for ways, as leaders of Natchez had done, to silo the itinerant sick and socially volatile away from more settled and reputable urban communities. In 1823, the Mississippi General Assembly acknowledged that the root cause of the city’s public health crises were usually commercial in nature. Disease grew in response to “the increase of commerce on the Mississippi, and the improved facilities of intercourse among the states composing the Union,” as well as a “laudable spirit of adventure” amongst those travelling to the region in search of wealth. The General Assembly also acknowledged that advances in commerce and increases in river traffic were responsible for “augmenting...the number of sick and indigent strangers... [and for] enhancing the demands, already heavy, upon the charities and sympathies of the inhabitants.” In response, the Assembly petitioned the federal government for permission to levy “a tax on boats...descending the River Mississippi, for the sole and exclusive purpose of creating a permanent revenue for the relief of sick and indigent boatmen, and other persons, concerned or employed in the navigation of the Mississippi.” It also requested a public land grant for the establishment of the new Natchez Hospital.²²¹ But the issue of sick river users was not only on the minds of Natchez authorities. At the same time downriver, city leaders in New Orleans were decoupling the Marine Hospital from the city’s main Charity Hospital and placing it under the control of one of the city’s private infirmaries. The infirmary in question had already been designated as the municipality’s contagion hospital for smallpox outbreaks and was thus used to segregating its patients from the rest of the populace.²²²

²²⁰ Ebenezer Davies, *American Scenes and Christian Slavery: A Recent Tour of Four Thousand Miles in the United States* (1849), 83; L. U. Reavis, *A Change of National Empire; or Arguments in Favor of the Removal of the National Capital from Washington City to the Mississippi Valley* (St. Louis, 1869), 7, #box 1869, MHS.

²²¹ “Memorial of the General Assembly of Mississippi Praying a Donation of Public Land, For the Benefit of the Natchez Hospital,” February 12, 1823, Box 4Zb25, Folder 15, DBC-UT.

²²² Crete, *Daily life in Louisiana*, 214.

As the river system's human and organic landscape changed, so, too, did attitudes to disease. By the mid-1820s outbreaks of yellow fever had become more frequent and more deadly in the Lower Mississippi Valley, and the arrival of cholera had given residents new cause for concern. At the same time commercial traffic was increasing rapidly. In the 1810s the number of boats working the river had been just over seventy. By the 1850s that number exceeded 800.²²³ Growth mirrored demand. In the 1825/26 financial year New Orleans had received 208,294 bales of cotton, the vast majority of which was produced in Louisiana, Mississippi, Tennessee and northern Alabama and shipped downriver. By the 1855/56 commercial year, that total had risen to 1,803,218 bales.²²⁴ Transportation times too had been slashed: an upriver journey from New Orleans to Louisville that might have taken 16 days in 1819 took only 6 in the 1850s.²²⁵

The culmination of these changes served to undermine whatever delicate equilibrium had existed between the region's commercial interests and its public health responsibilities. In fact it was a tragic irony that as Southwestern ascendancy was making the need for robust intervention into matters of public health increasingly clear, administrative and legislative action to tackle squalor, sanitation, and disease prevention were stalling.²²⁶ The same was true when it came to efforts to stop diseases spreading up and down the river system. As river traffic increased, attempts to regulate it by empowering boards of health to examine, and possibly quarantine, commercial ships coming in and out of river ports faded away.²²⁷ In an age when local governance was generally

²²³ Robert H. Gudmestad, *Steamboats and the Rise of the Cotton Kingdom* (Baton Rouge: LSU Press, 2011), 5.

²²⁴ E. J. Donnell, *Chronological and Statistical History of Cotton* (New York: James Sutton & Co., 1872), 104, 433.

²²⁵ George S. Pabis, *Daily Life Along the Mississippi* (Westport: Greenwood Press, 2007), 98.

²²⁶ Crete, *Daily Life in Louisiana*, 167; Humphreys, *Yellow Fever and the South*, 2.

²²⁷ George Poindexter, *The Revised Code of the Laws of Mississippi, in which are Comprised All Such Acts of the General Assembly, of a Public Nature, as Were in Force at the End of the Year, 1823* (Natchez, 1824), 634.

controlled by a small, and self-interested cadre of commercial elites and wielded as “an effective device of the business community to promote growth,” nurturing the expansion of king cotton rather than public health became the primary objective of the region’s urban municipalities.²²⁸

These priorities put city administrators and local boosters on a collision course with port quarantines, the best available measure for effectively dealing with epidemics and their spread.²²⁹ The measure had always been a controversial one in the South, particularly in comparison with Europe and other parts of the US where they had been more widely adopted. In the early years of Southwestern statehood, some had promoted the idea of proactive quarantining. Editors of the *Mississippi State Gazette*, for instance, had urged authorities in New Orleans to cast off “delicacy and politeness” and implement an immediate quarantine in response to rumours that the steamboat *Washington* had “landed five sick persons” on the city’s levee in 1818. Commercial leaders quickly countered that the epidemic was a false alarm and the only purpose that quarantine served was to scare residents, discredit the region’s reputation, and injure “the prosperity of the city.”²³⁰ Proponents of the measure were hindered further when an 1822 experiment in preemptive quarantine failed to stop a New Orleans yellow fever outbreak that killed thousands from August to October. In response to the failure, the state’s governor came to judge the policy of quarantining as misguided. “The State resorted to quarantine, under the expectation that it would add to the chances of escape from this dreadful visitation. If this hope be fallacious...then should it be abandoned, and our commerce relieved from the expense and inconvenience which it occasions.”²³¹ This show of public contrition though was not enough to save the governor’s career. With memories of the port

²²⁸ David Goldfield, “The Business of Health planning,” *The Journal of Southern History*, Vol. 42, No. 4 (Nov., 1976), 557-559.

²²⁹ William Brock, *Investigation and Responsibility: Public Responsibility in the United States, 1865-1900*, (Cambridge: Cambridge University Press, 1984), 139.

²³⁰ “Health,” *Mississippi State Gazette*, September 9, 1818; “Health of Natchez,” *Mississippi State Gazette*, September 12, 1818.

²³¹ Dowler, *Tableau of the yellow fever of 1853*, 19.

closures looming large over the following year's elections, powerful commercial groups in the city ultimately succeeded in using economic distress and the lingering fallout from the pandemic to remove him for his office.

As time went by the region's commercial interests increasingly overrode concerns about public health. As native Orleanian George Washington Cable put it, wherever "quarantine was proposed; commerce frowned."²³² One of the strongest allies of the region's commercial lobby was the local press. Many newspapers were used to acting as the Southwest's loudest and most enthusiastic boosters, and knew that it was easier to stifle news of disease than it was to stifle contagion itself. According to David Goldfield "it was an unwritten rule that the press should ignore or deny the existence of an epidemic" as to do otherwise would give undue commercial advantages to rival cities." That obviously created an obvious disconnect between reporting and reality. When Benjamin Latrobe—the engineer tasked with improving New Orleans's sewage system—arrived in the Southwest he noted with perplexity that it was "a matter of notoriety that the disease did exist," yet "every notice...of the calamity was carefully kept out of the newspapers." Seeking an explanation, he asked a local editor why this was the case: "his answer was that the principal profit of a newspaper arising from advertisements, the merchants, their principle customers, had absolutely forbid the least notice of fever." Moreover, those who did publish early reports of diseases—particularly yellow fever—were likely to be threatened by the loss of all advertising.²³³

²³² George W. Cable, "Flood and Plague in New Orleans," *Century*, Vol. 26 (July, 1883), 426.

²³³ Benjamin Latrobe, *The Journal of Latrobe. Being the Notes and Sketches of an Architect, Naturalist and Traveler in the United States from 1796 to 1820* (New York, 1905), 241; Abraham Oakey Hall, *The Manhattaner in New Orleans, Or, Phases of "Crescent City" Life* (New York, 1851), 67-68; Martha Carolyn Mitchell, "Health and the Medical Profession in the Lower South, 1845-1860," *The Journal of Southern History*, Vol. 10, No. 4 (Nov., 1944), 429; David Goldfield, "The Business of Health planning," 156; Kelman, *A River and Its City*, 96.

For that reason, reports about new epidemics that might have saved lives often went unreported until it was too late. In other instances they fell victim to a form of media brinkmanship in which newspapers resisted being the first to report on worsening situations and posted recriminations against other broadsheets who chose to put their heads above the parapet. When newspapers and bulletins did report on the onset of epidemics, they often did so with the intention of countering public fears and quieting calls for measures that were unfavourable to commerce. In the early throes of the yellow fever epidemic of 1853, for instance, the editors of the *Mississippi Free Trader* lampooned public concern in Natchez as “the entreaties of wives, children, &c.” “None of the masculine gender” they argued, was “terrified in the slightest degree!” With calls to close the port, and with people beginning to flee the city, they implored residents to heed the “imperative calls of business” and continue as normal. Four years later, at the dawn of another epidemic, the *Picayune* would call the same impulses—this time amongst Orleanians— “inexpedient, vexatious and oppressive.” Any attempts to draw attention to the emergence of epidemics, it seemed, were invariably derided for being “premature and calculated to create unnecessary alarm.”²³⁴ In other instances, journalists and editorial boards were more likely to look outwards, toward rival cities and ports, than they were to look inwards at worsening situations in their own cities. “Scarcely a boat arrives from [New Orleans] without more less sick on board, with that disease,” declared voices in the Natchez press in response to cholera’s reemergence at the mouth of the Mississippi in 1833. “Not a single case,” they continued confidently, “has originated here, nor has any of our citizens been attacked.”²³⁵ Even in early June when the *Natchez Courier* had conceded that cholera was, in fact, “committing its ravages” in Natchez and on the surrounding plantations, many editors remained bullish on the immediate economic future of their region. The *Mississippi Journal*, for

²³⁴ *Mississippi Free Trader*, August 23, 1853, 1; “The Quarantine,” *Times-Picayune*, June 7, 1857.

²³⁵ “The cholera,” *Massachusetts Spy*, May 22, 1833.

instance, continued to insist that only New Orleans was infected with the disease and that what prevailed in Natchez was merely “a case of diarrhoea.”²³⁶

Exacerbating the tension between the region’s public health and commercial interests was a regional medical establishment that lacked the appetite for aggressive interventionism and had reached no consensus about the etiology of most infectious diseases. Whilst some believed in person-to-person transmission, many of the South’s preeminent physicians pointed to miasmas and environmental conditions, as well as the moral or racial character of victims themselves, to explain high mortality rates and repeat visitations by yellow fever and cholera. One of the most influential voices on the topic was Samuel Cartwright, a Natchez resident whose defences of slavery had made him one the most famous physicians in the South. He attributed yellow fever in Natchez “to local causes, such as filth, a candle factory, offal &c.”²³⁷ Many others in the medical establishment concurred. “Fifty times have I had my hands and face besmeared with the putrid blood, black vomit, or foetid slimy matter of perspiration,” wrote Dr Dupuy De Chambéry of New Orleans. “Fifty times have I been immersed in the effluvia issuing from a dead or living subject, and never been infected by the disease.” His intimate experiences with yellow fever, and its human detritus, were enough to convince him “that the disease is permanently fixed to the spot, and within the limits of the place which has created it.”²³⁸ As the Louisiana physician William Wood put it, the causes of disease were “of local origin, and confined to circumscribed districts of country, or portions of our country,” rather than to people themselves. It was those “who enter within the infected circle, and breathe the air,” he argued, who were “liable to take the disease.”²³⁹

²³⁶ “Items,” *American*, June 11, 1833.

²³⁷ Samuel A. Cartwright, “On the Causes, Symptoms, Morbid Anatomy, and Treatment of Some of the Principle Diseases of the Southern States,” *The Medical Recorder*, Vol. 9, No. 2 (April, 1826).

²³⁸ Dowler, *Tableau of the Yellow Fever of 1853*, 16.

²³⁹ William B. Wood, “A Report of the Yellow Fever, at Centreville, in 1855,” *New Orleans Medical News and Hospital Gazette*, Vol.2 (1855-56), 493.

Physicians who rejected ‘non-contagion’ or miasmatic theories of disease proliferation were thought to be backwards looking and regressive. Any who preached person-to-person transmission, wrote one southern physician, “risk[ed]...his reputation as a man of science and deep medical learning.”²⁴⁰ By extension physicians who supported quarantine—a system premised on the prevention of interpersonal contact—were accused of promoting “a useless and barbarous relic of past ages” at odds with the interests of a burgeoning commercial power. Quarantine, physicians argued, belonged “in the same chapter of events with Salem witchcraft, diving rods, and animal magnetism”, not in the age of Southwestern modernity.²⁴¹

Politicians, physicians, and the press may have been united in their commitment to keeping riverways open, and to ensuring that people, money, and chattel could continue to sluice through unimpeded even at times of epidemiological crisis, but residents of those communities were more cautious. White southerners did not couch their concerns in the scientific language of ‘transmission theory,’ but they were acutely aware that disease could spread through the region rapidly and recognised that infected steamboats were harbingers of danger. “268 deaths in eight hours reported for yesterday,” wrote Mahala Roach in her diary in 1853, as she nervously looked south towards New Orleans from her home city of Vicksburg after hearing about a yellow fever outbreak that had taken hold there. Over the next few days Roach prepared her house and medicine for the disease’s approach and sent her children to relatives in the country side; all around her the city began to empty. Within a fortnight she reported that “every one who could leave, has left town.”²⁴² The flight

²⁴⁰ John W. Monette, *Observations on the Epidemic Yellow Fever of Natchez, and of the Southwest* (Louisville, 1842), 1-5.

²⁴¹ “Quarantine at Natchez,” *Memphis Medical Recorder*, Vol. 3, No. 4 (January, 1854), 182; Charles Caldwell, *Thoughts on Quarantine and Other Sanitary Systems* (Boston, 1834), 4; Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866*, third edition (Chicago: The University of Chicago Press, 2009), 81.

²⁴² “Mahala Roach Diary, 1853,” Roach and Eggleston Family Papers #2614, Box 11, Folder 57, SHC-UNC.

of the well-to-do had emptied whole districts of the city by the time the disease arrived. The responses of other Southwesterners also implied that they knew steamboats were the root cause of disease spread. In response to foot-dragging and disease denialism, many locals and jetty workers in small towns and villages up and down the Mississippi took it upon themselves to enforce grassroots quarantines, stopping boats from docking and refusing to let passengers disembark.²⁴³

Fear of steamboats' suspected role in spreading sickness also impacted how southwesterners travelled the region. Because southwesterners knew that travel was dangerous, they approached it cautiously, taking it upon themselves to self-regulate their own exposure to the risks it brought. Travellers brought forward journeys to beat the dangers of summer or delayed them until the coming of cooler weather. They rerouted and adapted journeys that would otherwise take them across sickly bayous and through infected cities. They avoided modes of transport they didn't trust. And they cancelled trips entirely.²⁴⁴ Emotionally too, the prospect of risking the dangers of the river weighed heavily on the minds of Southwesterners. Caroline Kiger spoke of being "terrified" about an upcoming steamboat journey that, unbeknownst to her at the time, would lead to the death of her sister from an unspecified fever. Margaret Brashear was "anxious and almost miserable" thinking about the dangers to which her daughters would be exposed on an upcoming journey.²⁴⁵ In a region that was pressured by the looming presence of disease, shaped by the contours of the natural

²⁴³ Hunter, *Steamboats on the Western Rivers*, 432.

²⁴⁴ Jo Ann Carrigan, "Impact of Epidemic Yellow Fever on Life in Louisiana," *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 4, No. 1 (Winter, 1963), 9; A. De Puy Van Buren, *Jottings of a year's sojourn in the South; or, First impressions of the country and its people; with a glimpse at school-teaching in that southern land, and reminiscences of distinguished men* (Michigan, 1859), 315; Felix Larue to Azby Destrehan, August 23, 1854, Destrehan Family Papers, MSS 580, Folder 34, HNOC; 'E. C. McDaniel to Dr. R. A. McDaniel,' October 15, 1853, McDaniel-Gill. Letters #3416, LLMVC; Robert Baird, *View of the Valley of the Mississippi, or, The Emigrant's and Traveller's Guide to the West* (Philadelphia: H. S. Tanner, 1834), 81-82.

²⁴⁵ Caroline Kiger to Brazil Kiger, December 14, 1852 Kiger Family Papers, Box 2E517, Folder 1, DBC-UT; Caroline Kiger to Brazil Kiger, January 13, 1852, Kiger Family Papers, Box 2E517, Folder 1; Margaret Brashear to Thomas Tilton Barr, June 19, 1824, Brashear and Lawrence Family Papers #3355, Box 1, Folder 3, SHC-UNC.

environment, and sustained by the steamboat economy, rivers were both a lifeline and an ever-present threat.

Bringing Slaves to the Southwest

The domestic slave trade operated in this dangerous and largely unregulated world of Southwestern transport and commerce. Unlike cotton factors, merchants, and steamboat operators who could sacrifice safety in the name of commercial gain, however, slave traders' profits relied directly upon their ability to preserve peoples' health over long and perilous journeys. For that reason, the domestic slave trade was both more attuned to, and more beholden to, the threats and variables of southern epidemiology than many other facets of the southwestern economy. In response to the dangers that sickness posed to black lives, and by extension to invested capital, the architects of the trade built a broad set of norms, techniques and institutional safeguards into their industry.

Much like the majority of the population, slave traders bent to accommodate the cyclical dangers of the southern calendar. That meant conducting business over winter and spring, when temperatures were lower and frosts had killed off the mosquito populations that spread yellow fever and malaria. Of course less seasonal diseases could bring slave trading to a halt at any time of year, as in the winter of 1848 when "considerable excitement" over a potential cholera outbreak prevented interstate trader Archibald Boyd from selling "forty or fifty negros" that he had transported to New Orleans.²⁴⁶ But by and large, the ecological rhythm of the trade, and the confidence of doing business at certain times of the year, kept slave markets buoyant in the peak season and barren in the off season. Indeed, with "over ninety percent of the slaves imported to New Orleans...sold in

²⁴⁶ Samuel R. Browning to Archibald Boyd, December 26, 1848, Archibald H. Boyd Papers, Section A, Box 15, Duke.

the six months between November and April,” the overwhelming portion of commercial activity occurred in cooler months.²⁴⁷ The dearth of summer activity was reflected in the fluctuations of market prices and the shifting values ascribed to enslaved people. In that same window between November and April, a slave trader could sell an enslaved person for at least 7.5 percent more than if sold in September.²⁴⁸ This, in turn, impacted how the wider ranks of southern slaveholders engaged with the market. “Don’t sell Albert,” read one representative instruction from a Louisiana slaveholder to his business factors in New Orleans during the fever season of 1858. “I am inclined to think he will bring \$150 or \$200 more if sold in November than he would at the present time.”²⁴⁹

The slave market, however, was only the end point of a network that stretched across the entirety of the South. When a lack of custom and a fear of sickness caused the markets of the southwest to contract, the effects were felt across the length of that network. Large slave trading firms operating out of the Chesapeake and border South ceased trafficking their captives southwards between May and October. The largest firms usually began selling off any slaves they had left in southwestern markets for discounted rates as summer approached, in order to beat the seasonal downturn, whilst also suspending the packets which usually took slaves to market along the coastal route in winter and spring.²⁵⁰ Likewise, peak prices in the export markets of Richmond and the border South peaked in the winter and began to fall in late March, as the window for profitably trafficking enslaved people southwards began to close.²⁵¹ Meanwhile, traders from upriver states like Kentucky and Tennessee followed the same principle, ceasing operations in the warmer months and waiting

²⁴⁷ Johnson, *Soul by Soul*, 49; Herman Freudenberger and Jonathan B. Pritchett, “The Domestic United States Slave Trade: New Evidence,” *The Journal of Interdisciplinary History*, Vol. 21, No. 3 (Winter, 1991), 463-465.

²⁴⁸ Laurence Kotlikoff, “The Structure of Slave Prices in New Orleans, 1804 to 1862,” *Economic Inquiry*, Vol. 17, No. 4 (Oct., 1979), 503.

²⁴⁹ Edward G Stewart to J. W. Gurley, 1858, Gurley (John W.) Papers, Mss. 507, Box 1, Folder 1a, LLMVC

²⁵⁰ Frederic Bancroft, *Slave-Trading in the Old South* (Baltimore: J. H. Furst, 1931), 304-305; Libby, *Slavery and Frontier Mississippi*, 63-64; Kaye, *Joining Places*, 29.

²⁵¹ Philip Thomas to Finney, Richmond, February 1, 1859, William A. J. Finney papers, Section A, Box 45, Duke.

instead for the “less injurious” temperatures of late autumn to return their captives to slave coffles and river steamers.²⁵² Thus was the region-wide industry tied to the calendrical cycles of sickness and health in the slave-purchasing heartlands of the Lower Mississippi Valley.

The periodic absence of enslaved people from southwestern slave markets did not mean, however, that they were free from the clutches of slave trafficking. Often it meant instead that they were trapped in the industry’s more liminal and less visible reaches—frequently in one of many so-called “houses of detention” that dotted the upper south. These were holding pens in which slaveholders could sequester bondspeople before sending them downriver, either temporarily whilst traders built up their coffles in the peak season or for longer periods of time in the off-season. Most detention centres were privately owned, generally by large slave trading firms, but they came in a variety of forms. Some, like Lumpkin’s Jail in Virginia were large and imposing: a “brick structure, three stories in height, situated in the outskirts of Richmond, and surrounded by an acre ground” complete with workshop and infirmary. Others, like a facility outside of Petersburg where the enslaved William Walker was kept before his removal, were more basic: “a one-story shed or building about one hundred feet long and fifty feet wide,” used as a “store house” for six hundred slaves.²⁵³ In other instances, public jails served the same purpose. Both public and private carceral spaces, Clavin Schermerhorn has pointed out, were “happy to collect fees for [the] boarding and confinement” of enslaved people.²⁵⁴

²⁵² John Winston Coleman, *Slavery Times in Kentucky* (Chapel Hill: University of North Carolina Press, 1940), 283.

²⁵³ David O. Whitten, “Slave Buying in 1835 Virginia as Revealed by Letters of a Louisiana Negro Sugar Planter,” *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 11, No. 3 (Summer, 1970), 239; Charles Emery Stevens, *Anthony Burns: A History* (Boston, 1856), 188; William Walker, *Buried Alive (Behind Prison Walls) For a Quarter of a Century. Life of William Walker* (1892), 9-10; Robert Evans Jr., “Some Economic Aspects of the Domestic Slave Trade, 1830-1860,” *Southern Economic Journal*, Vol. 27, No. 4 (Apr., 1961), 329.

²⁵⁴ Schermerhorn, *Business of Slavery*, 41.

These jails and private holding pens supposedly provided an institutional and infrastructural remedy to two of the most pressing concerns of slave traders: preventing enslaved people from resisting their removal, and protecting them from exposure to sickness.²⁵⁵ Knowing that this is where their appeal lay, owners of carceral spaces incorporated these two assurances prominently in their self-promotion. Advertising the merits of his own jail in 1834, Bacon Tait guaranteed to provide for those “who may wish their negroes *safely* and *comfortably* taken of.” Expanding on that vague promise, he continued that he could offer a “strong and secure jail” in which “the health of the Negroes [shall be] so promoted that they will be well prepared to encounter a change of climate when removed to the South.” He could, in short, provide peace of mind and an assurance of enslaved health in both the short term and the long term. Others offering the same service noted more prosaically that enslaved people under their care would be “carefully and well attended to,” with “every attention that may be necessary . . . rendered” in service of their physical protection.²⁵⁶

The self-promotion of jail operators, however, often rang hollow. In reality, or at least in application, measures of security, discipline, and surveillance, were largely incompatible with epidemiological protection. In other words, to hold groups of enslaved people together profitably, in a manner that restricted any capacity for violent resistance or escape, was to invite the overcrowded conditions that were ideal for diseases to spread. And when disease did erupt in these conditions, it generally spread quickly. Outbreaks could easily result in the infection and decimation of a camp, jail or holding pen. In more densely packed slave selling hubs, it could spread across a sprawling complex of slave markets and jails, causing widespread devastation. Such was the case in Richmond, Virginia, during the winter trading season of 1858 and 1859. At that time a medium-

²⁵⁵ Damian Alan Pargas, *Slavery and Forced Migration in the Antebellum South* (Cambridge: Cambridge University Press, 2014), 102.

²⁵⁶ *Richmond Whig*, December 11, 1834; *The Richmond Enquirer*, August 23, 1833; Hank Trent, *The Secret Life of Bacon Tait, a White Slave Trader Married to a Free Woman of Color* (Baton Rouge: LSU Press, 2017); Tadman, *Speculators and Slaves*, 80; “Private Jails,” *The Liberator* December 27, 1834.

sized trader named Philip Thomas had been present in the slave pens and jails of the city, purchasing enslaved people in the city and coordinating their removal with partners in Alabama and Louisiana. Rumours of disease, however, made him halt abruptly. “I stopped buying a week ago and all the traders told me I was doing wrong,” he reported to his trading partner. Within a week of his decision, “at least 60 to 100 [were] sick,” with people beginning to “die daily.”²⁵⁷

Jails at the slave trade’s sharp southwestern end were no different. When Solomon Northup reached New Orleans, his first destination was a holding pen, in which he was exposed to acute and terrible sickness. The night he arrived “nearly all who came in on the brig *Orleans*,” the boat that had brought him and other enslaved people down, “were taken ill.” The cause was smallpox, the well-known communicability of which sent “much alarm throughout the yard.” Sick and blind after contracting the disease, Northup was sent to one of the city’s hospitals where he spent two weeks and two days convalescing. During that time, he heard the tolling bell—“a signal to the undertaker to come and bear away” another dead body—“many times, day and night.”²⁵⁸

For the enslaved people confined to them, the trade’s carceral spaces offered little but despair. In William Walker’s evocative description of his own confinement, the form of slave-holding facilities followed the function of their oppressive purpose. As he described it, the jail he was confined to was “a dismal looking structure, its swaying roof and sunken corners, its sun-warped sides, in fact, all of its appearance seemed to be in sympathy with the echos and groans of slaves which were continually shaking it.”²⁵⁹ In the words of Henry Bibb: “The jail was one of the most disagreeable

²⁵⁷ Philip Thomas to William Finney, January 30, 1859, William A. J. Finney Papers, Section A, Box 45, Duke.

²⁵⁸ Solomon Northup, *Twelve years a slave. Narrative of Solomon Northup, a citizen of New York, kidnapped in Washington City in 1841, and rescued in 1853, from a cotton plantation near the Red River, in Louisiana* (London, Sampson Low, Son & co., 1853), 82-83.

²⁵⁹ Walker, *Buried Alive*, 10.

places I ever was confined in,...not only...on account of the filth and dirt of the most disagreeable kind; but there were bed-bugs, fleas, lice and mosquitoes in abundance, to contend with.”²⁶⁰ Many recollections repeatedly returned to the theme that these were places of ‘gloominess’—a descriptor that captured the convergence of psychological, material and biological suffering that such spaces inspired. According to the ex-slave Jourden Banks, one establishment in Richmond was “one of the most gloomy places [he] ever had been in before.” With “some two or three hundred” crammed within its walls, there was no room for beds and occupants were forced “to lie or sit by night on boards”. James Brown, likewise, referred to a slave pen in New Orleans as “an awfully gloomy place, notwithstanding the bustle that was always going on in it.”²⁶¹

That “bustle” was another defining feature of slave experiences of jails. Exacerbated by the voracious profit seeking of their owners and what Brown described as the steady arrival of “surprisingly large” coffles from Kentucky, Washington, and Richmond, prisons such as his were often overcrowded. Slaves were “huddled together in a mass”, kept a “great many” to “a single room,” and “enclosed” in conditions of squalor.²⁶² Such accounts were corroborated by outside observers. For example, a visiting abolitionist poet named John Greenleaf Whittier recalled seeing on a visit to a holding pen “five or six” captives confined to “a single cell which seemed scarcely large enough for a solitary tenant.” “The heat was suffocating,” he reported. “In rainy weather...the prison was uncomfortably wet. In winter there could be no fire in these cells.”²⁶³

²⁶⁰ Henry Bibb, *Narrative of the Life and Adventures of Henry Bibb, An American Slave* (New York, 1849), 90-91.

²⁶¹ Jourden H. Banks, *A Narrative of Events of the Life of J. H. Banks, an Escaped Slave, from the Cotton State, Alabama, in America* (Liverpool: J. W. C. Pennington, 1861), 47; James Brown, *Slave Life in Georgia: A Narrative of the Life, Sufferings, and Escape of John Brown, a Fugitive Slave, Now in England* (London, 1855), 111-114.

²⁶² Henry Watson, *Narrative of Henry Watson, A Fugitive Slave* (Boston, 1848), 9-10.

²⁶³ John Greenleaf Whittier, “Letter,” *The Emancipator*, November 23, 1843.

That such conditions invited sickness was a common concern amongst officials and Southwestern residents—as was the suspicion that crowded jails and pens posed a wider threat to public health. In 1829 the Mississippi Legislature was so concerned about overcrowding and fatalities in Vicksburg jails that it issued an ordinance mandating slaves to “receive daily exercise by cleaning and repairing the streets.” Of course ensuring that captive slaves could be put to work on civic tasks benefitted local municipalities as much as it addressed issues relating to public health. Nevertheless, the measure was justified publicly under the pretext that it would improve air circulation and promote better health amongst captives, and thus would make the city a healthier place.²⁶⁴ In 1841 the Mayor of Vicksburg would again renew public commitments to make the city's jail a healthier place. This time the catalyst for change was a spate of deaths amongst enslaved escapees being held in temporary custody by the city, and the frustrations of owners who had learned of their deaths when attempting to reclaim them.²⁶⁵

These reforms were intended to assuage very real unease over both the health of detained and captive slaves and the health of the public more generally. After repeated outbreaks of cholera in the early 1830s, there was increasing concern that the high numbers of enslaved people being imported into Southern towns, where they were held in cramped conditions, were acting as the main conduit and cause of the disease's spread. In Natchez—which was reeling from a scandal sparked by the discovery that the trading firm Franklin and Armfield had been burying enslaved victims of cholera in the river banks at night during the peak of the outbreak—local government relocated the city's slave market to the Forks-of-the-road site on the city's eastern outskirts.²⁶⁶ In Louisiana and Alabama too, the impact of cholera, as well as the legacy of Nat Turner's rebellion, incentivised

²⁶⁴ John Hope Franklin & Loren Schweninger, *Runaway Slaves: Rebels on the Plantation* (Oxford: Oxford University Press, 1999), 181.

²⁶⁵ "Mayor and Council of the city of Vicksburg in the State of Mississippi," 1841, Natchez Trace Slaves and Slavery Collection, Folder 1, DBC-UT.

²⁶⁶ Gudmestad, *A Troublesome Commerce*, 93-94.

calls for new legislation regarding who could be brought into the state and where they could be sold. Trading was banned in the centre of cities like Mobile and New Orleans, as it was in Natchez. And in Louisiana, non-residents were (temporarily) barred from importing slaves into the state from elsewhere in the US—a move that curtailed the operations of the many inter-state traders who were residents of slave-selling states in the Border South.²⁶⁷

Compared to the uniform gloominess of staging posts, holding pens, and jails, the journey to the Southwest itself exposed enslaved people to a more varied set of experiences and depredations. Some were brought down from the Chesapeake and Eastern seaboard on privately owned coastal packets—a journey that took about three weeks.²⁶⁸ Others were herded directly into the holds of steamboats and brought to market via the South's interconnected system of rivers. Others were forced to march overland in coffles. Sometimes the caravans these captives formed would snake from the Border South all the way to the Deep South, stopping periodically along the way so slave traders could tout their human wares as they went. In other instances enslaved people might be marched from markets in the Chesapeake and the Border South directly westwards toward the Mississippi River and its tributaries, from where they would board steamers or flat boats for the remainder of the journey—an initial march that itself could take between two and four months.²⁶⁹

Suffering and disease, however, were the basis of a common experience that linked those different journeys. Few first-hand descriptions of enforced removal to the Southwest, in fact, did not feature intimate descriptions of acute sickness and death: Henry Watson's months-long march from

²⁶⁷ Isaac Franklin to Rice C. Ballard, September 28, 1831, Rice C. Ballard Papers, 1822-1888, Folder 1, SHC-UNC; Isaac Franklin to Ballard C. Rice, October 26, 1831, Rice C. Ballard Papers, 1822-1888, Folder 2; Isaac Franklin to Ballard C. Rice, November 10, 1831, Rice C. Ballard Papers, 1822-1888, Folder 2; Isaac Franklin to Ballard C. Rice, January 9, 1832, Rice C. Ballard Papers, 1822-1888, Folder 4.

²⁶⁸ Jeff Forret, *Williams' Gang: A Notorious Slave Trader and His Cargo of Black Convicts* (Cambridge: Cambridge University Press, 2020), 79.

²⁶⁹ Edward Ball, "Retracing Slavery's Trail of Tears," *Smithsonian Magazine*, November, 2015, <https://www.smithsonianmag.com/history/slavery-trail-of-tears-180956968/>.

Richmond to Natchez was marked by the death of four of his fellow captives “from exposure on the road.” Solomon Northup was plunged into a sense of “disconsolate” helplessness by the death of a co-conspirator on river journey to the New Orleans slave market. William Wells Brown’s removal was spent in the unsanitary squalor of a ship deck that was “impossible to keep clean,” surrounded by deaths from both suicide and sickness.²⁷⁰ The death and deprivation to which enslaved were exposed on their journeys to Southwestern markets surely made the uncertainty, pain, and social dislocation they faced even more nightmarish. Whilst it is hard to quantify the physical and psychological impacts of their experiences, the ledgers and account books of the region’s traders do reveal the empirical scope of what enslaved people were forced to endure. In one coffin sent southwards by prominent slave trader Isaac Franklin in late 1832, for instance, one third of captives were recorded as dying from measles on their journey—something Franklin put down to “having... Negroes crowded in the brig.”²⁷¹ During another trip, Franklin reported that nine enslaved adults had died from cholera and that “6 or 7 children” had also gone down sick. He also alluded to the trading firm’s practice of covertly burying the dead by the river under the cover of darkness each night.²⁷²

Whilst all examples of forced removal forced some degree of suffering upon enslaved people, some forms of travel made it more observable than others. The most obvious and visible form of forced removal was overland coffles. As they cut across vast swathes of the South, covering anywhere between twelve and thirty miles a day, they offered a conspicuous reminder of the realities of slavery’s expansion and the hardships that underwrote the reorganisation of the plantation economy

²⁷⁰ Watson, *Narrative of Henry Watson*, 10; Northup, *Twelve Years a Slave*, 72; William Wells Brown, *Narrative of William W. Brown, an American Slave* (London: Charles Gilpin, 1849), 39.

²⁷¹ Libby, *Slavery and Frontier Mississippi*, 66; Judith Kelleher Schafer, *Slavery, the Civil Law, and the Supreme Court of Louisiana* (Baton Rouge: LSU Press, 1997), 163

²⁷² Isaac Franklin to Rice C. Ballard, December 8, 1832, Rice C. Ballard Papers, 1822-1888, folder 11, SHC-UNC.

around the Lower Mississippi Valley.²⁷³ Described by the northern abolitionist George Featherstonhaugh as one of the most “revolting...sight[s]” he had ever seen, it seemed fitting to opponents of the trade that a new life in “a distant and unhealthy country” would be christened with a journey so obviously steeped in deprivation and suffering.²⁷⁴ Even to slaveholders, they were closely associated with maltreatment and sickness. That was so much the case that planters like James Tait of Alabama would not allow any coffle to pass near—or camp on—his property for fear that they would infect his own enslaved work force. Tait’s concerns—if not his callousness—were vindicated by an episode in which one of his overseers ignored his instructions and permitted a trader and the slaves he was trafficking to stop at his plantation. Almost immediately afterwards four enslaved people owned by Tait “took the cough” and died. Tait fired his overseer, suspecting that members of the coffle were responsible for the sickness.²⁷⁵

The suffering of enslaved people moved south aboard steamers was less visible but no less acute. The spatial politics of riverboats dictated a rigid separation of free customers and enslaved captives. The plight of enslaved people thus reached free travellers in snippets, rumours, or “doleful songs,” like those that soundtracked Charles Bradbury’s journey south.²⁷⁶ As white travellers presented it, coffles were a curiosity and a source of hidden drama; a part of the rich, and slightly sordid, tapestry of life on the river. Benjamin Latrobe, for instance, was aware that a group of enslaved people was being kept in the hold of the steamboat he was travelling on down to New Orleans. He was also

²⁷³ Anne Devereaux Jordan and Virginia Schomp, *Slavery and Resistance* (New York: Marshall Cavendish Benchmark, 2007), 29; Philip Noel Racine and Frances Melton Racine, *Backcountry Slave Trader: William James Smith’s Enterprise, 1844-1854* (Lanham: Lexington Books, 2020), 61; Michael Tadman, *Speculators and Slaves: Masters, Traders, and Slaves in the Old South* (Madison: The University of Wisconsin Press, 1989), 100.

²⁷⁴ George W. Featherstonhaugh, *Excursion Through the Slave States, from Washington on the Potomac* (New York, 1844), 36-37; Daniel Walker Howe, *What Hath God Wrought: The Transformation of America, 1815–1848* (Oxford: Oxford University Press, 2007), 129.

²⁷⁵ Quoted from Gudmestad, *A Troublesome Commerce*, 100.

²⁷⁶ Charles Bradbury to Sarah Bradbury, November 7, 1835, Charles William Bradbury Papers #3011, Box 1, Folder 5, SHC-UNC.

vaguely aware of their condition: many were sick. One, a man named Tom, “belonging to the notorious slave dealer Anderson,” had died and been thrown overboard. Another, whom he had caught a brief glimpse of, was “absolutely eaten up with vermin.”²⁷⁷ The social stratification of the boat, however, meant that Latrobe had very little physical interaction with the coffer. What he did know about Tom, other than that he had died and been thrown overboard, came from his interactions with Tom’s captors, and from the ship’s captain. As such his view was heavily filtered by the logic and the language of slave exploitation and of the market itself. Latrobe, for instance, knew that Tom “had cost Anderson \$800 and his passage \$30 more.” Latrobe also knew that his calculable market worth had been high: “He was a light mulatto and was expected to fetch \$1,000 to \$1,200 in Louisiana.”²⁷⁸

The suffering of enslaved people on private coastal packets was even more obscured from the eyes of white society. As the enslaved William Walker detailed his trip from Virginia to New Orleans: “it would be impossible for any man to draw the faintest idea of the horrible position in which we were placed while on the boat.” “Men, women and children were packed beneath the hatches like cattle...I believe it would have been dangerous for any boat to have anchored within rods of us or traveled in our wake, for the odor from that filthy boat was poisonous to breathe.” During the journey, thirty-one of Williams’ fellow captives died and were thrown overboard. The boat was, in his own words, “a floating carcass on the sea.”²⁷⁹

Perhaps it was because professional traders were adept at obscuring some of the realities of their industry that many southerners underestimated the epidemiological perils of slave trafficking. Those who did purchase bondpeople directly from markets in the exporting states rather than from

²⁷⁷ Latrobe, *The Journal of Latrobe* 157-158.

²⁷⁸ Ibid. 158.

²⁷⁹ Walker, *Buried Alive*, 10-11.

interstate traders often found that it was an “awful task” to transport them home.²⁸⁰ When Louisianan planter Andrew Durnford travelled to Virginia to purchase slaves to work his sugar crop, he quickly found that the transportation of his newly acquired chattel property would prove more problematic than he had envisaged. More than that, the unaccounted costs of protecting the health of his new property would quickly undercut the financial logic of the trip itself. The coastal route that Durnford had expected to take back to New Orleans had proven impossible after at least two separate schooner operators, probably spooked by rumours of cholera “all along the rivers of the western country,” refused to take him and his enslaved cargo. But taking the river route back to New Orleans meant marching his slaves first to the Ohio River—“a job of twenty five days”—and then a long journey on steamboats that may well have been infected with cholera. “If a few getts sick,”—a likelihood he was confronting with an increasing sense of fatalism—he would lose “what few dollars” he had left. His choice therefore lay between leaving his purchases in a trader-operated jail in the border states until the end of September, when the river journey became less perilous, or risk bringing them back immediately, despite the risk of cholera. The decision was not made any less difficult by rapidly circulating reports of death on the rivers: “A few weeks ago a farmer of Alabama started by land, and I have been informed since, that one half of them [his slave just purchased in Virginia] have been taken sick with measles he had to stop on the way.” Nevertheless Durnford opted to take his slaves back along the internal rivers immediately, rationalising that to leave such expensive stock in a slave jail would be equally hazardous and no less costly.²⁸¹

Some purchasers, particularly wealthier ones, sought a middle ground by entering directly into bespoke deals with traders. They employed them to travel to the border south on their behalf,

²⁸⁰ Brazil Kiger to Caroline Kiger, September 29, 1852, Kiger Family Papers, Box 2E517, Folder1, DBC-UT.

²⁸¹ Whitten, “Slave Buying in 1835 Virginia as Revealed by Letters of a Louisiana Negro Sugar Planter,” 238-240.

purchase slaves according to their requests and stipulations, and then bring them directly to the Southwest. These agreements effectively recast traders in the role of factor, rather than auctioneer or speculator. Whilst they did not mitigate all the dangers involved with transporting enslaved people, they did have the potential to make journeys faster, less circuitous, and expose slaves to fewer dangers.²⁸² Slave traders would often also travel through slave holding districts to meet prospective purchasers before taking their coffles to urban markets, where the enslaved people under their captivity would be exposed to the pathogenic risks of the city and the cramped conditions of trading pens.²⁸³

Ultimately, in trafficking enslaved people to the Southwest, both professional traders and independent slaveowners pushed black people directly into the path of pathogenic dangers. Slave traders, however, were able to call upon a greater set of institutional protections. Some measures, like the strict slave trading calendar, were focussed on preventing sickness. The majority, however, treated sickness as an inevitable part of slave trading and were more concerned with minimising its financial implications, ensuring cost recovery, and absorbing risk.

Groups of traders might share slaving vessels, for instance, separating their own bondspeople into “gangs of 15 to 30” that they sent southwards separately, eliminating the risk of a natural or epidemiological disaster threatening their entire stock.²⁸⁴ Unlike slave society more generally, interstate traders were also early adopters of life insurance policies. By the 1850s, men like Philip Thomas, William Finney, and Isaac Franklin routinely purchased insurance policies on the coffles

²⁸² *Charleston Chronicle*, September 17, 1859.

²⁸³ John D Davies to William Terry, June 16, 1847, Terry (William, and Family) Papers, Mss. 915, Box 1, Folder 2, LLMVC.

²⁸⁴ Forret, *Williams' Gang*, 78.

they sent southwards.²⁸⁵ Indeed, it had become a safeguard that they relied upon to access markets that would have otherwise posed too great a risk to the wellbeing of their human commodities. As Thomas advised his business partner during a period of heightened caution in the winter of 1859: “If I went to New Orleans I certainly would have the negroes insured if it cost \$20 or \$30 per head.”²⁸⁶ Other safeguards were directly proportional to the size, scope, and power of traders. The largest firms had offices, jails, and associates across the South, providing them with a degree of flexibility to move slaves away from epidemic hot spots and to weather periods of sickness in safer locations. Interstate firms also had access to a greater degree of information and communication that could help them avoid infected markets, return to markets when sickness had passed, and redirect coffles to more profitable markets.²⁸⁷

Acclimation in the Marketplace

Once enslaved people reached slave markets the ways in which their health was scrutinised began to change. No longer a logistical problem or an obstacle for traffickers, it instead became a source of intense speculation and microscopic inspection by would-be purchasers. For that reason no term carried more weight in southwestern slave markets than ‘acclimation.’ Amongst white communities ‘acclimation’ had a specific meaning. It generally denoted that a person had survived yellow fever, from which they now enjoyed lifetime immunity. In the slave market, however, it seemed to have a broader application. Usually it meant that enslaved people had been in the Southwest long enough to have proven themselves tolerant of the climate and of the region’s disease ecology rather than to any specific illness. It was an expression of the idea that black residents of the Lower Mississippi

²⁸⁵ Philip Thomas to Finney, February 1, 1859, William A. J. Finney Papers, Section A, Box 45, Duke; Philip Thomas to Finney, January 30, 1859, William A. J. Finney Papers, Section A, Box 45.

²⁸⁶ Philip Thomas to Finney, November 2, 1859, William A. J. Finney papers, Section A, Box 45.

²⁸⁷ Samuel R. Browning to Archibald Boyd, December 26, 1848, Archibald H. Boyd Papers, Section A, Box 15, Duke.

Valley were “less subject to diseases of the climate...than those recently imported into the state,” and could be guaranteed both in cities, where they were sold, and in the country, where they were more likely to work.²⁸⁸

In that context, acclimation was one of the first criteria that purchasers looked for when purchasing bondspeople, and a central tenet of slave traders’ efforts to be noticed in a crowded marketplace. Every day in the trading season the southern press carried emphatic and liberally capitalised advertisements from traders, offering residents the chance to buy “ACCLIMATED NEGROES” and “VALUABLE ACCLIMATED NEGROES.”²⁸⁹ The use of upper case lettering and emphasis tracked the parts of the sales pitch that slave sellers knew were most important to their clients. Generally that meant they were used for any descriptions relating to health and vitality. “Sixty LIKELY NEGROES,” read one advertisement in the *Arkansas Advocate*, “consisting of Men, Women, Boys, and Girls, the most of whom are WELL ACCLIMATED.”²⁹⁰ In other words, the advert claimed, sixty people who were healthy now and who would remain so. Others achieved the same emphasis through repetition, peppering their advertisements with the suffix “acclimated and fully guaranteed” alongside the name and description of each slave that they brought to market.²⁹¹ As with capitalisation, this repetition was a manifestation of traders’ keenness to put health and immunological security at the centre of their commercial strategies.

Acclimation was itself a simple term, but it was one that could be hard to prove.²⁹² In an attempt to make their claims believable, and no doubt to add rhetorical flourish to their sales pitches, sellers

²⁸⁸ *Picayune*, March 16, 1850.

²⁸⁹ *Mississippi Free Trader*, January 2, 1850; *Concordia Intelligencer*, November 24, 1849; *New-Orleans Commercial Bulletin*, February 25, 1836; Claude H. Nolen, *African American Southerners in Slavery, Civil War, and Reconstruction* (Jefferson, North Carolina: McFarland & Company, Inc., Publishers, 2001), 49.

²⁹⁰ *Arkansas Advocate*, May 22, 1837.

²⁹¹ *Courrier de la Louisiane*, November 19, 1835; *Daily Picayune*, January 21, 1854.

²⁹² For more on mistrust towards slave traders see Gudmestad, *A Troublesome Commerce*, 95-117.

often embellished their guarantees by sorting the acclimated into categories. Acclimation could be sold as a virtue of the length of time an enslaved person had spent in the region: “they are acclimated and used to the cotton crop, having been more than 13 years in the State.”²⁹³ It could be proven in reference to the specific location where enslaved people had become acclimated: “Valuable acclimated negroes for sale...raised in the south-west corner of Amite County.”²⁹⁴ Or it could mix the two: “sixty valuable slaves...well acclimated, some of them are Creoles of Louisiana, and most of the lot were purchased in New Orleans upwards of six years ago.”²⁹⁵

Sometimes sellers used synonyms for ‘acclimation’. The words ‘Creole,’ ‘southern born,’ ‘country born,’ or ‘French speaking,’ for instance, all signified that an enslaved person had been born in the Southwest, and had thus been ‘seasoned’ to the climate during childhood.²⁹⁶ Different, and more creative descriptions, were sometimes needed to assure wary buyers that imported slaves had been in the region long enough to be considered immunologically safe. Enslaved people could be “settled.” They might be “well acquainted with the city.” They may have had demonstrable experience of southwestern institutions, forms of agriculture, or people.²⁹⁷ These were all important signifiers for sellers and buyers who understood the risks of the marketplace and who knew how to navigate it.

Some traders went further and incorporated the process of acclimation directly into their business models. A New Orleans based trader name Walter Campbell, who used a plantation outside of the city as a staging post for the bondspeople he brought to Louisiana from outside of the state,

²⁹³ *Mississippian*, February 12, 1847; *Times Picayune*, February 10, 1853; *Concordia Intelligencer*, January 26, 1850.

²⁹⁴ *Mississippi Free Trader*, December 27, 1853.

²⁹⁵ *Ouachita Register*, December 6, 1854.

²⁹⁶ Deyle, *Carry Me Back*, 136; American Anti-Slavery Society, *American Slavery As It Is: Testimony of a Thousand Witnesses* (New York, 1839), 161-162.

²⁹⁷ *Times-Picayune*, November 24, 1852; *New-Orleans Commercial Bulletin*, July 23, 1844.

advertised his human products to local planters as having been well seasoned in the area for a year or more. “Over One Hundred NEGROES were brought in last night from my farm within eighty miles of the city,” Campbell announced in one of his advertisements. “A large number of them have been on the place for the past year and longer, and all passed the summer.”²⁹⁸ For him acclimation was a performative part of slave trading. By giving his customers demonstrable proof that enslaved people had undergone a period of residency he made a buyer’s purchase a more attractive investment and removed at least one source of potential risk from what was a highly speculative transaction.²⁹⁹

Those who sold newly imported slaves had to find ways to compensate for the perceived disadvantages associated with them. For R.H. Elam that meant taking out a twelve month transferable life insurance policy on each individual he marched from Virginia and Tennessee to Natchez. This made the money lost by newly enslaved persons who died during a period of acclimation redeemable by either by the slave trader or the new owner.³⁰⁰ Others focussed instead upon making enslaved people look and seem both healthy and comfortable in the climate. Many traders encamped their coffles several miles outside of Natchez upon arrival—not for long enough to achieve acclimation, but long enough to bathe, recover and to be “made to appear...a ‘likely’ lot.”³⁰¹ Charles Ball remembered such a period of his own relocation as two weeks that differed greatly from the rest of his journey. Whilst camped on a plantation that bordered the city in which

²⁹⁸ Quoted from Deyle, *Carry Me Back*, 136; James Benson Sellers, *Slavery in Alabama* (Tuscaloosa: The University of Alabama Press, 1950), 185.

²⁹⁹ Such strategies too probably had something to do with periodical restrictions on the sale of imported slaves. See Lacy K. Ford, *Deliver us From Evil: The Slavery Question in the Old South* (Oxford: Oxford University Press, 2009), 109-110; Rothman, *Slave Country*, 30-31; John W. Cromwell, “The Aftermath of Natt Turner’s Insurrection,” *The Journal of Negro History*, Vol. 5, No. 2 (Apr., 1920) 232.

³⁰⁰ Steven Deyle, “Rethinking the Slave Trade: Slave Traders and the Market Revolution in the South” in L. Diane Barnes et al. (eds.), *The Old South’s Modern Worlds: Slavery, Region, and Nation in the Age of Progress* (Oxford: Oxford University Press, 2011), 112. Some insurance companies limited this strategy, voiding policies if slaves were taken south of Mississippi’s northern border at certain times of the year.

³⁰¹ Ronald L. F. Davis, *The Black Experience in Natchez, 1720-1880* (United States Department of the Interior: Special History Study, Mississippi, 1993), 74.

he was to be sold he was given regular meals, was not forced to work, and was given permission to walk and exercise freely.³⁰²

That acclimation was so central to the daily calculations of the slave market complicated the racialised logic that underpinned slave society more broadly. The value of a black body could, and often did, vary depending on intrinsic racial traits—on lighter or darker skin colour. But more often it hinged on factors that were not biologically predetermined. The progress of acclimation, for example, did not depend on race, or on racial logic, but on whether someone had gone through the process or not. Even for those who subscribed to theories of innate racial difference, that meant it was generally the interaction between a human and the environment that proved a far more useful barometer of risk and value than complexion ever could. Take the example of Moses Liddell. In 1850 Liddell was offered the opportunity to purchase seven enslaved people from another local slaveholder. All had “been in the country 2 years.” All had been guaranteed “acclimated” by a seller whom Liddell trusted. And all exhibited varying degrees of ‘blackness’ according to a contemporary visual scale. Three were described as “mulattos,” one of whom was “light coloured” and another “white with red hair.” Two more were “black men” and the remaining two “dark mulatto and black” respectively. For Liddell this spectrum of differing complexions was significant enough to be recorded. But ultimately his decision to purchase them all depended not on their colour but on their status as acclimated, which to Liddell was a guarantee that the quality and duration of their labour would likely be high.³⁰³

Instead of race, many looked to origin instead, favouring enslaved people from harsher and more pestilential climates. For Douglass Hamilton it made perfect sense for southwestern slavers to

³⁰² Ball, *Slavery in the United States*, 98-100.

³⁰³ Moses to St John Liddell, February 28, 1850, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, box 6, folder 41, LLMVC.

purchase slaves from “the Charleston market” for “negroes of South Carolina generally stand our swamps very well.”³⁰⁴ Even those who were outspoken in their desire for darker-skinned slaves had a tendency to undermine the logic of their own preferences when it came to matters of acclimation. Louisiana plantation owner John Knight, for instance, claimed he wanted “*jet black* Negroes” to work on his Red River plantation because, in his opinion, they would “stand this climate the best.”³⁰⁵ When it came to applying his theory, however, he was far less bullish about the benefits of blackness. Bringing several dozen handpicked but unacclimated bondspeople down to the Red River he confessed that his “chief anxiety” was “to get them all safely acclimated,” despite anticipating at least “the loss of a few.”³⁰⁶ In short, the realities of non-acclimation undermined his own ideological belief that darkness of complexion determined immunity to southwestern diseases.

All slaveholders seemed to appreciate that the forced removal of enslaved people to the Southwest presented dangerous and largely unavoidable challenges. Such challenges were both commercial and cultural. How slaveholders’ navigated the issue served as a measure of their masterly prowess or of their slave-buying acumen. As with most proving grounds of slave mastery, there was little consensus over how these challenges were best confronted. John Knight’s decision to take dozens of vulnerable unacclimated enslaved people straight to his Red River plantation, despite the self-confessed expectation that some would die, was clearly an attempt to overcome the dangers of acclimation through blunt exposure. A similar policy was followed by Henry Doyal, another of Louisiana’s largest landholders. In the process of establishing a new plantation in Ascension Parish Doyal purchased “about a hundred & fifty unacclimated negroes” in the upper south, before immediately shipping them to Louisiana. For their survival, he trusted to a mixture of luck and the undivided attentions of a physician whom he paid \$500 a year. Despite the interventions of the

³⁰⁴ Follett, *The Sugar Masters*, 65.

³⁰⁵ Johnson, *Soul by Soul*, 139.

³⁰⁶ Kaye, *Joining Places*, 29.

physician, and in some cases possibly because of it, several died from diseases and symptoms described as “measles”, “dysentery” and “diarrhea.”³⁰⁷ The episode earned Doyal a local reputation for rashness, but across the region he was not unique in his approach. If a difficult period of ‘seasoning’ was inevitable, it made sense to many to confront that problem head on. “I’d rather a n[—] would be sick early, after he comes into this country,” reasoned one slaveholder, “for he’s bound to be acclimated, sooner or later, and the longer it’s put off, the harder it goes with him.”³⁰⁸

Other slave purchasers regarded it as reckless to expose newly arrived labourers to the Southwest without adopting some measures to minimise the risks involved. Usually that meant limiting the amount of labour that newly imported enslaved people were expected to perform and monitoring their health closely over their initial months. When Woodson Wren sent an overseer to break ground on a new plantation in southwest Mississippi, for instance, he did so with instructions to prioritise enslaved health above all else. Those who were new to Mississippi were forbidden “from being worked at any time the first year.” Those who had spent time in Natchez but not in the countryside were to be worked sparingly as they embarked on the dangerous job of breaking new, swampy, ground. “Nurse the negros well and take good care of yourself, if you do but little else,” Wren instructed his overseer. Over the following weeks he would repeat the same instruction numerous times. “Those that are taken sick and are weak,” he wrote soon after, “must be suffered to rest [until] they recover their strength.” Soon after that, he again reminded the overseer “to be lenient with the negroes and take good care of their health.” And on it went.³⁰⁹ Another owner instructed his overseer to remove a newly imported slave named Jim from the field “if he thought he was

³⁰⁷ Wilma King, (ed.), *A Northern Woman in the Plantation South: Letters of Tryphena Blanche Holder Fox, 1856-1876* (Columbia: University of South Carolina Press, 1993), 48.

³⁰⁸ Olmsted, *A Journey in the Seaboard Slave States*, 647.

³⁰⁹ Woodson Wren to A. D. Lancaster, May 5, 1834, Natchez Trace Supplement Collection, box, 4Zb25, folder OD1223b, DBC-UT; Woodson Wren to A. D. Lancaster, May 12, 1834, Natchez Trace Supplement Collection, box, 4Zb25, folder OD1223b; Woodson Wren to A. D. Lancaster, June 18, 1834, Natchez Trace Supplement Collection, box, 4Zb25, folder OD1223b.

diseased.” Should there be any doubt he was to be put to “light work,” rolling logs or helping the plantation’s older enslaved women with their domestic tasks.³¹⁰ Others stressed how important it was for new arrivals to be protected from extremes of temperature or weather. “In the first place,” advised the prominent Mississippi planter M. W. Philips, “we do not work our negroes either very late or very early; never suffer them to work in the rain, or to get wet, if it can be avoided.”³¹¹

Those who failed to acclimate slaves properly were often accused of failing in their masterly duties and were generally treated unfavourably by southern courts. Louisiana planter Archibald Palmer’s attempt to obtain a refund on an enslaved Virginian man named Jim who died in the field shortly after purchase, for example, was denied on account of his failure to adequately doctor the man through a period of acclimation for which he should have planned.³¹² Likewise Circuit Court Judge Joshua Lewis refused to rule in favour of a plaintiff who was claiming compensation from another Virginian slave trader for a sick enslaved person in part because “the malady or vice complained of was common to slaves on their first arrival here.”³¹³ In short, the judge ruled that the planter should have reasonably expected that an unacclimated slave would have become sick and taken steps to protect them.

By contrast, admired masters were those who successfully oversaw and combatted the sicknesses associated with the forced migration of slaves. Mastering this transition formed an important and recurring touchstone in the folklore and origin stories of southwestern slaveholders like the future founder of Louisiana State University, George Mason Graham. Graham’s arrival in the Southwest from Virginia, to a new plantation in Rapides Parish to which he imported a newly purchased labour

³¹⁰ *Palmer v Taylor et al.*, March 1842, Docket #4755, UNO-SCoL.

³¹¹ Philips M. W., “Plantation Economy,” *Southern Cultivator*, Vol. 4 (August, 1846), 127.

³¹² *Palmer v Taylor et al.*, March 1842, Docket #4755, UNO-SCoL.

³¹³ *Miller vs Coffman*, March, 1829, Docket #1618-2, UNO-SCoL.

force, coincided with the region's first experiences of epidemic cholera in the early 1830s. More than sixteen years later, writing to his sister, Graham regarded his ability to nurse "my people through the pestilence of '33 myself," on "the floor of my own cabin (of hewed logs, 20*25 feet) being covered with their pallets" as one of his greatest achievements.³¹⁴ Graham's account was self-aggrandising but it was also illustrative of the cultural importance that southern society placed on seasoning and acclimating enslaved people.

Yet despite the depredations of forced removal, acclimation was still a process that enslaved people had some power to control. Enslaved people did not readily submit to its rigours without resisting or voicing their displeasure. Reuben belonged to Tennessee plantation holders Silas Caldwell and, future president, James Polk. When the two invested in land in the Mississippi bottoms he was sent southwards to clear and improve the property and make it ready for cotton cultivation. Soon after his arrival, he, along with many others, became sick. With Reuben in "Bad health," Caldwell decided that "it would be prudent to bring him home" when he (Caldwell) next visited his Mississippi plantation. He should, he wrote Polk, "put another in his place [if] the water or climate don't agree with him." Nevertheless, when Caldwell next went to Mississippi he was unable to persuade Reuben to leave Mississippi with him, nor was he able to find the man in Tennessee with whom he had intended to replace Reuben before he left. Trusting Reuben's conviction that he was now better, Caldwell went back to Tennessee, only for Reuben to become ill again (or at least to complain that he was ill) and demand to return to Tennessee. Caldwell obliged, informing Polk that he "had better have him Bro't up." The uncertainty clearly worried Caldwell. Whilst attending to the complaints of Reuben and others, he expressed to Polk his doubts in the viability of their venture,

³¹⁴ G. Mason Graham to Mrs E. A. C. Mason, February 8, 1849, Graham, George Mason, Letters, 1848-1849, Misc G. #163, LLMVC; James L. Barnidge, "George Mason Graham: The Father of Louisiana State University," *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 10, No. 3 (Summer, 1969), 225-226.

stating his “Opinion [that] it would be to Our Interest to sell and purchase again. I am afraid our hands will be sickly owing to the Local Situation of our Farm.” Within months he had sold his share of the plantation to Polk.³¹⁵

Speculating in Sickness

Acclimation offered speculators a fairly fixed route through the slave market. Those among the enslaved who possessed it were, in all likelihood, safer from certain diseases and forms of exposure than those who did not. By the standards of the slave market, that made acclimation a fairly reliable marker of physical health and thus of a good return on a slave purchaser’s investment. But enslavers also wanted assurances that they were picking the best slaves, meaning those who were robust and healthy enough not just to weather the assault of the southwestern climate but to thrive in it.

These desires were distilled into a judgement over what enslavers called ‘soundness’, an all-encompassing prediction of enslaved worth, based on expectations of their long term health and pliancy.³¹⁶ Soundness was an intangible and hard to measure quality. It relied on calculations enslavers did not always have at hand—the impacts of previous exposure to disease, the ways in which immunity worked, the causes of disease—and those which they could not know: enslaved peoples’ histories, their underlying health conditions, and their personal vulnerabilities within an unpredictable environment.

Nevertheless, most enslavers wanted to purchase individuals who came with some guarantee of soundness, the wording of which varied by place and seller. Across the Southwest slaves might be

³¹⁵ John Spencer Basset (ed.), *The Southern Plantation Overseer: As Revealed in his Letters* (Northampton, Mass.: Smith College, 1925), 96-101.

³¹⁶ For a more detailed description of ‘soundness’ see Sharla Fett, *Working Cures*, 15-22.

sold as “sound in mind and body.” In Louisiana enslaved people were often advertised as being free from “all redhibitory vices and maladies.” In shorthand, traders might simply assert that their human commodities were “fully guaranteed.” All were sweeping promises and all revolved around the notion of soundness.³¹⁷

Historians have written extensively about the consequences of an industry that relied on a concept as slippery and as unstable as ‘soundness.’ Limits on the ability to understand, identify, and predict the causes of sickness, slave traders’ determination to conceal ill health among the ranks of their human property, and the success of enslaved people in leveraging uncertainty over their physical condition to their own advantage together made the slave market a deceptive, performative, and litigious place.³¹⁸ Indeed, One sixth of all appellate cases involving slaves across the South revolved around slave sales. In Louisiana, more court cases involved a slave being sold with a concealed illness than any other slavery-related matter.³¹⁹

Some slave traders turned the threat of ill health to their own advantage. A New Orleans based trader named Bernard Kendig provided the archetype for this model of slave trading. Rather than participate in the grander ecosystem of interstate slave trading, Kendig operated locally, buying cheaply and selling quickly. His profitability relied upon “acquiring physically or morally... defective slaves,” “concealing their impairments,” and “selling them fully guaranteed to unsuspecting customers.” Kendig’s practices were illegal, impugned, and lucrative. On average

³¹⁷ Thomas Curry, *Reports of Cases Argued and Determined in the Supreme Court of the State of Louisiana*, Vol. 10 (New Orleans, 1854), 291; Thomas Curry, *Reports of Cases Argued and Determined in the Supreme Court of the State of Louisiana*, Vol. 19 (New Orleans, 1842), 391-393; Judith K. Schafer, “‘Guaranteed against the Vices and Maladies Prescribed by Law’: Consumer Protection, the Law of Slave Sales, and the Supreme Court in Antebellum Louisiana,” *The American Journal of Legal History*, Vol. 31, No. 4 (Oct., 1987), 306-321; Richard Tansey, “Bernard Kendig and the New Orleans Slave Trade,” *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 23, No. 2 (Spring, 1982), 176.

³¹⁸ See in particular Johnson, *Soul by Soul*.

³¹⁹ Jenny B. Wahl, “The Jurisprudence of American Slave Sales,” *The Journal of Economic History*, Vol. 56, No. 1 (Mar., 1996), 143; Kelleher Schafer, *Slavery, the Civil Law, and the Supreme Court of Louisiana* (Baton Rouge: Louisiana State University Press, 1997), 131.

Kendig earned a thirty-seven percent gross profit on the sales of enslaved people with concealed “defects” and was one of the busiest operators in the city’s markets. His practices also put him in front of the civil court thirteen times, eight of which were for the sale of enslaved people whose illnesses or impairments he had concealed. The ambiguities of slave sickness and the difficulty in proving either a timeline or a causation of ill health—as well as his ability to hire savvy attorneys—ensured, however, that Kendig was only ever convicted three times.³²⁰

If Kendig was a threat to some slave purchasers, he provided valuable services to others. A candid exchange of letters between the wealthy plantation owner Edward Gay and his business factors in New Orleans showed just how useful Kendig could be to those who knew how to manipulate the underside of the marketplace. Gay had been attempting to free up cash by quickly selling a number of his enslaved labourers. Overambitious in his estimates, and possibly desperate in the face of financial pressures, he was warned by his brokers that he was expecting too high a return from the slaves he was selling. In their words he was offering “a class of negroes hard to sell.” Whilst Gay was hoping to achieve a competitive price by offering them directly to other wealthy plantation owners, the brokers explained that that was not how the market worked. “When we have to sell negroes in this way,” they told Gay, “they are generally to City Traders like Mr Kendig and others, as plantations will hardly ever buy such negroes.” In an already parasitical industry, Kendig’s role was that of a bottom feeder. His contributions and principles may have been maligned, but for those who could read the market’s hidden contours he was integral to the ecosystem.³²¹

³²⁰ Tansey, “Bernard Kendig and the New Orleans Slave Trade,” 159-178; Gudmestad, *A Troublesome Commerce*, 97; Franklin & Schweniger, *Runaway Slaves*, 201-202; Johnson, *Soul By Soul*, 50-51; Thomas D. Morris, *Southern Slavery and the Law, 1619-1860* (Chapel Hill: University of North Carolina Press, 1996), 111.

³²¹ Poindexter & Little to Edward Gay, November 10, 1859, Edward G. Gay and Family Papers, Mss. 1295, box 37, folder 324, LLMVC.

For some reason, however, Gay ignored the advice of his brokers and tried to sell directly to one of his personal acquaintances. The results were calamitous. The sale collapsed once an agreement had been reached after a myriad of illnesses were discovered in the enslaved victims, from tumours to lung disease. Recriminations and financial wrangling ensued. All the while the enslaved, who no longer had certainty about their owners, began to run away, complicating the situation further and causing further headaches for Gay.³²²

The discovery of sickness among the purchased enslaved did not always lead to conflict and litigation, however. Many slaveholders acknowledged that trading in humans, in an environment that was known to be endemically unstable, was naturally full of risk. As such they sought to resolve disputes arising from the discovery or onset of illness by revising the terms of contracts after the point of sale. Such was true for a speculator named Claiborne, a plantation owner from Point Coupee, who purchased an enslaved woman named Eveline from another planter named William Saunders in 1856. After the deal was made, Claiborne determined that Eveline was “unsound,” owing to a respiratory condition and what he described as “a diseased leg.” Further complicating matters, Eveline, once sold, refused to return to her seller. Reporting back to Saunders, Claiborne suggested that Eveline “consented to stay—or rather she begs to stay.” “I am no stranger to your character,” he assured Saunders. “I never suspected for one moment that you knew Eveline to be unsound & surely I did not intimate such a thing.” But given that Eveline had “decided” the matter by choosing to remain, he proposed an amendment to their previous sale. Claiborne would pay a further one hundred dollars of the remaining debt on Eveline and in doing so “forever resolve [Saunders] from further guarantee as to health of Eveline. “The Girl,” he concluded, will “remain mine for better or worse.” Claiborne’s magnanimity was underpinned by his own self-confidence.

³²² A. Weisman to Edward Gay, December 23, 1859, Edward G. Gay and Family Papers, Mss. 1295, box 37, folder 324; A Weisman to Edward Gay, December 26, 1859, Edward G. Gay and Family Papers, Mss. 1295, box 37, folder 324; A. Wesiman to Edward Gay, January 28, 1860, Edward G. Gay and Family Papers, Mss. 1295, box 37, folder 324.

Looking to the future, he hoped that his son (a physician) would be able to successfully cure Eveline and that he would stand to gain even more from the transaction than he had initially hoped.³²³

Non-litigious—and possibly even amicable—resolutions to trades that were disrupted by sickness are often absent from histories of the slave market. So, too, are details of trades that pivoted upon the expressed preference of enslaved people. In this case it seems reasonable to suggest that Eveline may have concealed her illnesses in order to affect a move from her previous owner, given the immediate discovery of her maladies and her reluctance to return to her previous home. Enslaved people could also leverage their health to achieve the opposite outcome to that documented in Eveline's case. An enslaved woman sold in the Southwest by North Carolina trader Tyre Glen, for example, was able to nullify a sale and return to her trader, Glen, because of allegations made by her purchaser that she suffered from ill health. Of course it is impossible to know the true state of the victim's health—that knowledge belonged to her alone. Glen, however, suspected that the woman, whom he did not name, had "fained to be sick." In his own words, he "could prove by 50 persons that she was sound when he sold her" and that her bout of sickness was manufactured.³²⁴ But, unwilling to take the matter to court, Glen was forced to accept the woman's return and rescind the fee he had received. Ultimately, episodes like these showed an alternative side to the slave market, one in which sickness necessitated flexibility and concession rather than animosity and contractual rigidity. It showed that sickness could transform a simple transaction between a seller and buyer into something more complex: a deal that had to be cancelled or reworked, and that, in some instances, might have been influenced by the wishes of the enslaved themselves.

³²³ Mr Claiborne to William Page Saunders, April 26, 1856, William Page Saunders Papers #1204-z, folder 1, SHC-UNC.

³²⁴ Tyre Glen to Isaac Jarratt, March 4, 1832, Jarratt-Puryear Family Papers, Box 1, Duke.

Some contingencies and allowances for the unpredictability of health were written directly into slave-buying contracts themselves. When Francis Jones brought ten enslaved people, aged between 1 and 45 years old from John Payton, for instance, the deal include the following caveat: “It is further understood between the undersigned that the mulatto man named Charles has an ulcerated leg and if said ulcer is no [sic] perfectly healed & cured before the first of January next Then the said Payton is to receive said slave and allow said Jones a credit for six hundred Dollars. It is further understood that the wench named Fanny has been twice troubled with a species of fits, and that Bob has a rupture.”³²⁵ As in the deal between Claiborne and Saunders, the stipulation had the effect of drawing out the transaction, and possibly opening up the final terms of the agreement to the wishes of the enslaved individuals in question.

Even as the majority of enslaved people were sold as “guaranteed” commodities, the rhetoric of the marketplace did, at some point, have to reflect the reality that many enslaved people suffered from poor health. These admissions could be subtle, missable to the inexperienced but known to those who understood the insinuations and the coded language of the marketplace. Enslaved people might be pronounced “sound, but guaranteed in title only”—a deviation from the more common “guaranteed in body and soul.” They might also be classified as “sound in body” or “sound in mind,” as opposed to the more ubiquitous “sound in body and mind.”³²⁶ According to the redhibition laws of Louisiana (the Common Law based doctrine governing commercial disputes in the state): “Where a slave is excepted, in the act of the sale from the warranty, of being *sound in body*, it will be considered a solemn declaration that he is unsound and the purchaser takes him absolutely at his risk.”³²⁷ Such nuances provided cover for some slave sellers to conceal slave

³²⁵ “Document of Sale,” April 5, 1808, Butler Family Papers, Mss. 893, 965, 1026, 1076, 1217, 1240, 1309, 1353, 1381, 1640, 1649, 1913, 1938, Box 2, Folder 1, LLMVC.

³²⁶ Thomas Curry, *Reports of Cases Argued and Determined in the Supreme Court of the State of Louisiana*, Vol. 16, (New Orleans, 1841), 339.

³²⁷ P. J. A Deslix, *Reported Decisions of the Supreme Court of Louisiana from December 1838 to February 1843* (New Orleans, 1845), 412.

sickness from those who were careless or inexperienced. Others used minor admissions of ill health or physical disability as a way to conform to the limits of the law whilst obscuring the full extent of enslaved sickness. An enslaved man named, Solomon, for instance, was sold in 1837 with the contractual understanding that he suffered from a “club foot” and thus could not be fully guaranteed in body. Following his purchase, however, his new owner discovered that he was “also affected by a pulmonary disease, or consumption” which rendered him “unable to work” and, in his words, “entirely useless.”³²⁸ Taking the matter to court, however, a judge ruled that because Solomon had not been guaranteed as “sound in body” his purchaser was not liable to compensation.

But admissions of slave sickness were not always subtle or implicit. There were many instances in which enslaved people were described, and in many cases defined, by the terms of their poor health or well-being. An enslaved woman named Amy was purchased by Israel Adams, despite being advertised as having “soar eyes.” The 24 year old Lucy was sold despite being “addicted to the vice of Ebriety.” When an enslaved man named Sam was sold by John Rogers he was said to be “sick,” whilst Nancy who was sold with him was described as being “subject to dysmenorhea” (menstrual cramps).³²⁹ In just one auction in New Orleans, unnamed enslaved people were advertised as “deaf, “unhealthy”, “disordered”, and as having “lost one eye,” all of whom were sold amongst the ranks of the “guaranteed.”³³⁰ In one representative advertisement for an 1855 slave auction in Lucy, Louisiana, 11 out of 55 men who appeared on the block were described as having some type of ‘defect.’ These including hernias, “rhumatizmal pains,” and non-specified “sickness.” Health was referenced in descriptions of 5 out of 30 women in the same auction, often as it related to the

³²⁸ Thomas Curry, *Reports of Cases Argued and Determined in the Supreme Court of the State of Louisiana*, Vol. 16 (New Orleans, 1841), 339.

³²⁹ “Bill of Receipt,” January 7, 1856, Adams (Israel L. and Family) Papers, Mss. 3637, Box 1, Folder 25, LLMVC; “Bill of Sale, March 9, 1841, Charles William Bradbury Papers #3011, Box 1, Folder 8, SHC-UCH; “Sale of Slaves,” January 1, 1835, Natchez Trace Slaves and Slavery Collection, 1793-1864, Folder 6, DBC-UT.

³³⁰ “Auction Notes and Prizes,” March 14, 1851, American Slavery Documents Collection, 1757-1924, Box 2, Folder 7, Duke.

gendered expectations of female slaves. There was a particular emphasis on gynaecological and reproductive conditions such as “prolapsus uteris” and atypical menstruation.³³¹ None of these labels were overly descriptive. They merely appeared as short and impersonal statements of fact, alongside the names, ages, and skills of the enslaved. And to contemporaries, such candid descriptions of slave sickness and disability might have seemed unremarkable. As Jenifer Barclay has argued, the idea that enslaved people were vulnerable to higher rates of disability and physical dependency upon others was a prominent feature of many pro-slavery theories and a cornerstone of paternalistic arguments about enslavement’s “positive good.”³³² The financial implications of the physical disabilities and sicknesses alluded to in slave advertisements, however, were left to the individual interpretations of sellers and purchasers.

For some, any suggestion that an enslaved person was in poor health meant an increase in risk and a decrease in worth. For others, though, it signified an opportunity to purchase enslaved people at lower prices. Robert Fogel has suggested “slaves who were in poor health or who were crippled... sold for average discounts of up to 65 percent as compared with slaves of the same age who were “fully guaranteed.””³³³ For aspiring planters and traders they thus represented a route into the slave economy, albeit a risky one. Men like the “backcountry” trader William James began their careers by undertaking “a calculated risk”: purchasing sick enslaved people. His early business model revolved around buying slaves he noted in his journal as “sick,” paying for their care, and selling them on months later.³³⁴ For James the strategy ultimately proved unprofitable, following a number of early financial setbacks and an inability to cure the slaves he bought. For others, though, it succeeded as a long term strategy. J. King put out repeated calls in his local Kentucky area for

³³¹ *Avant-Coureur*, December 30, 1855.

³³² Jenifer L. Barclay, *The Mark of Slavery: Disability, Race, and Gender in Antebellum America* (Champaign/Urbana: University of Illinois Press, 2021), 95-125.

³³³ Robert Fogel, *Without Consent or Contract: The Rise and Fall of American Slavery* (New York: W. W. Norton and Company, 1989), 68.

³³⁴ Racine & Racine, *Backcountry Slave Trader*, 36.

enslaved people who were “rendered unfit for labor by Yaws, Scrofula, Chronic Diarrhea, Negro Consumption, Rheumatism, &c.,” and whom he would purchase on “reasonable terms.” He would then provide rudimentary health care before sending them down river to be sold in southwestern markets.³³⁵ In New Orleans, Bernard Kendig would regularly buy “unsound” slaves and commit them to the city’s Touro Hospital, before taking them to the market. The \$26.28 that he spent on average for each patient was easily compensated by the price differential between selling a slave who was guaranteed versus one who was not-guaranteed or who was visibly unhealthy.³³⁶

The incentives for purchasing “unsound” slaves were even greater for planters. Barring periods of economic downturn in the 1830s and 1850s, the price of enslaved people rose steadily throughout the nineteenth century. By the late antebellum period the dream of slave ownership—and the economic and cultural privileges it conferred—was becoming prohibitively expensive. Instead of democratising white advancement in the Jacksonian and Jeffersonian sense, slave purchasing power was instead becoming increasingly concentrated in the hands of the region’s wealthiest landholders. In such an expensive marketplace, riskier investment came at a lower price and might allow entry of an individual into the ranks of slaveholders who otherwise would have remained excluded. Take the example presented by the sale of Solomon Northup. When he first arrived in the auction room, Northup was fixed with a price of \$1,500. It was a price that reflected his condition: “sound and healthy, of a good constitution, and intelligent.”³³⁷ It was a price, however, which did not attract a buyer. Soon afterwards, smallpox ripped through the slave pen where Northup was being held. He contracted the disease but ultimately recovered after two weeks, returning to the market showrooms

³³⁵ John Winston Coleman, *Slavery Times in Kentucky* (Chapel Hill: The University of North Carolina Press, 1940), 188.

³³⁶ Kevin Lander and Jonathan Pritchett, “When to Care: The Economic Rationale of Slavery Health Care Provision,” *Social Science History*, Vol. 33, No. 2 (Summer, 2009), 169-170. See also Stephanie Jones-Rogers, *They Were Her Property: White Women As Slaveowners in the American South* (New Haven: Yale University Press, 2019), 143.

³³⁷ Northup, *Twelve Years a Slave*, 79-80.

“bearing upon my face the effects of the malady, which to this day continues to disfigure it.”

Following the ordeal Northup was sold, not for \$1,500 but \$1,000—a reduction for which Northup speculated his recent poor health and disgorgement may have been responsible.³³⁸

Investing in sickness might have seemed unduly risky but was in-keeping with contemporary attitudes to an industry that was prone to economic and environmental uncertainty and which was built on speculation. The rapid accumulation possible in the so-called flush times of the antebellum period, as well as the visual opulence of many plantations, might have given the impression of wide economic vistas and capacious financial potential. It led many speculators to believe that capital accumulation was formulaic and guaranteed; that a planter simply had to “buy Negroes to raise cotton & raise cotton to buy negroes,” as the popular local mantra went. But, as Jessica Lepler has put it, “all cotton transactions were gambles based on predictions of future profits.” “The actual proceeds of the sale of any particular bale of cotton would not reenter the New Orleanian market for more than a year after the seed entered the ground.”³³⁹ Financial depressions in 1819, 1837 and 1857 keenly exposed the indelible risks that the good times masked. Cotton’s huge global market had carried waves of speculators and thousands of slaves southward and westward, but precipitous falls in commodity prices served as a reminder that to embrace the rewards of cotton capitalism also meant exposing oneself to the instabilities of market variables beyond a planter’s control and vision. As one Alabama planter lamented, failure to predict market fluctuations was leading to the incursion of “mammoth loss.” Possessing little knowledge of the currents of global trade regional slaveholders were, in his words, guilty of squandering enough capital “to build every railroad and

³³⁸ Ibid. 82-85. It is also possible that some buyers might have viewed smallpox scars as a positive. As with yellow fever, recovery from smallpox was known to confer lifetime immunity to the disease.

³³⁹ Jessica M. Lepler, *The Many Panics of 1837: People, Politics, and the Creation of a Transatlantic Financial Crisis* (Cambridge: Cambridge University Press, 2013), 27; Alasdair Roberts, *America’s First Great Depression: Economic Crisis and Political Disorder After the Panic of 1837* (Ithaca: Cornell University Press, 2012), 41-47; Jane Kamensky, *The Exchange Artist: A Tale of High-flying Speculation and America’s First Banking Collapse* (New York: Viking, 2008), 280-313.

steamship that the South needs.”³⁴⁰ These global uncertainties, however, were only a backdrop to the myriad environmental threats that each harvest faced; droughts, frost, caterpillars and floods could all decimate a cotton harvest before the bolls were even picked and sent to market. Even rain showers were enough to halt agricultural work, delaying planting or harvests and sometimes causing crops to rot. Sickness, disease, and death may have been the greatest threats to a plantation's viability, but with the stakes of speculation already set high, many clearly calculated that investing in unhealthy slaves was an acceptable addition to their burden of risk.

Running parallel to this trade in sick victims whose recovery might prove a windfall for speculative purchasers was another insidious trade in the purchase of sick victims for ‘medical’ research. In the narrative of his time in enslavement in the Deep South, for example, John Brown recounted the experimentation he had been subjected to at the hands of his owner, a physician named Dr. Hamilton. Brown recalled that he had routinely been forced to sit in a heated and covered hole in the ground, whilst Hamilton force fed him medicines of his own concoction and monitored the duration of Brown’s fainting spells, in a bid to test their efficacy on the treatment of heat stroke.³⁴¹

Such medical experimentations, and the atrocities committed under their guise, were often inescapably gendered forms of abuse. Deidre Cooper Owens has compellingly shown that enslavers’ self-professed investments in the reproductive value of black women was thought to confer the right to interfere and tamper with their bodies. In tinkering, probing, and interfering with black health, and particularly reproductive health, enslavers were inserting themselves, however ineffectually or harmfully, into the reproduction of their own wealth.³⁴² One of the famous examples

³⁴⁰ *Alabama Planter*, July 3, 1852.

³⁴¹ Brown, *Slave Life in Georgia*, 46.

³⁴² Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens: University of Georgia Press, 2017), 43

of medical experimentation on enslaved patients and victims concerned a physician and proto-gynaecologist named James Sims. Sims was a Southerner who had been compelled to find a treatment for the common but untreatable problem of labour induced vaginal fistulas. To do so Sims “ransacked” (in his own words) the region for enslaved women who were living with the condition, taking them from families and communities and forcing them to live in Sims’ own makeshift hospital. Over a five year period he then proceeded to perform un-anaesthetised experiments on these women, whilst making them perform domestic, and later, medical labour during their captivity.³⁴³

But there were other ways in which planters sought out the commercial advantages that sickness and disease occasionally presented without directly purchasing enslaved people who had been deemed “unsound.” Death, specifically, often proved a precursor to investments in the slave market. For example, the cash-strapped Stewart family of Tangipahoa Parish specifically asked their New Orleans-based slave factor to “be on the look out for say an orphan girl of eight or nine years of age.” Those who had been orphaned, they reasoned, “were frequently offered” and could be bought for less than \$500.³⁴⁴ And it was not just Black suffering and death that generated speculation. At the opposite end of the southern social hierarchy, untimely deaths of planter patriarchs and the breaking up of their estates could also signal opportune moments for investment.³⁴⁵ The auctions that followed funerals were well attended events and, as with modern estate sales, gave participants the chance to buy goods—in this case land and slaves—at prices well below their market value.

Conclusion

³⁴³ Ibid., 36-40.

³⁴⁴ Edward G. Stewart to Mr J. W. Gurley, December 19, 1858, Gurley (John W.) Papers, Mss. 507, Box 1, Folder 1a, LLMVC.

³⁴⁵ "Administrator's Sale," *Mississippi Free Trader*, 13 December, 1853; "Administrator's Sale," *Mississippi Republican*, 2 June, 1824; "For Sale at Auction," *Ariel*, 29 March, 1828.

Sickness, disease and death loomed large over the interstate slave trade. From holding pens and jails in the Border South, to the decks of steamships and the overland camps on interstate trafficking routes, to the showrooms and jails of Southwestern slave markets, and finally to the hostile terrain of cotton and sugar fields, each stage of the interstate slave trade thrust enslaved people directly into the path of pathogenic and epidemiological danger.

Because disease hung over enslaved peoples' forced removal to the South it also hung over the speculation and deal making that was responsible for bringing them there in the first place. The slave trading industry itself was designed in such a way as to mitigate some of its inherent dangers: its practitioners adopted a calendar that kept money and captives moving in the colder months and which avoided the sickly months; some embraced the protections afforded by the nascent life insurance industry, long before it took hold in the rest of the South; and large firms split coffles up or staggered arrival times in the Southwest in order to avoid the financially ruinous effects of widespread sickness and death amongst their chattel property. At the very worst of times they also knew that they, unlike their captive prisoners had the freedom to practice self-preservation—to cut their losses and remove themselves from perilous situations. “Guard against...disease & if it please God that the negroes should get it I hope you will be careful of yourselves,” was the advice given by the trader Rice Ballard to Isaac Franklin. “We had better loose all and begin again than loose ourselves.”³⁴⁶

Local legislators too enacted policies they thought would ward off the threats that the trade posed to the white Southwestern populace. Some of those, like periodic restrictions on the importation of

³⁴⁶ Rice C. Ballard to Isaac Franklin, December 2, 1832, Rice C. Ballard Papers, 1822-1888, Folder 11, SHC-UNC.

enslaved people were pursued with physical safety in mind. Other initiatives, however, like the relocation of unsanitary and overcrowded jails and pens from city centres to urban outskirts were enacted with a view to stopping or slowing the spread of infectious diseases in the region's most-populous areas.

Yet experienced purchasers and buyers still recognised that sickness in the marketplace was inescapable. In the face of uncertainty they relied on nouse, local knowledge, luck, and their own accumulated experiences to make prudent decisions. The criteria that they tended to prize most, however, often did not necessarily support the biological assumptions that underpinned racial slavery itself. Instead it repudiated it. When gauging the perceived value of black people as labourers it was often not towards skin tone that speculators gravitated, but rather towards other, more reliable, indicators of physical robustness and epidemiological resilience—indicators such as medical history, length of time in the South, and knowledge of whether or not a slave was acclimated. When the financial stakes were so large, it ultimately made more sense to pursue self-interest than ideology.

CHAPTER THREE: HEALTH AND HEALING ON SOUTHERN PLANTATIONS

In the final days of 1859 Edward Gay was in need of a new overseer. Gay was one of the wealthiest planters in Louisiana and news of the vacancy sparked a wave of interest through the region. Out of many prospective applicants, one received a personal endorsement from an associate of Gay's named J. Daugherty. Daugherty had employed the man for a number of years and informed Gay that he had been "altogether the best man I ever had," with "a good head for all kinds of plantation work." Of the myriad talents he possessed, however, it was only one to which he made explicit mention: "He is a good doctor for negroes and very attentive to sick people."

Daugherty's endorsement, though, was qualified by a reference to an unusual feature of the man's domestic life. "He has," Daugherty wrote, "a very quiet good negro woman for a wife." That, however, should not have dissuaded Gay, he continued, for the man was still a 'first rate' overseer. "If it is an objection in your eyes it is the only one you can possibly have to him." In fact, he continued, the marriage should have been seen as a positive for Gay's business. As Daugherty explained, "his woman is of great help in giving medicine, watching the sick" and performing various duties of personal care.³⁴⁷ In short, the violation of southern norms imbedded in an interracial marriage of this sort should be overlooked because the exploitable benefits of black medical knowledge were of value to the plantation.

The content of Daugherty's recommendation reveals some of the tensions that loomed over health, healing, and sickness on plantations across the South. In theory, the health of a plantation should have been part of a master's remit, and especially his expression of "humanity and interest," to use

³⁴⁷ William Gay to Edward Gay, December 17, 1859, Edward G. Gay and Family Papers, Mss. 1295, Box 37, Folder 330, LLMVC.

a phrase common in that day: humanity in caring and providing for his slaves, and interest in pursuing policies that would lead to the best commercial output and the greatest financial gain.³⁴⁸ Yet in practice there was no consensus on what healthcare upon a plantation ought to have looked like. Nor, unsurprisingly, did the chaos of sickness deliver many instances of genuine paternalism, demonstrate masterly prowess, or clarify the process of constructing racial hierarchies in practice.

Ira Berlin contended that “slavery was never made, but instead was continually remade.” Shaped by powerful contingencies, “the slaves’ history” he suggested, “was derived from experiences that differed from place to place and time to time and not from some unchanging transhistorical verity.”³⁴⁹ Berlin was speaking in expansive terms. His focus was the temporal and spatial heterogeneity of US slavery from its inception to its abolition. In examining the health and healing regimens of individual southwestern plantations, it is possible to trace the processes by which slavery was being made and remade, negotiated and renegotiated, at the most intimate and localised of levels. The “omnipotent and omnipresent” threat of sickness forced slaveholders and slaves to define the terms of their relationship to one another and to their own communities in real time, all whilst they faced the contingencies and variables of a southern disease ecology that was virulent, destabilising, and indiscriminate.³⁵⁰

This chapter argues that sickness and healing were two of the most important forces in the process of defining, creating, and recreating, social norms and expectations on plantations. Slave society writ large was obsessed with the pursuit of stability and with upholding a set of measures that

³⁴⁸ Ford, *Deliver Us from Evil*, 149; James Oakes, ““I Own My Slaves But They Also Own Me”: Property and Paternalism in the Slave South,” *Reviews in American History*, Vol. 38, No. 4 (December 2010), 591; Mark Tushnet, *The American Law of Slavery, 1810-1860: Considerations of Humanity and Interest* (Princeton: Princeton University Press, 1981); Sellers, *Slavery in Alabama*, 109; *Minnesota Pioneer*, March 13, 1856.

³⁴⁹ Ira Berlin, *Many Thousands Gone: The First Two Centuries of Slavery in North America* (Cambridge: The Belknap Press of Harvard University Press, 1998), 3.

³⁵⁰ Martha Carolyn Mitchell, “Health and the Medical Profession in the Lower South, 1850-60,” *Journal of Southern History*, Vol. X (Nov., 1944), 429.

would achieve it. To that end slaveholders constructed a racial ideology that codified fixed racial hierarchies. They drafted bills of ownership which sanctified the absolute authority of slave masters. And they developed ways of talking about their oppressive institution, and of expressing their labour needs, that focussed upon sterile calculations based upon acreage and the number of hands that worked it, rather than the realities of bondage.³⁵¹ Their ideology was premised two central assumptions: the unimpeded extraction of labour from virile bodies in the field and the cooption of enslaved women's capacity to birth a labour force that would support the system in perpetuity. In theory these practices would create a replicable standard for plantation management and a unifying model for the enactment of slavery-based white supremacy. Disease, however, undermined the certainty of the slave order and exposed what James Oakes had called "the explosive combination of anarchy and absolutism" at the heart of plantation slavery.³⁵²

Plantation healthcare was defined by its conflicts and its concessions. For slaveholders it was a topic that clearly divided opinion. Some used the pretext of healing to interfere in the lives of their enslaved property, to invade bodies with unsolicited medicine, and to instil fear through the rigorous applications of poison disguised as cures. Others recognised that caregiving and healing were demanding forms of labour in their own right. As such they were a responsibility best delegated to enslaved people. There were similar debates about both the efficacy and the precedent of enslaved medical culture. Some saw black healers as a danger to their personal property, a threat to their authoritative standing, and an impediment to their absolute control over black bodies. Others believed that enslaved medical efficacy at least matched that of orthodox physicians. For masters,

³⁵¹ Thomas N. Ingersoll, *Mammon and Manon in Early New Orleans: The First Slave Society in the Deep South, 1718-1819* (Knoxville: The University of Tennessee Press, 1999), 275; *Richmond Enquirer*, September 14, 1838; *Boston Courier*, August 31, 1854; *Memphis Daily Avalanche*, November 24, 1860.

³⁵² James Oakes, *Slavery and Freedom: An Interpretation of the Old South* (New York: W. W. Norton & Company, 1990), 139.

relinquishing a degree of control was a fair exchange for reducing plantation costs and promoting the welfare of enslaved labourers.

There are fewer available sources from which to decipher the medical preferences of enslaved people themselves. What we do have, however, offers an intriguing picture. As Todd Savitt has put it, enslaved people “preferred self-treatment or reliance on cures recommended by friends or older relatives.”³⁵³ This of course set up conflicts between many slaveholders and the enslaved. But what was an issue of control and pragmatism for enslavers was often an issue of far greater significance for enslaved people. Medical autonomy for enslaved people meant protection against white impositions and interventions. More broadly, health and medicine often gave enslaved people opportunities to express their own self-determination and self-definition. Because sickness was poorly understood and often mystifying or illegible to contemporary Southwesterners, it was often up to enslaved people to define it. Given the tremendous wealth that enslavers tied up in enslaved bodies, enslaved peoples’ personal diagnoses and admissions of health or sickness became very important to their exploiters. That gave the enslaved a degree of authority and a voice which has too often been assumed to have been absent in the South. It sometimes, for example, gave the enslaved opportunities to undermine the declarations and promises of their sellers in urban slave markets, testify to nefarious trading practices (and the consequences for their own health) in disputes that had found their way to southern court rooms, and negotiate the terms of their own labour from plantation sickbeds.

The paradoxes, inconsistencies, and competing visions that dictated plantation healthcare in the Southwest are built into the structure of this chapter. The first half presents a slaveholding ideal: a

³⁵³ Todd Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978), 150

medical culture that was dictated by whites, that sought to ensure the submissiveness of enslaved people and shore up plantation discipline, and which was underpinned by the constant, indiscriminate, threat of white violence. It focusses on slaveholders who saw health care as an effective and easily utilised tool in the consolidation of control over enslaved communities, and enslaved people for whom the threat of white medical violence was a fact of life. But Southwestern medical necessity, and the effects of rampant sickness upon plantations, generated a medical landscape that was often complex and messy, and which cannot be neatly reduced into groups of white abusers and black victims. The second half of this chapter focusses on this complicated, but more common, reality. It explores the ways in which plantation healthcare was often conditional, improvisational, and contingent, and suggests that responses to diseases were often driven by local conditions and pragmatism as much as they were by societal expectations and ideological racial dogma.

Health, Surveillance, and Power

Slaveholders' authority derived from their ability to exert "constant scrutiny" over all aspects of enslaved life.³⁵⁴ This desire for surveillance determined the social geography and the labour patterns upon which plantations were built. Gang labour kept enslaved people "under the close supervision of white overseers" for regulated periods of time, usually for the duration of daylight hours. Horses gave overseers and masters an aerial vantage over enslaved peoples' movements and interactions. Regulated and ordered quarters kept enslaved communities condensed and made their movements legible to planters and overseers. The use of slave passes and vigilante patrols kept (or attempted to

³⁵⁴ C. Vann Woodward, *The Strange Career of Jim Crow* (Commemorative edition: Oxford University Press: Oxford, 2002), 12.

keep) enslaved people confined to their homes and limited their mobility outside of plantations.³⁵⁵

Even threadbare clothing—or as one northern traveller described it, “nothing...but an apology” for clothing—contributed to the physical exposure of enslaved people.³⁵⁶ By contrast, enslaved autonomy has been firmly tied to spaces that afforded bonds people a degree of invisibility, be that in swamps and back waters where white authority was non-existent or in urban centres where anonymity could be found in crowds.³⁵⁷

These two intertwined forces—masters’ desire to control enslaved lives and the determination of enslaved people to find respite from white intervention—largely shaped conflicts over enslaved healthcare on Southern plantations. On the one side, enslaved people attempted to enact and pursue a self-deterministic approach to personal and community care. On the other, masters attempted to extend the reach and impact of their surveillance and coercion in order to maintain plantation discipline and exert an ever greater level of influence over enslaved life.

The question of where enslaved healing should take place often stood at the heart of this struggle. Many enslaved people preferred that it happened in their cabins, a place they associated with relative security, physical protection, social privacy, and even modest comfort. When Charles Ball became sick he wrote about his preference for his cabin over removal to the “sick room,” for it was there that he was, in his own words, his “own master.”³⁵⁸ That belief that home was a safe place to

³⁵⁵ Ira Berlin and Philip D. Morgan, “Labor and the Shaping of Slave Life in the Americas,” in *Cultivation and Culture: Labor and the Shaping of Slave Life in the Americas* (eds.) Ira Berlin & Philip D. Morgan (Charlottesville: University of Virginia Press, 1993), 14-16; Frederick Law Olmsted, *A journey in the back country* (New York: Mason Brothers, 1860), 50; Theodore Dwight Weld, *The Bible Against Slavery: An Inquiry Into the Patriarchal and Mosaic Systems on the Subject of Human Rights* (New York, 1838), 61; Johnson, *River of Dark Dreams*, 222-223; Yael A. Sternhell, *Routes of War: The World of Movement in the Confederate South* (Cambridge, Mass.: Harvard University Press, 2012), 94-95.

³⁵⁶ “George Frederick Tufts Travel Journal, 1850,” Tufts Family Papers, Box 1, Folder 20, MHS.

³⁵⁷ Megan Kate Nelson, *Trembling Earth: A Cultural History of the Okefenokee Swamp* (Athens: University of Georgia Press, 2005), 22-39; Morris, *The Big Muddy*, 125-139; Franklin & Schweninger, *Runaway Slaves*, 145.

³⁵⁸ Charles Ball, *Slavery in the United States. A Narrative of the Life and Adventures of Charles Ball, a Black Man, Who Lived Forty Years in Maryland, South Carolina and Georgia, as a Slave Under Various Masters* (New York, 1837), 320.

be treated only grew as the symptoms of sickness rendered enslaved people more vulnerable.

Solomon Northrup's cabin, for example, was a haven, where a sense of sanctuary outweighed its spartan comfort. Here he would be left alone during illnesses or after punishments and "blessed" by a peace that descended "as the dews of heaven" upon him.³⁵⁹

Realising their relative lack of authority over enslaved peoples' most intimate domestic spaces, enslavers sought to shift healthcare into spaces that were more visible, or over which they had greater control. Those enslavers willing to pay the going rate of one to three dollars a day would sometimes send the sickest in their enslaved ranks to hospitals in large cities like New Orleans, Natchez, and Mobile, where they would be monitored by professional physicians and nurses.³⁶⁰ More commonly, however, plantations had their own hospitals, ranging in size from spare cabins that only nominally served the purpose for which they were intended, to fully equipped, multi-storey, brick buildings that housed dozens of patients.³⁶¹ Generally operated by enslaved women, these establishments delegated the labour of healthcare to bondspeople, whilst simultaneously centralising medical provision and ensuring that it remained visible and easy to regulate.

In cases of more acute sickness, enslavers often sought even greater control over black recovery, upending the orthodox distribution of 'white' and 'black' plantation spaces in the process. During the fever season of 1858, plantation mistress Tryphena Blanche Fox brought the sick into her "spare room" so that she could more easily watch and administer medicine. Amos, an enslaved boy held

³⁵⁹ Solomon Northrup, *Twelve Years a Slave*, 145.

³⁶⁰ Kevin Lander and Jonathan Pritchett, "When to Care: The Economic Rationale of Slavery Health Care Provision," *Social Science History*, Vol. 33, No. 2 (Summer, 2009), 158; Stephen C. Kenny, "'A Dictate of Both Interest and Mercy'? Slave Hospitals in the Antebellum South," *Journal of the History of Medicine and Allied Sciences*, Vol. 65, No. 1 (January, 2010), 25-26; Mitchell F. Rice and Woodrow Jones, Jr., *Public Policy and the Black Hospital From Slavery to Segregation to Integration* (Westport: Greenwood Press, 1994), 3-4; "Luzenberg Hospital bill," May 2, 1853, Slavery Collection, Mss. 1618, Folder 26, LLMVC.

³⁶¹ Rice & Jones Jr., *Public Policy and the Black Hospital*, 2-3; Vernie Alton Moody, *Slavey on Louisiana Sugar Plantations* (Ann Arbor: University of Michigan Press, 1924), 85; Russell, *North America: its agriculture and climate*, 264.

captive on the Evergreen Plantation in Southern Louisiana, meanwhile, spent “several days and nights” in October of 1834 in his mistress’s bed, recovering from what was described as a fever-induced swelling. A year earlier Richard Archer’s grand plantation home had been transformed into a hospital when he brought in twenty slaves probably suffering from cholera.³⁶²

Enslavers variously justified such interventions into enslaved life as an enactment of the moral obligations of slave ownership, as a fulfilment of their responsibilities as plantation managers, and as a prudent defence of their capital investments.³⁶³ As Stephanie Camp has put it, such interventions into the intimate spaces of slave life were a fixture of slaveholding paternalism, serving to highlight their benevolence to others whilst legitimating all manner of intrusion. “With paternalism,” she writes, “came greater attention to black bodily minutiae” and scrutiny over how enslaved people managed both their personal lives and their general wellbeing.³⁶⁴ That intent became increasingly obvious when it came to controlling enslaved health more generally, rather than countering the effects of certain diseases specifically. Enslavers argued that their bondspersons were unable to meet the challenge of maintaining health in a sickly environment like the Southwest. They invoked caricatured representations of enslaved life to paint broad depictions of innate cultural character, concluding that slave ‘lifestyles’ left them more likely to contract diseases and also more vulnerable to their effects.

³⁶² *A Northern Woman in the Plantation South: Letters of Tryphena Blanche Holder Fox, 1856-1876*, ed., Wilma King (Columbia: University of South Carolina Press, 1993), 84-86; Rachel O’ Connor to David Weeks, 2 April, 1834, Weeks (David, and Family) Papers, Mss. 528, 605, 1655, 1657, 1695, & 1807, Box 6, Folder 38, LLMVC; Richard Thompson Archer to William Archer, September 2, 1833, Archer Family Papers, Box 2E646, Folder 2, DBC-UT.

³⁶³ For more on the intersection of paternalism and economic self-interest see Mark M. Smith, *Debating Slavery: Economy and Society in the Antebellum South* (Cambridge: Cambridge University Press, 1998), 15-30; Oakes, *The Ruling Race*, xi-xiii; Peter J. Parish *Slavery: History and Historians* (New York: Harper & Row, 1989).

³⁶⁴ Stephanie Camp, *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South* (Chapel Hill: University of North Carolina Press, 2005), 18, 67

Many adopted what one slaveholding theorist called a “prophylactic” approach to slave health, one focused on regulating the risk of sickness through aggressive, quotidian, and obsessive intervention into the minutiae of slave life.³⁶⁵ To that end, prophylactic work consisted of countless small directives, some targeted at specific causes of sickness and others at general behaviours that might lead to poor health. Enslavers were variously told, for example, to encourage enslaved people to cover their feet at night, to discourage them from sleeping with heads too close to fires, to prevent them from covering themselves with too many blankets and to stop them from leaving waste near the quarter. With so many writers contributing their opinions on enslaved health, and with so little contemporary understanding about disease prevention in the first place, the messaging quickly became muddled and self-contradictory. Depending which journal a slaveholder subscribed to they might be told it was most important to stop enslaved people from going outside at night, or conversely from exposing themselves to midday sun, to stop them from overcooking food, or to prevent them from undercooking it, and so on and so on.³⁶⁶ One way to correct these supposed behavioural faults was through control over enslaved peoples’ built environments. Cabins, wrote John Hume Simons, the author of a popular plantation guide, should be built with sloping floors because “negroes will throw slops about them.” They should be tightly boarded because otherwise slaves would pour detritus through them (a cause of Typhus according to Simons). They should have good ventilation as “negroes sleep as often by the fire as in their beds.” Toilet chambers, however, needn’t be built as enslaved people would only destroy them.³⁶⁷

³⁶⁵ M. W. Philips, “Plantation Economy,” *Southern Cultivator*, Vol. 4 (August, 1846), 127; Fett, *Working Cures*, 173.

³⁶⁶ Samuel A. Cartwright, “Report on the Diseases and Physical Peculiarities of the Negro Race,” found in *Health, Disease, and Illness: Concepts in Medicine* (eds.) Arthur L. Caplan et al. (Washington, D.C.: Georgetown University Press), 36; J. S. Wilson, “Peculiarities and Diseases of Negroes: Food Clothing and General Rules of Health,” *DeBow’s Review*, Vol. 28, (May, 1860), 597-599; A. P. Merrill, “An Essay on some of the Distinctive Peculiarities of the Negro Race,” *The Southern Medical and Surgical Journal*, Vol. 12, No. 2 (February, 1856), 80-90.

³⁶⁷ J. Hume Simons, M.D., *Planter’s Guide, and Family Book of Medicine; For the Instruction and use of Planters, Families, Country People, and all Others who may be out of the reach of physicians, or unable to employ them* (Charleston: McCarter & Allen, 1848), 207-210.

Conceding that slave behaviour had to be accommodated and mediated through architectural design, however, suggested that it was outside of slaveholders' direct control. More in keeping with slaveholders' vision of themselves as arbiters of plantation health, and active determinators of their own success, they were equally as likely to attempt to regulate enslaved behaviour through social control and discipline. In seeking to direct enslaved behaviour, rather than merely accommodate or mitigate its supposedly detrimental effects, masters sought to counter a broad array of enslaved peoples' dangerous behaviours. In doing so they elevated the plantation rulebook to the status of medical text. Fearing that his enslaved labourers could not be trusted to regulate their own health, planter Eustace Surget equipped his overseers with a long list of sanitary and disciplinary rules that they were to enforce at all times, in order to avoid both outbreaks of sickness and instances of disobedience. Surget's overseers would "see that the quarters and yard well cleaned and swept daily," ensure that they remained well ventilated and safe from congestive maladies, that slaves were following hygiene directives, and that their clothes were regularly cleaned and changed, alongside a plethora of other instructions about how, where and when enslaved people should sleep, dress and bathe.³⁶⁸ In his mind, it seemed, the quarters ought to operate like a military barrack.

The more that enslavers obsessed over enslaved health, the more they seemed to tie themselves to the daily operations of their plantations, and to the seemingly impossible task of warding off sickness. For men like Mississippi plantation holder Richard Thompson Archer, maintaining the health of his workforce was too important to be left to an overseer. "The total inexperience of our overseer, the work that must be done and the dangers from sickness all press on me," he wrote to his brother in the aftermath of a whooping cough outbreak in 1833. With a fortune tied up almost wholly in the bodies of his slaves, an overseer who understood "so little the treatment of sick

³⁶⁸ "Rules for the superintendent of the plantation," Surget Family Papers, Box 3J122, DBC-UT; J. Carlyle Sitterson, "Hired Labor on Sugar Plantations of the Ante-Bellum South," *The Journal of Southern History*, Vol. 14, No. 2 (May, 1948), 197.

persons,” and “the consciousness of [in]excusable neglect” that he felt as his slaves died and his business faltered, Archer committed himself to personally overseeing new regimes of medical care and plantation discipline.³⁶⁹ In much the same way, Martin Philips of Mississippi attributed his success as a planter to, in his own words, being “always at home.”³⁷⁰ Considering how central overseers were to the daily operations of most plantations it was surprising how tenaciously some plantation owners clung to their self-appointed roles as arbiters of slave health. Like Archer, Joseph Davis (brother of Jefferson Davis) also felt acute anxiety at relinquishing direct control over his labour force. And like Archer, he also avoided long absences away from his plantation for fear that his slaves might not get the healthcare that they would need if they got sick.³⁷¹

Medicine and Violence

Nineteenth century medicinal culture afforded slaveholders an arsenal of products through which to inflict pain and suffering. Mainstream medical ontology prized ‘heroic’ cures and impelled practitioners to administer cures that would ‘shock’ illnesses from bodies. Such efforts were designed “to kill or to cure,” and were judged by how effectively they expunged or purged the fluids that were thought to cause disequilibrium in the body.³⁷² It was, in fact, the primary and intended purpose of regular medicine to provoke a visceral and visible reaction in its patients (to say nothing of the secondary effects of medicines that contained high levels of chemicals like mercury, arsenic, and ammonia). To many in the South, both white and black, the administration of regular

³⁶⁹ Richard Thompson Archer to Mary Archer, June 19, 1831, Archer Family Papers, box 2E646, folder 2, DBC-UT; Richard Thompson Archer to Stephen Archer, March 18, 1833, Archer Family Papers, box 2E646, folder 2; Richard Thompson Archer to Mary Archer, October 11, 1833, Archer Family Papers, box 2E646, folder 2.

³⁷⁰ M. W. Philips, “Plantation Economy,” 127.

³⁷¹ Janet Sharp Hermann, *Joseph E. Davis: Pioneer Patriarch* (Jackson: University Press of Mississippi, 1990), 77-78; Janet Sharp Hermann, *The Pursuit of a Dream* (Jackson: University Press of Mississippi, 1999), 15.

³⁷² Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Harlem Moon, 2006), 28; Fett, *Working Cures*, 118-119; Schwartz, *Birthing a Slave*, 33.

medicine had a reputation for cruelty. As one contemporary put it, “to die is natural,” but to subject oneself to the tortures of orthodox medicine was something entirely unnatural; to be “eaten, destroyed, murdered, butchered by calomel,” and other ‘heroic’ medicines, was an abomination inflicted by medical science.³⁷³

When whites forced regular medicine upon the enslaved they did so in full consideration of both the taxing physical effects of that medicine, and their own ingrained notions of black physiological responses to disease and pain. Many believed that African Americans somehow possessed a higher tolerance for pain and a greater immunity to the rigours of contemporary drugs. “The sensibility of the negro,” wrote one slaveholder, “is much less acute than that of the European, the former enduring pain with less apparent suffering than the latter.”³⁷⁴ Such beliefs were a product of a broader ideological view of blackness that justified, and incentivised, the use of cruelty against slaves. Indeed, just as many slaveholders defended whipping and beating enslaved people on the grounds that they had thicker and coarser skin and were more impervious to pain, so too were they convinced that the more primitive but durable constitutions of black people had to be treated with concentrations of medicine more potent and more violently abrasive than the dosages given to whites.³⁷⁵ For his part, the planter Moses Liddell seems to have thought, or at least professed to have thought, that the enslaved labourers on his plantation were impervious to certain forms of suffering altogether. “It seems that [enslaved] persons attacked with cholera symptoms feels an extremely

³⁷³“William Whitsitt Recounts the Death of His Daughter, 1848,” in *Major Problems in the History of the American South*, (ed.) Paul D. Escott, et al, 2nd ed. (Boston: Houghton Mifflin, 1999), 300.

³⁷⁴ W. G. Ramsay, “Physiological differences between the European (or White Man) and the Negro,” *The Southern Agriculturist*, Vol 12 (1839), 412.

³⁷⁵ Mark M. Smith, *How Race is Made: Slavery, Segregation and the Senses* (Chapel Hill: University of North Carolina Press, 2006), 23; Valencius, *The Health of the Country*, 238; Kenneth F. Kiple and Virginia Himmelsteib King, *Another Dimension to the Black Diaspora: Diet, Disease, and Racism* (Cambridge: Cambridge University Press, 1981), 179; Washington, *Medical Apartheid*, 42.

pleasant feeling” he wrote amidst an outbreak of the disease in 1850. They continue happily until they are “debilitated” and then “die without any pain.”³⁷⁶

Even those who argued that enslaved people were *more* rather than *less* vulnerable to certain diseases and their symptoms still integrated harmful racialised theories relating to pain and physical tolerance into their medical philosophies. The physician A. P. Merrill, for instance, argued that any remedy with a “sedative” quality should have been applied more sparingly to black patients than to whites, despite what he described as the tendency of enslaved Americans to experience “more violent” symptoms of many plantation diseases than their white counterparts.³⁷⁷ The implication was that even if blacks manifested more debilitating symptoms of disease, their suffering, as opposed to white suffering, did not warrant pain relief.

Because southern medicine was generally administered in homes, its application was tied firmly to the social dynamics of the domestic sphere and to the discretionary power of those who wielded influence within it. For that reason, interpretations of medical knowledge and arsenals of contemporary drugs could be applied in strikingly different ways to black and white patients. Whites could be, and were, exposed to horrific ordeals under the misguided auspices of medical care.³⁷⁸ Yet there was also a tendency to offer wealthy slaveholders less physically taxing cures that were rarely, if ever, offered to the enslaved: “sweet oil and camphor liniments,” opium infusions, “orange flower water,” and the medicinal consumption of alcohol, to name a few.³⁷⁹

³⁷⁶ Moses Liddell to St John Liddell, January 5, 1850, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 6, Folder 40, LLMVC.

³⁷⁷ A. P. Merrill, “Distinctive Peculiarities and Diseases of the Negro Race,” *Memphis Medical Recorder*, reprinted in *DeBow’s Review* Volume 28 (1860), 616-617.

³⁷⁸ Stowe, *Doctoring the South*, 159-162; “William Whitsitt Recounts the Death of His Daughter, 1848,” 300.

³⁷⁹ Shirley Elizabeth Thompson, *Exiles at Home: The Struggle to Become American in Creole New Orleans* (Cambridge, Mass.: Harvard University Press, 2009), 24; Stowe, *Doctoring the South*, 101.

As heads of plantation households, slaveholding men in particular had greater discretion to administer cures and preventative healthcare measures in ways that accorded with their own preferences for personal wellbeing and comfort. The consumption of alcohol amongst enslaved people, for example, was tightly controlled by enslavers yet was a ubiquitous component of the medical regimens of planters. Whiskey was often called upon for the medical complaints of white people and was also frequently drunk in the morning as a general ward against so-called “distempers.”³⁸⁰ Likewise, when sickness was more acute, or when illnesses had been reported locally, plantation heads might turn to popular recipes like “brandy, burnt in spices” in order to “keep their strength up” and protect themselves from seasonal epidemics.³⁸¹ In other instance, slaveholders might have specific recipes for specific ailments. On his Iberville Parish plantation Franklin Hudson, for example, self-medicated against “summer complaint” (probably malaria) with a concoction of blackberries, nutmeg, cinnamon, allspice and “fourth proof brandy” that more closely resembled a cocktail than a cure.³⁸²

But enslavers enjoyed more varied medical privileges than simply being able to access desirable medicines and remedies. They could also leverage their wealth and authority over others to dictate how, and in what ways, they would be cared for. The formerly enslaved Frances Lewis recalled having to provide therapeutic treatments to her enslavers, including having to “rub old missis’s and old master’s feet every night” before they went to sleep.³⁸³ Likewise, when F. D. Richardson of Louisiana felt the rumblings of dysentery during an outbreak of cholera, he self-administered laudanum, an opiate derivative, whilst bolstering his medical regime with warm brandy, foot

³⁸⁰ Olmsted, *A journey in the back country*, 75; Olmsted, *A Journey in the Seaboard Slave States*, 625; Robert F. Moss, *Southern Spirits: Four Hundred Years of Drinking in the American South, with Recipes* (Berkeley: Ten Speed Press, 2016), 120-121.

³⁸¹ William Dunbar Jenkins, “The Cholera of 1849,” *Publications of the Mississippi Historical Society*, Vol. 7 (1903), 275.

³⁸² “Hudson Diary, 1852-1853,” Franklin A. Hudson Diary, 1852-1859, #2290, Folder 8, SHC-UNC.

³⁸³ ‘Testimony of Frances Lewis’ in *Mother Wit: The Ex-slave Narratives of the Louisiana Writers' Project*, ed., Ronnie W. Clayton (Louisiana Writers' Project, 1990), 160.

massages, and “other attentions.”³⁸⁴ By contrast, many of the enslaved people within his ‘care’ who contracted the same disease died “exhausted” from the effects of the disease itself and from the more punitive medical interventions to which they were subjected. Enslavers too, were separated from the enslaved in matters of health by their ability to determine how much or how little medical attention they would receive. For some that meant eschewing professional care altogether. For others it meant frequent visitations from doctors and physicians. As William Holcombe, the physician of Eustace Surget, described being hired by a wealthy plantation owner: “Paid Mr. Surget three visits to-day although very little is the matter with him. How these luxurious nabobs despise to be a little sick! — such a vulgar interruption to convivial pleasure being quite intolerable.”³⁸⁵

In ledgers and journals, slaveholders fastidiously recorded the often contrasting remedies and cures that they forced upon their bondpeople. One of the most noticeable features of these recordings, when viewed together, was how repetitive and invasive these described procedures often were. For the first two days of a yellow fever outbreak Charles Sauter developed a remedy that required medical intervention every half an hour—first of Quinine and belladonna (nightshade) and then on the second day of “arsenicum and belladonna”. Only on the third day were the dosages reduced to once every hour but now the medicine was described ominously as “snake venom.” The remedy that Moses Liddell prescribed for his son St. John for cases of “chills and fever” was no less elaborate. It featured a rolling and repetitive course of “Salts” (a laxative made of magnesium sulphate), followed by ipecac mixed with a red pepper tea, and then a dose of castor oil and quinine, all supplemented with frequent doses of Boneset and calomel. Everard Green Baker’s concoction for fever was equally relentless: “take of calomel 18 grs. Quinine 18 grs. Dovers powders 7 or 8 grs. Ipecac 5 grs. — Make into 12 pills & give one every hour & a half.” Israel Adams recorded a 15

³⁸⁴ Moses Liddell to St John Liddell, January 5, 1850, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 6, Folder 40, LLMVC.

³⁸⁵ "Diary, 1855," William H. Holcombe Diary and Autobiography, #1113-z, Folder 2, SHC-UNC.

line cure for “dysentery or bloody flux” that began at midday with an administration of castor oil to induce two bouts of vomiting. He then mapped out the rest of the day’s treatment through a course of various powders, solutions and injections, very little of which would help a case of dysentery but all of which gave Adams almost uninterrupted access to, and control over, the bodies of his enslaved patients.³⁸⁶

These medical interventions surely took a profound physical and psychological toll upon enslaved people. Take, for instance, the effects of a treatment to which a Jefferson County enslaved woman named Caroline was subjected: “Caroline’s bowels from the medicine she has taken has torn charging matter water & jelly like frequently through the day which debilitated her very much.” Caroline’s enslaver responded to her distressed and debilitated state by administering more ‘medicine’: another 16 grams Calomel, 8 grams sugar of lead, 4 grams of opium, and 2 grams of ipecac “until her purging is arrested.”³⁸⁷ Such extreme interventions cast a long and lasting shadow upon those who were witnesses to them. Decades after freedom, Henrietta Butler of Louisiana could still recall the violence her mistress had meted out under the auspices of medical attention. In one particularly memorable incident Butler’s mistress had applied a “fly blister” (a potent vesicant, or blistering agent) to an enslaved man suffering from lockjaw. She then left it to erupt on his skin before, in Butler’s words, she “took a stiff brush and roughed over dat sore place.”³⁸⁸

Performatively violent responses to slave ill-health represented a way to convert individual suffering into a wider assault on slave collectives: a means to harness the sights, sounds and pain of both affliction and infliction in ways that asserted power and reaffirmed racial hierarchies.³⁸⁹ In that

³⁸⁶ "Aventine Plantation Ledger, 1862," Natchez Trace Supplement Collection, Box 4Zb25, Folder 18, DBC-UT; Moses Liddell to St John Liddell, September 16, 1847, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 31, LLMVC; "Remedies," Everard Green Baker Papers, #41, Box 1, Folder 4, SHC-UNC; "dysentery cure," Adams (Israel L. and Family) Papers, Mss. 3637, Box 3, Folder 54, LLMVC.

³⁸⁷ "Diary, 1849-1854," Everard Green Baker Papers #41, Box 1, Folder 4, SHC-UNC.

³⁸⁸ "Testimony of Henrietta Butler," *Mother Wit*, 38-39.

³⁸⁹ Johnson, *River of Dark Dreams*, 172-173.

sense, the bludgeoning exhaustion caused by white medical interventions was not merely a byproduct of what Harriett Washington has termed “veiled medical violence,” but rather a central tenet of its application.³⁹⁰

Enslaved pain served a number of purposes for enslavers. One was that it made enslaved bodies more legible to enslavers, and exposed or deterred malingering. For example, when a southwestern physician named Dr M. L. McCloud was treating an unnamed enslaved woman for supposed epileptic fits, he accidentally overdosed her with a dose of ammonium carbonate that caused an extreme burning irritation. The consequence of that malpractice—as unpleasant as it must have been for the victim—vindicated McCloud's method (or he thought) for it showed the woman in pain and discomfort: a state that she could not have experienced had she been actually suffering through an epileptic fit. Her chicanery thus stood exposed.³⁹¹ The episode worked its way into McCloud's regular medical strategy and became one of his favourite professional anecdotes. Likewise, Charles Ball recorded that “copperas” (iron sulphate) was known to be poisonous “amongst the people of both colors,” but that in small doses its “poisonous qualities” were thought to be conducive to healing. “Ignorant, or malicious” overseers, he recalled, would exploit those properties by forcing the substance upon those displaying symptoms of illness. The ensuing sickness and nausea had a sobering effect on witnesses to the brutality, “detering the people from complaining of illness, until they are no longer able to work.”³⁹² Others were less scientific in their approach. The physician Henry Clay—colloquially known as the Louisiana Swamp Doctor—routinely threatened to treat suspected malingerers by throwing them into the bayou, before “complet[ing] the cure” with “a liberal flagellation.”³⁹³

³⁹⁰ Washington, *Medical Apartheid*, 31.

³⁹¹ Ibid.

³⁹² Ball, *Slavery in the United States*, 321.

³⁹³ Madison Tensas (Henry Clay), *Odd Leaves from the Life of a Louisiana “Swamp Doctor”* (Philadelphia, 1843), 191.

In such moments care, oppression, and punishment narrowed to a point of indistinguishability.

Medical care, and medical violence, were turned into weapons against what Baptist has termed “the disease of self assertion.”³⁹⁴ Formerly enslaved people recalled that the sight of a white would-be healer approaching the quarters with the salts, powders and liquids of their medical arsenal made them shake with fear. As the escaped slave Henry Bibb put it, it was preferable for the sick slave to “work as long as he could stand up,” than accept a master’s “dreadful medicine.”³⁹⁵

Enslavers’ “tendency to medicalize slave vice by portraying character defects as “habits” or “addictions,”” as Ariela Gross has put it, made justifying violent abuses easier.³⁹⁶ Prominent pro-slavery ideologues and medical scientists like Samuel Cartwright were instrumental in popularising a connection between behaviour and physiology. They identified epidemiological causes of slave resistance and pushed spurious theories to explain various manifestations of black discontent: ‘Negro Consumption’ for apparent laziness, ‘Dysthesia Ethiopia’ for sabotage, and ‘Drapetomania’ for escape.³⁹⁷ With specific “negro diseases” used to articulate methods of slave resistance it made sense that methods of social control and medical healing would be one and the same. Punishing “cheats” and malingerers with “a dose from the medicine chest,” therefore, did not only make sense as a cynical inversion of enslaved people’s complaints, but as a justifiable treatment for the root cause of disobedience itself. By treating unwanted slave behavior as a medical concern rather than simply a social one, enslavers could more easily codify punishment as a legitimate form of treatment.

³⁹⁴ Baptist, *The Half That Has Never Been Told*, 264.

³⁹⁵ “Testimony of Rachael Santee Reed,” WPA, Mississippi Part 4, 1814; “Testimony of Elbert Myers,” WPA, Mississippi, part 4, 1618, Bibb, *Narrative of the Life and Adventures of Henry Bibb, An American Slave*, 118.

³⁹⁶ Ariela Gross, “Pandoras Box: Slave Character on Trial in the Antebellum Deep South” in *Slavery & the Law*, (ed.) Paul Finkelman (Lanham: Rowman & Littlefield Publishers, Inc., 2001), 304.

³⁹⁷ Samuel Cartwright, “Diseases and Peculiarities of the Negro Race,” *DeBow’s Review*, Volume XI, (1851).

Such reasoning explains why punishments meted out to enslaved people did not necessarily look like impromptu demonstrations of power, but instead often resembled calculated additions to white medical ontology.³⁹⁸ Moses Liddell even developed a medicalised recipe that would, he explicitly claimed, serve as a remedy for disobedience. Those suffering from “a disposition only to lye up,” as he described it, could expect “a dose of Jalap, Rhubarb & Salts with a small portion say 1 or 3 grams of Ipecac, all pulverised & well mixed together before adding it to half a tumbler of warm water or a Tea made of fever & ague weed and red pepper.”³⁹⁹ Unpleasant, certainly: but also practically indistinguishable from the myriad other unpleasant and physically taxing ‘cures’ that Liddell deployed against all cases of sickness.

The Politics of Black Healthcare

Wielded with malice, medicine was a tool that could be deployed to bend the will of enslaved people to that of their masters and which provided a means of breaking their resolve. Yet medical trends in the Southwest were far too personal, and far too contingent, to suggest that all enslavers approached it in the same way. There were good reasons for enslavers not to view medicine and healthcare as a reliable and effective means to discipline their slaves. Firstly, the determination of enslaved people and the strength of enslaved medical cultures obstructed efforts to exert complete control over slave healing. Secondly, a lack of consensus over the relative dangers and benefits of black healing and black medical knowledge meant many enslavers approached the role of slave healers from different positions. Was black healing an exploitable form of labour, as some believed? Or did it pose a danger to the social fabric of a society predicated upon whites asserting their physical dominance over black people?

³⁹⁸ Ingraham, *Southwest by a Yankee*, 2:124.

³⁹⁹ Moses Liddell to St John Liddell, August 23, 1847, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 30, LLMVC. See also Bibb, *Narrative of the Life and Adventures of Henry Bibb*, 118.

Enslaved communities called upon a wider medical cosmology than their white counterparts. Their medical culture included treatments that we would recognize—herb and root doctoring, folk belief, and plant-based medical cures—and forms we now have less exposure to: spiritualism, conjuring, and divining.⁴⁰⁰ The variability of local conditions, the relative strength and influence of ancestral traditions, and the contingency of cultural cross pollination across and between enslaved communities ensured that enslaved medical knowledge remained protean and interpretive rather than temporally or spatially fixed.⁴⁰¹

Medical historian Sharla Fett describes enslaved medical culture as “a constellation of ideas and practices related to well-being, illness, healing, and death, that worked to counter the onslaught of daily medical abuse and racist scientific theories.”⁴⁰² In some respects it is easier to understand enslaved medicine as an antidote to white medical encroachments than as simply something generated from internal influences. To the enslaved James Washington and his compatriots, the remedies that his oppressor pushed were derided collectively as “bad medicine”. For that reason, “when eny of de slaves got sick” Washington and his peers would turn to the healing canon of an enslaved black matriarch who dispensed her own herbal remedies “un be kno 'in to de Dr.”⁴⁰³ Similar sentiments run throughout the testimony of ex-slaves. Mark Oliver remembered being nursed by both white doctors and black healers. He held the latter’s remedies in higher esteem, which is why his memories of them were more vivid: the “mighty fine” snake root tonic, the vine tea to combat cramps, and the spiritualistic tokens made of “asafele and buckeye” and lead to ward

⁴⁰⁰ Herbert C. Covey, *African American Slave Medicine: Herbal and Non-Herbal Treatments* (Lanham: Lexington Books, 2007), 41; Bankole, *Slavery and Medicine*, 141-154; Wilma King, *Stolen Childhood: Slave Youth in Nineteenth-century America* (Bloomington: Indiana University Press, 1995), 10.

⁴⁰¹ Lawrence W. Levine, *Black Culture and Black Consciousness: Afro-American Folk Thought from Slavery to Freedom* (Oxford: Oxford University Press, 1977), 64-67.

⁴⁰² Fett, *Working Cures*, 2.

⁴⁰³ “Testimony of James Washington,” WPA, Mississippi, Part 5, 2197.

off everything from fever to heart complaint.⁴⁰⁴ Lizzie Chandler of Louisiana remembered her old mistress being “a great believer in quinine for ‘most everythin’.” But she preferred the enslaved community’s more extensive pharmacy of potions. “When she wanted me to make some [malaria medicine], I would say, ‘Quinines all right for white folks, but it ain’t no good for n[—]. Jimson weed [was] for us.’ We made our own medicine when we needed any.”⁴⁰⁵ In the context of “a relation of direct personal domination in which there are few institutionalized avenues of negotiation,” as Steven Hahn has described slavery, such rejections of white authority were deeply significant.⁴⁰⁶

Enslavers framed the reluctance of enslaved people to accept their cures and medical directives as a broader rejection of ‘health’ itself. To them, African Americans displayed worrying “apathy” and “fatalism”. They were thought to submit wholly to the notion “that everyone has his time appointed to die” and to being averse to improving health through medical treatments.⁴⁰⁷ Yet a belief in slave ‘fatalism,’ and circuitous rationalisations about slave character may merely have masked the frustrations of enslavers forced to confront the limits of their own ability to influence the belief systems of enslaved people. “The negroes unfortunately for Themselves and Equally so for us,” wrote one slaveholder, “had no confidence in our treatment—they Said it was certain death to take our medicine and we were compelled to stand by and See them die—.” Walter Wade felt similarly powerless to direct the course of healing on his plantation, complaining that a “slave would probably throw [regular medicine] away and rely on...African lore.”⁴⁰⁸ Likewise, when James

⁴⁰⁴ “Testimony of Mark Oliver,” WPA, Mississippi, Part 4, 1659.

⁴⁰⁵ “Testimony of Lizzie Chandler” in *Mother Wit*, 40-43.

⁴⁰⁶ Hahn, *A Nation Under our Feet*, 3; Drew Gilpin Faust, *Souther Stories: Slaveholders in Peace and War* (Columbia: University of Missouri Press, 1992), 64-65.

⁴⁰⁷ Genovese, *Roll, Jordan, Rol*, 637; Merrill, “An Essay on some of the Distinctive Peculiarities of the Negro Race,” 88.

⁴⁰⁸ Henry Turner to Sarah Tyler, April 27, 1849, Quitman Family Papers, #00616, SHC-UNC; Kelly Brignac, “Exploring Race and Medicine through Diaries: White Perspective on Slave Medical Care in Antebellum Mississippi,” *Primary Source* Vol. 2, No. 1 (Fall, 2011), 6; Blake Touchstone, “Planters and Slave Religion in the Deep South” in *Masters and Slaves in the House of the Lord: Race and Religion in the American South, 1740-1870*, (ed.) John B. Boles (Louisville: University Press of Kentucky, 1988), 111.

McHatton purchased a new cook named Jane—separating her from her children in the process—he had expected legal ownership to translate into social control. But mourning the separation of her family, Jane frustrated McHatton’s vision of masterly authority by refusing to cook and take medicine as he directed.⁴⁰⁹

Where enslaved people did consent to white medical intervention it was often conditional. Sometimes it relied upon enslaved knowledge, and perhaps manipulation of their masters. Emma Watson of East Texas, for instance, selectively revealed ailments to her master based upon the type of medical intervention she thought she would receive. In understanding and predicting her owner’s medical philosophies she was able to avoid hot and astringent pepper teas whilst maintaining access to the sage and quinine whose medical properties she clearly valued.⁴¹⁰ In other instances enslaved people only accepted white medicine after drawing concessions from their owners. For planter Richard Archer, that meant only being able to treat his slaves “without trouble” if he mixed his remedies with brown sugar, making them more palatable.⁴¹¹

White frustrations with black resistance, often expressed behind closed doors, in private correspondence, or in personal diaries, were nevertheless obvious enough for outside observers to notice. On his way back to Boston from New Orleans, John Wyeth noted that it seemed futile for enslavers to offer their enslaved people medicine. “When a negro gets very sick, he loses all his spirits, and refuses all remedies,” he wrote in his travel journal. “He wishes to die, and it is no wonder, if he believes that he shall go into a pleasant country where there are no white men or women.”⁴¹² Joseph Holt Ingraham, a northerner far more sympathetic to the slaveholders’ cause

⁴⁰⁹ Johnson, *Soul by Soul*, 203.

⁴¹⁰ “Testimony of Emma Watson,” WPA, Texas, Part 8, 3398.

⁴¹¹ Richard Thompson Archer to William Archer, March 18, 1833, Richard Thompson Archer Family Papers, Box 2E646, Folder 2, DBC-UT.

⁴¹² Wyeth, *Oregon, or A short history of a long journey*, 93.

than Wyeth, observed a similar trend. In his accounts of plantation life he juxtaposed the paternalistic desire of masters to care for their slaves with a counteracting unwillingness on the part of African Americans to submit to their masters' remedies. They would, he reported, "either go without any medicine, or take some concoction in repute among the old African beldames."⁴¹³

One of the most difficult medical arenas for slaveholders to intervene in, and one which evidently caused them a great deal of frustration, was child care. Despite its intimacy and emotional importance to black families it was a matter that carried a very real financial ramifications for plantation owners, given the centrality of enslaved motherhood and black reproduction to the slave economy. Time and again, however, enslavers complained of losing enslaved children and young field hands because of the incompetent mothering of enslaved woman. In so doing, slaveholders constructed a paradigm that shifted the blame for infant mortality away from the environment and the deleterious conditions of enslavement--at least partly a reflection of their own mastery--and on to the backs of enslaved mothers and their supposedly misguided maternal authority. "Margarets youngest child died in July of cholera...it was sick six weeks and I would have cured it but she would stuff it on evry thing it wanted," disgruntled Catherine Robinson complained to her brother from her plantation in the Red River region of Louisiana in 1852. Likewise Walter Wade of Mississippi lamented the loss of "a good hand" who had been "suffered to die" because of lack of maternal care. "Her mother Judy has not feeling enough for her children," he complained. "Brings them into the world, but does not do a good mothers part afterwards...Buried this evening!" When the slaveholder Mahala Roach witnessed the death of four infants on her plantation, none of whom reached their first birthday, she turned to the slave quarters with accusations of "bad management" from the children's parents. Across the Southwest all manner of ailments amongst children were put down to the medical decision of black carers. On Louis Hughes's plantation it was suspected that

⁴¹³ Ingraham, *The South West by a Yankee*, 2:124.

children in the nursery would be permitted to “drink too much liquor from cabbage, or too much buttermilk” and that this was the root cause of the high rates of cholera among the infants. Others complained that parental “laziness” left children “poor and emaciated”.⁴¹⁴ Even in cases of sudden and unexplained infant deaths planters were quick to find in such tragedies nothing but black incompetence. In areas where white authority didn’t stretch, and where causes of death were unknown, it was common to attribute unaccountable deaths to “smothering.”⁴¹⁵ In Mississippi in 1860 for instance, 213 deaths amongst enslaved people were attributed to smothering whilst only 6 white deaths were said to have occurred in such a way.⁴¹⁶

Controlling enslaved medical culture and enslaved attitudes towards health was clearly a difficult and frustrating challenge for many slaveowners. It also mapped awkwardly onto a wider southern medical landscape that was ideologically balkanised and which lacked any sort of unifying medical consensus. Orthodox physicians might have balked at natural or spiritually derived enslaved medical traditions, as they did at the majority of ‘irregular’ medical beliefs among southern whites. Anxious slaveholders too might have resented and feared both the precedent and the physical risks represented by autonomous slave healing. But viewed as whole, the southern medical industry was an ineffective racial gatekeeper. In its real world application, patients were motivated more by the perception of medical efficacy than they were by medical partisanship and, indeed, by doctrines of race.

⁴¹⁴ Catherine Robinson to Robert P. Smiley, August 24, 1852, Natchez Trace Collection Supplement, Box 4A461c, Folder 34, DBC-UT; Walter Wade quote from Kelly Brignac, “Exploring Race and Medicine through Diaries,” *Primary Source*, Vol. 2, No. 1, 4; Schwartz, *Birthing a Slave*, 207-208; Louis Hughes, *Thirty Years a Slave: From Bondage to Freedom. The Institution of Slavery as Seen on the Plantation and in the Home of the Planter* (Milwaukee, 1897), 44-45; Simons, *Planter’s Guide*, 208.

⁴¹⁵ Follett, *The Sugar Masters*, 76; J Neal to Aaron Neal, December 18, 1833, Neal Family Papers, Box 1, Folder 7, #04370, SHC-UNC.

⁴¹⁶ Michael P. Johnson, “Smothered Slave Infants: Were Slave Mothers at Fault?” *Journal of Southern History*, Vol. 47, No. 4 (Nov., 1981), 494; Robert William Fogel and Stanley L. Engerman, *Time on the Cross: The Economics of American Negro Slavery* (New York: Little, Brown & Company, 1974), 126.

This was particularly evident in popular attitudes to native medicine. It was common for local merchants, quacks, druggists, and salesmen to appropriate Indian knowledge (or at least their own approximation of it) and then repackage it as catch-all tonics and miracle cures, marketed to the white southern public as medicine that was both exotic and authentic. “Indian Vegetable Pills,” advertised by their creator D. A. Kneass as a general antidote to a wide range of physical and psychological ills for example, were sold (spuriously) as genuine Native medicine. Kneass, who in fact made the pills himself, suggested that they were a product of Native learning and promoted their effectiveness by arguing “the Red Men of the Wilderness have been taught by Nature true medical knowledge, and have been led, by instinct, to select such herbs as possess the greatest healing properties.”⁴¹⁷ On the one hand, the appeal of these types of product lay in the ephemerality of the invented traditions and mythical narratives that white communities spun around racialised communities, and in particular around Native peoples. On the other, however, these products belonged to a mainstream tradition of medical populism whose core tenet emphasised the superiority of Southern cures for Southern sickness.⁴¹⁸ Suppliers of so-called ‘Washington Remedies,’ for instance, distinguished between their region’s medical establishment, that relied on ineffective “Northern patent humbug” unsuited to the South, and their own products which had been forged in the crucible of the sickly south “in New Orleans by a Creole.” The supposedly creole-generated Washington Remedies had, they tried to convince their audience, been responsible for “rescuing many unfortunate victims of disease from the grave, after they had been given up by their physicians as incurable.”

Other medical entrepreneurs used a more pointed strategy of juxtaposing harsh establishment medicines with more natural Native cures. Creators of the so-called “Cherokee Remedy” proudly

⁴¹⁷ “The Indian Vegetable Pills,” *Times-Picayune*, February 2, 1842.

⁴¹⁸ See James O. Breeden, “States-Rights Medicine in the Old South,” *Bulletin of the New York Academy of Medicine* Volume. 52, No. 3 (March-April, 1976), 348-372; John Duffy, “A Note on Ante-Bellum Southern Nationalism and Medical Practice,” *The Journal of Southern History*, Vol. 34, No. 2 (May, 1968), 266-276.

boasted that their product was composed solely of “Roots, Barks, and Leaves,” rather than the “Nauseous Drugs and Poisonous Minerals” of ‘regular’ medicine. They distributed advertisements for the cure that were adorned with a caricatured depiction of a tribesman attending a cauldron over an open flame above the promise to “cur[e]...diseases by natural laws.”⁴¹⁹ In a less threatening disease environment, claims like “supplied to the subscriber by the native redmen of Louisiana,” might have inspired fear of ridicule amongst white consumers. But amidst the acute epidemiological dangers of the Lower Mississippi Valley, and the medical establishment’s inability to ease them, individuals were willing to try anything, including the potions of “savages.”⁴²⁰ In that sense they were part of a broader seventeenth and eighteenth century tendency to view sites of imperial conquest as arenas for medical experimentation and discovery. Historians of empire and medicine Jim Downs, Mark Harrison, and Emily Senior have all shown that imperial colonies throughout the eighteenth and nineteenth centuries were regarded as “site[s] of knowledge gathering and exchange,” ripe for the cooption of new forms of medical knowledge and vital to helping white settlers thrive in regions that seemed to present more dangerous climates.⁴²¹

The proof was in many professional physicians’ own willingness to embrace (or co-opt) the rhetoric and mysticism of Native healing. The Northeastern traveller James Hall noted in his observations of the region that “Indian doctors” throughout the West were “held in high estimation” on account of their knowledge of plants and their pharmaceutical properties.”⁴²² So much in fact that he felt compelled to warn the public about the number of charlatans operating in the South who used a

⁴¹⁹ *Daily Advocate*, November 21, 1860; “The Southerners at Home. No. IV,” *New York Tribune*, June 23, 1857.

⁴²⁰ Olmsted, *A Journey in the Back Country*, 46.

⁴²¹ Emily Senior, *The Caribbean and the Medical Imagination, 1764-1834: Slavery, Disease, and Colonial Modernity* (Cambridge: Cambridge University Press, 2018), 152; Jim Downs, *Maladies of Empire: How Colonialism, Slavery, and War Transformed Medicine* (Cambridge, Mass.: Harvard University Press, 2021); Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies, 1660-1830* (Oxford: Oxford University Press, 2010).

⁴²² James Hall, *Letters from the West: Containing Sketches of Scenery, Manners, and Customs* (London, 1828), 342.

“swarthy complexion” to imply Native ancestry and thus lay a claim to inherited healing knowledge. Some whites, however, undertook serious studies of native medicine. Gideon Lyncecum was one such man, who undertook something akin to an apprenticeship to a Choctaw healer. “All our medical books had been composed by Northern practitioners,” he observed upon arrival in the Mississippi, “and their prescriptions really did not suit Southern complaints.” His solution “was to visit an Indian doctor of great reputation, who resided in the Six Towns, Choctaw Nation, and try to get him to show me what he knew of medicine and disease.” That, he planned, would be the bedrock of his practice. “The Indians all knew them [cures], and it is just as natural for one of them, when he is sick, to go to the woods and get medicine to cure himself, at it is for him to go there when he is hungry to get something to eat.”⁴²³ If Lyncecum could tap into the ancient link between people and place, he reasoned, he would be able to confront the virulent and perplexing range of maladies that plagued his clients, and against which medical science as he knew it seemed to have no recourse.

Lyncecum’s successful career as a plantation physician validated his calculation. So too did frequent indications that planters were receptive to—even enamoured by—the possibility of coopting Native healing. “We have had several cases of something so allied to cholera that the disease passes for that complaint,” wrote one in the summer of 1851. “It is pleasing to see that Doct. Fryar’s (the Indian Doctor) mixture has done such good service. It is a cheap, efficacious, mixture, and should be had on every plantation.”⁴²⁴ Philip Pitts of Alabama was equally keen to promote the benefits of “a plaster prescribed by an Indian doctor” that had alleviated the painful symptoms of scrofula, from which his daughter was suffering.⁴²⁵

⁴²³ “Autobiography of Gideon Lyncecum,” 494.

⁴²⁴ *Concordia Intelligencer*, July 5, 1851.

⁴²⁵ “Diary of Phillip Pitts, 1850-1853,” Philip Henry Pitts Papers, 1814-1884, #00602, Folder 2, SHC-UNC.

Belief in so-called “Indian cures” stemmed largely from an assumption that Native people enjoyed a more symbiotic relationship with nature: that they possessed a set of intuitions—botanical, natural, spiritual—that whites did not. The same assumption was evident amongst slaveowners who chose to harness the power of Black healing. That impulse found root in the notion, as expressed by the formerly enslaved Silvia King, that enslaved people could commune with nature. “White folks just go through de woods and don’t know nothin,” she wrote, whereas enslaved people were more attuned to its healing properties.⁴²⁶ Liza Smith’s former master, for instance, would forage for the roots and herbs that enslaved healers requested. He would then allow those “who knew how to cook and mix’em up” to administer them at their own discretion and according to their own medical philosophies.⁴²⁷ Why he gathered the ingredients himself is unknown: possibly it was an effort to limit enslaved access to the swamps and wildernesses where roots and herbs were more likely to be found; possibly it was an effort to maintain control over some part of the healing process. What is not in doubt, however, is that Smith’s master believed in the efficacy of black medicine. He also believed that it was justifiable to defer to the medical knowledge of enslaved healers. John Mosely’s enslaver implied the same when, in Mosely’s words, he “let our old mammy doctor us” with “herbs from the woods.” He entrusted enslaved people to gather “cami weeds, peach tree leaves, red oak bark, for fever, chills and malaria and yes one more weed, privet weed for T.B,” to provide treatment for diseases that, he noted explicitly, “the white doctor could not cure.”⁴²⁸ To Smith and Mosely’s former owners, African American medicine was not just a useful supplement for effective slave management, it was also a means by which to fill the voids of their own epidemiological understanding.

⁴²⁶ “Testimony of Silvia King,” WPA, Texas, Part 5, 2224.

⁴²⁷ “Testimony of Liza Smith” in *Till Freedom Cried Out: Memories of Texas Slave Life*, (eds.) T. Lindsay Baker & Julie P. Baker (College Station: Texas A & M University Press, 1997), 90-92.

⁴²⁸ “Testimony of John Moseley,” WPA, Texas, Part 6, 2795.

That some slaveholders were receptive to the use of enslaved healers was both a blessing and a curse for enslaved people. In one sense, recognizing enslaved expertise at treating certain diseases was a way of empowering enslaved communities and providing security for them against the quackery and violence of external white medical authorities. For an enslaved woman named Elsey, that power found form in the space she was given to chart and define health and sickness as it occurred on the plantation upon which she lived: “Elsey is the doctress of the plantation,” her master wrote. “In case of extraordinary illness, when she thinks she can do no more for the sick, you will employ a physician.”⁴²⁹ “When *she* thinks” were the operative words of the instruction, solidifying Elsey’s authority to determine the nature of enslaved care on her plantation and elevating her own medical philosophy over that of white physicians. The ramifications of such authority were significant, and had the power to impact the lives of many enslaved people. On large plantations along the Mississippi it was easily possible for one single nurse, like Elsey, to be responsible for the healthcare of upwards of 250 enslaved people at any one time⁴³⁰ But in other quarters, whites worried that black plantation nurses wielded too much authority, with too little accountability. John Hume Simons, for instance, advised the readers of his popular medical guide that “plantation nurses generally will not” do many of the tasks that their owners asked of them. Instead, he wrote, they would act according to their own interests. Because this was not a problem that could be resolved through discipline (a tacit admission of the autonomy that some of the enslaved had gained through their medical expertise), Simons advised planters to only appoint the most “faithful and trusty” to the role.⁴³¹

⁴²⁹ U. B. Phillips, *American Negro Slavery*, 186.

⁴³⁰ Robert Russell, *North America : its agriculture and climate: containing observations on the agriculture and climate of Canada, the United States, and the island of Cuba* (Edinburgh, 1857), 264.

⁴³¹ J. Hume Simons, *Planter’s Guide, and Family Book of Medicine; For the Instruction and use of Planters, Families, Country People, and all Others who may be out of the reach of physicians, or unable to employ them* (Charleston, 1848), 208.

On the other hand, medical labour was as exploitable a form of labour as any other, particularly if enslavers thought black healers could be manipulated in ways that conformed to their own personal visions of plantation efficiency. Using this reasoning, many planters sought out enslaved healers. “I have found physicians of little service,” wrote one owner of a sugar plantation in southern Louisiana. “An intelligent woman will in short time learn the use of medicine.”⁴³² During Louis Hughes’ enslavement he was “drilled” by his owner in the “medicines and their properties” that he would eventually be expected to administer to the plantation’s enslaved community.⁴³³ Planters hoped to deploy this expertise in the interests of a healthy and efficient labour force. And those who possessed this expertise (since they were still slaves) were liable to exploitation.

Older women were the most likely plantation demographic to have their medical labour exploited. Meanwhile, younger black women were prized by planters for what Jennifer Morgan has termed their “productive and reproductive potential.”⁴³⁴ They were valued, in other words, for their labour and for their fertility.⁴³⁵ Nursing (as opposed to voluntary community healing) was a way in which slave owners could continue the commodification of black female labour, once their productive and reproductive value was judged to have waned.⁴³⁶ Take the descriptions of the women who featured in an advertisement for a slave auction in October of 1849: Sally, 60, was the eldest, and a “good nurse”; Fine, 48, who straddled the age at which backbreaking labour would be possible was a “field hand and nurse”; Sylvanie, 19, described as a “good childs’ nurse” and a labourer.⁴³⁷ Sometimes too,

⁴³² King, R., Jr. “On the Management of the Butler Estate, and the Cultivation of Sugar Cane,” *Southern Agriculturalist*, Vol. 1 (December, 1828), 523-529.

⁴³³ Hughes, *Thirty Years a Slave*, 21-22.

⁴³⁴ Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Pennsylvania: University of Pennsylvania Press, 2004), 92; Daina Ramey Berry, *The Price for their Pound of Flesh: The Value of the Enslaved, from Womb to Grave, in the Building of a Nation* (Boston: Beacon Press, 2017).

⁴³⁵ For the exploitation of enslaved motherhood see Emily West and R. J. Knight, “Mothers’ Milk: Slavery, Wet-Nursing, and Black and White Women in the Antebellum South,” *Journal of Southern History*, Vol. 83, No. 1 (February, 2017), 37-68.

⁴³⁶ Deborah Gray White, *Ar’n’t I A Woman? Female Slaves in the Plantation South*, revised edition (New York: W. W. Norton & Company, 1999), 115-118.

⁴³⁷ *Picayune*, October 6, 1849.

younger women who were noted as having some form of illness or impairment, would also be advertised as good plantation nurses.⁴³⁸

Enslaved people healing other enslaved people was one thing. The job was messy, intensive, and demanding. It was also expensive. On a large plantation a physician's bill could easily exceed \$135 per month, particularly in the summer and autumn when demand for care was almost constant.⁴³⁹ It made sense to many planters, therefore, to delegate medical labour to someone skilled within the ranks of the enslaved wherever possible. More controversial, however, were instances of enslaved people acting as healers to whites. Across much of the Southwest, Black Codes explicitly prohibited enslaved people from practicing medicine in any form, particularly in the period immediately following Nat Turner's Virginia rebellion when many states recommitted to protecting their racialised way of life through legislation. Slave owners in Tennessee in the 1830s, for instance, who allowed their chattel property to "go about the Country under pretext of practicing medicine or healing the sick" could expect to be fined, and their slaves subjected to upwards of twenty-five lashes.⁴⁴⁰

The evidence suggests that many such laws, like others included in Black Codes, were poorly or inconsistently enforced. Black healers operated openly throughout the Southwest. Of the thirty physicians operating in the rural, plantation dense Madison County, Alabama, in the 1850s "several" were described as "negro Faith-Doctors."⁴⁴¹ It was a similar story in towns and cities.

When the itinerant traveller and gambler George Devol landed in New Orleans for the first time in

⁴³⁸ *Avant-Coureur*, December 30, 1855.

⁴³⁹ "Statement of Services Rendered," Aril 8, 1858, Thomas O. Moore Papers, Mss. 305, 893, 1094, Box 1, Folder 3, LLMVC.

⁴⁴⁰ Loren Schweninger, "Doctor Jack: A Slave Physician on the Tennessee Frontier," *Tennessee Historical Quarterly*, Vol. 57, No. 1 (Spring/Summer 1998), 36-41; Schwartz, *Birthing a Slave*, 57; Levine, *Black Culture and Black Consciousness*, 64.

⁴⁴¹ J. Y. Bassett, "Reports on the topography, climate, and diseases of Madison County, Ala." in *Southern Medical Reports*, (ed.) E. D. Fenner (New Orleans, 1849-50), 1:257.

the midst of the 1853 yellow epidemic, his first port of call was to find medical care: “I got an old colored woman, and told her to stick to me, and I would give her \$25 per day as long as I was sick.” The deal cost Devol the entirety of his \$575 life savings. But the care he received helped him weather the summer of sickness and allowed him to move forward as an acclimated citizen of the Southwest.⁴⁴²

Black healers were common enough upon southern roads and in southern towns to be considered unremarkable. So common, in fact, that they provided a degree of conspicuous cover for enslaved people to move more freely across the region. That, at least, was the case for the enslaved David, a Mississippi escapee, whose owner published a reward notice in the local press with the warning that he “pretends to considerable medical skill” and had fled under the guise of a healer, carrying with him several medical books.⁴⁴³ One of the most striking examples of the acceptance of black healing in the South, and the relative freedom it afforded black practitioners, was to be found in the case of ‘Doctor Jack.’ Jack was an enslaved man who worked as a healer to white and black residents in the border counties between Tennessee and Mississippi. Given free rein by his owner to practice medicine throughout the region, Jack periodically fell foul of local attempts to tighten restrictions on enslaved movement. In response, many of Jack’s white patients rallied to defend him—or at least to defend their own access to what one called his “great and unparalleled success” as a healer.⁴⁴⁴ In response to a fine levelled against Jack’s owner by a County Circuit Court in 1843 (itself the product of concern from some local slaveholders that Jack was granted too much freedom), over a hundred local farmers and planters signed a petition to have the fine rescinded. The various petitions and testimonies delivered in defence of Jack over the years were written

⁴⁴² George Devol, *Forty Years a Gambler on the Mississippi* (Cincinnati, 1887), 20.

⁴⁴³ *The Mississippian*, May 1, 1809.

⁴⁴⁴ Schweninger, “Doctor Jack,” 38; John Hope Franklin and Loren Schweninger, *In Search of the Promised Land A Slave Family in the Old South* (Oxford: Oxford University Press, 2006), 88-89. For other examples of slaveholders hiring out enslaved people as nurses and midwives see “Daybook of Eli Capell, 1849-1876,” Capell (Eli J.) Family Papers, Mss. 674, folder 4, LLMVC.

overwhelmingly, although not exclusively, by white men. Their content revealed a personal dependency upon Jack — one man, for instance, had been cured by Jack of a four-year long affliction of “the complaint call’d the dispepsia [sic], or indigestion.” But they also revealed the scope of Jack’s operations and the interconnectedness of healthcare on southern plantations. With his arsenal of “indigenous roots” Jack cured plantation holders, but he also cured their wives, their children, and their chattel property. Wade Barrett, for instance, commended Jack’s ability to ease “the great misery in the back & loins” of his wife, alongside the “numbedness in her thighs.” He also attested to Jack’s successes in healing “a colour’d woman” with a respiratory complaint and “a colour’d boy” of about nine. All three were treated by Jack with herbs and roots and all, according to Barrett, experienced markedly better recoveries than they had under the care of regular physicians.⁴⁴⁵

The acceptance of Jack and a willingness to protect his ability to heal and to travel suggests that the practice of black slaves providing care for white enslavers was fairly ubiquitous. Jack’s case, though, was unusually public; the vast percentage of the healing done by black people occurred behind plantation gates and thus beyond the purview of the general public. Often, enslaved expertise was sought in a surreptitious manner. When a doctor prescribed medicine for one of the children in the Bateman household, it was refused by the young patient, Carrie. Instead, she “sent for Big Lize,” an enslaved woman, “and got her to make a prescription for her, slyly” so that no one would realise.⁴⁴⁶ The formerly enslaved Ceceil George recalled a similar experience when called upon to attend to mortally sick white woman named Mrs Jerry during a yellow fever outbreak. Without the knowledge of her husband, who had already unsuccessfully solicited a number of doctors, George was tasked with saving Mrs Jerry—something she achieved through teas of grass,

⁴⁴⁵ Schweninger, “Doctor Jack,” 39. For an example of professional black doctoring after Emancipation see Nell Irvin Painter, *Exodusters: Black Migration to Kansas After Reconstruction* (New York: Alfred A. Knopf, 1977), 71-72.

⁴⁴⁶ “Mary Bateman Diary, 1856,” August 3, 1856, Mary E. Bateman Diary #47-z, SHC-UNC.

Indian root, whiskey and pumpkin.⁴⁴⁷ In contrast to this surreptitiousness was the fear expressed by some whites that patients were getting too comfortable with their black healers. Jeremiah Stillwell, for instance, expressed concerns that his wife and children were becoming “too attached” to an enslaved woman named Mary—a woman whom he had brought to care for them.⁴⁴⁸ A different form of ‘attachment’ compelled Richard Archer to ask his wife’s permission to have his former chattel servant Patty treat him after falling ill on his Holmes County plantation. In acknowledgement of the intimate proximity between carer and patient he assured his wife that he was “in such [poor] health as to be *impotent*.”⁴⁴⁹

White dependence upon enslaved healers was generally born out of necessity and vulnerability. This dependence, usually unacknowledged, was thrown into clear relief when slaveholders lost access to it—most frequently as a result of carers falling sick themselves or running away. Suffering from the pain and stress of illness, and often trapped by the natural isolation of plantations, slaveholders wrote of these instances despairingly. “I have no person to attend me and Daisy sick and one mile from town,” wrote Isaac Franklin to his business partner in the midst of a cholera outbreak in 1833.⁴⁵⁰ Rosaline Priour wrote of her past experience with yellow fever and dependence upon enslaved medical care: “the negro woman we had hired was taken down with the fever, and her master removed her to his own home. Thus I was left alone with my sick mother and no one could be found for love or money to nurse her.”⁴⁵¹

⁴⁴⁷ “Testimony of Ceceil George,” *Mother Wit*, 83-87.

⁴⁴⁸ Johnson, *Soul by Soul*, 203-204.

⁴⁴⁹ William Kauffman Scarborough, *Masters of the Big House: Elite Slaveholders of the Mid-Nineteenth Century South* (Baton Rouge: Louisiana State University Press, 2003), 28.

⁴⁵⁰ Isaac Franklin to Rice C. Ballard, May 7, 1833, Rice C. Ballard Papers, 1822-1888, #04850, folder 11, SHC-UNC.

⁴⁵¹ Rosalie B. Hart Priour, *The Adventures of a Family of Emmigrants who Emmigrated to Texas in 1834, An Autobiography*, 63, #2R154, DBC-UT.

But giving enslaved people further access to white bodies came with attendant risks and put white people in positions of vulnerability. Nothing excited the fears and insecurities of the slaveholding community more than suspicions and accusations that whites were being poisoned by their enslaved captives. The spectre of slave poisonings had the power to generate widespread fear because it drew many of the slaveholding class's primary insecurities together into one singular threat: fears over the proximity and numerical superiority of black people upon rural plantations; fears over white dependency upon agricultural *and* domestic black labour; fears over the evident discontent and disaffection harboured by enslaved communities; and fears over the superior knowledge about the region's environment and botany, including its potentially harmful plants and roots, that black people, and enslaved women in particular, were thought to possess.⁴⁵² In short, it was not just the fact that enslaved people might want to poison their masters that gave white Southerners cause for concern. It was that plantation dynamics meant enslaved people were well positioned to administer poisons easily and discreetly if and when they chose to do so and that they could call upon a superior level of environmental knowledge to make poisons that were effective and which utilised products of the natural world—the same knowledge, ironically, that made enslaved people effective healers in the eyes of some whites. Indeed, it was a great paradox of Southern society, as Peter McCandless has put it, that planters came to “fear[] the very skills they most valued in some of their slaves.”⁴⁵³

Throughout the South the threat of enslaved poisoning was inexorably linked to the practice of enslaved healing. In Mississippi, for example, the laws governing attempted poisoning directly assumed that poisons would be administered under the guise of medical care: “If any slave, free negro or mulatto, shall prepare, exhibit or administer to any person or persons in this state, any

⁴⁵² Fett, *Working Cures*, 159-162; Schwartz, *Birthing a Slave*, 58.

⁴⁵³ McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry*, 176.

medicine whatsoever, with intent to kill such person or persons, he or she so offending, shall be judged guilty of a felony, and shall suffer death.”⁴⁵⁴ For individuals and plantation households poisoning was an occupational hazard. Allowing black and enslaved people such intimate and unobstructed access to white bodies always came with attending dangers. On 9 March 1834, Rachel O’Connor of the Evergreen Plantation in southeastern Louisiana, heard an accusation that a fourteen year old newly purchased enslaved girl had almost killed her enslavers by poisoning their sugar bowl. That “dreadful attempt” on the lives of her captives became a point of obsession for O’Connor. The episode fuelled at least four letters over the coming weeks, all of which focussed on the fate of the poisoned family, whilst offering morbid warnings about the general danger to which whites exposed themselves by relying upon enslaved people to meet their every need.⁴⁵⁵ It seemed that wherever enslavers died in mysterious or unexpected circumstances, suspicion was inevitably cast over enslaved people. In Lynchburg Dr John Lynch Jr, son of the town’s founder and namesake, died suddenly and unexpectedly in 1809. In looking for the cause for his “anguish of body, anxiety of mind, faintings, convulsions, delirium, mania and death” observers became sceptical of his slave Bob, and particularly to the apparent ill feeling he harboured against his master. After presenting anecdotal evidence of that discontent, a suspicion that Lynch’s deterioration was tied to Bob’s food preparation, and a violently coerced admission of guilt from Bob himself, he was found guilty of poisoning.⁴⁵⁶ And it was not only slave owners who were deemed vulnerable to the threat of slave poisons. When the enslaved driver of a Mr Scott, neighbour to the Washington County resident Mary Bateman, died suddenly after visiting the enslaved residents of a local planter, Scott jumped to the conclusion that he must have been poisoned by his enslaved hosts the night before. The

⁴⁵⁴ *The Revised Code of the Laws of Mississippi, In Which are Comprised All Such Acts of the General Assembly, As Were in Force at the End of the Year, 1823* (Natchez, 1824), 881.

⁴⁵⁵ Rachel O’Connor to William Weeks, March 9, 1834, Weeks (David, and Family) Papers, Mss. 528, 605, 1655, 1657, 1695, & 1807, Box 5, Folder 37, , LLMVC; Rachel O’Connor to Mary Weeks, March 14, 1834, Weeks (David, and Family) Papers, Box 5, Folder 37; Rachel O’Connor to Francis Weeks March 19, 1834, Weeks (David, and Family) Papers, Box 5, Folder 37; Rachel O’Connor to David Weeks, April 2, 1834, Weeks (David, and Family) Papers, box 6, folder 38.

⁴⁵⁶ Trent, *The Secret Life of Bacon Tait*, 14.

doctor performing the autopsy later concluded that “he could see neither poison, or food,” and his owner speculated that he had probably “died from eating too many mulberries.”⁴⁵⁷ But in the public’s mind the association between nefarious slaves and unsuspecting victims—in this case the valuable asset of a fellow slaveholder, if not a fellow white person—had already been established.

These plantation dramas provided a source of lurid fascination and speculative interest, bordering on hysteria, for the Southern public. As Southerners shared, fretted over, and dissected the potential motives and methods of poisoners, they exacerbated one another’s fears and amplified awareness of the insidious dangers that would-be poisoners posed. Nowhere was this obsession with poisoning more obvious than in the pages of the South’s print media. Here the threat of poisoning was made to seem ubiquitous and existential. Some newspapers, for example, posted regular, unprovoked, cures for what they called unidentified “Indian and Negro poisons.”⁴⁵⁸ And when high profile cases of poisoning, or suspecting poisoning did occur, most newspapers followed the cases hawkishly, inflating the significance of what were often threadbare cases through their microscopic and overly-dramatised coverage. Defendants in these cases were melodramatic villains, their victims innocent, and their punishments measured but steeped in finality; the guilty were sentenced “to hard labor for life,” incarcerated “forever,” or “sentenced to imprisonment for life”.⁴⁵⁹ In the process of their reporting, the Southern press turned personal suspicions, grudges, and insecurities into a scandalising but significant record of white anxiety, African American degeneracy, and the legislative power of society to bring it to heel.

⁴⁵⁷ “Diary, 1856,” Mary E. Bateman Diary #47-z, SHC-UNC.

⁴⁵⁸ McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry*, 176.

⁴⁵⁹ “Attempt to Poison,” *Mississippi Free Trader*, May 5, 1852; *Weekly Picayune*, December 19, 1842.

Across the Southwest, the crime of poisoning itself was overwhelmingly associated with enslaved people. Prison populations and court sentencing bore this out.⁴⁶⁰ Of the 347 people incarcerated in the Louisiana Penitentiary in 1855, eighty-eight were enslaved and one in eleven of those—both male and female—were held on charges of either “poisoning” or “attempt to poison”. No white inhabitants of the jail were held on either charge. Equally striking was the fact that the largest proportion of black people, both free and enslaved, were native to Virginia, eclipsing even the 34 black Louisiana natives by 7.⁴⁶¹ On one hand this may simply have been a reflection of a booming slave trade, the effects of which were reshaping the demography of the South by transplanting enslaved people from the border regions to the cotton kingdom on an industrial scale. On the other hand though, it showcased a narrative of fear which had been generated by the trade’s growth. The concern was that enslaved people entering the markets of the Southwest were “sold for their vices” by unscrupulous traders in the border state and weren’t to be trusted.⁴⁶² Indeed, in a region that was characterised by suspicion and prone to bouts of collective panic, fears over the character of the enslaved people being shipped and marched southwards in their droves was hardwired into the collective Southern conscience. The many fears that Southwesterners harboured about their importations—about their laziness, their criminality, their revolutionary spirit, and their sicknesses—were then tied together into one interwoven fear over the physical threat enslaved people posed to the white body, particularly in a setting where they had unregulated access.

The fear of poisoning was also the perfect conduit for white Southerners’ general anxieties about a potential loss of societal control. The “incendiaries, poisoners, and mercenaries,” who were flooding the country after being offloaded by their owners upriver represented a dangerous and

⁴⁶⁰ The most common punishment for poisoning was either death (usually if an enslaved person was adjudged to have caused the death of a white person) or “hard labour for life” (usually if there was no white fatality). See “Judgement of Nancy,” September 12, 1835, Slaves and Slavery Collection, Folder 6, DBC-UT.

⁴⁶¹ “Clerk’s Report,” *Daily Advocate*, February 7, 1856.

⁴⁶² James Metcalfe to St John Liddell, 24 June, 1848, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 24, LLMVC.

unknown variable, with the power to destabilise or harm the Southern social order.⁴⁶³ Paradoxically, the scope, technology, and efficiency that was supposed to ease the process of dehumanisation and commodification of black people—to turn enslaved people into units of labour that could be bartered, sold and bought—instead forced Southwesterners to confront the complexities, motives and dangers of those who were trafficked into the region. It also forced them to consider the damage that slavery might be doing, both to individuals and to Southwestern society more broadly. “Slaves are not to be considered as an article of merchandize, merely,” wrote one Mississippi publication. “They have also the character of persons.” The reason for this was caution and subversion of dogma was in their destructive power. Using the analogy of an “adulterated” importation of flour from the upper country, which had the potential to “poison many of our citizens,” so too did enslaved people have potential to upset the bodies of their captors, not to mention the body politic that preserved the racial status quo. “In this respect they differ widely from every other description of merchandise.”⁴⁶⁴

Feigning Sickness and Resisting Control

When enslaved people presented as sick, they forced owners to decide whether “a slave was deceiving them,” or whether they were genuinely ill.⁴⁶⁵ The decision, in other words, was between the “risk [of] permanent injury to their human property,” on one hand, or allowing enslaved people a degree of determinism in defining their own physical condition, and by extension the terms of their own labour, on the other. Given the vast sums of money which slaveholders invested in enslaved people it is unsurprising that many leaned towards protecting the health of that investment.

⁴⁶³ Gudmestad, *A Troublesome Commerce*, 99.

⁴⁶⁴ “Importation of Slaves,” *Ariel*, February 2, 1827.

⁴⁶⁵ Kenneth Stampp, *The Peculiar Institution: Slavery in the Ante-Bellum Society* (New York: Alfred A. Knopf, 1956), 103.

In the words of one: “Better to suffer a ruse than lose valuable property.”⁴⁶⁶ But in the plantation South consistency amongst masters was rare. Where some took pride in exhibiting caution and prudence—and perhaps even benevolence—others took pride in aggressively “turning out” those who were deemed fit for work or who were thought to be “getting well.”⁴⁶⁷ “Nothing is so subversive of discipline, or so unjust,” adherents to the latter approach stated, “as to allow people to sham.” As a result “great care” was needed “to prevent persons from lying up when there is nothing or little the matter with them.”⁴⁶⁸

The problem, of course, was that only enslaved people knew whether or not they were genuinely ill. It was often hard to determine the extent of sickness in an enslaved person. Such a judgment was likely to rest on incomplete information or even on subjectivity alone. As conversations between slaveholders showed, one man’s sickness could be another’s “humbuging.”⁴⁶⁹ When Archibald Palmer appeared in a Louisiana Court after beating an enslaved man to death, for instance, his defence rested on the argument that he had believed the man had been shirking work and shamming illness. The planter’s intention had been to set an example and offer a deterrent to the rest of his workforce. To his peers called to testify, the murdered enslaved man had shown “obvious” signs of sickness and was clearly unfit to be put out into the field.⁴⁷⁰

Some slaveholders dealt with the uncertainty surrounding the extent of enslaved sickness by ordering overseers to follow directives that were clear but often of limited utility. One planter

⁴⁶⁶ Calvin Schermerhorn, *Money Over Mastery, Family Over Freedom: Slavery in the Antebellum Upper South* (Baltimore: The Johns Hopkins University Press, 2011), 192.

⁴⁶⁷ Ulrich B. Phillips, *American Negro Slavery*, 186; Ulrich B. Phillips, *Plantation and Frontier, 1649-1863, Volume 1* (New York: Cosmio Classics, 2008, originally 1910), 114; Northup, *Twelve Years a Slave*, 178.

⁴⁶⁸ John Spencer Bassett, *The Southern Plantation Overseer, As Revealed in his Letters* (Northampton, Mass., 1925), 29.

⁴⁶⁹ J. Carlyle Sitterson, “The William J. Minor Plantations: A Study In Ante-Bellum Absentee Ownership,” *The Journal of Southern History*, Vol. 9, No. 1 (February, 1943), 67.

⁴⁷⁰ Palmer Vs Taylor, March, 1842, #412, UNO-SCoL.

declared that “people must be well taken care of when sick & must be punished *always* if they lay up when not sick.”⁴⁷¹ In the words of another: “If any of the negroes have been reported sick, be prompt to see what ails them and that proper medicine and attention be given them. Use good judgment and discretion in turning out those who are getting well.” Others tried to regulate their way out of ambiguity. They enforced strict plantation rules and implemented deterrents on those who professed themselves to be sick. On the plantations of James Henry Hammond, for instance, it was stipulated that “with any marked or general symptom of sickness, however trivial, a negro may lie up a day or so at least.” Those that ‘lay up’, however, were not allowed to remain in their own cabin, were to be confined to the hospital, and were subject to constant check-ups from the master or overseer.⁴⁷² Such approaches, however, could not address the fundamental uncertainties of slave health nor bridge the chasm of mistrust that existed between enslavers and the enslaved. In fact, the more strictly enslavers tried to establish a false dichotomy between those who were categorically ‘sick’ and those who were ‘shamming,’ whilst allowing little room for anything in between, the more they seemed to become frustrated with matters of discipline.

More often, responses to sickness, and to the threat of feigning, were contingent and improvisational. Because plantation epidemics, particular summer bouts of malaria, were often long and drawn out affairs, responses to them often changed over time. It was common for enslavers to be cautious as cases and death tolls rose, but then to become impatient as plantation operations ground to a halt and eventually suspicious of enslaved motives. The more instances of sickness that were recorded on one Sumter County cotton plantation, for instance, the more the overseer came to think that complaints were tied to disgruntlement: “They hate to work Badly,” he concluded.⁴⁷³ A

⁴⁷¹ Sitterson, “The William J. Minor Plantations,” 69.

⁴⁷² Ulrich B. Phillips, *American Negro Slavery*, 186; Ulrich B. Phillips, *Plantation and Frontier, 1649-1863, Volume 1* (New York: Cosmio Classics, 2008, originally 1910), 114.

⁴⁷³ Susan Eva O’Donovan, *Becoming Free in the Cotton South* (Cambridge, Mass.: Harvard University Press, 2007), 31-32.

simple transition from concern to suspicion occurred on the Airlie Plantation in East Carroll Parish, Louisiana, in 1862. On 5 February of that year the plantation's overseer first reported that "several" slaves were "complaining of soer throat" (possibly scarlet fever). Over the coming days the number of complaints grew; from "six or seven" the following day to 14 two weeks later. Over that time productivity fell: "little plowing done, badly behind," the overseer recorded in his daybook. By April conditions had continued to deteriorate and the overseer had himself been struck by the epidemic. By July the fever had returned with a vengeance and order on the plantation seemed to have deteriorated with it. On July 17 records of punishments began to appear alongside running totals of the sick. On that day, alongside seventeen recorded sick, five were punished for unspecified offences, two were absent from the plantation, and one was in jail. The following week the overseer was replaced, and a new overseer took over plantation management. With his arrival, the number of enslaved people recorded "sick" began to fall rapidly, replaced instead by increasing numbers of those reported as being "turned out"—a trend that continued until the end of the picking season.⁴⁷⁴

Social scientist James Scott has called feigning sickness a form of "strategic docility."⁴⁷⁵ The constant threats of being aggressively 'turned-out' and of white retaliatory violence, however, suggest it was actually a fairly complex, and sometimes perilous, form of resistance. Far from docile, the physical act of feigning too, could be both challenging and intensive. In order to be believable, enslaved people employed a myriad of creative, and sometimes painful, physical measures. They placed arms in beehives to create sores and swallowed blood to regurgitate in front of physicians; they used botanical irritants like poison oak to create marks and produce rashes; and they imitated symptoms of sickness—such as paralysis and blindness—that could be hard to dispute

⁴⁷⁴ "Airlie Plantation Record Book, 1863," 'RASP, Series G, Part 1, Reel 11.

⁴⁷⁵ James C. Scott, *Domination and the Arts of Resistance* (New Haven: Yale University Press, 1990).

in the short term but which were difficult to maintain for long periods of time.⁴⁷⁶ One of the most common physical deceptions that enslaved people employed was altering their tongues—a body part that was widely regarded as a barometer for health in the nineteenth century. During her removal to the Deep South, the enslaved Bethney Veney’s was taught by “an old negro woman” how to make her tongue seem “coated and feverish”; a trick she used to her advantage in New Orleans where she gained a reputation for being “in a very bilious condition” and which enabled her to delay her sale.⁴⁷⁷ Others achieved discolouration by applying substances such as mustard powder.⁴⁷⁸ The ruse was so common that one popular medical guide advised planters to examine the pulses rather than the tongues of enslaved people who claimed to be sick, as the latter could be too easily manipulated.⁴⁷⁹

But tongues could mislead in other ways too. Verbal manipulation was as effective a tool for selling sickness as was physical modification. Indeed, it was striking how much weight the words of enslaved people carried when it came to questions of physical fitness. “We have now 6 or 10 complaining lightly of bowel complaint,” Moses Liddell wrote in 1849, “but none of them appear to me to be sick — but lying up.” “The negros have found out how to lye up under its influence to take the advantages of it, in more than half the cases at least...I am really tired of the words bowell complaint.”⁴⁸⁰ The following year he would make a similar complaint during an outbreak of cholera: “We have some three or four lying up...but I cannot see what is the matter with them.”⁴⁸¹

⁴⁷⁶ Buckingham, *The Slave States of America*, 2: 402; Marli F. Weiner & Mazie Hough, *Sex, Sickness, and Slavery: Defining Illness in the Antebellum South* (Urbana: University of Illinois Press, 2012), 209; David W. Blight, *A Slave No More: Two Men Who Escaped to Freedom, Including Their Own Narratives of Emancipation* (Boston: Mariner Books, 2009), 176; Stamp, *The Peculiar Institution*, 104.

⁴⁷⁷ Bethany Veney, *The Narrative of Bethany Veney: A Slave Woman* (Worcester, Mass., 1889), 30.

⁴⁷⁸ Ingraham, *The South West by a Yankee*, 2:124; Buckingham, *The Slave States of America*, 2:402.

⁴⁷⁹ Simons, *Planter’s Guide, and Family Book of Medicine*, 45.

⁴⁸⁰ Moses Liddell to St John Liddell, April 30, 1849, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 6, Folder 37, LLMVC.

⁴⁸¹ Moses Liddell to St John Liddell, January 5, 1850, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 6, Folder 40.

According to another: “All [slaves] in the cotton, except Viny and Green. Not much the matter with either, but sick, they say.”⁴⁸² Other examples of suspicion and frustration could also be gleaned from the sparser but more quotidian records of daybooks and ledgers. In these notes, absences might be accompanied by the vague—“complaining”—or the more damning—“nothing.”⁴⁸³ Such deceptions could also work beyond the bounds of the plantation. When an enslaved man named George escaped in 1832, his owner put a notice in the local press describing him as “a very artful and cunning fellow, [who] will try to escape if taken by feigning sickness.”⁴⁸⁴

For many enslavers, the tendency to sham was a pathogenic condition of blackness. Because those from whom we get many of our sources viewed it in such a way, and because they were constantly on guard against enslaved deceptions, there’s a tendency to view forms of daily resistance, like feigning illness, as constant or static.⁴⁸⁵ In practice, however, enslaved people behaved in a more strategic way, choosing to feign sickness in moments where resistance to planter discipline was likely to succeed. Serious outbreaks of disease, for instance, created a smokescreen of conditions that made shamming easier. They created a greater presumption of sickness, provided a litany of symptoms to mimic and to replicate, and fostered chaos, panic, and disorganisation, thus reducing the scrutiny to which enslaved people would otherwise be subjected.

During epidemics the ability of whites to control slaves diminished. This was particularly true in instances where white figures of authority were themselves struck down. Bennet Barrow described

⁴⁸² Riley, “Diary of a Mississippi Planter,” 333.

⁴⁸³ Charles S. Sydnor, *Slavery in Mississippi* (New York: D. Appleton-Century Company, 1933), 48.

⁴⁸⁴ *Daily Georgian*, April 13, 1832.

⁴⁸⁵ Eugene Genovese and Elizabeth Fox Genovese have gone so far as to argue that planters welcomed a degree of resistance and rebelliousness. For them, it was a form of plantation pageantry and established a set of expectations and norms around which master-slave relationships could be built and understood. See Elizabeth Fx Genovese & Eugene Genovese, *The Mind of the Master Class: History and Faith in the Southern Slaveholders' Worldview* (Cambridge: Cambridge University Press, 2005), 365-382; Eugene Genovese, *Roll, Jordan, Roll*.

his slaves as being “deliberately rebellious” whilst he was incapacitated through sickness.

“Knowing I am not able to go out as yet,” he wrote, “a number of hands” had begun routinely “pretending to be sick.”⁴⁸⁶ The enslaved people on William Minor’s Waterloo plantation, meanwhile, took to stealing pigs under the cover of the chaos brought about by the 1855 yellow fever epidemic.⁴⁸⁷ Others used the opportunity that sickness presented to flee entirely. Mahala Roach of Vicksburg noted an increase in “trouble” amongst her slaves during the city’s 1853 yellow fever outbreak, culminating in the absconding of her personal servant, Henrietta.⁴⁸⁸ Greater suffering often led to more concerted resistance. On one cholera-besieged Louisiana plantation, the *Franklin Republican* reported, 45 enslaved people had died and their owner had had been “compelled to abandon his home.” Consequently the majority of the surviving enslaved community fled the plantation for the surrounding woods and swamps.⁴⁸⁹

The general or temporary absence of a plantation head could provide enslaved people with similar opportunities for escape. “Eliza [and two others] sick all week, as I was away,” wrote Mississippi planter M. W. Phillips in summer 1846 after returning from a trip that kept him from his plantation for several days. “Not much the matter with any.”⁴⁹⁰ In this short entry, Phillips revealed that he understood that his mastery was conditional. It relied upon his physical presence and upon his ability to conjure a reality based upon his own subjective readings of enslaved health. Without that presence, Eliza and her peers were freer to apply their own definitions of personal health and thus the labour they would contribute to plantation work.

⁴⁸⁶ Oakes, *The Ruling Race*, 183.

⁴⁸⁷ “Plantation diary, 1855-1858,” Minor (William J. and Family) Papers, Mss. #519, 594, Folder 29, LLMVC.

⁴⁸⁸ “Diary, 1853,” November 2, 1853, Roach and Eggleston Family Papers #2614, Box 11, Folder 57, SHC-UNC.

⁴⁸⁹ “Cholera at the West,” *Albany Argus*, June 25, 1833.

⁴⁹⁰ Phillips. “Diary of a Mississippi Planter,” 411.

Such absences could also bring the gendered dimensions of plantation power to the fore. Recent scholarship, particularly that of Stephanie Jones-Rogers, has shown that white patriarchs did not have a monopoly on the applications of force that underpinned racial oppression in the South. Indeed, “the regime of slavery could not have been sustained,” Rogers argues, “if the power, authority, and violence that characterised it had belonged to elite white men alone.”⁴⁹¹ Nevertheless, many plantation matriarchs reported that acts of slave resistance, particularly refusing to work, increased when figures of male authority were absent. Eliza Quitman, the wife of governor and notorious filibusterer John Quitman, was one such woman who was forced to confront problems arising from disease and discipline during her husband’s long absences. “I know not what I shall do,” she wrote in one of her letters following an illness that had left her bed ridden for a month whilst her husband was in the state capitol. “Alfred and Fred have become perfectly lawless. They go off whenever, and wherever they please, get drunk and of course do no work.”⁴⁹² Tryphena Blanche Holder Fox found herself in a similar situation during a malarial outbreak in her neighbourhood in 1858. With a husband “so busy that he hardly finds time to eat,” and a number of sick slaves to care for, the burdens of nursing and managing the household fell increasingly on her. At the same time the same fever left her “hardly [able to] crawl around.” During that period she became exasperated first with having to care for an enslaved woman named Susan, and then with her inability to control her once she had recovered. “Susan has become my greatest annoyance. When I needed her most...she would do nothing for two weeks because she little sore on her finger.”⁴⁹³ Eventually she persuaded her husband to loan Susan to another cotton plantation, only to

⁴⁹¹ Stephanie E. Jones-Rogers, *They Were Here Property: White Women as Slave Owners in the American South* (New Haven: Yale University Press, 2019), 70-71.

⁴⁹² 'Eliza Quitman to John Quitman,' 21 February, 1836, Quitman Family Papers #616, folder 10, UNC-SHC.

⁴⁹³ King, *A Northern Woman in the Plantation South*, 89.

recall her later that year when Fox and her husband fell sick to another fever outbreak—an outcome that she in desperation called “*the worst of all evils.*”⁴⁹⁴

Enslaved Voices and Self-Diagnosis

Enslaved people’s ability to feign sickness, and enslavers’ suspicions that they were being duped generated conflicts on plantations across the South. Primarily these were conflicts over labour and over authority. They pitted the power of enslaved people to leverage the mysteries and uncertainties of their own health against the desires, discretions, and demands of their owners.

But away from the plantation, the abilities of enslaved people to self-diagnose and to define their own physical conditions had a wider impact, one that transcended the master-slave relationship. Self-definition had the power to shape southern public and commercial life. It raised questions about where enslaved voices should be heard and where they shouldn’t. And it opened a window through which outsiders could view the realities of plantation spaces and the relationships of those who occupied it.

Take for example the influence that an enslaved women named Maria and her husband had over the valuation of their master’s estate. In 1822, when a surveyor named Jacob Eiler had come to record the worth of their master’s property—including the value that was bound up in the bodies of his enslaved labourers—Maria approached the man to confess a medical condition. She told Eiler that she was “unhealthy” and had “had fitts coming down the river” to her new home in the Deep South. Her husband corroborated her story, testifying to her ‘unsoundness.’ For his part Eiler was suitably convinced, or at least saw no reason to dispute their assertions. In his own words he fixed “the

⁴⁹⁴ Ibid. 92.

appraisement of [Maria's] value...below what it would have been if she had been known to be healthy.”⁴⁹⁵ It is impossible to recapture Maria and her husband's motives from Eiler's account. They could have been driven by vindictiveness against a master who uprooted them and transported them southwards, the fear of being resold if valued too highly, or possibly just the compulsion to express their hardships to an interested party. Regardless of intent though, Maria and her husband demonstrated that the diagnostic agency of enslaved people could have serious material and financial ramifications for their enslavers.

The most obvious arenas for enslaved peoples' self-diagnoses to be heard were southern courts. Officially the Civil Code of Louisiana excluded Black and enslaved people from giving testimony, labelling all Black people “absolutely incapable of being witnesses to testaments.” The Mississippi courts held the same standard.⁴⁹⁶ Yet because so many disputes hinged on the vagaries and mysteries of enslaved health—when, how, why, and to what extent enslaved people became ill—it was inevitable that Black and enslaved voices would challenge the legislative edicts that marginalised them.⁴⁹⁷ In fact, self-diagnostic testimonies were a surprisingly common feature of many litigations.

Ruling on the case of a slave who had “died of mortification of the bowels,” one southern judge made explicit that the southern court system's red lines over black testimony could be flexible in certain instances: “The statement of a sick slave as to the seat of his pain, the nature, symptoms and effects of his malady, is as well calculated to illustrate the character of his disease as would be the

⁴⁹⁵ Jacob Eiler, “Deposition of the Estate of James Ashley,” 1822, William A. Buckner Papers, Box 3J451, DBC-UT.

⁴⁹⁶ “Charles Sumner's committee on Slavery,” February 29, 1864, *The Reports of Committees of the Senate of the United States for the First Session of the Thirty-Eight Congress* (Washington, 1864), 5-6.

⁴⁹⁷ For examples of court cases that hinged on such questions see, *Gibson v. Andrews*, 4 Al. 66, (June, 1842); *Foster v. Sykes et al.*, 23 Al. 796, (1853); *Magee v. Currie*, 4 Tx. 187 (1849); *Meeker v. Childress*, Minor 109 Al (1823), UNO-SCoL.

statement of any other person. They are, therefore, equally admissible for that purpose.” The role of the jury, he continued, was to determine whether what was “uttered by the sick person” was “real or feigned.”⁴⁹⁸ Not only did the ruling open the courtroom to enslaved people’s testimony, but also to the acknowledged ambiguity and risks of their truths and mistruths.

Thus did Sam, an enslaved man at the centre of a long running lawsuit between two white men that was tied up in court for four years, manage to give personal testimony regarding his own health in front of the trial’s judge. Sam’s case was, in essence, a dispute between a former and subsequent owner that hinged on whether or not he had been ill before he had been sold from one to the other. Having lost the initial case, Sam’s seller challenged the ruling on the grounds that Sam’s descriptions of his own illness constituted unlawful testimony. The judge, however, saw differently. Because Sam had told physicians, acquaintances, and his master of his sickness whilst labouring under its effects, it was valid. “Statements of this character,” he ruled, “are not hearsay, but original testimony, parts of the *res gestae*.” Sam, it seemed, had been complaining of his maladies for years. Taken together, these complaints formed a picture of “the nature and character of [his] infirmity,” that could legally swing the pendulum of the southern judiciary.⁴⁹⁹

Sam’s case was not an anomaly, nor specific to one state in the deep south. In the Mississippi Supreme Court a judge ruled that enslaved people’s declarations of sickness were “*facts*” (emphasis in original). They constituted “the best or only means of pointing out the seat or nature of disease... they must be presumed to be honest and true...because they are often the best evidence of the nature of the disease.”⁵⁰⁰ In Adams County, Mississippi, an enslaved woman named Caroline’s

⁴⁹⁸ *Reports of Cases Argued and Determined in the Supreme Court of Tennessee During the Years 1845-46*, Vol. 6 (Nashville, 1846), 377.

⁴⁹⁹ *Reports of Cases Argued and Determined in the Supreme Court of Tennessee*, Vol. 6 (Nashville, 1846), 193-196.

⁵⁰⁰ *Cases Argued and Decided in the Supreme Court of Mississippi*, Vol. 39 (Philadelphia, 1860), 326.

confession “that she was sickly and had been in bad health for years” was enough to turn the case against a defendant who had tried to sell her as “sound.”⁵⁰¹ Even Dick, a “notorious runaway” who had died after falling sick whilst absconding from his plantation, was able to speak posthumously to the Louisiana courts through the evidence he had previously given to a local physician before his death. Dick had told his doctor that he had been healthy before entering the swamp and even offered a suggestion as to how he had caught the disease which eventually killed him. The words of Dick, filtered through a physician and delivered after his death, were accepted in court and became central to the judge's ruling. Dick’s owner was not liable for Dick’s death because, according to Dick, the sickness that killed him had not been contracted on the plantation.⁵⁰² Legal historian Daniel Flanigan has claimed that “no state permitted slaves to testify against whites” because “slaves were considered too untrustworthy to influence whites' fate.”⁵⁰³ Yet this is exactly what was happening in the case involving Dick. Across Southern courtrooms, in fact, the testimony of enslaved people—whether direct or indirect—was working its way into court proceedings and impacting outcomes for white men embroiled in various crimes, misdemeanours and disputes.

It was not just what enslaved people chose to disclose, however, that could determine the course of such events. In certain situations the decision to conceal or to obscure physical fitness and health could be equally impactful. Concealment made it especially hard to resolve disputes that pivoted on when exactly enslaved people had become ill—a major point of conflict in cases involving the contested sales of ‘guaranteed’ slaves. Such was the case in a Mississippi court dispute involving an unnamed slave woman who had developed bronchitis around the time she had been trafficked from Virginia and sold to a new owner in Natchez. Upon arriving at her new plantation, her bronchitis

⁵⁰¹ Gross, *Pandora's Box*, 317.

⁵⁰² *Reports of Cases Argued and Determined in the Supreme Court of Louisiana*, Vol. 12 (New Orleans, 1857), 451-455.

⁵⁰³ Daniel J. Flanigan, "Criminal Procedure in Slave Trials in the Antebellum South," *The Journal of Southern History*, Vol. 40, No. 4 (Nov., 1974), 556.

progressed into pneumonia, from which she soon died. Her owner, and a number of witnesses, claimed they had “never [known her]...to complain of sickness” and said that she had not revealed or complained of bronchial problems whilst in the market—either because they had not yet developed or because she chose not to reveal them. It was judged by the Mississippi Courts that the nature of her illness had been “uncertain in its extent and as to its results.” Therefore it was adjudged that her seller was not liable for her death. Other testimony revealed a different picture, however, that the judge chose to ignore. She was described by witnesses as having “a hacking cough,” appearing “like an unhealthy person,” and being “evidently sick of a cold, and laboring under a coarse, deep-toned cough.” Physicians often oversaw marketplace sales in order to avoid such disputes. In this case, however, none had examined the enslaved woman in question. As a result, the court’s decision had to rest at least partly on a lack of evidence that the woman had ever expressly confessed that she was sick. “The extent and precise character” of the illness, therefore, had not been “obvious.”⁵⁰⁴

Self-Harm and Suicide

Of all the ways in which enslaved people could express their own bodily autonomy, the most extreme was self-harm and suicide. In 1843 the abolitionist Henry Highland Garnet posited that the only counter to the violent injustices of enslavement were equally violent means of resistance. Sacrifice and bloodshed, he argued, were the eschatological antidote to centuries of slavery. For Garnet, however, it did not matter if that violence was turned outwards, towards the proponents of enslavement, or inwards, towards its victims. Violence and self-destruction may both have contravened the fundamental doctrine of christianity but, he reasoned, were justified by the context

⁵⁰⁴ *Cases Argued and Decided in the Supreme Court of Mississippi*, Vol. 34 (1857), 418-423; *The American Decisions Containing All the Cases of General Value and Authority Decided in the Courts of the Several States, from the Earliest Issue of the State Reports [1760] to the Year 1869*, Vol. 53 (1884), 176.

of Southern bondage. For a life spent under the yoke of slavery, Garnet argued, “hurl[ed] defiance in the face of Jehovah” and offered no guarantee of heavenly reprimand. It was therefore a “moral obligation” surpassing all others to escape.⁵⁰⁵ If the aims of his incitement were clear and focussed—the immediate end to bondage in the US—the violence he promoted was indiscriminate. “*Die Immediately*,” was his invocation, rather than continue to live in shackles.⁵⁰⁶

The fiery rhetoric of Garnet’s 1843 address posed a challenge to more moderate abolitionists. It also cast a philosophical shadow over debates on the acceptable means, form, and extent of slave resistance. Throughout the antebellum period abolitionists’ attitudes to suicide and self-harm were in uneasy flux. At the turn of the eighteenth-century enslaved peoples’ self harm was regarded as a tragically heroic response to a burning injustice. In the decades that followed, the focus of emancipatory literature shifted and the perceived emasculating effects of bondage becoming a more dominant trope. In that climate suicide came to be regarded as the realisation of a feminised capitulation to suffering. In the latter decades of the antebellum period, emphasis on heroic assertiveness and the ability of enslaved blacks to involve themselves in their own liberation struggles overtook that narrative, and self harm was again reframed—this time as a component sacrifice of armed struggle.⁵⁰⁷

Debates over whether or not self-sabotage constituted an extreme expression of personal agency, and therefore a calculated form of effective resistance, or whether it was merely a tragic

⁵⁰⁵ Henry Highland Garnet, “An Address to the Slaves of the United States” delivered at *The National Negro Convention*, Buffalo, New York, August 1843.

⁵⁰⁶ *Ibid.*

⁵⁰⁷ Richard Bell, *We Shall be no More: Suicide and Self-Government in the Newly United States* (Cambridge, Mass.: Harvard University Press, 2012), chapter 6.

manifestation of the destitute conditions faced in bondage continue to this day.⁵⁰⁸ But historiographical disagreement is not antithetical to any historically fixed positions on suicide and self harm. Rather it is illustrative of the wrenching contradictions and conflicting emotions with which enslaved people themselves regarded the issue. One of the most evocative accounts of enslaved peoples' self-destruction comes from the pen of the escaped slave Charles Ball. In the narrative of his life, Ball recounted his discovery of a fugitive named Paul in the swamps surrounding his plantation, and his attempts to help him in his flight from an abusive master. Returning to the location of their encounter a few days after their first meeting, however, Ball was greeted with a gruesome scene. He discovered the "lifeless and putrid" body of "the unhappy Paul" dangling from the tree from which he had hung himself, surrounded in his swampy isolation by an "obscene" entourage of vultures, parasites, and scavengers; the smell "too overwhelming" to permit long contemplation or a respectful tribute. The sensory assault of Paul's decaying body provided a grimly visceral finale to a life marred by oppression and to a body scarred by countless lash marks.⁵⁰⁹

Yet in his retelling of the story, Ball reflected not only the repulsive physical deterioration of Paul's body but the metaphysical distance he had put between himself and the society that had degraded him. He was now both "beyond the reach of his master's tyranny" and Ball's own pity. Paralleling Garet's belief in cathartic sacrifice, he questioned what sort of existence Paul had chosen to abandon: "What is life worth" he asked, "amidst hunger, nakedness and excessive toil, under the continually uplifted lash?" At once grotesquely tragic and perversely liberating, Paul's actions

⁵⁰⁸ One of the most respected contemporary historians to address enslaved suicide is Vincent Brown. Brown has suggested that suicide represented "a persistent threat" to slaveholders in the Caribbean, and has argued that its political impact should be considered within the spiritual context in which it was enacted. The regularity and sanguinity with which enslaved people took their lives, he has argued, was a product of their belief that death would reunite them with their ancestral lands and alleviate them of enslavement's wrenching social dislocation. See Vincent Brown, *The Reaper's Garden: Death and Power in the World of Atlantic Slavery* (Cambridge, Mass.: Harvard University Press, 2008), 132-135.

⁵⁰⁹ Ball, *Slavery in the United States*, 326-336.

exposed the complexities of self-harm and forced Ball to grapple with his own conflicting interpretations of what he had witnessed.⁵¹⁰

If the enslaved Paul's actions were challenging and paradoxical to the enslaved witness, Ball, then to another invested party, Paul's owner, the ramifications of his actions were clear. Here Paul's actions were significant for their pecuniary effects: he had caused "a heavy loss." But a personal loss could also prove a collective deterrent and a safeguard for social and financial order more broadly. It was for this reason that over two months after Paul's suicide his body was still visible in the swamp, left hanging from the tree long after "the flesh fell from the bones."⁵¹¹ Tragedy and posthumous exploitation coexisted in the designs of enslavers as much as tragedy and optimism existed in the minds of enslaved people it seemed.

The same uneasy contradictions featured prominently in other enslaved narratives. They were evident in Solomon Northup's account of the death of the enslaved Eliza, whose long drawn out suffering—forced "to linger through a life of pain and wretchedness"—was juxtaposed with the mercy of her eventual death—she was "*free* at last."⁵¹² They were also evident in the death of *Clotel*, the eponymous protagonist of an 1853 novel by escaped slave and author William Wells Brown, whose suicide is detailed in a chapter entitled "death is freedom."⁵¹³

Regardless of the conflicts and contradictions surrounding self harm, enslaved men and women obviously understood the finality, the absolutism, and occasionally the power it held. When Solomon Northup and a shipmate who were trafficked to the Slave South considered their future in

⁵¹⁰ *Ibid.* 70.

⁵¹¹ Ball, *Slavery in the United States*, 335-337. For more evidence of corpse disfigurement see Brown, *The Reaper's Garden*, 134-135.

⁵¹² Northup, *Twelve Years a Slave*, 160.

⁵¹³ William Wells Brown, *Clotel; or, The President's Daughter: A Narrative of Slave Life in the United States* (London, 1853), 215-220.

the cotton fields they were under no illusions that “death was far less terrible than the living prospect” of what lay before them. When Anna, a slave in the Border South was threatened with removal to the cotton kingdom and estrangement from her family she chose instead to jump out of the window where she was being held, breaking both of her arms and shattering her lower spine in the process. When the English traveller Edward Sullivan found himself on a steamboat in the Mississippi Valley he heard a tale of an enslaved blacksmith who had been sold from his wife, despite a promise that they were to be kept together. According to the story the man had taken a hatchet, chopped off his own right hand, and brandishing the stump to the slave trader asked him “There, you gave 1000 dollars for me yesterday, what will you get now?”⁵¹⁴

All three of these cases were different. Northup’s nihilism was a response to his capture and foregrounded a premeditated violent revolt that he was planning with an accomplice; Anna’s jump was instinctive and became a source of immediate regret after her children were sold and she herself was left paralysed; the story that Sullivan was told had been filtered through anti-slavery partisanship and the thick sediment of a melodramatic storytelling tradition. Yet all reveal that the spectre of suicide and self-harm contained a great latent power—to express enslaved people’s desperation or to challenge their dissatisfaction, to scare southern slaveholders who saw the limits of their power and their investment clearly solidify in the self-destructive actions of their enslaved property, and to inform the contours of a northern audience’s opposition to injustices occurring below the Mason Dixon.

Conclusion

⁵¹⁴ Northrup, *Twelve Years a Slave*, 69; Jesse Torrey, *A portraiture of domestic slavery, in the United States: with reflections on the practicability of restoring the moral rights of the slave, without impairing the legal privileges of the possessor; and a project of a colonial asylum for free persons of colour* (Philadelphia, 1817), 43-44; Sir Edward Robert Sullivan, *Rambles and Scrambles in North and South America* (London, 1853), 187.

The medical systems that were put in place upon Southwestern plantations were rife with contradictions, inconsistencies, and paradoxes. Ultimately, all slaveholders were clearly invested in the health of their slaves. An invalided enslaved person could not drive a carriage, wait a table, or pick cotton. They would also be a burden in the eyes of their captors, draining the resources and time of healers, incurring the costs of visitations from physicians, and threatening the health of those around them—both free and captive. Black sickness, however, was more than just a practical problem in the eyes of enslavers. It also represented an ideological challenge to a racial order and a labour system that was supposed to be reliable, secure, and well-suited to the environment in which it was rooted.

But how enslavers confronted the realities of sickness, particularly amongst enslaved people, varied greatly. For some, matters of health provided an opportunity to strengthen their stranglehold over black people and their communities, and provided a means by which to enact their violent and oppressive vision of racial mastery. For others, it was an opportunity to showcase their paternalistic impulses or to display their worth and merits as a plantation head: an opportunity whose benefits were as cultural as they were economic in the context of a society so inescapably defined by slavery and slave ownership. As one Northern traveller was informed on a journey to the Southwest, ownership of slaves who were "lean, sickly, and badly clothed" reflected badly on plantation owners. It suggested that they were of "no count," had poor credit, and were in "embarrassed circumstances."⁵¹⁵ By the opposite standard, those with large, healthy labour forces were generally considered more astute and effective masters.

⁵¹⁵ Houston, *Hesperos; Or Travels in the West*, 2:159.

But with no consensus on what healthcare on a plantation should like, contradictions were rife. For some slaveholders, it was an intimate, hands-on, task. To cede the responsibility to other whites was to risk the recovery of valuable assets. To cede the responsibility to enslaved people themselves was to set a dangerous precedent of physical autonomy within enslaved communities. For others healthcare was a burden and an inconvenience. It was best addressed sympathetically but impassively, so as not to disrupt the primary aim of the plantation: growing and harvesting lucrative cash crops. It could be delegated to a plantation physician, an overseer, or indeed, to enslaved people themselves.

Contradictions were just as evident within enslaved communities. For some enslaved people sickness was nothing more than a painful and inescapable reality of plantation life, compounding the already acute degradations of forced servitude and exacerbated by the vicious medical regimes to which they were exposed. For others, though, healing and care were important nodal points of community life, offering a space for cultural autonomy and a means of resisting the impositions of white authority. At its most prosaic, enslaved medicine offered a therapeutic and sympathetic response to the many ills that could be found in slave quarters. At its most radical it was seen as a way of directly challenging, resisting, or indeed escaping, bondage. The historical record shows that by using the chaos that disease wrought as cover for their own disobedience, or by selectively choosing how to portray their own health to white society, enslaved people found a myriad of ways to leverage the uncertainty that disease generated for their own benefit.

The uncertainties, inconsistencies, and variables disease created magnified the contingencies of life in the Southwest more broadly, and exposed the malleable and improvisational nature of the slave system itself. As much as slaveholding pedagogues might have liked to create a standardised “best-practice” for slave ownership, lived experiences upon plantations showed that that was not possible.

On one hand the authority of the slaveholding individual was built too firmly into the system's ideological foundations. On the other, it was impossible to standardise a response to something that was as unpredictable and as poorly understood as disease, and which invited both uncertainty and, sometimes, extreme chaos, panic, and pain directly into the heart of the plantation.

CHAPTER FOUR: SOCIAL GEOGRAPHY, COLLABORATION, AND THE MAKING OF THE MASTER-CLASS

In October of 1848, St. John Liddell of Catahoula Parish, Louisiana, received a letter from his friend and fellow West Point graduate, C. G. Forshey. Forshey was a plantation owner who spent much of his time in New Orleans and regularly furnished Liddell with important news that he picked up there. His updates were wide ranging, from news about the river and the integrity of the levees to election results and developments in US foreign policy, from city gossip to economic reports and suggestions of potential business opportunities. His most common topic of conversation, however, was disease. This October letter was meant to end a lapse in their correspondence. It came with an apology and a recommitment to their ongoing communication. “We must,” he wrote, “keep up exchanges without very long intervals.” It was also an assurance that Forshey would continue to furnish Liddell with useful or important information: “whenever I have a good piece of news or a good idea you shall hear it.” He then proceeded to update Liddell on the latest business and social news from New Orleans before moving toward the main subject of the letter: sickness, and the ways in which it was affecting personal, commercial, and public life in the city and across the wider Southwest.

A yellow fever epidemic that had been plaguing New Orleans had begun to abate, Forshey informed Liddell, and business was recovering “pretty briskly.” Any cotton that had been piling up on Liddell’s plantation throughout the picking season, therefore, would soon be able to pass safely through the city on its way to ports in the American Northeast and Western Europe. There were, however, new potential sources of volatility on the horizon. Cholera was spreading through Louisiana, and had been making city slave traders nervous. “It is already affecting the price of negroes,” he reported to Liddell. “Those who think it is approaching us, & have had experience in

its fatality with slaves are afraid to invest in them.” As an experienced plantation owner Liddell would have been able interpret the significance of such a warning for himself, but Forshey offered his own advice anyway: be alert to any symptoms of sickness, keep all slaves “provided for in every particular,” and expect a dearth of activity in the slave markets. Forshey then signed off his letter with a more intimate account of his own recent brushes with sickness. He had fallen victim to a “dengue” which had been prevalent in and around Natchez. Despite being “excrutive [possibly excruciating] in its character,” he reassured Liddell, it did not seem to be causing fatalities.⁵¹⁶

In a region where disease was so prolific, and so dangerous both to personal wellbeing and the viability of labour intensive staple crop production, it might seem unremarkable that slaveholders would devote so much of their attention to discussing sickness. Nothing, after all, could disrupt the daily operations of a plantation more than unchecked sickness and the incapacity of labourers and overseers. And indeed, few things frightened landholders more than falling sick themselves. But letters like Forshey's were about more than simply reporting patterns of sickness or offering good wishes to unfortunate peers. Viewed within the context of Southwestern slave society their purpose was as much cultural and social as it was practical.

In discussing disease with one another planters were actively participating in networks of communication that affirmed and reaffirmed their status as members of an interconnected social group, whilst providing tangible and sometimes lifesaving support to those with whom they shared a common interest. In doing so elite planters were setting the terms of their own class-participation. Discussing sickness, developing theories about diseases and how to prevent them, and responding to the challenges they wrought were a cornerstone of a slaveholding culture that sought to improve

⁵¹⁶ “C. G. Forshey to St. John Liddell,” October 5, 1848, Moses and St. John Richardson Liddell Family Papers, Box 5, Folder 37, LLMVC.

the fortunes of planters (and perhaps the institution of slavery itself) by adopting collaborative and cooperative responses to the region's greatest dangers.

Histories of the South, however, have been as likely to portray the South, and wealthy slaveholders in particular, as competitive rather than cooperative. For W. J. Cash, writing in the 1940s, it was “fisticuffs, the gouging ring, and knife and gun play” that provided the archetypal emblems of antebellum Southern culture. For John Hope Franklin writing in the 1950s, southern sectional identity was defined by a “militancy” and the willingness of white men to employ violence in defence against perceived threats—be those threats to white supremacy, threats to the prevailing social order, or threats to their own sense of individual dominance and economic advancement. These earlier preoccupations have hardened in recent scholarship. By the 1980s and 1990s, “pride” and “honour” rose to become two of the most important phrases for understanding the actions and behaviours of white Southerners. Deploying these terms conveyed the sense that violent conflict, duels, and feuds were endemic features of daily life in the South.⁵¹⁷ The new historians of capitalism, have been equally willing to integrate conflict and competitiveness in their version of the region's history, placing torture, avariciousness, paranoia, and competition within the engine room of racial capitalism and at the heart of an emergent plantation economy. The most obvious and virulent manifestation of that violence has generally, and rightly, been understood to be that which was perpetuated against enslaved people. But most historians of the South have extrapolated from that reality to argue that violence and conflict were not just fundamental components of slavery itself, but that they were a ubiquitous feature of Southern culture and daily life more broadly.

⁵¹⁷ W. J. Cash, *The Mind of the South* (New York: Alfred A. Knopf, Inc., 1941), 43; John Hope Franklin, *The Militant South, 1800-1861* (Urbana: University of Illinois Press, 1956); Bertram Wyatt-Brown, *Southern Honor: Ethics and Behavior in the Old South* (Oxford: Oxford University Press, 1982); Bertram Wyatt-Brown, *Honor and Violence in the Old South* (New York: Oxford University Press, 1986); James C. Cobb, *The Most Southern Place on Earth: The Mississippi Delta and the Roots of Regional Identity* (New York: Oxford University Press, 1992), 15.

This chapter, however, argues that this was not how planters in the Lower Mississippi Valley saw themselves and their communities. In their own view they were not profit-seeking and defensive but “warm-hearted” and “affectionate amongst themselves.”⁵¹⁸ They were loyal and generous, community-minded and socially aware. Individual autonomy and rugged independence may have been core tenets of slaveholders' invented and self-aggrandising personal mythology. But equally important to their own sense of self and to their aspirations as planters was a class consciousness that made success in a hostile region more likely. Risks (particularly pathogenic risks) could be ameliorated, and the interests of elites promoted, planters told themselves, by cultivating an ethic of mutual aid and by promoting expressions of goodwill among slaveholders. How strong these bonds were—how quickly and effectively they enabled planters to come together to support one another when crises struck—would determine the fates of individuals facing uncertainty and danger and would indicate the relative strength of local slaveholding communities.

The cooperative tendencies of wealthy planters may not have made the entire slave system itself more or less viable, nor have adequately redressed the acute dangers of disease on personal health and plantation economies. What it did point towards, however, was an alternative cartography for the slaveholding South—one which offers us an insight into the worldview and societal perspectives of slaveholding individuals. Diseases had the ability to move seamlessly and devastatingly through communities, and so it benefited plantation holders to think of their commercial enterprises in the same way; not as isolated islands insulated from forces outside but as porous component parts of wider ecological networks. And what disease did, perhaps more than any other determining external force, was activate these tendencies to look outwards from plantations and to engage more communal and cooperative impulses. As planters spoke about disease—as they

⁵¹⁸ Charles Lanman, *Adventures in the Wilds of the United States and British American Provinces* (Philadelphia, 1856), 2:189.

traded information and epidemiological theories, discussed cures and the efficacy of various medicines, and exchanged resources amongst themselves—they effectively traced the boundaries and the connections of their social worlds.

All of this, of course, was undergirded by slavery and the captivity of black people. As well as the economic power and financial freedom that the unrestrained command of enslaved labour brought, human ownership also brought with it a tremendous amount of social capital.⁵¹⁹ Slaveholders were well aware of the status and privilege that human ownership conferred upon them. But privilege meant more than knowing that one possessed a high rank, a great deal of authority, and respected standing. It also was intensely practical. Privilege meant getting early and reliable access to knowledge that might help guard them from the environmental and ecological dangers of the Lower Mississippi Valley. It gave them access to networks of communication through which they could learn about and map the advance and the encroachment of disease. It facilitated the spread of theories and instructions for preventing sickness and dealing with its consequences. It also gave white Southerners the opportunity to benefit from informal communal arrangements whereby aid would be given to those whose operations had been most effected by epidemic outbreaks, usually through the redistribution of resources, labour, and enslaved people. It also served to calcify the boundaries of elite privilege, by signalling who was worthy of the help and support that inclusion brought, and who was not.

Planter Communities and ‘The Neighbourhood’

⁵¹⁹ Eugene Genovese, *Roll, Jordan, Roll: The World the Slaves Made* (New York: Vintage Books, 1976); Eugene Genovese, *The Political Economy of Slavery, Studies in the Economy and Society of the Slave South* (New York: Pantheon Books, 1989).

Slaveholders in the Lower Mississippi Valley viewed sickness as an existential and inescapable threat. Despite its pervasiveness and its ubiquity, however, the suffering that Southern disease ecology wrought might well have felt isolating and deeply personal to those who experienced it. The nature of nineteenth century medical care and the rural distribution of southern plantations meant that healthcare itself was largely a decentralised and domestic affair. As medical historian Steven Stowe has put it there was "no special *place* to go to be a special, sick person" in the antebellum South.⁵²⁰ It was behind the edifices of plantation gates, in urban residences, and occasionally in private health spas that most aspects of healthcare were conducted. It was here that white Southerners convalesced and received treatment, where they suffered and healed, and ultimately where they either recovered or died. For planters, the most common way to receive professional medical care when sick was through home visitations by a local physician. In plantation districts these physicians were often close associates and were generally also planters.

This view that sickness was a domestic affair, the treatment of which was best administered in the privacy of the home, was compounded by contemporary religious and superstitious attitudes towards the origins and causes of disease itself. Whether Protestant or Catholic, white Southerners often viewed disease as a form of religious deliverance, regarding it as a judgement of their actions or a test of their resolve and piety.⁵²¹ As such they considered it a duty to "bear [sicness] with patient fortitude," as one Southwesterner put it, whilst maintaining a "firm reliance on the mercy and goodness of [the] Heavenly Father" to help them overcome it.⁵²²

⁵²⁰ Stowe, *Doctoring the South*, 6.

⁵²¹ For religion in the South see Eugene Genovese and Elizabeth Fox Genovese, "The Religious Ideals of Southern Slave Society," *The Georgia Historical Quarterly*, Vol. 70, No. 1 (Spring, 1986); Christine Leigh Heyrman, *Southern Cross: The Beginnings of the Bible Belt* (Chapel Hill: University of North Carolina Press, 1997); Nicholas Guyatt, *Providence and the Invention of the United States, 1607-1876* (Cambridge: Cambridge University Press, 2007), 214-256; *Masters and Slaves in the House of the Lord: Race and Religion in the American South, 1740-1870*, (ed.), John B. Boles (Lexington: University Press of Kentucky, 2021).

⁵²² May Ker to Martha Ker Terry, February 16, 1847, Terry Papers Terry (William, and Family) Papers, Mss. 915, Box 1, Folder 2, LLMVC; Anne M. Archer to Mahala Roach, December 10, 1857, Roach and Eggleston Family Papers #2614, Box 1, Folder 1, SHC-UNC.

Yet the language that slaveholders fell back upon when describing and contextualising their experiences of disease suggested a competing attitude toward sickness; one in which suffering was not private and hidden, but rather shared and communal. For one thing, white Southerners had a habit of speaking in ways which implied that disease was as much a collective problem as it was an individual and personal one. They also had a tendency to contextualise their own struggles in reference to those of their peers. When a wealthy Louisiana widow named Rachel O'Connor found herself bed ridden with what was probably malaria for "9 or 10 days" in the autumn of 1824, for example, she was able to balance self-pity, arising from her incapacity, against the solace she gained from knowing that her experience was shared by her neighbours. During her sickness she was beset by problems and concerns that affected many slaveholders who became ill, some of which arose directly from the symptoms of her fever, others from the difficulties of maintaining plantation order whilst incapacitated. During her days of sickness, much of her cotton crop rotted, many of her enslaved labourers refused to work, and her newly hired overseer revealed himself to be ineffective. Yet, she found some solace in the knowledge that she was not alone. As she wrote to her brother: "I am not the only one who is served so. It is a general complaint over the settlement."⁵²³

Framing their own experience of sickness according to what was happening beyond the boundaries of their own plantation—"over the settlement" in O'Connor's case—was a common refrain amongst slaveholders. Although O'Connor did not define exactly what she meant by "settlement," the context made it clear. She was referring to her local area, and to the collection of plantations that surrounded her own 700 acres of land in West Feliciana Parish.⁵²⁴ Other planters had a myriad of terms that they used as shorthand to convey the same idea of local community and shared

⁵²³ Allie Bayne Windham Webb (ed.), *Mistress of Evergreen Plantation: Rachel O'Connor's Legacy of Letters, 1823-1845* (Albany: State University of New York Press, 1983), 6-7.

⁵²⁴ Sara Brooks Sundberg, "A Female Planter from West Feliciana Parish: The Letters of Rachel O'Connor," *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 47, No. 1 (Winter, 2006), 44.

geographical space. They might speak broadly about “the country,” as Isaac Jarratt did when he said that cholera and fever were both “common for this country” every year in summer and autumn, as Joseph Wilcox of Mississippi did when he described the winter and spring of 1852 as “a trying time on children...of the country,” or as Eli Capell did when he reported that “measles [was] all over the country” in the summer of 1857.⁵²⁵ At other times planters situated their references to local disease within the bounds of a defining geographic entity. They spoke of their particular section, bend, or bank of a river, or of the individual bayou upon which they resided.⁵²⁶

That kind of localism was well suited to the Southwest. The region's physical geography exerted a powerful force upon residents whose movements and experiences were definitively framed by impenetrable natural features—swamps, bayous, and rivers—that cut across the landscape and determined the parameters of local life. It was a perspective, however, that was also informed by far broader attitudes regarding the intersection of health and place in the US in the nineteenth century. The growth of the cotton kingdom coincided with the rise of so-called “medical geography,” a perspective that categorised and accurately mapped land according to a set of characteristics—latitude, climate, topography—which served to determine its inherent sickliness or healthfulness. As the nation grew and as settlers moved further westwards they deployed this medical geography to create so-called “disease maps” in an effort to make sense of the risks and opportunities of migration to certain geographic spaces. In no region was this work in greater evidence than in the Southwest, where the relationship between humans and the environment were particularly strained by the accelerating settlement and degradation of new lands, and by the presence of repeated and

⁵²⁵ Tyre Glen to Isaac Jarratt, August 29, 1833, Jarratt-Puryear Family Papers, Box 1, Duke; Joseph D. Wilcox to William Willcox, June 8, 1852, Wilcox Family Papers #5052, Box 1, Folder 1, SHC-UNC; “Eli Capell Diary, 1857,” Capell Family Papers, Mss. 56, Volume 23, LLMVC.

⁵²⁶ For more on the intersection of place and health in nineteenth century thought see: Valencius, *The Health of the Land* and Linda Nash, *Inescapable Ecologies: A History of Environment, Disease, and Knowledge* (Berkeley: University of California Press, 2006).

virulent epidemics.⁵²⁷ Such maps charted the spread of diseases like yellow fever and cholera into, and then throughout, the Lower Mississippi Valley. On a more localised scale, they also informed how settlers chose the locations of their plantations and their homes. Because disease was so firmly linked to land in the southern imagination, terms that denoted collective space—like “country,” or “settlement”—were not just arbitrary points of reference. They also expressed the idea that residents of those communities would share a commonality of experience, shaped by exposure to the same determining environmental forces and subject to the same unpredictable dangers.

The most common point of reference for talking about disease was “the neighbourhood.” As with other social descriptors, the neighborhood was a flexible concept that derived meaning from the intentions of its user. When slaveholders spoke of their neighborhood they were speaking for the most part about coalitions of plantation holders who lived in relative proximity and easy commutable distance to one another. The term did not refer to a population or area of certain size nor a district with a shared infrastructure, like ports and railroads, or amenities, like general shops and churches. Instead it denoted a group of planters that thought of its members as inhabiting a common space and sharing common experiences with each other.

As with most expressions of belonging and coexistence in the Cotton Kingdom, definitions of neighbourhoods were, by nature, exclusionary and rooted in the perspectives of the white residents who utilised them. Poorer yeoman farmers and free blacks were largely absent from conversations in which slaveholders discussed the neighbourhood and its affairs. When they did appear it was not generally as active participants of the community, but rather as indicators of local conditions. Specifically their importance to the neighborhood was distilled down to whatever their health,

⁵²⁷ Susan Schulten, *Mapping the Nation: History and Cartography in Nineteenth-Century America* (Chicago: University of Chicago Press, 2012), 86-87.

sickness, or death could reveal about local patterns of disease. Enslaved people were more prominent figures as they were vital to the plantation system, but references to their health served much the same purpose. It was used as a means of tracking and quantifying the impact of sickness in particular locations and judging the general health of a neighbourhood. When Stephen Duncan was asked for an update on a local cholera outbreak, for example, he replied with the news that the disease was "committing frightful ravages," noting in particular that it had lead to a number of fatalities amongst enslaved people "on the plantations in the Reach."⁵²⁸

Alternatively, the health of enslaved people could provide a sort of advanced warning system for planters, alerting them to the potential dangers that surrounded them through highly specific accounts of conditions on specific plantations in, or near, the neighbourhood. Such was the case when a New Orleans based cotton factor named Charles Leverich was informed by one of his planter clients that a cholera outbreak had "appeared about ten days since at [Louisiana planter] Mr Doyal's upper place," that he had "lost 18 or 20 negros most of them grown," and that his neighbours were nervously anticipating its spread. It was also in evidence on the Hope Farm Plantation of Thomas Shields in Louisiana's Terrebonne Parish in May, 1833. That month Shields had heard that a neighbour, Mr Ellis, "had lost 8" slaves from a cholera outbreak. With the disease causing "great distress" on the Ellis Plantation and elsewhere in the neighbourhood, Shields began to enact measures to mitigate its possible encroachment onto his own Hope Farm. As he wrote to his brother: "We are using every precaution that we know of, to guard against its coming on our place, and are endeavouring to hold ourselves in readiness for its approach."⁵²⁹ For planters like Shields or merchants like Leverich—men who were well accustomed to the impact of epidemic

⁵²⁸ Martha Jane Brazy, *An American Planter: Stephen Duncan of Natchez and New York* (Baton Rouge: LSU Press, 2006), 118, 130.

⁵²⁹ William J. Minor to Charles Leverich, 1849, Natchez Trace Supplement Collection, Box 4Jc114b, Folder 30, DBC-UT; Thomas Shields to William Bisland, May 24, 1833, Bisland-Shield Family Collection, RASP, Series N, Reel 1; Rebecca Brashear to Walter Brashear, January 18, 1830, Brashear and Lawrence Family Papers #3355, Folder 4, SHC-UNC.

disease and who knew how quickly it could decimate both plantation populations and Southern commerce—any report of an outbreak was of serious and immediate concern. Reports of local sickness, therefore, constituted useful, actionable knowledge.

The neighborhood, at least as planters themselves viewed it, represented an attempt to imagine local society according to an idealised slaveholding vision. It was also intended to offer a measure of security to a region and a class prone to paranoia. That paranoia was multi-faceted but one of its most obvious manifestations was the fear of a slave revolt and the perceived vulnerability of many slaveholding communities. In terms of population make-up, the region's most lucrative plantation districts were generally home to the largest enslaved populations. As of 1850 in the wealthy Hinds County, Mississippi, for example, 16,625 people out of a total population of 25,340 were enslaved. In Bolivar County—a sparsely populated and even more affluent plantation stronghold on the banks of the Mississippi—2,180 out of a total population of 2,577 were enslaved.⁵³⁰ Across the Southwest it generally held true that black population majorities appeared where the concentration of slaveholding wealth was highest. In such areas, the spectre of Haiti or of Louisiana's own 1811 River Road rebellion (the often forgotten, but largest, slave uprising in US history) loomed large.⁵³¹

In these places, Sarah Russell has suggested, "mutual cooperation" between white residents was seen as "an urgent and brutally practical reality" for combatting potential black violence and protecting vulnerable slaveholders.⁵³² This cooperation was expressed through a variety of

⁵³⁰ Thomas Baldwin, *A New and Complete Gazetteer of the United States Giving a Full and Comprehensive Review of the Present Condition, Industry, and Resources of the American Confederacy* (Philadelphia, 1854), 493, 120.

⁵³¹ James H. Dormon, "The Persistent Specter: Slave Rebellion in Territorial Louisiana," *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 18, No. 4 (Autumn, 1977), 392; Daniel Rasmussen, *American Uprising: The Untold Story of America's Largest Slave Revolt* (New York: Harper Collins, 2011).

⁵³² Sarah Russell, "Intermarriage and Intermingling: Constructing the Planter Class in Louisiana's Sugar Parishes, 1803-1850," *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 46, No. 4 (Autumn, 2005), 416.

neighbourly interventions that were intended to provide white communities with a greater sense of collective security: through the organisation and activities of local slave patrols; through the frequent exchange of any gossip or news that might signal black discontent; and through the commitment to regularly check on the welfare of families and friends, or as one slaveholder writing to a friend in Woodville, Mississippi, put it, ensuring that no slave-owning friends had had their "throat cut."⁵³³ Such measures helped to overcome the realities and vulnerabilities of many slaveholders' own rural isolation. Indeed it was far more comforting for enslavers to picture themselves as members of an interconnected neighbourhood of white plantation heads, each committed to the prosperity and safety of one another, than it was to think of themselves as isolated and exposed residents of majority black districts.

The way slaveholders framed the physical and demographic danger they faced, and the measures they took to secure themselves against it, closely mirrored their attitudes and responses towards pathogenic. As with the threat of a coordinated slave revolt, planters regarded their own epidemiological fortunes, and their own security, as being inextricably tied to those of their neighbours. So when sickness struck, the consequences were not viewed as a burden on a single individual, but rather as shared, collective misfortune. And just as outbreaks of disease were rarely confined to the borders of one plantation, so too did slaveholders' descriptions of sickness rarely focus solely upon conditions on their own plantations. Instead, they were often filtered through, and embellished with, the experiences of those around them. When Mississippi planter Martin Philips reported on his experiences of health in 1840, for example, he wrote that there had been "great deal of sickness...everywhere," bringing 15 enslaved people "down" on a local plantation and leaving many of "the neighbors equally as bad." When M. J. Blackwell of Mississippi witnessed one of his

⁵³³ E. Russ Williams, Jr., "Slave Patrol Ordinances of St. Tammany Parish, Louisiana, 1835-1838," *Louisiana History: The Journal of the Louisiana Historical Association*, Vol. 13, No. 4 (Autumn, 1972), 403; Harriet Lewis to Sophia Hughes, [date missing], Hughes Family Papers #2779, Folder 14a, SHC-UNC.

enslaved labourers die from a “hemorrhage of the lungs” in 1845, it prompted him to concede that there was “a good deal of sickness now in our neighborhood.”⁵³⁴

Reports like these bound neighbourhoods together in sorrow. They served a practical purpose in that they alerted slaveholders to the dangers against which they should be most vigilant at a given time, as was in evidence when Francis DuBose Richardson recorded the following preemptive diagnosis in his plantation daybook: “Much cholera in the neighbourhood. Anderson came in this morning with strong symptoms.”⁵³⁵ But they also helped foster a sense of interconnectivity amongst slaveholding elites, compelling them to view their own suffering, and that of their bondspeople, alongside the suffering experienced by their peers and within their wider communities. Isaac Erwin demonstrated this perspective when describing the impact of cholera on his plantation in 1849: “We have a great many hands sick. Onely three hands chopping wood. A great many sick on the Bayou. Howard [a neighbour] has as many as 40 sick. Our people are dying.”⁵³⁶ Indeed, it was striking how fluidly slaveholders and their families shifted their sense of scale and perspective as they described the impact of disease. When two of Martin Phillips' enslaved labourers, Cyrus and Frank, became ill with an unspecified fever in the summer of 1840 Phillips turned to his diary to record that there was “a great deal of sickness now everywhere. Mr. Montgomery has some fifteen or more down, and all of the neighbors equally as bad.”⁵³⁷ In two short sentences, Phillips thus provide an epidemiological overview of surrounding conditions at three distinct scales: on his own plantation, where two were sick; at a neighbour's plantation, where more were unwell; and in the neighbourhood, where sickness was rife. Of course slaveholders were not always that concise. Often their updates were

⁵³⁴ Riley, “Diary of a Mississippi Planter,” 333; M. J. Blackwell to Edmund Blackwell, August 26, 1845, M.J. Blackwell Letters, Box 12, Duke.

⁵³⁵ “Francis DuBose Richardson daybook, 1849,” Bayside Plantation Records, 1846-1866 #53, Folder 1, SHC-UNC.

⁵³⁶ “Isaac Erwin Diary,” August 9, 1849, Erwin (Isaac) Diary, Mss. 2933, Box 1, Folder 2b, LLMVC; Riley, “Diary of a Mississippi Planter,” 28.

⁵³⁷ Riley, “Diary of a Mississippi Planter,” 28.

long and sprawling. They had a tendency to meander or else to shift focus quickly, with letter writers frequently oscillating between accounts of their own plantations, those of their neighbours, and those of their neighbourhood or region at large. Such was the case when M. J. Blackwell described conditions in his home county of DeSoto to his brother in 1852, following what Blackwell described as outbreaks of “bloody flux, Congestive chills, Typhoid, and billious fever, and common chills & fever”:

*“Sixteen grown white persons have died in my neighborhood. My wife is the only white person in my family who has escaped as yet, and it is time enough her turn to come yet. For about 3 months we have been almost incessantly engaged in nursing the sick... Family sick—part of time sick myself—sickness in every part of [preaching] circuit, no revivals, tempted by the enemy almost beyond endurance; what the end of these things will be I know not... I have seen sickness heretofore but have never seen the equal of what has been experienced in this section of country for the last months”*⁵³⁸

Outlooks for the neighborhood, however, were not always so gloomy. Just as they could be imperilled by sickness, neighbourhoods could also be in a state of good health, leading to celebration rather than despair. Caroline Kiger, was pleased to inform her absent husband that in their section of Warren County in the summer of 1852 “the neighbourhood [had] been remarkably healthy among both white and black,” just as Everard Baker was proud to announce that his “neighbourhood [was] entirely free” from any “fatal disorder” during a cholera outbreak in the middle months of 1849. James Mallory, a planter from Alabama, was equally happy to report on the

⁵³⁸ M. J. Blackwell to Edmund Blackwell, September 13, 1852, M.J. Blackwell Letters, Box 12, Duke.

favourable conditions within his community in 1846. "Sickness prevails on the river and other places around us," he recorded in his diary, "[but] our neighbourhood is healthy."⁵³⁹

Just as embattled neighbors might find common ground in their shared hardship, so too might periodically healthier neighborhoods reinforce and strengthen a sense of collective wellbeing. They could also foster a sense of pride and exceptionalism that made planters feel better about living in a section of the country which carried a general reputation for being unhealthy and environmentally inhospitable. Mallory would repeatedly return to his belief that his neighbourhood represented a haven within the South. As he would write after outbreaks of cholera and fever in 1852, "sections of the entire South and South West have been unhealthy this year." "Our community," by contrast, "have so far been healthy." Even in years when greater levels of sickness were endured, as in 1843 which he described as "unpleasant," there were still reasons for "rejoicing." In his view his neighborhood was resilient and "blessed with good health." Even in bad times he was able to give thanks at the end of the year, as was his custom, for whichever "friends, kindred & neighbors have been spared to us to enter upon a new year."⁵⁴⁰

There were also practical reasons why slaveholders would be interested in hearing about the good health of their neighbours. Just as news of ill health helped slaveholders by alerting them to threats of encroaching sickness, reports of a healthy neighbourhood were welcomed because they provided a standard against which planters could judge claims of sickness on their own plantations. The assumption for planters being that their own slaves should not be ill at a time when others in the neighbourhood were healthy. When discrepancies between neighbourhood reports and plantation

⁵³⁹ Caroline Kiger to Brazil Gordeon Kiger, July 30, 1852, Kiger Family Papers, Box 2E517, Folder1, DBC-UT; "Journal, 1849," Everard Green Baker Papers #41, Box 1, Folder 4, SHC-UNC; Grady McWhiney, Warner O. Moore, Jr., Robert F. Pace, (eds.), *"Fear God and Walk Humbly": The Agricultural Journal of James Mallory, 1843-1877* (Tuscaloosa: The University of Alabama Press, 1997), 54.

⁵⁴⁰ McWhiney, "The Agricultural Journal of James Mallory," 10, 64.

conditions did emerge, enslavers were quick to cross-reference their experiences against those of their peers. "2 hands sick, very healthy in country" wrote Eli Capell in his diary in response to a small outbreak of an unspecified malady on his Amite County, Mississippi plantation in June of 1851. Then the following day: "3 hands complaining of being sick, very little sickness in the country."⁵⁴¹ Capell may have been concerned that his labourers were feigning sickness. He may simply have been lamenting what he saw as his own bad luck. It is difficult to know for sure, but it was clear from the sharp juxtapositions between his own sick lists and those of the neighbourhood at large that he saw his own affairs as an extension of those of surrounding plantations.

Information Sharing

The key to understanding slaveholders' preoccupation with disease is to be found in the letters they left behind. In the South social relationships were built around written communication. "To write letters and get replies," the authority on southern intellectual culture, Michael O'Brien, has observed, was "to register membership in the wider community of mind."⁵⁴² Southern epistolary culture did not just facilitate conversation and enable the spread of information, it also provides us with an important source of material history. Through slaveholders' letters we can chart and understand more than just what topics animated Southern discourse. We can also see how social connections were cultivated, can trace the social worlds of those who sent and received those letters, and are able to track how information flowed around the South.

No topic animated southern discourse, and thus gave expression to southern sociability, more than health and disease. In fact it was a ubiquitous feature of Southern conversation—barely a letter was

⁵⁴¹ "Eli Capell Diary, 1851," Capell Family Papers, Mss. 56, Box 1, Volume 16, LLMVC.

⁵⁴² Michael O'Brien, *Intellectual Life and the American South, 1810-1860: An Abridged Edition of Conjectures of Order* (Chapel Hill: University of North Carolina Press, 2010), 104-110.

sent in the region without at least a passing reference to health or wellbeing. It's tempting to view conversations that revolved around sickness simply as a way of conforming to the expectations and formalities of the southern epistolary culture, or as medical historian Steven Stowe has put it, "of learning how to speak like an adult".⁵⁴³ Or else it is easy to underplay the significance of any discussion about disease—to see it merely as "good gossip" that was interesting to its recipients but ultimately inconsequential.⁵⁴⁴ But those would be underestimations. For letter writing was a very deliberate and time consuming act and disease was far too significant a threat to southern livelihoods to be treated flippantly.

The seriousness of disease, and its importance to local communities, was reflected in the style in which Southerners discussed it. In their letters and in their discussions, instances of sickness and outbreaks of disease were recounted with meticulous precision and surprising geographical accuracy. Letter writers put a high degree of effort into describing the symptoms, forms, and virulence of whatever illnesses were affecting their communities. But they were even more concerned with delivering accurate information about how many people had been affected and the location of those infections within their region. "The cholera is raging at Natchez 39 miles from this place," Sophia Hunt from Woodville, Mississippi informed her father, Dr John Hughes, in 1832. "And at Fort Adams, which is about 15 miles distant up The River. Robt Stark had a negro man that died of the cholera on his way home from the latter place. It is daily expected here."⁵⁴⁵ The Watkins family received a letter from their friend Dr Green in 1849 informing them that an outbreak of cholera had appeared "fifty miles" from his home in Greenwood, Louisiana. Likewise M. J. Blackwell informed his brother Edmund Blackwell that "more than one hundred persons have died within a few months past in five miles of [his nearest town] Cockrum" in 1852, whilst Volney

⁵⁴³ Stowe, *Doctoring the South*, 114.

⁵⁴⁴ Ibid.

⁵⁴⁵ Sophia Hunt to Dr John Hughes, November 4, 1832, Hughes Family Papers #2779, Box 1, Folder 6, SHC-UNC.

Metcalf told St John Liddell that forty enslaved people and their owner had died on a plantation exactly twelve miles from Thibodaux.⁵⁴⁶ Reports of this sort were too precise in locating the centres of disease and the numbers made sick or killed by it to be treated as gossip or as mere observations. Instead, they served a practical purpose: to help literate Southerners build their own personal cartographies of sickness. From these internal maps they could then begin to determine whether evolving outbreaks threatened their own safety and what measures they could reasonably take to mitigate them.

The reach of these reports belied the linearity of letter writing itself. Even snippets of information that might seem limited or parochial in isolation—“fragmentary pieces of knowledge...tossed backward and forward,” as Michael O'Brien described them—took on a far greater significance when viewed as component parts of broader networks of communication that flowed through slaveholding communities.⁵⁴⁷ For within such communities, the information exchanged in individual letters did not disappear at the point at which a letter was read. It contributed to horizontal flows of information that travelled onwards across neighbourhoods as news was recycled and put into new letters and delivered to new recipients. Indeed, Southwesterners were accustomed to receiving “every day” news of death—long and sprawling updates that covered the impacts of sickness across multiple families and generations. And letters themselves often contained information aggregated from multiple groups, places, and sites of disease incidence.⁵⁴⁸

This gave residents the ability to talk about their neighbourhoods in far-reaching terms. In a letter sent to her mother in 1833, for example, Mary Stirling was able to report on news from the whole

⁵⁴⁶ “Letters from Forest Place”, 16; M. J. Blackwell to Edmund Blackwell, November 10, 1852, M.J. Blackwell Letters, Box 12, Duke; Volney Metcalfe to St John Liddell, May 21, 1851, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 7, Folder 45, LLMVC.

⁵⁴⁷ O'Brien, *Intellectual Life and the Old South*, 111.

⁵⁴⁸ Mary Butler to Edward G. Butler, November 4, 1853, Butler (Thomas and Family) Papers, Mss. 2850, Box 1, Folder 4, LLMVC.

neighborhood, using information she had garnered from an extensive web of friends and family: “Mrs Eliza Barrow had a violent attack of Cholera”; “the wife of one of the persons who live on the weeks plantation had died of the same complaint”; 70 out of 80 enslaved people had died on another local plantation, and another eighteen enslaved people out of twenty had died on a third nearby plantation.⁵⁴⁹ Andrew Hynes made a similar report during the same epidemic: “Our friend, John Harding [a fellow planter] lost eleven of his family, all of whom were blacks—Col. Love lost his wife, his son in law, Mr Falls and about four servants. —Mr John Harding had a most severe and alarming illness but has fortunately recovered.”⁵⁵⁰

The strength and the scope of communication within slaveholding communities, particularly at times of epidemic crisis, illustrates just how committed many plantation holders were to both the dissemination of accurate information about sickness and to the well-being of their neighbours. For an example we can look towards one of the plantation kingdom’s epicentres, Adams County, Mississippi, and to the response of its slaveholding residents to a yellow fever outbreak that erupted there in 1855. Bordering the wealthy river port city of Natchez to the East and covered by a contiguous patchwork of large plantations along the banks of the Mississippi and its tributaries, Adams County was the archetype of an affluent slave-holding district right at the heart of the Cotton Kingdom. Indeed, from the 1830s until the Civil War the County “had the highest per capita wealth of any county in the nation.”⁵⁵¹ Unlike other more recently colonised Mississippi counties, where a mix of transplants from the North, the southern seaboard states, and Europe lived alongside second generation southwesterners, Adams County had been a seat of Anglo-European settlement before

⁵⁴⁹ Mary Stirling to Mary Louisa Stirling, 20 August, 1833, Butler (Thomas and Family) Papers, Mss. 2850, Box 1, Folder 4.

⁵⁵⁰ Andrew Hynes to John B. Craighead, July 3, 1833, Edward G. Gay and Family Papers, Mss. 1295, Box 4, Folder 33, LLMVC.

⁵⁵¹ James Oakes, *The Ruling Race: A History of American Slaveholders* (New York: Alfred A. Knopf, 1982), 39.

the Louisiana Purchase and remained “numerically dominated by slaveholders not only native to the state but to the county itself.”⁵⁵²

Although it was a well-established community, the amount of wealth generated upon Adams County's plantations enabled landholders there to live highly mobile lives. Many who owned land in Adams County also owned plantations in other parts of the Southwest and split their time between their various landholdings. Some, likewise, owned homes in the city of Natchez, from where they would direct their operations.⁵⁵³ Many also followed seasonal patterns of migration, trading the South's summer heat and sickliness for the cooler climes of the North, the respite of upland health spas, or the excitement of European tours. Communication with one another, however, kept them grounded in the affairs of Adams County.

William Minor was one such resident. He was one of the County's richest slaveholders and owned a string of plantations across the region, from the sugar parishes of Southern Louisiana to the rich cotton lands of west central Mississippi. When the yellow fever outbreak of 1855 descended in the late summer of 1855, however, Minor was at his primary residence in Adams. Although he had decided not to flee the summer heat nor the epidemic itself, he did know which of his neighbours had, and was aware of who remained in the local area. That knowledge would be important for how Minor dealt with the crisis. As soon as he started hearing news of deaths from the disease, he immediately sought to check in on those who were in the neighbourhood and were thus in

⁵⁵² Winthrop D. Jordan, *Tumult And Silence At Second Creek: An Inquiry into a Civil War Slave Conspiracy* (Baton Rouge: LSU Press, 1993; 1995), 48; Cecie, M. Shulman, "The Bingamans of Natchez," *Journal of Mississippi History*, Vol. 63 (Winter, 2001); D. Clayton James, *Antebellum Natchez* (Baton Rouge: Louisiana State University Press, 1968), 136-161.

⁵⁵³ James, *Antebellum Natchez*, 136.

immediate danger of infection, and to contact those who were absent, updating them on the situation and warning them not to return until conditions were safer.⁵⁵⁴

On September 6 Minor first recorded “cases of yellow fever now in Natchez,” although he suspected that the city had probably been incubating the disease “for some weeks past.” Despite worrying reports that the Charity Hospital in New Orleans was beginning to witness an acceleration of yellow fever fatalities throughout July, and claims that the epidemic was killing almost 400 people there each week by mid-August, the Natchez press had been reluctant to confirm the rumours that the disease had made its way upriver.⁵⁵⁵ Instead they continued to report that the city was still “entirely healthy,” with “not a single case of fever” right up until the end of August, despite devoting attention to the “unusual virulence” with which the disease had attacked “New Orleans and the Louisiana coastal towns”.⁵⁵⁶ Once the Natchez press revealed that the city had begun to experience deaths, news of the disease's spread began to trickle out to surrounding towns and cities. In Baton Rouge, the Natchez outbreak was first reported on September 19, and in New Orleans on September 20.⁵⁵⁷ The news then spread further afield, picked up by news outlets in northern and midwestern cities like Boston, Newark and St Louis.⁵⁵⁸

Minor meanwhile, had already spent the prior two months in communication with his contacts in the sugar growing parishes of southern Louisiana, trying to ascertain how severe cholera and yellow fever were there. According to an overseer who was employed on one of his sugar plantations in

⁵⁵⁴ "William Minor diary, 1855-1858," Minor (William J. and Family) Papers, Mss. #519, 594, Series 2, Volume 29, LLMVC.

⁵⁵⁵ "Yellow Fever at New Orleans," *Daily National Intelligencer*, August 1, 1855; "The Yellow Fever at New Orleans," *Philadelphia Inquirer*, August 29, 1855.

⁵⁵⁶ "Health of Natchez," *Memphis Daily Eagle and Enquirer*, August 24, 1855.

⁵⁵⁷ *Daily Advocate*, September 19, 1855; "Yellow Fever in the Country," *Times Picayune*, 20 September, 1855.

⁵⁵⁸ *Boston Traveller*, September 21, 1855; *The Boston Herald*, September 21, 1855; *Newark Daily Advertiser*, September 21, 1855; "Dr. [Illegible] on Yellow Fever," *Weekly St. Louis Pilot*, September 22, 1855.

Terrebonne Parish, at least two enslaved people had already been infected with yellow fever on Minor's land. Meanwhile neighbours reported upwards of seven deaths on surrounding plantations, and a general sense of alarm throughout Terrebonne that the situation was deteriorating.⁵⁵⁹

Thus, it is likely that Minor was prepared when yellow fever did reach Natchez. Certainly the notes Minor kept indicate that he had been anticipating its arrival. He sought constant updates and kept a running totals of deaths and infections from the city and the surrounding area on the inside cover of his diary, and recorded whatever news he came across. Updates of deaths, in particular, were constant: “4 dead in town yesterday & 16 new cases”; “8 dead for the week underway on the 19th”; “died...during the week ending 2d octbr 30 — from y.f. [yellow fever] 28.” Simultaneously, he also counted the victims of the disease amongst members of his planter community. That list of victims read as a who’s who of the Natchez and Adams County slaveholding elite. His first discovery, on the seventh of September, was that James Surget “was very low.” He was later informed by Dr Nichols, owner of the sixty-slave Bottany Hill Plantation on the opposite side of the Second Creek, that “Surget [had] reported better.” Other letters brought news of Mr and Mrs Jenkins of the Elgin plantation, adjacent to Dr Nichols’ Bottany Hill plantation, dying in mid October and late September respectively. Benoit Shields, son of prominent planter patriarch Gabriel B. Shields, died on September 30 and was buried on the first of October. On October 2 Minor learned that “the yellow fever is at Dr Calhouns plantation — at Dr Metcalf’s River place, & that Dr Jas. Metcalf himself has the disease.” On the 10th, Minor was sent a report that “Dr Sanderson died last night... Dr Jas. Metcalfe said to be very ill. Little hopes of his recovery—Both these gentlemen took the yellow fever from their negros.”⁵⁶⁰

⁵⁵⁹ "William Minor diary, 1855-1858," Minor (William J. and Family) Papers, Mss. #519, 594, Series 2, Folder 29.

⁵⁶⁰ Ibid., For maps detailing land ownership in Adams County see Jordan, *Tumult And Silence At Second Creek*, 121-123.

Minor wasn't simply collecting this information. He was processing it, distilling it, weighing its significance, and then forwarding it to his associates, friends, and family in the form of updates and advice. At times his dispatches were clinical and pragmatic. At one point during the epidemic he noted that he had written five letters to slaveholders absent from the neighborhood, explaining the situation on the ground and the number of deaths, "advising [them] not to return home before frost." At other times he more directly acknowledged the emotional toll of sickness and the social disruption it caused to neighborhoods and communities, particularly in Adams County where decades of intermarriage meant that families were linked by sprawling kinship networks. When James Surget, the brother-in-law of Minor's own brother, fell sick with the fever Minor recorded in his diary that he had immediately telegraphed his brother with the news and with his condolences. As with his other messages, however, he included a set of personal instructions relating to the epidemic, again repeating his plea "not to return home till frost." Minor was thus fulfilling two roles: he was ensuring that vital information continued to flow to those members of the community forced by epidemiological crises to take refuge beyond the borders of their own neighbourhood; and, by incorporating personal news into his dispatches, he was ensuring that the neighbourhood continued to operate socially, albeit in its dispersed and geographically fractured state.⁵⁶¹ He was also demonstrating the important responsibility placed on individual actors to collect and share information during difficult or dangerous periods.

Another episode from Minor's past, though, served to highlight the durability and the reach of these communicative networks in even more challenging conditions. Four years before Minor witnessed yellow fever tear through his Adams County community, he was present for an 1851 cholera outbreak on his Waterloo Plantation, in Ascension Parish. Waterloo was deep in Louisiana's more

⁵⁶¹ Ibid. For details of the familial links between the Minor and Surget families see *Old Families of Louisiana* (ed.) Stanley Clisby Arthur (New Orleans, 1931), 363.

sparsely populated sugar growing region, more isolated than Minor's Adams County home. But unlike in 1855, when Minor's plantation avoided the worst of the yellow fever outbreak that overtook the Natchez region, Waterloo bore the fierce brunt of cholera.

Minor had gone to Ascension to inspect his plantation and his labour force. It was there that word first reached him about an outbreak, although he initially dismissed its severity. "Few of the people at the quarters is infected with cholera," he wrote in his journal on April 30, concluding that there was little to worry about. cursory diary entries over the next two days suggest that Minor remained sanguine. "A few cases of cholera but no deaths to day," he recorded the following day. "Cholera not fatal as yet," the next. On the fourth day Minor was even optimistic, writing that there was "one case of cholera today but is getting better." At some point later he struck a line through that update. Then for the next 36 days Minor did not record any news.⁵⁶² During that period newspapers began to report a serious outbreak in southern Louisiana. The *Picayune* noted at the beginning of May that in nearby Lafourche Parish, just south of New Orleans and downriver from Minor's Waterloo Plantation, "the cholera [had] spread to a number of plantations...and the mortality among the negroes [had] been very great."⁵⁶³ It also started to print reports of individual slaveholders whose lands had witnessed the greatest numbers of enslaved deaths.⁵⁶⁴ Minor himself had stopped updating his diary because he, too, had been hit hard, impelling him to flee his plantation along with his slaves, and to seek refuge in the surrounding woodland. On June 9 Minor resumed his diary entries with a sobering update: "Lost 40 men woman & children by cholera (except 3)...By moving to woods it seems to have ceased as no new cases are occurring."⁵⁶⁵

⁵⁶² "William Minor Diary, 1851," Minor (William J. and Family) Papers, Mss. #519, 594, Series 2, Folder 29.

⁵⁶³ "Cholera in Lafourche," *Picayune*, May 11, 1851.

⁵⁶⁴ *Picayune*, May 28, 1851.

⁵⁶⁵ "William Minor Diary, 1851," Minor (William J. and Family) Papers, Mss. #519, 594, Series 2, Folder 29.

Minor's response to the situation wasn't unusual. Enslavers often attempted to downplay the severity of epidemics, particularly in their early stages when one could more easily deny their presence and maintain the pretence of normality. Nor was it uncommon for wealthy masters and their enslaved property to retreat from exposed plantations on the river banks to the comparatively sheltered pine woods and highland cabins of the uplands once the scale of the suffering became apparent.⁵⁶⁶ However, little can be known about the realities of the outbreak, nor the experiences of those who spent that month sheltering in the seclusion of the woods. Minor's diary offered no description of life during that period. He said nothing about the acute dehydration that was symptomatic of cholera, the efforts of marching through the woods on legs made exhausted by dysentery, or the fear that must have threatened a community ravaged by such a hardship. Such important textual absences inevitably invite inferences and guesswork from the reader. In this instance, the empty pages of Minor's daybook appeared as a physical corollary to his own isolation and disconnection—not just the physical isolation of the pinewoods, but also isolation from the structures from which his worth as a planter was derived: his plantation home, his neighbourhood, and the societal connections through which he derived his status as a member of an elite social group.

Minor was not entirely alone with his enslaved population, however. Nor was his isolation, and his enslaved community's suffering, playing out beyond the reach of planter society. Information about the events occurring on Minor's plantation, and then in the forests surrounding it, was already circulating widely amongst his peers, both during and in the immediate aftermath of his evacuation. As soon as estimates of the death toll had been calculated, associates, friends, and family members were quick to write to Minor to express their "regret" at his misfortune (itself an example of

⁵⁶⁶ Leslie Howard Owens, *This Species of Property: Slave Life and Culture in the Old South* (Oxford: Oxford University Press, 1976), 29; Flint, *Recollections of the Last Ten Years, Passed in Occasional Residences and Journeyings in the Valley of the Mississippi*, 354.

slaveholders' insidious tendency to reframe enslaved deaths as a form of white hardship) and their "surprise," that he had lost "so many hands" in a year when "so little cholera" had been reported elsewhere. Some of these messages may have come in response to information gleaned directly from Minor, but it was clear that many did not. Instead they were responses to information that had been picked up second hand, from sources close to Minor: from the Gibson family, friends of Minor's in Terrebonne Parish who had told others of his situation; from his close family members; and from business associates who frequently incorporated personal news and gossip into discussions of cotton yields and exports.⁵⁶⁷

Even whilst the population of the plantation was sheltering for protection in the secluded pine woods, details of Minor's situation had already reached those who were interested in his affairs. As fatalities amongst the enslaved crept higher, and Minor's own daybook remained empty, friends of Minor found ways to discuss the growing death toll in real-time. St John Liddell, for instance, was informed by a relative that on May 21—three weeks after the beginning of the outbreak and three weeks before it was reported to have ended—sixteen enslaved people under Minor's ownership had died.⁵⁶⁸ How that information reached Liddell is unclear. Possibly Minor had been able to dispatch letters from his upland retreat. Perhaps his Louisiana neighbours had been able to visit him, or else he had periodically left the relative safety of the woods to visit them. Regardless of the information's source, it is clear that Minor's circumstances generated significant interest amongst his local community, and also that news of the rapidly evolving and dangerous situation could be relayed to interested parties with surprising efficiency and speed. In other words Minor's isolation, just like the silence of his empty diary, was illusory.

⁵⁶⁷ J. Carlyle Sitterson, "The William J. Minor Plantations: A Study In Ante-Bellum Absentee Ownership," *The Journal of Southern History*, Vol. 9, No. 1 (Feb., 1943), 60; Mr Drumond to William Minor, March 3, 1852, Minor (William J. and Family) Papers, Mss. #519, 594, Box 2, Folder 15, LLMVC; Stephanie Minor to Rebecca Minor, August 11, 1851, Minor (William J. and Family) Papers, Box 2, Folder 16.

⁵⁶⁸ Volney Metcalfe to St John Liddell, May 21, 1851, Liddell (Moses, St. John R., And Family) Papers, Mss. 531 Box 7, Folder 44.

The importance of communication during times of crisis should not be underestimated, for it set slaveholding elites apart from many other demographic groups in the South. It particularly highlighted the differing capabilities of free and enslaved people to adapt to the social impacts of disease. As Anthony Kaye has shown, enslaved people fostered complex and thriving networks of sociability, knowledge sharing, and healing across southwest neighbourhoods. Generally they did so by utilising undesirable, and therefore unregulated, land in the liminal spaces between plantations. The social relations embedded in these enslaved networks followed an alternative spatial geography to that of white plantation owners. Slave communities were predicated upon physical relationships and chains of proximate human contact made across and between plantations, rather than upon more orchestrated means of interaction like formal visitations and letter writing.⁵⁶⁹ Maintaining these bonds and ensuring that information continued to flow among enslaved people relied directly upon the latter's ability to keep channels of physical communication open. In times of sickness there is evidence to suggest that the viability of these interactions waned, whether as a result of plantation owners' efforts to physically distance disparate enslaved communities from one another—through enforced isolation or through forced removal to areas perceived to be healthier—or through the inhibiting limitations of disease itself: incapacity, lethargy, immobility. When sickness struck, in other words, the social worlds of enslaved people often became far smaller.

By contrast, slaveholders were able to leverage certain privileges—greater levels of literacy, freedom of movement, and access to the apparatus and technologies of the state—to maintain, and indeed increase, their communication during periods of sickness.⁵⁷⁰ The engine of this continuity was the Southern postal service. As an institution, critics accused it of being slow and unreliable,

⁵⁶⁹ Anthony E. Kaye, *Joining Places: Slave Neighborhoods in the Old South* (Chapel Hill: The University of North Carolina Press, 2007); Morris, *The Big Muddy*, 125-139.

⁵⁷⁰ Richard R John, *Spreading the News: The American Postal System from Franklin to Morse* (Cambridge, Mass.: Harvard University Press, 1995), 159.

and voiced concerns that their letters were not always reaching their intended destinations.⁵⁷¹ But for the most part postal routes were an efficient and well-utilised social lifeline for rural planters scattered across relatively inhospitable parts of the country, where outbreaks of disease caused frequent disruptions to daily life. And importantly, the sheer number of letters sent and received during epidemics showed that the system was resilient enough to keep important lines of southern communication open even during periods where travel was considered dangerous. The system was so efficient, in fact, that many Southern residents worried that letters themselves had become vectors of disease. As a consequence some tried to disinfect their letters by dipping them in vinegar before they read them, or attempted to release the pathogens they were suspected of carrying by aerating them with holes.⁵⁷²

In reality letters could not transmit disease. But it is easy to see why the two would be linked in the minds of some Southerners. When plagues spread across the South, the letters and newspapers that communicated information about them followed—often along the same channels through which pathogens themselves travelled. They moved on steam ships along the region’s riverine highways, along established overland postal routes, like the Southern Route between New Orleans and Washington and the Natchez Trace between Nashville and Natchez, and then, as the railways began to push into the Deep South in the 1840s and 1850s, along the tracks that linked major coastal entrepôts with burgeoning inland communities.⁵⁷³ The impact of unbroken communication was twofold. Not only did slaveholders, whose social culture was rooted in written exchanges, experience a smaller degree of social disruption than demographic groups that relied more heavily

⁵⁷¹ William A. Finney to Jack [illegible], November 26, 1849, William A. J. Finney papers, Section A, Box 45, Duke; John Pamplin Waddill, *Diary of a Lawyer, 1846-1852*, Mss. 741, HNOG.

⁵⁷² Ryan Ellis, “Disinfecting the Mail: Disease, Panic, and the Post Office Department in Nineteenth Century America,” *Information & Culture*, Vol. 52, No. 4 (2017), 438.

⁵⁷³ Conrad Kalmbacher, *Secession and the U.S. Mail: The Postal Service, the South, and Sectional Controversy* (Bloomington: Conrad Kalmbacher, 2013), 43.

upon physical interaction; they were also able to strengthen communal bonds in difficult times by exchanging important information and updates regarding sickness with one another.

The Making of a Medical Culture

It was not just responses to the spread of sickness, however, that showcased planters' communicative and collaborative approach to disease mitigation. Whilst flows of information during epidemics could be urgent and explosive, many discussions about disease occurred in less fraught conditions. They were framed by the background buzz of endemic danger and lurking threat, rather than by the abrasive violence and conspicuous suffering of devastating episodic outbreaks. These conversations were more focussed on the ever-present spectre of sickness and how to meet its challenges in the future, rather than on the human toll of specific epidemics. In tone they were often theoretical and instructive. Their goal ultimately was to improve local health and to shape medical culture within slaveholding communities by ensuring that matters of physical wellbeing remained a central tenet of everyday southern discourse.

On the surface, individualism and the desire for self-sufficiency shaped slaveholding medical culture. Most white Southerners in plantation districts asserted that powerful male landowners were best placed to meet their own medical needs and those of their dependents; many were skeptical about orthodox medicine and its professional practitioners.⁵⁷⁴ As Daniel Walker Howe has noted of the period more generally, “to point out that technical expertise mattered seemed undemocratic.”⁵⁷⁵

Across the Jacksonian heartlands of the Southwest, appeals to a sense of rugged masculine

⁵⁷⁴ "William Whitsitt Recounts the Death of His Daughter, 1848," in *Major Problems in the History of the American South*, ed. Paul D. Escott, et al, 2d ed. (Boston: Houghton Mifflin, 1999), 300; J. H. Ruffin to Paul Cameron, 1845, "The Plantation Letters: Interpreting Antebellum Plantation Life"; *New Orleans Weekly True Delta*, February 10, 1855; "Diary, 1855," William H. Holcombe Diary and Autobiography #1113-z, Volume 2, SHC-UNC.

⁵⁷⁵ Howe, *What Hath God Wrought*, 18.

independence were particularly powerful. Such anti-institutionalism in medicine found form in a slew of self-help handbooks published in the period and marketed directly to slaveholders. These texts put a masculine slant on a longer female-dominated tradition of self-help writing that wove together recipes and cures into wide ranging domestic self help texts. Oscillating between prosaic lists of ailments and cures on one hand, and baroque treatises on republican tradition and the divine sanctity of slavery on the other, these plantation medicine books reinforced the idea that planters (and male planters in particular) were not only the rightful arbiters of Southern health, but that healing itself was a political and paternal obligation of the slaveholding class. “I beg leave to present this book to Mr. Jefferson” began one handbook in typically vaulted prose, “because, through the whole of a long and glorious life, he has been the philosopher and friend of his country.” The pursuit of health was, the author of this book suggested, one of “the main pillars of individual and national happiness,” and the continuation of Jefferson’s republican vision.⁵⁷⁶ Another handbook described slaveholders as being “endowed with intellect enough to master science, and with sense enough to make a proper use of whatever knowledge they may have occasion to acquire.” They were best placed, for example, to judge whether or not “to increase or lessen a dose” of medicine, decide whether or not a slave was feigning illness, and otherwise maintain the social and economic order of the South by promoting good health.⁵⁷⁷ Southern newspapers and journals communicated a similar confidence in the planter ability’s to provide his people with the appropriate kind of medical care by publishing the remedies that slaveholders contributed to their publications in dedicated “plantation cures” columns. Merchants, meanwhile, attempted to make money off planters’ sense of medical independence by offering a range of medical gear that would

⁵⁷⁶ James Ewell, *The Planter’s and Mariners Medical Companion* (Philadelphia, 1807), iii-v; A. G. Goodlett M. D, *The family physician, or Every man’s companion: being a compilation from the most approved medical authors, adapted to the southern and western climates* (Nashville, 1888), 18, 167.

⁵⁷⁷ Ira Warren, *Household Physician; For the use of Families, Planters, Seamen, and Travellers. Being a brief description, in plain language, of all the diseases of men, women, and children*, (Boston, 1859), iii; J. Hume Simons, M.D., *Planter’s Guide, and Family Book of Medicine* (Charleston, 1848), 11.

put planters in control of all facets of contemporary healthcare, from relatively benign “gum lancets” and bandages to more invasive “surgical equipment.”⁵⁷⁸

The idea of a “plantation physician [who] relied upon his own judgement and prognosis of sickness” intersected neatly with wider currents of resistance against medical orthodoxy.⁵⁷⁹ New medical trends and imported medical theories grew in popularity throughout the antebellum period, particularly following successful attempts to deregulate the health economy in the mid-1830s. In 1834, for instance, Mississippi repealed legislation that had required prospective physicians to obtain a license from the State’s Board of Medical Censors before they could commence practicing, and to register with county clerks in the districts where they hoped to work. Alabama enacted similar legislation in 1833, doing away with fines and punishments for those caught practising without a licence.⁵⁸⁰ The result was a healthcare landscape which medical historian John C Haller has characterised as “border[ing] on anarchy” and which contemporary commentator Frederick Law Olmsted criticised for elevating “druggists and venders of popular medicines” to the rank of doctor, whilst failing to reward physicians who had received training from one of the South’s five medical colleges.⁵⁸¹

In formulating their own theories of health and healing slaveholders drew widely from the South’s broad and convoluted medical landscape, embracing wide-ranging and heterodox medical

⁵⁷⁸ “Airlie’ Plantation Record Book, 1863,” RASP, Series G, Part 1, Reel 11; “To Planters, Physicians, Druggists & Country Merchants,” *The Natchez Weekly*, January 9, 1830; Wendell Holmes Stephenson, “A Quarter-Century of a Mississippi Plantation: Eli J. Capell of ‘Pleasant Hill,’” *The Mississippi Valley Historical Review*, Vol. 23, No. 3 (Dec., 1936), 370-371.

⁵⁷⁹ J. S. Haller, “The Negro and the Southern physician: A Study of Medical and Racial Attitudes 1800-1860,” *Medical History*, Volume 16, No. 3, (July, 1972), 246.

⁵⁸⁰ Owen Whooley, *Knowledge in the Time of Cholera: The Struggle over American Medicine in the Nineteenth Century* (Chicago: The University of Chicago Press, 2013), 69; “State Laws Respecting the Practice of Medicine,” *Boston Medical and Surgical Journal*, Vol. 42, No. 6 (March, 1850) 112; N. S. Davis, “History of the Medical Profession from the First Settlement of the British Colonies in America, to the Year 1850,” *The Northwestern Medical and Surgical Journal*, Vol. 3, No. 4 (November 1850), 275.

⁵⁸¹ John S Haller, *American Medicine in Transition, 1840-1910* (Urbana: University of Illinois Press, 1981), 198; Olmsted, *A Journey in the Back Country*, 169.

techniques to meet their own needs, as well as those of their enslaved labourers. Plantation owners may have harboured a general skepticism towards the medical establishment at large, and were mistrustful of many of the medicines that they deployed, but most sought to emulate at least some aspects of the care they provided. That was particularly true of local family doctors who were often slaveholders themselves and whose interventions were often more sympathetic to local expectations and norms than their urban counterparts.⁵⁸² But slaveholders were just as willing to draw from alternative medical ideologies that went against the prevailing orthodoxy of the medical establishment as they were to copy the practices of professional Southern physicians. Hydrotherapy, for one, was endorsed by many plantation holders. As were more therapeutic and holistic styles of medicine, such as Thomsonianism, that were based on the administration of herbs and restoration of hippocratic balance through the consumption of natural ingredients and the body's natural processes, rather than through regimens of purging endorsed by orthodox practitioners.⁵⁸³

By the mid-1830s it was thought that somewhere between a third and half of Mississippians held Thomsonian beliefs.⁵⁸⁴ An Alabamian physician described the proliferation of “disciples of Thomson” into northern Alabama as an “infestation” borne by “discontented and indolent mechanics, unemployed overseers, with a few illiterate preachers, and many respectable planters who were in the habit of thinking for themselves in politics and religion.”⁵⁸⁵ Often subject to ridicule in the press and throughout the medical establishment, those planters who did look beyond medical orthodoxy to trends like Thomsonianism and hydrotherapy often turned their plantations into laboratories for these new medical enthusiasms. They instructed the physicians they hired to utilise steam healing or to only prescribe botanical cures. They built so-called “Water-Cure

⁵⁸² Stowe, *Doctoring the South*, 1-4.

⁵⁸³ John S. Haller, *The People's Doctors: Samuel Thomson and the American Botanical Movement, 1790-1860* (Carbondale: Southern Illinois University Press, 2000), 15-30.

⁵⁸⁴ Joshua D. Rothman, *Flush Times and Fever Dreams: A Story of Capitalism and Slavery in the Age of Jackson* (Athens: University of Georgia Press, 2012), 122.

⁵⁸⁵ *Southern Medical Reports*, Vol. 1 (1849), 264.

Hospitals” on plantations (a grandiose name for sick rooms where hydrotherapy cures were prepared and administered). They took out subscriptions to “water-cure journals,” shopped for medicines at special Thomsonian dispensaries, and preached the benefits of their newfound medical theories to anybody who would listen.⁵⁸⁶

But this turn to Thomsoniasm, hydrotherapy, and other 'irregular' medical practices also provoked dissent. Some viewed the new medical theories, and the foreign practitioners who founded and spread them, as threats to communities that were steeped in their own local traditions and sceptical of external interventions. Such mistrust could erupt into violence, as it did in Jackson, Mississippi in the mid-1830s when residents manufactured conspiratorial stories of “steam doctors slipping about amongst negroes” and poisoning them with “fine tales of freedom.”⁵⁸⁷ The episode culminated in the extrajudicial lynching of a Northern steam-doctor (a pejorative name for a Thomsonian) who, after being cleared of conspiracy to incite a slave rebellion, was “tied to a tree, and stripped to the waist, whilst...receiving a terrible castigation with rods”. The mob had not been incited by medical paranoia alone—they had already been whipped into a frenzy by months of rumours that slave rustlers and would-be insurrectionists were operating within their neighbourhood. In that febrile atmosphere, mistrust of northerners and suspicions surrounding unorthodox medical practitioners were enough to convince locals that a travelling Thomsonian doctor “ought at least to be decently scourged.”⁵⁸⁸ Above all the episode showcased how fearful

⁵⁸⁶ “Very Dog-Matic,” *Time Picayune*, July 18, 1838; *The Courier*, July 17, 1835; “The Yellow Fever,” *Vermont Journal*, September 28, 1855; “Autobiography of Gideon Lincecum,” *Publications of the Mississippi Historical Society*, Vol. 8 (1904), 499; Janet Sharp Hermann, *Joseph E. Davis: Plantation Patriarch* (Jackson: University Press of Mississippi, 1990), 138; “Eli Capell Daybook 1849-1876,” Capell (Eli J.) Family Papers, Mss. 674, 1841—1885, E:47, Box 1, Folder 4, LLMVC; “Thomson infirmary and Medical Store,” *Times-Picayune*, June 22, 1838; “Diary, 1855,” William H. Holcombe Diary and Autobiography #1113-z, Volume 2, SHC-UNC.

⁵⁸⁷ Rothman, *Flush Times and Fever Dreams*, 141.

⁵⁸⁸ Henry S. Foote, *Casket of Reminiscences* (Washington D.C., 1874), 256.

slaveholders were of rebellion and how easily that paranoia could intersect with other latent suspicions and misgivings.

Others elsewhere in the South were equally quick to draw the link between forms of unorthodox medical practice and subversive behaviours. In the narrative of his escape, for instance, the former slave William Wells Brown made repeated references to the fact that the man whom aided his escape, who “raised” him up from sickness, and slavery, and from whom Wells Brown would eventually take his name, was a Thomsonian doctor by trade.⁵⁸⁹ Such were the paradoxes of the Southern medical landscape. Just as some white Southerners turned their attentions and interest towards new, imported, medical theories, others began to view these same medical theories as a fundamental threat to order and slaveholding hegemony in the region.

Many planters, however, declined to get engaged with these fights over the appropriateness of new therapies. Rather, they formed their medical beliefs by amalgamating and stitching together ideas and practices from a variety of sources, some that were fixtures of southern life everywhere, some that were specific to individual slaveholding communities, and some that were newly imported. Planters and overseers kept copies of popular medical guides and collected newspaper clippings detailing cures for certain diseases in their diaries and daybooks.⁵⁹⁰ More targeted medical advice was also offered to slaveholders in the agricultural press, where instructional articles about plantation management focused heavily on topics relating to healthcare and disease prevention. “Personal gain would be enhanced, and consciences eased,” the theory went, “if, first, an awareness of the importance of effective slave management” and good health were compiled and “shared.”

⁵⁸⁹ William Wells Brown, *Narrative of William W. Brown, an American Slave. Written by Himself* (London, 1849), 100-102.

⁵⁹⁰ "Aventine Plantation Ledger, 1862," Natchez Trace Supplement Collection, Box 4Zb25, Folder 18, DBC-UT; "Everard Baker Journal, 1848" Everard Green Baker Papers #41, Box 1, Folder 4, SHC-UNC.

These ideas were then laid before “neighbors and colleagues,” where they were challenged, commended, responded to, and rebuked.⁵⁹¹

These medically focussed columns were framed by their writers as a service to the slaveholding community and as a necessary form of engagement for members of their privileged socio-economic class. They were also a way to cut through the noise of the South’s medical conflicts and provide targeted advice for slaveholders on the types of concerns they most frequently faced. It was seen as a broad mutual benefit, as one planter put it to his peers, for slaveholders to channel their “inherent” collaborative instincts and their preoccupation with health into programs of mutual improvement and into a directory of plantation-orientated medical literature.⁵⁹² The diffuse body of knowledge represented in these journals and articles would, and did, help to define a loose but recognisably distinct slaveholding medical culture.

The most common medical topics discussed in agricultural journals were those concerned with the protection and the vitality of enslaved people. Under the broad remit of safeguarding black health, contributors offered a plethora of measures for preventing sickness in slave quarters and maximising the returns on forced labour by ensuring that enslaved people spent less time in the sick room than in the fields. Some planters contributed “prophylactic” programmes to help mitigate sickness among the enslaved. They instructed slaveholders on regulating labour patterns to avoid exhaustion and exposure, avoiding exposure to certain climatic and environmental dangers,

⁵⁹¹ James O. Breeden (ed.), *Advice Among Masters: The Ideal in Slave Management in the Old South* (Westport, Connecticut: Greenwood Press, 1980), xviii.

⁵⁹² Anonymous, “Management of Negroes upon Southern Estates,” *DeBow’s Review*, Vol. 10 (June, 1851), 621-622.

supplying an adequate diet, and the provision of safe, solid housing.⁵⁹³ Other authors focussed on treatments and remedies that would counteract the effects of disease once contracted and advised on how to hasten the recovery of stricken labourers.⁵⁹⁴ Such advice was often colloquial and personal—very different from what appeared in medical journals. It took the experiences and ‘expertise’ of enslavers and made it relatable and replicable, so that others might follow in their footsteps. Take, for example, the account that the Mississippi planter M. W. Philips contributed to the *Southern Cultivator* on the topic of combatting ‘summer fevers’ amongst enslaved people on his plantation:

“I give when first complaining, an emetic of ipecacuanha and tartar emetic, and often give a second one the next day. I bleed when necessary. Sometimes I give a good dose of leather. I use quinine freely, never less than three or four grains at a dose. Seldom give calomel. As I am always “at home”, I see my negro when first attacked, and nine times out of ten an emetic with quinine to follow, cures the patient”⁵⁹⁵

Philips’ authority was rooted in his own extensive experience of slave ownership—evidence of which he incorporated directly and sometimes exhaustively into his writing. His pedagogical style gave readers an intimate look into his own affairs, allowing for the examination of a set of interactions between masters and slaves that were often hidden from public view. The clarity of his instructions, and the personable prose in which they were conveyed, made it appealing to other planters, encouraging many to emulate Philips’ practices.

⁵⁹³ M. W. Philips, "Plantation Economy," *Southern Cultivator*, Vol. 4 (August, 1846), 127; "Houses of Negroes—Habits of Living," *Southern Cultivator*, Vol. 8 (May 1850) 66-67; Franklin, "On the Preservation of the Health of Negroes," *American Farmer*, Vol. 2 (October 27, 1820), 242; "The Negro," *DeBow's Review*, Volume 3, No. 5 (May 1847), 419-422; Robert Collins, *Essay on the Treatment and Management of Slaves: Written for the Seventh Annual Fair of the Southern Central Agricultural Society* (Boston, 1853), 6.

⁵⁹⁴ "Remedy for Cholera," *The American Cotton Planter*, Vol. 1 (May, 1853), 219, "Recipe for Dysentery", *The American Cotton Planter*, Vol. 1 (May, 1853), 220; "Remedy for Yellow Fever," *The American Cotton Planter*, Vol.1 (1853), 302.

⁵⁹⁵ M. W. Philips, "Plantation Economy and Agricultural Education," *Southern Cultivator*, Vol. 5, No. 9 (September, 1847), 127.

The relatability of contributors like Philips, as well as the breadth of topics he and other slaveholders covered in their essays, allowed agricultural journals to expand the boundaries of slaveholding interconnectivity. They became sites of robust print discourse focused on sharing theories of disease and sickness. From this ‘print community,’ whose members were separated by distance but united by paid subscriptions, emerged a specifically Southern brand of medical discourse. The common cause and shared interest of writers and readers bred familiarity and began to undermine the sense of isolation felt by many in the rural South. As one admirer of Philips’s writing put it, “though a citizen of a different State, and a stranger to Dr Philips, I have realized a long and profitable acquaintance from his writings through the Agricultural Journals of the Country.”⁵⁹⁶ Similar feelings of connection were felt for many of the South’s published ‘authorities’ on plantation management. Thomas Affleck, for instance—publisher of the region’s most popular plantation almanac and prolific author of journal articles on modern agriculture, slave welfare, and plantation healthcare—received letters of praise from across the South. The nature of the praise suggested those who read and followed Affleck’s advice believed themselves to be constituent members of a broad slaveholding coalition. From San Antonio to South Carolina, these admirers were not only keen to express support for Affleck’s ideas, but to celebrate the sense of community his writings engendered. One Tallahassee resident who had “read with pleasure and profit [Affleck’s] pieces in the American Agriculturist and Southern Cultivator” explicitly described feelings of personal connection to the author. Despite having never met one another he felt that Affleck would “readily advise” him on any aspect of plantation management as he was, in his own words, “a brother planter.”⁵⁹⁷

⁵⁹⁶ Printed response to M. W. Philips, “Plantation Economy,” 140.

⁵⁹⁷ John Parkhill to Thomas Affleck, March 31, 1847, Affleck Papers, Mss. 3, 1263, W:112, Box 7, LLMVC; Eli Capell to Thomas Affleck, November 15, 1846, Affleck Papers, Mss. 3, 1263, W:112, Box 7, Folder 9; Henry S. Randall to Thomas Affleck, November 24, 1846, Affleck Papers, Mss. 3, 1263, W:112, Box 7, Folder 9; John Milne to Thomas Affleck, February 1, 1847, Affleck Papers, Mss. 3, 1263, W:112, Box 7, Folder 9.

Perhaps slaveholders felt affinity towards slaveholding pedagogues like Affleck and Philips because the advice they offered, in content and in tone, mirrored that which slaveholders exchanged with one another in their own private correspondence. Indeed for each article detailing how white slaveholders could prevent sickness in the slave quarters and upon their plantations, countless more snippets of informal advice mirroring that found in the agricultural press were exchanged through personal letters and informal conversation. In their correspondence slaveholders offered each other a wealth of advice on preventing sickness: provide “highly peppered [pork]” to slaves because it “might be of advantage to [their] health,” “don’t expose labourers to winds from the north and east” because they induce fever, make sure enslaved people eat in the morning and “take vermifuge [an anti-parasitic drug] at the Full & Change of the moon”, and so forth.⁵⁹⁸ They also offered more targeted remedies and cures for various ailments. Sometimes these were as simple as endorsing the efficacy of various patent medicines and over-the-counter cures, often referred to simply as “cholera medicine” or “fever medicine.”⁵⁹⁹ In other instances they were unique and meticulously detailed personal concoctions: homemade antidotes to meet specific complaints.

“Neiborhood medison” was how Mary Timberlake, a plantation matriarch from southern Tennessee, referred to these cures. These were remedies that did not necessarily conform to one particular medical outlook—be that the orthodoxy of medical colleges, Thomsonianism, or any other form of irregular medicine—but were instead amalgamations of the knowledge, experiences, and prejudices of their inventors. For her part, Mary Timberlake was a firm believer in “balsom apple in spirits” for treating stomach complaints and dysentery, the seeds and the recipe for which she sent to friends

⁵⁹⁸ F D. Richardson to Moses Liddell, May 8, 1847, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 30, LLMVC; Moses Liddell to St John Liddell, September 7, 1848, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 35.

⁵⁹⁹ “Diary 1852-1853,” Franklin A. Hudson Diary, Folder 8, SHC-UNC; “Everard Baker Journal, 1849-184,” Everard Green Baker Papers #41, Box 1, Folder 4, SHC-UNC; “Diary, 1856,” Mary E. Bateman Diary #47-z, SHC-UNC.

and family in Tennessee and Mississippi.⁶⁰⁰ More commonly though, the medical advice that slaveholders exchanged with one another was more extensive and detailed, often filling entire pages with meticulous combinations of chemicals, emetics, measurements, timings, and dosages. Take the advice that Moses Liddell sent to his son, St John, during a sickly period in 1847. "I am using Bone Set (fever & ague weed) and red pepper in all cases, after Ipecac but occasionally using calomel and Jalap etc.," he wrote him on September 19. "The boneset I think is very good," he continued, "after purgative medicines are used." As the season progressed he continued to tinker with his approach, sometimes adding or removing ingredients from his cures or altering the order in which he deployed them. But throughout the process he kept St John informed, using the evolving episode as a teachable moment for his less experienced son.⁶⁰¹ Another planter, Everard Baker, had an equally complex remedy for what he called "chills and fever": "Take of calomel 18 grs. Quinine 18 grs. Dovers powders 7 or 8 grs. Ipecac 5 grs. — Make into 12 pills & give one every hour & a half.— Commencing the first dose so that the last may be given a little before the usual time for the attacks. Give quinine for a few days after should the chill be missed."⁶⁰²

Slaveholders' propensity to readily and enthusiastically share their medical strategies and ideologies with others so that they might be replicated on other plantations lent a communal quality to local healthcare in the Southwest. As did many slaveholders' own habit of independently observing their neighbours' responses to sickness and copying them. When prominent slaveholder Rachel O'Connor spoke about maintaining health on her large Louisiana plantation, for instance, she situated her actions in the context of broader community norms and wisdom. She churned butter to

⁶⁰⁰ Mary Timberlake to Aaron Neal, January 11, 1833, Neal Family Papers, 04370, Box 1, Folder 7, SHC-UNC.

⁶⁰¹ Moses Liddell to St John Liddell, September 16, 1847, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 31, LLMVC; Moses Liddell to St John Liddell, September 19, 1847, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 31; Moses Liddell to St John Liddell, September 26, Liddell (Moses, St. John R., And Family) Papers, Mss. 531, Box 5, Folder 31.

⁶⁰² "Remedy book," Everard Green Baker Papers #41, Box 1, Folder 1, SHC-UNC.

make it sweet because it was “said to be the best for [slaves].” She had the slave cabins on her property painted with lime “because the people near here” were doing the same.⁶⁰³ Likewise when epidemics struck, locals looked outwards into their local communities to either gauge an appropriate response or to direct their own course of action. When cholera moved into Iberville Parish, Louisiana, in 1855 Franklin Hudson made a note of which of his neighbours decided to flee from the area and which had stayed put. To those who remained he gave barrels of lime so that they might follow his lead in sterilising their homes and slave quarters.⁶⁰⁴

Shared Slaves and Shared Mastery

In exchanging information about outbreaks of disease, and sharing theories about how to combat them, planters demonstrated that they recognised the mutual benefits of cooperation. The sharing of enslaved labour, then, showed that planters were willing to physically codify their obligations to one another. Not only that, but that they were willing to do so by loosing the bonds of individual mastery and sharing the most economically important and culturally significant form of ‘property’ in Southern society. Yet despite the weight it carried sharing enslaved labour was a surprisingly common practice across the Southwest. As Anthony Kaye has argued of Mississippi’s plantation-dominated lowlands, residents routinely “shifted men and women between their own places and shared laborers with kinfolk,” be that “across the country, across the district, or across the river in Louisiana.”⁶⁰⁵

⁶⁰³ Webb (ed.), *Mistress of Evergreen Plantation*, 73.

⁶⁰⁴ “Diary 1854-1856,” Franklin A. Hudson Diary, 1852-1859 #2290 Folder 9, SHC-UNC.

⁶⁰⁵ Kaye, *Joining Places: Slave Neighborhoods in the Old South*, 157.

On one level the loaning, lending and leasing of enslaved people between owners strengthened the social bonds of slaveholding communities. In the highly litigious South it was a show of faith to entrust such valuable possessions as enslaved labourers to the care of others. On another level, ensuring that the distribution of enslaved labour remained fairly fluid provided a vital safeguard for planters whose financial prospects could be irrevocably dented by sickness amongst their workers or by an inability to harvest their crops. That concern in particular was made more acute by the nature of the planting calendar. The most physically taxing time of the year for the enslaved was the picking season, when they were forced into the fields earlier and for longer by plantation owners who were anxious to exploit the narrow window available to collect their profits. This period, incidentally, also marked the Southwest's most volatile epidemiological months. As cotton bolls ripened in late summer, intense heat and humidity collided with an increase in the vector species of summer fevers, as well as a heightened risk of imported epidemics, to leave the enslaved far more exposed to danger than at any other time of the year.

For masters less concerned with welfare than productivity, that the demand for labour coincided with the peak of disease season was a cause of concern and frustration. In 1854 Andrew Polk of Mississippi complained that despite having planted 600 acres of cotton and corn, and having "negroes enough to work one thousand acres," a bout of sickness in the slave quarters of his plantation was destroying his crops and damaging his returns. A five week outbreak of "a most malignant" form of fever, Polk wrote, had meant that there were not enough slaves to hoe the cotton and, as a result, weeds and grass had overtaken the cotton rows.⁶⁰⁶ Polk's complaints were representative of many others made across the Southwest year on year. In the picking phase of the 1840 harvest, for instance M. W. Phillips, a Mississippi planter, also complained that disease was affecting his chances of harvesting a full crop. "More sickness," Phillips wrote in his diary on the

⁶⁰⁶ Cobb, *The Most Southern Place on Earth*, 10.

22nd of September. “Green down for a week or ten days; Jack and Eliza had chill and fever today... sickness has thrown me back in my cotton picking very much. Not one day for four weeks past but I have had from 2 to 8 down.”⁶⁰⁷ Even the most hardhearted and ruthless slaveowners became twitchy about enslaved wellbeing when their crop returns were threatened. On 19 April, 1857, Eli Capell wrote a fairly unperturbed description of a measles outbreak amongst the enslaved children of his plantation: “16 of our little negroes in the quarters now sick with measles. They are all over the Country but as yet not bad & spreads very slow.” When the disease spread to those whom he would describe as “prime field hands,” however, his attitude to the disease changed markedly. “I now have a very sick family with measles,” he wrote a week later, and “am in an awful condition for making a crop.” In acknowledging that he was in danger of “losing” his harvest, Capell, like many of his peers, found a way to translate black suffering into an expression of his own personal misfortune. He was also compelled to pay more attention to the suffering that his enslaved captives were enduring. And with so much dependent upon their recovery, he was no longer as flippant about new infections as he had been at the start of the outbreak. He now conceded, instead, that “the negroes [were] getting hell from measles” and that there was little he was able to do.⁶⁰⁸

Capell’s account provided an emotive insight into a painful episode of enslaved suffering. But most accounts of black sickness appear far more prosaically in the historical record, most commonly as owners and overseers used their day books and diaries to systematically chart shifting ratios of available to incapable labour. As one of many entries in the Magnolia Plantation in Plaquemines Parish recorded it, “19 hauling cane, 40 cutting, 11 readying cane for the mill...3 nursing, 17 sick.”⁶⁰⁹ Others recorded sickness so frequently that they developed their own forms of shorthand.

⁶⁰⁷ Riley, “Diary of a Mississippi Planter,” 334.

⁶⁰⁸ “Diary, 1857,” Capell Family Papers, Mss. 56, Volume 23, LLMVC.

⁶⁰⁹ J. Carlyle Sitterson, “Magnolia Plantation, 1852–1862: A Decade of a Louisiana Sugar Estate,” *Journal of American History*, Vol. 25, No. 2 (September 1938), 202; “‘Airlie’ Plantation Record Book, 1863,” RASP, Series G, Part 1, Reel 11.

Philip Pitts of Alabama began his 1850 plantation day book with entries detailing how many “hands” were sick on a given day. As the frequency of these entries increased, the word “hands” gave way to a numerical representation of the sick, followed by two quotation marks. Eventually this shorthand was reduced even further, to a scribbled number and a dash: “7 —.”⁶¹⁰

Amongst slaveholders, sympathy for the enslaved victims of sickness was fleeting. Sympathy for inconvenienced or financially threatened masters, on the other hand, ran high. The decimation of labour forces acted as a clarion call for the wider slaveholding community to offer some level of collective aid to their embattled neighbours. Often that meant enacting a form of communal equalisation, whereby the misfortunes of some were balanced by the “neighborly” obligation of others. When a cholera epidemic ravaged the enslaved community of one of Mose’s Liddell’s neighbours, for instance, he felt obliged to send him “25 hoe hands and 13 plows (double) & 3 water carriers each day” to ““get[] him somewhat relived of a very grassy crop.”⁶¹¹ Likewise, James Mallory reported in December 1853 that his neighbours had “turned out their hands...to pick cotton for James B. Welch who has a good crop and is unable to save it in time from sickness amongst his hands.”⁶¹²

The practice of sharing enslaved labour was so widespread that a Sanitary Commission report into the origins and spread of the region’s most devastating yellow fever epidemic in 1853 concluded that rural transmission had been exacerbated by the redistributing and sharing of enslaved people’s labour. In the case of a small, but wealthy community three miles outside Vicksburg, a local plantation owned by the Selser family had become infected, imperilling lives and the fate of the

⁶¹⁰ “Philip Pitts’ Diary, September 1850-February 1853,” Philip Henry Pitts Papers, 1814-1884, #00602, fBox 1, Folder 2, SHC-UNC.

⁶¹¹ Moses Liddell to St John Liddell, June 25, 1849, Liddell (Moses, St. John R., and Family) Papers, Box 6, Folder 38, LLMVC.

⁶¹² McWhiney, “The Agricultural Journal of James Mallory,” 184.

harvest. Seeing that the crop was going “to waste to some extent in consequence,” the local planters “turned out to assist him” loaning him their own enslaved labourers. Of course that meant that the onus of neighbourly assistance was not physically borne by Selser's slaveholding neighbours, but rather by the slaves whose labour they presented. But forcing the enslaved to carry the burden of neighbourly cooperation did not entirely shield planters from the ramifications of their generous intentions. Of the three enslaved labourers that a Mr Ferguson had sent to the Selser farm, one became sick himself with yellow fever. “Then Ferguson himself” became ill. “Previous to this time,” the report suggested, “none of his hands had been exposed; nor had he.”⁶¹³ Thus could the elasticity with which enslavers stretched their human resources to fill voids that disease had left in cotton fields in times of crisis exacerbate the spread and course of epidemics.

Of all the medical reasons that enslaved people might be temporarily relocated to other local plantations, one of the most common was plantation owners' willingness to send female slaves to act as nurses on the plantations of their friends and neighbours. The duties that such enslaved women might be expected to perform were varied. Often women were expected to perform duties related to childcare and reproductive health. Stephanie Jones-Rogers has uncovered the ubiquity with which wet-nurses, in particular, were expected to serve white planter families and the frequency with which they were handed over to one white family after another, their reproductive biology and knowledge of child care exploited and traded either for profit or out of neighbourly goodwill.⁶¹⁴ When the plantation mistress Gertrude Thomas's children were born, for instance, her father would routinely lend her an enslaved wet nurse. Thomas in turn would show reciprocity by sending one of her own labourers to her father's plantation to balance the exchange.⁶¹⁵ Jones-

⁶¹³ Edward Barton, *Report of the Sanitary Commission of New Orleans on the Epidemic Yellow Fever of 1853* (New Orleans, 1854), 90-91.

⁶¹⁴ Stephanie E. Jones-Rogers, *They Were Her Property: White Women as Slave Owners in the American South* (New Haven: Yale University Press, 2019), 102.

⁶¹⁵ Marli Frances Weiner, *Mistresses and Slaves: Plantation Women in South Carolina, 1830-80* (Urbana: University of Illinois Press, 1998), 15.

Rogers also makes the point that the distinction between medical nursing and wet nursing was not as clearly defined in antebellum America as it is today. In written sources, she has argued, the word “nursing” could refer either to the provision of general medical assistance or to reproductive and post-natal care. Likewise Emily West has shown that historically “nurse,” as a descriptive terminology, was not fixed. Even in response to reproductive health and child care it was used interchangeably by both black and white women in the US South to refer to those who cared for children and those who suckled children.⁶¹⁶ Sometimes, however, the descriptions of enslaved nurses' duties were explicitly clear. When yellow fever engulfed a small community and killed the only local doctor in Jesuit Bend, Louisiana, for instance, “a neighbouring planter kindly sent a negro woman, who was acclimated (having lived in New Orleans), to nurse the sick.” In the same way Lizzie Williams was sent to New Orleans as a young girl specifically to nurse the sick child of her mistress's sister — a move which her owner calculated was not only altruistic but which would involve learning a skill that would make her more valuable in the future.⁶¹⁷

Networks of slave exchange did more than highlight inclusion within a participatory social class. They also reinforced the boundary between who controlled these exchanges on the one hand and who were traded or loaned to one planter or another. In that sense, slave exchanges can be interpreted not just as a practical measure by which the exploitation of enslaved people could be optimised, but also as something that was culturally important within Southwestern society. Indeed, slave loaning and lending frequently bled into other spheres of ceremonial or symbolic importance. The “dowry” that sealed John Randolph's marriage, for instance, stipulated that the new husband receive temporary ownership of 17 of his new father-in-law's enslaved workforce — enough to

⁶¹⁶ Emily West and R. J. Knight, “Mothers' Milk: Slavery, Wet-nursing, and Black and White women in the Antebellum South,” *Journal of Southern History*, Vol. 83, No.1 (February, 2017), 44-45.

⁶¹⁷ “Diary 1854-56,” Franklin A. Hudson Diary, 1852-1859 #2290, Folder 9, SHC-UNC; “Eli Capell Daybook, 1849-1876,” Capell (Eli J.) Family Papers, Mss. 674, Volume 4, LLMVC; Erasmus D. Fenner, ‘Report on the Epidemics of Louisiana, Mississippi, Arkansas, and Texas’, *The Transactions of the American Medical Association*, Volume 9 (Philadelphia, 1956), 668; Schwartz, *Birthing a Slave*, 56.

weather the difficulties and epidemiological challenges of breaking the ground of a new plantation.⁶¹⁸ James Metcalfe of Adams County, Mississippi, had become a productive and profitable plantation holder after moving downriver from Kentucky. With the wealth generated by his Mississippi, Metcalfe got his sons and family members established in the local area—a situation that made future collaborations between family members easy. Metcalfe and his sons were in a position to share a lot: overseers, information, services, and enslaved labour.⁶¹⁹

Familial ties like these were important in the burgeoning Southwest as they provided an efficient route into communities and existing neighbourhoods. Edward Baptist has argued that “in the process of exploiting the plantation frontier’s potential wealth, wealthy white men came to rely more heavily than ever on the power of their kinship ties. Few planter men could afford to move by themselves, or to isolate themselves from the influence and assistance of brothers, fathers, adult sons, cousins, and in-laws.”⁶²⁰ When newly married Mississippian Francis DuBose Richardson decided to establish a new plantation in the Bayou Teche region of Louisiana, he was given the full support and assistance of his new family. His wife's father, a Louisiana native, armed Richardson with a cure for dysentery, which he kept in the front page of his journal, and the use of ten of his enslaved labourers to help him through the dangerous and laborious process of breaking new ground. He then continued to check on Richardson periodically over the next few months, bringing him gifts like “a cutting box \$40 the price, 1 bed stead & hats for negros.”⁶²¹ As well as familial relationships, friendships could also prove an important advantage to new or prospective Southwestern planters—particularly to those looking to establish themselves in the region's more

⁶¹⁸ William D. Reeves, *From Tally-Ho to Forest Home: The History of Two Louisiana Plantations* (Bayou Goula: D. Denis Murrell and David R. Denis, 2005), 41.

⁶¹⁹ Jordan, *Tumult And Silence At Second Creek*, 114-115.

⁶²⁰ Edward E. Baptist, *Creating an Old South: Middle Florida's Plantation Frontier before the Civil War* (Chapel Hill: University of North Carolina Press, 2002), 24.

⁶²¹ “Francis DuBose Richardson daybook, 1846,” Bayside Plantation Records, 1846-1866 #53, Folder 1, SHC-UNC.

fertile and sought-after districts. In Philip Pitts' Perry County neighbourhood in Alabama, for example, aggressive land speculation and an influx of cash-rich investors in the 1830s had begun to squeeze out young prospective migrants arriving from other slaveholding states. For that reason when a friend of his expressed an interest in moving to Perry County, Pitts offered the man the opportunity to stay with him for a year, and gave him access to his enslaved labour force at a reasonable rate, so that he might make enough money to purchase his own land.⁶²²

Plantation ownership and social connections alone, however, did not guarantee that one would benefit from the assistance of the wider slaveholding community. Cooperation amongst Southern elites was predicated upon wealth and status but it was still shaped by the racialised and gendered discriminations that guided Southern society more generally. At best, that meant that female slaveholders were ostracised, receiving fewer social benefits and privileges from their peers than their male counterparts. At worst, it created situations in which female planters were not only ignored but negatively impacted by their relative exclusion from male-dominated planter society. Such was the case for Rachel O'Connor, the widowed owner of the Evergreen Plantation in the German Coast region of southern Louisiana. By the standards of the day she was exceedingly wealthy, having inherited land and a workforce of seventy-seven slaves following the death of her husband and two sons.⁶²³ Wealth and property, however, did not translate into standing and status. Despite owning one of the region's largest plantations O'Connor was reliant on her brother, David Weeks, to navigate many of the South's patriarchal institutions on her behalf. That dependence was deepened by a number of ongoing legal disputes against her late son, and her need for Weeks to speak in her place in court. So when Weeks demanded that O'Connor send five of her enslaved labourers to assist one of his own friends who had been badly effected by cholera in 1833, she had

⁶²² Jonathan D. Martin, *Divided Mastery: Slave Hiring in the American South* (Cambridge, Mass.: Harvard University Press, 2004), 37-38, 34.

⁶²³ Webb, *Mistress of Evergreen Plantation*, x; Ann Patton Malone, *Sweet Chariot: Slave Family and Household Structure in Nineteenth-Century* (Chapel Hill: University of North Carolina Press, 1992), 1-2.

little hope of refusing. That was despite her obvious concerns: "I really was so sorry for them that if I had not been afraid you would have been displeased with me, I should not have sent them," she complained to Weeks after their departure. O'Connor's greatest fear was that the ongoing sickness that had prompted Weeks' demand in the first place would lead to sickness amongst her own labourers. "I am very uneasy, fearing that they might take the cholera and die," she wrote to her brother. "They have all been very sick this season and might die with a slight attack."⁶²⁴ She had also been told by her overseer that losing too many labourers would make it "impossible" to harvest a full crop. Nevertheless, Weeks had clearly decided that his obligation to his own stricken (male) neighbour superseded his obligations to his sister. The following year he would again demand that some of the slaves of Evergreen were sent elsewhere, to assist other planters. Again O'Connor intimated at her displeasure—"I am requested favor that the slaves remain together at Evergreen Plantation this year"—but again she was unable to dissuade her brother.⁶²⁵

Assisting Others

The lending and loaning of enslaved people was an obvious way in which slaveholders could redress local labour imbalances brought about by sickness. But it was not the only way in which they could contribute to the redistribution of resources in times of hardship. Sickness could negatively impact all aspects of a plantation's management and operation and so naturally there were many ways that planters could assist one another. Often the most useful services that planters could provide was simply to monitor their neighbours' properties and respond to whatever problems

⁶²⁴ Rachel O'Connor to David Weeks, November 3, 1833, Weeks (David, and Family) Papers, Mss. 528, Box 5, Folder 37, LLMVC.

⁶²⁵ Rachel O'Connor to David Weeks, April 25, 1834, Weeks (David, and Family) Papers, Mss. 528, Box 6, Folder 38.

arose there, particularly in areas with high rates of absentee ownership or in instances where planters had to split their time between multiple landholdings across the South.⁶²⁶

When J. H. Randolph was caught away from his plantation during an outbreak of yellow fever in 1855, for example, he called upon his neighbour, Franklin Hudson, to maintain order and monitor for sickness in his absence. When Hudson informed Randolph that some of his slaves had fallen victim to the outbreak, he then also relied on him to act as an intermediary for their care: “Received from Bayou Goula the sum of \$50 (fifty dollars),” Hudson wrote in his diary whilst Randolph was away, “to pay for medical services of Dr Legarden for his [Randolph’s] girl “Hester.””⁶²⁷ For many slaveholders, arrangements such as these provided the freedom and security to travel, conduct business, and visit their other plantations without fear of financial loss or disruption of plantation routine. When a trip made by Walter Brashear of St Mary Parish, Louisiana, coincided with an outbreak of an unidentified disease on his *Belle Island* plantation that made the enslaved population there “more than usually sickly,” he relied upon friends and family to help his wife with the administration of care and the management of the crop. Firstly Brashear's son, a merchant in New Orleans, organised for the sick to be taken to New Orleans to receive treatment in a city hospital. The plan was shelved, however, when the enslaved were deemed too weak to travel. Next, Brashear called upon a neighbouring planter and doctor, named Towles, to stay at his home and monitor the situation: “Dr Towles and [his wife] made us a visit about the 15th of May...and determined that it would not do to take the hands off the plantation to go to New Orleans.” When the plantation overseer died Towles arranged for a new one to be hired immediately. Of Towles intervention, Margaret Brashear, Walter’s wife, said: “The Dr staid near a week and attended to the hands himself

⁶²⁶ See Brazy, *An American Planter*, 11.

⁶²⁷ "Diary, 1854-1856," Franklin A. Hudson Diary, 1852-1859 #2290, Folder 9, SHC-UNC.

while here—the present young Man [the new overseer recruited by Towles] is very industrious and seems to understand his business well.”⁶²⁸

These kinds of collaborative arrangements protected the plantations of those whose owners were frequently absent. At their most impactful they even made viable those whose owners were permanently absent or who had never even been resident in the Southwest as all. An example of the latter was a Mississippi cotton plantation owned future US president James Polk. Already a slaveholder in Tennessee, Polk and his broth-in-law, Silas Caldwell, turned their attention to the alluvial banks of the Yalobusha River in the 1830s, attempting to carve their own share of wealth out of Mississippi’s booming cotton belt. Despite Caldwell’s insistence that the “prospect of health [was] good” upon their chosen location, the partners were soon confronted by a biting reality.⁶²⁹ As the enslaved who had been moved to the new plantation became sick and increasingly began to show their displeasure at their removal from Tennessee by running away from the new plantation—an put down to them being “only tolerably well satisfied” with their new surroundings—Caldwell realised that the investment had been misguided and became despondent. “I am afraid”, he lamented to Polk, “our hands will be sickly owing to the Local Situation of our Farm.”⁶³⁰ He continued to send damning reports of poor health to Polk, who had remained in Tennessee, over the following months. When Caldwell eventually decided to sell his share in the venture only two years after purchasing the land, Polk, who had never visited the plantation, became the sole owner.

Then, in June of 1839, dysentery erupted along the Yalobusha, ravaging the enslaved community of Polk’s plantation and killing his overseer, James Bratton. Over the course of the following week

⁶²⁸ Margaret Brashear to Thomas Tilton Barr, June 19, 1824, Brashear and Lawrence Family Papers #3355, Folder 3, SHC-UNC.

⁶²⁹ Silas M. Caldwell to James K. Polk, January 2, 1835, *The Correspondence of James K. Polk: Volume 3, 1835-1836*, (ed.) Herbert Weaver (Nashville: Vanderbilt University Press, 1975), 5.

⁶³⁰ Silas M. Caldwell to James K. Polk, February 22, 1836, *The Correspondence of James K. Polk: Volume 3*, 509.

Polk received two letters informing him of his misfortune. The first to write Polk with news of the developments in Mississippi was his neighbour in Mississippi, James Cowan. Cowan alerted Polk of the outbreak and advised him that “on receipt of this” letter, he should immediately send a new overseer to regain order, tend the sick, and save the harvest. “If you do not,” he warned, “whoever takes your farm, *now*, will want your crop for pay.” Cowan signed off his letter by acknowledging his neighbourly “duty to give [Polk] the earliest information” possible, and offering a commitment to continue monitoring the situation for the embattled planter.⁶³¹

Polk however did not have to concern himself with the urgency of this task, for another neighbour, S. Bell, had already attended to the matter. After discovering that Polk’s regular contact in the region was away, Bell had taken “the responsibility of riding down to your farm and employing a young man to take charge of your interest”. From there he was able to give Polk a slightly more optimistic report: “Seven or 8 of your negroes have been quite sick with the same disease (Billious Dysentery)” but all were “now convalescent save one (Caroline) and she I consider not at all dangerous”. Beyond that, the plantation enjoyed the “prospect for an abundant crop both of Corn and Cotton”. Channeling the same disposition toward philanthropy and neighbourliness as Cowan had done, Bell then offered that he would “take great pleasure in attending” to any of Polk’s further requests.⁶³² Ultimately the danger posed by disease and sickness, as well as the uncertainty, had been mitigated by the actions of Polk’s fellow planters. Enslaved labourers had suffered and the fatality of a white overseer had been recorded, but no debt was accrued by Polk, no harvest was missed, and the plantation could continue to operate as normal, all without Polk himself having to set foot in Mississippi.

⁶³¹ John Spencer Basset (ed.), *The Southern Plantation Overseer: As Revealed in his Letters* (Northampton, Mass.: Smith College, 1925), 120.

⁶³² *Ibid.*, 120-122.

Conclusion

In searching for the wellspring of slaveholders' power and authority, historians have often turned their attention inwards. They have looked towards the household and the plantation rather than towards communities and neighbourhoods to understand the true dynamics of southern bondage.⁶³³ With their distinct physical boundaries and their positioning at the intersection of agrarian-economic productivity and insular domesticity plantations were ideal laboratories in which to bend white supremacy and paternal masculine authority to the realities of the nineteenth century's emergent market economy. In their own plantation fiefdoms it seemed that slaveholding Southerners—generally male, although not exclusively—enjoyed a capacious freedom to personally define and enact a vision of their own racial mastery. But plantations were not islands and slaveholders were not the self-sufficient individualists they portrayed themselves as being.

On the face of it, the patterns of dependency in the cotton and sugar economies were obvious. Slaveholders, despite controlling tremendous economic and cultural capital, were entirely dependent on the labour of their enslaved captives to produce the cash crops upon which their wealth and status relied. Through a remarkable degree of cognitive dissonance, however, they found ways to marginalise the contributions of forced labour, whilst simultaneously embellishing their own generative impact upon Southern wealth production.⁶³⁴ It was their ability to orchestrate and extract labour from black bodies, they told the world, rather than the exertions of enslaved labourers themselves, which underpinned the successes and the riches of the Cotton Kingdom.

⁶³³ McCurry, *Masters of Small Worlds*; Elizabeth Fox-Genovese, 'Antebellum Southern Households: A New Perspective on a Familiar Question,' *Review (Fernand Braudel Center)*, Vol. 7, No. 2 (Fall, 1983), pp. 215-253; Gavin Wright, *The Political Economy of the Cotton South: Households, Markets, and Wealth in the Nineteenth Century* (New York: W. W. Norton & Company, 1978).

⁶³⁴ Johnson, *Soul by Soul*, 102.

Self-sufficiency was a central plank of planters' own self-invented mythology, but they did not erase admissions of their own dependency entirely. Instead, they reorientated and revised it, offering new interpretations of who exactly it was that they were dependent upon (or at least who they felt comfortable admitting they were dependent upon). Even as they set themselves apart from the labour of the enslaved, the majority of slaveholders willingly positioned themselves as interconnected members of a mutually supportive planter-class, one that was committed to a set of shared goals, invested in the same transformative project of converting swampland into economically valuable cotton growing land, and impeded by the same challenges presented by an environmentally and ecologically hostile region. Meeting those challenges, they conceded, was a responsibility best met by the collective power of communities rather than by the lone industry of individuals. Fully redeeming the latent potential of the region, whilst mitigating its hazards, was more easily achievable, the argument went, when certain collaborative safety nets were put in place. This vision, however, necessitated the creation of alternative social geographies—ones that did not privilege plantations but rather the “neighbourhoods” in which they were situated, and which made it easier to determine, identify, and counteract lurking epidemiological dangers.

Within these imagined communities sickness was a centrifugal force that drew individual slaveholders together. It was a primary topic of conversation and it served as a bridge between planters' professional, social, and familial worlds. At times, it could seem that all dimensions of plantation life flowed entirely through their observations about health. “No sickness, crop poor” went one illustrative example of a harvest report, sent from James R. Wade to his brother Walter Wade in 1853. “*I think* I have had good health in The Family and Quarter and good now not one

Case of sickness on the place.”⁶³⁵ For each crop report, familial update, social inquiry, it seemed, there was a correlating or mediating statement to be made about health and sickness.

But if the congruent threats of disease and ill-health exerted a gravitational pull on the public discourse and social interactions of Southwestern planters, then it was actionable responses to sickness that solidified the meaning and the purpose of elite slaveholding communities and which helped draw the outlines of their class-consciousness. Indeed, it was in planters' attempts to collectively mitigate the damages wrought by sickness and disease that the notion of a slaveholding "master-class" was most apparent. In attempting to protect themselves and each other from disease's encroachments slaveholders established a set of informal norms and obligations that guided their actions in times of crisis: they provided one another with information about certain diseases and their spread; they engaged in a medical dialogue that became the basis of localised slaveholding medical cultures; and in the most desperate of time they loosened the bonds of their own mastery, and their singular authority over their enslaved property, by lending labourers to those whose plantations had been overrun by ill health and death.

⁶³⁵ James R. Wade to Walter Wade, April 9, 1853, Natchez Trace Supplement Collection, Box 4Jc114b, Folder 23, DBC-UT.

CONCLUSION

When the Northern traveller Timothy Flint reached New Orleans in 1822 he was struck by the high stakes of life on the cotton and sugar frontiers. “The Americans come hither from all the states” he said of the bustling port city. “Their object is to accumulate wealth. But death,—which they are very little disposed to take into account,—often brings them up before their scheme is accomplished.”⁶³⁶ Like the majority of nineteenth century travel literature, Flint’s writing was full of melodrama. His depictions of day-to-day life in the Southwest were charged with danger and romanticism and the picture he painted was of a society in which life was precarious, unstable, and deeply unequal. To come to the region, as Flint told it, was to embark upon a gamble, the outcome of which was either tremendous wealth or an untimely death.

It’s easy to see why Flint decided to characterise the region as he did. The Southwest was a dangerous place that was, in many ways, defined by its disease ecology. Sickness was the region’s most intractable problem and a source of obsession and fear for its residents. Even Flint’s own introductory experiences to the Southwest were defined by exposure to infectious disease—a debilitating “bilious fever” that struck him and his family upon arrival in the State and under which he laboured for “the greater part of [a] year.”⁶³⁷ And from his vantage point in New Orleans—the yellow fever capital of the US—disease must have seemed as inescapable as it was deadly. Flint would have seen that most migrants either succumbed to fever upon arrival or survived their first brush with epidemic sickness, gaining immunity in the process. Most of the former were forgotten, whilst many of the latter used the social and economic privileges that came with immunity to live economically successful lives. Besides the physical effects of disease, Flint also would have noted

⁶³⁶ Flint, *Recollections of the Last Ten Years*, 307

⁶³⁷ *Ibid.*, 217

the shadow that its threat cast over the region and its inhabitants. Epidemics came and went but the danger they posed and the fear they engendered were entrenched and fairly consistent throughout the period. As late as 1937, in fact, federal surveyors operating in the South still referred to the region as a “belt of sickness, misery, and unnecessary death,” unique within the nation.⁶³⁸

But the suffering that Flint described was not confined to urban centres of the Southwest, nor to the experiences of new migrants who brushed up against yellow fever. Across the breadth of the Southwest residents continually found themselves caught up in the competing currents of sickness and opportunity. The historical record shows that even many established slaveholders who moved to the Southwest from the seaboard South, and who lived on plantations rather than in cities, fared as badly as their urban counterparts. There were men like William Mitchell Davidson, a slaveholder and businessman from North Carolina who moved to the eastern edge of Texas in the 1840s after falling into debt in his home State. For Davidson the journey to the Cotton Kingdom would prove a tragic one. As historian James Oakes has summarised of his decision to migrate to the Southwest, “the region was sickly, his entire family was ill, and in 1846 Davidson died,” leading his family to abandon the region and move back east.⁶³⁹ Such tragedies were commonplace across the Southwest, imprinted upon the lives of individuals, families, and communities. Indeed, entire neighborhoods could be lost to environmental conditions, decimated by the spread of disease and emptied by the ramifications of epidemiological hardship. “There have bin a greate many Deathes in this section of cuntry in the past six months,” reported Daniel Wade from his Mississippi home to his brother Walter Wade in 1844. “The Times is very hard here—money is scars. There is a great deel of property sold by the sherif.”⁶⁴⁰

⁶³⁸ *Report on Economic Conditions of the South* quoted from Bruce Schulman, *From Cotton Belt to Sunbelt: Federal Policy, Economic Development, and the Transformation of the South, 1938-1980* (Durham: Duke University Press, 1994), 3

⁶³⁹ Oakes, *The Ruling Race*, 124

⁶⁴⁰ Daniel Wade to Walter Wade, 4 May, 1844, Walter Wade Papers, 1819-1860, box, 2E937, DB-UT

The reputation of the Southwest as a region of unbridled speculation and risk offers a compelling narrative; one that has been fundamental to how both contemporaries and modern historians have told the story of disease's impact upon the growth of the Cotton Kingdom, and how they have represented the struggles of Southern people. It is a view that has been helpful to our understanding of the cotton economy and life in Southern cities, where, as Kathryn Olivarius has shown, the battle for "immunocapital" did provide definitive winners and losers.⁶⁴¹ Projecting that narrative onto the Southwest at large, and onto plantations in particular, however, limits our ability to understand the true impact of disease upon the lives of Southwesterners and upon the functioning of Southern society. Living with the Lower Mississippi Valley's disease ecology was a perpetual trial rather than a navigable hurdle. Extreme epidemics like that which Flint encountered in New Orleans may have punctuated the antebellum period and impacted particular groups of Southerners more acutely than others (in Flint's case, newly arrived urban migrants). But sickness in general was ever present. Some forms visited the South intermittently. Others were an endemic fixture of everyday life. As Southerners understood it, those diseases were not merely visitations. They were a fundamental and defining feature of the South itself—an inseparable part of the land and its topography which conspired to ensnare Southerners and which cast an invisible and inescapable shroud across the entire region. And even if Southerners did not understand disease etiology itself, there was enough hostility in the natural world to reinforce the feeling that they were helpless victims of environmental forces beyond their control. Floods were common and were associated with cholera and fever. Mosquitoes were a "torturous" and "pestilential" nuisance and a harbinger of pathogenic suffering. Summer heat and humidity were debilitating and exhausting forces that annually

⁶⁴¹ Olivarius, "Immunity, Capital, and Power in Antebellum New Orleans," 425-455.

signalled the onset of what Southerners termed "the sickly season."⁶⁴² And on it went, with each and every feature of the Southern landscape seemingly primed to plunge the lives of Southwesterners into chaos and hardship.

Focussing on disease as a gamble to be won and acclimation as a salve against future dangers also ignores another important fact about the battle against disease in the Slave South: most did not choose to travel to the Lower Mississippi Valley and stood to gain nothing from exposure to its disease ecology. As victims of trafficking and bondage, enslaved people were forced to perform excruciating labour in some of the United States' most perilous epidemiological conditions. What's more, the enslaved did not just have to confront the same everyday perils of sickness which threatened their enslavers: they also had to navigate complex and dynamic intersections between white oppression and deadly infectious diseases as they did so. That meant confronting a pro-slavery ideology that promoted the specious theory of natural, inherited black immunity to tropical diseases; the conflation of disease prevention and discipline amongst slave holders, traders, and drivers; a lack of space within which to expand, promote, and practice autonomous and self-determined cultures of healing; and the general degradations and deprivations of bondage which made exposure to disease even more perilous and unpleasant.

Yet despite these impositions, enslaved communities did find ways to navigate the dual threats they faced from sickness and subjugation. At various times and through various means they were able to manipulate sickness. They capitalised on its ubiquity by mimicking its effects in order to momentarily evade the demands placed upon their labour. They created and sustained robust

⁶⁴² 'Travel Journal of George Frederick Tufts, 1850,' Tufts Family Papers, Box 1, Folder 20, MHS; Trollope, *Domestic Manners of the Americans*, 29; *Brokenburn: The Journal of Kate Stone, 1861-1868*, (eds.) John Q. Anderson & Drew Gilpin Faust (Baton Rouge: Louisiana State University Press, 1995), 50; Bibb, *Narrative of the Life and Adventures*, 116; Flint, *Recollections of the Last Ten Years*, 272; William Richardson, 'Journal from Boston to the western country and down the Ohio,' pp.27-32, Box-L 1940, MHS

medical traditions which prized medical autonomy and utilised whichever products of the natural world were available to them. And they used the chaos that pathogens created to resist, disobey, and escape from white clutches. But viewing disease as a prop in the battle over enslaved bodies is itself a simplification that risks obscuring the realities of both enslavement and plantation life. It also offers too clinical a view of sickness and the ways in which it was experienced by Southerners of all stripes. To truly understand how sickness impacted the slave system, and how it shaped the lives of those who lived and worked on plantations, health cannot be disaggregated from slavery itself. No two experiences of sickness were the same, just as no two experiences of enslavement were the same. Each was conditional and informed by the other, creating a landscape that was at once messy and resistant to generalisations.

This thesis has been completed in the shadow of the outbreak and global spread of Covid-19. The dust of that epidemic is yet to settle. The lasting significance, meaning, and ruptures resulting from almost two years of pandemic restrictions are still becoming apparent, as is the painful legacy of its sobering mortality rate. In a United Kingdom that has grown less accustomed to such upheavals, and more complacent of epidemics, the past two years have forced us to reckon with long-held assumptions, and with our own misplaced sense of invulnerability. In some respects those feelings, as well as our reactions to tragedy, provide a constant across space and time.

For their part Southerners may have been more prepared for outbreaks of sickness than we are today. Diseases, both endemic and epidemic, came more regularly to the Southwest than they do to us now. Diets were poorer, life expectancies were lower, and there was a sense of fatalism that pervaded all matters concerning personal and collective health. As such, residents were more

accustomed and prepared for the devastating impact of disease, and could thus anticipate the upheaval it brought with it more easily. In other respects, however, disease must have been a more frightening, unpredictable and destabilising force than it is for us today. For the inherent uncertainty of disease was compounded by a fundamental absence of epidemiological understanding, both about the sources of Southerners' suffering and about how to prevent it. Indeed, not only were Southerners largely unable to combat their afflictions medicinally or therapeutically, they were often also unable to identify those afflictions in the first place. As John Wyeth wrote of his time as a gravedigger in the Southwest in the 1830s: "Men were picked up in the morning who died after dark before they could reach their own houses. If you ask me if they died with yellow fever, or cholera, I must answer that I cannot tell. Some said the one, and some the other. Every thing was confusion."⁶⁴³

Confusion defined attitudes and responses to disease in the Lower Mississippi Valley. Just as we confront the uncertainties and tragedies of our own epidemiological moment, in real time Southwesterners were rarely in a position to capitalise upon, or even contextualise, their own encounters with sickness. In some respects the unpredictability, indiscriminateness, and abruptness of disease made it the region's great leveller. As the *New Orleans Medical and Surgical Journal* put it in 1853, sickness was "no respecter of persons". "The master was stricken down with the servant—the mistress with the maid—the proud and wealthy were brought to a level with the humble and needy."⁶⁴⁴

In public at least, elites did try their best to create a semblance of certainty and structure in the face of disease: they organised their travel, their commerce, and their most important domestic industry

⁶⁴³ Wyeth, *Oregon, Or a Short History of a Long Journey*, 93

⁶⁴⁴ 'Yellow Fever Epidemic of 1853 in New Orleans,' *The American Journal of the Medical Sciences*, Vol. 4, No. 52 (October, 1853), 552

—the slave trade—according to a calendar that they believed might keep them comparatively safer; they used their own evident vulnerability as evidence of the providence of racial slavery, manufacturing spurious biological theories about black immunity to justify the enslavement of African Americans; and they created informal codes of conduct that brought slaveholding communities together in the face of epidemiological peril, solidified the bonds of the so-called master class, and helped to mitigate some of the social and financial costs of rampant sickness.

Slaveholders also leveraged their status as financially secure and powerful white men to create a set of conditions that would insulate themselves from disease, both personally and financially. They often had the freedom to escape disease when it struck, yet the political and economic authority to ensure that important facets of commercial life endured in their absence—that ports remained open, that steamships ran, and that enslaved people continued to labour in the fields. They had spas and upland retreats to flee to when the sickly summer season arrived but the financial capacity to hire overseers and plantation managers to ensure that production on plantations would continue as far as was possible. They also had the ability read and access journals, mail services, and print press to ensure that disease would not leave them as isolated as it would other communities who relied upon verbal communication and more proximate social relationships. But disease also exposed the limits of slaveholding power and the structures which underpinned racial capitalism. Because sickness injected chaos and unpredictably into Southern life, responses to it were often contingent and improvisational. The result exposed not only the many paradoxes of slave ownership, but also a number of competing visions for what slavery should look like in the first place. On some plantations discipline reigned and any hint of enslaved medical autonomy was pointedly crushed. On others, black medical knowledge was recognised, embraced, and exploited. It was upon these inconsistencies and contingencies that experiences and definitions of slavery were continually made and remade.

One thing was evident across the breadth of the Southwest, however. Microbes—infinitesimally small and a mystery to contemporaries—had the power not only to bring the complexities, paradoxes, vulnerabilities, and tensions of slavery to the fore, but also to shape every facet of life in the Southwest.

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